

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

CASE #: N-12-552

13. Across the upper mid chest, there is a red-purple horizontal contusion, 11.5 x 0.75 in., with red-purple congestion of the skin above this contusion and pallor of the skin inferior.
14. On the top of the right shoulder is a red contusion, 0.5 x 0.5 in.
15. Across the left upper arm and chest, in a continuing line across the chest if the arm is raised, is a horizontal blue contusion, 8.5 x 0.8 in. This linear contusion extends across the entire chest, if the left arm is raised.
16. On the left lateral forearm above the wrist is a red contusion, 1.0 x 1.0 in.
17. On the back of the left hand are multiple red, abraded, superficial lacerations, ranging from 0.1-0.2 in.
18. On the top of the left foot is a red abrasion, 0.5 x 0.3 in.
19. On the medial left foot, just beyond the great toe, is a purple contusion, 0.7 x 0.7 in.

**INTERNAL EVIDENCE OF INJURY:**

1. There is severe cerebral edema with expansion and flattening of the cerebral gyri, obliteration of the sulci, and notching and softening of the cerebellar tonsils, with additional flattening of the inferior cerebellar hemispheres.
2. There is marked congestion of the subgalea.
3. There is laxity and hypermobility of the upper cervical spinal ligaments between the 1<sup>st</sup> and 2<sup>nd</sup> cervical vertebral bodies, without dislocation, fracture, or impingement of the spinal cord.
4. There is diffuse, severe congestion of the subcutaneous tissues and strap muscles of the neck, and with posterior laryngeal congestion.
5. The lungs show congestion with edema fluid and foam of the airways.

**INTERNAL EXAMINATION:**

**Body Cavities:** The body is entered by a Y-shaped incision. The head is entered through an intramastoid incision. Organs are within their usual anatomic positions and relationships without abnormal fluid accumulation, adhesion, or internal evidence of blunt trauma of the chest or abdomen. Congestion pattern is as described above. The midline abdominal panniculus is 2.0 in. thick.

01/08/2013 12:02 3098885090

PAGE 06/08

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

CASE #: N-12-552

Neck Organs: The anterior muscles and subcutaneous tissues of the neck show congestion without discrete hemorrhage. The cartilages of the larynx and epiglottis are intact. The hyoid bone is intact, with the joints mobile, without fusion. The mucosal surfaces are red with congestion and focal petechiae, with a small amount of white edema foam, without obstruction. The tongue shows teeth impression marks externally, but without intramuscular hemorrhage on sectioning.

Respiratory System: The right and left lungs weigh 840 g and 650 g, respectively. The lungs are diffusely dark red-purple, soft, and smooth with boggy consistency and normal lobation. Cut sections show diffuse, dark red-purple congestion, exuding congested blood and edema fluid and a small amount of foam, without infiltrate or fibrosis. The bronchi contain edema fluid without mucous plugging. The pulmonary vasculature is intact and free of thromboemboli.

Cardiovascular System: The heart weighs 580 g and is enlarged, round, and firm. The pericardium is intact. There is no effusion. Epicardial coronary arteries are co-dominant without atherosclerosis or thrombosis. The valves of the heart and great vessels are unremarkable. There is no atrial or ventricular dilatation or endocardial fibrosis. The left ventricle shows circumferential thickening, ranging from 1.8-2.0 cm, with the right ventricle 0.5 cm. There is no subaortic septal bulge or myofiber disarray on sectioning, with additional sections showing red-brown, congested tissue without fibrosis or hemorrhage. The aorta is intact without anomaly, with a normal amount of intravascular, thick, clotting blood.

Hepatobiliary System: The liver weighs 2,370 g. The liver is enlarged, dark red-brown, soft, and smooth with rounded margins. Cut sections show red-brown, soft, congested tissue without fatty infiltration or fibrosis. The biliary tracts are unremarkable, with 10 cc of dark green bile in the gallbladder without stone.

Hemolymphatic System: The spleen weighs 290 g. The surface is dark red-purple, firm, and smooth with rounded margins. Cut sections show firm congestion of the red pulp and unremarkable follicles. There is no systemic lymphadenopathy, and rib bone marrow is unremarkable.

Gastrointestinal System: The esophagus is intact and unremarkable with tan mucosa, with normal gastroesophageal junction. The stomach contains approximately 150 cc of tan liquid and digesting food with identifiable hot dog and corn. The mucosa is tan with normal folds without ulceration or hemorrhage. The duodenum, small and large intestines, and appendix are unremarkable. The stomach upon opening has prominent odor of alcohol.

Genitourinary System: The right and left kidneys weigh 220 g and 230 g, respectively. The surfaces are dark red-brown, firm, and smooth. Cut sections show congestion of the cortices and medullae. The renal pelves, ureters, and urinary bladder are unremarkable.

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

CASE #: N-12-552

with 2 cc of white urine. The mucosa is white. Sections of the prostate are unremarkable without nodularity or enlargement.

Endocrine System: Examination of the thyroid, pancreas, and adrenal glands is unremarkable externally and on sectioning, except for thyroid gland congestion, all without fibrosis or hemorrhage. The pituitary gland is unremarkable, upon removal.

Musculoskeletal System: The general musculature is red-brown with congestion of the upper chest, with the remaining musculature unremarkable, without hematoma. No skeletal fractures are identified internally or palpated externally.

Central Nervous System: The brain weighs 1,470 g. The scalp is without laceration hematoma. There is subgaleal congestion without hemorrhage. The skull is intact without fracture. The leptomeninges and spinal fluid are clear. There is no epidural, subdural, or subarachnoid hemorrhage. The dura strips from the inner table of the skull without anomaly. Cerebral hemispheres are symmetrical and normally developed, with expansion and flattening of the cerebral gyri, obliteration of the sulci, with notching of the cerebellar tonsils, with flattening of the inferior hemispheres, with softening. Serial sections of the cerebrum, cerebellum, and brain stem show marked, softened edema with expansion of the white matter and compression of the ventricles, without additional focal areas of pathologic change. Specifically, there is no evidence of infection, trauma, tumor, or hemorrhage. The vessels at the base of the brain are intact without thrombosis, atherosclerosis, or aneurysm. The cervical spinal cord viewed in the foramen magnum is intact without surrounding hemorrhage, with ligament laxity as noted above, without impingement. There is no fracture or dislocation.

#### SPECIAL STUDIES:

1. Vitreous humor, central blood, bile, and urine are submitted for requested analysis, positive for alcohol and caffeine in the blood, and alcohol in the urine and vitreous humor (see Toxicology Report).
2. Tissue biopsies are retained in a formalin stock bottle.
3. The Coroner retains a DNA blood card standard.
4. Documentation photographs are taken for the Coroner.

NAME: (b)(3):Exemption  
2 for 25(a)

CASE #: N-12-552

**SUMMARY DIAGNOSES:**

1. Congestion of the skin of the upper chest, neck, and head with horizontal contusions across the upper chest and left upper arm.
2. Cerebral edema, severe, 1,470 g, with notching of the cerebellar tonsils and cerebral gyri flattening.
3. Passive congestion of the internal organs.
4. Congestion of the subcutaneous and soft tissues of the neck and larynx.
5. Single large petechial hemorrhage of the right eye.
6. Fracture of the nasal bone, laceration of the right eye, and multifocal abrasions and contusions of the body.
7. Laxity of the upper cervical spine ligaments without fracture, dislocation, or spinal cord injury.
8. Internal odor of alcohol (see Toxicology Report).

**CAUSE OF DEATH OPINION:**

This 24-year-old, white male, (b)(6) died from compressional asphyxia due to an all-terrain vehicle crash, reportedly sustained as the unrestrained driver of the vehicle after it rolled off the side of an embankment and came to rest on top of him.

*J. Scott Denton MD*

*December 7, 2012*

\_\_\_\_\_  
J. Scott Denton, M.D.  
Forensic Pathologist

\_\_\_\_\_  
Date Submitted

01/08/2013 12:18 3098885090

PAGE 02/06



2265 Executive Drive, Indianapolis, IN 46241  
 Telephone: (800)875-3894 / Fax: (317)243-2789

|   |  |
|---|--|
| <b>Laboratory Case Number:</b> 2156481  | <b>Subject's Name:</b> (b)   |
| <b>Client Account:</b> 11477 / MCCC02<br><b>Physician:</b><br><b>Report To:</b> McLean County Coroner<br>ATTN: Seth Reynolds<br>104 W. Front Street<br>PO BOX 2400<br>Bloomington, IL 61701 | <b>Agency Case #:</b> N-12-552<br><b>Date of Death:</b> Not Given<br><b>Test Reason:</b> Other<br><b>Investigator:</b> NOT INDICATED<br><b>Date Received:</b> 11/15/2012<br><b>Date Reported:</b> 12/05/2012 |

|   |  |
|---|--|
| <b>Laboratory Specimen No:</b> 40317970   | <b>Date Collected:</b>                         |
| <b>Container(s):</b> 01:RTB Blood,CENTRAL | <b>Test(s):</b> 70510 Comprehensive Drug Panel |

| Analyte Name            | Result   | Concentration | Units   | Therapeutic Range | Loc |
|-------------------------|----------|---------------|---------|-------------------|-----|
| AMPHETAMINES            | Negative |               |         |                   |     |
| BARBITURATES            | Negative |               |         |                   |     |
| BENZODIAZEPINES         | Negative |               |         |                   |     |
| CANNABINOIDS            | Negative |               |         |                   |     |
| COCAINE/METABOLITES     | Negative |               |         |                   |     |
| FENTANYL                | Negative |               |         |                   |     |
| METHADONE/METABOLITE    | Negative |               |         |                   |     |
| OPIATES                 | Negative |               |         |                   |     |
| OXYCODONE/METABOLITE    | Negative |               |         |                   |     |
| PHENCYCLIDINE           | Negative |               |         |                   |     |
| PROPOXYPHENÉ/METABOLITE | Negative |               |         |                   |     |
| ALCOHOL                 |          |               |         |                   |     |
| Methanol                | Negative |               |         |                   |     |
| Ethanol                 | POSITIVE |               |         |                   |     |
| Ethanol, Quant          |          | 0.154         | % (w/v) | Not Established   |     |
| Acetone                 | Negative |               |         |                   |     |
| Isopropanol             | Negative |               |         |                   |     |
| ANALGESICS              | Negative |               |         |                   |     |
| ANESTHETICS             | Negative |               |         |                   |     |
| ANTIBIOTICS             | Negative |               |         |                   |     |
| ANTICONVULSANTS         | Negative |               |         |                   |     |
| ANTIDEPRESSANTS         | Negative |               |         |                   |     |
| ANTIHISTAMINES          | Negative |               |         |                   |     |

(b)

Laboratory Case #: 2156481

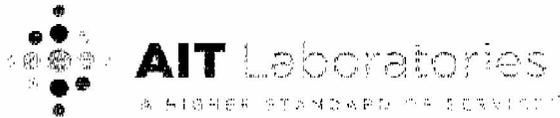
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Page: 1 of 5

01/08/2013 1:10PM (GMT-05:00)

01/08/2013 12:18 3098885090

PAGE 03/06



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Laboratory Specimen No: 40317970

Continued..

| Analyte Name            | Result   | Concentration | Units | Therapeutic Range | Loc |
|-------------------------|----------|---------------|-------|-------------------|-----|
| ANTIPSYCHOTICS          | Negative |               |       |                   |     |
| CARDIOVASCULAR AGENTS   | Negative |               |       |                   |     |
| ENDOCRINE AGENTS        | Negative |               |       |                   |     |
| GASTROENTEROLOGY AGENTS | Negative |               |       |                   |     |
| NARCOTICS               | Negative |               |       |                   |     |
| NEUROLOGY AGENTS        | Negative |               |       |                   |     |
| SEDATIVES/HYPNOTICS     | Negative |               |       |                   |     |
| STIMULANTS              | POSITIVE |               |       |                   |     |
| Caffeine                | POSITIVE |               |       |                   |     |
| UROLOGY AGENTS          | Negative |               |       |                   |     |

Specimens will be kept for one year from the date received.

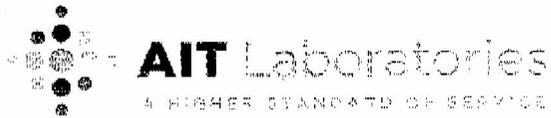
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Laboratory Case #: 2156481

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01/08/2013 12:18 3098885090

PAGE 04/05



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|   |  |
|---|--|
| <b>Laboratory Specimen No:</b> 40317972   | <b>Date Collected:</b>                     |
| <b>Container(s):</b> 01:RTT Urine, Random | <b>Test(s):</b> 70080 Drugs of Abuse Panel |

| Analyte Name             | Result   | Concentration | Units   | Therapeutic Range | Loc |
|--------------------------|----------|---------------|---------|-------------------|-----|
| ALCOHOL                  | POSITIVE |               |         |                   |     |
| Ethanol                  | POSITIVE |               |         |                   |     |
| Ethanol, Quant           |          | 0.193         | % (w/v) |                   |     |
| AMPHETAMINES             | Negative |               |         |                   |     |
| BARBITURATES             | Negative |               |         |                   |     |
| BENZODIAZEPINES          | Negative |               |         |                   |     |
| BUPRENORPHINE/METABOLITE | Negative |               |         |                   |     |
| CANNABINOIDS             | Negative |               |         |                   |     |
| CARISOPRODOL/METABOLITE  | Negative |               |         |                   |     |
| COCAINE/METABOLITES      | Negative |               |         |                   |     |
| FENTANYL                 | Negative |               |         |                   |     |
| METHADONE/METABOLITE     | Negative |               |         |                   |     |
| OPIATES                  | Negative |               |         |                   |     |
| OXYCODONE/METABOLITE     | Negative |               |         |                   |     |
| PHENCYCLIDINE            | Negative |               |         |                   |     |
| PROPOXYPHENE/METABOLITE  | Negative |               |         |                   |     |
| TRAMADOL/METABOLITE      | Negative |               |         |                   |     |

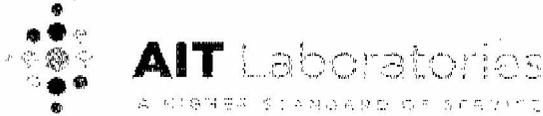
(b)  
 (3) Exemption

Laboratory Case #: 2156481

Printed Date/Time: 12/05/2012, 13:12

01/08/2013 12:18 3098885090

PAGE 05/06



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|  |                        |
|--|------------------------|
| <b>Laboratory Specimen No:</b> 40317973      | <b>Date Collected:</b> |
| <b>Container(s):</b> 01:VIT_CON Vitreous,EYE | <b>Test(s):</b>        |

| Analyte Name   | Result   | Concentration | Units   | Therapeutic Range | Loc |
|----------------|----------|---------------|---------|-------------------|-----|
| ALCOHOL        |          |               |         |                   |     |
| Methanol       | Negative |               |         |                   |     |
| Ethanol        | POSITIVE |               |         |                   |     |
| Ethanol, Quant |          | 0.173         | % (w/v) | Not Established   |     |
| Acetone        | Negative |               |         |                   |     |
| Isopropanol    | Negative |               |         |                   |     |

(b)(3):Exempt

Laboratory Case #: 2156481

Printed Date/Time: 12/05/2012, 13:12

01/08/2013 12:18 3098885090

PAGE 06/06



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|   |                                  |
|---|----------------------------------|
| <b>Laboratory Specimen No:</b> 40317974 | <b>Date Collected:</b>           |
| <b>Container(s):</b> 01:T Fluid,BILE    | <b>Test(s):</b> 49900 Not Tested |

| Analyte Name           | Result | Concentration | Units | Therapeutic Range | Loc |
|------------------------|--------|---------------|-------|-------------------|-----|
| < No Testing Performed | >      |               |       |                   |     |

The Specimen identified by the Laboratory Specimen Number has been handled and analyzed in accordance with all applicable requirements.

(b)(3) Exempt

Laboratory Case #: 2156481

Printed Date/Time: 12/05/2012, 13:12

## CONTACTS LIST

Sheriff:

Mary Lou Allman, Records  
McLean County Sheriff  
104 W. Front St.  
Bloomington, IL 61701  
E-Mail: [marylou.allman@mcleancountyil.gov](mailto:marylou.allman@mcleancountyil.gov)

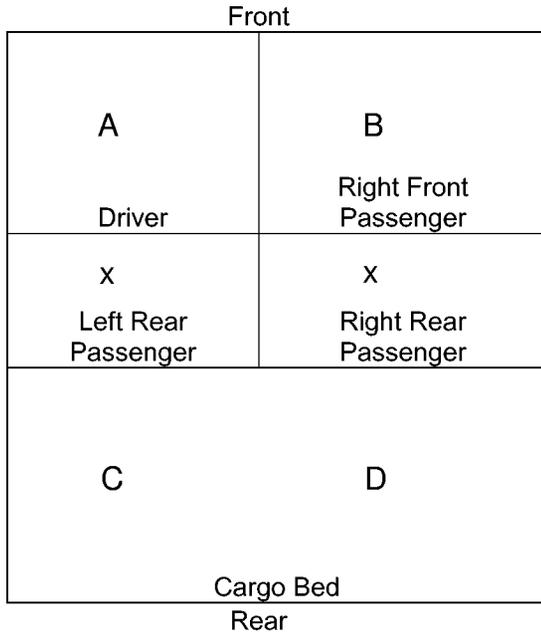
On 12/28/2012, CPSC Investigator received via postal mail a copy of their incident report, including photo CD.

Coroner:

Beth C. Kimmerling, Coroner  
Via Judy Mowery, Records  
McLean County Coroner  
PO Box 2400  
Bloomington, IL 61701  
Fax: 1-309-888-5090

On 1/8/2013, CPSC Investigator received via fax a copy of their autopsy report.

Utility Vehicle Data Record Sheet



The Utility Vehicle

|    |  |                   |
|----|--|-------------------|
| A: | Age: 24  | Height: 71in      |
|    | Gender: M                                      | Weight: 252lbs    |
|    |  |                   |
|    | Helmet (Y/N): N                                | Seatbelt (Y/N): N |
|    |  |                   |
|    | Killed/Injured/Neither/Unknown: Killed         |                   |
|    | Injury Description: ENTIRE BODY                |                   |
|    | Did vehicle land on victim: Yes                |                   |
|    | Ejected (Either partially or fully): Partially |                   |

|    |   |                   |
|----|---|-------------------|
| D: | Age: 18                                 | Height: 71in      |
|    | Gender: M                               | Weight: 140lbs    |
|    |   |                   |
|    | Helmet (Y/N): N                         | Seatbelt (Y/N): N |
|    |   |                   |
|    | Killed/Injured/Neither/Unknown: Neither |                   |
|    | Injury Description: NONE                |                   |
|    | Did vehicle land on victim: No          |                   |
|    | Ejected (Either partially or fully): NO |                   |

|    |  |                   |
|----|--|-------------------|
| B: | Age: 20                                    | Height: 71in      |
|    | Gender: M                                  | Weight: 210lbs    |
|    |  |                   |
|    | Helmet (Y/N): N                            | Seatbelt (Y/N): N |
|    |  |                   |
|    | Killed/Injured/Neither/Unknown: Injured    |                   |
|    | Injury Description: Shoulder - No ER       |                   |
|    | Did vehicle land on victim: No             |                   |
|    | Ejected (Either partially or fully): Fullv |                   |

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

|    |   |                   |
|----|---|-------------------|
| C: | Age: 22                                 | Height: 69in      |
|    | Gender: M                               | Weight: 185       |
|    |   |                   |
|    | Helmet (Y/N): N                         | Seatbelt (Y/N): N |
|    |   |                   |
|    | Killed/Injured/Neither/Unknown: NEITHER |                   |
|    | Injury Description: None                |                   |
|    | Did vehicle land on victim: No          |                   |
|    | Ejected (Either partially or fully): NO |                   |

|    |                                      |                 |
|----|--------------------------------------|-----------------|
| 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.





**JOHN DEERE**

Deere & Company  
Law Department  
One John Deere Place, Moline, IL 61265 USA  
Phone: 309-765-4044  
Fax (309) 749-0085 or (309) 765-5892  
Email: SteenlageKeithE@JohnDeere.com

26 June 2013

Shoma N. Ramaswamy  
Lead Program Analyst  
National Injury Information Clearinghouse  
Division of Hazard & Injury Data Systems  
Data Intake & Injury Information Branch  
4330 East West Highway, Room 502  
Bethesda, MD 20814

**Keith E. Steenlage**  
Assistant General Counsel

**VIA EMAIL**

Re: Epidemiologic Investigation Report 121129HNE1014

Dear Ms. Ramaswamy:

Deere & Company would like to comment on the above referenced Epidemiologic Investigation Report, which was attached to your letter dated 14 June 2013 and received by Deere on 17 June.

According to this report a 24 year-old man was operating a Model 825i John Deere Gator when he drove through a waterway between two fields. The operator was not familiar with the property. The passenger stated that the grade was too steep and the UTV began to roll. The Gator overturned onto the driver's side during the Gator 10 foot descent and landed on the driver. The operator, who was under the influence of alcohol, died from the injuries he sustained. The passenger was ejected and received a shoulder injury, but refused medical treatment. The two occupants in the cargo bed were able to jump out to avoid injury. None of the occupants were wearing seat belts or helmets.

The Operator's Manual and the safety signs on the Model 825i Gator both stated:

- Use seat belts.
- Never allow riders in cargo area.
- Never operate vehicle under the influence of alcohol or drugs.

The operator involved in this incident violated all of these instructions and warnings.

The 825i Gator met or exceeded all applicable standards at the time it was manufactured. Deere denies that there is any manufacturing or design defect in this vehicle.

Deere asks to be notified if the Commission receives a request for disclosure of the information contained in the above referenced document.

Sincerely,

Keith E. Steenlage

cc: Derek D. Murphy



This In-Depth Investigation was initiated in response to a news article obtained by the CPSC. The article indicates that the driver of an all-terrain vehicle failed to negotiate a curve in the roadway causing the vehicle to crash into a tree. The driver (Victim #1) died at the scene and a passenger (Victim #2) was injured. The PSI obtained information which identifies the all-terrain vehicle as a utility vehicle (UTV). Information for this report was gathered from the police report and the coroner's report. The fire/rescue report was requested but could not be obtained (see Attachment 4 for missing document).

Victim #1 is the 54 year old male owner/driver of the incident UTV. At autopsy, he measured 65 inches in length and weighed approximately 150 pounds. Victim #2 is his 28 year old nephew. Family members had gathered at Victim #1's cabin which is located in a State other than the victim's residence. The cabin is located near the crash site.

On September 2, 2012, at approximately 1:15 a.m., the weather was clear and dry. The temperature was 72 degrees Fahrenheit. Victim #1 and #2 had reportedly been drinking alcohol prior to leaving the cabin to take a ride on the UTV. The gravel roadway near the cabin is not authorized for UTV's and there are no street lights. Neither victim was wearing a helmet. Victim #2 reported that he was not wearing a seatbelt and was unsure if Victim #1 was wearing one. Several family members remained at the cabin after the victims drove off. A photograph of an exemplar UTV is provided below.



Shortly after they left the cabin, a family member received a phone call from Victim #2 stating that the UTV had crashed. Family members did not know where the crash occurred, so they coordinated a search. Victim #2's brother arrived at the scene and found his brother standing and his uncle lying on the ground. His uncle was alive. The brother called 911.

According to the police report (see Attachment 2), officers arrived at the scene and observed the UTV resting on all four wheels on the roadway. Victim #2 was standing near the start of the crash scene and his face was bloodied. Emergency Management Services (EMS) was assisting Victim #1 as he lay in the ditch. Medical personnel performed cardiopulmonary resuscitation until a stop command was given. The deputy coroner arrived at the scene and pronounced Victim #1 deceased.

The investigating officer observed scrape marks on the tree, tree debris lodged in the driver's side of the UTV, and soil marks on the roadway. Multiple blood spots were on the roadway. The UTV sustained impact scrape marks to the front brush guard, and the driver side bracket was knocked through the front grill and the passenger side. The roll cage was damaged on the passenger side with the roof bent inward towards the UTV. The windshield was knocked out on

the passenger side. A portion of the windshield was intact on the driver's side. There was damage to the rear suspension and the rear bed was dented on the driver and passenger side.

Reportedly, the crash occurred as the UTV was negotiating a left curve in the roadway. Victim #2 informed the officer that they were travelling approximately 45 miles per hour when the incident occurred. The UTV travelled off the north side of the road into a ditch/culvert and rolled over to the right. The rear driver's side impacted a tree while in an upside down position. Upon impact, the UTV was re-directed southwest onto the roadway where it continued to roll-over until it landed on all four wheels.

The coroner's report (see Attachment 3) states that an autopsy was performed on September 2, 2012. The autopsy revealed extensive hemorrhaging in the chest wall, rib fractures and lacerations to the liver. The cause of death was a large laceration to the right lower lobe of lung. The laceration caused the victim to bleed into the chest cavity. Postmortem toxicologic analysis of the cardiac blood revealed ethanol at 0.186 g percent. The manner of death was accidental.

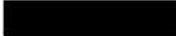
#### **PRODUCT IDENTIFICATION:**

The product involved in this incident is a white, 2010 Polaris Ranger RZR 800 utility vehicle. It is manufactured by Polaris Industries, Inc., 1225 Highway 169 North, Minneapolis, MN 55441. The VIN is [REDACTED]. It is a side by side with two seats. The UTV is equipped with seat belts. Refer to Attachment 5 for the UTV data record sheet. The front tires are Maxxis Big Horns tires, size AT26X 9R14. The rear tires are Maxxis Big Horns, size AT26 X 11R14. Reportedly, all of the tires appeared to be properly inflated and having good tread depth.

#### **ATTACHMENTS:**

1. Contact List
2. Police Report
3. Coroner's Report
4. Missing Document
5. Data Record Sheet-UTV

## Clearfield County Coroner's Office

 Coroner

322 West Cherry St.

Clearfield, PA 16830

814-765-2641

Date Initiated: 12/13/2012

## Pennsylvania State Police

Attn: Crash Reports Unit

1800 Elmerton Ave.

Harrisburg, PA 17110

Date Initiated: 12/13/2012

## Brady Township Volunteer Fire Rescue and Ambulance

Records Dept.

Luthersburg, PA 15848

814-583-7610

Date Initiated: 12/13/2012

Incident Number: C04-1103168

Commonwealth of Pennsylvania  
Police Crash Report

Crash Involves:

- DUI   
  Fatality   
  Hit and Run   
  Commercial Vehicle   
  State Police Vehicle   
  Local Police Vehicle  
 N/A   
  Work Zone   
  ATV   
  Snowmobile   
  Commonwealth Vehicle   
  Local Gov Vehicle

REPORTABLE CRASH

|                    |  |                                   |   |                           |                                       |   |
|--------------------|--|-----------------------------------|---|---------------------------|---------------------------------------|---|
| Police Agency Data | Agency Name<br><b>PA STATE POLICE - DUBOIS</b> |                                   |   | Case Closed<br><b>YES</b> | Patrol Zone<br><b>32</b>              | Investigation Date<br><b>09/02/2012</b> |
|                    | Dispatch Time<br><b>01:27 hrs.</b>             | Arrival Time<br><b>01:42 hrs.</b> | Investigator<br><b>MCGARVEY, ROBERT</b> |                           | Badge Number<br><b>10628</b>          |   |
|                    | Approval Date<br><b>09/11/2012</b>             |                                   | Reviewer<br><b>TANGREN, WILLIAM E</b>   |                           | Reviewer Badge Number<br><b>05578</b> |   |

|            |  |                                    |                                  |   |                                    |   |  |
|------------|--|------------------------------------|----------------------------------|---|------------------------------------|---|--|
| Crash Data | Date of Crash<br><b>09/02/2012</b>                 | Time of Crash<br><b>01:15 hrs.</b> | Day of the Week<br><b>SUNDAY</b> | Crash Description<br><b>NON-COLLISION</b> |                                    |   |  |
|            | County<br><b>CLEARFIELD</b>                        |                                    |                                  | Municipality<br><b>BRADY TWP</b>          |                                    |   |  |
|            | Weather Conditions<br><b>NO ADVERSE CONDITIONS</b> |                                    |                                  | Relation to Roadway<br><b>ROADSIDE</b>    |                                    |   |  |
|            | Illumination<br><b>DARK-NO STREET LIGHTS</b>       |                                    |                                  | Road Surface Conditions<br><b>DRY</b>     |                                    |   |  |
|            | # of Units<br><b>001</b>                           | # of People<br><b>002</b>          | # of Injured<br><b>001</b>       | # Killed<br><b>001</b>                    | EMS Agency<br><b>BRADY TWP EMS</b> | Medical Facility<br><b>DUBOIS REGIONAL MEDICAL CENTER</b> |  |
|            | School Bus Related<br><b>NO</b>                    | School Zone Related<br><b>NO</b>   | PennDOT Notified<br><b>NO</b>    | Type of Intersection<br><b>MIDBLOCK</b>   |                                    | Special Location<br><b>NOT APPLICABLE</b>                 |  |

|   |                        |                 |                    |
|---|------------------------|-----------------|--------------------|
| Work Zone   | Work Zone<br><b>NO</b> | Work Zone Type  | Where in Work Zone |
|   | Speed Limit            | Workers Present | Officer Present    |
| Work Zone Characteristics   |                        |                 |                    |
| <input type="checkbox"/> Lane Closure <input type="checkbox"/> Road Closed with Detour <input type="checkbox"/> Work on Shoulder or Median <input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Flagger Control <input type="checkbox"/> Other |                        |                 |                    |

|                  |                                     |                             |                |                           |                                 |                            |
|------------------|-------------------------------------|-----------------------------|----------------|---------------------------|---------------------------------|----------------------------|
| Principal Road   | Route Signing<br><b>COUNTY ROAD</b> | Route Number<br><b>T356</b> | Segment Number | Travel Lanes<br><b>02</b> | Speed Limit<br><b>NOT POSTE</b> | Orientation<br><b>WEST</b> |
|                  | House Number                        | Street Name<br><b>RIDGE</b> |                |                           | St. Ending<br><b>ROAD</b>       |                            |
| Intersecting Rd. | Used in Intersection Crashes        | Route Signing               | Route Number   | Segment Number            | Travel Lanes                    | Speed Limit                |
|                  |                                     | Street Name                 |                |                           | St. Ending                      |                            |

|  |            |              |              |        |                   |               |  |        |
|--|------------|--------------|--------------|--------|-------------------|---------------|--|--------|
| Distance From Landmark<br>Used for Mid-Block Crashes | Landmark 1 | Route Number | Or Mile Post | Tenths | Or Segment Marker | Ramp Use Only | Feet   |        |
|  |            | Street Name  |              |        | Street Ending     |               | Or Miles   | Tenths |
|  | Landmark 2 | Route Number | Or Mile Post | Tenths | Or Segment Marker | Ramp Use Only | The above entry is the distance from the Crash Scene to Landmark 1 |        |
|  |            | Street Name  |              |        | Street Ending     |               |  |        |

|     |            |         |            |         |            |            |            |         |            |         |
|-----|------------|---------|------------|---------|------------|------------|------------|---------|------------|---------|
| GPS | Latitude:  | Degrees | Minutes    | Seconds | Decimal    | Longitude: | Degrees    | Minutes | Seconds    | Decimal |
|     | [REDACTED] |         | [REDACTED] |         | [REDACTED] | [REDACTED] | [REDACTED] |         | [REDACTED] |         |

|      |   |   |
|------|---|---|
| TCD  | Traffic Control Device<br><b>NOT APPLICABLE</b> | Traffic Control Functioning<br><b>NO CONTROLS</b> |
|      | Lane Closed<br><b>FULLY</b>                     | Lane Closure Direction<br><b>EAST AND WEST</b>    |
| Lane | Traffic Detoured<br><b>NO</b>                   | Estimated Time Closed<br><b>3-6 HRS</b>           |

|   |  |                              |   |  |  |
|---|--|------------------------------|---|--|--|
| Environmental / Roadway Potential Factors (E/R)   |  |                              |   |  |  |
| Factor 1<br><b>NONE</b>                           |  | Factor 2                     |   | Factor 3                                   |  |
| First Harmful Event in the Crash                  |  |                              | Most Harmful Event in the Crash                                     |  |  |
| Unit Number<br><b>001</b>                         | Harmful Event<br><b>OVERTURN/ROLL OVER</b> |                              | Unit Number<br><b>001</b>   | Harmful Event<br><b>OVERTURN/ROLL OVER</b> |  |
| Indicated Prime Factor<br><b>DRIVER ACTION</b>    |  | Unit Number<br><b>001</b>    | Prime Factor Driver Action<br><b>OTHER IMPROPER DRIVING ACTIONS</b> |  |  |
| Prime Factor Environmental/Roadway                |  | Prime Factor Vehicle Failure |   | Prime Factor Pedestrian Action             |  |
| Road Surface Type<br><b>SLAG, GRAVEL OR STONE</b> |  |                              | Special Jurisdiction<br><b>NO SPECIAL JURISDICTION</b>              |  |  |

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  Local Police Vehicle  
 N/A   
  Work Zone   
  ATV   
  Snowmobile   
  Commonwealth Vehicle   
  Local Gov Vehicle

REPORTABLE CRASH

|  |   |   |                                    |
|--|---|---|------------------------------------|
| Unit Number<br><b>1</b>                                | Type Unit<br><b>Motor Vehicle in Transport</b>                    | Commercial Vehicle<br><b>No</b>   |                                    |
| First Name<br>[REDACTED]                               | MI<br>[REDACTED]  | Last Name<br>[REDACTED]   | Suffix<br>[REDACTED]               |
| DOB<br>[REDACTED]                                      |   | Telephone Number<br>[REDACTED]  |                                    |
| Street Address<br>[REDACTED]                           |   | City<br>[REDACTED]  | State<br>[REDACTED]                |
| Zip Code<br>[REDACTED]                                 |   |   |                                    |
| Gender<br><b>M</b>                                     | License Number<br>[REDACTED]                                      | License State<br><b>OH</b>  | Class<br><b>B</b>                  |
| Expiration Date<br>[REDACTED]                          | Owner/Driver<br><b>PRIVATE VEHICLE NOT OWNED/LEASED BY DRIVER</b> |   |                                    |
| Driver Presence<br><b>DRIVER OPERATED VEHICLE</b>      | Physical Condition<br><b>HAD BEEN DRINKING</b>                    | Primary Vehicle Code Violation<br><b>[REDACTED] DRIVING ON ROADWAYS LANED</b> |                                    |
| Person Charged<br><b>NO</b>                            |   |   |                                    |
| Alcohol/Drugs Suspected<br><b>ALCOHOL</b>              |   | Alcohol Test Type<br><b>BLOOD</b>   | Alcohol Test Results<br>[REDACTED] |
| Driver Action<br><b>OTHER IMPROPER DRIVING ACTIONS</b> |   |   |                                    |
| Pedestrian Action                                      |   | Pedestrian Signals  | Pedestrian Clothing                |
| Pedestrian Location                                    |   |   |                                    |
| 1st Harmful Event<br><b>OVERTURN/ROLL OVER</b>         | Left or Right Side  | Most Harmful<br><b>YES</b>  | Utility Pole Number                |
| 2nd Harmful Event<br><b>HIT TREE OR SHRUBBERY</b>      | Left or Right Side<br><b>RIGHT</b>                                | Most Harmful<br><b>NO</b>   | Utility Pole Number                |
| 3rd Harmful Event<br><b>OVERTURN/ROLL OVER</b>         | Left or Right Side  | Most Harmful<br><b>NO</b>   | Utility Pole Number                |
| 4th Harmful Event                                      | Left or Right Side  | Most Harmful  | Utility Pole Number                |

|  |  |  |   |                                   |
|--|--|--|---|-----------------------------------|
| Owner First Name<br>[REDACTED]               | Owner MI<br>[REDACTED]                       | Owner Last Name or Business Name<br>[REDACTED] |   | Suffix                            |
| Street Address<br>[REDACTED]                 |  | City<br>[REDACTED]                             | State<br>[REDACTED]                                 | Zip Code<br>[REDACTED]            |
| Vehicle Type<br><b>ATV</b>                   |  | Special Usage<br><b>NOT APPLICABLE</b>         |   | Government Equipment Number       |
| Model Year<br><b>2010</b>                    | Vehicle Make<br><b>OTHER</b>                 | Vehicle Model<br><b>RANGER RZR 800</b>         | Vehicle Color<br><b>WHITE</b>                       | VIN<br>[REDACTED]                 |
| License Plate                                | Reg. State                                   | Est. Speed<br><b>055</b>                       | Vehicle Towed<br><b>YES</b>                         | Towed By<br><b>BRADY TWP. VFD</b> |
| Insurance<br><b>NO</b>                       | Insurance Company                            |  | Policy Number                                       | Expiration Date                   |
| Direction of Travel<br><b>WEST</b>           | Vehicle Position<br><b>RIGHT LANE "CURB"</b> |  | Vehicle Movement<br><b>NEGOTIATING CURVE - LEFT</b> |                                   |
| Initial Impact Point<br><b>NON-COLLISION</b> |  |  |   |                                   |
| Damage Indicator<br><b>DISABLING</b>         | Gradient<br><b>DOWNHILL</b>                  | Road Alignment<br><b>CURVED</b>                | Possible Vehicle Failures<br><b>NONE</b>            |                                   |
| # of Units<br><b>0</b>                       | Type Unit 1                                  | Tag Number                                     | Tag Year  | Tag State                         |
| Trailing Units                               |  |  |   |                                   |
| Unit Make                                    |  | Unit Owner                                     |   |                                   |
| Type Unit 2                                  | Tag Number                                   | Tag Year                                       | Tag State   |                                   |
| Unit Make                                    |  | Unit Owner                                     |   |                                   |
| Engine Size<br>cc                            | Passenger?                                   | Saddle Bag/Trunk?                              | Trailer?  | Driver Education?                 |
| Driver Helmet Type                           | Helmet Stayed On?                            | DOT/Snell Designation?                         | Eye Protection?                                     | Long Sleeves?                     |
| Long Pants?                                  | Over Ankle Boots?                            |  |   |                                   |
| Passenger Helmet Type                        | Helmet Stayed On?                            | DOT/Snell Designation?                         | Eye Protection?                                     | Long Sleeves?                     |
| Long Pants?                                  | Over Ankle Boots?                            |  |   |                                   |
| Pedalcycle                                   |  |  |   |                                   |
| Passenger?                                   |  | Helmet?  |   |                                   |
| Head Lights?                                 |  | Rear Reflectors?                               |   |                                   |

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Commonwealth of Pennsylvania

Police Crash Report

Crash Involves:

- DUI   
  Fatality   
  Hit and Run   
  Commercial Vehicle   
  State Police Vehicle   
  Local Police Vehicle  
 N/A   
  Work Zone   
  ATV   
  Snowmobile   
  Commonwealth Vehicle   
  Local Gov Vehicle

REPORTABLE CRASH

|          |                        |                                |                               |                           |
|----------|------------------------|--------------------------------|-------------------------------|---------------------------|
| Fatality | Unit #                 | Driver Restrictions Compliance | Driver Endorsement Compliance | Driver License Compliance |
|          | 1                      | NOT A PENNSYLVANIA DRIVER      | NOT A PENNSYLVANIA DRIVER     | NOT A PENNSYLVANIA DRIVER |
|          | Principal Impact Point | Avoidance Maneuver             | Under Ride Indicator          |                           |
|          | NON-COLLISION          | UNKNOWN                        | NO UNDERRIDE OR OVERRIDE      |                           |
|          | Emergency Use          | Drug Test Type                 | Drug Test Results             |                           |
|          | NOT IN EMERGENCY USE   | NONE                           | NO TEST GIVEN                 |                           |

|                            |                            |                    |             |            |                 |            |            |
|----------------------------|----------------------------|--------------------|-------------|------------|-----------------|------------|------------|
| People Information         | Unit #                     | Person No.         | First Name  | MI         | Last Name       | Suffix     | DOB        |
|                            | 001                        | 001                | [REDACTED]  | [REDACTED] | [REDACTED]      |            | [REDACTED] |
|                            | Street Address             |                    |             | City       |                 | State      | Zip Code   |
|                            | [REDACTED]                 |                    |             | [REDACTED] |                 | [REDACTED] | [REDACTED] |
|                            | Phone Number               | EMS Transport      | Person Type | Gender     | Injury Severity |            |            |
|                            | [REDACTED]                 | NO                 | DRIVER      | M          | KILLED          |            |            |
|                            | Seat Position              | Safety Equipment 1 |             |            |                 |            |            |
| DRIVER - ALL VEHICLES      | NONE USED / NOT APPLICABLE |                    |             |            |                 |            |            |
| Safety Equipment 2         | Extrication                |                    |             |            |                 |            |            |
| NONE USED / NOT APPLICABLE | NOT APPLICABLE             |                    |             |            |                 |            |            |
| Ejection                   | Ejection Path              |                    |             |            |                 |            |            |
| NOT APPLICABLE             | NOT EJECTED/NOT APPLICABLE |                    |             |            |                 |            |            |

|                            |                            |                    |             |            |                 |        |            |
|----------------------------|----------------------------|--------------------|-------------|------------|-----------------|--------|------------|
| People Information         | Unit #                     | Person No.         | First Name  | MI         | Last Name       | Suffix | DOB        |
|                            | 001                        | 002                | [REDACTED]  | [REDACTED] | [REDACTED]      |        | [REDACTED] |
|                            | Street Address             |                    |             | City       |                 | State  | Zip Code   |
|                            | [REDACTED]                 |                    |             | [REDACTED] |                 | OH     | [REDACTED] |
|                            | Phone Number               | EMS Transport      | Person Type | Gender     | Injury Severity |        |            |
|                            | [REDACTED]                 | YES                | PASSENGER   | M          | MAJOR INJURY    |        |            |
|                            | Seat Position              | Safety Equipment 1 |             |            |                 |        |            |
| FRONT SEAT RIGHT SIDE      | NONE USED / NOT APPLICABLE |                    |             |            |                 |        |            |
| Safety Equipment 2         | Extrication                |                    |             |            |                 |        |            |
| NONE USED / NOT APPLICABLE | NOT APPLICABLE             |                    |             |            |                 |        |            |
| Ejection                   | Ejection Path              |                    |             |            |                 |        |            |
| NOT APPLICABLE             | NOT EJECTED/NOT APPLICABLE |                    |             |            |                 |        |            |

|          |   |              |               |               |
|----------|---|--------------|---------------|---------------|
| Notified | Person/Business Notified                    | Phone Number | Date Notified | Time Notified |
|          | [REDACTED]                                  | [REDACTED]   | 09/02/2012    | 03:50 hrs.    |
|          | Reason for Notification                     |              |               |               |
|          | DEATH NOTIFICATION OF [REDACTED] [REDACTED] |              |               |               |

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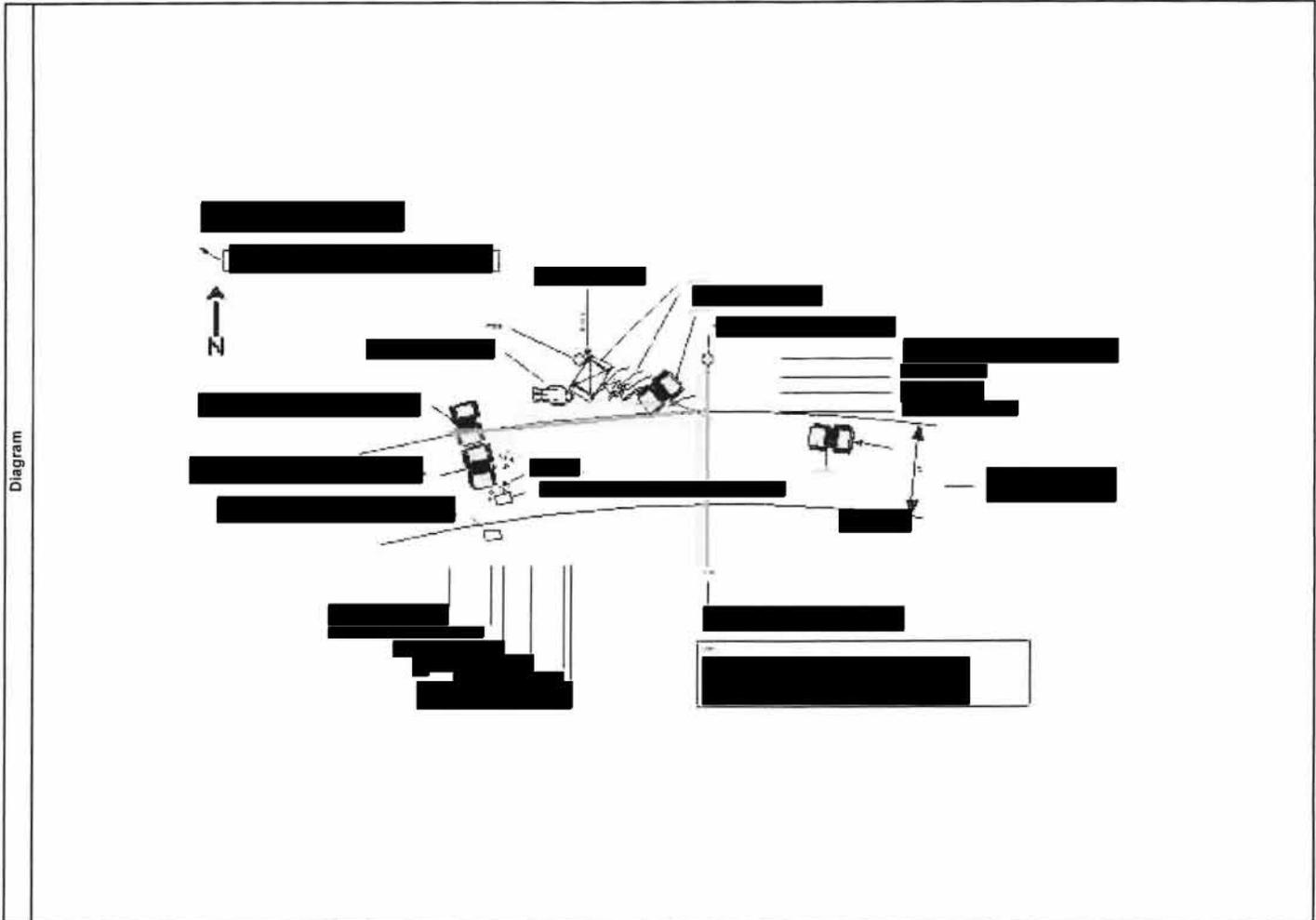
### Commonwealth of Pennsylvania Police Crash Report

Crash Involves:

- DUI
- Fatality
- Hit and Run
- Commercial Vehicle
- N/A
- Work Zone
- ATV
- Snowmobile

REPORTABLE CRASH

- State Police Vehicle
- Local Police Vehicle
- Commonwealth Vehicle
- Local Gov Vehicle



#### NARRATIVE

Crash Synopsis

This crash occurred on [redacted] ([redacted] - .30 miles east of [redacted], [redacted], Clearfield Cnty.

This crash occurred as unit #1 traveled west on [redacted]. Unit #1 was negotiating a left curve in the roadway. Unit #1 traveled off the north side of the roadway into a ditch / culvert. Unit #1 impacted a tree.

The operator was pronounced dead on scene by Clearfield Cnty. Deputy Coroner [redacted]

Assisted at the scene by TPR [redacted] Brady Twp. VFD, Brady Twp. Ambulance and Dubois EMS.

This crash remains under investigation

Crash Details

**SYNOPSIS:**

This crash occurred as unit #1 was traveling west on [redacted], Brady Township, Clearfield County. Unit #1 was negotiating a left curve in the roadway. Unit #1 traveled off the north side of the roadway into the ditch / culvert and lost control. Unit #1 overturned / rolled over to the right / clockwise. Unit #1 (driver's side, rear) impacted a tree while in an upside down position. Upon impact, unit #1 was redirected southwest back onto the roadway. Unit #1 continued to overturn / roll over. Unit #1 eventually came to uncontrolled final rest on the roadway on all four wheels, facing south.

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Commonwealth of Pennsylvania

Police Crash Report

Crash Involves:

- |                                      |   |                                      |  |  |  |
|--------------------------------------|---|--------------------------------------|--|--|--|
| <input checked="" type="radio"/> DUI | <input checked="" type="radio"/> Fatality | <input type="radio"/> Hit and Run    | <input type="radio"/> Commercial Vehicle | REPORTABLE CRASH                           |  |
| <input type="radio"/> N/A            | <input type="radio"/> Work Zone           | <input checked="" type="radio"/> ATV | <input type="radio"/> Snowmobile         | <input type="radio"/> State Police Vehicle | <input type="radio"/> Local Police Vehicle |
|                                      |   |                                      |  | <input type="radio"/> Commonwealth Vehicle | <input type="radio"/> Local Gov Vehicle    |

Crash Details

SCENE:

This crash occurred on [REDACTED] ([REDACTED]), approximately .30 miles east of [REDACTED] ([REDACTED]), Brady Township, Clearfield County.

DESCRIPTION OF SCENE:

The scene of this crash / [REDACTED] is described as follows:

- a two lane, gravel / dirt roadway with no berms
  - each lane runs in opposite directions, traversing Clearfield County east and west
- the north side and south side of the roadway are grass ditches / culverts
- there are no roadway markings (e.g. a center line or a fog line)
- speed limit: not posted
- NOT an approved All-Terrain Vehicle (ATV) roadway
  
- the total roadway width: approximately 14 feet
- the total north side ditch / culvert width: approximately 8 feet
- the total south side ditch / culvert width: approximately 4 feet
  
- street lights and / or other sources of ambient lights are not present

DISPATCH:

On 09/02/12 at 0127, Trooper James PRICE and I were dispatched to this crash by Trooper Jason MCKEE. Trooper PRICE and I responded to this crash from Sandy Township, Clearfield County, by traveling [REDACTED] [REDACTED] and [REDACTED] to the scene. While responding to the scene I observed / experienced no adverse weather conditions. The temperature was approximately 70 degrees fahrenheit.

ARRIVAL ON SCENE:

Upon arrival on scene, at approximately 0142 hours, I started my crash investigation / witnessed the following:

- unit #1 at final rest on all four wheels, facing south, partially off the north side of the roadway
- emergency medical service and fireman personnel assisting on scene with the operator of unit #1 - who was laying off the north side of the roadway in the ditch / culvert within the crash scene.
- emergency medical service and fireman personnel assisting on scene with the passenger of unit #1 - who was standing in the area at the start of this crash scene.

PHYSICAL EVIDENCE:

- damage to unit #1 (reference "examination of unit #1" for specific damage)
- impact damage / scrape marks to the impacted tree
- tree debris lodged in the driver side, rear wheel of unit #1
- turfed soil marks off the north side of the roadway from unit #1 - from the location where unit #1 exited the roadway to the point of impact with the tree
- multiple blood spots on the roadway
- blood on the knocked out windshield (passenger side)

EXAMINATION OF UNIT #1:

Unit #1 is a side by side, two seat all terrain vehicle (ATV) with seat belts. A DCNR registration plate, [REDACTED], was on the vehicle. The vehicle is registered to the listed owner of Unit #1.

I witnessed the following:

- front brush guard damage
  - contained scrape marks
  - driver side bracket knocked through the front grill
  - passenger side end bent inward towards the ATV
- roll cage damage
  - passenger side top / roof bent inward towards the ATV
- windshield damage

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- knocked out except for a piece still intact on the driver's side
- driver side rear suspension damage
- rear bed damage
  - driver side dented
  - passenger side dented
- driver side seat protector damage
  - bent outward away from the ATV

I inspected unit #1's tires:

- driver side and passenger side front tires: [redacted] size: AT26 X 9R14 - appearing to be properly inflated with good tread depth.
- driver side and passenger side rear tires: [redacted] size: AT26 X 11R14 - both appearing to be properly inflated with good tread depth.

INTERVIEW: [redacted] - passenger of unit #1

On 09/02/12 at 0145 hours, I spoke with / interviewed [redacted], on scene, about this crash.

[redacted] informed me he was the passenger of unit #1. [redacted] said his [redacted] was the operator of unit #1. [redacted] related he does not know what happened.

[redacted] said he and his uncle were coming from their family camp. [redacted] related they were going for a ride. [redacted] said he does not know how fast they were traveling. [redacted] related he does not know if they were wearing seat belts.

It should be noted when I was speaking with [redacted], he was being tended to by my EMS and fireman personnel / being secured to a backboard. [redacted] face was covered in blood.

INTERVIEW: Fireman Personnel

I asked multiple fireman personnel who was first on scene. The fireman personnel informed me family members of the operator and passenger of unit #1 were first on scene. They then pointed them out for me.

INTERVIEW: [redacted] - first person on scene

On 09/02/12 at 0151 hours, I spoke with / interviewed [redacted], W/N/M, DOB [redacted] on scene, about this crash.

[redacted] said his brother, [redacted] and his uncle, [redacted] left their family camp to take a ride in unit #1. [redacted] said he did not know / see who was driving unit #1 when they left the camp. [redacted] related it was approximately 10 minutes later, that his dad [redacted], received a phone call from [redacted] (the passenger of unit #1) relating they [redacted] and [redacted] crashed. [redacted] said [redacted] did not know where they crashed. [redacted] said he and other family members coordinated a search to find [redacted] and [redacted] related he was the first to find [redacted] and [redacted] at the crash scene. [redacted] said when he arrived on scene, he witnessed [redacted] standing and [redacted] laying on the ground. [redacted] said 911 was then called.

INTERVIEW: [redacted] - second person on scene

On 09/02/12 at 0159 hrs., I spoke with / interviewed [redacted], W/N/M, DOB [redacted] on scene, about this crash.

[redacted] related his relatives, [redacted] left their family camp (located in the area of the intersection of [redacted] and [redacted] Brady Township, Clearfield County) earlier this morning to take a ride in unit #1. [redacted] said he was not sure who was driving when they left the camp, however [redacted] related it was [redacted] who asked him to take unit #1 for a ride. [redacted] said it was a short time later that [redacted] received a phone call from [redacted] (the passenger of unit #1) relating they [redacted] and [redacted] crashed. [redacted] said [redacted] handed him [redacted] the phone because [redacted] did not know

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Crash Details

where they crashed. [redacted] said he and other family members then coordinated a search to find [redacted] and [redacted]. [redacted] related he and [redacted] arrived on scene after [redacted].

[redacted] said he witnessed [redacted] and [redacted] drinking alcoholic beverages on this night / early morning before the crash.

**DEATH NOTIFICATION:**  
It should be noted I made death notification of [redacted], the operator of unit #1, to his family members ([redacted] and [redacted]) on scene, before I interviewed each about this crash.

**INTERVIEW:** [redacted] - Brady Township Volunteer Fire Department (VFD) Deputy Chief  
On 09/02/12 at approximately 0215 hours, I spoke with / interviewed Deputy Chief MUTH, 814-583-7610, on scene, about this crash.

Deputy Chief MUTH informed me he was the first responder on scene. Deputy Chief MUTH then informed me what he witnessed upon his arrival. Deputy Chief MUTH said he witnessed the operator of unit #1 laying on the ground (alive) in the area of unit #1 and the passenger of unit #1 standing in the area of the crash scene.

Deputy Chief MUTH related unit #1 was at rest, sitting perpendicular in the middle of the roadway.

Deputy Chief MUTH informed me he directed fellow Brady Township Fireman Victor WELLS to move unit #1 and other crash debris from the roadway for emergency crews to arrive on scene.

**INTERVIEW:** Victor WELLS - Brady Township Fireman  
On 09/02/12 at approximately 0225 hours, I spoke with / interviewed Fireman WELLS, 814-583-7610, on scene, about this crash.

Fireman WELLS informed me he pushed unit #1 backwards, partially off the north side of the roadway for emergency crews to get by. Fireman WELLS also informed me he placed the windshield of unit #1 (which was on the ground in the area in front of unit #1) off the south side of the roadway.

**JOB TASKS:**  
I photographed this crash scene using my [redacted]. Reference photographs burnt to Compact Disc C04-1103168 (working); placed into Crash Attachment File C04-1103168. Compact disc C04-1103168 (master) sent to the PSP Troop C, Forensic Services Unit.

**INTERVIEW:** [redacted] - Clearfield County Deputy Coroner  
On 09/02/12 at approximately 0250 hours, I spoke with Deputy Coroner [redacted] 814-765-2641, on scene, about this crash.

Deputy Coroner [redacted] informed me the operator of unit #1 was pronounced dead on this day, 09/02/12 at 0250 hrs.

Deputy Coroner [redacted] related all pertinent information / paperwork regarding this crash will be forwarded to the PSP Dubois barracks, Falls Creek Borough, Clearfield County; which will ultimately all be placed into the PSP Dubois Crash Attachment file C04-1103168.

**JOB TASKS:**  
TPR PRICE and I measured the crash scene using a 100 foot tape measure (reference all measurements on crash diagram).

Deputy Coroner [redacted] removed [redacted], the operator of unit #1, from the scene.  
- it should be noted [redacted] wallet which contained his Ohio operator's license was also removed from the scene by Deputy Coroner [redacted]

Commonwealth of Pennsylvania

Incident Number: C04-1103168

Police Crash Report

REPORTABLE CRASH

Crash Involves:

- DUI
- Fatality
- Hit and Run
- Commercial Vehicle
- State Police Vehicle
- Local Police Vehicle
- N/A
- Work Zone
- ATV
- Snowmobile
- Commonwealth Vehicle
- Local Gov Vehicle

Crash Details

Deputy Chief MUTH removed unit #1 from the scene.

INTERVIEW: [REDACTED] - brother of [REDACTED] (operator of unit #1)

On 09/02/12 at 0350 hours, I spoke with / interviewed [REDACTED] W/N/M, DOB [REDACTED] at the [REDACTED] Family Camp [REDACTED], Clearfield County, about this crash.

[REDACTED] said his son, [REDACTED] and his brother, [REDACTED] left their family camp earlier this morning to take a ride in unit #1. [REDACTED] related when they (his brother and son) left, [REDACTED] was operating unit #1 and [REDACTED] was the passenger. [REDACTED] said it was a short time later he received a phone call from [REDACTED] who related they (he and [REDACTED]) were in trouble. [REDACTED] related [REDACTED] did not know where he was so he [REDACTED] handed his phone to [REDACTED] and [REDACTED] related his other son, [REDACTED] was the first to find [REDACTED] and [REDACTED] said he and [REDACTED] arrived on scene shortly after. [REDACTED] related [REDACTED] was laying on the ground and [REDACTED] was standing.

[REDACTED] related he witnessed [REDACTED] drinking alcoholic beverages on this night / early morning.

DEATH NOTIFICATION:

It should be noted I made death notification of [REDACTED] the operator of unit #1, to his brother, [REDACTED] before I interviewed him about this crash.

JOB TASKS:

I ran [REDACTED], the operator of unit #1, through the Commonwealth Law Enforcement Assistance Network / National Crime Information Center (CLEAN / NCIC). Results revealed [REDACTED] operator license information, which was valid.

I prepared / completed, submitted and sent via fax a PSP Public Information Release for this crash. Reference PSP Public Information Release; placed into Crash Attachment file C04-1103168.

INTERVIEW: [REDACTED] - passenger of unit #1

On 09/02/12 at 0145 hours, I spoke with / re-interviewed [REDACTED] via telephone - [REDACTED] about this crash.

[REDACTED] said he and his uncle, [REDACTED] went for a ride in unit #1. [REDACTED] related he was the passenger and [REDACTED] was the operator of unit #1. [REDACTED] said he nor [REDACTED] were wearing helmets. [REDACTED] related he was not wearing a seat belt either; he didn't think unit #1 had seat belts. I informed [REDACTED] unit #1 did have seat belts. [REDACTED] said he is not sure if [REDACTED] was wearing a seat belt.

[REDACTED] said the only thing he remembers before the crash is traveling off the side of the road towards a tree. [REDACTED] related he thinks they were probably traveling about 45 miles per hour (MPH) at that time. [REDACTED] said he then remembers coming to and he was laying in the middle of the roadway. [REDACTED] related he then witnessed [REDACTED] laying on the ground off the north side of the roadway. [REDACTED] said the next thing he recalls is talking to multiple family members on the phone and them asking him where he was. [REDACTED] related he kept telling them the main road. [REDACTED] said it was shortly after that his family found him.

[REDACTED] related he witnessed [REDACTED] drinking alcoholic beverages on the night / early morning when this crash occurred.

JOB TASKS:

I mailed notices of this crash investigation to all involved parties.

Commonwealth of Pennsylvania

Incident Number: C04-1103168

Police Crash Report

REPORTABLE CRASH

Crash Involves:

- DUI
- Fatality
- Hit and Run
- Commercial Vehicle
- State Police Vehicle
- Local Police Vehicle
- N/A
- Work Zone
- ATV
- Snowmobile
- Commonwealth Vehicle
- Local Gov Vehicle

Crash Details

I prepared / completed and submitted the PSP Fatal Crash System entry for this crash in accordance to the PSP FR 6-4 - Vehicle Crashes. Reference PSP Fatal Crash System entry pages; placed into Crash Attachment file C04-1103168. I also prepared / completed the PSP Troop C Fatal Data Collection Sheet for this crash in accordance to the PSP Troop C Fatal Crash protocol. Reference PSP Troop C Fatal Data Collection Sheet; placed into Crash Attachment file C04-1103168.

ASSISTED AT THE SCENE BY:

- Trooper James PRICE
- Deputy Coroner [REDACTED]
- Brady Township Volunteer Fire Department
- Brady Township Emergency Medical Services
- Dubois Emergency Medical Services

ATTACHMENTS PLACED INTO CRASH ATTACHMENT FILE C04-1103168

- Compact Disc C04-1103168 (working)
- PSP Fatal Crash System entry pages
- PSP Troop C Fatal Data Collection Sheet

ATTACHMENTS FORWARDED TO THE PSP TROOP C FORENSIC SERVICES UNIT:

- Compact Disc C04-1103168 (master)

This report will be supplemented upon receipt of Coroner's Report.

03/01/2013 02:44 8147653516

[REDACTED], CORONER

PAGE 01

To :

[REDACTED]

US CONSUMER PRODUCTS SAFETY COMMISSION

[REDACTED]

From :

[REDACTED]

CLEARFIELD COUNTY CORONER.

Re :

[REDACTED]

- ATTACHED
- ① CORONER'S MOTOR VEHICLE DEATH REPORT
  - ② DEATH CERTIFICATE
  - ③ AUTOPSY & TOXICOLOGY REPORT.

[REDACTED]

SORRY FOR mix up. COPY WENT OUT  
 TO ATTY. NOT YOU. IT WAS JUST MARKED.  
 SENT. OOPS.

[REDACTED]

03/01/2013 02:44

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CORONER

PAGE 02



# CORONER'S MOTOR VEHICLE DEATH REPORT

CORONER'S NAME [REDACTED] COUNTY Clearfield DATE MAILED 9-5-12

DATE OF ACCIDENT 9/2/12 HOUR 1:15 A.M.  P.M. DAY OF WEEK Sunday

NAME OF INVESTIGATING POLICE AGENCY PSP - DuBois

LOCATION OF ACCIDENT  
IF ON HIGHWAY OUTSIDE CITY OR TOWN \_\_\_\_\_ MILES  
IF IN CITY OR TOWN \_\_\_\_\_ STREET  
 NORTH  
 SOUTH  
 EAST  
 WEST OF \_\_\_\_\_ NEAREST CITY/TOWN \_\_\_\_\_ ON RT. NO. \_\_\_\_\_ COUNTY \_\_\_\_\_  
 AT \_\_\_\_\_  
 NEAR INTERSECTION WITH \_\_\_\_\_ STREET IN Beady Top CITY OR TOWNSHIP \_\_\_\_\_

1. NAME OF DECEASED [REDACTED] AGE 54 SEX Male

ADDRESS OF DECEASED [REDACTED] STREET \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

TYPE OF INJURY CAUSING DEATH ATV Crash

DRIVER  OCCUPANT  PEDESTRIAN  BICYCLE  SLED  OTHER

RESULT OF AUTOPSY, IF PERFORMED Laceration of the (R) lower lobe of the Lung

DATE AND TIME OF DEATH. DATE 9/2/12 HR. 1:15 A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

HAD DECEASED OPERATOR OR PEDESTRIAN BEEN DRINKING? YES 19.9 %  NO  UNKNOWN  NO TEST GIVEN  
DRUGS NOTED IN TOXICOLOGY REPORT (Other than alcohol) (excluding nicotine, aspirin)  YES  NO  UNKNOWN  NO TEST GIVEN

2. NAME OF DECEASED \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS OF DECEASED \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

TYPE OF INJURY CAUSING DEATH \_\_\_\_\_

DRIVER  OCCUPANT  PEDESTRIAN  BICYCLE  SLED  OTHER

RESULT OF AUTOPSY, IF PERFORMED \_\_\_\_\_

DATE AND TIME OF DEATH. DATE \_\_\_\_\_ HR. \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

HAD DECEASED OPERATOR OR PEDESTRIAN BEEN DRINKING? YES \_\_\_\_\_ %  NO  UNKNOWN  NO TEST GIVEN  
DRUGS NOTED IN TOXICOLOGY REPORT (Other than alcohol) (excluding nicotine, aspirin)  YES  NO  UNKNOWN  NO TEST GIVEN

REMARKS \_\_\_\_\_

[REDACTED]

9:03 PM (GMT-05:00)

03/01/2013 02:44 8147653516

██████████ CORONER

PAGE 04

**MOUNT NITTANY MEDICAL CENTER**  
State College, Pennsylvania 16803  
Raymond J. Vautour, M.D. Director  
**AUTOPSY PATHOLOGY REPORT**

Name ██████████  
MR# ██████████  
Address ██████████  
City State Zip ██████████  
DOB: ██████████  
Acct# ██████████  
Rm/Bed ██████████

Physician: Clearfield County Coroner  
SSN# ██████████  
  
Sex: M

Case# ██████████

Date Received: 09/02/12

DATE OF DEATH: 9/2/2012 TIME PRONOUNCED: 2:50 AM  
DATE OF AUTOPSY: 9/2/2012  
PERMISSION BY: ██████████  
RELATIONSHIP: Deputy Coroner of Clearfield County, Pennsylvania  
RESTRICTIONS: None PROSECTOR: Harry Kamerow, M.D.  
OTHERS PRESENT: ██████████, Autopsy Assistant  
CLINICAL DIAGNOSIS: Motor vehicle accident

=====

**FINAL ANATOMIC DIAGNOSES:**

1. Laceration, right lower lobe of lung, 9 x 4 x 3 cm.
2. Hemothorax; 1.5 liters of blood in the right pleural cavity and 200 cc of blood in the left pleural cavity.
3. Paravertebral soft tissue hemorrhage, chest, extensive.
4. Soft tissue hemorrhage, periaortic region, chest.
5. Retroperitoneal hemorrhage, extensive, superior.
6. Mediastinal hemorrhage, extensive.
7. Subgaleal hemorrhage, extensive, anterior to the occiput.
8. Soft tissue hemorrhage, chest wall, central.
9. Rib fractures, bilateral, multiple, anterior and posterior.
10. Dislocation, right sternoclavicular joint.
11. Lacerations, right lobe of liver, superficial, 9 cm in greatest dimension in aggregate.
12. Laceration, right side of the forehead, 2 x 1.8 x 0.6 cm.
13. Abrasions; right side of the forehead, extensor surface of the right hand, extensor surface of the left hand, right leg, left leg, and right hip.
14. Contusion, right inguinal region, 11 cm in greatest dimension.
15. Portal triaditis, mild, liver, chronic.
16. Adhesion, hepatic flexure of colon to the right lobe of the liver.
17. Osteophytes, vertebral bodies of the chest.

**AUTOPSY PATHOLOGY REPORT**

03/01/2013 02:44 8147653516



CORONER

PAGE 05

**MOUNT NITTANY MEDICAL CENTER  
AUTOPSY PATHOLOGY REPORT**

**Case#** 

**CAUSE OF DEATH:** Laceration of the right lower lobe of lung due to an all terrain vehicle (ATV) accident.

**MANNER OF DEATH:** Accidental.

Date Dictated: 09/22/12  
Date Transcribed: 09/23/12  
Transcriptionist: /jc

**AUTOPSY PATHOLOGY REPORT**

**Page 2 of 9**

03/01/2013 2:53PM (GMT-05:00)

03/01/2013 02:44 8147653516

MIKE MORRIS, CORONER

PAGE 06

**MOUNT NITTANY MEDICAL CENTER  
AUTOPSY PATHOLOGY REPORT**

Case# [REDACTED]

**FINAL SUMMARY:**

[REDACTED] a 54-year-old white man, died due to laceration of his right lower lobe of lung after an all terrain (ATV) accident. The right lower lobe of lung revealed a 9 x 4 x 3 cm large laceration which caused the patient to bleed into the chest cavity. 1.5 liters of blood was found in the right pleural cavity and 200 cc of blood was found in the left pleural cavity. Although the patient clearly had multiple further sites of hemorrhage, it is the hemorrhage from the right lower lobe of lung that caused this patient's demise. Thus, cause of death is laceration of the right lower lobe of lung due to an all terrain (ATV) accident. Manner of death is accidental.

I would be remiss in this case if I did not discuss the postmortem toxicologic analysis of this patient's vitreous fluid and blood. The vitreous fluid revealed a vitreous glucose of 6 mg/dL. Clearly, the patient did not have hyperglycemia at the time of his death. Postmortem toxicologic analysis of the cardiac blood revealed ethanol at 186 mg/dL, AKA 0.186 g percent (BAC). Thus, the patient was clearly inebriated at the time of the accident. Further findings in the blood include the presence of caffeine, cotinine, nicotine, and theobromine. Thus, postmortem toxicologic analysis of this patient's cardiac blood sample does not affect cause of death or manner of death in this case.

**CLINICAL HISTORY:**

[REDACTED] is a 54-year-old white man who was found "lying in a ditch" due to an ATV (side by side) motor vehicle accident. Mr. Bickel was the driver of the ATV. CPR was begun by first responders and after "a couple of rounds" of AED medical command gave a stop order. The coroner was notified. There was a passenger in the ATV. The passenger was able to "call back" to someone at the camp and advise them of the crash.

Further history indicates the patient's wife reported that "he had been drinking very heavy all day". No further history is available at this time.

**AUTOPSY PATHOLOGY REPORT**

Page 3 of 9

03/01/2013 2:53PM (GMT-05:00)

03/01/2013 02:44 8147653516

CORONER

PAGE 07

**MOUNT NITTANY MEDICAL CENTER  
AUTOPSY PATHOLOGY REPORT**

Case# [REDACTED]

**EXTERNAL EXAMINATION:**

[REDACTED] is a well-developed, well-nourished, white male measuring 65 inches in length and weighing approximately 150 pounds. The patient is received in a closed black body bag. An identification band is noted. The patient is removed from the black body bag and placed in the normal anatomic position. He is received with a torn gray T-shirt, a torn brown hoodie, a pair of white underpants, and camouflage shorts. The right back pocket contains two American quarters, two Canadian quarters, one Canadian dollar, and one American dime. A black comb is as well seen. A container resembling a container of a cell phone is noted attached to the waist. The right front pocket contains a can of [REDACTED]. The plastic bag containing this patient's wallet is found on top of the body. The wallet contains a hunter education card, two photographs, multiple plastic credit cards, paper money, and multiple further pieces of paper. The wallet is replaced into the plastic bag and kept with the body. The clothing is removed.

Rigor is severe in the extremities. It is severe in the jaw. Livor is fixed in the supine position.

Overall examination of this patient reveals obvious head trauma. Please note that a pair of tennis shoes and white socks were on the patient as well.

HEENT examination reveals an atraumatic and normocephalic skull. Be this as it may, this patient has a significant laceration with a "flap" of skin noted on the right side of the forehead. This laceration measures 2.0 x 1.8 x 0.6 cm and it is deep to the bone. The right side of the forehead reveals multiple abrasions ranging from 0.4 to 3 cm in greatest dimension. The center of the forehead reveals multiple small abrasions and a patterned abrasion is noted. This abrasion is patterned superior to inferior and is relatively linear. The main part of the abrasion measures 4.5 cm in length but further abrasions which are subtle are noted closer to the right eye and they are oriented in the same direction. Photographs are taken. The patient has white hair and moderate hair recession. The neck is manipulated with ease. There is no evidence of fracture or dislocation. The left pupil measures 0.6 cm in diameter and the right pupil measures 0.7 cm in diameter. This patient's pupils are widely dilated. The sclerae are muddy, but true scleral icterus is not seen. Scleral hemorrhages are not seen. Vitreous fluid is collected. The ears are entirely unremarkable. Blood and serous fluid are not seen emanating from the external ear canals. The nasal septum is midline. The nares are unremarkable. The patient has a short beard and mustache. The patient's teeth are intact. The tongue is midline. The oral cavity fails to reveal blood. Bite marks are not seen.

The right upper extremity fails to reveal track marks. The extensor surface of the right hand reveals multiple abrasions measuring in aggregate 6 cm in greatest dimension. Photographs are taken. The left upper extremity also fails to reveal track marks. The extensor surface of the left hand reveals a few small abrasions which measure in aggregate 0.7 cm. Photographs are taken.

The chest is palpated and fails to reveal evidence of a flail chest. The breasts are easily palpated. Breast masses are not detected. The nipples are located 19 cm apart.

The abdomen is mildly rotund. The umbilicus is unremarkable. The liver is located three fingerbreadths below the right costal margin. A spleen tip is not felt.

**AUTOPSY PATHOLOGY REPORT**

Page 4 of 9

03/01/2013 2:53PM (GMT-05:00)

03/01/2013 02:44 8147653516

CORONER

PAGE 08

**MOUNT NITTANY MEDICAL CENTER  
AUTOPSY PATHOLOGY REPORT**

Case# [REDACTED]

The penis is circumcised. Two testes are noted within the scrotal sac. This patient has a blue/red contusion of the right inguinal region measuring 11 cm in greatest dimension. Photographs are taken. Clearly, a pelvic fracture will be sought on internal examination. The right leg reveals multiple transversely oriented abrasions which are somewhat linear. These average 1.5 cm in length. The right leg reveals abrasions of the midportion overlying the tibia. These abrasions measure 3 cm in greatest dimension. Pedal edema is not seen. The left leg reveals punctate abrasions overlying the lateral aspect, mid-tibial region, measuring 3 cm in greatest dimension.

The feet are unremarkable. Please note that the right hip reveals multiple abrasions. The largest abrasion measures 1.0 x 1.1 cm and a transverse abrasion measures 2 cm in length x 0.5 cm in width.

**INTERNAL EXAMINATION:  
CARDIOVASCULAR SYSTEM:**

The heart weighs 350 grams. The chambers, septa, myocardium, endocardium, valves, and epicardium are all unremarkable and intact. Despite severe chest trauma, this patient's heart is entirely intact. In fact, the pericardium is entirely intact and there is no evidence of a pericardial effusion or hemopericardium. The following heart measurements are noted: Left ventricular wall 1.2 cm, right ventricular wall 0.3 cm, interventricular septum 1.0 cm, pulmonic valve 5 cm, mitral valve 7 cm, tricuspid valve 8 cm, and aortic valve 7 cm. The coronary arteries are serially sectioned and the right coronary artery and the circumflex coronary artery are widely patent. The left coronary artery, proximally, reveals mild atherosclerotic coronary artery disease. A significant obstruction is not seen. As well, calcifications are not seen. The aorta is pliable along its entire length. There is no evidence of aortic atherosclerosis. In addition, the aorta is entirely intact despite extensive paravertebral hemorrhage of arteries in the paraspinal region. As well, periaortic soft tissue hemorrhage is noted. The pulmonary arteries are investigated in situ. A pulmonary embolism is not detected. The pulmonary veins empty in an unremarkable manner into the heart. They are not lacerated. The vessels of the upper and lower extremities are intact and unremarkable. The intracranial arteries, including the entire Circle of Willis, are intact and unremarkable. The superior and inferior vena cavae are intact and their tributaries are unremarkable. The portal vein is intact and its tributaries are unremarkable despite the presence of extensive retroperitoneal hemorrhage.

**RESPIRATORY SYSTEM:**

The paranasal sinuses are not detected. The pharynx is unremarkable from below. The larynx is as well entirely unremarkable in this patient. Vocal cords are identified. Froth is not seen. Foreign objects are absent. The pleural surfaces are smooth and there is no evidence of plural adhesions. Be this as it may, this patient has severe hemothorax. The left pleural cavity contains 200 cc of blood and the right pleural cavity contains 1.5 liters of blood. Please note that the extensive paravertebral hemorrhage noted above is limited to the chest in this patient. The trachea is intact and unremarkable along its entire length. Froth is not seen. The mucosa is unremarkable. The bronchi fail to reveal froth or mucous plugs. The left lung weighs 400 grams and the right lung weighs 600 grams. The main pathologic finding in this patient's chest involves the right lower lobe of lung. This lung reveals a 9.0 x 4.0 x 3.0 cm laceration which is nearly through and through, anterior to posterior. This severe laceration of the right lower lobe of lung is the cause of this patient's 1.5 liter right hemothorax. The parenchyma is well aerated. The lungs are

**AUTOPSY PATHOLOGY REPORT**

Page 5 of 9

03/01/2013 2:53PM (GMT-05:00)

03/01/2013 02:44 8147653516

CORONER

PAGE 09

**MOUNT NITTANY MEDICAL CENTER  
AUTOPSY PATHOLOGY REPORT**

Case# [REDACTED]

serially sectioned and fail to reveal focal findings other than the laceration noted above. The mediastinum reveals extensive mediastinal hemorrhage in the soft tissue.

**RETICULOENDOTHELIAL SYSTEM:**

The spleen weighs 100 grams. The capsule is intact. The parenchyma is red and soft. Bone marrow is not extracted in this case. Cervical, intrathoracic, abdominal, and retroperitoneal lymph nodes are all unremarkable. Please note the patient has extensive superior retroperitoneal hemorrhage. In fact, locating the right adrenal gland intact cannot be performed. The thoracic duct is intact. The thymus gland is not enlarged.

**GASTROINTESTINAL SYSTEM:**

The mouth has been previously described. The esophagus is intact along its entire length. The GE junction is unremarkable. The peritoneal surfaces are smooth except for an adhesion between the right side of the transverse colon and the right lobe of the liver. This adhesion is dislodged with ease. Ascites is not seen. The stomach contains 200 cc of unremarkable gastric contents. Pills are not identified. The mucosa is intact. There is no evidence of gastric ulceration or tumor. The small bowel, large bowel, and appendix are all intact and unremarkable. Diverticular disease is not seen. The anus is patent. The liver weighs 1,500 grams. Brown soft tissue is noted on cut section. Regenerative nodules are not seen. The gallbladder is distended by abundant bile. Stones are not identified. The mucosa is bile stained. The cystic duct is unremarkable. The bile ducts are not dilated in toto. The pancreas weighs 160 grams and reveals brown soft tissue on cut section. There is no evidence of pancreatitis or pancreatic fibrosis.

**ENDOCRINE SYSTEM:**

The pituitary gland is not removed from the sella turcica. The thyroid gland weighs 25 grams and fails to reveal nodules. Red slightly firm tissue is noted on cut section. The left adrenal gland weighs 10 grams and reveals an unremarkable corticomedullary ratio. Nodules are not identified. The right adrenal gland is only partially found due to extensive retroperitoneal hemorrhage superiorly. The parathyroid glands are not enlarged.

**NERVOUS SYSTEM:**

The skull is entirely intact. The meninges are unremarkable. The dural sinuses are intact. Please note this patient has extensive subgaleal hemorrhage, primarily anteriorly to the occiput. The dural sinuses are intact. The brain weighs 1,550 grams. Gyri and sulci are well preserved. Gray and white matter are well demarcated on cut section. The cerebrum, cerebellum, midbrain, pons, medulla, ventricles, and brainstem are all unremarkable. As well, the basal ganglia are unremarkable. Subdural, intraparenchymal, and epidural hemorrhage are all not seen. There is no blood in the ventricles. Please note the Circle of Willis is entirely intact. The spinal cord is not extracted. The eyes are not enucleated. The middle and inner ears are not dissected. The peripheral nerves are unremarkable.

**MALE REPRODUCTIVE SYSTEM:****AUTOPSY PATHOLOGY REPORT**

Page 6 of 9

03/01/2013 2:53PM (GMT-05:00)

03/01/2013 02:44 8147653516

CORONER

PAGE 10

**MOUNT NITTANY MEDICAL CENTER  
AUTOPSY PATHOLOGY REPORT**

Case# [REDACTED]

The scrotum contains two testicles. The prostate gland weighs 35 grams. Yellow nodules are not seen. Tan soft tissue is noted on cut section. The seminal vesicles are intact. The penis is circumcised.

**URINARY SYSTEM:**

The kidneys strip with ease. Cortical scars are not seen. The corticomedullary ratios are unremarkable. The right kidney weighs 120 grams and the left kidney weighs 120 grams. The collecting systems are not distorted. Blunting of the calyces is not seen. There is no evidence of pyelonephritis. The ureters empty in an unremarkable manner into the bladder which contains 500 cc of urine. The mucosa is intact. The wall is unremarkable. The urethra is not inflamed.

**MUSCULOSKELETAL SYSTEM:**

This patient's abdominal subcutaneous fat pad measures 4 cm at the level of the umbilicus. The central chest reveals extensive soft tissue hemorrhage. Bilateral rib fractures are noted. Anteriorly, R2, R3, R4, and R10 are all fractured on the right side of the chest. L1, L2, L3, L4, and L5 are all fractured on the left side of the chest anteriorly. Extensive posterior left-sided rib fractures are noted. As well, the right sternoclavicular joint is dislocated and the ends of the bones at the joint are fractured. Photographs are taken. Multiple osteophytes are noted attached to the vertebral bodies of the chest. The right lobe of the liver reveals multiple superficial hepatic lacerations which measure in greatest dimension 9 cm in aggregate. Please note that this patient weighs approximately 150 pounds and measures 65 inches in length.

Blood is collected from the right pleural cavity. Two large gray-topped tubes of blood are submitted to NMS Labs for a complete toxicologic analysis. Two small gray-topped tubes of blood, one purple-topped tube of blood, and one red-topped tube of blood are retained in our laboratory at the Mount Nittany Medical Center. Vitreous fluid is collected and submitted for sodium, potassium, chloride, and glucose determinations. Photographs are taken in this case.

The following weights are noted:

Left adrenal gland 10 grams  
Pancreas 160 grams  
Brain 1,550 grams  
Thyroid gland 25 grams  
Right lung 600 grams  
Left lung 400 grams  
Heart 350 grams  
Liver 1,500 grams  
Spleen 100 grams  
Right kidney 120 grams  
Left kidney 120 grams

**BLOCK SUMMARY:**

1. Right lobe of the thyroid gland.
2. Left adrenal gland

**AUTOPSY PATHOLOGY REPORT**

Page 7 of 9

03/01/2013 2:53PM (GMT-05:00)

03/01/2013 02:44 8147653516

MIKE MORRIS, CORONER

PAGE 11

**MOUNT NITTANY MEDICAL CENTER  
AUTOPSY PATHOLOGY REPORT**Case# [REDACTED]

3. Right adrenal gland with intraadrenal hemorrhage
4. Pancreas
5. Prostate gland
6. Left kidney
7. Right kidney
8. Spleen
9. Right lobe of the liver
10. Left ventricular wall of the heart
11. Right lower lobe of lung
12. Left lower lobe of lung
13. Left frontal lobe of the cerebrum and left hemisphere of the cerebellum

In light of the above discussion, cause of death in this case is laceration of the right lower lobe of lung due to an all terrain vehicle (ATV) accident.

The manner of death is accidental.

**MICROSCOPIC EXAMINATION:**

1. A sample from the right lobe of the thyroid gland reveals unremarkable colloid, benign follicular epithelial cells, a few scattered aggregates of lymphocytes insufficient for diagnosis of Hashimoto's thyroiditis, and a 3 mm in greatest dimension solid cell nest, AKA ultimobranchial body rest. Please note that ultimobranchial body rests, AKA solid cell nest, consist of stratified epithelial cells with focal cyst formation. They are believed to be remnants of the ultimobranchial body which is formed by the "fourth-fifth" branchial pouch which contains the ultimobranchial body. The ultimobranchial body is associated with the calcitonin-secreting cells, AKA the C cells. Ultimobranchial body rests can be seen in 30% of adult thyroid glands. Clearly, this is an incidental finding in this case.
2. A sample from the left adrenal gland reveals unremarkable cortex and medulla. Lipid depletion is not seen. The medullary argentaffin cells are unremarkable. There is no evidence of autoimmune adrenalitis.
3. A sample of the right adrenal gland with intraadrenal hemorrhage confirms the presence of focal intraadrenal hemorrhage and hemorrhage within the periadrenal fibroadipose tissue. The parenchyma of the adrenal gland is unremarkable on this slide.
4. A sample from the pancreas reveals moderate postmortem autolysis. Further commentary is not warranted.
5. A sample from the prostate gland reveals corpora amylacea, stromal hyperplasia, and scattered benign glands. Please note the patient's prostate gland weighs 35 g, a normal weight.
6. A sample from the left kidney reveals unremarkable glomeruli, unremarkable proximal and distal tubules, and an unremarkable interstitium. Arteriosclerosis is not seen.
7. A sample from the right kidney reveals unremarkable glomeruli, tubules, interstitium, and vessels.

**AUTOPSY PATHOLOGY REPORT**

Page 8 of 9

03/01/2013 2:53PM (GMT-05:00)

03/01/2013 02:44 8147653516

[REDACTED], CORONER

PAGE 12

**MOUNT NITTANY MEDICAL CENTER  
AUTOPSY PATHOLOGY REPORT****Case#** [REDACTED]

8. A sample from the spleen reveals an unremarkable capsule and unremarkable white pulp and red pulp. The periarteriolae sheaths are well maintained. No tumor is seen.
9. A sample from the right lobe of the liver reveals mild chronic portal triaditis. The hepatocytes fail to reveal inclusions. Very mild central congestion is seen. Fibrosis and cirrhosis are absent.
10. A sample from the left ventricular wall of heart reveals unremarkable epicardium, myocardium, and endocardium. Acute ischemic changes are not seen.
11. A sample from the right lower lobe of lung reveals diffuse hemorrhage consistent with trauma.
12. A sample from the left lower lobe of lung reveals scattered blunted alveolar septae with widened air spaces consistent with focal emphysematous change. An acute pneumonitis is not seen.
13. A sample from the left frontal lobe of the cerebrum reveals an unremarkable neuropile. Gliosis is not seen. Ischemic neurons are not seen.
14. A sample from the left hemisphere of the cerebellum reveals an unremarkable cortex. The molecular layer is well preserved. The Purkinje cells are histologically unremarkable.

Date Dictated: 9/2/2012  
Date Transcribed: 9/2/2012  
Transcriptionist: elm/jc

Signed: <signature on file> 09/28/12 Harry Kamerow M.D.

**AUTOPSY PATHOLOGY REPORT****Page 9 of 9**

03/01/2013 2:53PM (GMT-05:00)

03/01/2013 02:44 8147653516  
09/03/2012 12:52 8145835875



PAGE 18  
PAGE 03

32

# OFFICE OF THE CORONER

County of Clearfield

230 East Market Street  
Clearfield, PA 16830

Telephone 814-592-4143  
Fax 814-765-1003

Clearfield Co. Coroners office gives you  
authorization for the Autopsy on the following:

Name:

D.O.B.

SS# \_\_\_\_\_

Funeral Home   
Phone #

Coroner Contact:  
  
592-4143   
583-5875  
~~371-5321~~ 9-4pm  
590-5982



# U.S. Consumer Product Safety Commission

Task Number:   121203HCC1288  

Date:   2/28/2013  

## Status of Missing Document(s)

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

1.   Fire and Rescue Report- request letter attached.
2.
3.
4.
5.
6.

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

Tel: [REDACTED] Fax: [REDACTED]  
Email: [REDACTED]

December 13, 2012

Brady Township Vol. Fire Rescue and Ambulance  
Records Dept.  
Luthersburg, PA 15848

Dear Supervisor of Records,

The U.S. Consumer Product Safety Commission, a federal regulatory agency, is investigating the following incident:

Date of Incident: 9/2/12  
Name of Victims: [REDACTED]  
Location: [REDACTED] in Brady Township  
Incident: ATV left roadway and struck tree.  
Report number: Unknown

On behalf of the Commission, I am requesting a copy of the complete report concerning this incident and any available supplemental reports. I understand that the fee for the report is waived for federal agencies.

We are also interested in obtaining photographs of the area and any involved products. Digital photographs or color photocopies are fine. If you send hard copy photographs, we will reimburse you for photo processing fees.

The Commission's interest in this case is that we are conducting an ongoing study of All-Terrain Vehicle related injuries and deaths, in order to determine if additional safety standards need to be addressed. CPSC has jurisdiction over ATV's under the Consumer Product Safety Act Section 15 (b). The information obtained will be used for the official business of the Commission and the identity of the victim will remain confidential.

If you have any questions, do not hesitate to call me. Thank you for your assistance.

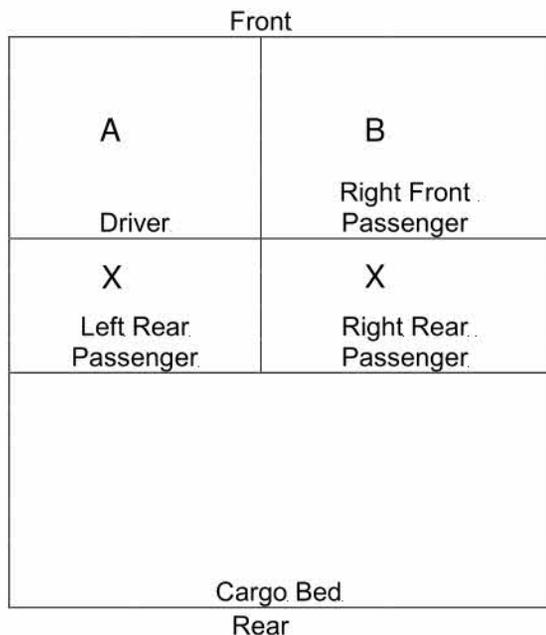
Sincerely,

[REDACTED]  
Product Safety Investigator

Utility Vehicle Data Record Sheet

IDI #:

Exhibit #:



The Utility Vehicle

|    |  |                     |
|----|--|---------------------|
| A: | Age: 54                                    | Height: 65"         |
|    | Gender: M                                  | Weight: 150         |
|    | Helmet (Y/N): N                            | Seatbelt (Y/N): Unk |
|    | Killed/Injured/Neither/Unknown: Killed     |                     |
|    | Injury Description: Lacerated lung         |                     |
|    | Did vehicle land on victim: No             |                     |
|    | Ejected (Either partially or fully): Fully |                     |

|    |  |                   |
|----|--|-------------------|
| B: | Age: 28                                  | Height: Unk       |
|    | Gender: M                                | Weight: UNK       |
|    | Helmet (Y/N): N                          | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: Injured  |                   |
|    | Injury Description: Unk                  |                   |
|    | Did vehicle land on victim: No           |                   |
|    | 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.

**Save**

Task Number 121203HCC1288

INTERVIEWER: When the response to a particular question is unknown, please leave blank.

Type of respondent:

Other, specify:

1. What type of vehicle was involved in the incident? (If vehicle is not an ATV, or if ATV has more than 4 wheels, politely thank respondent for her/his cooperation and terminate interview).

- |  |                      |
|--|----------------------|
| 1. - 3. wheeled ATV                    | 7. - Utility Vehicle |
| 2. - 4. wheeled ATV                    | 8. - Other Vehicle   |
| 3. - ATV with unknown number of wheels | 0. - Unknown         |
| 4. - 2. wheeled motorcycle             |                      |
| 5. - Dune Buggy                        |                      |
| 6. - ATV with more than 4 wheels       |                      |

2. What is the manufacturer/brand name of the ATV(s) involved in the incident? If more than two ATVs, use an additional sheet.

ATV #1

ATV #2

Manufacturer:

Manufacturer:

3. What is the model name or number and/or vehicle identification number (VIN) of the ATV?

Model:

VIN:

4. What is the model year of the ATV? (Record last two digits of model year. For example 89,90).

Model Year:

5. What is the engine size (in CCs) of the ATV?

Engine Size:

6. Was there more than one death involved in this incident? If more than two individuals were killed use an additional sheet.

Death #1

Death #2

Date of Death:

Age/Sex: /

State of Death:

City of Death:

County of Death:

Race:

Race Other:

Hispanic/Latino:

7. Was the victim wearing a helmet at the time the incident occurred?

Death #1

Death #2

Yes No Unknown

Yes No Unknown

8. Describe how the incident occurred. (Use additional sheets if necessary).

9. Did the ATV overturn/tipover/rollover?

10. If ATV overturned/tipped over/rolled over, did it land on the victim?

Victim 1:                      Victim 2:

Yes No Unknown              Yes No Unknown

11. Who was killed in the incident? Check all that apply.

1. - Driver              3. - Bystander              8. - Other  
2. - Passenger              4. - Driver/Other Vehicle

12. How many riders (including the driver) were on the ATV at the time the incident occurred?

0. - Unknown              2. - Two riders              4. - Four or more riders  
1. - One rider              3. - Three riders

13. List the following physical characteristics of the DRIVER of the ATV:

Age:                              Height:              (inches)  
Weight:                              Sex:

14.. How did the driver learn to operate an ATV (READ LIST)

- 1. - Organized Program                      Sponsor's Name:
- 2. - Dealer/Salesperson      Arranged through dealer:
- 3. - Friend/Relative              Friend/Relative Age:
- 4. - Self
- 5. - Other (Specify)
- 9. - Don't Know

15.. What was the type of terrain (ground surface) being travelled at the time the incident occurred?

16.. Type of road being travelled by ATV when incident occurred?

17.. Identify any other motor vehicle(s) involved in this incident.

18.. Had the driver of the ATV used alcohol just prior to the incident?

19.. Had the driver taken any drugs or medication just prior to the incident?

Additional Comments:



This investigation was initiated by a newspaper article received by the U.S. Consumer Product Safety Commission. The information contained in this investigation was supplied by the following sources:

1. The sheriff's department report
2. The medical examiner's report
3. The Florida Highway Patrol report
4. A phone interview with the mother of the passenger on 2-25-2013
5. Photographs sent by the mother

Victim – 20 year old male, 69" tall, 134 pounds, expired

Passenger/Owner – 29 year old female, 130 pounds, bruised, survived

This incident involves the death of the driver of a utility vehicle (UTV) which according to the official report, was driven in a "careless to negligent manner" and that "alcohol was a factor in the crash as the driver had a blood alcohol level of .08." The vehicle was owned by the passenger who survived this incident. Details of the manufacturer of the vehicle and model number are included in the Product Information section of this report. The incident occurred by the city of Cape Coral, FL on 9-09-2012 at approximately 1805 hours.

The official reports indicated the vehicle involved in this incident was an ATV however it was actually a UTV, Utility Vehicle. The model name was also misidentified. Please see the vehicle identification based on the VIN number included as exhibit #5. Please see information found on similar vehicles located on the Internet as exhibit #4.

The mother of the passenger/survivor called this investigator and indicated her daughter was still traumatized by the incident and asked if she could answer any questions about the incident, so that her daughter wouldn't have to retell what happened again. She indicated the following items.

The vehicle was purchased new for \$10-12,000 at an unknown ATV dealer in Lansing, Michigan during 2007. It was new at the time and the dealer had installed some sort of lift kit to make the unit taller. She could not provide any further details about the alteration. She stated that the unit had been recalled for installation of half doors and grab handles which had been installed by the dealership on an unspecified date.

The local ATV dealer looked up the VIN number on this UTV and he indicated the vehicle had an outstanding recall/repair to install wheel spacers and remove the sway bar. The mother indicated she was unaware of those repair/recall issues.

The children of the UTV owner drove dirt bikes and as part of the preparation to an event, the mother would drive the 20 mile route in the UTV. The UTV was purchased specifically for scouting a dirt bike trail prior to an event and the vehicle was only used for that purpose. The mother indicated she believed the vehicle had only 300 miles on the odometer.

The boyfriend of the owner of the vehicle had driven the unit an estimated seven times usually on slow type trail type rides and she indicated he did not have much experience on the vehicle. She added he had not had any official training on the vehicle.

The mother stated the vehicle had what she believed was called a three point harness system which meant one strap went across the hips and another strap went across the chest. The mother indicated that the seat belt latch was difficult to hook. She had ridden as a passenger a few times and said it took quite a bit of force to get the buckle to latch. And that it could appear to be latched and hooked in place, but only apparently. She indicated that the driver and passenger were both wearing seat belts and goggles but no helmets at the time of the incident and she believed the buckle must have come unlatched when the vehicle flipped over and the driver was ejected. The passenger was not ejected during the event.

According to the official report, "operating the vehicle on an unmarked dirt roadway in a heavily wooded area...the passenger indicated the driver was operating the vehicle at an unsafe speed when he entered a left curve. He lost control and it tipped over to the right. He was trying to correct this motion and he over corrected to the left causing the vehicle to flip. Further investigation of the scene revealed as the unit was losing control it struck a stump breaking the front suspension; this in turn caused the vehicle to flip on its side. The driver was not wearing a seatbelt or helmet was ejected. The vehicle came to final rest on top of the driver causing the fatal injuries..."

Discrepancies between the indication from the mother that the driver was initially wearing a seatbelt could not be resolved. The official report indicated the vehicle was traveling 45 MPH. The mother did not know how many times the vehicle had flipped during the incident.

The area being traveled by the vehicle was reported as, "in a state wildlife management preserve that is not designated/designed for human or vehicle traffic. The area is heavily wooded and lined with trees, small brush/vegetation, rotting plant debris/stumps, water holes and wildlife. The dirt pathway curves in the area of the crash... The dirt pathway is more of a small clearing through the wooded area and was not built or designed for human/vehicle traffic. The weather conditions at the time of the crash were optimal and posed no limitations to driving conditions..."

The mother stated that another vehicle driven by family members ahead of the victim returned to the scene and used a rope to pull the vehicle which was upside down with the roof of the vehicle on the victim, off the victim. CPR was performed on the victim for approximately one hour before emergency vehicles arrived and pronounced the victim at the scene.

The passenger received a huge/severe bruise to her right thigh from striking the vehicle when it overturned. She indicated the bruise had still not completely subsided since the event five months prior.

The medical examiner's report indicated the cause of death as lacerations and diffuse axonal injury of brain & blunt impact to the head with skull fractures. The manner of death was listed as accidental. Please see exhibit #3.

The front left side of the vehicle sustained the most damage and the left front shock broke during the incident. Photographs of the vehicle sent by the mother of the passenger are included as exhibit #9. According to the Highway Patrol's report the damages were listed at \$1,000.00 Please see exhibit #7.

The sheriff report concluded the driver/victim was "found fault for the crash for careless/negligent driving and DUI." Please see exhibit #2.

Photographs of the incident from the sheriff's department were requested but not received by the time the report was due. An addendum will be submitted when they are received. Please see the missing documents form included as exhibit #6.

Initially the sheriff's incident report was not released by the sheriff's department to this investigator due to HIPPA regulations however it was finally released to this investigator. Their report contains records from the responding medical services and due care should be taken to remove those records before copies are sent to the manufacturer. A confidential/restricted coversheet has been attached to the first of this report. Please see the medical reports included as exhibit #8.

The mother indicated the UTV has been in storage since the vehicle was retrieved from the sheriff's impound lot. A Data Record Sheet/Diagram of the seating possessions for the UTV is included as exhibit #10.

**Product Information:**

VIN: [REDACTED]  
2007 Yamaha 660 Rhino  
Model: YXR660F.

The official reports indicated the vehicle involved in this incident was an ATV 2007 Yamaha 660 Ranger. However the vehicle was actually a UTV-Utility Vehicle, UTV 2007 Yamaha 660 Rhino. According to a VIN number decoder the specific model number is YXR660F.

**Attachments:**

|                  |  |
|------------------|--|
| Exhibit #1       | Contacts   |
| Exhibit #2       | The sheriff's department report                        |
| Exhibit #3       | The medical examiner's report *gzerwf gf +             |
| Exhibit #4       | Internet examples of this type of vehicle *gzerwf gf + |
| Exhibit #5       | VIN decoder data on this vehicle                       |
| Exhibit #6       | Missing documents form                                 |
| Exhibit #7       | Florida Highway Patrol Report                          |
| Exhibit #8       | Medical Records *gzerwf gf +                           |
| Exhibit #9       | Photographs from the consumer (6)                      |
| Exhibit #10      | Data Record Sheet for UTVs                             |
| Exhibit #11..... | Photographs from Sheriff's Department (19)             |

**Identification of Parties:**

**Contacts made by this investigator:**

2-25-2013

Interview with mother of the passenger/survivor

[REDACTED]

2-12-2013

[REDACTED], passenger.

[REDACTED]

12-05-2012

Lee County Medical Examiner District 21

Rebecca A. Hamilton, M.D.

70 Danley Dr.

Ft. Myers, FL 33907

239-277-5020

239-277-5017 fax

12-05-2012

Lee County Sheriff's Office, Records Dept.

14750 Six Mile Cypress Pkwy

Fort Myers, Florida 33912

239-477-1000

239-477-1385 fax

2-11-2013

Service Manager

Champions Yamaha of Leesburg, FL

15821 US Highway 441

Eustis, FL 32726

**Contacts made by the consumer:**

unknown

Lee County Sheriff's Office  
Traffic Unit  
Traffic Homicide Investigative Report



Offense: Non-Prosecutable Fatal Crash

CFS: [REDACTED] Date of Offense: 09/08/2012 Time Received: 18:05 Hrs.

LEE COUNTY  
SHERIFF'S OFFICE  
TRAFFIC UNIT

SUBJECT: TRAFFIC HOMICIDE INVESTIGATION RELEASE

CASE NO.: [REDACTED]

INVESTIGATOR: Corporal Leonard Gould  
Lee County Sheriff's Office

This is to certify that the above captioned case was reviewed by the Lee County Sheriff's Office and was determined to be a Class 2 Investigation.

The Lee County Sheriff's Office will release the above captioned case as a public record in accordance with Florida Statutes.

L.C.S.O.  
RECORDS

2013 JAN -9 AM 11:25

(Signature of Reviewing Supervisor)

Sgt Dennis Petracca

Reviewing Supervisor's Name-Typed/Printed)

12-20-2012

(Date)

(Signature of Lead Investigator)

Corporal Leonard Gould

(Lead Investigators Name-Typed/Printed)

10/23/12

(Date)

Lee County Sheriff's Office  
Traffic Unit  
Traffic Homicide Investigative Report



Offense: Non- Prosecutable Fatal Crash

CFS: [REDACTED] Date of Offense: 09/08/2012 Time Received: 18:05 Hrs.

Complainant : [REDACTED]  
 Address : [REDACTED]  
 City / State : Cape Coral Fl 33909  
 Residence Telephone : Unknown  
 Business/Cellular Telephone : Unknown  
 Location Of Offense : Wooded area [REDACTED]  
 Date And Time Of Offense : 09/08/2012 18:05 pm  
 Victim : [REDACTED]  
 Suspect To Victim : N/A  
 Suspect Developed Through : Crash Investigation  
 Weapon/Tool Used : 660 Yamaha Ranger/ All Terrain Vehicle

Case Synopsis

The crash occurred approximately [REDACTED] in a state wildlife management preserve that is not designated/designed for human or vehicle traffic. The area is heavily wooded and lined with trees, small brush/vegetation, rotting plant debris/stumps, water holes and wildlife. The dirt pathway curves in the area of the crash and runs generally in an east to west direction. The dirt pathway is more of a small clearing through the wooded area and was not built or designed for human/vehicle traffic. The dirt pathway is covered with obstacles such as small bumps, potholes, dead vegetation/stumps and water holes. The weather conditions at the time of the crash where optimal and posed no limitations to driving conditions at the time of the crash.

Suspect: [ ] Arrested: [ ]

Name: N/A                                      DOB: N/A                                      Date of Arrest: N/A

Detective : Leonard Gould  
 Supervisor (Sgt) : Dennis Petracca  
 Supervisor (Lt or Capt) : Donnie Fewell  
 Case Status : Closed  
 Date Case Report Submitted : 10/23/2012

Lee County Sheriff's Office  
Traffic Unit  
Traffic Homicide Investigative Report



Offense: Non-Prosecutable Fatal Crash

CFS: [REDACTED] Date of Offense: 09/08/2012 Time Received: 18:05 Hrs.

Fingerprints:

Developed : Yes ( ) No (x) By Whom:

Comparison with Defendant(S) : Yes ( ) No (x)

Identification Made yes ( ) No (x)

Photographs:

Scene Yes (x) No ( ) By Whom: CPL L. Gould

Victim : Yes (x) No ( ) By Whom: CPL L. Gould

Evidence : Yes ( ) No ( ) By Whom: CPL L. Gould

Defendant(S) : Yes ( ) No ( ) By Whom:

Line-Up Information:

Photo Line-Up : Yes ( ) No (x) Identification Made: Yes ( ) No ( )

Physical Line-Up : Yes ( ) No (x) Identification Made: Yes ( ) No ( )

Confrontation : Yes ( ) No (x) Identification Made: Yes ( ) No ( )

Search and Seizure:

Consent to Search : Yes ( ) No (x) By Whom:

To Whom:

Search Warrant : Yes ( ) No (x)

Incident to Arrest : Yes ( ) No (x)

Property Seized yes ( ) No (x) By Whom:

Confession/Admission:

To Law Enforcement : Yes ( ) No (x) By Whom:

( ) Oral ( ) Written ( ) Taped To Whom:

To Other : Yes ( ) No (x) By Whom:

( ) Oral ( ) Written ( ) Taped To Whom:

Lee County Sheriff's Office  
Traffic Unit  
Traffic Homicide Investigative Report



Offense: Non- Prosecutable Fatal Crash

CFS: [REDACTED] Date of Offense: 09/08/2012 Time Received: 18:05 Hrs.

Law Enforcement Witness

Name : Corporal Leonard Gould  
Address : 14750 Six Mile Cypress Parkway, Fort Myers, Fl 33912  
Home Phone : [REDACTED]  
Place Of Employment : Lee County Sheriff's Office  
Business Phone : (239)-477-1200

Witnesses Can Testify To  
Lead Investigator

Law Enforcement Witness

Name : Sergeant William Murphy Sr.  
Address : 14750 Six Mile Cypress Parkway, Fort Myers, Fl 33912  
Home Phone : [REDACTED]  
Place Of Employment : Lee County Sheriff's Office  
Business Phone : (239)-477-1200

Witnesses Can Testify To  
Traffic Supervisor on Scene

Law Enforcement Witness

Name : Deputy Jeffery Pierot  
Address : 14750 Six Mile Cypress Parkway, Fort Myers, Fl 33912  
Home Phone : [REDACTED]  
Place Of Employment : Lee County Sheriff's Office  
Business Phone : (239)-477-1200

Witnesses Can Testify To  
Assisted with different functions on scene

Law Enforcement Witness

Name : Deputy Maurice Naylor  
Address : 14750 Six Mile Cypress Parkway, Fort Myers, Fl 33912  
Home Phone : [REDACTED]  
Place Of Employment : Lee County Sheriff's Office  
Business Phone : (239)-477-1200

Witnesses Can Testify To  
Assisted with different functions on scene

Lee County Sheriff's Office  
Traffic Unit  
Traffic Homicide Investigative Report



Offense: Non-Prosecutable Fatal Crash

CFS: [REDACTED] Date of Offense: 09/08/2012 Time Received: 18:05 Hrs.

Law Enforcement Witness

Name : Deputy Selena Lee  
Address : 14750 Six Mile Cypress Parkway, Fort Myers, Fl 33912  
Home Phone : [REDACTED]  
Place Of Employment : Lee County Sheriff's Office  
Business Phone : (239)-477-1200

Witnesses Can Testify To

Assisted with different functions on scene

Law Enforcement Witness

Name : Deputy Matthew Faulk  
Address : 14750 Six Mile Cypress Parkway, Fort Myers, Fl 33912  
Home Phone : [REDACTED]  
Place Of Employment : Lee County Sheriff's Office  
Business Phone : (239)-477-1200

Witnesses Can Testify To

Assisted with different functions on scene

Law Enforcement Witness

Name : Deputy Gary A Clark  
Address : 14750 Six Mile Cypress Parkway, Fort Myers, Fl 33912  
Home Phone : [REDACTED]  
Place Of Employment : Lee County Sheriff's Office  
Business Phone : (239)-477-1200

Witnesses Can Testify To

Assisted with different functions on scene

Law Enforcement Witness

Name : Deputy Jeffrey Santella  
Address : 14750 Six Mile Cypress Parkway, Fort Myers, Fl 33912  
Home Phone : [REDACTED]  
Place Of Employment : Lee County Sheriff's Office  
Business Phone : (239)-477-1200

Witnesses Can Testify To

Assisted with different functions on scene

Lee County Sheriff's Office  
Traffic Unit  
Traffic Homicide Investigative Report



Offense: Non-Prosecutable Fatal Crash

CFS: [REDACTED] Date of Offense: 09/08/2012 Time Received: 18:05 Hrs.

Law Enforcement Witness

Name : Sergeant Paul Blanchard  
Address : 1100 Culture Park Blvd Cape Coral Fl 33909  
Home Phone : [REDACTED]  
Place Of Employment : Cape Coral Police Department  
Business Phone : (239)-574-3223

Witnesses Can Testify To

Cape Coral Police Supervisor on scene

Law Enforcement Witness

Name : Officer Jeremiah Mc Clurg  
Address : 1100 Culture Park Blvd Cape Coral Fl 33909  
Home Phone : [REDACTED]  
Place Of Employment : Cape Coral Police Department  
Business Phone : (239)-574-3223

Witnesses Can Testify To

Assisted with different functions on scene

Law Enforcement Witness

Name : Officer Jason Shutts  
Address : 1100 Culture Park Blvd Cape Coral Fl 33909  
Home Phone : [REDACTED]  
Place Of Employment : Cape Coral Police Department  
Business Phone : (239)-574-3223

Witnesses Can Testify To

Assisted with different functions on scene

Law Enforcement Witness

Name : Officer Justin Kobe  
Address : 620 South Meridian St Tallahassee Fl 32399  
Home Phone : [REDACTED]  
Place Of Employment : Florida Fish and Wildlife Conservation commission  
Business Phone : (850)-488-4776

Witnesses Can Testify To

Assisted with different functions on scene

Lee County Sheriff's Office  
Traffic Unit  
Traffic Homicide Investigative Report



Offense: Non- Prosecutable Fatal Crash

CFS: [REDACTED] Date of Offense: 09/08/2012 Time Received: 18:05 Hrs.

Law Enforcement Witness

Name : Officer Demian Mc Colgin  
Address : 620 South Meridian St Tallahassee Fl 32399  
Home Phone : [REDACTED]  
Place Of Employment : Florida Fish and Wildlife Conservation commission  
Business Phone : (850)-488-4776

Witnesses Can Testify To

Assisted with different functions on scene

Victim Next Of Kin

Name : [REDACTED]  
Address : [REDACTED]  
Home Phone : [REDACTED]  
Place Of Employment : None  
Business Phone / Cellular : N/A

Witness Can Testify To  
Father of Deceased

Victim / Deceased

Name : [REDACTED]  
Address : [REDACTED]  
Home Phone : Unknown  
Place Of Employment : Unknown  
Business Phone / Cellular : Unknown

Witness Can Testify To  
Deceased

Witness

Name : [REDACTED]  
Address : [REDACTED]  
Home Phone : Unknown  
Place Of Employment : Unknown  
Business Phone / Cellular : Unknown

Witness Can Testify To  
Girlfriend of the deceased

Lee County Sheriff's Office  
Traffic Unit  
Traffic Homicide Investigative Report



Offense: Non- Prosecutable Fatal Crash

CFS: [REDACTED] Date of Offense: 09/08/2012 Time Received: 18:05 Hrs.

Witness

Name : [REDACTED]  
Address : [REDACTED]  
Home Phone : [REDACTED]  
Place Of Employment : [REDACTED]  
Business Phone / Cellular : Unknown

Witness Can Testify To  
Removed vehicle off deceased

Witness

Name : [REDACTED]  
Address : [REDACTED]  
Home Phone : [REDACTED]  
Place Of Employment : Unknown  
Business Phone / Cellular : Unknown

Witness Can Testify To  
Rider ahead of deceased at time of crash

Witness

Name : [REDACTED]  
Address : [REDACTED]  
Home Phone : [REDACTED]  
Place Of Employment : N/A  
Business Phone / Cellular : N/A

Witness Can Testify To  
Small child with parents ahead of deceased at time of crash

Witness

Name : [REDACTED]  
Address : [REDACTED]  
Home Phone : [REDACTED]  
Place Of Employment : N/A  
Business Phone / Cellular : N/A

Witness Can Testify To  
Small child with parents ahead of deceased at time of crash

Lee County Sheriff's Office  
Traffic Unit  
Traffic Homicide Investigative Report



Offense: Non- Prosecutable Fatal Crash

CFS: [REDACTED] Date of Offense: 09/08/2012 Time Received: 18:05 Hrs.

Medical Services Witness

Name : EMT/Paramedic [REDACTED]  
Address : 14752 Six Mile Cypress Pkwy Ft Myers Fl 33912  
Home Phone : N/A  
Place Of Employment : Lee County Emergency Medical services  
Business Phone / Cellular : 239-533-3911

Witness Can Testify To

Treatment of victims at the scene

Medical Services Witness

Name : EMT [REDACTED]  
Address : 14752 Six Mile Cypress Pkwy Ft Myers Fl 33912  
Home Phone : N/A  
Place Of Employment : Lee County Emergency Medical services  
Business Phone / Cellular : 239-533-3911

Witness Can Testify To

Treatment of victims at the scene

Medical Services Witness

Name : Lieutenant [REDACTED]  
Address : 3942 Burnt Store Road Cape Coral Fl 33993  
Home Phone : N/A  
Place Of Employment : Cape Coral Fire and Rescue  
Business Phone / Cellular : 239-533-3911

Witness Can Testify To

Cape Fire and Rescue supervisor on scene

Medical Services Witness

Name : Engineer [REDACTED]  
Address : 3942 Burnt Store Road Cape Coral Fl 33993  
Home Phone : N/A  
Place Of Employment : Cape Coral Fire and Rescue  
Business Phone / Cellular : 239-533-3911

Witness Can Testify To

Assisted with victims at the scene

Lee County Sheriff's Office  
Traffic Unit  
Traffic Homicide Investigative Report



Offense: Non- Prosecutable Fatal Crash

CFS: [redacted] Date of Offense: 09/08/2012 Time Received: 18:05 Hrs.

Medical Services Witness

Name : FF [redacted]  
Address : 3942 Burnt Store Road Cape Coral Fl 33993  
Home Phone : N/A  
Place Of Employment : Cape Coral Fire and Rescue  
Business Phone / Cellular : 239-533-3911

Witness Can Testify To

Assisted with victims at the scene

Medical Services Witness

Name : FF [redacted]  
Address : 3942 Burnt Store Road Cape Coral Fl 33993  
Home Phone : N/A  
Place Of Employment : Cape Coral Fire and Rescue  
Business Phone / Cellular : 239-533-3911

Witness Can Testify To

Assisted with victims at the scene

Investigative Narrative

Notification

On 09/08/2012, at approximately 18:35 Hrs I was notified by Sgt William Murphy of the Lee County Sheriff's Office traffic unit that he was on the scene of a fatal ATV crash in a wooded area off [redacted] Due to the nature of the crash, I responded to the scene. Upon my arrival, I conducted a crash investigation, which revealed the following facts.

Interview of First Officer's on scene

What first officer's found

Upon the arrival of responding Deputies and officer from surrounding agencies, they found a ATV in a heavily wooded area approximately [redacted] The drover of the ATV had been ejected form his vehicle during the crash and sustained fatal injuries. The driver was pronounced deceased on scene by responding emergency personal. The scene was secured until my arrival.

Lee County Sheriff's Office  
Traffic Unit  
Traffic Homicide Investigative Report



**Offense: Non-Prosecutable Fatal Crash**

CFS: [REDACTED] Date of Offense: 09/08/2012 Time Received: 18:05 Hrs.

Roadway Identification

The crash occurred approximately [REDACTED] in a state wildlife management preserve that is not designated/designed for human or vehicle traffic. The area is heavily wooded and lined with trees, small brush/vegetation, rotting plant debris/stumps, water holes and wildlife. The dirt pathway curves in the area of the crash and runs generally in an east to west direction. The dirt pathway is more of a small clearing through the wooded area and was not built or designed for human/vehicle traffic. The dirt pathway is covered with obstacles such as small bumps, potholes, dead vegetation/stumps and water holes. The weather conditions at the time of the crash were optimal and posed no limitations to driving conditions at the time of the crash.

Ambient Conditions

-Temp: 87.1 Degrees  
-Barometric Pressure: 29.92 steady  
-Humidity: 65 %  
-Visibility: 10 Miles Clear  
-Wind: SW 9.2 MPH

Ambient Conditions were optimal for vehicle and pedestrian traffic

Vehicle Section

DRIVER: V-1 (Section 1)

The driver of Vehicle -1 (V1/ 2007 Ford Ranger 660 Tag N/A) VIN-[REDACTED] was [REDACTED] of [REDACTED] D-1. On the day of the crash a FCIC/NCIC records revealed D-1 possessed a valid Indiana identification card. The registered owner of V-1 is [REDACTED] of [REDACTED]. D-1 is familiar with V-1 due to being the boyfriend of the registered owner. D-1 is not familiar with the route traveled in the area due to it being a wooded area that was not designed for pedestrian or vehicle traffic. At the time of the crash, D-1 did not utilize the approved safety restraint system. Cape Coral EMS Paramedics arrived on scene and pronounced D-1 deceased on scene. D-1 had started his trip from outside the wooded area.

Lee County Sheriff's Office  
Traffic Unit  
Traffic Homicide Investigative Report



Offense: Non-Prosecutable Fatal Crash

CFS: [redacted] Date of Offense: 09/08/2012 Time Received: 18:05 Hrs.

Crash Events

Investigation of this auto crash through physical evidence at the crash site has revealed the following:

Pre-Crash: V-1 was traveling west bound on a dirt pathway not designated/designed for vehicle/human traffic. P-1 states that V-1 was traveling at an unsafe speed into the curve and she advised D-1 to slow down, but D-1 ignored P-1's request to slow V-1 down to a safe speed.

At Crash: As V-1 was attempting to negotiate the curve at an unsafe speed, it began to tilt to the right. D-1 attempted to correct this tilting motion but in doing so over corrected and lost control of V-1. V-1 then struck a small 4-6 inch in height stump with the front driver's side tire. This impact broke the front driver's side suspension of V-1 this along with [redacted] speed and attempts to correct V-1's tilting motion caused V-1 to flip over onto the driver's side

Post Crash: Subsequent to impact, D-1 who was not restrained and not wearing a DOT approved safety helmet was ejected from V-1 as it began to flip after its impact with the stump. After being, ejected D-1 came to final rest in a small open grassy area surrounded by small trees and vegetation, V-1 continued to flip coming to final rest on top of D-1. Friends traveling with V-1 on the dirt pathway did not witness the crash due to traveling further ahead of V-1. They returned to the crash scene when they realized something had happened. Upon returning to the crash scene, they removed V-1 from lying on top of D-1 so they may render medial aid.

Conclusion

[redacted] was in actual physical control of V-1 as it was traveling west bound on an unmarked dirt pathway in a state wildlife management preserve. [redacted] was operating V-1 in a carless to negligent manner causing him to loose control of V-1. After loosing control of V-1 [redacted] attempted to gain control of V-1, when it struck a tree stump that was protruding from the ground. This impact caused the front-end suspension of V-1 to break. This in turn with [redacted] speed and attempts to correct V-1 caused it to flip and ejecting [redacted] who was not restrained from the driver's seat of V-1. [redacted] came to rest in a small grassy area surrounded by small trees and vegetation. V-1 came to final rest on top of [redacted] This impact caused [redacted] to sustain a fatal head injury. Alcohol is a factor in the crash [redacted] had a blood alcohol level of .08, which was, confined though autopsy reports.

Lee County Sheriff's Office  
Traffic Unit  
Traffic Homicide Investigative Report



Offense: Non- Prosecutable Fatal Crash

CFS: [REDACTED] Date of Offense: 09/08/2012 Time Received: 18:05 Hrs.

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Evidence

Including Chain of Custody

- 1) Photos of crash scene.



**Lee County Sheriff's Office  
Specials Operations Division-Traffic Unit  
Traffic Homicide Investigation  
Non-Prosecutable/Chargeable Case Report**

Report Number: [REDACTED]

Felony Case Numbers: [REDACTED]

Date/Time: 09/08/2012 18:05 HRS Location: Wooded Area [REDACTED]

**Roadway Identification:**

The crash occurred approximately [REDACTED] in a state wildlife management preserve that is not designated/designed for human or vehicle traffic. The area is heavily wooded and lined with trees, small brush/vegetation, rotting plant debris/stumps, water holes and wildlife. The dirt pathway curves in the area of the crash and runs generally in an east to west direction. The dirt pathway is more of a small clearing through the wooded area and was not built or designed for human/vehicle traffic. The dirt pathway is covered with obstacles such as small bumps, potholes, dead vegetation/stumps and water holes. The weather conditions at the time of the crash were optimal and posed no limitations to driving conditions at the time of the crash.

**Vehicle 1 Information:**

1. Driver: [REDACTED]

Owner: : [REDACTED]

Year: 2007 Make [REDACTED] Model: 660 Ranger VIN: [REDACTED]

**Vehicle 1 Information:**

2. Passenger: [REDACTED]

Owner: : [REDACTED]

Year: 2007 Make [REDACTED] Model: 660 Ranger VIN: [REDACTED]

**Lee County Sheriff's Office**  
**Specials Operations Division-Traffic Unit**  
**Traffic Homicide Investigation**  
**Non-Prosecutable/Chargeable Case Report**

**Ambient Conditions:**

- Temp: 87.1 Degrees
- Barometric Pressure: 29.92 Steady
- Humidity: 65 %
- Visibility: 10 Miles
- Wind: 9.2 mph SW

Ambient Conditions were optimal for vehicle and pedestrian traffic

**Investigation of this auto crash through physical evidence at the crash site has revealed the following:**

**Pre-Crash:** V-1 was traveling west bound on a dirt pathway not designated/designed for vehicle/human traffic. P-1 states that V-1 was traveling at an unsafe speed into the curve and she advised D-1 to slow down, but D-1 ignored P-1's request to slow V-1 down to a safe speed.

**At Crash:** As V-1 was attempting to negotiate the curve at an unsafe speed, it began to tilt to the right. D-1 attempted to correct this tilting motion but in doing so over corrected and lost control of V-1. V-1 then struck a small 4-6 inch in height stump with the front driver's side tire. This impact broke the front driver's side suspension of V-1 this along with [REDACTED] speed and attempts to correct V-1's tilting motion caused V-1 to flip over onto the driver's side.

**Post Crash:** Subsequent to impact, D-1 who was not restrained and not wearing a DOT approved safety helmet was ejected from V-1 as it began to flip after its impact with the stump. After being ejected D-1 came to final rest in a small open grassy area surrounded by small trees and vegetation, V-1 continued to flip coming to final rest on top of D-1. Friends traveling with V-1 on the dirt pathway did not witness the crash due to traveling further ahead of V-1. They returned to the crash scene when they realized something had happened. Upon returning to the crash scene, they removed V-1 from lying on top of D-1 so they may render medial aid.

**Lee County Sheriff's Office**  
**Specials Operations Division-Traffic Unit**  
**Traffic Homicide Investigation**  
**Non-Prosecutable/Chargeable Case Report**

**Conclusion:** [REDACTED] was in actual physical control of V-1 as it was traveling west bound on a unmarked dirt pathway in a state wildlife management preserve. [REDACTED] was operating V-1 in a careless to negligent manner causing him to loose control of V-1. After loosing control of V-1 [REDACTED] attempted to gain control of V-1, when it struck a tree stump that was protruding from the ground. This impact caused the front-end suspension of V-1 to break. This in turn with [REDACTED] speed and attempts to correct V-1 caused it to flip and ejecting [REDACTED] who was not restrained from the driver's seat of V-1. [REDACTED] came to rest in a small grassy area surrounded by small trees and vegetation. V-1 came to final rest on top of [REDACTED]. This impact caused [REDACTED] to sustain a fatal head injury. Alcohol is a factor in the crash [REDACTED] had a blood alcohol level of .08, which was, confined though autopsy reports.

**Case Status:** [REDACTED] is being found a fault for the crash for careless/negligent driving and DUI. Case closed with the death of [REDACTED]

LEE COUNTY SHERIFF'S OFFICE  
SWORN AFFIDAVIT

COUNTY OF LEE  
STATE OF FLORIDA

LCSO CFS NO: [REDACTED] DATE 09-08-12  
NAME: [REDACTED] HEIGHT 6'1 WEIGHT 165 HAIR Blonde EYES Blue  
DATE OF BIRTH: [REDACTED] PLACE OF BIRTH: [REDACTED]  
HOME ADDRESS: [REDACTED] CITY Cape Coral STATE FL ZIP 39909  
HOME TELEPHONE NUMBER: [REDACTED] CELL /ALTERNATE PHONE NUMBER: [REDACTED]  
WORK NAME AND ADDRESS: [REDACTED]  
WORK TELEPHONE NUMBER: ?

I [REDACTED] NOW WISH TO MAKE THE FOLLOWING SWORN AFFIDAVIT TO  
DEP. Could cover WHO I KNOW TO BE A DEPUTY SHERIFF, WITH THE LEE  
COUNTY SHERIFF'S OFFICE, WHO IS EMPOWERED BY FLORIDA STATUTE TO TAKE SWORN  
TESTIMONY.

was [REDACTED] and I were on the  
front wheel ahead of [REDACTED] and [REDACTED] we  
happened to look back and noticed they were  
not there so we turned around they saw  
[REDACTED] running so we went and [REDACTED]  
was under the utility if they put a strip  
on the guard and pulled it out while  
[REDACTED] called 911 I then started CPR  
for about an hour he was breathing then  
stopped I continued CPR until help showed up.

SWORN TO AND SUBSCRIBED BEFORE ME  
THIS 9 DAY OF 8 2012  
[Signature]  
NOTARY PUBLIC/DEPUTY SHERIFF

[REDACTED]  
SIGNED

LEE COUNTY SHERIFF'S OFFICE  
SWORN AFFIDAVIT

COUNTY OF LEE  
STATE OF FLORIDA

LCSO CFS NO. [REDACTED]

DATE 09-08-12

NAME: [REDACTED] HEIGHT 5'7 WEIGHT 150 HAIR BRN EYES Blue

DATE OF BIRTH: [REDACTED] PLACE OF BIRTH: [REDACTED]

HOME ADDRESS: [REDACTED] CITY Cape Coral STATE FL ZIP 33901

HOME TELEPHONE NUMBER: [REDACTED] CELL /ALTERNATE PHONE NUMBER: [REDACTED]

WORK NAME AND ADDRESS: N/A

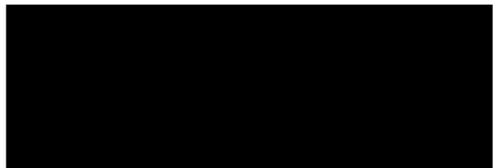
WORK TELEPHONE NUMBER: N/A

I [REDACTED] NOW WISH TO MAKE THE FOLLOWING SWORN AFFIDAVIT TO  
DEP. Court soon WHO I KNOW TO BE A DEPUTY SHERIFF, WITH THE LEE  
COUNTY SHERIFF'S OFFICE, WHO IS EMPOWERED BY FLORIDA STATUTE TO TAKE SWORN  
TESTIMONY.

[REDACTED] and I and boys [REDACTED] were on  
the four wheeler ahead of [REDACTED] & [REDACTED]  
in the Rhino we didn't see them or hear  
them behind us anymore so we turned  
around and found [REDACTED] walking  
down the trail screaming for help.  
We kept going down the trail and  
found the Rhino flipped over on top  
of [REDACTED] [REDACTED] strapped the 4 wheeler  
to the Rhino and pulled it off of  
him. I called 911 and [REDACTED] continued  
CPR until paramedics arrived.

SWORN TO AND SUBSCRIBED BEFORE ME  
THIS 9 DAY OF Aug 2012

Mc J. [Signature]  
NOTARY PUBLIC/DEPUTY SHERIFF



[search cars fo](#)[Home](#) :: [Tools & Services](#) :: [VIN Decoder](#)**Success!**

The VIN you provided belongs to a motorcycle that was manufactured in the USA by the Yamaha corporati

## 2007 YAMAHA YXR660F

|                         |               |
|-------------------------|---------------|
| <b>VIN:</b>             | [REDACTED]    |
| <b>World region:</b>    | North America |
| <b>Manufactured in:</b> | USA           |
| <b>Year:</b>            | 2007          |
| <b>Make:</b>            | Yamaha        |
| <b>Model:</b>           | YXR660F       |
| <b>Body style:</b>      | All Terrain   |
| <b>Drive type:</b>      | RWD           |
| <b>Cylinders:</b>       | 1 Cylinders   |

Share this report: <http://www.motoverse.com/tools/vinDecoder/> [REDACTED]

Can Motoverse tell me if this vehicle has been in an accident?..

No. Our database is for identification only. [Free CARFAX Record Check:](#) [REDACTED]

[CycleVIN Motorcycle VIN Check](#) can reveal motorcycle history data, too [REDACTED]

Can Motoverse tell me if this vehicle has been stolen?

No. Our database is for identification only. The [NICB](#) has a VIN check for stolen vehicles.



# U.S. Consumer Product Safety Commission

Task Number: 121203HCC1289

Date: 2-25-2013

## Status of Missing Document(s)

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

1. Photographs from the sheriff's department Addendum  
added 3/22/2013 \_\_\_\_\_

2. \_\_\_\_\_

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

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

5. \_\_\_\_\_

6. \_\_\_\_\_

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM  SHORT FORM  UPDATE   
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 1

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING  
TALLAHASSEE, FL 32399-0537

TOTAL # OF PERSON SECTION(S) 1

TOTAL # OF NARRATIVE SECTION(S) 1

|                                 |                                 |                                     |  |  |
|---------------------------------|---------------------------------|-------------------------------------|--|--|
| CRASH DATE<br><b>09/09/2012</b> | TIME OF CRASH<br><b>6:05 PM</b> | DATE OF REPORT<br><b>09/09/2012</b> | REPORTING AGENCY CASE NUMBER<br>[REDACTED] | HSMV CRASH REPORT NUMBER<br>[REDACTED] |
|---------------------------------|---------------------------------|-------------------------------------|--|--|

### CRASH IDENTIFIERS

|                          |                        |                               |   |   |                                 |                                   |
|--------------------------|------------------------|-------------------------------|---|---|---------------------------------|-----------------------------------|
| COUNTY CODE<br><b>18</b> | CITY CODE<br><b>41</b> | COUNTY OF CRASH<br><b>Lee</b> | PLACE OR CITY OF CRASH<br><b>Cape Coral</b> | CHECK IF WITHIN CITY LIMITS<br><input type="checkbox"/> | TIME REPORTED<br><b>6:05 PM</b> | TIME DISPATCHED<br><b>6:05 PM</b> |
|--------------------------|------------------------|-------------------------------|---|---|---------------------------------|-----------------------------------|

|                                 |                                       |  |  |   |
|---------------------------------|---------------------------------------|--|--|---|
| TIME ON SCENE<br><b>6:05 PM</b> | TIME CLEARED SCENE<br><b>12:30 AM</b> | CHECK IF COMPLETED<br><input type="checkbox"/> | REASON (If Investigation NOT Complete)<br><b>THI investigation</b> | Notified By: 1 Motorist <input type="checkbox"/><br>2 Law Enforcement <input checked="" type="checkbox"/> |
|---------------------------------|---------------------------------------|--|--|---|

### ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

CRASH OCCURRED ON STREET, ROAD, HIGHWAY

**Wooded Area Off** [REDACTED] AT STREET ADDRESS # [REDACTED] AT LATITUDE AND LONGITUDE [REDACTED]

|                       |                                   |  |  |                                  |
|-----------------------|-----------------------------------|--|--|----------------------------------|
| AT FEET<br><b>200</b> | MILES<br><input type="checkbox"/> | N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> | FROM INTERSECTION WITH STREET, ROAD, HIGHWAY<br>[REDACTED] | OR FROM MILEPOST #<br>[REDACTED] |
|-----------------------|-----------------------------------|--|--|----------------------------------|

|  |   |   |   |   |
|--|---|---|---|---|
| <b>Road System Identifier</b><br>1 Interstate<br>2 U.S.<br>3 State<br><b>7</b> | 4 County<br>5 Local<br>6 Turnpike/Toll<br>7 Forest Road<br>8 Private Roadway<br>9 Parking Lot<br>77 Other, Explain in Narrative | <b>Type of Shoulder</b><br>1 Paved<br>2 Unpaved<br>3 Curb<br><b>2</b> | <b>Type of Intersection</b><br>1 Not at Intersection<br>2 Four-Way Intersection<br>3 T-Intersection<br>4 Y-Intersection<br><b>1</b> | 5 Traffic Circle<br>6 Roundabout<br>7 Five-Point, or More<br>77 Other, Explain in Narrative |
|--|---|---|---|---|

### CRASH INFORMATION (CHECK IF PICTURES TAKEN) 33

|  |   |   |   |   |   |   |  |  |
|--|---|---|---|---|---|---|--|--|
| <b>Light Condition</b><br>1 Daylight<br>2 Dusk<br>3 Dawn<br>4 Dark-Lighted<br><b>1</b> | 5 Dark-Not Lighted<br>6 Dark-Unknown Lighting<br>77 Other, Explain in Narrative<br>88 Unknown | <b>Weather Condition</b><br>1 Clear<br>2 Cloudy<br>3 Rain<br><b>1</b> | 4 Fog, Smog, Smoke<br>5 Sleet/Hail/Freezing Rain<br>6 Blowing Sand, Soil, Dirt<br>7 Severe Crosswinds<br>77 Other, Explain in Narrative | <b>Roadway Surface Condition</b><br>1 Dry<br>2 Wet<br>4 Ice/Frost<br><b>6</b> | 5 Oil<br>6 Mud, Dirt, Gravel<br>7 Sand<br>8 Water (standing/moving)<br>77 Other, Explain in Narrative<br>88 Unknown | <b>School Bus Related</b><br>1 No<br>2 Yes, School Bus Directly Involved<br>3 Yes, School Bus Indirectly Involved<br><b>1</b> | <b>Manner of Collision/Impact</b><br>1 Front to Rear<br>2 Front to Front<br>3 Angle<br><b>77</b> | 4 Sideswipe, same direction<br>5 Sideswipe, Opposite Direction<br>6 Rear to Side<br>7 Rear to Rear<br>77 Other, Explain in Narrative<br>88 Unknown |
|--|---|---|---|---|---|---|--|--|

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>First Harmful Event</b><br><b>1</b> | <b>Non-Collision</b><br>1 Overturn/Rollover<br>2 Fire/explosion<br>3 Immersion<br>4 Jackknife<br>5 Cargo/Equipment Loss or Shift<br>6 Fell/Jumped From Motor Vehicle<br>7 Thrown or Falling Object<br>8 Ran into Water/Canal<br>9 Other Non-Collision | <b>Collision Non-Fixed Object</b><br>10 Pedestrian<br>11 Pedalcycle<br>12 Railway Vehicle (train, engine)<br>13 Animal<br>14 Motor Vehicle in Transport<br>15 Parked Motor Vehicle<br>16 Work Zone/Maintenance Equipment<br>17 Struck by Falling, Shifting Cargo<br>18 Other Non-Fixed Object | <b>Collision with Fixed Object</b><br>19 Impact Attenuator/Crash Cushion<br>20 Bridge Overhead Structure<br>21 Bridge Pier or Support<br>22 Bridge Rail<br>23 Culvert<br>24 Curb<br>25 Ditch<br>26 Embankment<br>27 Guardrail Face<br>28 Guardrail End<br>29 Cable Barrier | <b>First Harmful Event Location</b><br><b>2</b> | 30 Concrete Traffic Barrier<br>31 Other Traffic Barrier<br>32 Tree (standing)<br>33 Utility Pole/Light Support<br>34 Traffic Sign Support<br>35 Traffic Signal Support<br>36 Other Post, Pole or Support<br>37 Fence<br>38 Mailbox<br>39 Other Fixed Object (wall, building, tunnel, etc.) |
|--|---|---|--|---|--|

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>First Harmful Event Relation to Junction</b><br><b>1</b> | 5 Railway Grade Crossing<br>14 Entrance/Exit Ramp<br>15 Crossover - Related<br>16 Shared-Use Path of Trail<br>17 Acceleration/Deceleration Lane<br>18 Through Roadway<br>77 Other, Explain in Narrative<br>88 Unknown | <b>Contributing Circumstances: Road</b><br><b>1</b> | 9 Worn, Travel-Polished Surface<br>10 Road Surface Condition (wet, icy, snow, slush, etc.)<br>11 Obstruction in Roadway<br>12 Debris<br>13 Traffic Control Device Inoperative, Missing or Obscured<br>14 Non-Highway Work<br>77 Other, Explain in Narrative<br>88 Unknown | <b>Contributing Circumstances: Environment</b><br><b>1</b> | 1 None<br>2 Weather Conditions<br>3 Physical Obstruction(s)<br>4 Glare<br>5 Animal(s) in Roadway<br>77 Other, Explain in Narrative<br>88 Unknown |
|---|---|---|---|--|--|

|                                      |                             |   |   |  |   |   |                             |   |   |
|--------------------------------------|-----------------------------|---|---|--|---|---|-----------------------------|---|---|
| <b>Work Zone Related</b><br><b>1</b> | 1 No<br>2 Yes<br>88 Unknown | <b>Crash in Work Zone</b><br><input type="checkbox"/> | 1 Before the First Work Zone Warning Sign<br>2 Advance Warning Area<br>3 Transition Area<br>4 Activity Area<br>5 Termination Area | <b>Type of Work Zone</b><br><input type="checkbox"/> | 1 Lane Closure<br>2 Lane Shift/Crossover<br>3 Work on Shoulder or Median<br>4 Intermittent or Moving Work<br>77 Other, Explain in Narrative | <b>Workers in Work Zone</b><br><input type="checkbox"/> | 1 No<br>2 Yes<br>88 Unknown | <b>Law Enforcement in Work Zone</b><br><input type="checkbox"/> | 1 No<br>2 Officer Present<br>3 Law Enforcement Vehicle Only Present |
|--------------------------------------|-----------------------------|---|---|--|---|---|-----------------------------|---|---|

### WITNESSES

| NAME | ADDRESS | CITY & STATE | ZIP CODE |
|------|---------|--------------|----------|
|      |         |              |          |
|      |         |              |          |
|      |         |              |          |

### NON VEHICLE PROPERTY DAMAGE

| VEHICLE # PERSON # | PROPERTY DAMAGE - OTHER THAN VEHICLE | EST. AMOUNT | OWNER'S NAME <input type="checkbox"/> (Check if Business) | ADDRESS | CITY & STATE | ZIP CODE |
|--------------------|--------------------------------------|-------------|---|---------|--------------|----------|
|                    |                                      |             |   |         |              |          |
|                    |                                      |             |   |         |              |          |

|   |                     |   |                            |   |  |   |                          |
|---|---------------------|---|----------------------------|---|--|---|--------------------------|
| VEHICLE # <b>1</b>  |                     | Check if Commercial <input type="checkbox"/>  |                            | REPORTING AGENCY CASE NUMBER  |  | HSMV CRASH REPORT NUMBER  |                          |
| 1 Vehicle In Transport<br>2 Parked Motor Vehicle<br>3 Working Vehicle   |                     | VEHICLE LICENSE NUMBER<br><b>NA</b>   | STATE                      | REGISTRATION EXPIRES  | Check if Permanent Registration <input type="checkbox"/> | VIN   |                          |
| Hit and Run<br>1 No<br>2 Yes<br>88 Unknown  | YEAR<br><b>2007</b> | MAKE<br><b>YAMA</b>   | MODEL<br><b>660 Ranger</b> | STYLE<br><b>OP</b>  | COLOR<br><b>BLK</b>                                      | DAMAGE:<br>1 Disabling<br>2 Functional<br>3 None  | 4 Minor<br>88 Unknown    |
| INSURANCE COMPANY (DRIVER)<br><b>Exempt</b>   |                     | INSURANCE POLICY NUMBER<br><b>EXEMPT</b>  |                            | Towed due to Damage:<br>1 No 2 Yes  | VEHICLE REMOVED BY<br><b>Jamies Towing</b>               | 1. Rotation<br>2. Owner Request<br>3. Driver<br>4. Other, Explain in Narrative  |                          |
| NAME OF VEHICLE OWNER (Check if Business)   |                     | CURRENT ADDRESS   |                            | CITY & STATE  |  | ZIP CODE  |                          |
| Trailer One:  | LICENSE NUMBER      | STATE   | REGISTRATION EXPIRES       | Check if Permanent Registration   | VIN  | YEAR  | MAKE                     |
| Trailer Two:  | LICENSE NUMBER      | STATE   | REGISTRATION EXPIRES       | Check if Permanent Registration   | VIN  | YEAR  | MAKE                     |
| VEHICLE TRAVELING   |                     | N   | S                          | E   | W  | Off-Road Unknown  | ON STREET, ROAD, HIGHWAY |
| <input checked="" type="checkbox"/>   |                     |   |                            |   |  |   | <b>Wooded Area Off</b>   |
| HAZ. MAT. RELEASED<br>1 No<br>2 Yes<br>88 Unknown   |                     | HAZ. MAT. PLACARD<br>1 No<br>2 Yes<br>88 Unknown  |                            | NUMBER  | CLASS  | Area of Initial Impact  |                          |
| MOTOR CARRIER NAME  |                     | US DOT NUMBER   |                            | MOTOR CARRIER ADDRESS   |  | CITY & STATE  |                          |
| MOTOR CARRIER ADDRESS   |                     | CITY & STATE  |                            | ZIP CODE  |  | PHONE NUMBER  |                          |
| Vehicle Body Type   |                     | Trafficway  |                            | Commercial Motor Vehicle Configuration  |  |   |                          |
| 13<br>1 Passenger Car<br>2 Passenger Van<br>3 Pickup<br>7 Motor Home<br>8 Bus<br>11 Motorcycle<br>12 Moped<br>13 All Terrain Vehicle (ATV)  |                     | 1<br>1 Low Speed Vehicle<br>16 (Spart) Utility Vehicle<br>17 Cargo Van (10,000 lbs (4,536 kg) or less)<br>18 Motor Coach<br>19 Other Light Trucks (10,000 lbs (4,536 kg) or less)<br>20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg))<br>21 Farm Labor Vehicle<br>77 Other, Explain in Narrative<br>88 Unknown  |                            | 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials<br>2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg))<br>3 Single-Unit Truck (3 or more axles)<br>4 Truck Pulling Trailer(s)<br>5 Truck Tractor (bobtail)<br>6 Truck Tractor/Semi-Trailer<br>7 Truck Tractor/Double Truck<br>8 Tractor/Triple<br>9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify<br>10 Bus/Large Van (seats for 9-15 occupants, including driver)<br>11 Bus (seats for more than 15 occupants, including driver)<br>77 Other, Explain in Narrative<br>88 Unknown |  |   |                          |
| Comm/Non-Commercial   |                     | Trailer Type  |                            | Cargo Body Type   |  |   |                          |
| 4<br>1 Interstate Carrier<br>2 Intrastate Carrier<br>3 Not In Commerce/Government<br>4 Not in Commerce/Other Truck  |                     | 1<br>1 Single Semi Trailer<br>2 Tandem Semi Trailer<br>3 Tank Trailer<br>4 Saddle Mount/Trailer<br>5 Boat Trailer<br>6 Utility Trailer<br>7 House Trailer   |                            | 1 No Cargo<br>2 Bus<br>3 Van/Enclosed Box<br>4 Hopper<br>5 Pole Trailer<br>6 Cargo Tank<br>7 Flatbed<br>8 Dump<br>9 Concrete Mixer<br>10 Auto Transport<br>11 Garbage/Refuse<br>12 Log<br>13 Intermodal Container Chassis<br>14 Vehicle Towing Another Vehicle<br>15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard)<br>77 Other, Explain in Narrative<br>88 Unknown  |  |   |                          |
| Most Harmful Event  |                     | Collision with Non-Fixed Object   |                            | Collision Fixed Object  |  | Emergency Vehicle Use   |                          |
| 1<br>1 Overturn/Rollover<br>2 Fire/Explosion<br>3 Immersion<br>4 Jackknife<br>5 Cargo/Equipment Loss or Shift<br>6 Fell/Jumped From Motor Vehicle<br>7 Thrown or Falling Object<br>8 Ran Into Water/ Canal<br>9 Other Non-Collision |                     | 10 Pedestrian<br>11 Pedalcycle<br>12 Railway Vehicle (train, engine)<br>13 Animal<br>14 Motor Vehicle in Transport<br>15 Parked Motor Vehicle<br>16 Work Zone/Maintenance Equipment<br>17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle<br>18 Other Non-Fixed Object   |                            | 19 Impact Attenuator/Crash Cushion<br>20 Bridge Overhead Structure<br>21 Bridge Pier or Support<br>22 Bridge Rail<br>23 Culvert<br>24 Curb<br>25 Ditch<br>26 Embankment<br>27 Guardrail Face<br>28 Guardrail End<br>29 Cable Barrier<br>30 Concrete Traffic Barrier<br>31 Other Traffic Barrier<br>32 Tree (standing)<br>33 Utility Pole/Light Support<br>34 Traffic Sign Support<br>35 Traffic Signal Support<br>36 Other Post, Pole, or Support<br>37 Fence<br>38 Mailbox<br>39 Other Fixed Object (wall, building, tunnel, etc.)   |  | 1<br>1 No<br>2 Yes<br>88 Unknown  |                          |
| Sequence of Events  |                     | Vehicle Maneuver Action   |                            | Traffic Control Device For This Vehicle   |  | Vehicle Defects   |                          |
| 1st<br>39<br>3rd<br>4th   |                     | 15<br>1 Straight Ahead<br>3 Turning Left<br>4 Backing<br>5 Turning Right<br>6 Changing Lanes<br>8 Parked<br>10 Making U-Turn<br>11 Overtaking/ Passing<br>9 Ambulance<br>10 Fire Truck<br>11 Farm Labor Transport<br>12 School Bus<br>13 Transit/Commuter Bus<br>14 Intercity Bus<br>15 Charter/Tour Bus<br>16 Shuttle Bus<br>17 Farm Labor Bus<br>88 Unknown |                            | 1<br>1 No Controls<br>4 School Zone Sign/Device<br>5 Traffic Control Signal<br>6 Stop Sign<br>7 Yield Sign<br>8 Flashing Signal<br>9 Railway Crossing Device<br>10 Person (Including Flagman, Officer, Guard, etc.)<br>13 Warning Sign<br>77 Other, Explain in Narrative<br>88 Unknown  |  | 1<br>1 None<br>2 Brakes<br>3 Tires<br>4 Lights (head, signal, tail)<br>6 Steering<br>7 Wipers<br>9 Exhaust System<br>10 Body, Doors<br>11 Power Train<br>12 Suspension<br>13 Wheels<br>14 Windows/Windshield<br>15 Mirrors<br>16 Truck Coupling/Trailer Hitch/Safety Chains<br>77 Other, Explain in Narrative<br>88 Unknown |                          |
| Roadway Grade   |                     | Roadway Alignment   |                            | Special Function of Motor Vehicle   |  | VIOLATIONS  |                          |
| 1<br>1 Level<br>2 Hillcrest<br>3 Uphill<br>4 Downhill<br>5 Sag (bottom)   |                     | 3<br>1 Straight<br>2 Curve Right<br>3 Curve Left  |                            | 1<br>1 No Special Function<br>2 Farm Vehicle<br>3 Police<br>7 Taxi<br>8 Military  |  | PERSON # NAME OF VIOLATOR FL STATUTE NUMBER CHARGE CITATION NUMBER  |                          |

|                      |                                     |                                 |
|----------------------|-------------------------------------|---------------------------------|
| <b>PERSON #</b><br>1 | <b>REPORTING AGENCY CASE NUMBER</b> | <b>HSMV CRASH REPORT NUMBER</b> |
|----------------------|-------------------------------------|---------------------------------|

|  |                       |                         |                     |  |
|--|-----------------------|-------------------------|---------------------|--|
| 1 Driver<br>2 Non-Motorist<br>3 Passenger  | <b>VEHICLE #</b><br>1 | <b>NAME</b>             | <b>PHONE NUMBER</b> | <input type="checkbox"/> Check if Recommend Driver Re-exam |
| <b>CURRENT ADDRESS (Number and Street)</b> |                       | <b>CITY &amp; STATE</b> |                     | <b>ZIP CODE</b>  |

|                      |   |                              |                    |                              |  |                            |
|----------------------|---|------------------------------|--------------------|------------------------------|--|----------------------------|
| <b>DATE OF BIRTH</b> | <b>SEX:</b><br>1 Male<br>2 Female<br>88 Unknown | <b>DRIVER LICENSE NUMBER</b> | <b>STATE</b><br>IN | <b>EXPIRES</b><br>12/11/2018 | <b>INJURY SEVERITY (INI)</b><br>1 None<br>2 Possible<br>3 Non-Incapacitating<br>4 Incapacitating<br>5 Fatal (within 30 days)<br>6 Non-Traffic Fatality | <input type="checkbox"/> 5 |
|----------------------|---|------------------------------|--------------------|------------------------------|--|----------------------------|

|   |  |  |   |
|---|--|--|---|
| <b>DL Type</b><br>1 A 2 B 3 C<br>4 D/Chauffeur<br>5 E/Operator<br>6 E/Oper - Rest<br>7 None   | <b>Required Endorsements</b><br>1 Yes<br>2 No<br>3 No Req. Endorsement   | <b>Drivers Actions at Time of Crash</b><br>1st<br>1 No Contributing Action<br>2 Operated MV in Careless or Negligent Manner<br>3 Failed to Yield Right-of-Way<br>4 Improper Backing<br>5 Improper Turn<br>10 Followed too Closely<br>11 Ran Red Light<br>12 Drove too Fast for Conditions<br>13 Ran Stop Sign<br>15 Improper Passing<br>17 Exceeded Posted Speed<br>21 Wrong Side of Wrong Way<br>25 Failed to Keep in Proper Lane | <b>Condition At Time of Crash</b><br>1 Apparently Normal<br>3 Asleep or Fatigued<br>5 Ill (sick) or Fainted<br>6 Seizure, Epilepsy, Blackout<br>7 Physically Impaired<br>8 Emotional (depression, angry, disturbed, etc.)<br>9 Under the Influence of Medications/Drugs/Alcohol<br>77 Other, Explain in Narrative<br>88 Unknown |
| <b>Driver Distracted By</b><br>1 Not Distracted<br>2 Electronic Communication Devices (cell phone, etc.)<br>3 Other Electronic Device (navigation device, DVD player) | <b>4 Other Inside the Vehicle (explain in narrative)</b><br>5 External Distraction (outside the vehicle, explain in narrative)<br>6 Texting<br>7 Inattentive<br>88 Unknown | <b>2nd</b><br>16 Ran off Roadway<br>17 Disregarded other Traffic Sign<br>18 Disregarded Other Road Markings<br>19 Over-Correcting/Over-Steering<br>20 Swerved or Avoided - Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc.<br>31 Operated MV in Erratic, Reckless or Aggressive Manner<br>77 Other Contributing Action  | <b>3rd</b><br><b>4th</b>  |

|   |  |  |
|---|--|--|
| <b>Driver Vision Obstructions</b><br>1 Vision Not Obscured<br>2 Inclement Weather<br>3 Parked/Stopped Vehicle<br>4 Trees/Crops/Bushes | <b>5 Load on Vehicle</b><br>6 Building/Fixed Object<br>7 Signs/Billboards<br>8 Fog | <b>9 Smoke</b><br>10 Glare<br>77 All Other, Explain in Narrative |
|---|--|--|

|   |  |   |   |  |   |  |
|---|--|---|---|--|---|--|
| <b>Motor Vehicle Seating Position:</b><br><b>Seat</b><br>1 Left<br>2 Middle<br>3 Right<br>77 Other (explain in narrative)<br>88 Unknown   | <b>Row</b><br>1 Front<br>2 Second<br>3 Third<br>4 Fourth<br>77 Other Row<br>88 Unknown | <b>Other</b><br>1 Not Applicable<br>2 Sleeper Section of Truck Cab<br>3 Other Enclosed Cargo Area<br>4 Unenclosed Cargo Area<br>5 Trailing Unit<br>6 Riding on Motor Vehicle Exterior (non-trailing unit)<br>88 Unknown | <b>LOCATION: SEAT ROW OTHER (LOC)</b><br>1 1  | <b>Helmet Use (HU)</b><br>1 DOT-Compliant Motorcycle Helmet<br>2 Other Helmet<br>3 No Helmet | <b>Eye Protection (EP)</b><br>1 Yes<br>2 No<br>3 Not Applicable   | <b>Restraint Systems (RS)</b><br>1 Not Applicable (non-motorist)<br>2 None Used - Motor Vehicle Occupant<br>3 Shoulder and Lap Belt Used<br>4 Shoulder - Belt Only Used<br>5 Lap Belt Only Used<br>6 Restraint Used - Type Unknown<br>7 Child Restraint System - Forward Facing<br>8 Child Restraint System - Rear Facing<br>9 Booster Seat<br>10 Child Restraint Type Unknown<br>77 Other, Explain in Narrative |
| <b>Non-Motorist Description</b><br>1 Pedestrian<br>2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.)<br>3 Bicyclist<br>4 Other Cyclist<br>5 Occupant of Motor Vehicle Not in Transport (parked, etc.)<br>6 Occupant of a Non-Motor Vehicle Transportation Device<br>7 Unknown Type of Non-Motorist |  |   | <b>Non-Motorist Location At Time of Crash</b><br>1 Intersection - Marked Crosswalk<br>2 Intersection - Unmarked Crosswalk<br>3 Intersection - Other<br>4 Midblock - Marked Crosswalk<br>5 Travel Lane - Other Location<br>6 Bicycle Lane<br>7 Shoulder/Roadside<br>8 Sidewalk<br>9 Median/Crossing Island<br>10 Driveway Access<br>11 Shared-Use Path or Trail<br>12 Non-Trafficway Area<br>77 Other, Explain in Narrative<br>88 Unknown  |  | <b>Action Prior to Crash</b><br>1 Crossing Roadway<br>2 Waiting to Cross Roadway<br>3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane)<br>4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane)<br>5 Walking/Cycling on Sidewalk<br>6 In Roadway - Other (working, playing, etc.)<br>7 Adjacent to Roadway (e.g., shoulder, median)<br>8 Going to or from School (K-12)<br>9 Working in Trafficway (incident response)<br>10 None<br>77 Other, Explain in Narrative<br>88 Unknown |  |
| <b>Safety Equipment</b><br>1 None<br>2 Helmet<br>3 Protective Pads Used (elbows, knees, shins, etc.)<br>4 Reflective Clothing (jacket, backpack, etc.)<br>5 Lighting<br>6 Not Applicable<br>77 Other, Explain in Narrative<br>88 Unknown  |  |   | <b>Non-Motorist Actions/Circumstances</b><br>1st<br>2nd<br>1 No Improper Action<br>2 Dart/Dash<br>3 Failure to Yield Right-of-Way<br>4 Failure to Obey Traffic Signs, Signals, or Officer<br>5 In Roadway Improperly (standing, lying, working, playing)<br>6 Disabled Vehicle Related (working on, pushing, leaving/approaching)<br>7 Entering/Exiting Parked/Standing Vehicle<br>8 Inattentive (talking, eating, etc.)<br>9 Not Visible (dark clothing, no lighting, etc.)<br>10 Improper Turn/Merge<br>11 Improper Passing<br>12 Wrong-Way Riding or Walking<br>77 Other, Explain in Narrative<br>88 Unknown |  |   |  |

|  |   |   |   |            |   |  |  |   |
|--|---|---|---|------------|---|--|--|---|
| <b>SUSPECTED ALCOHOL USE:</b><br>1 No<br>2 Yes<br>88 Unknown | <b>ALCOHOL TESTED:</b><br>1 Test Not Given<br>2 Test Refused<br>3 Test Given<br>88 Unknown, if Tested | <b>ALCOHOL TEST TYPE:</b><br>1 Blood<br>2 Breath<br>3 Urine<br>77 Other, Explain in Narrative | <b>ALCOHOL TEST RESULT:</b><br>1 Pending<br>2 Completed<br>88 Unknown | <b>BAC</b> | <b>SUSPECTED DRUG USE:</b><br>1 No<br>2 Yes<br>88 Unknown | <b>DRUG TESTED:</b><br>1 Test Not Given<br>2 Test Refused<br>3 Test Given<br>88 Unknown, if Tested | <b>DRUG TEST TYPE:</b><br>1 Blood<br>3 Urine<br>77 Other, Explain in Narrative | <b>DRUG TEST RESULT:</b><br>1 Positive<br>2 Negative<br>3 Pending<br>88 Unknown |
|--|---|---|---|------------|---|--|--|---|

|   |                                   |                       |  |
|---|-----------------------------------|-----------------------|--|
| <b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b><br>1 Not Transported<br>2 EMS<br>3 Law Enforcement<br>77 Other, Explain in Narrative | <b>EMS AGENCY NAME OR ID</b><br>1 | <b>EMS RUN NUMBER</b> | <b>MEDICAL FACILITY TRANSPORTED TO</b> |
|---|-----------------------------------|-----------------------|--|

|  |                      |                         |                      |                 |            |               |          |          |              |           |           |            |           |
|--|----------------------|-------------------------|----------------------|-----------------|------------|---------------|----------|----------|--------------|-----------|-----------|------------|-----------|
| <b>ADDITIONAL PASSENGERS</b>               |                      |                         |                      |                 |            |               |          |          |              |           |           |            |           |
| <b>VEHICLE #</b><br>1                      | <b>PERSON #</b><br>2 | <b>NAME</b>             | <b>DATE OF BIRTH</b> | <b>INI</b>      | <b>SEX</b> | <b>LOC: S</b> | <b>R</b> | <b>O</b> | <b>EJECT</b> | <b>HU</b> | <b>EP</b> | <b>ABD</b> | <b>RS</b> |
|  |                      |                         |                      | 2               | 2          | 3             | 1        |          | 1            | 3         | 2         | 1          | 3         |
| <b>CURRENT ADDRESS (Number and Street)</b> |                      | <b>CITY &amp; STATE</b> |                      | <b>ZIP CODE</b> |            |               |          |          |              |           |           |            |           |

|   |                                   |                       |   |
|---|-----------------------------------|-----------------------|---|
| <b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b><br>1 Not Transported<br>2 EMS<br>3 Law Enforcement<br>77 Other, Explain in Narrative | <b>EMS AGENCY NAME OR ID</b><br>2 | <b>EMS RUN NUMBER</b> | <b>MEDICAL FACILITY TRANSPORTED TO</b><br>Cape Coral Hospital |
|---|-----------------------------------|-----------------------|---|

|  |                 |                         |                      |                 |            |               |          |          |              |           |           |            |           |
|--|-----------------|-------------------------|----------------------|-----------------|------------|---------------|----------|----------|--------------|-----------|-----------|------------|-----------|
| <b>VEHICLE #</b>                           | <b>PERSON #</b> | <b>NAME</b>             | <b>DATE OF BIRTH</b> | <b>INI</b>      | <b>SEX</b> | <b>LOC: S</b> | <b>R</b> | <b>O</b> | <b>EJECT</b> | <b>HU</b> | <b>EP</b> | <b>ABD</b> | <b>RS</b> |
|  |                 |                         |                      |                 |            |               |          |          |              |           |           |            |           |
| <b>CURRENT ADDRESS (Number and Street)</b> |                 | <b>CITY &amp; STATE</b> |                      | <b>ZIP CODE</b> |            |               |          |          |              |           |           |            |           |

|   |                              |                       |  |
|---|------------------------------|-----------------------|--|
| <b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b><br>1 Not Transported<br>2 EMS<br>3 Law Enforcement<br>77 Other, Explain in Narrative | <b>EMS AGENCY NAME OR ID</b> | <b>EMS RUN NUMBER</b> | <b>MEDICAL FACILITY TRANSPORTED TO</b> |
|---|------------------------------|-----------------------|--|

HSMV 80010 S

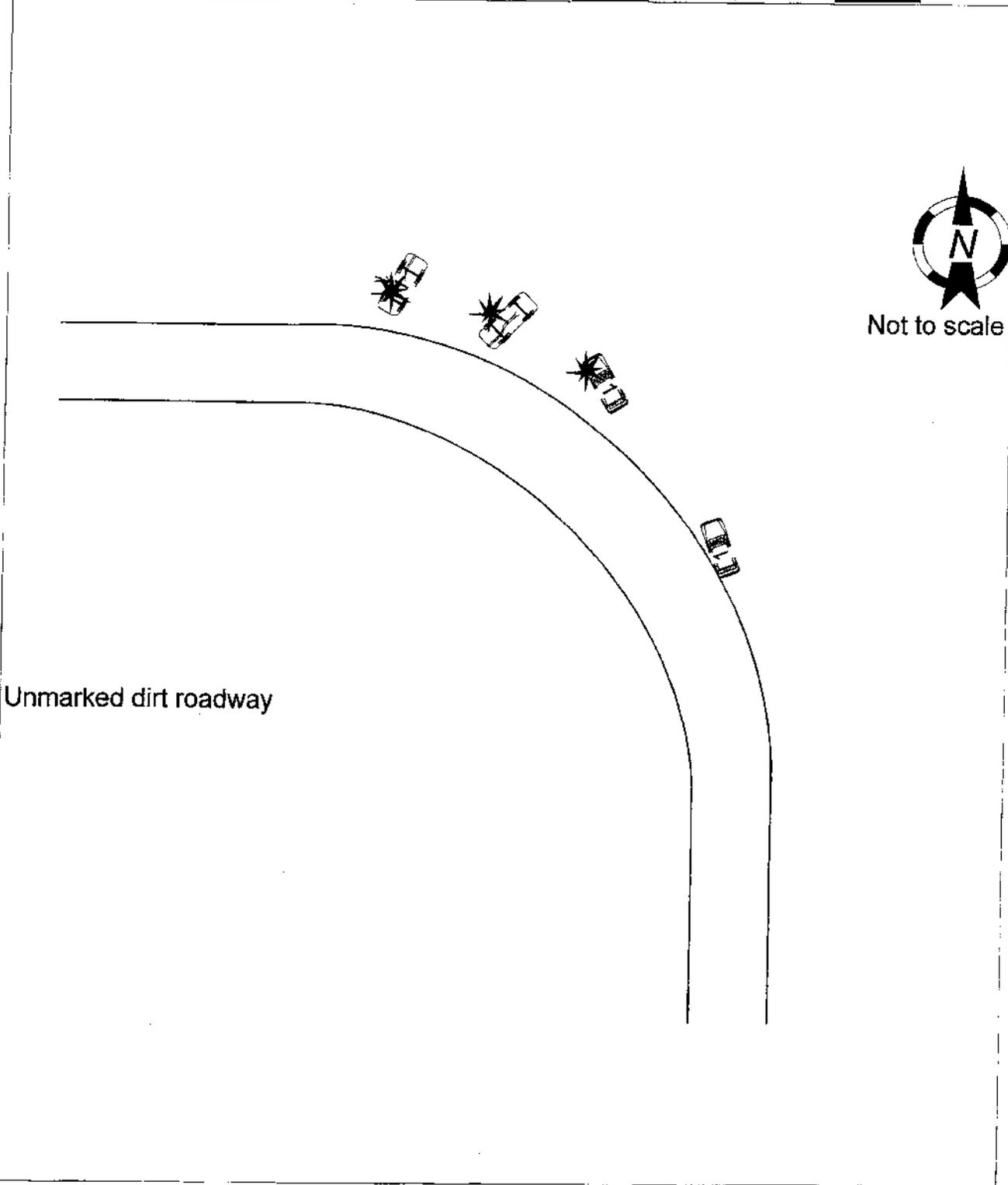
|                  |                              |                          |
|------------------|------------------------------|--------------------------|
| <b>NARRATIVE</b> | REPORTING AGENCY CASE NUMBER | HSMV CRASH REPORT NUMBER |
|------------------|------------------------------|--------------------------|

On Saturday September 8, 2012, the Lee County Sheriff's call center received a 911 call of a crash involving a Yamaha 660 Ranger near the area of [REDACTED] and [REDACTED]. The operator of the Yamaha had sustained serious injuries that were likely to be fatal. Due to the nature of the injuries, Deputies with the Lee County Sheriff's office traffic unit responded to the scene. The operator of the Yamaha was later identified as [REDACTED] with a date of birth of [REDACTED]. Mr. [REDACTED] was pronounced deceased by paramedics at the scene. Corporal Gould with the traffic unit responded to the scene and conducted a traffic homicide investigation that revealed the following facts.

Mr. [REDACTED] (D1) was operating the Yamaha (V1) on an unmarked dirt roadway in a heavily wooded area. The front seat passenger riding with [REDACTED] was identified as [REDACTED] with a date of birth [REDACTED]. [REDACTED] states that [REDACTED] was operating the Yamaha at an unsafe speed when he entered a left curve. [REDACTED] then lost control of the Yamaha and it tipped over to the right. As [REDACTED] was trying to correct this motion he over corrected to the left causing the Yamaha to flip. Further investigation of the scene revealed as the Yamaha was losing control it struck a stump breaking the front suspension, this in turn caused the Yamaha to flip on its side. [REDACTED] who was not wearing a seatbelt or helmet was ejected from the Yamaha. The Yamaha came to final rest on top of [REDACTED] causing the fatal injuries. Deputies Clark and Faulk from the agricultural unit responded with the swamp buggy to assist in retrieving the Yamaha from the wooded area.

|                          |                     |                          |  |
|--------------------------|---------------------|--------------------------|--|
| <b>REPORTING OFFICER</b> |                     |                          |  |
| ID/BADGE NUMBER          | RANK & NAME         | DEPARTMENT               | FHP <input type="checkbox"/> SO <input checked="" type="checkbox"/> PD <input type="checkbox"/> OTHER <input type="checkbox"/> |
| 00071                    | CPL - Leonard Gould | Lee Co. Sheriff's Office |  |

HSMV 90010 S



HSMV 90010 S

# FLORIDA TRAFFIC CRASH REPORT

LONG FORM  SHORT FORM  UPDATE   
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 1

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING  
TALLAHASSEE, FL 32399-0537

TOTAL # OF PERSON SECTION(S) 1

TOTAL # OF NARRATIVE SECTION(S) 1

|                                 |                                 |                                     |   |   |
|---------------------------------|---------------------------------|-------------------------------------|---|---|
| CRASH DATE<br><b>09/08/2012</b> | TIME OF CRASH<br><b>6:05 PM</b> | DATE OF REPORT<br><b>09/13/2012</b> | REPORTING AGENCY CASE NUMBER<br><b>[REDACTED]</b> | HSMV CRASH REPORT NUMBER<br><b>[REDACTED]</b> |
|---------------------------------|---------------------------------|-------------------------------------|---|---|

|                          |  |                        |                               |   |   |                                 |                                   |
|--------------------------|--|------------------------|-------------------------------|---|---|---------------------------------|-----------------------------------|
| COUNTY CODE<br><b>18</b> |  | CITY CODE<br><b>41</b> | COUNTY OF CRASH<br><b>Lee</b> | PLACE OR CITY OF CRASH<br><b>Cape Coral</b> | CHECK IF WITHIN CITY LIMITS<br><input type="checkbox"/> | TIME REPORTED<br><b>6:05 PM</b> | TIME DISPATCHED<br><b>6:05 PM</b> |
|--------------------------|--|------------------------|-------------------------------|---|---|---------------------------------|-----------------------------------|

|                                 |                                       |  |  |  |
|---------------------------------|---------------------------------------|--|--|--|
| TIME ON SCENE<br><b>6:05 PM</b> | TIME CLEARED SCENE<br><b>12:30 AM</b> | CHECK IF COMPLETED<br><input type="checkbox"/> | REASON (If Investigation NOT Complete)<br><b>THI investigation</b> | Notified By: 1 Motorist<br>2 Law Enforcement<br><b>1</b> |
|---------------------------------|---------------------------------------|--|--|--|

### ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)

|  |  |                                  |                          |                                |
|--|--|----------------------------------|--------------------------|--------------------------------|
| CRASH OCCURRED ON STREET, ROAD, HIGHWAY<br><b>Wooded Area Off [REDACTED]</b> | AT STREET ADDRESS #<br><b>[REDACTED]</b> | AT LATITUDE<br><b>[REDACTED]</b> | AND<br><b>[REDACTED]</b> | LONGITUDE<br><b>[REDACTED]</b> |
|--|--|----------------------------------|--------------------------|--------------------------------|

|                        |                            |  |   |   |
|------------------------|----------------------------|--|---|---|
| AT FLEET<br><b>200</b> | MILES<br><b>[REDACTED]</b> | N <input type="checkbox"/> S <input checked="" type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> | FROM INTERSECTION WITH STREET, ROAD, HIGHWAY<br><b>[REDACTED]</b> | DR FROM MILEPOST #<br><b>[REDACTED]</b> |
|------------------------|----------------------------|--|---|---|

|  |   |   |  |
|--|---|---|--|
| <b>Road System Identifier</b><br>1 Interstate<br>2 U.S.<br>3 State<br><b>7</b> | 4 County<br>5 Local<br>6 Turnpike/Toll<br>7 Forest Road<br>8 Private Roadway<br>9 Parking Lot<br>77 Other, Explain in Narrative | <b>Type of Shoulder</b><br>1 Paved<br>2 Unpaved<br>3 Curb<br><b>2</b> | <b>Type of Intersection</b><br>1 Not at Intersection<br>2 Four-Way Intersection<br>3 T-Intersection<br>4 Y-Intersection<br>5 Traffic Circle<br>6 Roundabout<br>7 Five-Point, or More<br>77 Other, Explain in Narrative<br><b>1</b> |
|--|---|---|--|

### CRASH INFORMATION (CHECK IF PICTURES TAKEN) 33

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>Light Condition</b><br>1 Daylight<br>2 Dusk<br>3 Dawn<br>4 Dark-Lighted<br><b>1</b> | 5 Dark-Not Lighted<br>6 Dark-Unknown<br>7 Other, Explain in Narrative<br>88 Unknown | <b>Weather Condition</b><br>1 Clear<br>2 Cloudy<br>3 Rain<br>4 Fog, Smog, Smoke<br>5 Sleet/Hail/Freezing Rain<br>6 Blowing Sand, Sill, Dirt<br>7 Severe Crosswinds<br>77 Other, Explain in Narrative<br><b>1</b> | <b>Roadway Surface Condition</b><br>1 Dry<br>2 Wet<br>4 Ice/Frost<br>5 Oil<br>6 Mud, Dirt, Gravel<br>7 Sand<br>8 Water (standing/moving)<br>77 Other, Explain in Narrative<br>88 Unknown<br><b>6</b> | <b>School Bus Related</b><br>1 No<br>2 Yes, School Bus Directly Involved<br>3 Yes, School Bus Indirectly Involved<br><b>1</b> | <b>Manner of Collision/Impact</b><br>1 Front to Rear<br>2 Front to Front<br>3 Angle<br>4 Sideswipe, same direction<br>5 Sideswipe, Opposite Direction<br>6 Rear to Side<br>7 Rear to Rear<br>77 Other, Explain in Narrative<br>88 Unknown<br><b>77</b> |
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| <b>First Harmful Event</b><br><b>1</b> | <b>Non-Collision</b><br>1 Overturn/Rollover<br>2 Fire/Explosion<br>3 Immersion<br>4 Jackknife<br>5 Cargo/Equipment Loss or Shift<br>6 Fall/Jumped From Motor Vehicle<br>7 Thrown or Falling Object<br>8 Ran into Water/Canal<br>9 Other Non-Collision | <b>Collision Non-Fixed Object</b><br>10 Pedestrian<br>11 Bicycle<br>12 Railway Vehicle (train, engine)<br>13 Animal<br>14 Motor Vehicle in Transport<br>15 Parked Motor Vehicle<br>16 Work Zone/Maintenance Equipment<br>17 Struck by Falling, Shifting Cargo<br>18 Other Non-Fixed Object | <b>Collision with Fixed Object</b><br>19 Impact Attenuator/Crash Cushion<br>20 Bridge Overhead Structure<br>21 Bridge Pier or Support<br>22 Bridge Rail<br>23 Culvert<br>24 Curb<br>25 Ditch<br>26 Embankment<br>27 Guardrail Face<br>28 Guardrail End<br>29 Cable Barrier<br>30 Concrete Traffic Barrier<br>31 Other Traffic Barrier<br>32 Tree (standing)<br>33 Utility Pole/Light Support<br>34 Traffic Sign Support<br>35 Traffic Signal Support<br>36 Other Post, Pole or Support<br>37 Fence<br>38 Mailbox<br>39 Other Fixed Object (wall, building, tunnel, etc.) | <b>First Harmful Event Location</b><br><b>2</b><br>1 On Roadway<br>2 Off Roadway<br>3 Shoulder<br>4 Median<br>5 Gore<br>6 Separator<br>7 In Parking Lane or Zone<br>8 Outside Right-of-way<br>9 Roadside<br>88 Unknown |
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| <b>First Harmful Event Relation to Junction</b><br><b>1</b><br>1 Non-Junction<br>2 Intersection<br>3 Intersection-Related<br>4 Driveway/Alley Access Related | 5 Railway Grade Crossing<br>14 Entrance/Exit Ramp<br>15 Crossover - Related<br>16 Shared-Use Path or Trail<br>17 Acceleration/Deceleration Lane<br>18 Through Roadway<br>77 Other, Explain in Narrative<br>88 Unknown | <b>Contributing Circumstances: Road</b><br><b>1</b><br>1 None<br>4 Work Zone (construction/maintenance/utility)<br>6 Shoulders (none, low, soft, high)<br>7 Rut, Holes, Bumps<br>9 Worn, Travel-Polished Surface<br>10 Road Surface Condition (wet, icy, snow, slush, etc.)<br>11 Obstruction in Roadway<br>12 Debris<br>13 Traffic Control Device Inoperative, Missing or Obscured<br>14 Non-Highway Work<br>77 Other, Explain in Narrative<br>88 Unknown | <b>Contributing Circumstances: Environment</b><br><b>1</b><br>1 None<br>2 Weather Conditions<br>3 Physical Obstruction(s)<br>4 Glare<br>5 Animal(s) in Roadway<br>77 Other, Explain in Narrative<br>88 Unknown |
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| <b>Work Zone Related</b><br><b>1</b><br>1 No<br>2 Yes<br>88 Unknown | <b>Crash in Work Zone</b><br><b>[REDACTED]</b><br>1 Before the First Work Zone Warning Sign<br>2 Advance Warning Area<br>3 Transition Area<br>4 Activity Area<br>5 Termination Area | <b>Type of Work Zone</b><br><b>[REDACTED]</b><br>1 Lane Closure<br>2 Lane Shift/Crossover<br>3 Work on Shoulder or Median<br>4 Intermittent or Moving Work<br>77 Other, Explain in Narrative | <b>Workers in Work Zone</b><br><b>[REDACTED]</b><br>1 No<br>2 Yes<br>88 Unknown | <b>Law Enforcement in Work Zone</b><br><b>[REDACTED]</b><br>1 No<br>2 Officer Present<br>3 Law Enforcement Vehicle Only Present |
|---|---|--|---|---|

|                  |         |              |          |
|------------------|---------|--------------|----------|
| <b>WITNESSES</b> |         |              |          |
| NAME             | ADDRESS | CITY & STATE | ZIP CODE |
|                  |         |              |          |
| NAME             | ADDRESS | CITY & STATE | ZIP CODE |
|                  |         |              |          |
| NAME             | ADDRESS | CITY & STATE | ZIP CODE |
|                  |         |              |          |

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|------------------------------------|----------|--------------------------------------|-------------|---|---------|--------------|----------|
| <b>NON VEHICLE PROPERTY DAMAGE</b> |          |                                      |             |   |         |              |          |
| VEHICLE #                          | PERSON # | PROPERTY DAMAGE - OTHER THAN VEHICLE | EST. AMOUNT | OWNER'S NAME <input type="checkbox"/> (Check if Business) | ADDRESS | CITY & STATE | ZIP CODE |
|                                    |          |                                      |             |   |         |              |          |
| VEHICLE #                          | PERSON # | PROPERTY DAMAGE - OTHER THAN VEHICLE | EST. AMOUNT | OWNER'S NAME <input type="checkbox"/> (Check if Business) | ADDRESS | CITY & STATE | ZIP CODE |
|                                    |          |                                      |             |   |         |              |          |

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| <b>VEHICLE #</b> 1   |                         | <b>Check if Commercial</b> <input type="checkbox"/>   |               | <b>REPORTING AGENCY CASE NUMBER</b>   |  | <b>HSMV CRASH REPORT NUMBER</b>  |   |
| 1 Vehicle in Transport<br>2 Parked Motor Vehicle<br>3 Working Vehicle  |                         | <b>VEHICLE LICENSE NUMBER</b>   | <b>STATE</b>  | <b>REGISTRATION EXPIRES</b>   | <b>Check if Permanent Registration</b> | <b>VIN</b>   |   |
| 1 No<br>2 Yes<br>88 Unknown  |                         | 1 NA  |               |   | <input type="checkbox"/>               |  |   |
| <b>HA and Run</b>  | <b>YEAR</b>             | <b>MAKE</b>   | <b>MODEL</b>  | <b>STYLE</b>  | <b>COLOR</b>                           | <b>DAMAGE:</b>   | <b>EST. AMOUNT</b>  |
| 1 No<br>2 Yes<br>88 Unknown  | 1                       | 2007  | YAMAHA        | 660 Ranger  | OP                                     | 1 Disabling<br>2 Functional<br>3 None<br>4 Minor<br>88 Unknown   | 2 \$1,000   |
| <b>INSURANCE COMPANY (DRIVER)</b>  |                         | <b>INSURANCE POLICY NUMBER</b>  |               | <b>Towed due to Damage:</b>   | <b>VEHICLE REMOVED BY</b>              |  | <b>1. Rotation</b>  |
| Exempt   |                         | EXEMPT  |               | 1 No 2 Yes  | 1 James Towing                         |  | 2. Owner Request<br>3. Driver<br>4. Other, Explain in Narrative |
| <b>NAME OF VEHICLE OWNER (Check if Business)</b>   |                         | <b>CURRENT ADDRESS</b>  |               | <b>CITY &amp; STATE</b>   |  | <b>ZIP CODE</b>  |   |
| Trailer One:   |                         | <b>LICENSE NUMBER</b>   | <b>STATE</b>  | <b>REGISTRATION EXPIRES</b>   | <b>Check if Permanent Registration</b> | <b>VIN</b>   | <b>YEAR</b>   |
| Trailer Two:   |                         | <b>LICENSE NUMBER</b>   | <b>STATE</b>  | <b>REGISTRATION EXPIRES</b>   | <b>Check if Permanent Registration</b> | <b>VIN</b>   | <b>YEAR</b>   |
| <b>VEHICLE TRAVELING</b>   |                         | <b>ON STREET, ROAD, HIGHWAY</b>   |               | <b>AT EST. SPEED</b>  | <b>POSTED SPEED</b>                    | <b>TOTAL LANES</b>   |   |
| 1 No<br>2 Yes<br>88 Unknown  |                         | Wooded Area Off   |               | 45  | 0                                      | 0  |   |
| <b>HAZ. MAT. RELEASED</b>  |                         | <b>HAZ. MAT. PLACARD</b>  |               | <b>Area of Initial Impact</b>   |  | <b>Most Damaged Area</b>   |   |
| 1 No<br>2 Yes<br>88 Unknown  |                         | 1 No<br>2 Yes<br>88 Unknown   |               |   |  |  |   |
| <b>MOTOR CARRIER NAME</b>  |                         | <b>US DOT NUMBER</b>  |               | <b>CITY &amp; STATE</b>   |  | <b>ZIP CODE</b>  |   |
| <b>MOTOR CARRIER ADDRESS</b>   |                         | <b>CITY &amp; STATE</b>   |               | <b>ZIP CODE</b>   |  | <b>PHONE NUMBER</b>  |   |
| <b>Vehicle Body Type</b>   |                         | <b>Trafficway</b>   |               | <b>Commercial Motor Vehicle Configuration</b>   |  |  |   |
| 13   |                         | 1   |               | 1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials<br>2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg))<br>3 Single-Unit Truck (3 or more axles)<br>4 Truck Pulling Trailer(s)<br>5 Truck Tractor (bobtail)<br>6 Truck Tractor/Semi-Trailer<br>7 Truck Tractor/Double Truck |  |  |   |
| 1 Passenger Car<br>2 Passenger Van<br>3 Pickup<br>7 Motor Home<br>8 Bus<br>11 Motorcycle<br>12 Moped<br>13 All Terrain Vehicle (ATV) |                         | 1 Two-Way, Not Divided<br>2 Two-Way, Not Divided, with a Continuous Left Turn Lane<br>3 Two-Way, Divided, Unprotected (painted >4 feet) Median<br>4 Two-Way, Divided, Positive Median Barrier<br>5 One-Way Trafficway<br>88 Unknown |               | 8 Tractor/Triples<br>9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify<br>10 Bus/Tractor Van (seats for 9-15 occupants, including driver)<br>11 Bus (seats for more than 15 occupants, including driver)<br>77 Other, Explain in Narrative<br>88 Unknown   |  |  |   |
| <b>Comm/Non-Commercial</b>   |                         | <b>Trailer Type</b>   |               | <b>Cargo Body Type</b>  |  |  |   |
| 4  |                         | 1 Single Semi Trailer<br>2 Tandem Semi Trailer<br>3 Tank Trailer<br>4 Saddle Mount/Trailer<br>5 Boat Trailer<br>6 Utility Trailer<br>7 House Trailer  |               | 1 No Cargo<br>2 Bus<br>3 Van/Enclosed Box<br>4 Hoop<br>5 Pole Trailer<br>6 Cargo Tank<br>7 Flatbed<br>8 Dump<br>9 Concrete Mixer<br>10 Auto Transport<br>11 Garbage/Refuse<br>12 Log  |  |  |   |
| <b>Most Harmful Event</b>  |                         | <b>Comm/GVWR/GCWR</b>   |               | <b>Collision with Non-Fixed Object</b>  |  | <b>Collision Fixed Object</b>  |   |
| 1  |                         | 1 10,000 lbs (4,536 kg) or less<br>2 10,001-26,000 lbs (4,536-11,793 kg)<br>3 More than 26,000 lbs (11,793 kg)<br>4 Not Applicable  |               | 30 Pedestrian<br>11 Pedalcycle<br>12 Railway Vehicle (train, engine)<br>13 Animal<br>14 Motor Vehicle in Transport<br>15 Parked Motor Vehicle<br>16 Work Zone/Maintenance Equipment<br>17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle<br>18 Other Non-Fixed Object         |  | 19 Impact Attenuator/Crash Cushion<br>20 Bridge Overhead Structure<br>21 Bridge Pier or Support<br>22 Bridge Rail<br>23 Culvert<br>24 Curb<br>25 Ditch<br>26 Embankment<br>27 Guardrail Face<br>28 Guardrail End |   |
| <b>Sequence of Events</b>  |                         | <b>Vehicle Maneuver Action</b>  |               | <b>Traffic Control Device For This Vehicle</b>  |  | <b>Vehicle Defects</b>   |   |
| 1st: 39, 2nd: 1, 3rd: , 4th:   |                         | 15  |               | 1   |  | 1  |   |
| <b>Roadway Grade</b>   |                         | <b>Roadway Alignment</b>  |               | <b>Special Function of Motor Vehicle</b>  |  | <b>Emergency Vehicle Use</b>   |   |
| 1 Level<br>2 Hillcrest<br>3 Uphill<br>4 Downhill<br>5 Sag (bottom)   |                         | 3   |               | 1   |  | 1 No<br>2 Yes<br>88 Unknown  |   |
| <b>VIOLATIONS</b>  |                         | <b>Special Function of Motor Vehicle</b>  |               | <b>Vehicle Defects</b>  |  | <b>Emergency Vehicle Use</b>   |   |
| 1  |                         | 1 No Special Function<br>2 Farm Vehicle<br>3 Police<br>7 Taxi<br>8 Military   |               | 9 Ambulance<br>10 Fire Truck<br>11 Farm Labor Transport<br>12 School Bus<br>13 Transit/Commuter Bus<br>14 Intercity Bus<br>15 Charter/Tour Bus<br>16 Shuttle Bus<br>17 Farm Labor Bus<br>88 Unknown   |  | 12 Suspension<br>13 Wheels<br>14 Windows/Windshield<br>15 Mirrors<br>16 Truck Coupling/Trailer Hitch/Safety Chains<br>77 Other, Explain in Narrative<br>88 Unknown   |   |
| <b>PERSON #</b>  | <b>NAME OF VIOLATOR</b> | <b>FL STATUTE NUMBER</b>  | <b>CHARGE</b> | <b>CITATION NUMBER</b>  |  |  |   |
|  |                         |   |               |   |  |  |   |
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| <b>PERSON #</b><br>1   |  | <b>REPORTING AGENCY CASE NUMBER</b><br>[REDACTED] |                           | <b>HSMV CRASH REPORT NUMBER</b><br>[REDACTED] |   |
| <b>1 Driver</b><br><b>2 Non-Motorist</b><br><b>3 Passenger</b> |  | <b>VEHICLE #</b><br>1                             | <b>NAME</b><br>[REDACTED] | <b>PHONE NUMBER</b><br>[REDACTED]             | <b>Check if</b><br><input type="checkbox"/> Recommend<br><input type="checkbox"/> Driver Re-exam  |
| <b>CURRENT ADDRESS (Number and Street)</b><br>[REDACTED]       |  |   |                           | <b>CITY &amp; STATE</b><br>[REDACTED]         |   |
| <b>DATE OF BIRTH</b><br>[REDACTED]                             | <b>SEX:</b><br>1 Male<br>2 Female<br>88 Unknown<br>1 | <b>DRIVER LICENSE NUMBER</b><br>[REDACTED]        | <b>STATE</b><br>IN        | <b>EXPIRES</b><br>12/11/2018                  | <b>INJURY SEVERITY (INJ)</b><br>1 None<br>2 Possible<br>3 Non-incapacitating<br>4 Incapacitating<br>5 Fatal (within 30 days)<br>6 Non-Traffic Fatality<br>5 |

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| <b>DL Type</b><br>1 A 2 B 3 C<br>4 D/Chauffeur<br>5 E/Operator<br>6 E/Oper - Rest<br>7 None<br>7   |  | <b>Required Endorsements</b><br>1 Yes<br>2 No<br>3 No Req. Endorsement<br>3  |  | <b>Drivers Actions at Time of Crash</b>   |  |
| <b>Driver Distracted By</b><br>1 Not Distracted<br>2 Electronic Communication Devices (cell phone, etc.)<br>3 Other Electronic Device (navigation device, DVD player)<br>1 |  | <b>4 Other Inside the Vehicle (explain in narrative)</b><br>5 External Distraction (outside the vehicle, explain in narrative)<br>6 Texting<br>7 Inattentive<br>88 Unknown |  | <b>1st</b><br>1 No Contributing Act n<br>2 Operated MV in Careless or Negligent Manner<br>3 Failed to Yield Right-of-Way<br>4 Improper Backing<br>6 Improper Turn<br>10 Followed too Closely<br>11 Ran Red Light<br>12 Drove too Fast for Conditions<br>13 Ran Stop Sign<br>15 Improper Passing<br>17 Exceeded Posted Speed<br>21 Wrong Side of Wrong Way<br>25 Failed to Keep in Proper Lane<br>12 |  |
| <b>Driver Vision Obstructions</b><br>1 Vision Not Obscured<br>2 Inclement Weather<br>3 Parked/Stopped Vehicle<br>4 Trees/Crops/Bushes<br>1                                 |  | <b>5 Load on Vehicle</b><br>6 Building/Fixed Object<br>7 Signs/Billboards<br>8 Fog<br>9 Smoke<br>10 Clare<br>77 All Other, Explain in Narrative                            |  | <b>2nd</b><br>26 Ran off Roadway<br>27 Disregarded other Traffic Sign<br>28 Disregarded Other Road Markings<br>29 Over Correcting/Over-Steering<br>30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc.<br>31 Operated MV in Erratic, Reckless or Aggressive Manner<br>77 Other Contributing Act n  |  |
| <b>3rd</b><br>32   |  | <b>4th</b><br>33   |  | <b>Condition At Time of Crash</b><br>1 Apparently Normal<br>3 Asleep or Fatigued<br>5 Ill (sick) or Fainted<br>6 Seizure, Epilepsy, Blackout<br>7 Physically Impaired<br>8 Emotional (depression, angry, disturbed, etc.)<br>9 Under the Influence of Medications/Drugs/Alcohol<br>77 Other, Explain in Narrative<br>88 Unknown<br>1  |  |

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| <b>DRIVER OR PASSENGER</b>   |  | <b>DRIVER OR PASSENGER</b>  |  | <b>DRIVER OR PASSENGER</b>  |  |
| <b>Motor Vehicle Seating Position:</b><br>LOCATION: SEAT ROW OTHER<br>(LOC) 1 1  |  | <b>Helmet Use (HU)</b><br>1 DOT-Compliant Motorcycle Helmet<br>2 Other Helmet<br>3 No Helmet<br>3   |  | <b>Eye Protection (EP)</b><br>1 Yes<br>2 No<br>3 Not Applicable<br>2  |  |
| <b>Seat</b><br>1 Left<br>2 Middle<br>3 Right<br>77 Other (explain in narrative)<br>88 Unknown  |  | <b>Row</b><br>1 Front<br>2 Second<br>3 Third<br>4 Fourth<br>77 Other Row<br>88 Unknown  |  | <b>Other</b><br>1 Not Applicable<br>2 Sleeper Section of Truck Cab<br>3 Other Enclosed Cargo Area<br>4 Unenclosed Cargo Area<br>5 Trailing Unit<br>6 Riding on Motor Vehicle Exterior (non-trailing unit)<br>88 Unknown |  |
| <b>Restraint Systems (RS)</b><br>1 Not Applicable (non-motorist)<br>2 None Used - Motor Vehicle Occupant<br>3 Shoulder and Lap Belt Used<br>4 Shoulder Belt Only Used<br>5 Lap Belt Only Used<br>6 Restraint Used - Type Unknown<br>7 Child Restraint System - Forward Facing<br>8 Child Restraint System - Rear Facing<br>9 Booster Seat<br>10 Child Restraint Type Unknown<br>77 Other, Explain in Narrative |  | <b>Air Bag Deployed (ABD)</b><br>1 Not Applicable<br>2 Not Deployed<br>3 Deployed-Front<br>4 Deployed-Side<br>5 Deployed-Other (knee, air belt, etc.)<br>6 Deployed-Combination<br>7 Deployed-Curtain<br>88 Deployment Unknown<br>1 |  | <b>Ejection (EJECT)</b><br>1 Not Ejected<br>2 Ejected, Totally<br>3 Ejected, Partially<br>4 Not Applicable<br>88 Unknown<br>2   |  |

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| <b>Non-Motorist Description</b><br>1 Pedestrian<br>2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.)<br>3 Bicyclist<br>4 Other Cyclist<br>5 Occupant of Motor Vehicle Not in Transport (parked, etc.)<br>6 Occupant of a Non-Motor Vehicle Transportation Device<br>7 Unknown Type of Non-Motorist |  | <b>Non-Motorist Location At Time of Crash</b><br>1 Intersection - Marked Crosswalk<br>2 Intersection - Unmarked Crosswalk<br>3 Intersection - Other<br>4 Midblock - Marked Crosswalk<br>5 Travel Lane - Other Location<br>6 Bicycle Lane<br>7 Shoulder/Roadside<br>8 Sidewalk<br>9 Median/Crossing Island<br>10 Driveway Access<br>11 Shared-Use Path or Trail<br>12 Non-Trafficway Area<br>77 Other, Explain in Narrative<br>88 Unknown  |  | <b>Action Prior to Crash</b><br>1 Crossing Roadway<br>2 Waiting to Cross Roadway<br>3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane)<br>4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane)<br>5 Walking/Cycling on Sidewalk, in Roadway - Other (working, playing, etc.)<br>7 Adjacent to Roadway (e.g., shoulder, median)<br>8 Going to or from School (K-12)<br>9 Working in Trafficway (incident response)<br>10 None<br>77 Other, Explain in Narrative<br>88 Unknown |  |
| <b>Safety Equipment</b><br>1 None<br>2 Helmet<br>3 Protective Pads Used (elbows, knees, shins, etc.)<br>4 Reflective Clothing (jacket, backpack, etc.)<br>5 Lighting<br>6 Not Applicable<br>77 Other, Explain in Narrative<br>88 Unknown  |  | <b>Non-Motorist Actions/Circumstances</b><br>1st<br>1 No Improper Action<br>2 Dart/Dash<br>3 Failure to Yield Right-of-Way<br>4 Failure to Obey Traffic Signs, Signals, or Officer<br>5 In Roadway Improperly (standing, lying, working, playing)<br>6 Disabled Vehicle Related (working on, pushing, leaving/approaching)<br>2nd<br>7 Entering/Exiting Parked/Standing Vehicle<br>8 Inattentive (talking, etc.)<br>9 Not Visible (dark clothing, no lighting, etc.)<br>10 Improper Turn/Merge<br>11 Improper Passing<br>12 Wrong-Way Riding or Walking<br>77 Other, Explain in Narrative<br>88 Unknown |  |   |  |

|   |  |   |  |   |  |   |  |                          |  |  |  |  |  |  |  |   |  |
|---|--|---|--|---|--|---|--|--------------------------|--|--|--|--|--|--|--|---|--|
| <b>SUSPECTED ALCOHOL USE:</b><br>1 No<br>2 Yes<br>88 Unknown<br>1 |  | <b>ALCOHOL TESTED:</b><br>1 Test Not Given<br>2 Test Refused<br>3 Test Given<br>88 Unknown, If Tested |  | <b>ALCOHOL TEST TYPE:</b><br>1 Blood<br>2 Breath<br>3 Urine<br>77 Other, Explain in Narrative |  | <b>ALCOHOL TEST RESULT:</b><br>1 Pending<br>2 Completed<br>88 Unknown |  | <b>BAC</b><br>[REDACTED] |  | <b>SUSPECTED DRUG USE:</b><br>1 No<br>2 Yes<br>88 Unknown<br>1 |  | <b>DRUG TESTED:</b><br>1 Test Not Given<br>2 Test Refused<br>3 Test Given<br>88 Unknown, If Tested |  | <b>DRUG TEST TYPE:</b><br>1 Blood<br>3 Urine<br>77 Other, Explain in Narrative |  | <b>DRUG TEST RESULT:</b><br>1 Positive<br>2 Negative<br>3 Pending<br>88 Unknown |  |
|---|--|---|--|---|--|---|--|--------------------------|--|--|--|--|--|--|--|---|--|

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| <b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b><br>1 Not Transported<br>2 EMS<br>3 Law Enforcement<br>77 Other, Explain in Narrative<br>88 Unknown |  | <b>EMS AGENCY NAME OR ID</b><br>1 |  | <b>EMS RUN NUMBER</b><br>[REDACTED] |  | <b>MEDICAL FACILITY TRANSPORTED TO</b><br>[REDACTED] |  |
|---|--|-----------------------------------|--|-------------------------------------|--|--|--|

|  |                      |                           |                                    |                                       |                 |                    |               |                               |                   |                |                |                 |                |
|--|----------------------|---------------------------|------------------------------------|---------------------------------------|-----------------|--------------------|---------------|-------------------------------|-------------------|----------------|----------------|-----------------|----------------|
| <b>ADDITIONAL PASSENGERS</b>                             |                      |                           |                                    |                                       |                 |                    |               |                               |                   |                |                |                 |                |
| <b>VEHICLE #</b><br>1                                    | <b>PERSON #</b><br>2 | <b>NAME</b><br>[REDACTED] | <b>DATE OF BIRTH</b><br>[REDACTED] | <b>INJ</b><br>2                       | <b>SEX</b><br>2 | <b>LOC: S</b><br>3 | <b>R</b><br>1 | <b>O</b><br>1                 | <b>EJECT</b><br>1 | <b>HU</b><br>3 | <b>EP</b><br>2 | <b>ABD</b><br>1 | <b>RS</b><br>3 |
| <b>CURRENT ADDRESS (Number and Street)</b><br>[REDACTED] |                      |                           |                                    | <b>CITY &amp; STATE</b><br>[REDACTED] |                 |                    |               | <b>ZIP CODE</b><br>[REDACTED] |                   |                |                |                 |                |

|   |                 |                                   |                      |                                       |            |   |          |                               |              |           |           |            |           |
|---|-----------------|-----------------------------------|----------------------|---------------------------------------|------------|---|----------|-------------------------------|--------------|-----------|-----------|------------|-----------|
| <b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b><br>1 Not Transported<br>2 EMS<br>3 Law Enforcement<br>77 Other, Explain in Narrative<br>88 Unknown |                 | <b>EMS AGENCY NAME OR ID</b><br>2 |                      | <b>EMS RUN NUMBER</b><br>[REDACTED]   |            | <b>MEDICAL FACILITY TRANSPORTED TO</b><br>Cape Coral Hospital |          |                               |              |           |           |            |           |
| <b>ADDITIONAL PASSENGERS</b>  |                 |                                   |                      |                                       |            |   |          |                               |              |           |           |            |           |
| <b>VEHICLE #</b>  | <b>PERSON #</b> | <b>NAME</b>                       | <b>DATE OF BIRTH</b> | <b>INJ</b>                            | <b>SEX</b> | <b>LOC: S</b>   | <b>R</b> | <b>O</b>                      | <b>EJECT</b> | <b>HU</b> | <b>EP</b> | <b>ABD</b> | <b>RS</b> |
| <b>CURRENT ADDRESS (Number and Street)</b><br>[REDACTED]  |                 |                                   |                      | <b>CITY &amp; STATE</b><br>[REDACTED] |            |   |          | <b>ZIP CODE</b><br>[REDACTED] |              |           |           |            |           |

|   |  |  |  |                                     |  |  |  |
|---|--|--|--|-------------------------------------|--|--|--|
| <b>SOURCE OF TRANSPORT TO MEDICAL FACILITY</b><br>1 Not Transported<br>2 EMS<br>3 Law Enforcement<br>77 Other, Explain in Narrative<br>88 Unknown |  | <b>EMS AGENCY NAME OR ID</b><br>[REDACTED] |  | <b>EMS RUN NUMBER</b><br>[REDACTED] |  | <b>MEDICAL FACILITY TRANSPORTED TO</b><br>[REDACTED] |  |
|---|--|--|--|-------------------------------------|--|--|--|

HSMV 90010 S

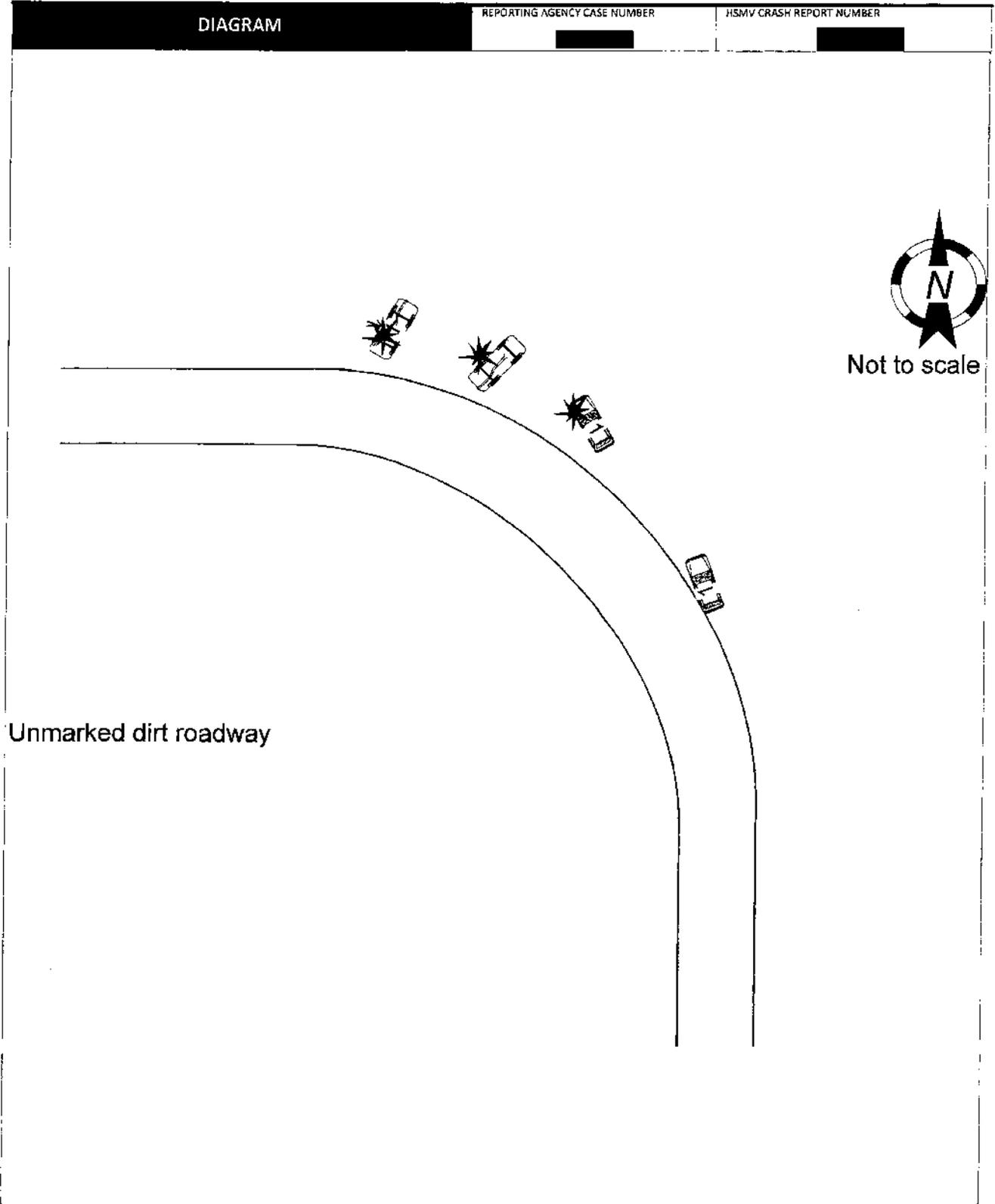
|                  |                              |                          |
|------------------|------------------------------|--------------------------|
| <b>NARRATIVE</b> | REPORTING AGENCY CASE NUMBER | HSMV CRASH REPORT NUMBER |
|------------------|------------------------------|--------------------------|

On Saturday September 8, 2012, the Lee County Sheriff's call center received a 911 call of a crash involving a Yamaha 660 Ranger near the area of [REDACTED] and [REDACTED]. The operator of the Yamaha had sustained serious injuries that were likely to be fatal. Due to the nature of the injuries, Deputies with the Lee County Sheriff's office traffic unit responded to the scene. The operator of the Yamaha was later identified as [REDACTED] with a date of birth of [REDACTED]. Mr. [REDACTED] was pronounced deceased by paramedics at the scene. Corporal Gould with the traffic unit responded to the scene and conducted a traffic homicide investigation that revealed the following facts.

Mr. [REDACTED] (D1) was operating the Yamaha (Y1) on an unmarked dirt roadway in a heavily wooded area. The front seat passenger riding with [REDACTED] was identified as [REDACTED] with a date of birth [REDACTED]. [REDACTED] states that [REDACTED] was operating the Yamaha at an unsafe speed when he entered a left curve. [REDACTED] then lost control of the Yamaha and it tipped over to the right. As [REDACTED] was trying to correct this motion he over corrected to the left causing the Yamaha to flip. Further investigation of the scene revealed as the Yamaha was losing control it struck a stump breaking the front suspension, this in turn caused the Yamaha to flip on its side. [REDACTED] who was not wearing a seatbelt or helmet was ejected from the Yamaha. The Yamaha came to final rest on top of [REDACTED] causing the fatal injuries. Deputies Clark and Faulk from the agricultural unit responded with the swamp buggy to assist in retrieving the Yamaha from the wooded area. The date of the crash is September 8, 2012.

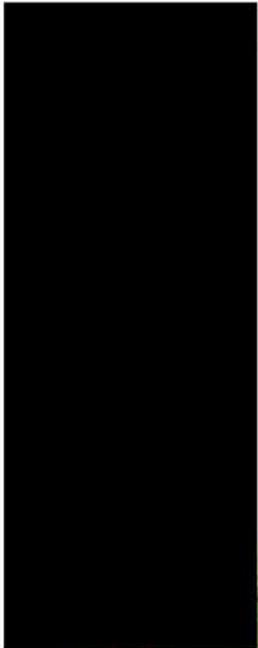
| REPORTING OFFICER |                     |                          |  |
|-------------------|---------------------|--------------------------|--|
| ID/BADGE NUMBER   | RANK & NAME         | DEPARTMENT               | FHP <input type="checkbox"/> SO <input checked="" type="checkbox"/> PD <input type="checkbox"/> OTHER <input type="checkbox"/> |
| 00071             | CPL - Leonard Gould | Lee Co. Sheriff's Office |  |

HSMV 90010 S

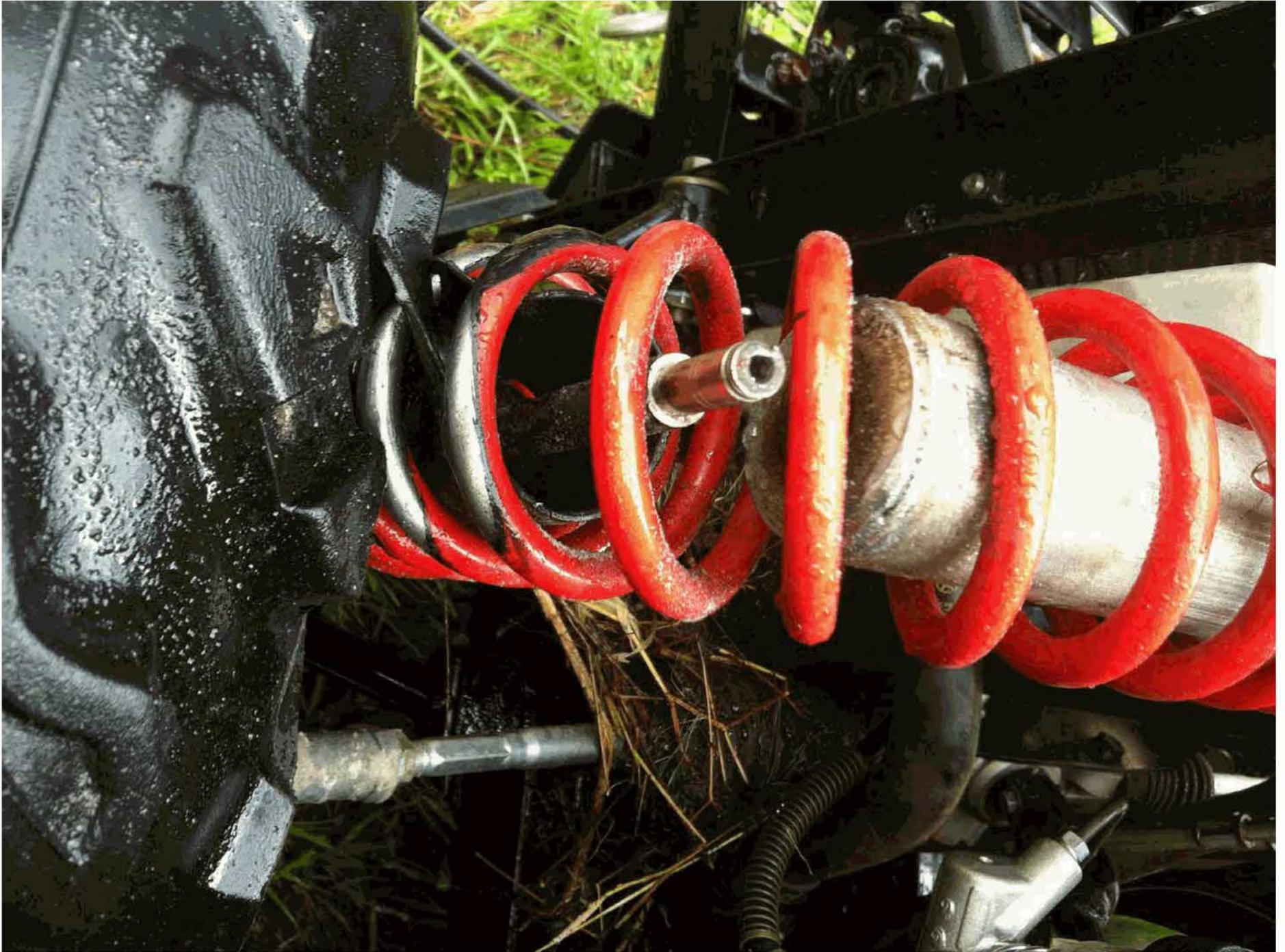


HSMV 80010 S











Rhino  
660



**Addendum:**

The attached Official Report(s) was received following submission of the report and is attached as an addendum.

**Attachment:**

Attachment #11 – Photographs from the Sheriff's Department (19)

The following photographs were sent by the Sheriff's department.

























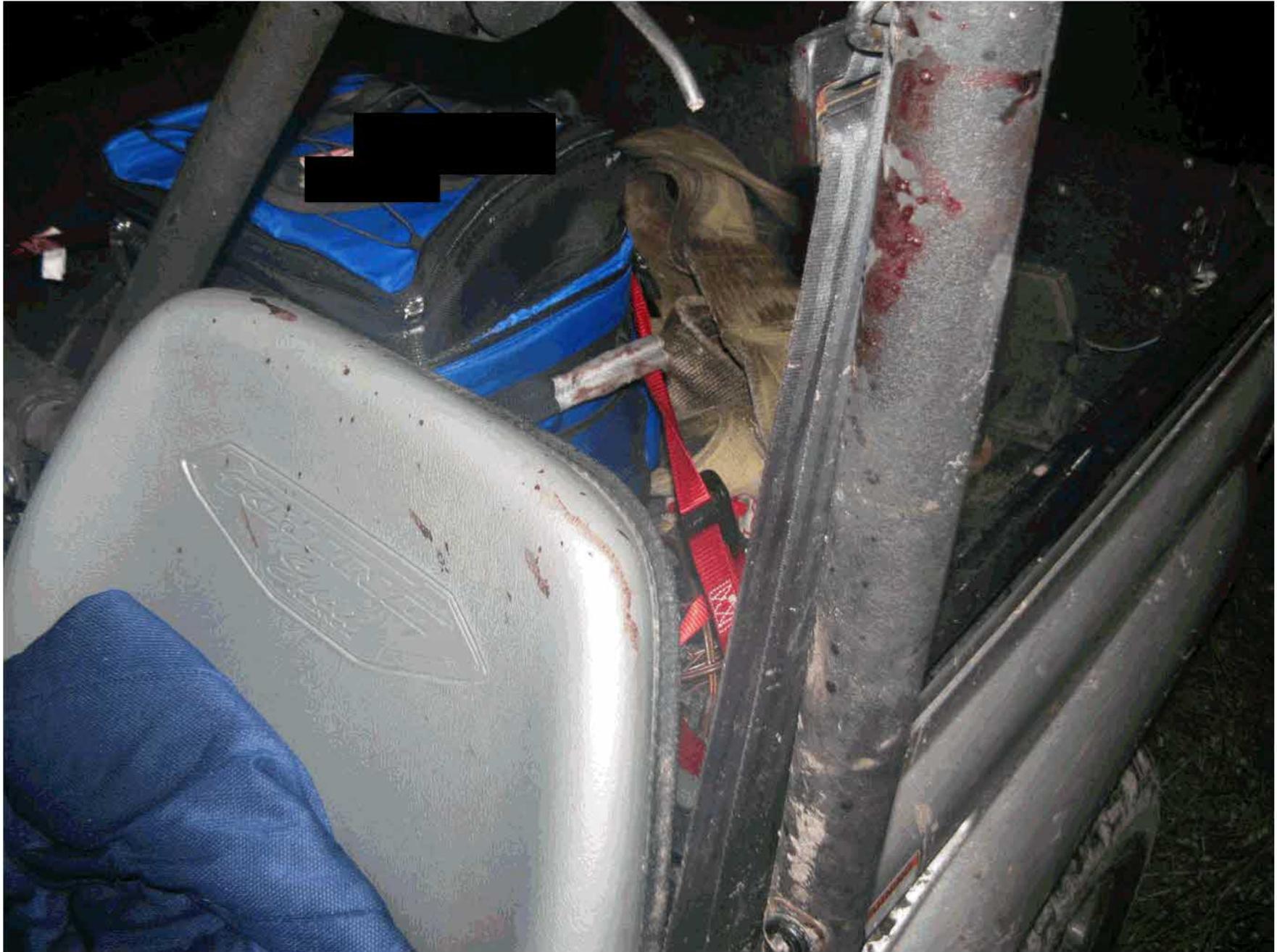






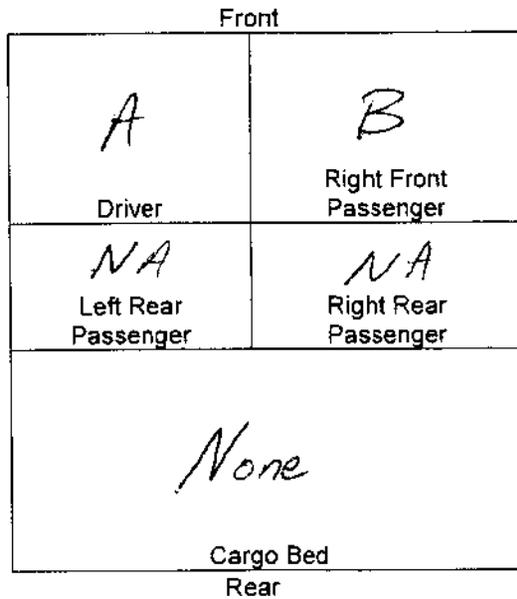








Utility Vehicle Data Record Sheet



The Utility Vehicle

|  |                   |
|--|-------------------|
| A: Age: 20                               | Height: 69"       |
| Gender: M                                | Weight: 134       |
| Helmet (Y/N): N                          | Seatbelt (Y/N): Y |
| Killed/Injured/Neither/Unknown: Killed   |                   |
| Injury Description: brain injury         |                   |
| Did vehicle land on victim: yes          |                   |
| Ejected (Either partially or fully): yes |                   |

|   |                   |
|---|-------------------|
| B: Age: 29                                | Height: 5'1"      |
| Gender: F                                 | Weight: 130       |
| Helmet (Y/N): No                          | Seatbelt (Y/N): Y |
| Killed/Injured/Neither/Unknown: Injured   |                   |
| Injury Description: large bruise R. thigh |                   |
| 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.



**SUMMARY OF FINDINGS**

This IDI was prompted by a news article submitted to the CPSC listing the death of a 14 year old male who died due to injuries he suffered during an ATV accident.

According to officials, this ATV accident is still under investigation, therefore, only limited information could be provided at this time. Light conditions at the time of the incident were dusk and weather conditions were partly cloudy.

On 9/6/2012 around 2046 hrs, the victim, a 14 year old male was traveling as a passenger on an ATV with an 18 year old male driver. According to witnesses, the victim was thrown from the ATV while traveling in a grassy area next to a public street. When officials arrived on scene, the victim was lying on the ground, unconscious with blood coming from his ears. Three individuals were standing over the victim attempting to wake him up. The responding officer also noticed the victim's sweatshirt and one shoe lying on the ground about 30 feet away from where the victim was lying.

The incident vehicle is actually a four wheeled Off Road Vehicle (referred to as an ATV in police report) that is built to haul only two occupants. According to the driver and the other passengers, there were a total of four individuals on the ATV when the incident occurred; the driver (18 y/o male) a front seat passenger (15 y/o female) and two passengers riding in the back bed area of the ATV – the victim (14 y/o male) and another passenger (15 y/o male). The uninjured male passenger stated that he was standing on the back right side of the ATV and the victim was standing on the back left side of the ATV. Both passengers were standing in the bed section of the ATV holding on to the roll bar. The ATV was traveling in a grassy area at about 35 MPH when it hit a curb. The uninjured passenger stated that he saw the curb coming up so he braced himself. He stated that the victim did not brace himself and when they hit the curb, the victim shot into the air and came down, grabbing onto the back of the ATV. He stated the victim held on to the ATV and was being drug behind the ATV for a while before the victim finally let go. The passenger then stated that he yelled to the driver that the victim fell off. The driver turned the ATV around, after traveling an additional 100 - 150 yards, to return to where the victim was lying. Neither the victim nor the other riders were wearing helmets. The BAC of the driver was negative.

The victim was transported to the emergency room for severe head injuries then transferred via Life Flight to another hospital for treatment. The victim was moved to a hospice house and pronounced deceased on 9/14/12. Per the medical examiner report, the victim hit his head on the ground resulting in immediate loss of consciousness. A head CT scan noted skull fractures, large subdural hematoma and subarachnoid bleed, midline shift and effaced basilar cisterns. The driver is facing possible charges of vehicular homicide and the case remains under investigation at the time of this report.

**IDI 121203HCC2182**

**Page 2 of 2**

**PRODUCT IDENTIFICATION**

2012 Polaris Razor RZR900 4 wheel ATV (Off Road Vehicle) (white – blue in color)  
Occupant capacity: 2 with a bed area in the back of the vehicle.

VIN: [REDACTED]

A VIN number search was conducted; however, no additional information could be obtained with the VIN listed in the police report.

**SAMPLES COLLECTED**

None

**ATTACHMENTS**

- 1) Marshalltown Police Department report
- 2) Polk County Medical Examiner Report
- 3) Obituary from web site
- 4) UTV Data Record Sheet
- 5) ATVD



# Iowa Department of Transportation INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Law Enforcement Case Number:

[Redacted]

Legal Intervention?  Private Property?

|   |  |                  |                       |   |
|---|--|------------------|-----------------------|---|
| <b>L<br/>O<br/>C<br/>A<br/>T<br/>I<br/>O<br/>N</b>  | Date of Accident   | Time of Accident | County                | Accident occurred within corporate limits of (city) |
|   | 9/6/2012   | 20:47 Hrs.       | MARSHALL - 64         | [Redacted]  |
|   | If accident occurred outside of city limits show general vicinity: "N/A" of nearest city "N/A" |                  |                       |   |
|   | On Road, Street, or Highway:   |                  | At Intersection with: |   |
|   | "N/A"  |                  | "N/A"                 |   |
| Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary. |  |                  |                       |   |
| Distance  | Direction  | Distance         | Direction             |   |
| "N/A"   | "N/A"  | and "N/A"        | "N/A"                 | of  |
| Milepost Number "N/A" Or Definable intersection, bridge, or railroad crossing "N/A"   |  |                  |                       |   |
| X-Coordinate: 00508536  |  |                  |                       |   |
| Y-Coordinate: 04656085  |  |                  |                       |   |
| If Divided Highway, Provide Route (Cardinal) Travel Direction "N/A"   |  |                  |                       |   |

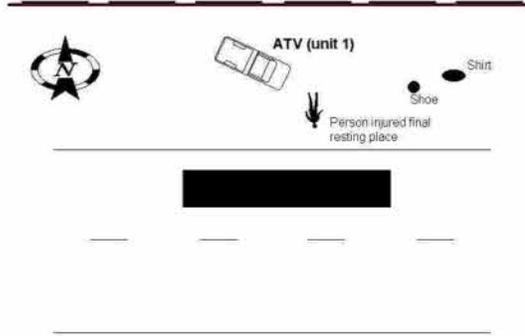
|  |   |                         |                         |                             |                      |                               |  |                  |  |  |  |
|--|---|-------------------------|-------------------------|-----------------------------|----------------------|-------------------------------|--|------------------|--|--|--|
| <b>U<br/>N<br/>I<br/>T</b>   | Driver's Name - Last [Redacted] Middle [Redacted] Suffix [Redacted] Number [Redacted]                             |                         |                         |                             |                      |                               |  |                  |  |  |  |
|  | Address [Redacted] City [Redacted] State IA Zip 50158   |                         |                         |                             |                      |                               |  |                  |  |  |  |
|  | Date of Birth   | Driver's License Number |                         |                             |                      | Citation Charge Code 1        | Citation Charge 1                              |                  |  |  |  |
|  | [Redacted]  | [Redacted]              |                         |                             |                      | Citation Charge Code 2        | Citation Charge 2                              |                  |  |  |  |
|  | Gender  | State                   | Class                   | Endorsements                | Restrictions         | Citation Charge Code 3        | Citation Charge 3                              |                  |  |  |  |
|  | MALE  | IA                      | C                       | NONE                        | SB                   | Citation Charge Code 4        | Citation Charge 4                              |                  |  |  |  |
|  | Alcohol Test Given?   | Test Results:           | Drug Test Given?        | Test Results:               |                      |                               |  |                  |  |  |  |
|  | 4 - BREATH  | .000%                   | 1 - NONE                |                             |                      |                               |  |                  |  |  |  |
|  | Seating Position  | Injury Status           | Occupant Protection     | Airbag Deployment           | Airbag Switch Status | Ejection                      | Ejection Path                                  | Trapped          |  |  |  |
|  | 01  | 5                       | 1                       | 6                           | 3                    | 1                             | 1  | 1                |  |  |  |
|  | Transported to:   |                         |                         |                             |                      |                               | Transported by:                                |                  |  |  |  |
|  | Owner's Name - Last [Redacted] First [Redacted] Middle [Redacted] Suffix [Redacted] Owner Company Name [Redacted] |                         |                         |                             |                      |                               |  |                  |  |  |  |
|  | Insurance Co. Name [Redacted] Insurance Policy # [Redacted] License Plate # [Redacted] State IA Year 2012         |                         |                         |                             |                      |                               |  |                  |  |  |  |
|  | VIN No.   | Year                    | Make                    | Model                       | Style                | Tow #                         | Approximate Cost to Repair or Replace          |                  |  |  |  |
|  | [Redacted]  | 2012                    | POLAR - POLA            | RZR900                      | ATV                  | YES                           | \$0.00   |                  |  |  |  |
| Initial Travel Direction   | Vehicle Action  | Speed Limit             | Point of Initial Impact | Most Damaged Area           | Extent of Damage     | Underride/Override            | Private?                                       |                  |  |  |  |
| 4  | 01  | 30                      | 99                      | 99                          | 1                    | 1                             | <input checked="" type="checkbox"/>            |                  |  |  |  |
| Total Occupants  | Traffic Controls  | Vehicle Config.         | Cargo Body Type         | Vehicle Defect              | Driver Condition     | Vision Obscured               | Contributing Circumstances, Driver (up to two) |                  |  |  |  |
| 4  | 01  | 88                      | 01                      | 01                          | 1                    | 01                            | 99   |                  |  |  |  |
| SEQUENCE OF EVENTS First Event 13 Second Event Third Event Fourth Event Most Harmful Event (by vehicle) 13 |   |                         |                         |                             |                      |                               |  |                  |  |  |  |
| Commercial Trailer License Plate #   | Attached to Power Unit:   | State                   | Year                    | Attached to Trailer Unit:   | State                | Year                          | Emergency Vehicle Type                         | Emergency Status |  |  |  |
|  |   |                         |                         |                             |                      |                               | 1  | 3                |  |  |  |
| Carrier Name   |   |                         |                         | Address City State Zip      |                      |                               |  |                  |  |  |  |
| US DOT # . . . . . or MC #   |   |                         | Number of Axles         | Gross Vehicle Weight Rating | Placard #            | Hazardous Materials Released? |  |                  |  |  |  |

|                                 |  |                    |  |                                   |  |             |  |                   |  |    |  |   |  |  |  |
|---------------------------------|--|--------------------|--|-----------------------------------|--|-------------|--|-------------------|--|----|--|---|--|--|--|
| ACCIDENT ENVIRONMENT            |  |                    |  | ROADWAY CHARACTERISTICS           |  |             |  | WORKZONE RELATED? |  |    |  | SEQUENCE OF EVENTS                                  |  |  |  |
| Location of First Harmful Event |  | Weather Conditions |  | Major Contributing Circumstances: |  | Environment |  | Location          |  | NO |  | First Harmful Event of Crash (use codes 11-42 only) |  |  |  |
| 6                               |  | (up to two) 02     |  | Roadway                           |  | 99          |  | Type              |  | 13 |  |   |  |  |  |
| Manner of Crash/Collision       |  | Surface Conditions |  | Type of Roadway Junction/Feature  |  | 99          |  | Workers Present?  |  |    |  |   |  |  |  |
| 1                               |  | 1                  |  | 99                                |  |             |  |                   |  |    |  |   |  |  |  |
| Light Conditions                |  | 2                  |  |                                   |  |             |  |                   |  |    |  |   |  |  |  |

|  |   |          |          |                  |                  |                            |                              |                      |          |               |         |
|--|---|----------|----------|------------------|------------------|----------------------------|------------------------------|----------------------|----------|---------------|---------|
| <b>P<br/>E<br/>R<br/>S<br/>O<br/>N</b> | Name - Last [Redacted] First [Redacted] Middle [Redacted] Suffix [Redacted] |          |          |                  |                  |                            |                              |                      |          |               |         |
|  | Address [Redacted] City [Redacted] State IA Zip Code 50158                  |          |          |                  |                  |                            |                              |                      |          |               |         |
|  | Date of Birth   | Sex      | Unit No. | Seating Position | Injury Status    | Occupant Protection        | Airbag Deployment            | Airbag Switch Status | Ejection | Ejection Path | Trapped |
|  | [Redacted]  | MALE     | 1        | 07               | 2                | 1                          | 6                            | 3                    | 3        | 9             | 1       |
|  | Transported to:   |          |          |                  |                  |                            | Transported by:              |                      |          |               |         |
| MMSC ER                                |   |          |          |                  |                  | MAPS                       |                              |                      |          |               |         |
| NON-MOTORIST                           | Type  | Location | Action   | Condition        | Safety Equipment | Contributing Circumstances | Unit No. of Vehicle Striking |                      |          |               |         |

121203HCC2182  
Exhibit 1  
Page 1 of 8

D  
I  
A  
G  
R  
A  
M



**NARRATIVE**

**Describe what happened (refer to vehicles by number)**

Unit 1 was traveling in the grassy area to the north of [REDACTED] Unit 1 is a two seater ATV. It was traveling with four people (two in the front seats and two in the cargo area standing up). Unit 1 hit a curb on the north side of the road as it crossed over the driveway at the start of the 1000 block [REDACTED]. The shock of hitting the curb ejected the rear left passenger from the vehicle. Witness 1 stated that the passenger grabbed the back of the ATV and was dragged until he let go. Witness 1 stated he yelled to the driver "he fell off." He stated they continued approximately 150 yards before turning around and returning to the passenger. I was traveling east bound in my patrol car. I noticed an ATV on the side of the road, and three individuals standing over a male lying on the side of the road. I stopped my patrol car and got out. I immediately realized that the individual on the ground had life threatening injuries and called for paramedics. The three other individuals were trying to wake him up by moving him. I told them to stop touching the individual and move away from him. The individual injured was convulsing and bleeding from his ears and nose. I let dispatch know this person had a severe head injury. The individuals with him were able to tell me what happened and who the injured person was. I transported a one of the passengers of the ATV to the victims house where I made contact with his parents. I returned to the scene and reinterviewed the persons involved. The accident was turned over to T.I. 434. \*\*\*\* Explain the Vehicle Configuration for Unit 1

|                                 |                     |                |                                   |                                      |                               |
|---------------------------------|---------------------|----------------|-----------------------------------|--------------------------------------|-------------------------------|
| W<br>I<br>T<br>N<br>E<br>S<br>S | Witness Name - Last | First          | Middle                            | Suffix                               |                               |
|                                 | Address             |                | City                              | State                                | Zip Code                      |
|                                 | Home/Cell Phone #   |                | Work Phone #                      |                                      |                               |
| W<br>I<br>T<br>N<br>E<br>S<br>S | [REDACTED]          | [REDACTED]     | [REDACTED]                        | Suffix                               |                               |
|                                 | Address             |                | City                              | State                                | Zip Code                      |
|                                 | [REDACTED]          |                | Work Phone #                      |                                      |                               |
| Officer                         |                     | Badge No.      | Time Officer Notified of Accident |                                      | Time Officer Arrived At Scene |
| ACCOLA ANTHONY                  |                     | 421            | 20:49 Hrs.                        |                                      | 20:49 Hrs.                    |
| Name of Agency                  |                     | Date of Report | Investigation made at scene?      | T.I. #                               |                               |
| MARSHALLTOWN POLICE DEPARTMENT  |                     | 09/07/2012     | YES                               | 434                                  |                               |
| Report Reviewed By:             |                     | Date Reviewed  | Agency Specific                   | Other Technical Investigation Agency |                               |
| RUOPP, MELINDA                  |                     | 09/07/2012     |                                   | MARSHALLTOWN POLICE DEPARTMENT       |                               |

121203HCC2182  
Exhibit 1  
Page 2 of 8

**INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT**

Case Number: [REDACTED]  
 Date of Acc: **09/06/12**  
 Time of Acc: **20:47 Hrs.**  
 Name of Agency: **MARSHALLTOWN POLICE DEPARTMENT**  
 Officer: **ACCOLA ANTHONY**  
 Badge #: **421**  
 Report Date: **09/07/2012**  
 Officer Notified: **20:49 Hrs.**  
 Officer Arrived: **20:49 Hrs.**  
 Scene Investigated: **YES**

Legal Intervention: **NO**  
 Private Property: **YES**  
 County: **MARSHALL - 64**  
 Acc Loc City: **MARSHALLTOWN - 4797**  
 Acc Dir From City: **"N/A"**  
 Closest City: **"N/A"**  
 Miles From City: **"N/A"**  
 Road, Street, HWay: **"N/A"**  
 Definable Location: **"N/A"**  
 Milepost Number: **"N/A"**

At Intersection with: **"N/A"**  
 Div HWay Trvl Dir: **"N/A"**  
 Distance 1: **"N/A"**  
 Direction 1: **"N/A"**  
 Distance 2: **"N/A"**  
 Direction 2: **"N/A"**  
 X-Coordinate: **00508536**  
 Y-Coordinate: [REDACTED]  
 Location Literal Description: **FOUND** **NOT**

**Unit 001**

Driver Name - Last: [REDACTED]  
 First: [REDACTED]  
 Middle: [REDACTED]  
 Address: [REDACTED]  
 City: [REDACTED]  
 State: **IA**  
 Zip: **50158**  
 Suffix:  
 Gender: **Male**  
 Age: **18**  
 License State: **IA**  
 License Class: **C**  
 License Endorsmnt: **NONE**  
 License Restrictions: **SB**  
 Speed Limit: **30**  
 Seating Position: **01 - FRONT: LEFT SIDE / MOTORCYCLE DRIVER**  
 Driver Condition: **1**  
 Alcohol Test Given: **YES**  
 Drug Test Given: **NO**  
 Total Occupants: **4**  
 Vehicle Year: **2012**  
 Vehicle Make: **POLAR - POLA**  
 Vehicle Model: **RZR900**  
 Vehicle Style: **ATV**  
 Vehicle Config: **88 - OTHER (EXPLAIN IN NARRATIVE)**  
 Vehicle Defect: **01 - NONE**  
 Vehicle Action: **01 - MOVEMENT ESSENTIALLY STRAIGHT**

Towing: **YES**  
 Initial Trvl Dir: **4 - WEST**  
 Vision Obscured: **01 - NOT OBSCURED**  
 Traffic Controls: **01 - NO CONTROLS PRESENT**  
 Point of Init Impact: **99**  
 Most Damaged Area: **99**  
 Undrdir/Ovrid: **1 - NONE**  
 Rpr/Rplc Cost: **\$0.00**  
 Ext of Damage: **1 - NONE**  
 First Event: **13 - OTHER NON-COLLISION**  
 Second Event:  
 Third Event:  
 Fourth Event:  
 Most Harmful Event: **13 - OTHER NON-COLLISION**  
 Abg Switch Stat: **3 - NO ON/OFF SWITCH PRESENT**  
 Abg Deploy: **6 - NOT APPLICABLE**  
 Trapped: **1 - NOT TRAPPED**  
 Ejection: **1 - NOT EJECTED**  
 Ejection Path: **1 - NOT EJECTED/NOT APPLICABLE**  
 Occpnt Protect: **1 - NONE USED**

Injury Status: **5 - UNINJURED**  
 Transported to:  
 Transported by:  
 Emergency Veh: **1 - NOT APPLICABLE**  
 Emergency Status: **3 - NOT APPLICABLE**  
 Cont. Circum., Drvr: **99 - UNKNOWN**  
 Carrier Name:  
 Carrier Address:  
 Carrier City:  
 Carrier State:  
 Carrier Zip:  
 Cargo Body Type: **01 - NOT APPLICABLE**  
 Number of Axles:  
 HazMat Released?:  
 GVWR:  
 Placard #:  
 Cit Chrg Code 1:  
 Citation Charge 1:  
 Cit Chrg Code 2:  
 Citation Charge 2:  
 Cit Chrg Code 3:  
 Citation Charge 3:  
 Cit Chrg Code 4:  
 Citation Charge 4:

**Accident Environment**

First Harmful Event Loc: **6 - OUTSIDE TRAFFICWAY**  
 Manner of Crash/Collision: **1 - NON-COLLISION**  
 Light Conditions: **2 - DUSK**  
 Weather Conditions: **02 - PARTLY CLOUDY**  
 Surface Conditions: **1 - DRY**  
 First Harmful Evt of Crash: **13 - OTHER NON-COLLISION**

Roadway Characteristics  
 Environment: **1 - NONE APPARENT**  
 Roadway: **99 - UNKNOWN**  
 Type of Road Junc/Feat: **99 - UNKNOWN**  
 Workzone Related: **NO**  
 Location:  
 Type:  
 Workers Present:

**Injured Person**

Name - Last: [REDACTED]  
 First: [REDACTED]  
 Middle: [REDACTED]  
 Suffix:  
 Address: [REDACTED]  
 City: **MARSHALLTOWN**  
 State: **IA**  
 Zip Code: **50158**  
 Age: **14**  
 Sex: **MALE**  
 Unit No.: **1**  
 Seating Position: **07 - REAR: LEFT SIDE**  
 Injury Status: **2 - INCAPACITATING**  
 Transported to: **MMSC ER**  
 Transported by: **MAPS**

Occupant Protection: **1 - NONE USED**  
 Airbag Deployment: **6**  
 Airbag Switch Status: **3 - NO ON/OFF SWITCH PRESENT**  
 Ejection: **3 - TOTALLY EJECTED**  
 Ejection Path: **9 - UNKNOWN**  
 Trapped: **1 - NOT TRAPPED**  
 Non-Motorist  
 Type:  
 Location:  
 Action:  
 Condition:  
 Safety Equipment:  
 Contributing Circumstances:  
 Unit No. of Vehicle Striking:

121203HCC2182  
 Exhibit 1  
 Page 3 of 8

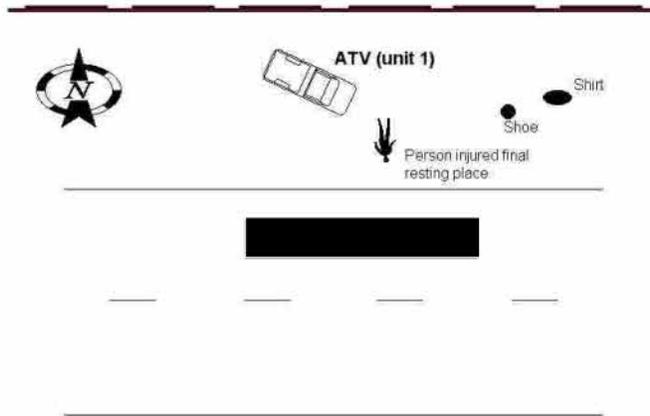
**Narrative**

Unit 1 was traveling in the grassy area to the north of [REDACTED] Unit 1 is a two seater ATV. It was traveling with four people (two in the front seats and two in the cargo area standing up). Unit 1 hit a curb on the north side of the road as it crossed over the driveway at the start of the 1000 block of [REDACTED]. The shock of hitting the curb ejected the rear left passenger from the vehicle. Witness 1 stated that the passenger grabbed the back of the ATV and was dragged until he let go. Witness 1 stated he yelled to the driver "he fell off." He stated they continued approximately 150 yards before turning around and returning to the passenger. I was

**Narrative**

traveling east bound in my patrol car. I noticed an ATV on the side of the road, and three individuals standing over a male lying on the side of the road. I stopped my patrol car and got out. I immediately realized that the individual on the ground had life threatening injuries and called for paramedics. The three other individuals were trying to wake him up by moving him. I told them to stop touching the individual and move away from him. The individual injured was convulsing and bleeding from his ears and nose. I let dispatch know this person had a severe head injury. The individuals with him were able to tell me what happened and who the injured person was. I transported a one of the passengers of the ATV to the victims house where I made contact with his parents. I returned to the scene and reinterviewed the persons involved. The accident was turned over to T.I. 434. \*\*\*\* Explain the Vehicle Configuration for Unit 1

**Diagram**



121203HCC2182  
Exhibit 1.  
Page 4 of 8

Marshalltown Police Dept.

Incident Report

Incident 2012009237-1 ORI IA0640100

Incident Date/Time: 09/06/12 20:46 To:
Report Date/Time: 09/07/12 18:23 File#:
Time Arrived: 20:52 Time Cleared 21:06 Description: ACCIDENT-PERSONAL INJURY

Complainant: [Redacted] DOB: [Redacted] Phone(H): [Redacted]
Race:
Sex:
Ethnic:
Height: ' 0"
Weight: 0
Hair:
Eyes:
DOC:
Occurred At: [Redacted] MARSHALLTOWN,
MARSHALLTOWN, IA
Location: 1 -- AREA 1

Complainant Occupation: Phone(W): - -
Employer:

Offenses:

Table with 6 columns: IBR#, Offense Description, Statute, Status, Loc, Weapons. Row 1: ACC, Traffic Accident, Completed, Other/Unknown.

Referral: Inv Due:
Children: Status Date:
Evidence Taken: Photo: Fingerprint(s): Other:

Status: Active Exceptionally Cleared:
Investigator: - Inv Assgn:
Reporting Officer: 190 - ACCOLA, ANTHONY 3-11 [Signature]
Supervisor: - [Signature] SAT. TAY. WATSON 9.9.12 Supervisor Approved:
Entered By: - Record Approved:
Records: -
Addendum Codes: /
Copies To:

Person(s) Involved:

Table with 6 columns: Description, Name, DOB, Address, City/State, Phone. Rows: Victim, Driver, Witness, Witness, Parent, all with redacted names and phone numbers.

News Media

[Redacted] fell off the back of an ATV in the 900 blk of [Redacted] causing severe head injuries. [Redacted] was air lifted to Mercy Medical Center in Des Moines where he was listed in critical condition. This accident is still under investigation.

Vehicle

Table with 10 columns: Plate #, State, Type, VIN, Year, Make, Model, Colors, Style, Reason. Row 1: IA, [Redacted], 12, POLARIS, RAZOR RZR, WHI - BLU, ATV, ACCIDENT

Property

No record found

121203HCC2182
Exhibit 1
Page 5 of 8

**Incident Narrative**  
**2012009237.doc**

On 9/7/12 at approximately 2048 hours, I was dispatched to [REDACTED] in reference to a dune buggy driving on the bike path. I was traveling eastbound on [REDACTED] headed to the call. As I came over the crest of the hill at [REDACTED] and [REDACTED] I could see an ATV parked in the grass to the north of [REDACTED] in the [REDACTED]. There were three individuals, two males and one female, out of the vehicle. As I got closer I could see that they were standing around an individual, Hispanic male, lying on the ground. I parked my patrol car on the south side of the street directly across from them and turned on my directional lights. As I was exiting my patrol car I could see that the three individuals were trying to wake up the male lying on the ground as if he was unconscious. I immediately noticed that the male had blood coming from his ears and was convulsing. I yelled at the three to stop moving him and back away. I called for medical assistance and gave a brief description of the male's injuries, letting dispatch know the victim had a head injury.

I asked the three individuals what the male's name was. They said it was a [REDACTED] and he was approximately 14 years old. I asked who was driving and one of the individuals, identified as [REDACTED], stated that he was. I asked what happened. All three of them stated that [REDACTED] fell off the back of the ATV as they were driving in the grass. I looked east of [REDACTED] body and approximately 30 feet away was a shoe and a sweatshirt. I asked the three if those items were [REDACTED]. The female that was there ran and attempted to pick up the clothing. I yelled at her to drop the shoe she just picked up and come back to our location. She dropped the shoe approximately 1 foot from where it was originally resting. At that time MAPS, Fire, and other officer's arrived on scene. I transported the female, identified as [REDACTED] to the victim's house to notify his parents. [REDACTED] stated she didn't know the address but could tell me where it was. She directed me to [REDACTED]. I made contact with [REDACTED] mother [REDACTED]. She had her children drive her up to the ER and I followed. At the ER I had [REDACTED] sign an Authorization to Disclose Health Information form for [REDACTED] injuries. The medical staff at the ER advised that [REDACTED] had severe head injuries and would be life-flighted to Mercy Medical Center in Des Moines. [REDACTED] mother went with family to Des Moines before [REDACTED] was air lifted.

I then returned to the scene. I gave an update to Sgt. Watson and the T.I.'s on scene (Sgt. Lang and Officer Stamp). I then interviewed one of the passengers [REDACTED]. He stated that he was riding in the back right side of the ATV. This ATV, a Polaris Razor RZR900, is only built for two persons and only has safety equipment for two persons. [REDACTED] stated that [REDACTED] was riding in the left rear of the ATV. He said they were both standing up and holding onto the roll bar. He said they were traveling in the grass area to the north of [REDACTED]. As they crossed the driveway to the parking lot to the north of [REDACTED] in the 1000 block, he saw the curb they were going to hit. [REDACTED] said he braced himself for the bump. He said that [REDACTED] was shot into the air and came down, grabbing the back of the ATV. He said that [REDACTED] was drug by the ATV before letting go and rolling to a stop. [REDACTED] stated he yelled to [REDACTED], "He fell off." They then turned around at the first telephone pole they came to, approximately 100 yards away, and came back to [REDACTED].

I then talked with [REDACTED]. I asked him if he could tell me what happened. He said that they were driving westbound in the grass to the north of the road and they hit the curb. He stated they were going approximately 35 MPH. [REDACTED] said his friend in the back yelled to him that [REDACTED] fell off. He then turned the ATV around at the nearest telephone pole and came back to him. I then read [REDACTED] his Miranda rights from a department issued card. [REDACTED] stated that he understood his rights and would talk. I asked him if he was driving the ATV earlier today, approximately 2 hours prior, on [REDACTED] near the railroad tracks (see call number [REDACTED]). I told him the caller said there were four kids on the ATV. He stated he was. I asked if anyone else was driving the ATV on roadways and he said no. I asked him if he was driving it on [REDACTED] coming out of [REDACTED] and he said yes, up to the point where they could get onto the grass. I then informed him that I would be citing him for driving while suspended for both driving on [REDACTED] and on [REDACTED]. I

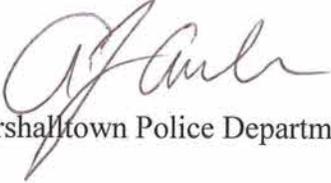
**Incident Narrative**  
**2012009237.doc**

explained to [REDACTED] how dangerous it is to drive vehicles like the ATV in the manor he had been. I brought up how [REDACTED] ran from Officer Tejada a few days prior when he tried to pull him over, see case number [REDACTED]. I talked about how the ATV he was driving was only built for two people. [REDACTED] stated that he understood the vehicle was only for two people.

I recorded my interview with [REDACTED] on my patrol car camera and submitted it into evidence. I am also submitting into the case file a printout of the call at 1908 hours reference the ATV on [REDACTED] (call number [REDACTED]). I contacted Mercy Medical Center on 9/9/12 at approximately 1500 hours. They stated that [REDACTED] was still in critical condition. I will be following up with the Marshall County Attorney's Office in reference to possible charges in this case.

Case continues.

Officer Accola



Marshalltown Police Department

IN THE IOWA DISTRICT COURT IN AND FOR MARSHALL COUNTY

THE STATE OF IOWA

Before Magistrate \_\_\_\_\_

vs.

Criminal Number \_\_\_\_\_

MPD Case # \_\_\_\_\_

Defendant: \_\_\_\_\_

Address: \_\_\_\_\_ Marshalltown Ia 50158  
City State Zip

DOB: \_\_\_\_\_

Race: I Gender: M

**COMPLAINT AND AFFIDAVIT**

The defendant is accused of the crime of vehicular homicide - Class C Felony

in violation of section 707.6A(2a) of the Iowa Criminal Code / 2012

in that the Defendant on or about the 6 day of September, 2012

at approximately 2046 hours at \_\_\_\_\_

in Marshall Co., did operate a motor vehicle in a reckless manner with willful or wanton disregard for the safety of persons or property which resulted in the unintentional death of another.

THEREFORE, Complainant requests that said Defendant, subject to bail or conditions of release where applicable,

- (1) be arrested or that other lawful steps be taken to obtain Defendants appearance in court; or
- (2) be detained, if already in custody, pending further proceedings; and that said Defendant otherwise be dealt with according to law.

Complainant \_\_\_\_\_

*[Handwritten Signature]*  
Signature of Complainant

STATE OF IOWA, County of **MARSHALL** ss.,

**AFFIDAVIT**

I, the undersigned, being duly sworn, state that the following facts known by me or told to me by other reliable persons from the basis for my belief that the Defendant committed this crime.

On the above date and time, defendant was operating an all terrain vehicle in the city limits of Marshalltown in a reckless manner. The ATV was designed to carry only two (2) passengers but at the time of the incident it was carrying four (4) passengers to include the victim. The ATV struck a curb and one of the passengers/ victim fell out causing a serious injury. That passenger/ victim later died because of that injury.

Victim: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M Race: H

Witness 1: \_\_\_\_\_

Witness 2: \_\_\_\_\_

*[Handwritten Signature]*  
Signature of Affiant

Subscribed and sworn to before me by the person(s) signing this Complaint and Affidavit

on this the 27 day of November, 2012

*[Handwritten Signature]*  
Signature of Notary

Complaint and affidavit(s) filed and probable cause found that the defendant committed the offense charged.

**E-Filed**  
11-28-12 rla

Signature of Magistrate \_\_\_\_\_

121203HCC2182  
Exhibit 1  
Page 8 of 8

11/27/12 Bonded out Court @0830 12/1/12

**Polk County Medical Examiner**  
1801 Hickman Rd., Des Moines, IA 50314  
Phone #: 515-286-2102

**ISME Use Only**  
ISME Case Number  
(if Known)

(Date of Receipt)

(DOD Code)

(COD Code)

**REPORT OF INVESTIGATION BY MEDICAL EXAMINER**

**DECEDENT:**

[Redacted Name] (First Name) [Redacted Name] (Middle Name) [Redacted Name] (Last Name) (Jr., Sr., III, etc.)

**ADDRESS:**

[Redacted Address] Marshalltown, Iowa 50158 Marshall  
(Number & Street or Route, box No.) (City, State, Zip) (County)

**INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY**

|                                    |                              |                                  |                                 |                              |                             |
|------------------------------------|------------------------------|----------------------------------|---------------------------------|------------------------------|-----------------------------|
| <b>AGE</b><br>14 Years             | <b>SEX</b><br>Male           | <b>CLOTHING</b><br>Partial       | <b>BODY TEMPERATURE</b><br>Cool | <b>OCCUPATION</b><br>Student | No Occupational information |
| <b>DATE OF BIRTH</b><br>[Redacted] | <b>HAIR-TYPE</b><br>Straight | <b>EYES-Color</b><br>Brown       | <b>If taken:</b><br>Site:       | <b>INDUSTRY</b>              | <b>EMPLOYER</b>             |
| <b>MARITAL STATUS</b><br>Single    | <b>HAIR-COLOR</b><br>Black   | <b>R: 6 mm L: 6 mm</b>           | <b>RIGOR</b><br>Partial         |                              |                             |
| <b>RACE</b><br>Caucasian           | <b>OTHER HAIR</b><br>None    | <b>WEIGHT (lb.)</b><br>130 lbs   | <b>LIVOR</b><br>Unfixed         | <b>PRESERVATION:</b>         |                             |
| <b>ETHNICITY</b><br>Hispanic       |                              | <b>HEIGHT (in.)</b><br>66 inches |                                 |                              |                             |

**INFORMATION ABOUT OCCURRENCE**

| ITEM                              | DATE         | TIME         | LOCATION                                    | COUNTY                     | TYPE OF PREMISES<br>(Home, farm, highway, hospital, etc.)  |
|-----------------------------------|--------------|--------------|---|----------------------------|--|
| <b>INJURY OR ONSET OF ILLNESS</b> | On or before | At or before | Street                                      | Marshall                   | <b>ON THE JOB?</b>   |
|                                   | 9/6/2012     | 20:47        | [Redacted]                                  |                            | No   |
| <b>LAST SEEN ALIVE</b>            |              |              | By:   |                            |  |
| <b>PRONOUNCED DEAD</b>            | 9/14/2012    | 15:12        | By: Nurse Mia<br>3401 East Douglas          | Polk                       | Taylor House   |
| <b>FOUND DEAD BY</b>              |              |              | By:   |                            |  |
| <b>POLICE NOTIFIED</b>            | 9/6/2012     | 20:49        | Police Agency:<br>Marshalltown Police Dept. | Officer:<br>Anthony Accola |  |
| <b>M.E. NOTIFIED</b>              | 9/7/2012     | 15:44        | By: Terra RN<br>Mercy Medical Center        |                            |  |
| <b>VIEW OF BODY TO HOSPITAL</b>   | 9/14/2012    | 17:09        | Taylor House 2 north                        |                            | <b>NOT VIEWED</b>  |
| <b>WITNESSES</b>                  |              |              | By:   |                            | Postmortem Toxicology?<br><input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous<br>Why not? Not Required |

**MANNER OF DEATH**

NATURAL  HOMICIDE  ACCIDENT  SUICIDE  UNDETERMINED  PENDING  N/A

M.E. EXAMINATION AUTHORIZED

Autopsy:  Yes  No

Inspection (morgue):  Yes  No

Body Transported By:

**CAUSE OF DEATH [Interval]:**

Craniocerebral trauma [Days]

due to Fall from moving all terrain vehicle [Days]

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 chapter 331 of the general statutes of Iowa-1983, and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Jackie Fry

**Medicolegal Death Investigator**  
(Electronic Signature/ Supervisor initials)

9/17/2012 9:56 Polk 77-26  
(Date Printed) (County) (M.E. Number)

Supervising M.E./Pathologist  
(Electronic Signature/Initials)

**NON-M.E. AUTOPSY DONE**

Yes  No

If Yes Where?

Form ME-1 (revised Jan 2002)

I.S.M.E. review:

Circumstances (24c on Death Certificate):

Passenger standing on cargo area of ATV which struck curb

**Send original to Iowa State Medical Examiner, Copies must be forwarded to County Attorney**

121203HCC2182

Exhibit 2

Page 1 of 3

**MEANS OF DEATH (Agency or object) - IF OTHER THAN NATURAL**

IF MOTOR VEHICLE INVOLVED: MVA Party: Passenger; Seat Belt: Not applicable (eg: motorcycle); Crash Helmet Worn: None; Vehicle Type: Recreational Vehicle;  Hit-Run;  Non-Highway

IF GUN: Firearm Caliber: ; Firearm Type: ; Projectile Type: ;

IF INSTRUMENT:

Blunt  
 Sharp

WHAT KIND:

TYPE & LOCATION OF INJURIES:

see narrative

IF DRUG, POISON, CHEMICAL (Suspected)

Drug Type:

Drug Use Method:

**MEDICAL HISTORY**

CONDITION:

None

Family Physician

Name: Unknown

Address:

Phone:

Medications: None

Attending Physician

Doctor: [REDACTED]

Where Treated:

NEXT OF KIN & ADDRESS

Phone: [REDACTED]

Funeral Home: [REDACTED] Funeral Home

Donor Services Notified (800-831-4131): No-family refused; \*no ME OPO\*; Why Not:

**IDENTIFICATION OF BODY** Decedent's Soc Sec #:

Preliminary  Positive Method: Visual

If by viewing, viewed by: [REDACTED]

Address:

Relationship: Mother

Telephone #:

**NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH:**

(09/07/2012 1544 L. Stuart RN MDI) Received call from Mercy PICU staff member Terra RN. Terra reported that on 09/06/2012 the above listed patient was admitted to Mercy Hospital Medical Center following an ATV (all terrain vehicle) collision. He was transferred from Marshalltown Community Hospital. Terra reported that the physicians were going to talk with the family about the poor prognosis this afternoon. No brain death had been declared at the time of this call.

This Investigator requested that medical records be faxed to the Office of the Polk County Medical Examiner, a copy of all radiology films be placed on a disc and placed with the chart for the Medical Examiner Investigator to obtain once death occurs. This Investigator informed Terra RN that the Office of the Polk County Medical Examiner will need to be involved in the case and to call when either brain death, cardiac death or when Iowa Donor Network becomes involved. This Investigator contacted Mercy Hospital Laboratory and requested that the blood be held from admission of the above named patient. Patient's medical record number is [REDACTED].

Contacted Marshalltown Police Department to request a copy of accident report. Marshalltown case number obtained from dispatcher is 12-9237. Spoke to Sgt. Ruapp. She reported that she will fax the accident report.

(9/7/2012 1900 A Williamson RN MDI) Accident report received from Marshalltown Police Department, reviewed by this Investigator, and retained by this Office. [REDACTED] was standing up in the cargo area of a 2012 Polaris All Terrain Vehicle (ATV) (VIN [REDACTED]) driven by [REDACTED] (Birth date [REDACTED]) was driving on a grassy area to the north of [REDACTED] within the city limits of Marshalltown when he hit a curb as it crossed over the driveway. The impact of hitting the curb ejected [REDACTED] (rear left passenger). [REDACTED] grabbed the back of the ATV and was dragged until he let go. Officer Accola was in his patrol car and noticed the ATV on the side of the road with three individuals standing over an individual lying on the side of the road. Officer Accola called for Medics after noting that [REDACTED] was "convulsing" and bleeding from his ears. [REDACTED] was transported to Marshalltown Medical and Surgical Center by ambulance. Light conditions at the time of the incident was dusk and weather conditions was partly cloudy. [REDACTED] was not wearing any protective items. Breathalyzer test completed on [REDACTED] was 0.

(9/8/12 0600 ALuick RN, MDI) Minimal medical records obtained via fax. Records reviewed and retained. [REDACTED] arrived at Mercy via MercyOne at 2242 on 9/6/12. Per records the decedent's head hit the ground and there was immediate loss of consciousness. Preliminary report for the head CT noted skull fractures, large subdural hematoma and subarachnoid bleed, midline shift, and effaced basilar cisterns. CT of the Chest/Abdomen/Pelvis noted bilateral lower lobe atelectasis/consolidation, right greater than left.

(9/8/12 1330 ALuick RN, MDI) Contact made with Nurse Logan at Mercy PICU. Asked to fax history and physical, dictated CT of the head, and OR report. Per Logan, [REDACTED] family has been informed of his poor prognosis but no decision has been made at this time. It reportedly does not appear as though he is going to herniate given the bone flap removal but family would like to look into donation once they are ready. I informed [REDACTED] to be sure to contact this Office at that time so that we can work with IDN, she voiced understanding.

(9/8/2012 1730 A Williamson RN MDI) Contact made with Sergeant Ruapp at Marshalltown Police Department. Sergeant Ruapp updated on medical status of [REDACTED]. Sergeant Ruapp stated the department is still exploring the issue of filing criminal charges against the driver of the ATV. The investigation is still in progress regarding the incident. Additional medical records received from Mercy Hospital PICU. Initial computerized tomography (CT) brain dated 9/6/2012 at 2326 revealed large diffuse left subdural hemorrhage with displacement of the septum pellucidum to the right with borderline ventricular entrapment. Left occipital non-displaced skull fracture which minimally extends into the left posterior parietal bone noted. A subtle linear fracture through the left temporal bone involving the posterior margin of the glenoid also noted. Acute fracture noted in the left lateral sphenoid sinus wall including the region of the sphenoid sinus. Blood/fluid noted in the sinuses diffusely. [REDACTED] (neurosurgery) consulted and evaluated. The decedent was taken to the operating room for decompression of the subdural hematoma. Dr. [REDACTED] discussed with the family severity of the injury and the probability the patient would not survive. CT status post bone flap removal dated 9/7/2012 at 1339 revealed extensive low density/edema throughout the left cerebrum and right frontoparietal cerebrum as well as left superior cerebellum. Multiple areas of intracranial hemorrhage are noted.

(09/10/2012 2150 [REDACTED] RN, MDI) Spoke with Dr. [REDACTED] via telephone with update. According to nursing staff, the patient is spontaneously breathing, no response to pain stimuli yet turns away with oral cares. Pupils remain fixed and dilated. A CT of the head is scheduled for 09/11/2012. Dr. [REDACTED] stated that should Iowa Donor Network approach, there would be no limitation from this Office pre-autopsy. [REDACTED] asked that Marshalltown PD be notified and ascertain possible pending charges and whether they will have objections to organ donation. This investigator spoke with Officer Accola at Marshalltown PD via telephone and provided an update of condition. Officer Accola was asked if any objections were known for organ donation should the situation arise. Officer Accola advised that he sees no reason for limitation. Officer Accola asked would an autopsy be done following donation and he was advised that either an autopsy would be done following donation or a cause of death would be determined from medical record documentation. [REDACTED] advised of the conversation with Officer Accola.

(9/14/12 1000-J. Fry RN MDI) This Investigator returned a call to Officer Accola. Officer Accola was checking on the status of the decedent and wanted to inform this Office that the Marshalltown Police Department and Marshall County Attorney would like a full autopsy done on the decedent when and if death occurs, as charges are still pending at this time. Officer Accola states there is still conflicting stories from witnesses about the incident. I stated understanding and that this Office would contact him when death occurs.

(9/14/12 1100-J. Fry, RN MDI) This Investigator called Mercy PICU for an update on the decedent. Nursing staff states the plan is to withdraw life support on 9/14/12. Physicians do not feel the decedent will die immediately and have planned for the decedent to be transferred to a hospice facility on 9/14/12. This investigator requested that Mercy PICU contact this Office when transfer occurs to inform us when life support is discontinued and to what hospice facility the decedent will be transferred to. They stated understanding. This Investigator then contacted Officer Accola and updated him on the status.

(9/14/12 1524-J. Fry, RN MDI) This Investigator was contacted by [REDACTED] at Taylor House Hospice. [REDACTED] states that the decedent arrived at hospice at 1145 today. [REDACTED] reports she was doing oral care on the decedent at approximately 1510 and the decedent coughed and then stopped breathing. [REDACTED] reports death was pronounced at 1512. I informed [REDACTED] that this investigator would need to view the decedent and an autopsy was possible [REDACTED] was instructed to leave the decedent as is until this investigator arrives. [REDACTED] states understanding.

(9/14/12 1700-J. Fry, RN MDI) This Investigator arrived on scene (delay due to previous case), accompanied by MDI [REDACTED] Des Moines University Medical Student. This Investigator entered the decedent's room. The family was present. Case and circumstances were discussed with the family and questions were answered. The decedent's mother was informed that Marshalltown Police were requesting an autopsy at this time. The decedent's mother states understanding, but would prefer one not be completed if possible. I explained to the decedent's mother that I would be speaking with Officer Accola following my examination and would relay that information.

This Investigator viewed the body at 1709. The decedent is supine in a hospital bed. The body is dressed in a t-shirt and adult diaper. The head is bandaged with Kerlix and a stockinette. Pupils equal. There are superficial abrasions noted on the left anterior shoulder, axilla, left chest near the nipple, and bottom of the left side of rib cage down the abdomen to top of the left leg. Small bruises noted on the palmar side of the hands, with the left side having more than the right. The bandages were removed from the decedent's head by this investigator. There is deformity noted on the left side of the head. Edema is noted. A large incision is noted from the front of the hairline back to the occipital area and around to above the left ear. The incision is closed with sutures. There is an abrasion with a small laceration to the left of the left eye. Superficial abrasions and lacerations noted on bilateral shins. Lividity is posterior, consistent and unfixed. The body is cool to the touch. Partial rigor is noted in the jaw.

This Investigator contacted Dr. [REDACTED] regarding autopsy. Dr. [REDACTED] requested the State Medical Examiner's Office be contacted to review the case. This Investigator spoke with MDI John Kraemer with the State Medical Examiner's Office. Case and circumstances were reviewed. MDI Kraemer requested that I contact Officer Accola and explain that the decedent's injury is well documented and an autopsy will not change the cause of death. MDI Kraemer states if Marshalltown Police still would like an autopsy completed then the State will perform one. This Investigator contacted Officer Accola and reviewed the case and discussed that autopsy would not change the cause of death. Officer Accola was also informed of the decedent's mother's wishes for no autopsy if possible. Officer Accola was informed of the documented injuries and of my findings on external exam. Officer Accola discussed case with his superior. Officer Accola states that an autopsy does not need to be completed. Officer Accola requested a copy of the final report be mailed to him upon completion. Dr. [REDACTED] and MDI Kraemer were informed that Marshalltown Police no longer wish to have autopsy completed. A funeral home was chosen by the family and contacted by nursing staff. The body was released to the funeral home.

This Office to certify the death.

Medications

[REDACTED]

[REDACTED]  
Born: [REDACTED]  
Died: September 14, 2012  
Location: Marshalltown, Iowa

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## Tribute & Message From The Family

[REDACTED] was born on [REDACTED] and passed away on Friday, September 14, 2012.

[REDACTED] was a resident of Marshalltown, Iowa at the time of his passing.

A celebration of [REDACTED] life will be held at 1:30 p.m., Thursday, September 20, 2012, at the [REDACTED] Funeral Home in Marshalltown. Visitation will be held from 5:00 p.m. - 8:00 p.m., Wednesday, September 19, 2012, at the [REDACTED] Funeral Home. A private family burial will follow services.

Memorial contributions may be directed in [REDACTED] name to Great Western Bank.

---



121203HCC2182  
Exhibit 3

**IDI 121203HCC2182**

**RESPONDENTS**

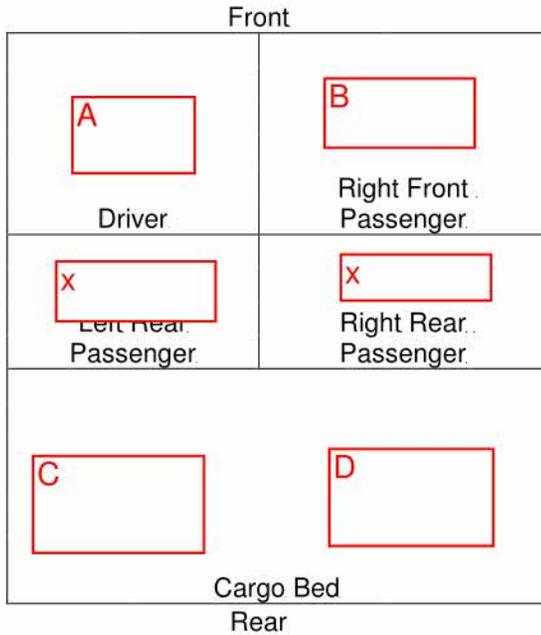
Marshalltown Police Department  
Ann Davis, Records Supervisor  
22 N Center Street  
Marshalltown, IA 50158  
641-754-5750 (ph)  
641-752-1211 (fax)  
[adavis@ci.marshalltown.ia.us](mailto:adavis@ci.marshalltown.ia.us)

Polk County Medical Examiner  
1801 Hickman Rd.  
Des Moines, IA 50314  
515-286-2102

**MANUFACTURER CONTACT INFORMATION**

None

Utility Vehicle Data Record Sheet



The Utility Vehicle

|    |   |         |                   |
|----|---|---------|-------------------|
| A: | Age: 18                                 | Height: |                   |
|    | Gender:                                 | Weight: |                   |
|    | Helmet (Y/N): N                         |         | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: N       |         |                   |
|    | Injury Description: none                |         |                   |
|    | Did vehicle land on victim: no          |         |                   |
|    | Ejected (Either partially or fully): no |         |                   |

|    |   |         |                   |
|----|---|---------|-------------------|
| D: | Age: 15                                 | Height: |                   |
|    | Gender: M                               | Weight: |                   |
|    | Helmet (Y/N): N                         |         | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: N       |         |                   |
|    | Injury Description: none                |         |                   |
|    | Did vehicle land on victim: no          |         |                   |
|    | Ejected (Either partially or fully): no |         |                   |

|    |   |         |                   |
|----|---|---------|-------------------|
| B: | Age: 15                                 | Height: |                   |
|    | Gender: F                               | Weight: |                   |
|    | Helmet (Y/N): N                         |         | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: N       |         |                   |
|    | Injury Description: none                |         |                   |
|    | Did vehicle land on victim: no          |         |                   |
|    | Ejected (Either partially or fully): no |         |                   |

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

|    |  |             |                   |
|----|--|-------------|-------------------|
| C: | Age: 14  | Height: 66" |                   |
|    | Gender: M                                      | Weight: 130 |                   |
|    | Helmet (Y/N): N                                |             | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: N              |             |                   |
|    | Injury Description: hit head                   |             |                   |
|    | Did vehicle land on victim: no                 |             |                   |
|    | Ejected (Either partially or fully): partially |             |                   |

|    |                                      |         |                 |
|----|--------------------------------------|---------|-----------------|
| 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 driver's 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 121203HCC2182

INTERVIEWER: When the response to a particular question is unknown, please leave blank.

Type of respondent: P - Police Department

Other, specify:

1. What type of vehicle was involved in the incident? (If vehicle is not an ATV, or if ATV has more than 4 wheels, politely thank respondent for her/his cooperation and terminate interview).

- |  |                       |
|--|-----------------------|
| 1. - 3. wheeled ATV                    | ✓7. - Utility Vehicle |
| 2. - 4. wheeled ATV                    | 8. - Other Vehicle    |
| 3. - ATV with unknown number of wheels | 0. - Unknown          |
| 4. - 2. wheeled motorcycle             |                       |
| 5. - Dune Buggy                        |                       |
| 6. - ATV with more than 4 wheels       |                       |

2. What is the manufacturer/brand name of the ATV(s) involved in the incident? If more than two ATVs, use an additional sheet.

|                            |               |
|----------------------------|---------------|
| ATV #1                     | ATV #2        |
| Manufacturer: 05 - Polaris | Manufacturer: |

3. What is the model name or number and/or vehicle identification number (VIN) of the ATV?

Model: RZR900

VIN: [REDACTED]

4. What is the model year of the ATV? (Record last two digits of model year. For example 89,90).

Model Year: 2012

5. What is the engine size (in CCs) of the ATV?

Engine Size: 00 - Unknown

6. Was there more than one death involved in this incident? If more than two individuals were killed use an additional sheet.

|                             |          |
|-----------------------------|----------|
| Death #1                    | Death #2 |
| Date of Death: 09/14/2012   |          |
| Age/Sex: 14 / 1 - Male      | /        |
| State of Death: IA - IOWA   |          |
| City of Death: MARSHALLTOWN |          |
| County of Death: MARSHALL   |          |
| Race: 1 - White             |          |
| Race Other:                 |          |
| Hispanic/Latino: 1 - YES    |          |

7. Was the victim wearing a helmet at the time the incident occurred?

|   |                |
|---|----------------|
| Death #1  | Death #2       |
| Yes <input checked="" type="checkbox"/> Unknown | Yes No Unknown |

8. Describe how the incident occurred. (Use additional sheets if necessary).

Victim was standing in bed area of 4 wheel off road vehicle while holding on to roll bars. Vehicle hit a curb and victim went airborne then grabbed on to vehicle when he came back down. Victim held on to back of vehicle and was dragged behind it for a short distance before letting go. Victim suffered severe head trauma when his head hit the ground.

9. Did the ATV overturn/tipover/rollover? 02 - No

10. If ATV overturned/tipped over/rolled over, did it land on the victim?

Victim 1:                      Victim 2:

Yes No Unknown      Yes No Unknown

11. Who was killed in the incident? Check all that apply.

1. - Driver              3. - Bystander      8. - Other  
✓2. - Passenger      4. - Driver/Other Vehicle

12. How many riders (including the driver) were on the ATV at the time the incident occurred?

0. - Unknown      2. - Two riders      ✓4. - Four or more riders  
1. - One rider      3. - Three riders

13. List the following physical characteristics of the DRIVER of the ATV:

Age: 18                      Height:      (inches)  
Weight:                      Sex: 01 - Male

14. How did the driver learn to operate an ATV (READ LIST)

- 1. - Organized Program                      Sponsor's Name:
- 2. - Dealer/Salesperson      Arranged through dealer:
- 3. - Friend/Relative              Friend/Relative Age:
- 4. - Self
- 5. - Other (Specify)
- 9. - Don't Know

15. What was the type of terrain (ground surface) being travelled at the time the incident occurred?

88 - Other

16. Type of road being travelled by ATV when incident occurred?

09 - Not Applicable (Not a road)

17. Identify any other motor vehicle(s) involved in this incident.

09 - Not Applicable (not traffic accident)

18. Had the driver of the ATV used alcohol just prior to the incident?

2 - No

19. Had the driver taken any drugs or medication just prior to the incident?

2 - No

Additional Comments:

Off Road Vehicle was traveling on grassy area when it hit a concret curb.

|  |  |  |  |   |
|--|--|--|--|---|
| 1. Task Number<br>121203HCC3187  |  | 2. Investigator's ID<br>2251                 |  | <b>EPIDEMIOLOGIC<br/>INVESTIGATION<br/>REPORT</b> |
| 3. Office Code<br>840  | 4. Date of Accident<br>YR MO DAY<br>2012 10 27 | 5. Date Initiated<br>YR MO DAY<br>2013 01 03 |  |   |
| 6. Synopsis of Accident or Complaint<br>UPC<br>A 53 year old male was driving a four-wheeled utility terrain vehicle (UTV) on private property. He had three of his grandchildren as passengers, 10 month old female, three year old male and a five year old male. It is unknown where in the vehicle the passengers were sitting at the time of the incident. It is unknown if the driver or passengers were wearing helmets or seat belts. The driver of the UTV lost control of the vehicle overturning the UTV on the driver and victim side. Estimated speed of the UTV at the time of the incident is unknown. The 10 month old victim was transported to a local hospital where she was pronounced. The driver of the vehicle was unable to recall any of the events leading up to the incident. <b>MFR/PRVLR NOTIFIED</b> |  |  |  |   |
| 7. Location (Home, School, etc)<br>2 - FARM  |  | 8. City<br>ONAKA                             |  | 9. State<br>SD                                    |
| 10A. First Product<br>5044 - UTILITY VEHICLES  |  | 10B. Trade/Brand Name<br>RANGER              |  | 10C. Model Number<br>R12TH7EAZ                    |
| 10D. Manufacturer Name and Address<br>POLARIS INC.<br>1225 HIGHWAY 169 NORTH<br>MINNEAPOLIS, MN 55441  |  |  |  |   |
| 11A. Second Product<br>0   |  | 11B. Trade/Brand Name<br>NONE                |  | 11C. Model Number<br>NONE                         |
| 11D. Manufacturer Name and Address<br>NONE   |  |  |  |   |
| 12A. Hispanic or Latino<br>2 - No  | 12B. Race<br>1 - White<br>Other:               |  | 12C. Race Source<br>3 - Official Document                |   |
| 13. Age of Victim<br>10  | 14. Sex<br>2 - Female                          | 15. Disposition<br>8 - Death                 | 16. Injury Diagnosis<br>54 - Crushing                    |   |
| 17. Body Part(s)<br>Involved<br>31 - UPPER TRUNK   | 18. Respondent<br>3 - 2nd Hand Info Only       | 19. Type of Investigation<br>2 - Telephone   | 20. Time Spent<br>(Operational / Travel)<br>15.00 / 0.00 |   |
| 21. Attachment(s)<br>9 - Multiple Attachments  |  | 22. Case Source<br>05 - Newspaper            |  | 23. Sample Collection Number                      |
| 24. Permission to Disclose Name (Non NEISS Cases Only)<br><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written   |  |  |  |   |
| 25. Review Date<br>01/23/2013  | 26. Reviewed By<br>8929                        |  | 27. Regional Office Director<br>Frank J. Nava            |   |
| 28. Distribution<br>Sarah Garland; Tanya L. Topka  |  |  | 29. Source Document Number<br>X12B1015A                  |   |

COMMENTS:  YES  NO  
 OVERRULED;  ATTACHED  
 EXCISIONS/FOIA EXS. *66.*

DO NOT RE-NOTIFY     RE-NOTIFY  
*1/16/14 re*

This investigation was initiated through a newspaper article that reported a child was killed in a one-vehicle accident. The victim in this incident is a 10 month old female, approximate height and weight unknown. The product involved in this incident is a 2012 four-wheeled utility vehicle. Information for this report was obtained from official reports and a discussion with officials.

The incident UTV is a camouflage color with a steering wheel, accelerator pedal, brake pedal, seat belts, and South Dakota license plates. There were four people in the in the UTV at the time of the incident including the driver. The driver of the UTV was a 53 year old male; his passengers included three of his grandchildren. The passengers were the victim, which was a 10 month old female, a three year old male and a five year old male. It is unknown where the passengers were seated in the UTV at the time of the incident. It is also unknown if the driver and passengers were wearing helmets or seatbelts at the time of the incident. The speed the UTV was traveling at the time of the incident is also unknown. The UTV was believed to have been traveling on a paved driveway prior to the accident. The UTV left the driveway and travelled onto a flat grass covered area where the driver lost control and the UTV tipped over ejecting the victim.

It is unknown if there had been any problems with the vehicle prior to the incident or if there had been any repairs or modifications done to it.

On October 27, 2012, at approximately 5:30 p.m. the state highway patrol received a report of a possible fatal crash on private property near Wecota, SD. According to the patrol's report, the UTV was traveling North on a private driveway owned by the driver of the UTV. It is believed that the owner of the UTV was giving a ride around his property to his grandchildren. The UTV left the driveway turning east toward a grassy field 75 feet from highway 20.

The patrol's report states that the tracks of the UTV show that it had been driven around this area for quite a bit. The area that the UTV was being driven in contained a utility pole, utility boxes and two sheds. There is no indication that the UTV stuck any of these obstacles.

Investigation of the scene by the highway patrol revealed that the UTV was making a right turn in the field when the driver lost control of it and the vehicle tipped over ejecting the victim and the driver. The UTV tipped over on the driver's side pinning both the driver and the victim underneath the vehicle.

It is unknown if the two male passengers were ejected from the vehicle when it tipped over. Neither of the male passengers was injured during the incident.

Shortly after the accident, several hunters in the area heard a commotion and found the UTV with the victim and driver pinned underneath. The hunters were able to right the vehicle and get the victim and drive out from underneath. Both the driver and victim were transported to a local hospital for treatment.

The investigation officer found the vehicle with its wheels facing south. The vehicle was east of the driveway into the owner's property between a south ditch next to the highway and a metal shed on the property. There was no damage observed by the officer and the vehicle appeared to be in good condition. All four tires of the UTV were inflated. The officer noticed that there was a curved tire mark in the grass that ran from west to east leading to a gouge in the vicinity of where the UTV was sitting. There was also a tire track marks in the driveway running north that appeared to match up with the curved marks in the grass.

The investigating officer proceeded to the hospital where the victim and driver had been transported for treatment. Upon arrival, the officer was advised the victim had died from her injuries. The officer was advised that the victim had received broken ribs on her right side on her back which caused internal injuries.

While at the hospital, the driver of the vehicle was administered a Preliminary Breath Test (PBT). The result of the PBT was 0.000%. A blood sample was also taken from the driver while he was at the hospital.

While the driver of the UTV was being treated for his injuries he was interviewed by the investigating officer. The driver informed the officer that he was unable to recall the crash. He told the officer all he could remember was looking for his grandchildren after the crash but could not remember the UTV or driving it prior to the incident. The driver was unable to provide the officer with any further information about the incident or the UTV. The other two passengers were not injured during the incident. A copy of the photographs taken by the highway patrol is attached to this report as Exhibit A. A copy of the highway patrol's report is contained in Exhibit B.

There was no official report available from the County Sheriff's Office. The incident occurred on private property and was not an official reportable incident.

On November 25, 2012, the coroner performed an examination of the victim. The immediate cause of death was severe blunt trauma to her chest. The manner of death was ruled accidental.

**PRODUCT INFORMATION:**

The product involved in this incident is a four-wheeled Utility Terrain Vehicle (UTV), manufactured by Polaris Industries Inc., 1225 Highway 169 North, Minneapolis, MN 55441. The vehicle was identified as a camouflage color 2012 Polaris Ranger, model number R12TH7EAZ. The UTV's SD license number is MT4378. The vehicle identification number (VIN) is (b)(3): Exemption 3 for . It is not known when or where the UTV was purchased.

**ATTACHMENTS:**

Exhibit A – Photographs of the incident UTV taken by Highway Patrol (4)

Exhibit B – Highway Patrol Report

Exhibit C – Coroner Report

Exhibit D – Data Record Sheet – Utility Terrain Vehicle

Exhibit A – Photographs of the incident UTV taken by Highway Patrol (4)

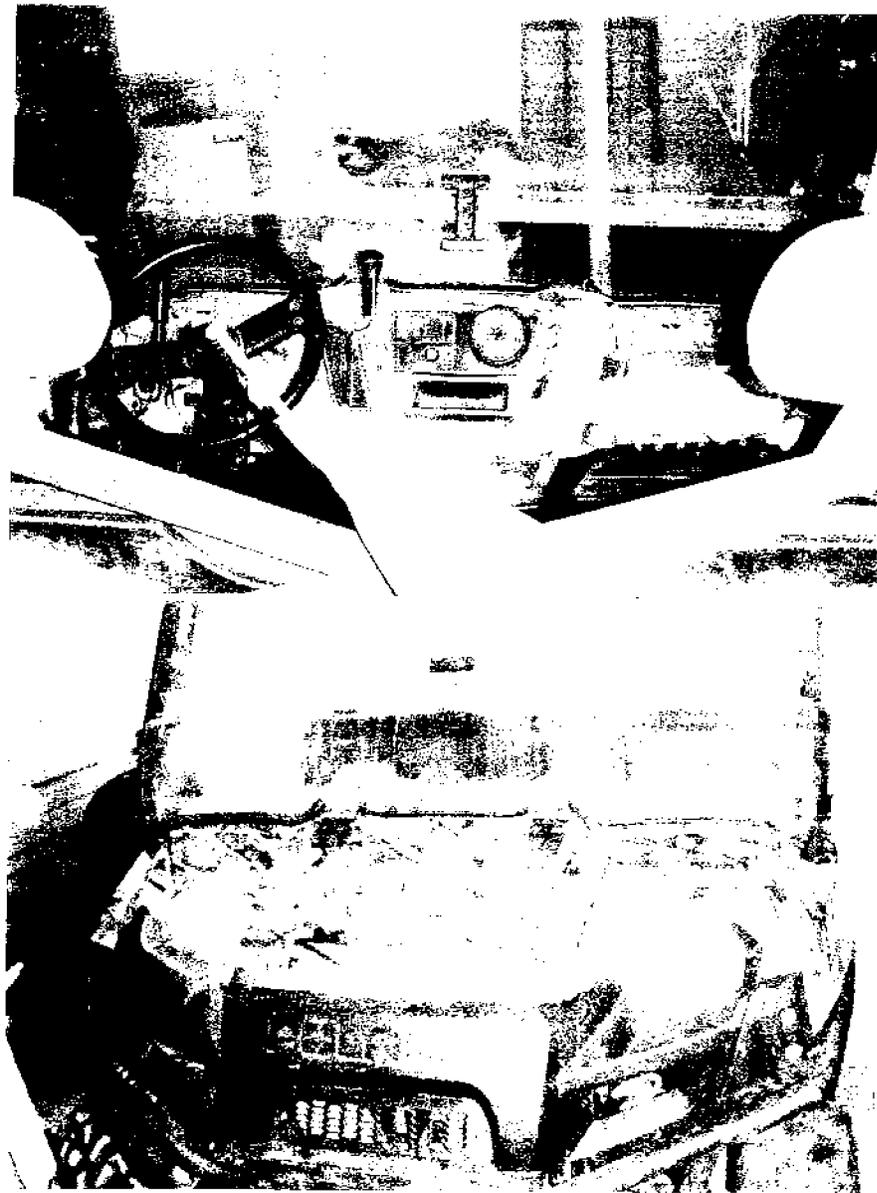


Exhibit A – Photographs of the incident UTV taken by Highway Patrol (4)



Exhibit B – Highway Patrol Report

### South Dakota Highway Patrol

Case: HP12030005

Printed: 10/27/12 10:22

**Status** Approved  
**Report Type** Patrol  
**Primary Officer** Mark Chamberlain  
**Reported At** 10/27/12 17:07  
**Incident Date** 10/27/12 17:07  
**Incident Code** Fatal : Fatal Accident  
**Location** SD20 3 miles east of Onaka, milepost 276.6  
**Zone** Faulk

**Disposition** Case Report Created  
**Dispo Date/Time** 10/27/12 20:22  
**Disposition Comments**

Case Comments

Unspecified

(b)(3):Exe  
Female, DOB (b)(3)

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

(b)(3):Ex  
Male, DOB (b)(3)

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

(b)(3):Exem  
JUVENILE, Female, DOB (b)(3)

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

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

(b)(3):Exe  
JUVENILE, Unknown, DOB (b)(3)

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

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

(b)(3):Exe  
JUVENILE, Unknown, DOB (b)(3)

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

Exhibit B – Highway Patrol Report

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

(b)(3): Exemp  
Male, DOB (b)(3)

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

(b)(3):Exe  
Male, DOB (b)(3)

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

**Vehicles**

MT4378 SD - (Accident)  
2012 Camouflage Polaris R12TH7EAZ  
Owner: (b)(3):Exempti

**Supporting Narrative By Mark Chamberlain**

Private Property Fatal Crash at (b)(3):Exemption 3 for 25(c) on 10/27/12

On 10/27/12, I heard a call over the State Radio system from Faulk County Deputy Brent Koehns requesting a trooper to respond to an ATV crash with a possible fatality on South Dakota Highway 20 approximately fifteen miles west of Weecota. I responded to the call from Huron. I talked to Deputy Koehns by phone while I was enroute to the scene. He said apparently an ATV had rolled over next to the highway and a female baby had received serious injuries that would probably turn out to be fatal. He said the driver of the ATV along with the baby had already been transported from the scene. He said both were pinned under the ATV. He said the ATV was pickup up off both the driver and the baby. I arrived on scene at (b)(3):Exemption 3 for 25(c) at 1815 hours. Trooper Joel Carda and Faulk County Deputy Brent Swenson were already on scene. Soon after I arrived, Trooper Chris Goldsmith also arrived on scene. There were three males on scene who identified themselves as visiting hunters. Their names were (b)(3):E, DOB (b)(3), (b)(3):Exe, DOB (b)(3), and (b)(3):Ex, DOB (b)(3).

I observed a camouflage Polaris Ranger ATV with SD license plate (b)(3) on its wheels facing south. The ATV was east of the driveway into the property between the south ditch of the highway and a metal building on the property. I could not see any damage to the ATV and all four tires were inflated and appeared to be in good condition. There was a curved tire mark in the grass that ran from west to east leading to a gouge in the vicinity of where the ATV was sitting. There were also tire track marks in the driveway running north that appeared to match up with the curved mark in the grass. The hunters told me they came to the scene after they heard a commotion. After talking to Deputy Swenson, Trooper Carda and the three hunters, it sounded like (b)(3):Ex, the owner of the property at the address was driving the ATV with his three grandchildren riding it. Mr. (b)(3) lost control of the ATV and it rolled over onto its driver side. Mr. (b)(3) and his female juvenile grandchild were pinned underneath the ATV. The two male juveniles in the ATV were unhurt. Someone on scene was able to get the ATV off Mr. (b)(3) and the female juvenile. They were both transported along with the two male juveniles to Faulkton Area Medical Center. Trooper Carda took photos of the scene. Trooper Goldsmith marked the scene.

## Exhibit B – Highway Patrol Report

I drove to Faulkton Area Medical Center where I met with Deputy Koehns. Deputy Koehns informed me the juvenile female had died of her injuries. He told me he administered a PBT to Mr. (b)(3) at 1905 hours. The result of the PBT was 0.000%. He also said he was able to procure a blood sample from Mr. (b)(3). I made contact with (b)(3):Ex who was being treated for his injuries. Mr. (b)(3) told me his DOB was (b)(3). Mr. (b)(3) said he could not remember the crash. All he could remember was afterward looking for his grandchildren. He said he did not remember driving the ATV prior to the crash. After talking to some relatives of Mr. (b)(3) and the three children, I was able to identify the deceased female child as (b)(3):Exe, DOB (b)(3). The two male grandchildren were identified as (b)(3):Ex, DOB (b)(3) and (b)(3):Ex, DOB (b)(3). Deputy Koehns told me both (b)(3) and (b)(3) were unhurt and were staying at a nearby house in Faulkton. Deputy Koehns told me the parents of the children were enroute to Faulkton. He identified the father of the children as Dr. (b)(3):E (b)(3) of (b)(3). I spoke with (b)(3):Ex, DOB (b)(3), the great grandmother of the children. She told me she was just turning into the driveway of the residence when she saw the ATV roll over onto its side. She said she went over to the ATV and picked it up to get Mr. (b)(3) and (b)(3):Exe out from under the ATV. She said she loaded up (b)(3) into her car and began driving to Faulkton. She met the ambulance on the way to Faulkton. (b)(3) was transported the rest of the way to the hospital in the ambulance. I contacted the Spink County dispatch center. I was informed the call came in at 1641 hours and that it was (b)(3):Exe who made the 911 call to the dispatch center. I spoke with Physicians Assistant Tim Quinn. He told me he pronounced (b)(3):Exe dead at 1900 hours. He said (b)(3) had broken ribs on her right side on her back which caused internal injuries.

On 10/28/12, Trooper Carda and I mapped the scene. On 10/29/12, Trooper Carda informed me he had found out the location of the crash was actually outside of the highway right of way and occurred exclusively on private property, therefore the crash was not a reportable crash in the South Dakota State Accident reporting system.

Trooper Mark Chamberlain - SDHP

Exhibit B – Highway Patrol Report

### South Dakota Highway Patrol

Case HP 12000095

Printed on October 30, 2012

**Status** Active  
**Report Type** Patrol  
**Primary Officer** Mark Chamberlain  
**Reported At** 10/27/12 17:07  
**Incident Date** 10/27/12 17:07  
**Incident Code** Fatal . Fatal Accident  
**Location** SD20 3 miles east of Onaka. milepost 276.6  
**Zone** Faulk

**Disposition** Case Report Created  
**Dispo Date/Time** 10/27/12 20:22  
Disposition Comments

Case Comments

Unspecified

(b)(3):Exem  
 Female, DOB (b)(3)

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

(b)(3):Ex  
 Male, DOB (h)(3)

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

(b)(3):Exem  
 JUVENILE, Female, DOB (b)(3)

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

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

(b)(3):Exe  
 JUVENILE, Unknown, DOB (h)(3)

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

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

(b)(3):Exe  
 JUVENILE, Unknown, DOB (b)(3)

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

Exhibit B – Highway Patrol Report

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

(b)(3):Exem  
Male, DOB (b)(3)

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

(b)(3):Exe  
Male, DOB (b)(3)

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

**Vehicles**

MT4378 SD - (Accident)  
2012 Camouflage Polaris R12TH7FAZ  
(b)(3):Exempt

**Primary Narrative By Joel Carda**

**Private property fatal crash**

On Saturday October 27, 2012 at approximately 1722 hours, I was contacted by Lt. Caleb Walters advising me of a possible fatality crash on SD 20 west of Wecota. I responded to the crash scene from the District One Headquarters in Aberdeen. I arrived on scene at 1815 hours and found that the crash scene was located at (b)(3):Exe just east of Onaka. The only person on scene was Faulk County Deputy Brent Swenson. I asked Deputy Swenson where the crash was, and he said it was at this residence. He said the Polaris Ranger driven by (b)(3):Ex which was sitting on its wheels in the yard was the vehicle that was involved. He explained that the Ranger had tipped over and ejected one of the occupants. This person was later identified as (b)(3):Ex DOB (b)(3). She received fatal injuries as a result of the crash.

While I was on scene, a pickup with three male individuals came into the yard. They were identified as (b)(3):Ex, (b)(3):Exe and (b)(3):Ex. They told me that the Ranger was on its side, and it had been tipped back up on its wheels. They did not think the Ranger had been moved longitudinally when it was tipped back up. Trooper Chamberlain arrived on scene and spoke with these three individuals. See report by Trooper Chamberlain.

I looked at and took photographs of the scene. The Ranger was facing in a southeasterly direction just north of the sheds on the property. When I was looking at the scene, I noticed that there were several track marks in the area where the crash occurred indicating that the Ranger had been driven in this area quite a bit. I found a tire mark which appeared to lead toward the final rest of the Ranger. There was also a small gouge mark behind the final rest of the Ranger. When looking in the driveway, I could see a set of tracks from the Ranger on the west side of the shed. I was unable to tell for sure whether or not these track marks were involved, but they appeared to line up with the single track mark in the grass. Trooper Goldsmith, who was also on scene, marked the scene with spray paint.

Trooper Chamberlain completed the investigation on this.

Exhibit B – Highway Patrol Report

On Sunday October 28, 2012 Trooper Chamberlain and I mapped the crash scene utilizing the Aberdeen squad LEICA Total Station model TCR407 (serial number 856719). The roadway and final rest of the Ranger were mapped. Tire marks, the locations of buildings and other landmarks were also mapped. While mapping, I followed the reference measurement protocol to ensure that the total station was working properly. With the aforementioned points, forensic maps of the scene were created.

From the maps, I determined that the northernmost portion of the tire mark was approximately 78.95 feet south of the center line of US 20. This appeared to be the closest point of the crash scene to the center of the road. Not knowing if this crash occurred in the SD 20 right of way or not, I made contact with Aberdeen Area DOT Engineer Phil Dwight. I asked him where the property line was for Mr. (b)(3) property. He opened a plot map of Mr. (b)(3) property and showed it to me. From the plot map that he had, it listed the property line at 75 feet south of the center line of SD 20. I also retrieved a plot map from the Faulk County Register of Deeds office in Faulkton. This plot map also listed the property line at 75 feet south of the center line.

Due to the entire crash occurring approximately 78.95 feet or further south of the center line of SD 20, I determined that this was not a state reportable crash and occurred solely on private property. This information was relayed on to Trooper Chamberlain and the Faulk County Sheriff's Office who took over the investigation.

Trooper Joel Carda--HP 84  
District 1 Traffic Crash Reconstruction Specialist

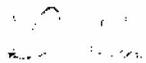


Exhibit B – Highway Patrol Report

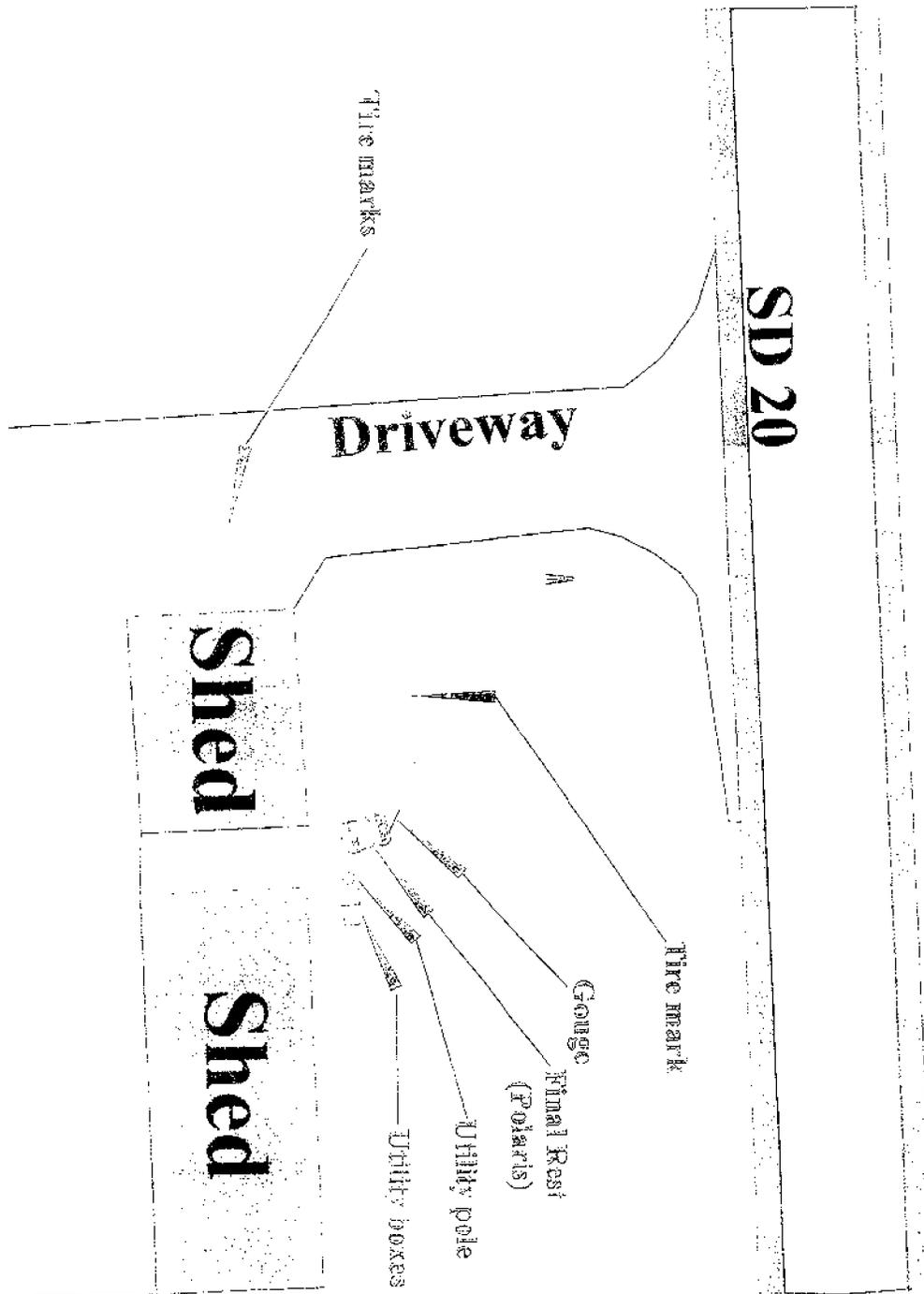


Exhibit B – Highway Patrol Report

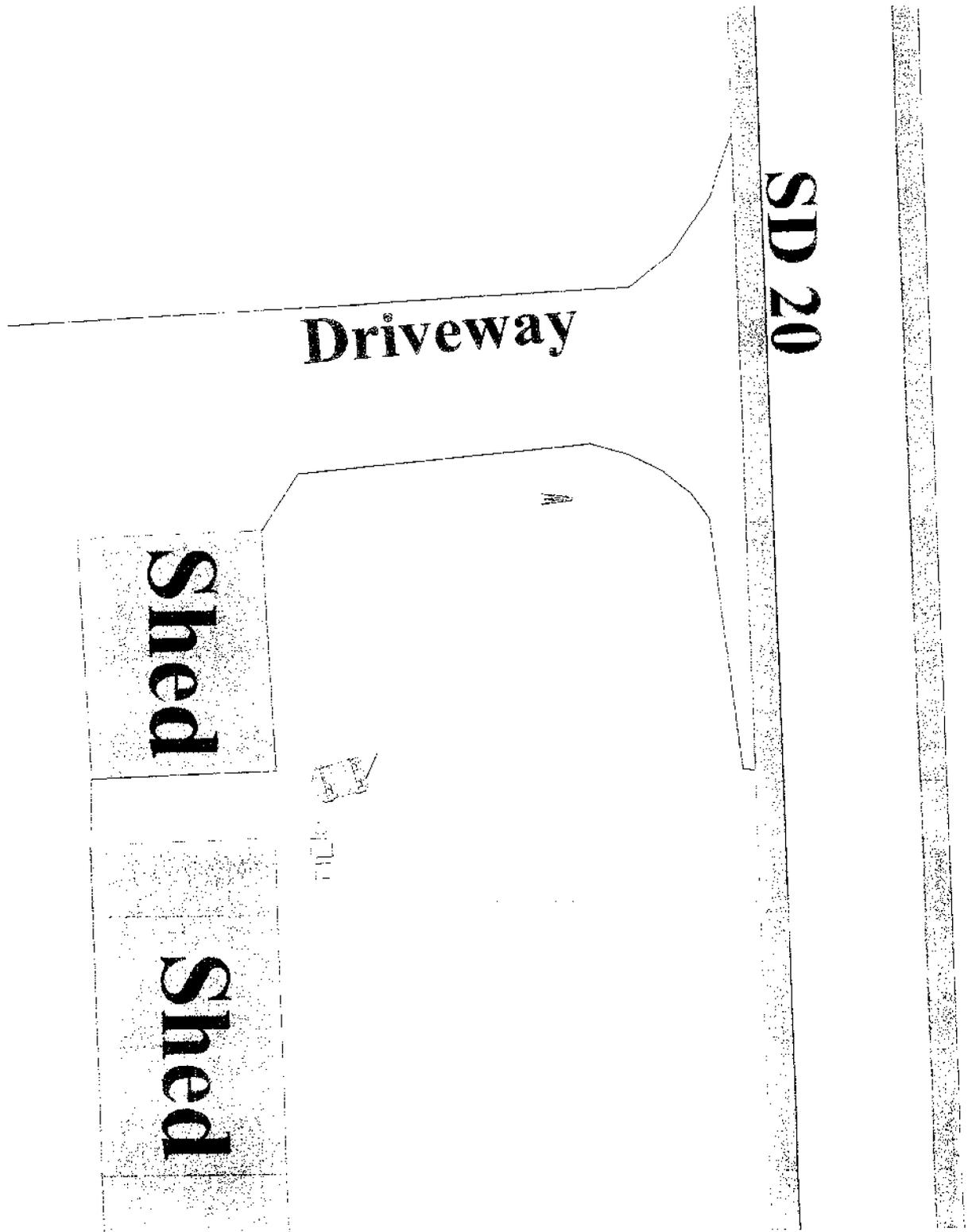


Exhibit B – Highway Patrol Report

## South Dakota Highway Patrol

Vehicle Card - M14378

Printed on October 30, 2012

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Plate # (b)(3)  
Plate Expires 2012  
Plate State SD  
Plate Type Motorcycle/ATV  
VIN (b)(3);Exemption  
Vehicle Year 2012  
Vehicle Make Polaris  
Vehicle Model R121H7EAZ  
Vehicle Style  
Vehicle Color 1 Camouflage  
Vehicle Color 2  
Vehicle Features  
Owner (b)(3);Exempt  
Owner

### Involvements

---

10/27/12 17:07 CFS #HP12044005  
Accident, Incident Code Fatal, Fatal Accident  
10/27/12 17:07 Case #HP12000095  
Accident, Incident Code Fatal, Fatal Accident

Exhibit B – Highway Patrol Report

### South Dakota Highway Patrol

Vehicle Registration Query - 10/27/12 19:01

Printed on: October 30, 2012

10/27/12 19:01 RQ - Vehicle Registration Query

Requested By SRC - Davis, Danielle  
CFS # HP12044005

**Request Field Values**

|                      |        |
|----------------------|--------|
| State                | SD     |
| License Plate Number | (b)(6) |
| License Plate Type   | PC     |
| License Plate Year   | 2012   |

**Return Information**

```

10/27/2012 19:02:31 ACCEPTED INPUT MSG #0000A
WVIC
SDM
DMVMS
MRI 0140791 IN GDB 00712 10/27/2012 19:02:31 OUT 10/27/2012 19:02:31 PSH3 00094
0000089Y
.
*** RESPONSE FROM SOUTH DAKOTA DATABASE ***
NO MATCH ON INQUIRY LIC/28H530
MRI 0140792 IN NCIS 00784 10/27/2012 19:02:31 OUT 10/27/2012 19:02:31 PSH3 00010
0000089Y
NO RECORD LIC/28H530 116/20
MRI 0140795 IN LHMVLS 02580 10/27/2012 19:02:31 OUT 10/27/2012 19:02:31 PSH3 00036
RE.SDL100000.SDC004 85YTX
LIC/28H530.LIY/2012.LIY/PC.
LIC/28H530.LIY/2012.LIY/PC.
VIN/2H9R011K570074865.VYR/2007.VXA/PCYT.
VMD/AL CRUISER.VST/IL.VMD/RE1.
WGT/4135.FUEL/GASOLINE.TONS/C.
TNR/113611277.COAX X/22.LISSU/20101119.
NAM/TEJILA RAJOSH
NICKN/BANRGE
ADR/72857 RD HWY 20 GRANA SOUTH DAKOTA 57465.
** LIEN RECORDED **
LIEN HOLDER/TO AUTO FINANCE LLC.
ADR/PO BOX 897551. CIF/SACRAMENTO,CALIFORNIA. ZEB/85593-7551.
*** E N D O F D A T A ***

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Exhibit B – Highway Patrol Report

### South Dakota Highway Patrol

Vehicle Registration Query - 10/27/12 18:16

Printed on: October 30, 2012

10/27/12 18:16 RQ - Vehicle Registration Query

Requested By SRC - Rudd, Michael  
CFS # HP12044005

**Request Field Values**

State SD  
License Plate Number (b)(3)  
License Plate Type PC  
License Plate Year 2012

**Return Information**

10/27/2012 18:18:00 ACCEPTED INPUT MSG #0008  
NOT  
SPS  
DMVRS  
MFI 0139635 IN SDB 0495W 10/27/2012 18:18:00 OUT 10/27/2012 18:18:00 PSHD 00200  
SD002075Y  
-  
\*\*\* RESPONSE FROM SOUTH DAKOTA DATABASE \*\*\*  
NO MATCH ON INQUIRY 11/11/447K  
MFI 0139634 IN NCRD 0804D 10/27/2012 18:18:06 OUT 10/27/2012 18:18:06 PSHD 00260  
110160108XKT0139632  
SD002075Y  
NO RECORD LTC/XT4378 LIC/SD  
MFI 0139635 IN DMVRS 00490 10/27/2012 18:18:06 OUT 10/27/2012 18:18:06 PSHD 00260  
RR.HDL100000.SD002075YX  
LTC/XT4378 11/17/2012 LIC/PC  
LIC/XT4378 11/17/2012 LIC=EXPI/20130630. I. T/VN010RNYCLE.  
VIN:4XATH7HAT0E286901. VYR/2012. VNA/POLE.  
VND/RUBB BAK. VST/AT. VDO/CAN.  
WHT/700. FUEL/GASOLINE. TONS/0.  
ENR/13190855. COUNTY/3. LSST/LB111111.  
NAM/CHRISTOPHER JARSON  
ADR/7405 PHEASANT RUN BLVD ABERDEEN SOUTH DAKOTA 57411.  
\*\*\* E N D O F D A T A \*\*\*

Exhibit C – Coroner Report

Franklin County Coroner's Report

Date: 11/11/2011

Date of Event: 11/11/2011 Time of Event: \_\_\_\_\_

Date of Death: 11/11/2011 Time of Death: \_\_\_\_\_

Location/Environment: \_\_\_\_\_  
\_\_\_\_\_

Deceased:

Winters Last Name      John First Name      \_\_\_\_\_ Middle Name

11/21/1941 Date of Birth      72 Age      \_\_\_\_\_ Social Security #      \_\_\_\_\_ Drivers License/ID #      \_\_\_\_\_ State

2425 Williams St Address      \_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip

Known Medications: Note: prescription name, prescribing doctor, prescribed dosage, and quantity.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Contact:

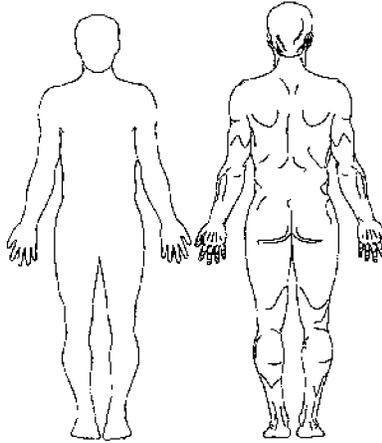
Winters Last Name      John First Name      \_\_\_\_\_ Middle Name

2425 Williams St Address      \_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip

(609) 396-0892 Phone Numbers      \_\_\_\_\_ Relationship to Deceased

Exhibit C – Coroner Report

**Body Evaluation:**



**SYNOPSIS:**

See attached ER from Notes by Tim Quinn PA-C

Exhibit C – Coroner Report

Check if Applicable:

Rigor Mortis present       Liver Mortis (Lividity) present       Algor Mortis present  
 Pallor Mortis present       Decomposition Present       Loss of Bowels  
 Loss of Urine       Vomit present       Blood present  
Pupils: \_\_\_\_\_  Petechial Hemorrhage present  
 Autopsy Ordered (By: \_\_\_\_\_ )  
 Toxicology Screen Ordered (By: \_\_\_\_\_ )

Mode of Transportation: FC Ambulance

Funeral Home Used: Spitzer / Carlson Aberdeen, SD.

Medical Personnel Present: Tom Henke, Chad Brian Holman, Richelle Hyatt, Kristin LEE, Tom Quinn PAC, Dr. Anderson, Hospital ER Staff.

Law Enforcement Personnel Present: Deputy Brent Swanson, SDHP Chamberlain, SDHP Caden, SDHP Oldhamwith

Personal Property Collected: None.

Exhibit C – Coroner Report

Person Making Report: BRENT W. KOENS Title: Coroner  
[Signature] Signature Nov 25<sup>th</sup> 2012 Date

\*\*\*\*\*To Be Filled Out by Coroner\*\*\*\*\*

Medical Records Checked:

Date: Nov 25<sup>th</sup> 2012 Time: 0854

Notes: See Attachment  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Cause of Death: Severe Blunt Trauma to Chest  
See Attached ER report.

[Signature] Coroner's Signature Nov 25<sup>th</sup> 2012 Date

Exhibit C – Coroner Report

**DEATH CERTIFICATE  
FILE COPY**

**DECEDENT'S INFORMATION:**

NAME: (b)(3):Exemptio  
 ALIAS:  
 SEX: F SOCIAL SECURITY NUMBER: ARMED FORCES: NO  
 DATE OF DEATH: 10/27/2012 DATE OF BIRTH: (b)(3): AGE: 010 MONTHS

**PLACE OF DEATH INFORMATION:**

TYPE: EMERGENCY ROOM / OUTPATIENT  
 FACILITY NAME OR ADDRESS: FAULKTON AREA MEDICAL CENTER FAULKTON FAULK SOUTH DAKOTA

**DISPOSITION INFORMATION:**

METHOD: BURIAL  
 CEMETERY: RIVERSIDE MEMORIAL PARK CEMETERY  
 LOCATION: ABERDEEN SOUTH DAKOTA  
 CREMATORY:  
 LOCATION:

**DEMOGRAPHIC INFORMATION:**

RESIDENCE: (b)(3):Exemption 3 for 25(c)  
 PLACE OF BIRTH: SOUTH DAKOTA UNITED STATES OF AMERICA MARITAL STATUS: NEVER MARRIED  
 SURVIVING SPOUSE'S NAME:  
 FATHER'S NAME: (b)(3):Exemption  
 MOTHER'S NAME PRIOR TO FIRST MARRIAGE: (b)(3):Exempt

**INFORMANT INFORMATION:**

INFORMANT'S NAME: (b)(3):Exemption RELATIONSHIP: FATHER  
 MAILING ADDRESS: (b)(3):Exemption 3 for 25(c)

FUNERAL HOME: SPITZER MILLER FUNERAL HOME 1111 S MAIN ABERDEEN SOUTH DAKOTA 57401

**MEDICAL CERTIFICATE**

PHYSICIAN ASSIGNED: KOENS BRENT W

**CAUSE OF DEATH PART I:**

A: SEVERE BLUNT TRAUMA TO CHEST  
 B: PASSENGER IN ATV ROLLOVER ACCIDENT  
 C:  
 D:

INTERVAL

**PART II OTHER SIGNIFICANT CONDITIONS:**

CORONER CONTACTED: Y AUTOPSY PERFORMED: N  
 AUTOPSY AVAILABLE:  
 ACTUAL OR PRESUMED TIME OF DEATH: 1901  
 MANNER OF DEATH: ACCIDENT

DID TOBACCO USE CONTRIBUTE TO DEATH: N

PREGNANCY STATUS: NOT APPLICABLE

**INJURY INFORMATION:**

DATE OF INJURY: 10/27/2012 TIME OF INJURY: 1645  
 INJURY AT WORK: N TYPE OF WORK:  
 TYPE OF PLACE OF INJURY: FARM  
 ADDRESS: (b)(3):Exemption 3 for 25(c)  
 HOW THE INJURY OCCURRED: ATV ROLLOVER ACCIDENT PASSENGER (b)(3): WAS PINNED UNDER ATV ROLL BAR BRACES

TRANSPORTATION INJURY: Y  
 TRANSPORTATION: PASSENGER  
 VEHICLE TYPE: ATV

Contact Information

Faulk County Sheriff's Office  
Contact: Lt. Brent Koens  
924 Lafoon Ave.  
Faulkton, SD 57438  
605-598-6620  
Contacted: 1/3/2013

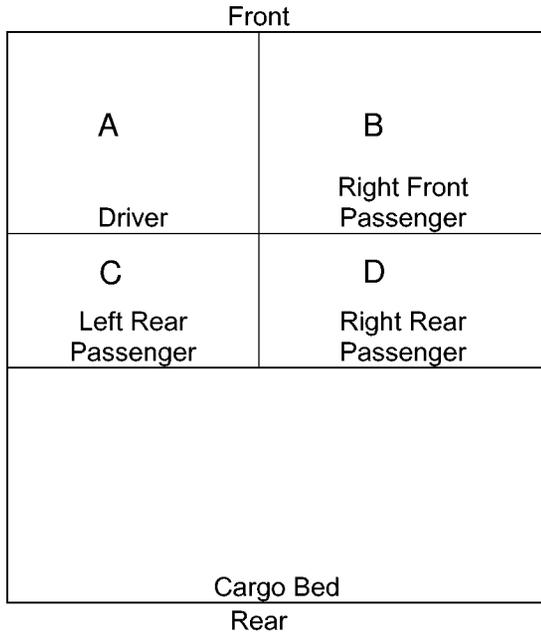
Faulk County Coroner  
Contact: Coroner Brent Koens  
PO Box 157  
Faulkton, SD 57438  
605-598-6620  
Contacted: 1/3/2013

South Dakota Highway Patrol  
118 West Capitol Ave.  
Pierre, SD 57501  
605-773-3105  
Contacted: 1/3/2013

Utility Vehicle Data Record Sheet

IDI #: 121203HCC3187

Exhibit #: D



The Utility Vehicle

|    |   |                     |
|----|---|---------------------|
| A: | Age: 53                                     | Height: unknown     |
|    | Gender: M                                   | Weight: unknown     |
|    |   |                     |
|    | Helmet (Y/N): unk                           | Seatbelt (Y/N): unk |
|    |   |                     |
|    | Killed/Injured/Neither/Unknown: Injured     |                     |
|    | Injury Description: UNKNOWN                 |                     |
|    | Did vehicle land on victim: Yes             |                     |
|    | Ejected (Either partially or fully): Yes- F |                     |

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

|    |  |                     |
|----|--|---------------------|
| B: | Age: N/A                                     | Height:             |
|    | Gender:                                      | Weight:             |
|    |  |                     |
|    | Helmet (Y/N): UNK                            | Seatbelt (Y/N): UNK |
|    |  |                     |
|    | Killed/Injured/Neither/Unknown: NOT INJURED  |                     |
|    | Injury Description:                          |                     |
|    | Did vehicle land on victim:                  |                     |
|    | Ejected (Either partially or fully): Unknown |                     |

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

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

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

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

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

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



|   |  |   |   |  |
|---|--|---|---|--|
| 1. Task Number<br>121211HCC2220   |  | 2. Investigator's ID<br>4437                            |   | <b>EPIDEMIOLOGIC<br/>INVESTIGATION<br/>REPORT</b>  |
| 3. Office Code<br>840   | 4. Date of Accident<br>YR MO DAY<br>2012 11 21 | 5. Date Initiated<br>YR MO DAY<br>2012 12 13            |   |  |
| 6. Synopsis of Accident or Complaint<br>UPC<br>A 51 YOM was killed and his 28 YOM passenger was injured when the UTV they were operating struck a tree. Neither man was wearing a helmet or a seat belt. Driver was pronounced on scene and the passenger was taken to the hospital with non-life threatening injuries. |  |   |   |  |
|   |  |   |   | MFR/PRVLBR NOTIFIED<br>COMMENTS: ___ YES <input checked="" type="checkbox"/> NO<br>___ OVERRULED; ___ ATTACHED<br><input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>66</u><br><input checked="" type="checkbox"/> DO NOT RE-NOTIFY ___ RE-NOTIFY<br><i>1/16/14 JC</i> |
| 7. Location (Home, School, etc)<br>1 - HOME   |  | 8. City<br>WEST BEND                                    |   | 9. State<br>IA   |
| 10A. First Product<br>5044 - UTILITY VEHICLES   |  | 10B. Trade/Brand Name<br>PROWLER HDX                    |   | 10C. Model Number<br>700   |
| 10D. Manufacturer Name and Address<br>ARTIC CAT INC<br>601 BROOKS AVE SOUTH<br>THIEF RIVER FALLS, MN 56701  |  |   |   |  |
| 11A. Second Product<br>0  |  | 11B. Trade/Brand Name<br>NONE                           |   | 11C. Model Number<br>NONE  |
| 11D. Manufacturer Name and Address<br>NONE  |  |   |   |  |
| 12A. Hispanic or Latino<br>2 - No   |  | 12B. Race<br>1 - White<br>Other:                        |   | 12C. Race Source<br>3 - Official Document  |
| 13. Age of Victim<br>51   |  | 14. Sex<br>1 - Male                                     |   | 15. Disposition<br>8 - Death   |
| 16. Injury Diagnosis<br>57 - Fracture   |  | 17. Body Part(s)<br>Involved<br>75 - HEAD               |   | 18. Respondent<br>3 - 2nd Hand Info Only   |
| 19. Type of Investigation<br>2 - Telephone  |  | 20. Time Spent<br>(Operational / Travel)<br>7.00 / 0.00 |   |  |
| 21. Attachment(s)<br>9 - Multiple Attachments   |  | 22. Case Source<br>05 - Newspaper                       |   | 23. Sample Collection Number   |
| 24. Permission to Disclose Name (Non NEISS Cases Only)<br><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written  |  |   |   |  |
| 25. Review Date<br>12/26/2012   |  | 26. Reviewed By<br>8631                                 |   | 27. Regional Office Director<br>Frank J. Nava  |
| 28. Distribution<br>John C. Topping; Sarah Garland; Tanya L. Topka  |  |   | 29. Source Document Number<br>X12C0062A |  |

121211HCC2220

This IDI was initiated from a newspaper article regarding a Utility Vehicle (UTV) incident that occurred on November 21, 2012. The driver of the UTV was killed and his only passenger was injured in the incident. Neither man was wearing a helmet nor seatbelt at the time of the incident; alcohol consumption was thought to be a factor.

The driver of the UTV was a white, 51 YOM and his passenger was a white, 28 YOM. Both men were witnessed consuming alcohol prior to the incident by their wives. The men were traveling northbound at an undetermined speed on a dirt path (on private property) in the late evening, when at some point they veered off the path and struck a tree. Upon impact with the tree it appears that the driver struck the steering wheel with his chest; the blunt force trauma from the collision was great enough that it killed him and he was pronounced at the scene. The passenger was injured as well, but with non-life threatening injuries and was transported to a local emergency room.

The VIN number of the UTV is unknown.

#### Attachments

Attachment 1 – Photographs 1-4 (Provided by law enforcement)

Attachment 2 – Police Report

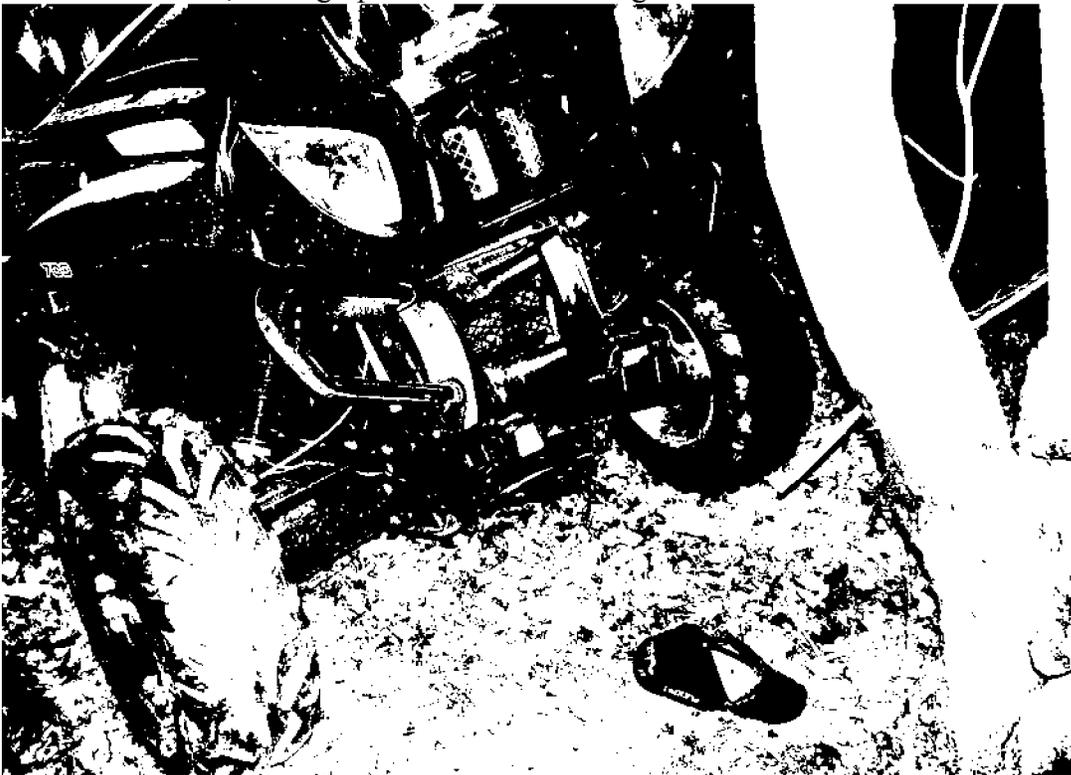
Attachment 3 – Driver Medical Records

Attachment 4 – Passenger Medical Records

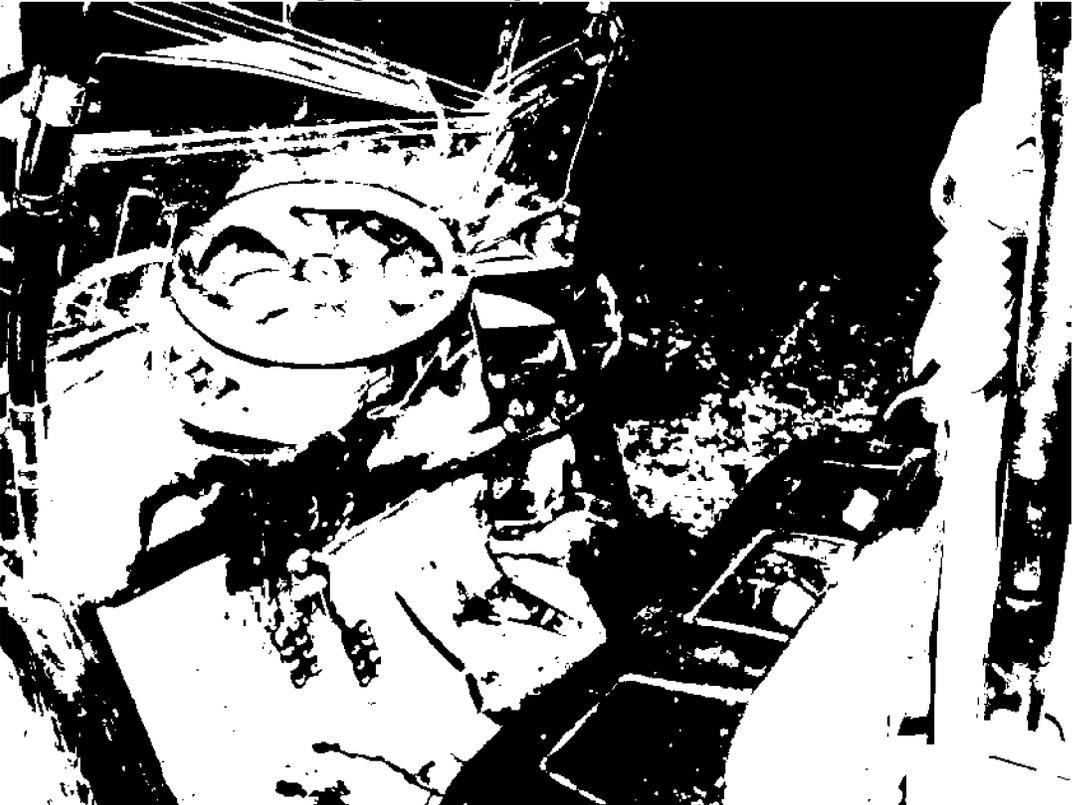
121211HCC2220, Photograph1- Incident UTV next to tree that it collided with.



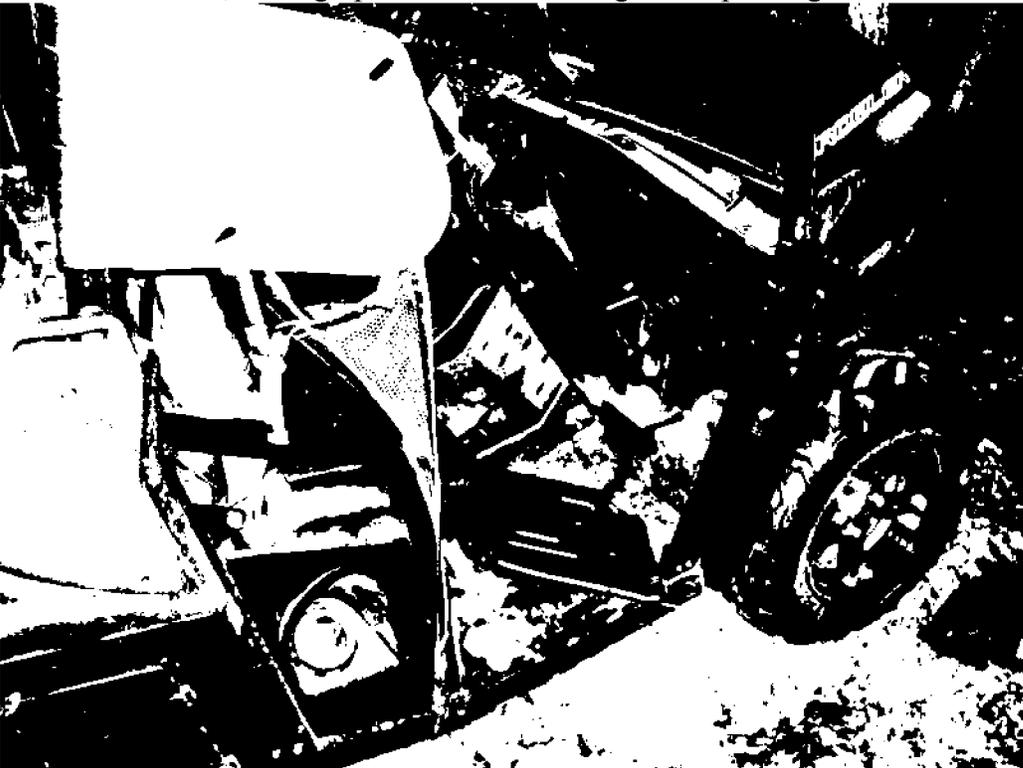
121211HCC2220, Photograph 2- Front end damage of incident UTV.



121211HCC2220, Photograph 3 –Damage to inside of UTV.



121211HCC2220, Photograph 4 –View of damage from passenger side.



MARS  
5/03

MAIL REPORTS TO:  
Iowa Department of Transportation  
Office of Driver Services  
P.O. Box 9204  
Des Moines, Iowa 50306-9204



**Iowa Department of Transportation**  
**INVESTIGATING OFFICERS REPORT**  
**OF MOTOR VEHICLE ACCIDENT**

Law Enforcement Case Number:

**S201202384**

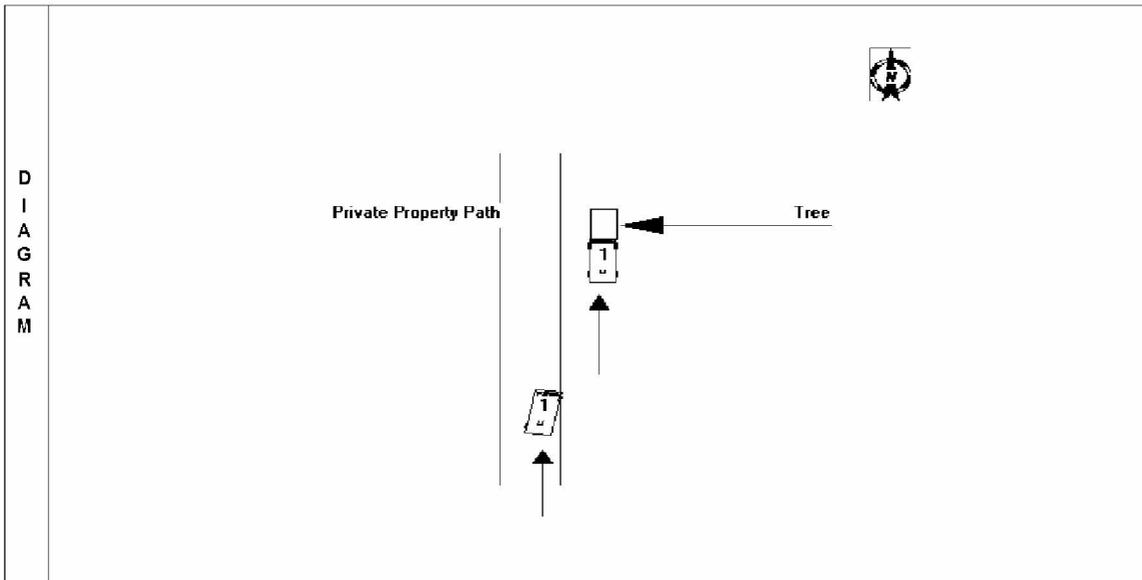
Legal Intervention?  Private Property?

|   |  |                        |                             |   |
|---|--|------------------------|-----------------------------|---|
| <b>L<br/>O<br/>C<br/>A<br/>T<br/>I<br/>O<br/>N</b>  | Date of Accident   | Time of Accident       | County                      | Accident occurred within corporate limits of (city) |
|   | 11/21/2012   | 22:25 Hrs              | Palo Alto - 74              | West Bend - 8250                                    |
|   | If accident occurred outside of city limits show general vicinity: "N/A" of nearest city "N/A" |                        |                             |   |
|   | On Road, Street, or Highway: "N/A"   |                        | At Intersection with: "N/A" |   |
| Note: Unless accident occurred at an intersection which is completely described above, use the space below to give the exact location from a milepost or definable intersection, bridge, or railroad crossing, using two distances and directions if necessary. |  |                        |                             |   |
| Distance  | Direction  | Distance               | Direction                   |   |
| "N/A"   | "N/A"  | and "N/A"              | "N/A"                       | of  |
| Milepost Number   | Definable intersection, bridge, or railroad crossing   |                        |                             |   |
| "N/A"   | "N/A"  |                        |                             |   |
| X-Coordinate: 00381997  |  | Y-Coordinate: 04756662 |                             |   |
| If Divided Highway, Provide Route (Cardinal) Travel Direction "N/A"   |  |                        |                             |   |

|  |   |                     |                             |                           |                               |  |  |                                 |  |      |
|--|---|---------------------|-----------------------------|---------------------------|-------------------------------|--|--|---------------------------------|--|------|
| <b>U<br/>N<br/>I<br/>T</b>                                     | Driver's Name - Last, First, Middle, Suffix, Prefix |                     |                             |                           |                               |  |  |                                 |  |      |
|  | (b)(3): Exemption 3 for 25(c)                       |                     |                             |                           |                               |  |  |                                 |  |      |
|  | Address - City, State, Zip                          |                     |                             |                           |                               |  |  |                                 |  |      |
|  | (b)(3): Exemption 3 for 25(c)                       |                     |                             |                           |                               |  |  |                                 |  |      |
|  | Date of Birth Drivers License Number                |                     |                             |                           |                               | Citation Charge Code 1 Citation Charge 1 |  |                                 |  |      |
|  | (b)(3): Exemption 3 for 25(c)                       |                     |                             |                           |                               | Citation Charge Code 2 Citation Charge 2 |  |                                 |  |      |
|  | Gender  | State               | Class                       | Endorsements              | Restrictions                  | Citation Charge Code 3 Citation Charge 3 |  |                                 |  |      |
|  | Male  | IA                  | A                           | L                         | NONE                          | Citation Charge Code 4 Citation Charge 4 |  |                                 |  |      |
|  | Alcohol Test Given?                                 | Test Results:       | Drug Test Given?            | Test Results:             |                               |  |  |                                 |  |      |
|  | 2 - Blood   |                     | 2 - Blood                   |                           |                               |  |  |                                 |  |      |
| Seating Position   | Injury Status                                       | Occupant Protection | Airbag Deployment           | Airbag Switch Status      | Ejection                      | Ejection Path                            | Trapped  |                                 |  |      |
| 01   | 1   | 9                   | 6                           | 3                         | 2                             | 3  | 1  |                                 |  |      |
| Transported to: PALO ALTO COUNTY HOSPITAL                      |   |                     |                             |                           | Transported by: AMBULANCE     |  |  |                                 |  |      |
| Owner's Name - Last, First, Middle, Suffix, Owner Company Name |   |                     |                             |                           |                               |  |  |                                 |  |      |
| (b)(3): Exemption 3 for 25(c)                                  |   |                     |                             |                           |                               |  |  |                                 |  |      |
| Address - City, State, Zip                                     |   |                     |                             |                           |                               |  |  |                                 |  |      |
| (b)(3): Exemption 3 for 25(c)                                  |   |                     |                             |                           |                               |  |  |                                 |  |      |
| Insurance Co. Name   |   |                     | Insurance Policy #          |                           |                               | License Plate #                          |  | State                           |  | Year |
| UNKNOWN  |   |                     |                             |                           |                               |  |  |                                 |  |      |
| VIN No.  |   | Year                | Make                        | Model                     | Style                         | Tow #                                    | Approximate Cost to Repair or Replace          |                                 |  |      |
|  |   |                     | ATV                         | ACTIC CAT HDX             | ATV                           | YES                                      |  |                                 |  |      |
| Initial Travel Direction                                       | Vehicle Action                                      | Speed Limit         | Point of Initial Impact     | Most Damaged Area         | Extent of Damage              | Override/Override                        | Private?                                       | \$8,000.00                      |  |      |
| 1  | 01  | 0                   | 01                          | 01                        | 5                             | 1  | <input checked="" type="checkbox"/>            |                                 |  |      |
| Total Occupants  | Traffic Controls                                    | Vehicle Config.     | Cargo Body Type             | Vehicle Defect            | Driver Condition              | Vision Obscured                          | Contributing Circumstances, Driver (up to two) |                                 |  |      |
| 2  | 01  | 15                  | 01                          | 01                        | 9                             | 01                                       | 99   |                                 |  |      |
| SEQUENCE OF EVENTS   |   |                     |                             |                           |                               |  |  |                                 |  |      |
| First Event  |   | Second Event        |                             | Third Event               |                               | Fourth Event                             |  | Most Harmful Event (by vehicle) |  |      |
| 37   |   |                     |                             |                           |                               |  |  | 37                              |  |      |
| Commercial Trailer License Plate #                             | Attached to Power Unit:                             | State               | Year                        | Attached to Trailer Unit: | State                         | Year                                     | Emergency Vehicle Type                         | Emergency Status                |  |      |
|  |   |                     |                             |                           |                               |  | 1  | 3                               |  |      |
| Carrier Name   |   |                     | Address                     |                           |                               | City                                     |  | State Zip                       |  |      |
|  |   |                     |                             |                           |                               |  |  |                                 |  |      |
| US DOT #   | or MC #   | Number of Axles     | Gross Vehicle Weight Rating | Placard #                 | Hazardous Materials Released? |  |  |                                 |  |      |
|  |   |                     |                             |                           |                               |  |  |                                 |  |      |

|                                 |  |                                |  |                                   |  |                  |  |                   |  |   |  |
|---------------------------------|--|--------------------------------|--|-----------------------------------|--|------------------|--|-------------------|--|---|--|
| ACCIDENT ENVIRONMENT            |  |                                |  | ROADWAY CHARACTERISTICS           |  |                  |  | WORKZONE RELATED? |  | SEQUENCE OF EVENTS                                  |  |
| Location of First Harmful Event |  | Weather Conditions (up to two) |  | Major Contributing Circumstances: |  | Environment      |  | No                |  | First Harmful Event of Crash (use codes 11-42 only) |  |
| 6                               |  | 01                             |  | 1                                 |  | 1                |  |                   |  | 37  |  |
| Manner of Crash/Collision       |  | Surface Conditions             |  | Type of Roadway Junction/Feature  |  | Workers Present? |  |                   |  |   |  |
| 1                               |  | 1                              |  | 01                                |  |                  |  |                   |  |   |  |

|  |   |          |          |                  |                  |                            |                   |                              |          |               |         |
|--|---|----------|----------|------------------|------------------|----------------------------|-------------------|------------------------------|----------|---------------|---------|
| <b>P<br/>E<br/>R<br/>S<br/>O<br/>N<br/>I<br/>N<br/>J<br/>U<br/>R<br/>E<br/>D</b> | Name - Last, First, Middle, Suffix        |          |          |                  |                  |                            |                   |                              |          |               |         |
|  | (b)(3): Exemption 3 for 25(c)             |          |          |                  |                  |                            |                   |                              |          |               |         |
|  | Address - City, State, Zip Code           |          |          |                  |                  |                            |                   |                              |          |               |         |
|  | (b)(3): Exemption 3 for 25(c)             |          |          |                  |                  |                            |                   |                              |          |               |         |
|  | Date of Birth                             | Sex      | Unit No. | Seating Position | Injury Status    | Occupant Protection        | Airbag Deployment | Airbag Switch Status         | Ejection | Ejection Path | Trapped |
|  | (b)(3):                                   | Male     | 001      | 03               | 2                | 9                          | 6                 | 3                            | 9        | 9             | 1       |
|  | Transported to: PALO ALTO COUNTY HOSPITAL |          |          |                  |                  | Transported by: AMBULANCE  |                   |                              |          |               |         |
|  | NON-MOTORIST                              |          |          |                  |                  |                            |                   |                              |          |               |         |
|  | Type                                      | Location | Action   | Condition        | Safety Equipment | Contributing Circumstances |                   | Unit No. of Vehicle Striking |          |               |         |
|  |   |          |          |                  |                  |                            |                   |                              |          |               |         |



**NARRATIVE**

Describe what happened (refer to vehicles by number)

#1 WAS NORTHBOUND ON A PATH ON PRIVATE PROPERTY. #1 VEARED OFF THE PATH TO THE RIGHT. #1 STRUCK A TREE HEAD ON. (b)(3) WAS PRONOUNCED DEAD ON SCENE. (b)(7) WAS TRANSPORTED TO PALO ALTO COUNTY HOSPITAL.

IT APPEARS THE DRIVER WAS (b)(3):Exempt. (b)(3):Ex SUSTAINED INJURIES TO HIS CHEST AREA CONSISTANT WITH THE STEERING WHEEL BEING BENT FORWARD. (b)(3) WAS FOUND POSITIONED SITTING ON DRIVERS SIDE FLOOR BOARD WITH HIS HEAD AGAINST THE PASSENGER SEAT AND HIS LEGS HANGING OUT THE DRIVERS SIDE OF THE ATV. THE OTHER PASSENGER IN THE ATV WAS (b)(3):Exempt. ACCORDING TO THE HOPITAL STAFF, (b)(7) HAD NO MARKED ON HIS CHEST OR STOMACH.

BLOOD WAS TAKEN FROM (b)(3):Ex BECAUSE IT WAS SAID BY BOTH WIVES THAT (b)(7) AND (b)(3) HAD BEEN DRINKING. (b)(3) WAS THE ONLY ONE OF THE TWO WITH EVIDENCE OF BEING THE DRIVER.

(b)(3):Ex WAS TAKEN TO MERCY HOSPITAL BY AIR.

|   |                          |   |   |   |  |
|---|--------------------------|---|---|---|--|
| Officer<br><b>RING ERIC</b>                             | Badge No.<br><b>74-6</b> | Time Officer Notified of Accident<br><b>22:39</b> |   | Time Officer Arrived At Scene<br><b>22:59</b> |  |
| Name of Agency<br><b>Palo Alto County Sheriff's Off</b> |                          | Date of Report<br><b>11/21/2012</b>               | Investigation made at scene? <b>Yes</b> | T.I. #  |  |
| Report Reviewed By:<br><b>RING, ERIC</b>                |                          | Date Reviewed<br><b>12/05/2012</b>                | Agency Specific                         | Other Technical Investigation Agency          |  |

121211HCC2220

1 of 21 Attachment 3-Driver Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa

A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for 25(c)  
 MRN:  
 Date of Birth:  
 Admit Date: 11/21/2012  
 Discharge Date: 11/22/2012  
 Account Number: (b)(3):  
 Patient Type: Emergency  
 Attending: Krow Rodney MD, Abena A

## Physician Orders

Action Date/Time 11/21/2012 10:59:04 PM CST

| Mnemonic   | Action   | Order Status | Type of Order |
|--|--|--------------|---------------|
| Complete ED Medication Hx  | Order  | Ordered      | Patient Care  |
| Ordering Physician<br>SYSTEM   | Electronically Signed By:<br>SYSTEM 11/21/2012 10:59:04 PM CST |              |               |
| Review Information<br>N/A  |  |              |               |
| Order Details<br>11/21/12 22:59:04 CST, Routine                      |  |              |               |
| 11/21/2012 10:59:04 PM CST: Order placed upon ED Admission by System |  |              |               |

Action Date/Time 11/21/2012 11:09:33 PM CST

| Mnemonic  | Action  | Order Status | Type of Order |
|---|---|--------------|---------------|
| CBC with Differential   | Order   | Ordered      | Laboratory    |
| Ordering Physician<br>Krow Rodney MD, Abena A   | Electronically Signed By:<br>McGrath RN, Christine A 11/21/2012 11:08:28 PM CST |              |               |
| Review Information<br>Doctor Electronically Cosign, Accepted - Krow Rodney MD, Abena A, 11/26/2012 1:39:28 PM CST |   |              |               |
| Order Details<br>11/21/12 23:08:00 CST, Stat, Blood, 11/21/12 23:08:00 CST Not Required Yes -1 0, x1 Day(s)       |   |              |               |

Action Date/Time 11/21/2012 11:09:33 PM CST

| Mnemonic  | Action  | Order Status | Type of Order |
|---|---|--------------|---------------|
| Comprehensive Metabolic Panel   | Order   | Ordered      | Laboratory    |
| Ordering Physician<br>Krow Rodney MD, Abena A   | Electronically Signed By:<br>McGrath RN, Christine A 11/21/2012 11:08:28 PM CST |              |               |
| Review Information<br>Doctor Electronically Cosign, Accepted - Krow Rodney MD, Abena A, 11/26/2012 1:39:26 PM CST |   |              |               |
| Order Details<br>11/21/12 23:08:00 CST, Stat, Blood, 11/21/12 23:08:00 CST Not Required Yes -1 0, x1 Day(s)       |   |              |               |

Action Date/Time 11/21/2012 11:09:34 PM CST

| Mnemonic  | Action  | Order Status | Type of Order |
|---|---|--------------|---------------|
| Alcohol (Ethanol) Level   | Order   | Ordered      | Laboratory    |
| Ordering Physician<br>Krow Rodney MD, Abena A   | Electronically Signed By:<br>McGrath RN, Christine A 11/21/2012 11:08:28 PM CST |              |               |
| Review Information<br>Doctor Electronically Cosign, Accepted - Krow Rodney MD, Abena A, 11/26/2012 1:37:02 PM CST |   |              |               |
| Order Details<br>11/21/12 23:09:00 CST, Stat, Blood, 11/21/12 23:09:00 CST Not Required Yes -1 0, x1 Day(s)       |   |              |               |

Action Date/Time 11/23/2012 2:43:55 AM CST

| Mnemonic  | Action  | Order Status | Type of Order |
|---|---|--------------|---------------|
| Complete ED Medication Hx                       | Discontinue   | Discontinued | Patient Care  |
| Ordering Physician<br>SYSTEM                    | Electronically Signed By:<br>SYSTEM 11/23/2012 2:43:55 AM CST |              |               |
| Review Information<br>N/A                       |   |              |               |
| Order Details<br>11/21/12 22:59:04 CST, Routine |   |              |               |

Action Date/Time 11/23/2012 2:43:55 AM CST

| Mnemonic                                      | Action  | Order Status | Type of Order |
|---|---|--------------|---------------|
| CBC with Differential                         | Discontinue   | Discontinued | Laboratory    |
| Ordering Physician<br>Krow Rodney MD, Abena A | Electronically Signed By:<br>SYSTEM 11/23/2012 2:43:55 AM CST |              |               |

Printed Date: 12/21/12  
Printed Time: 08:59

12/21/2012 10:27AM (GMT-05:00)

121211HCC2220

2 of 21 Attachment 3-Driver Medical Records

**Palo Alto County Health Services**

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

MRN:

Date of Birth:

Admit Date: 11/21/2012

Discharge Date: 11/22/2012

Account Number: (b)(3)

Patient Type: Emergency

Attending: Krow Rodney MD, Abena A

Emmetsburg, Iowa

A Member of Trinity Health  
Livonia, Michigan**Physician Orders**Review Information  
N/AOrder Details  
11/21/12 23:08:00 CST, Stat, Blood, 11/21/12 23:08:00 CST Not Required Yes -1 0, x1 Day(s)

Action Date/Time 11/23/2012 2:43:55 AM CST

| Mnemonic                                      | Action      | Order Status  | Type of Order |
|---|-------------|---|---------------|
| Comprehensive Metabolic Panel                 | Discontinue | Discontinued  | Laboratory    |
| Ordering Physician<br>Krow Rodney MD, Abena A |             | Electronically Signed By:<br>SYSTEM 11/23/2012 2:43:55 AM CST |               |

Review Information  
N/AOrder Details  
11/21/12 23:08:00 CST, Stat, Blood, 11/21/12 23:08:00 CST Not Required Yes -1 0, x1 Day(s)

Action Date/Time 11/23/2012 2:43:55 AM CST

| Mnemonic                                      | Action      | Order Status  | Type of Order |
|---|-------------|---|---------------|
| Alcohol (Ethanol) Level                       | Discontinue | Discontinued  | Laboratory    |
| Ordering Physician<br>Krow Rodney MD, Abena A |             | Electronically Signed By:<br>SYSTEM 11/23/2012 2:43:55 AM CST |               |

Review Information  
N/AOrder Details  
11/21/12 23:09:00 CST, Stat, Blood, 11/21/12 23:09:00 CST Not Required Yes -1 0, x1 Day(s)

121211HCC2220

3 of 21 Attachment 3-Driver Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3);Exemption 3 for 25(c)  
 MRN: [REDACTED]  
 Date of Birth: [REDACTED]  
 Admit Date: 11/21/2012  
 Discharge Date: 11/21/2012  
 Account Number: (b)(3)  
 Patient Type: Ambulance-Land/Air (P2)  
 Attending: Krow Rodney MD, Abena A

## Face Sheet

### PALO ALTO COUNTY HEALTH SYSTEM

### EMMETSBURG, IOWA

MR# 6796 ADMIT # 134083 HIPAA VERIFICATION CODE 08/14/1981

|                              |  |                     |  |                  |  |                |  |                          |  |                          |  |
|------------------------------|--|---------------------|--|------------------|--|----------------|--|--------------------------|--|--------------------------|--|
| LAST NAME: (b)               |  | PATIENT TYPE        |  | SERVICE CODE     |  | ROOM           |  | ADMIT DATE               |  | TIME                     |  |
| FIRST NAME: (3);Exemp        |  | AMB EBURG           |  | OUTPATIENT       |  |                |  | 11/21/12                 |  | 22.50                    |  |
| MIDDLE NAME: tion 3 for 2    |  | DOB                 |  | AGE              |  | SEX            |  | M.S.                     |  | RELIGION                 |  |
|                              |  | (b)(3);Ex           |  | 51               |  | M              |  | M                        |  |                          |  |
| ADDRESS                      |  | CITY                |  | ST               |  | ZIP            |  | TELEPHONE                |  | SSN                      |  |
| (b)(3);Exemption 3 for 25(c) |  |                     |  |                  |  |                |  | (b)(3);Exem              |  |                          |  |
| PATIENT'S EMPLOYER           |  | ADDRESS             |  | TELEPHONE        |  | TELEPHONE      |  | TELEPHONE                |  | TELEPHONE                |  |
| (b)(3);Exemp                 |  |                     |  | (b)(3);Exem      |  |                |  | (b)(3);Exem              |  |                          |  |
| GUARANTOR'S EMPLOYER         |  | ADDRESS             |  | TELEPHONE        |  | TELEPHONE      |  | TELEPHONE                |  | TELEPHONE                |  |
| (b)(3);Exempt                |  |                     |  | (b)(3);Exem      |  |                |  | (b)(3);Exem              |  |                          |  |
| EMERGENCY CONTACT #1         |  | PHONE NUMBER        |  | RELATIONSHIP     |  | SPOUSE         |  | PREVIOUS NAME            |  | MEDIPASS AUTHORIZATION # |  |
| (b)(3);Exemptio              |  | (b)(3);Exam         |  | WIFE             |  |                |  | (b)(3);Exemptio          |  |                          |  |
| EMERGENCY CONTACT #2         |  | PHONE NUMBER        |  | RELATIONSHIP     |  | PREVIOUS NAME  |  | MEDIPASS AUTHORIZATION # |  |                          |  |
|                              |  |                     |  |                  |  |                |  |                          |  |                          |  |
| INSURANCE #1                 |  | INSURANCE #2        |  | INSURANCE #3     |  | SUBSCRIBER     |  | SUBSCRIBER               |  | SUBSCRIBER               |  |
| (b)(3);Exemption 3 for 25(c) |  |                     |  |                  |  |                |  |                          |  |                          |  |
| NAME                         |  | NAME                |  | NAME             |  | NAME           |  | NAME                     |  | NAME                     |  |
|                              |  |                     |  |                  |  |                |  |                          |  |                          |  |
| ADDRESS                      |  | ADDRESS             |  | ADDRESS          |  | ADDRESS        |  | ADDRESS                  |  | ADDRESS                  |  |
|                              |  |                     |  |                  |  |                |  |                          |  |                          |  |
| CITY/STATE/ZIP               |  | CITY/STATE/ZIP      |  | CITY/STATE/ZIP   |  | CITY/STATE/ZIP |  | CITY/STATE/ZIP           |  | CITY/STATE/ZIP           |  |
|                              |  |                     |  |                  |  |                |  |                          |  |                          |  |
| ID # / DOB                   |  | ID # / DOB          |  | ID # / DOB       |  | ID # / DOB     |  | ID # / DOB               |  | ID # / DOB               |  |
|                              |  |                     |  |                  |  |                |  |                          |  |                          |  |
| SPR / NAME                   |  | SPR / NAME          |  | SPR / NAME       |  | SPR / NAME     |  | SPR / NAME               |  | SPR / NAME               |  |
|                              |  |                     |  |                  |  |                |  |                          |  |                          |  |
| ATTENDING PHYSICIAN          |  | REFERRING PHYSICIAN |  | FAMILY PHYSICIAN |  | SURGEON        |  | ADMITTING PHYSICIAN      |  | CLERK                    |  |
| KROW-RODNEY, ABENA A         |  | (b)(3);Exemp        |  |                  |  |                |  | KROW-RODNEY, ABENA A     |  | TED                      |  |
| VETERAN                      |  | DIRECTORY           |  | CLERGY           |  | LW             |  | OD                       |  | MPOH                     |  |
|                              |  |                     |  |                  |  | U              |  | U                        |  | U                        |  |
| ALLERGIES                    |  | ER                  |  | SOBACON          |  | X-RAY          |  | OTHER                    |  | CLERK                    |  |
| NKA                          |  |                     |  |                  |  |                |  |                          |  | TED                      |  |
| ERGRY.                       |  | LAB                 |  | ER               |  | SOBACON        |  | X-RAY                    |  | OTHER                    |  |
|                              |  |                     |  |                  |  |                |  |                          |  |                          |  |

- 1) CONSENT FOR TREATMENT.** I give my permission for the diagnostic procedures and/or treatments as ordered by the physician. NO GUARANTEES have been made about the outcome of any such tests, examinations, medical treatment or other Hospital or physician services.
- 2) RELEASE OF INFORMATION.** I understand any information which this healthcare facility obtains relative to me or my medical condition will be protected and will only be given out or used for legitimate reasons such as providing information to the staff of this facility in order to determine the proper treatment for me and providing information to other people required or allowed by law to receive it. I authorize the release of medical information necessary to process my medical benefits by Medicare and/or for any insurance company. I certify the information given is correct. I understand that the Hospital will record my information in an electronic health record. I consent to the sharing of this information for patient care, payment, patient safety and quality of care purposes by hospitals and clinics that participate in the Mercy Health Network - North Iowa. The members of the Network are Mercy Medical Center - North Iowa including Mason City Clinic and Mason City Surgery Center, Mercy Medical Center - New Hampton, Ellsworth Municipal Hospital, Franklin General Hospital, Hancock County Memorial Hospital, Kossuth Regional Health Center, Mitchell County Regional Health Center, Palo Alto County Health System and Regional Health Services of Howard County.
- 3) GUARANTEE OF ACCOUNTS.** I authorize payment of medical benefits to Palo Alto County Health System and my physician. I am responsible for any balance due and credits may be applied to other accounts owed by the family.
- 4) PATIENT'S PERSONAL PROPERTY.** I understand the Hospital will place money or valuables in the safe, but will not accept responsibility for articles I keep in my room.
- 5) YOUR RIGHTS AND RESPONSIBILITIES AS A PATIENT.** I have been notified of these Rights and Responsibilities.
- 6) PHYSICIAN COVERAGE.** I have been notified the Palo Alto County Health System does not have a physician in the facility 24 hours per day, 7 days per week. If you develop an emergency medical condition, a physician is on call and readily available to come to the hospital.
- 7) PHONE CONSENT.** By providing us with your cellular phone number, you are hereby granting us, and our agents or independent contractors, your consent to receive calls on your cellular phone number for billing and debt collection purposes.
- 8) ADVANCE DIRECTIVES:** I have been offered information on Advance Directives.

I have read and fully understand the conditions of admission and authorization listed above.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (Patient or Responsible Party) Witness: \_\_\_\_\_



Physician's Signature \_\_\_\_\_

MR# 6796

Admit # 134083

CHART COPY - ORIGINAL

00041101

Printed Date: 12/21/12  
Printed Time: 09:00

121211HCC2220

4 of 21

Attachment 3-Driver Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3) Exemption 3 for 25(c)  
MRN:  
Date of Birth:  
Admit Date: 11/21/2012  
Discharge Date: 11/21/2012  
Account Number: (b)(3)  
Patient Type: Ambulance-Land/Air (P2)  
Attending: Krow Rodney MD, Abena A

## Ambulance/EMS Transport Sheet

PALO ALTO COUNTY AMBULANCE SERVICES — 3201 First Street — Emmetsburg, IA 50536

Date of Run: 11-21-12 Base Location: PACH Service Number: 74-38  
Service Level (circle appropriate level): FR EMT-B EMT-I EMT-P EMT-P ASSIST RN OTHER:

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

| TIME | RESPIRATION        |      |  | PULSE |               | B.P.              | CAP REF.  | GLASGOW GOMA SCALE                        | PAIN SCALE       |
|------|--------------------|------|--|-------|---------------|-------------------|---|---|------------------|
|      | Q <sub>2</sub> SAT | Rate | Effort   | Rate  | Qual.         |                   |   |   |                  |
| 2242 | 95                 | 9    | <input checked="" type="checkbox"/> Nor.<br><input type="checkbox"/> Abn.<br><input type="checkbox"/> Abs. | 8     | Reg. Tr. Weak | <del>110/70</del> | <input type="checkbox"/> Nor.<br><input type="checkbox"/> Abn.<br><input type="checkbox"/> Abs. | 4 Eyes<br>5 Verbal<br>6 Motor<br>15 Total | 1<br>1<br>1<br>3 |
|      |                    |      | <input type="checkbox"/> Nor.<br><input type="checkbox"/> Abn.<br><input type="checkbox"/> Abs.            |       | Reg. Tr. Weak |                   | <input type="checkbox"/> Nor.<br><input type="checkbox"/> Abn.<br><input type="checkbox"/> Abs. | 4 Eyes<br>5 Verbal<br>6 Motor<br>15 Total |                  |
|      |                    |      | <input type="checkbox"/> Nor.<br><input type="checkbox"/> Abn.<br><input type="checkbox"/> Abs.            |       | Reg. Tr. Weak |                   | <input type="checkbox"/> Nor.<br><input type="checkbox"/> Abn.<br><input type="checkbox"/> Abs. | 4 Eyes<br>5 Verbal<br>6 Motor<br>15 Total |                  |

Age/DOB: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Doctor: Krow Rodney  
 Insurance Company: Blue Cross  
 Insurance Numbers: \_\_\_\_\_  
 Dispatcher's Description of Call at Time of Page: 6-33 man 2 severe head injury  
 Chief Complaint - Discomfort/Pain/Dysfunction/Other: DDA

| ASSESSED INJURY | Head                                | Neck                                | Chest                               | Abdomen                             | Pelvis/hip                          | Back/Spine                          | Upper Extremity                     | Lower Extremity                     |
|-----------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Head            | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
| Neck            |                                     | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                                     |                                     |                                     |
| Chest           |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                                     |                                     |
| Abdomen         |                                     |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     |                                     |                                     |
| Pelvis/hip      |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     |                                     |
| Back/Spine      |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |                                     |                                     |
| Upper Extremity |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |                                     |
| Lower Extremity |                                     |                                     |                                     |                                     |                                     |                                     |                                     | <input checked="" type="checkbox"/> |

OFFICE USE ONLY  
 AH  
 QU  
 Transport  
 AH 27  
 AH 25  
 Miles  
 23.8

| SIGNS & SYMPTOMS | Alcohol Odor | Behavioral | Bleeding | Cardiac Arrest | Convulsion | Cyanotic | Dizziness | Dyspnea | Fainting | Fever | Nausea | Non-Ambulatory | Numb/Tingling | Pain | Paralysis | Resp. Arrest | Shock | Vomiting |
|------------------|--------------|------------|----------|----------------|------------|----------|-----------|---------|----------|-------|--------|----------------|---------------|------|-----------|--------------|-------|----------|
|                  |              |            |          |                |            |          |           |         |          |       |        |                |               |      |           |              |       |          |

TREATMENT:  
 Airway Cleared  
 Airway Adjunct Time: \_\_\_\_\_ Attempts: \_\_\_\_\_  
 Combi/Tube  ET  Oral  Nasal  King LT  
 Bleeding Control (method): \_\_\_\_\_  
 Cervical Collar  
 Cold Applied (R): \_\_\_\_\_  
 CPR (time began): 2250 (# of shocks): 1x advised  
 Defib (R): \_\_\_\_\_  
 Dressing Applied (R): \_\_\_\_\_  
 ECG  12 Lead  12 Lead  
 Elevation (degree): \_\_\_\_\_  
 Glucose Monitoring Test Reading: \_\_\_\_\_ Patient Reading: \_\_\_\_\_  
 Heat Applied (R): \_\_\_\_\_  
 Irrigation Fluid Used: \_\_\_\_\_ Amount: \_\_\_\_\_  
 I.V. Fluid: Cath Gauge: \_\_\_\_\_ Attempts: \_\_\_\_\_  
 Fluid Type: \_\_\_\_\_ Rate: \_\_\_\_\_  
 Infused: \_\_\_\_\_ Time Started: \_\_\_\_\_  
 Medications  
 OB Assist  
 O<sub>2</sub>  
 Poison Tx  
 Pulse Oximeter  
 Psychological Support  
 Restraints Used  
 Spine Board  Long  Short (RED)  
 Splint Type: \_\_\_\_\_  
 Stretcher  Scoop  Chair  Folding  Soft  
 Other: \_\_\_\_\_  
 Lights & Sirens  To Scene  From Scene  
 Transport Only No Tx  
 LOCATION: 100 7<sup>th</sup> St SW  
 DESTINATION: PACH

| Called     | 2239 |
|------------|------|
| Lv Base    | 2240 |
| At Scene   | 2242 |
| Lv Scene   | 2250 |
| At Hosp    | 2320 |
| In Service |      |

| PROVIDER IMPRESSION                        | CAUSE OF INJURY                                | LUNG SOUNDS                                   |
|--|--|---|
| <input type="checkbox"/> Allergic Reaction | <input type="checkbox"/> Assault/Battery       | <input type="checkbox"/> Normal               |
| <input type="checkbox"/> Behavioral/ODD    | <input type="checkbox"/> Bicycle               | <input type="checkbox"/> Diminished           |
| <input type="checkbox"/> Cancer            | <input type="checkbox"/> Chemical              | <input checked="" type="checkbox"/> Absent    |
| <input type="checkbox"/> Cardiac           | <input type="checkbox"/> Electrical            | <input type="checkbox"/> R                    |
| <input type="checkbox"/> Cardiac/Resp      | <input type="checkbox"/> Fall                  | <input type="checkbox"/> L                    |
| <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Fire/Explosion        | <input type="checkbox"/> R                    |
| <input type="checkbox"/> Exposure - Cold   | <input type="checkbox"/> Gun/Knife             | <input type="checkbox"/> L                    |
| <input type="checkbox"/> Exposure - Heat   | <input type="checkbox"/> Motor Vehicle         | <input type="checkbox"/> R                    |
| <input type="checkbox"/> GI/OU             | <input type="checkbox"/> Moped/Boat            | <input type="checkbox"/> L                    |
| <input type="checkbox"/> Neonate           | <input type="checkbox"/> Motorcycle            | <input type="checkbox"/> Non-Road             |
| <input type="checkbox"/> Neuro/Seizure     | <input type="checkbox"/> Motor Vehicle         | <input type="checkbox"/> MENTAL STATE         |
| <input type="checkbox"/> OB/GYN            | <input type="checkbox"/> Rx VAir               | <input type="checkbox"/> Conscious            |
| <input type="checkbox"/> Poison            | <input checked="" type="checkbox"/> Sports/Rec | <input type="checkbox"/> Semi-Con             |
| <input type="checkbox"/> Respiratory       | <input type="checkbox"/> Water Accident        | <input type="checkbox"/> Unconscious          |
| <input checked="" type="checkbox"/> Trauma | <input type="checkbox"/> _____                 | <input type="checkbox"/> Disoriented          |
| <input type="checkbox"/> Vascular/Stroke   | <input type="checkbox"/> _____                 | <input type="checkbox"/> SKIN CONDITION       |
| <input type="checkbox"/> N/A               | <input type="checkbox"/> _____                 | <input type="checkbox"/> Color Temp Condition |
|  |  | <input type="checkbox"/> Pink Warm Dry        |
|  |  | <input type="checkbox"/> Pale Cool Moist      |
|  |  | <input type="checkbox"/> Flushed Hot          |
|  |  | <input type="checkbox"/> Grey                 |

| MILEAGE |  |
|---------|--|
| E       |  |
| B       |  |
| TOTAL   |  |
| LOADED  |  |

Receiving RN/DR: \_\_\_\_\_  
 Crew Members: Krupp / Fahr / Thilges / E. Vorklar  
 Completed By: Sheryl Deas PS 18-025-06 # \_\_\_\_\_  
 Form 1395 (Rev. 3/11)

Printed Date: 12/21/12  
Printed Time: 09:00

# Palo Alto County Health Services

Emmetsburg, Iowa

A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3); Exemption 3 for 25  
 MRN: (c)  
 Date of Birth: (b)(3); Exemption 3 for 25  
 Admit Date: 11/21/2012  
 Discharge Date: 11/21/2012  
 Account Number: (b)(3)  
 Patient Type: Ambulance-Land/Air (P2)  
 Attending: Krow Rodney MD, Abena A

## Ambulance/EMS Transport Sheet

| PALO ALTO COUNTY HOSPITAL AMBULANCE SERVICE<br>PRE-HOSPITAL CARE REPORT SUPPLEMENT SHEET   |          |              |       |                      |
|--|----------|--------------|-------|----------------------|
| REPORT #   | DATE     | PATIENT NAME | TIME  | MEDICATION TYPE/DOSE |
|  | 11/21/12 |              |       |                      |
| Chief Complaint: We were pulled to an ATV collision with a tree for a 57 yo male with head injuries.   |          |              |       |                      |
| History of Present Illness/Injury:   |          |              |       |                      |
| Past Medical History:  |          |              |       |                      |
| Medications/Allergies:   |          |              | TIME  | B/P                  |
| Assessment/Physical Exam: Upon arrival at the scene our first patient was lying on the floor of the ATV with his feet out one side and his head out of the other. He had a deep laceration on his forehead. We began extraction and with the help of several bystanders was able to get him on the cot and in the rig. The patient was not breathing and I could not get a peripheral or carotid pulse.  |          |              | PULSE | RESP                 |
| Treatment and Transport: In the rig we checked for eye gag reflex and then started with an oral airway. Another EMT started CPR while another began preparing the AED. When the AED was ready - it was no shock advised. We continued CPR with a bag valve mask with O2 flowing at 15 lpm. We continued this treatment until we tired with a paramedic. The paramedic assessed the situation and we discontinued CPR due to signs of injuries incompatible with life. We brought one other patient with us who also had a laceration on his forehead. We collected evidence then transferred to the other rig when we tired. |          |              | SpO2  |                      |
| Signature: Jordan Tompff   |          |              |       |                      |

FORM #6388 9/06

Printed Date: 12/21/12  
Printed Time: 09:00



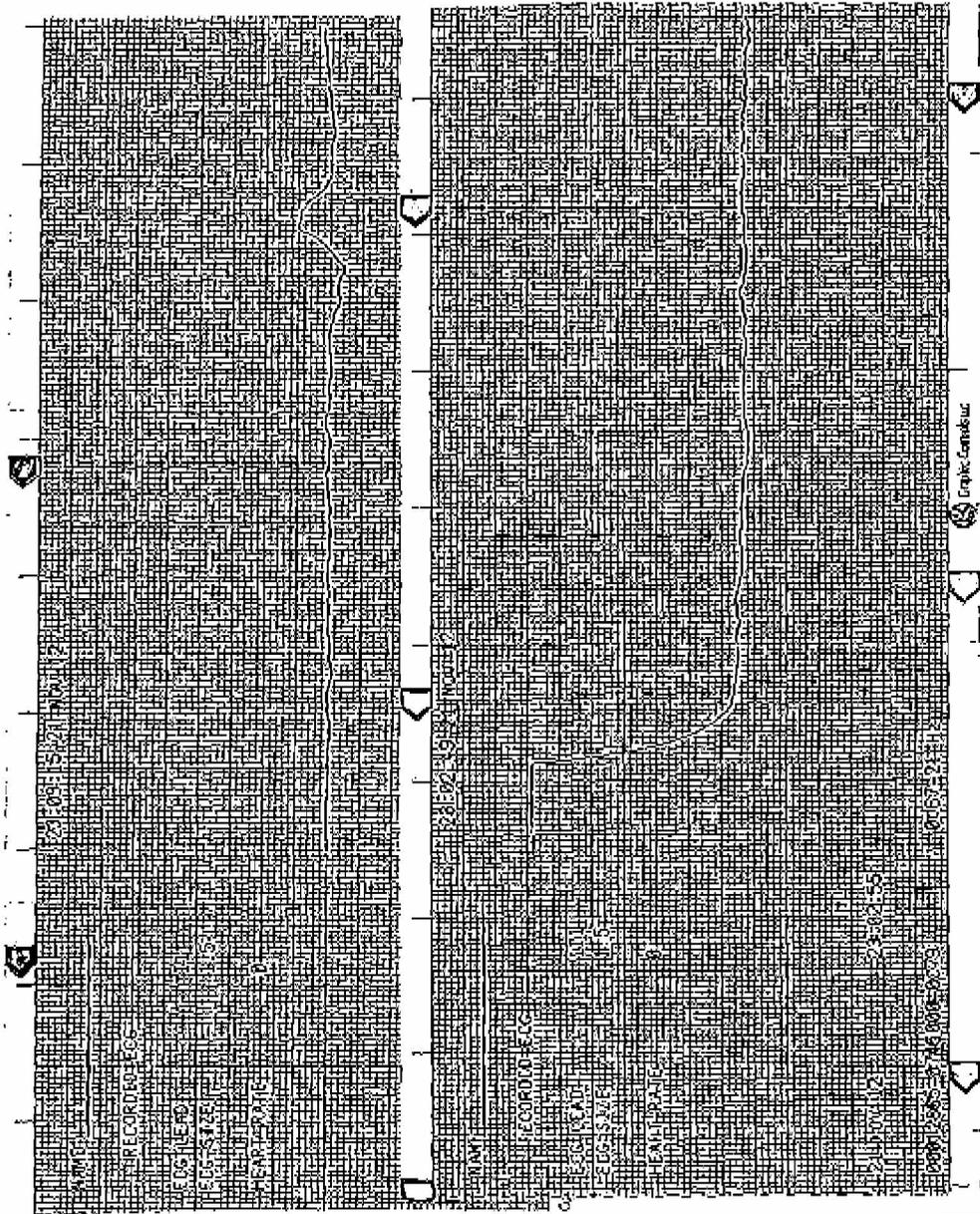
# Palo Alto County Health Services

Emmetsburg, Iowa

A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for 25(c)  
 MRN: [REDACTED]  
 Date of Birth: [REDACTED]  
 Admit Date: 11/21/2012  
 Discharge Date: 11/21/2012  
 Account Number: (b)(3):  
 Patient Type: Ambulance-Land/Air (P2)  
 Attending: Krow Rodney MD, Abena A

## Ambulance/EMS Transport Sheet



Pt: (b)(3):Exemption  
 DOB: (b)(3):E

121211HCC2220

8 of 21 Attachment 3-Driver Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa

A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3); Exemption 3 for 25  
 MRN: (c)  
 Date of Birth: (b)(3); Exemption 3 for 25  
 Admit Date: 11/21/2012  
 Discharge Date: 11/21/2012  
 Account Number: (b)(3)  
 Patient Type: Ambulance-Land/Air (P2)  
 Attending: Krow Rodney MD, Abena A

## Ambulance/EMS Transport Sheet

IOWA OFFICE OF THE STATE MEDICAL EXAMINER  
 2250 S. Ankeny Blvd., Ankeny, Iowa 50023-9093  
 Phone#: 515-725-1400 / FAX#: 515-725-1414

Central Office Use Only

### PRELIMINARY REPORT OF INVESTIGATION BY MEDICAL EXAMINER

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

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

(Date of Receipt)

(DD Code)

(CD Code)

12-074-12

(County Assigned Case #)

#### INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| <b>AGE</b><br>(If less than 2 yrs. give months & days)<br>Age: 57<br>Date of Birth: 8-14-51   | <b>SEX</b><br><input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female<br><input type="checkbox"/> Undetermined  | <b>CLOTHING</b><br><input checked="" type="checkbox"/> Clothed*<br><input type="checkbox"/> Partly Clothed*<br><input type="checkbox"/> Unclothed | <b>BODY TEMPERATURE</b><br><input type="checkbox"/> Warm <input checked="" type="checkbox"/> Cool <input type="checkbox"/> Cold<br>If taken: _____ site: _____  | <b>BLOOD</b><br><input checked="" type="checkbox"/> Nose <input type="checkbox"/> Mouth<br><input checked="" type="checkbox"/> Ears <input checked="" type="checkbox"/> Clothing<br><input type="checkbox"/> None | <b>OCCUPATION</b><br>(Please fill in both parts)<br><b>TYPE OF WORK:</b><br>Secondary roads<br>(Example: masonry, typist, farmer, teacher, salesman, homemaker) |
| <b>MARITAL STATUS</b><br><input checked="" type="checkbox"/> Married<br><input type="checkbox"/> Never Married<br><input type="checkbox"/> Widowed<br><input type="checkbox"/> Divorced<br><input type="checkbox"/> Separated<br><input type="checkbox"/> Unknown | <b>HEAD-HAIR</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Partly Bald<br><input type="checkbox"/> Blonde<br><input type="checkbox"/> Brown<br><input type="checkbox"/> Red<br><input checked="" type="checkbox"/> Black<br><input checked="" type="checkbox"/> Gray<br><input type="checkbox"/> White | <b>EYES: Color:</b> Hazel<br>R: 2 mm/L: 2 mm  | <b>RIGOR</b><br><input type="checkbox"/> Neck: 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03<br><input type="checkbox"/> Arms: 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03<br><input type="checkbox"/> Legs: 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03<br>"0" = absent, "3" = full | <b>FROTH</b><br><input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent<br>Color: _____   | <b>INDUSTRY:</b><br>County<br>(Example: food, banking, fire dept., farming, insurance, home)  |
| <b>RACE</b><br><input checked="" type="checkbox"/> White<br><input type="checkbox"/> Black<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Other   | <b>OTHER HAIR</b><br><input checked="" type="checkbox"/> Mustache<br><input checked="" type="checkbox"/> Beard  | <b>WEIGHT:</b> 300<br><b>LENGTH:</b> 72 inches  | <b>LIVOR</b><br>Color: Purple<br>Fixed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Anterior<br><input type="checkbox"/> Posterior<br><input type="checkbox"/> Lateral (R/L)  | <b>OTHER</b><br>(Dirt, water, etc.)<br><input type="checkbox"/> Nose<br><input type="checkbox"/> Mouth<br><input type="checkbox"/> Ears<br><input checked="" type="checkbox"/> None                               | <b>HISTORY OF DOMESTIC VIOLENCE</b><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |
| <b>MISCELLANEOUS</b><br><input type="checkbox"/> _____<br><input type="checkbox"/> Circumcised  |   |   | <b>DECOMPOSITION</b><br><input type="checkbox"/> Early<br><input type="checkbox"/> Advanced<br><input checked="" type="checkbox"/> None   |   |   |

#### INFORMATION ABOUT OCCURRENCE

| ITEM                       | DATE               | TIME (Military) | LOCATION                                | COUNTY   | TYPE OF PREMISES (Home, farm, highway, hospital, etc.)                                |
|----------------------------|--------------------|-----------------|---|--|---|
| INJURY OR ONSET OF ILLNESS | 11/21/12           | 2226            | (b)(3); Exemption 3 for 25(c)           |  | ON THE JOB?<br><input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO |
| LAST SEEN ALIVE            | 11/21/12           | 2225            |   |  | Home  |
| DEATH (PRONOUNCED)         | 11/21/12           | 2301            | (b)(3); Exemption 3 for 25(c)           |  | Highway   |
| FOUND DEAD BY              |                    |                 | (By whom: Name and Address)             |  |   |
| POLICE NOTIFIED            | 11/21/12           | 2220            | POLICE AGENCY: Palo Alto County Sheriff |  | OFFICER: Eric Ring  |
| M.E. NOTIFIED              | 11/21/12           | 2301            | (By whom: Name and Address)             |  |   |
| VIEW OF BODY               | 11/22/12           | 0615            | PACH                                    |  | <input type="checkbox"/> NOT VIEWED   |
| TO HOSPITAL                |                    |                 |   |  |   |
| WITNESSES                  | (Name and Address) |                 |   | BLOOD SAMPLE DRAWN: <input type="checkbox"/> Yes <input type="checkbox"/> No Why Not?<br><input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Vitreous |   |

#### MANNER OF DEATH

NATURAL  HOMICIDE  ACCIDENT  SUICIDE  UNDETERMINED  PENDING

M.E. AUTOPSY AUTHORIZED  
 Yes  No

#### PROBABLE CAUSE OF DEATH:

1. Blunt force trauma - mve

PATHOLOGIST

2. Due to:

State Case #, if applicable  
SME

3. Due to:

Contributing factor:

NON-M.E. AUTOPSY DONE  
 Yes  No

I.S.M.E. review:

(b)(3); Exemption 3 for

(Signature of Medical Examiner/  
Medical Examiner Investigator)

11-22-12  
(Date Signed)

Palo Alto  
(County of Assignment)

How Injury Occurred (240. of death certificate):

Send original to Iowa State Medical Examiner. Copies must be forwarded to County Attorney's office(s).

Form IFE 1 (Rev. 03/07)

Printed Date: 12/21/12  
Printed Time: 09:00

121211HCC2220

9 of 21 Attachment 3-Driver Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa

A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3); Exemption 3 for 25(c)  
 MRN:   
 Date of Birth:   
 Admit Date: 11/21/2012  
 Discharge Date: 11/21/2012  
 Account Number: (b)(3);  
 Patient Type: Ambulance-Land/Air (P2)  
 Attending: Krow Rodney MD, Abena A

## Ambulance/EMS Transport Sheet

**MEANS OF DEATH (Agency or Object) - IF OTHER THAN NATURAL**

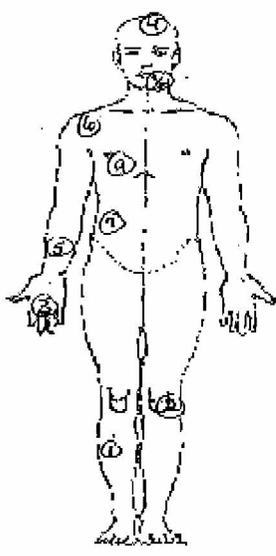
|   |  |   |  |   |  |
|---|--|---|--|---|--|
| IF MOTOR VEHICLE INVOLVED   | <input type="checkbox"/> Driver (known)<br><input type="checkbox"/> Passenger (unknown)<br><input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Other                       | <input type="checkbox"/> Lap Belt Used<br><input type="checkbox"/> Shoulder Belt Used<br><input type="checkbox"/> Crash Helmet Worn<br><input type="checkbox"/> Child Restraint | <input type="checkbox"/> Hit-Run<br><input type="checkbox"/> Non-Highway<br><input type="checkbox"/> Air Bag Deployed  | <input type="checkbox"/> Passenger Car<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Motorbike | <input type="checkbox"/> Farm Vehicle<br><input type="checkbox"/> Other:   |
| IF GUN  | <input type="checkbox"/> Rifle - Cal. _____<br><input type="checkbox"/> Handgun - Cal. _____<br><input type="checkbox"/> Shotgun - Cal. _____<br><input type="checkbox"/> Unknown Type | <input type="checkbox"/> Slipping<br><input type="checkbox"/> Smudging<br><input type="checkbox"/> Abrasion Collar<br><input type="checkbox"/> Round                            | <input type="checkbox"/> Oblong<br><input type="checkbox"/> Stellate<br><input type="checkbox"/> Surg. Treated<br><input type="checkbox"/> Other                                   | <input type="checkbox"/> Head<br><input type="checkbox"/> Neck<br><input type="checkbox"/> Chest<br><input type="checkbox"/> Abdomen                  | <input type="checkbox"/> Buttocks<br><input type="checkbox"/> Thighs<br><input type="checkbox"/> Lower Legs<br><input type="checkbox"/> Feet |
| IF INSTRUMENT:<br><input type="checkbox"/> Blunt / <input type="checkbox"/> Sharp | WHAT KIND:   | TYPE & LOCATION OF INJURIES:  |  |   |  |
| IF DRUG, POISON, CHEMICAL (Suspected)   | <input type="checkbox"/> Alcohol<br><input type="checkbox"/> Other Drug, Poison, or Chemical:<br><input type="checkbox"/> Unknown  | REMARKS/SYMPTOMS:   | <input type="checkbox"/> Ingested<br><input type="checkbox"/> Injected<br><input type="checkbox"/> Inhaled<br><input type="checkbox"/> Topical<br><input type="checkbox"/> Unknown | <input type="checkbox"/> Other:   |  |

**MEDICAL HISTORY**

|  |   |  |  |
|--|---|--|--|
| <b>CONDITION:</b><br><input type="checkbox"/> Alcoholism<br><input type="checkbox"/> Cancer<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Drug Abuse<br><input type="checkbox"/> Lung Disease | <input type="checkbox"/> Fractures<br><input type="checkbox"/> Heart Disease<br><input type="checkbox"/> Seizure<br><input type="checkbox"/> Other (specify): | <b>FAMILY PHYSICIAN -</b><br>DOCTOR: (b)(3); Exemption 3 for 25(c)<br>ADDRESS:<br>PHONE #:<br>MEDICATIONS: | <b>EMERGENCY MEDICAL HISTORY -</b><br>DOCTOR:<br>WHERE TREATED:<br>MEDICATIONS:<br>--- |
|--|---|--|--|

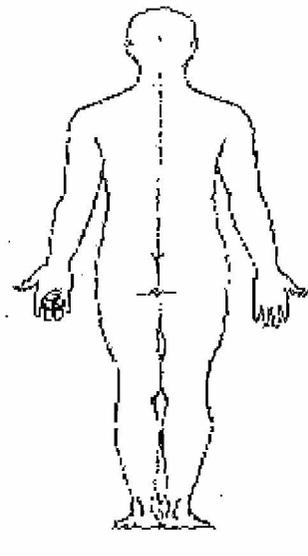
**NEXT OF KIN -** (b)(3); Exemption 3 for 25(c)  
**Address and Phone #:**   
**FUNERAL HOME -**   
**Address and Phone #** Joyces Funeral Home  
2309 29th St Emmetsburg, IA 50536 712-298-0298

**NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):**



Deceased involved in ATV vs tree & pt found on floor board of vehicle & feet out passenger door & head out drivers door. Pulseless & apnea on arrival of EMS. & CPR & BVM & oral airway. On ALS arrival efforts ceased. ducts injuries incompatible & life a length of time down.

① Abrasion    ④ laceration    ⑦ Bruising  
 ③ Avulsion    ⑤ Abrasion    ⑥ laceration  
 ⑧ Degloving    ② Bruising    ⑧ abrasion



**IDENTIFICATION OF BODY**

Preliminary     Positive    Method: Visual

If by viewing, viewed by: (b)(3); Exemption 3 for 25(c)

Address:   
 Relationship: Wife    Telephone #: (b)(3); Exemption 3 for 25(c)

Jurisdiction Declined

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3) Exemption 3 for 25(c)  
MRN: [Redacted]  
Date of Birth: [Redacted]  
Admit Date: 11/21/2012  
Discharge Date: 11/21/2012  
Account Number: (b)(3)  
Patient Type: Ambulance-Land/Air (P2)  
Attending: Krow Rodney MD, Abena A

## Ambulance/EMS Transport Sheet

### Case Details

Case ID: 112312074909  
Case date: 11/21/2012 10:53:57PM  
Patient ID:  
Patient first name: (b)  
Patient last name: (3);Exe

**HEARTSTART**  
EVENT REVIEW 3.1

| Overview                         |
|----------------------------------|
| Case date: 11/21/2012 10:53:57PM |
| Site of collapse:                |
| Location:                        |

| Devices       |        |             |
|---------------|--------|-------------|
| Serial number | Shocks | Device type |
| B06G-00274    | 0      | HS1         |

| Patient                   |
|---------------------------|
| Patient ID:               |
| First name: (b)(3)        |
| Middle name:              |
| Last name: (b)(3);        |
| Date of birth:            |
| Age: 51                   |
| Gender: Male              |
| Race: White, Non-Hispanic |
| Weight: 300               |
| Height:                   |

| Intervention                     |
|----------------------------------|
| Initial rhythm: Asystole         |
| Defibrillator type used: AED     |
| Witnessed by: Not witnessed      |
| Bystander CPR: No                |
| Provided by:                     |
| Dispatch AED/CPR instruction:    |
| Any ROSC: No                     |
| Efforts terminated at scene: Yes |



121211HCC2220

11 of 21 Attachment 3-Driver Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3) Exemption 3 for 25(c)  
MRN: [Redacted]  
Date of Birth: [Redacted]  
Admit Date: 11/21/2012  
Discharge Date: 11/21/2012  
Account Number: (b)(3)  
Patient Type: Ambulance-Land/Air (P2)  
Attending: Krow Rodney MD, Abena A

## Ambulance/EMS Transport Sheet

### Case Details

Case ID: 112312074909  
Case date: 11/21/2012 10:53:57PM  
Patient ID:  
Patient first name: (b)  
Patient last name: (3) Ex

**HEARTSTART**  
EVENT REVIEW 3.1

| Follow-up             |              |
|-----------------------|--------------|
| Admitted to ICU/Ward: | No           |
| Discharged:           | No           |
| Discharge CPC:        |              |
| Discharge OPC:        |              |
| Alive at one year:    | No           |
| One year CPC:         |              |
| One year OPC:         |              |
| Patient death:        | Pre-hospital |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed name: \_\_\_\_\_

121211HCC2220

12 of 21 Attachment 3-Driver Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa

A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for 25  
 MRN: (c)  
 Date of Birth: (c)  
 Admit Date: 11/21/2012  
 Discharge Date: 11/21/2012  
 Account Number: (b)(3):  
 Patient Type: Ambulance-Land/Air (P2)  
 Attending: Krow Rodney MD, Abena A

## Ambulance/EMS Transport Sheet

### Events

Case ID: 112312074909  
 Case date: 11/21/2012 10:53:57PM  
 Patient ID:  
 Patient first name: (b)  
 Patient last name: (3):Exe

**HEARTSTART**  
EVENT REVIEW 3.1

| Real time             | Elapsed time | Type                   | Description      |
|-----------------------|--------------|------------------------|------------------|
| 11/21/2012 10:25:00PM | -00:28:57    | Estimated collapse     |                  |
| 11/21/2012 10:39:00PM | -00:14:57    | Dispatch notification  |                  |
| 11/21/2012 10:42:00PM | -00:11:57    | BLS arrival at patient |                  |
| 11/21/2012 10:53:57PM | 00:00:00     | On/off button pressed  |                  |
| 11/21/2012 10:53:57PM | 00:00:00     | On/off button pressed  |                  |
| 11/21/2012 10:54:00PM | 00:00:03     | Pads on                |                  |
| 11/21/2012 10:54:00PM | 00:00:03     | Analysis started       |                  |
| 11/21/2012 10:54:00PM | 00:00:03     | Start of ECG           | Use count: 1     |
| 11/21/2012 10:54:07PM | 00:00:10     | Artifact detected      |                  |
| 11/21/2012 10:54:20PM | 00:00:23     | No shock advised       |                  |
| 11/21/2012 10:54:20PM | 00:00:23     | Start pause            | NSA smart pause: |
| 11/21/2012 10:54:32PM | 00:00:35     | Artifact detected      |                  |
| 11/21/2012 10:54:36PM | 00:00:39     | Artifact detected      |                  |
| 11/21/2012 10:54:39PM | 00:00:42     | Artifact detected      |                  |
| 11/21/2012 10:54:43PM | 00:00:46     | Artifact detected      |                  |
| 11/21/2012 10:54:47PM | 00:00:50     | Artifact detected      |                  |
| 11/21/2012 10:54:51PM | 00:00:54     | Artifact detected      |                  |
| 11/21/2012 10:54:55PM | 00:00:58     | Artifact detected      |                  |
| 11/21/2012 10:54:59PM | 00:01:02     | Artifact detected      |                  |
| 11/21/2012 10:55:03PM | 00:01:06     | Artifact detected      |                  |
| 11/21/2012 10:55:07PM | 00:01:10     | Artifact detected      |                  |
| 11/21/2012 10:55:11PM | 00:01:14     | Artifact detected      |                  |
| 11/21/2012 10:55:15PM | 00:01:18     | Artifact detected      |                  |
| 11/21/2012 10:55:19PM | 00:01:22     | Artifact detected      |                  |
| 11/21/2012 10:55:23PM | 00:01:26     | Artifact detected      |                  |
| 11/21/2012 10:55:27PM | 00:01:30     | Artifact detected      |                  |
| 11/21/2012 10:55:31PM | 00:01:34     | Artifact detected      |                  |
| 11/21/2012 10:55:35PM | 00:01:38     | Artifact detected      |                  |
| 11/21/2012 10:55:39PM | 00:01:42     | Artifact detected      |                  |
| 11/21/2012 10:55:43PM | 00:01:46     | Artifact detected      |                  |
| 11/21/2012 10:55:47PM | 00:01:50     | Artifact detected      |                  |
| 11/21/2012 10:55:51PM | 00:01:54     | Artifact detected      |                  |
| 11/21/2012 10:55:55PM | 00:01:58     | Artifact detected      |                  |
| 11/21/2012 10:55:59PM | 00:02:02     | Artifact detected      |                  |
| 11/21/2012 10:56:03PM | 00:02:06     | Artifact detected      |                  |



Event Review 3.1

Report creation date: 11/23/2012 8:01:10AM

Page 1

Printed Date: 12/21/12  
Printed Time: 09:00

# Palo Alto County Health Services

Emmetsburg, Iowa

A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3) Exemption 3 for 25(c)  
 MRN:   
 Date of Birth:   
 Admit Date: 11/21/2012  
 Discharge Date: 11/21/2012  
 Account Number: (b)(3)  
 Patient Type: Ambulance-Land/Air (P2)  
 Attending: Krow Rodney MD, Abena A

## Ambulance/EMS Transport Sheet

### Events

Case ID: 112312074809  
 Case date: 11/21/2012 10:53:57PM  
 Patient ID:  
 Patient first name: (b)  
 Patient last name: (3);Exe

**HEARTSTART**  
EVENT REVIEW 3.1

| Real time             | Elapsed time | Type                  | Description      |
|-----------------------|--------------|-----------------------|------------------|
| 11/21/2012 10:56:07PM | 00:02:10     | Artifact detected     |                  |
| 11/21/2012 10:56:11PM | 00:02:14     | Artifact detected     |                  |
| 11/21/2012 10:56:15PM | 00:02:18     | Artifact detected     |                  |
| 11/21/2012 10:56:19PM | 00:02:22     | Artifact detected     |                  |
| 11/21/2012 10:56:23PM | 00:02:26     | Artifact detected     |                  |
| 11/21/2012 10:56:27PM | 00:02:30     | Artifact detected     |                  |
| 11/21/2012 10:56:31PM | 00:02:34     | Artifact detected     |                  |
| 11/21/2012 10:56:35PM | 00:02:38     | Artifact detected     |                  |
| 11/21/2012 10:56:35PM | 00:02:38     | Resume analysis       |                  |
| 11/21/2012 10:56:35PM | 00:02:38     | Analysis started      |                  |
| 11/21/2012 10:56:43PM | 00:02:46     | Artifact detected     |                  |
| 11/21/2012 10:56:56PM | 00:02:59     | No shock advised      |                  |
| 11/21/2012 10:56:56PM | 00:02:59     | Start pause           | NSA smart pause: |
| 11/21/2012 10:57:03PM | 00:03:06     | Artifact detected     |                  |
| 11/21/2012 10:57:07PM | 00:03:10     | Artifact detected     |                  |
| 11/21/2012 10:57:08PM | 00:03:11     | Blue button pressed   |                  |
| 11/21/2012 10:57:08PM | 00:03:11     | Blue button pressed   |                  |
| 11/21/2012 10:59:39PM | 00:05:42     | Resume analysis       |                  |
| 11/21/2012 10:59:39PM | 00:05:42     | Analysis started      |                  |
| 11/21/2012 10:59:50PM | 00:05:53     | No shock advised      |                  |
| 11/21/2012 10:59:50PM | 00:05:53     | Start pause           | NSA smart pause: |
| 11/21/2012 10:59:58PM | 00:06:01     | Artifact detected     |                  |
| 11/21/2012 11:00:02PM | 00:06:05     | Artifact detected     |                  |
| 11/21/2012 11:00:04PM | 00:06:07     | Blue button pressed   |                  |
| 11/21/2012 11:00:04PM | 00:06:07     | Blue button pressed   |                  |
| 11/21/2012 11:01:04PM | 00:07:07     | On/off button pressed |                  |
| 11/21/2012 11:01:05PM | 00:07:08     | Device off            |                  |



# Palo Alto County Health Services

Emmelsburg, Iowa

A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for 25  
 MRN: (c)  
 Date of Birth:  
 Admit Date: 11/21/2012  
 Discharge Date: 11/21/2012  
 Account Number: (b)(3):  
 Patient Type: Ambulance-Land/Air (P2)  
 Attending: Krow Rodney MD, Abena A

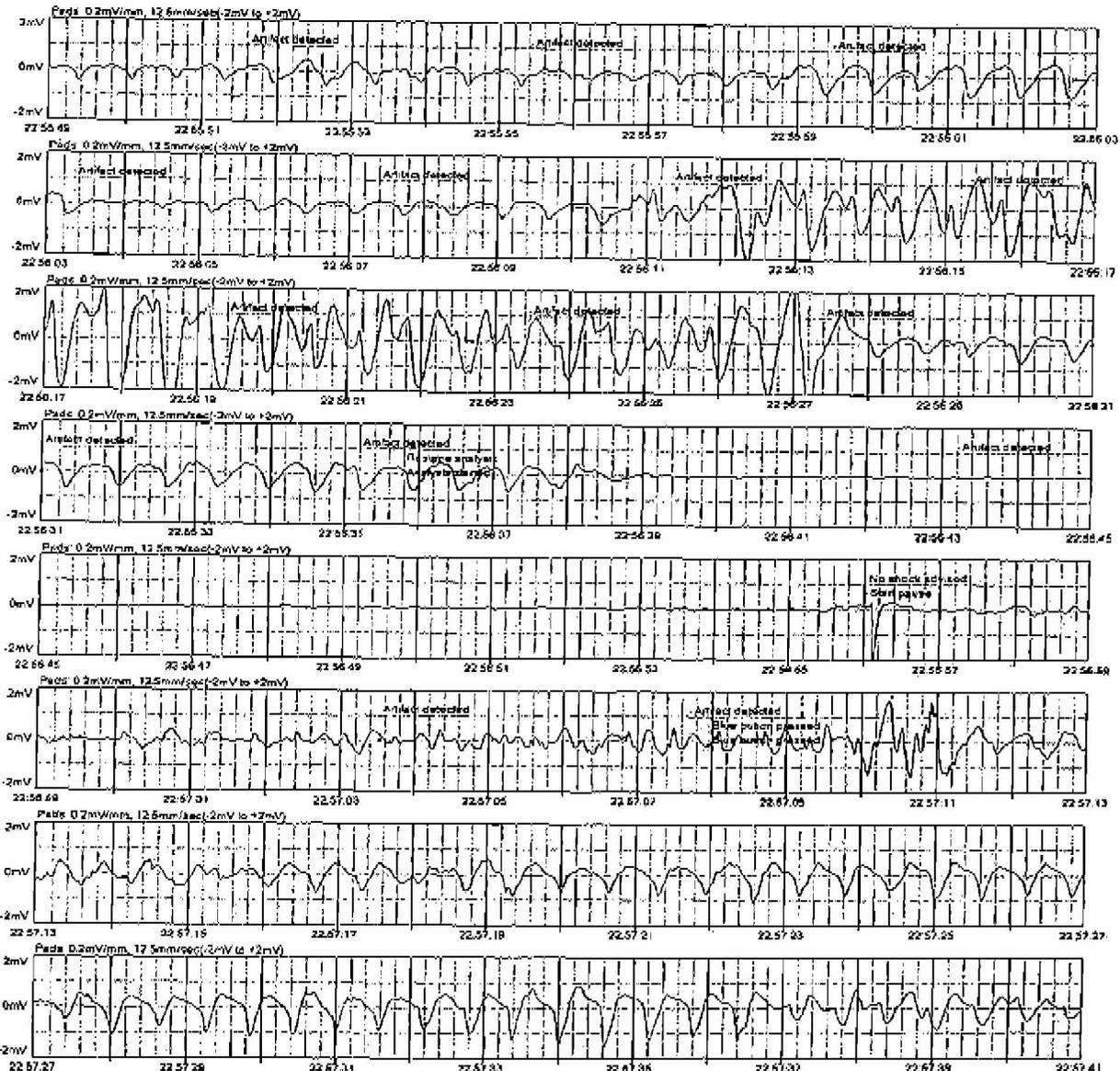
## Ambulance/EMS Transport Sheet

### Entire ECG

Case ID: 112312074909  
 Case date: 11/21/2012 10:53:57 PM  
 Patient ID:  
 Patient last name: (b)  
 Patient first name: (3):Exe

HEARTSTART  
EVENT REVIEW 3.1

Device: HS1 S/N: B0BG-00274



This ECG is intended only for basic rhythm identifications. It is not intended for diagnostic and ST segment interpretation.

PHILIPS

Event Review 3.1

Report creation date: 11/23/2012 8:01:19 AM

Page: 2

Printed Date: 12/21/12  
Printed Time: 09:00

12/21/2012 10:27AM (GMT-05:00)

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3); Exemption 3 for 25  
MRN: (c)  
Date of Birth: (b)(3); Exemption 3 for 25  
Admit Date: 11/21/2012  
Discharge Date: 11/21/2012  
Account Number: (b)(3); Exemption 3 for 25  
Patient Type: Ambulance-Land/Air (P2)  
Attending: Krow Rodney MD, Abena A

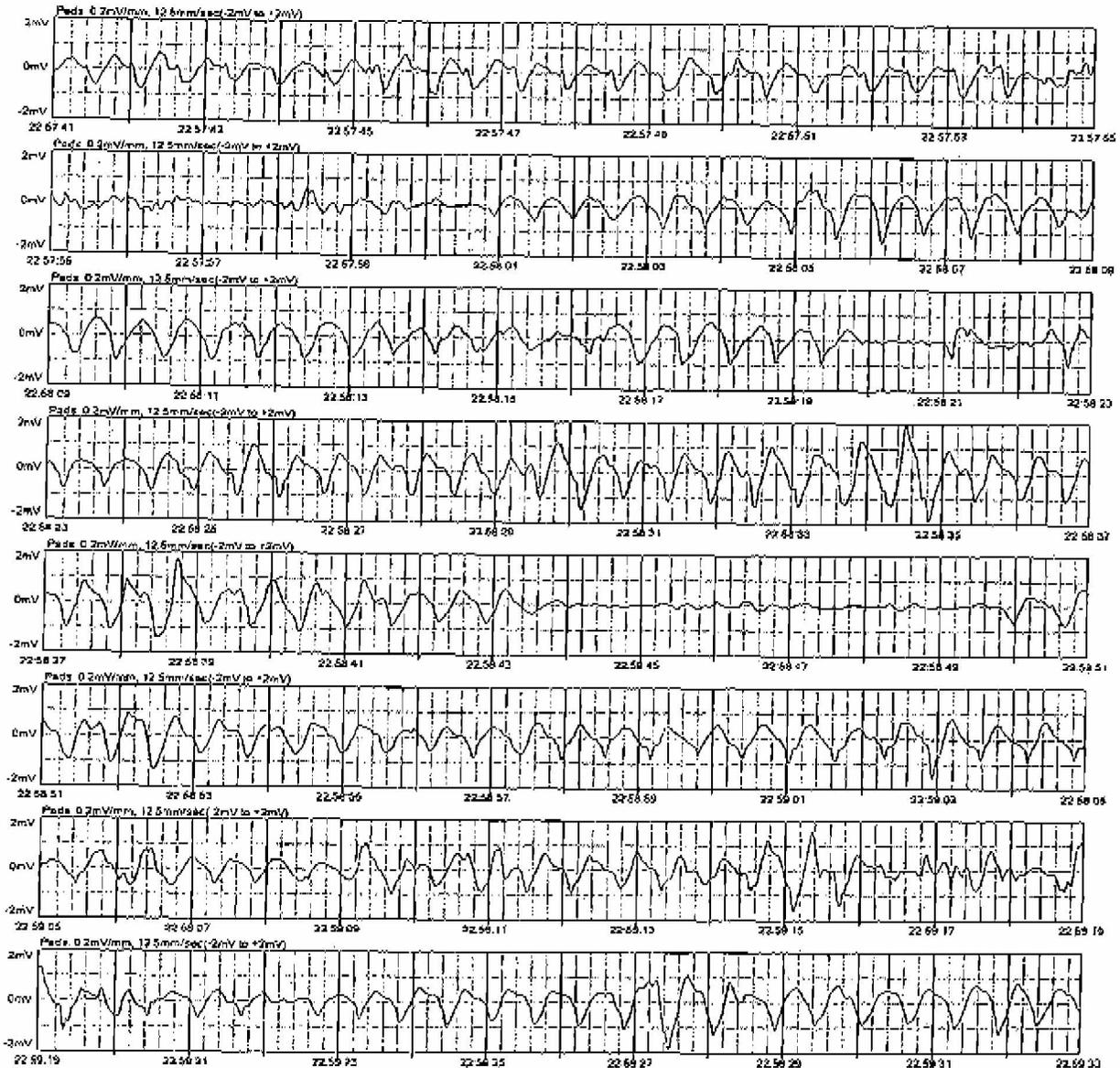
## Ambulance/EMS Transport Sheet

### Entire ECG

Case ID: 112312074909  
Case date: 11/21/2012 10:53:57 PM  
Patient ID:  
Patient last name: Gearhart  
Patient first name: Glenn

HEARTSTART  
EVERY REVIEW A...

Device: HS1 S/N: B06G-00274



This ECG is intended only for basic rhythm identifications. It is not intended for diagnostic and ST segment interpretation.

PHILIPS

Event Review 3.1  
Report creation date: 11/23/2012 8:01:20 AM

Page: 3

Printed Date: 12/21/12  
Printed Time: 09:00

# Palo Alto County Health Services

Emmetsburg, Iowa

A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3); Exemption 3 for 25(c)  
 MRN: [Redacted]  
 Date of Birth: [Redacted]  
 Admit Date: 11/21/2012  
 Discharge Date: 11/21/2012  
 Account Number: (b)(3)  
 Patient Type: Ambulance-Land/Air (P2)  
 Attending: Krow Rodney MD, Abena A

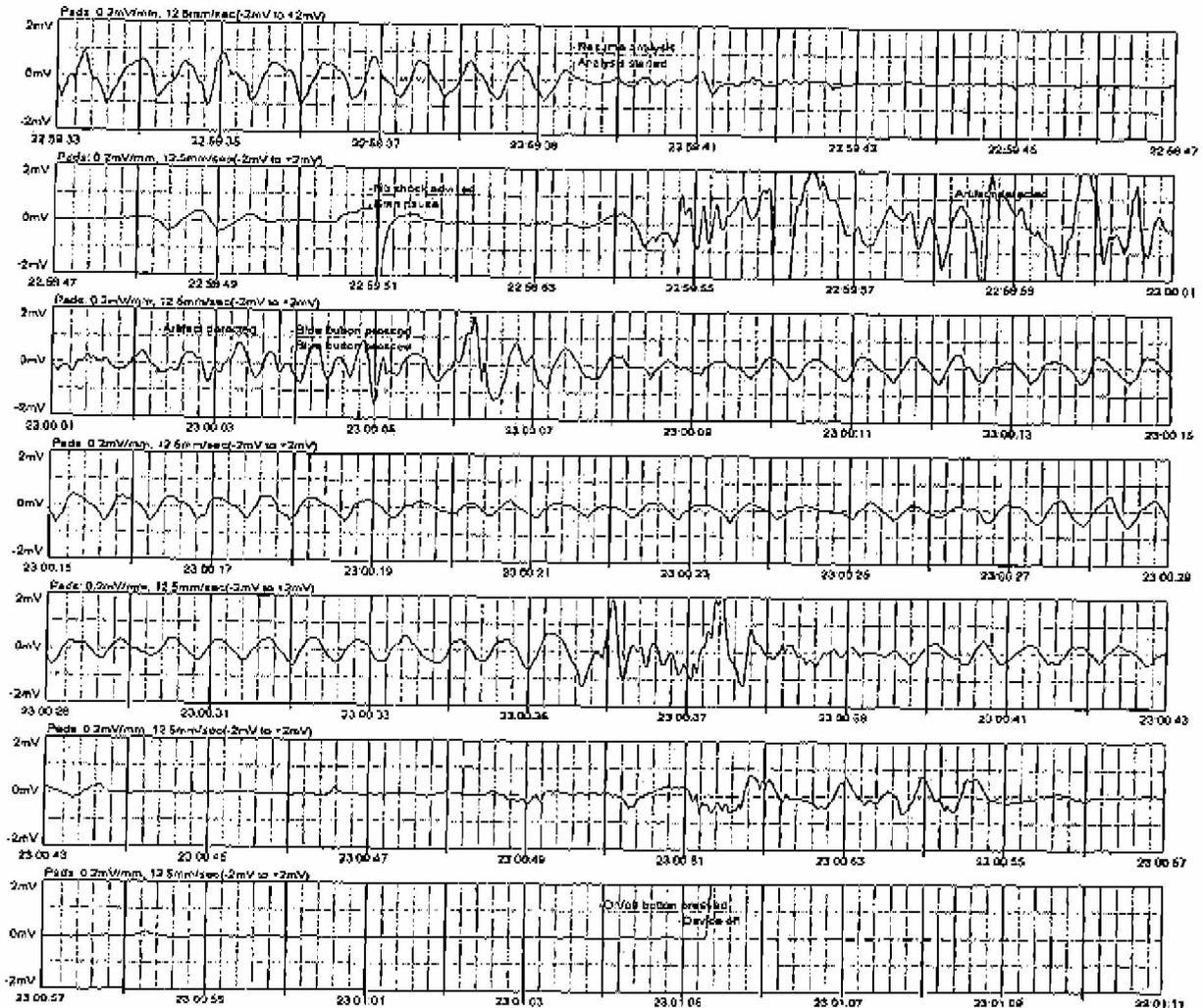
## Ambulance/EMS Transport Sheet

### Entire ECG

Case ID: 112312074908  
 Case date: 11/21/2012 10:53:57 PM  
 Patient ID:  
 Patient last name: (b)  
 Patient first name: (3); Exe

HEARTSTART  
EVENT REVIEW 3.1

Device: HS1 S/N: B08G-00274



This ECG is intended only for basic rhythm identifications. It is not intended for diagnostic and ST segment interpretation.

PHILIPS

Event Review 3.1

Report creation date: 11/23/2012 8:01:22 AM

Page: 4

Printed Date: 12/21/12  
Printed Time: 09:00

# Palo Alto County Health Services

Emmelsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3); Exemption 3 for 25  
MRN: (c)  
Date of Birth: (b)(3); Exemption 3 for 25  
Admit Date: 11/21/2012  
Discharge Date: 11/21/2012  
Account Number: (b)(3); Exemption 3 for 25  
Patient Type: Ambulance-Land/Air (P2)  
Attending: Krow Rodney MD, Abena A

## Death/Deceased Documentation

### PERMIT BY MEDICAL EXAMINER FOR AUTOPSY

Office of the Iowa State Medical Examiner  
Department of Public Health  
321 E. 12<sup>th</sup> St.-Lucas Bldg, 5<sup>th</sup> Floor  
Des Moines, IA, 50319-0075  
ph# 515-281-6726 / 515-242-6579

County of Palo Alto

Under the provisions of Chapter 331 of The Code of Iowa, in my opinion it is advisable and in the public interest that an autopsy be performed on the body of:

(b)(3); Exemption 3 for 25(c) 51 M White  
(Name) (Age) (Sex) (Color or Race)

Who died on 11-21-12 2:30 at Highway 18  
(Date and Time) (Street No. or Rural Route)

West Branch Palo Alto under the following circumstances.  
(City or Town) (County)

- |   |  |
|---|--|
| Type of Death:  | Manner:                                      |
| <input checked="" type="checkbox"/> Violent                         | <input type="checkbox"/> Natural             |
| <input type="checkbox"/> Sudden, when in apparent health            | <input checked="" type="checkbox"/> Accident |
| <input type="checkbox"/> Unattended by a physician                  | <input type="checkbox"/> Suicide             |
| <input type="checkbox"/> Custody of Law                             | <input type="checkbox"/> Homicide            |
| <input type="checkbox"/> Suspicious, unusual or unnatural manner    | <input type="checkbox"/> Undetermined        |
| <input type="checkbox"/> Disease which might threaten public health | <input type="checkbox"/> Pending             |

#### NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH:

Deceased was involved in an ATV vs tree crash at unknown  
rate of speed. Was found on floor board of vehicle with  
feet and passenger door lock held out drivers door per first  
responders. Initial EMS crew did attempt resuscitation & efforts  
terminated upon ALS arrival due to injuries incompatible life &  
length of time down.

Authority is hereby given to Doctor Conrad Butz to perform  
(Pathologist)  
such autopsy on the body of the decedent named herein.

11-22-12  
(Date)

(b)(3); Exemption 3 for 25(c)  
(Signature of Medical Examiner)

Emmelsburg  
(City or Town)

One copy to person performing autopsy - one copy retained by medical examiner



# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for 25(c)  
MRN: [REDACTED]  
Date of Birth: [REDACTED]  
Admit Date: 11/21/2012  
Discharge Date: 11/21/2012  
Account Number: (b)(3):  
Patient Type: Ambulance-Land/Air (P2)  
Attending: Krow Rodney MD, Abena A

## Allergies

| Substance: dust           |                     |   |
|---------------------------|---------------------|---|
| Update Date Time          | Updated By          |   |
| 02/20/2009 8:10:57 AM CST | Bonin RN, Louanne H | Reaction Status: Active; Reactions: congestion tightness of chest, congestion tightnes; |

| Substance: grass          |                     |  |
|---------------------------|---------------------|--|
| Update Date Time          | Updated By          |  |
| 02/20/2009 8:10:25 AM CST | Bonin RN, Louanne H | Reaction Status: Active; Reactions: tightness in chest congestion, tightness in chest; |

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3);Exemption 3 for 25  
MRN: (c)  
Date of Birth: (c)  
Admit Date: 11/21/2012  
Discharge Date: 11/21/2012  
Account Number: (b)(3)  
Patient Type: Ambulance-Land/Air (P2)  
Attending: Krow Rodney MD, Abena A

## Problem List

|                                |  |
|--------------------------------|--|
| <b>Problem Name: Arthritis</b> |  |
| Date Recorded                  |  |
| 01/06/2012 1:30:44 PM CST      | Code: 716.90; Confirmation Status: Confirmed; Life Cycle Status: Resolved; |

|  |   |
|--|---|
| <b>Problem Name: High Blood Pressure</b> |   |
| Date Recorded                            |   |
| 01/06/2012 1:30:01 PM CST                | Code: 796.2; Confirmation Status: Confirmed; Life Cycle Status: Resolved; |

|                               |  |
|-------------------------------|--|
| <b>Problem Name: Diabetes</b> |  |
| Date Recorded                 |  |
| 01/06/2012 1:29:40 PM CST     | Code: 250.00; Confirmation Status: Confirmed; Life Cycle Status: Resolved; |

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3) Exemption 3 for 25  
MRN: (c)  
Date of Birth: (b)(3)  
Admit Date: 11/21/2012  
Discharge Date: 11/21/2012  
Account Number: (b)(3)  
Patient Type: Ambulance-Land/Air (P2)  
Attending: Krow Rodney MD, Abena A

## Past Medical, Surgical, & Family Histories

### Past Medical History

#### Resolved

Diabetes (ICD-9-CM 250.00); Entered On: 01/06/2012 13:29 by Hegarty-Roach PhD, Mia C; Last Reviewed: 01/06/2012 13:29 by Hegarty-Roach , Mia C

High Blood Pressure (ICD-9-CM 796.2); Entered On: 01/06/2012 13:30 by Hegarty-Roach PhD, Mia C; Last Reviewed: 01/06/2012 13:30 by Hegarty-Roach , Mia C

Arthritis (ICD-9-CM 716.90); Entered On: 01/06/2012 13:30 by Hegarty-Roach PhD, Mia C; Last Reviewed: 01/06/2012 13:30 by Hegarty-Roach , Mia C

### Procedure / Surgical History

#### Active

Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure); Entered On: 01/06/2012 13:32 by Hegarty-Roach PhD, Mia C; Last Reviewed: 01/06/2012 13:34 by Hegarty-Roach PhD, Mia C

121211HCC2220

1 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for 25(c)  
MRN: (b)(3):  
Date of Birth: (b)(3):  
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3):  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## ER Triage/Assessment

Adult ED Nursing Asmt Form (PA)  
11/21/12 23:29 CST Performed by McGrauth RN , Christine A  
Entered on 11/22/12 02:48 CST

### Adult ER Index PA

ED Intake Assessment  
ED Physical Assessment  
Glasgow Coma Scale  
Patient have emotional or beh disorders  
History of Home Medications  
Medical Hx  
Surgical Hx  
ED Abuse/Neglect Screening  
Social Habits Hx  
Adult Immunizations  
Tobacco History - Conditional

Intake Assessment  
Physical Assessment  
Glasgow Coma Scale  
No  
Home Medications  
Medical History  
Surgical History  
Abuse/Neglect Screening  
Social Habits History  
Immunization History  
Tobacco History

### Adult General Intake PA

Mode of Triage Arrival  
Known or Suspected Infection  
Chief Complaint- Triage  
Focused Assessment  
Influenza Like Symptoms  
Contaminated Meds Screening  
Weight  
Weight Lb  
Weight Oz  
Weight Type  
Height  
Height Ft  
Height In  
Height Type  
Body Mass Index  
BSA  
ED Vital Signs  
ED Allergies  
Intake Interventions  
Pain Assessment-Basic  
Admitted From  
Mechanism of Injury  
Treatment Prior to ER Arrival  
Source of Information  
Primary Language  
Interpreter Needed  
Pregnancy Status  
Track Visit Reason  
Track Triage Date/Time  
Track Family Present  
Track Acuity  
Track Group

Ambulance  
No  
ATV accident  
see nurse's notes  
No  
None of the below  
90.200 kg  
198 lbs  
13.71 oz  
Actual  
180.34 cm  
5 ft  
11.0 Inch  
Actual  
28 kg/m2  
2.13 m2  
Vital signs  
Allergies  
Intake Interventions  
Pain Assessment-Basic  
Home  
Automobile crash  
See EMS report  
Patient, Emergency Medical Service  
English  
No  
Not applicable  
ATV ACCIDENT  
11/21/2012 23:29  
Family on the Way  
2 Emergent  
(PA) ED Track Grp

### Adult Physical Assessment

Document Pain Assessment  
Document Respiratory Assessment  
Known or Suspected Infection v2

Pain Assessment  
Respiratory Assessment  
No

Printed Date:12/21/12

Printed Time:08:15

12/21/2012 9:28AM (GMT-05:00)

121211HCC2220

2 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for  
MRN: 25(c)  
Date of Birth:   
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3):  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## ER Triage/Assessment

Adult ED Nursing Asmt Form (PA)  
11/21/12 23:29 CST Performed by McGrath RN , Christine A  
Entered on 11/22/12 02:48 CST

Document Cardiovascular Assessment  
Document Neurological Assessment  
Document Gastrointestinal Assessment  
Document Genitourinary Assessment  
Document Neurovascular Assessment  
Document EENT Assessment  
Document Psychosocial/Sleep Assessment  
Document Skin/Mucosa Assessment  
Document Musculoskeletal Assessment

Cardiovascular Assessment  
Neurological Assessment  
Gastrointestinal Assessment  
Genitourinary Assessment  
Neurovascular Assessment  
EENT Assessment  
Psychosocial/Sleep Assessment  
Skin/Mucosa Assessment  
Musculoskeletal Assessment

Triage Intervention (PA)  
Triage Intervention

Initiate treatment protocols

**Cardiovascular Assessment**  
Skin Cardiovasc  
Nail Bed Color  
Capillary Refill  
Findings Cardiovasc

Dry, Warm  
Pink  
Less than 3 seconds  
No cardiovascular symptoms

**Respiratory Assessment**  
Respiratory Findings  
LUL Posterior  
RUL Posterior  
LUL Anterior  
LLL Anterior  
RUL Anterior  
RLL Anterior

Breathing without difficulty  
Clear/Vesicular  
Clear/Vesicular  
Clear/Vesicular  
Clear/Vesicular  
Clear/Vesicular  
Clear/Vesicular

**Neurological Assessment**  
Level of Consciousness  
PERL-ER

Alert  
Yes

**Genitourinary Assessment**  
Pt Reported Urinary S&S

Denies problem

**Gastrointestinal Assessment**  
Pt Reported GI S&S  
Abdomen  
Abdominal Tenderness  
Bowel Sounds Present

No complaints/denies problems  
Soft  
None  
All quadrants

**Neurovascular Assessment**  
Nailbed Color N/V  
Capillary Refill  
Affected Extremity/Site Mobility  
Affected Extremity/Site Sensation  
NV Abnormality Location #1  
NV Abnormality Location #2

Pink  
Less than 3 seconds  
Normal, With pain  
Normal  
Knee, Right  
Hand, Bilateral

**Psychosocial/Sleep Assessment**  
Pt Behavior/Mood/Affect

Able to participate in two way communication, Coping mechanisms are effective, Mood, affect and behavior appropriate to situation, Rational thought process, Anxious, Apprehensive  
Calm, Coping appropriately

Family/SO Behavior/Mood/Affect

**Allergy**

Printed Date:12/21/12

Printed Time08:15

12/21/2012 9:28AM (GMT-05:00)

121211HCC2220

3 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3); Exemption 3 for  
MRN: 25(c)  
Date of Birth: [Redacted]  
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3)  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## ER Triage/Assessment

Adult ED Nursing Asmt Form (PA)  
11/21/12 23:29 CST Performed by McGrauth RN , Christine A  
Entered on 11/22/12 02:46 CST

|  |                                      |
|--|--------------------------------------|
| <b>Allergy</b>                                 | Reaction                             |
| 1. No Known Allergies                          | Patient                              |
| Allergies Reviewed With                        |                                      |
| <b>Adult Immunizations ED</b>                  | Unknown                              |
| Diphtheria/Tetanus Immunization                | Yes                                  |
| Influenza Season                               |                                      |
| <b>Social History Not Required</b>             | Yes                                  |
| Social Hx 13 Years Older                       |                                      |
| <b>Tobacco History</b>                         | Current everyday smoker              |
| Smoking Status                                 | Cigarettes                           |
| Type of Tobacco Use                            | 18                                   |
| Age Started Smoking                            |                                      |
| <b>Vital Signs</b>                             | 100.5 Degrees F                      |
| Temperature                                    | 38.1 Degrees C                       |
| Temperature Celsius Calculation                | Temporal Artery                      |
| Temperature Route                              | 88 BPM                               |
| Pulse Rate                                     | Apical                               |
| Pulse Location                                 | 159 mmHg                             |
| Systolic BP                                    | 93 mmHg                              |
| Diastolic BP                                   | Cuff, Arm, right, Upper              |
| NIBP Method-CC                                 | 20 Br PM                             |
| Respiratory Rate                               | 100 %                                |
| Pulse Oximetry                                 | Finger, left                         |
| Pulse Oximetry Location                        | 2 L/min                              |
| O2 Device Flow                                 | Nasal cannula                        |
| Oxygen Delivery                                |                                      |
| <b>Glasgow Coma Scale</b>                      | Spontaneous (4)                      |
| Eye Opening Response Glasgow                   | Obeys commands appropriately (6)     |
| Motor Response                                 | Oriented and converses (5)           |
| Verbal Response                                | 15                                   |
| Glasgow Coma Score                             |                                      |
| <b>Medication History-ED</b>                   |                                      |
| Historical Medication                          |                                      |
| Acetaminophen-HYDROcodone (Lortab 5mg/ 500 mg) |                                      |
| Who Administers Medications?                   | Patient                              |
| ED Medication History Complete                 | Yes                                  |
| Age Calc                                       | 18 years or older                    |
| <b>Pain Assessment-Basic</b>                   |                                      |
| Pain Score                                     | 4                                    |
| Pain Intensity Scale                           | Numeric Rating Scale-Verbal (Adults) |
| Is Pain Level Acceptable?                      | Yes                                  |
| Pain Location Site #1                          | Knee                                 |
| Pain Location Modifier Site #1                 | Right                                |
| Pain Characteristics Site #1                   | Aching                               |
| <b>Pain Assessment Site #1</b>                 |                                      |
| Pain Score                                     | 4                                    |

121211HCC2220

4 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for  
MRN: 25(c)  
Date of Birth:   
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3):  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## ER Triage/Assessment

Adult ED Nursing Asmt Form (PA)  
11/21/12 23:29 CST Performed by McGrath RN , Christine A  
Entered on 11/22/12 02:48 CST

|   |  |
|---|--|
| Pain Intensity Scale                    | Numeric Rating Scale-Verbal (Adults)   |
| Is Pain Level Acceptable?               | Yes  |
| Pain Location Site #1                   | Knee   |
| Pain Location Modifier Site #1          | Right  |
| <b>Abuse/Neglect Screening</b>          |  |
| Abuse History                           | No   |
| Recent Physical Violence/Abuse          | No   |
| Sexual Abuse/Assault                    | No   |
| Fearful of Partner/Caregiver or Other   | No   |
| Clin/Fam-Neglect/Exploitation May Exist | No   |
| <b>EENT Assessment</b>                  |  |
| Eye Findings, Bilateral                 | Intact   |
| <b>Skin/Mucosa Assessment</b>           |  |
| Skin Color                              | Ruddy  |
| Skin Temperature                        | Warm   |
| Skin Turgor                             | Good   |
| <b>Musculoskeletal Assessment</b>       |  |
| MSK Abnormality Location #1             | pt. stabilized on backboard.No external or internal rotation of extremities noted. |

121211HCC2220

5 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for  
MRN: 25(c)  
Date of Birth: [Redacted]  
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3):  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## Emergency Room Progress Note

**Emergency Room Progress Note Form**  
11/21/12 23:24 CST Performed by McGraith RN , Christine A  
Entered on 11/22/12 03:05 CST

Emergency Room Progress Note  
Emergency Room Progress Note

To ER per ambulance after ATV accident with loss of 1 victim. Surviving victim brought to ER for evaluation of injuries. Per EMS unconscious at scene and enroute to hospital. Vitals stable presently. Speech clear. Questions what happened. Shows sinus rhythm on monitor. Upon arrival to monitor. Placed on cot 2 in trauma bay. Answers questions appropriately. Hand grips equal. Pupils react appropriately. Note turban dressing to head. Per EMS has 3 lacerations with controlled bleeding presently. Heart rate regular, L5CTA. Denies chest wall tenderness to palpation. Bowel sounds present with pt. denying pain to deep palpation. Pelvis intact. States right knee pain. Note swelling around knee with abrasions and bruising. c/o 1 toe pain to 1st toe on left foot. Note nailbed with bluish hue. Painful to the touch. Xray of right knee taken. Unsure of last Tetanus. TDAP updated.

**Emergency Room Progress Note Form**  
11/21/12 23:50 CST Performed by McGraith RN , Christine A  
Entered on 11/22/12 03:10 CST

Emergency Room Progress Note  
Emergency Room Progress Note

To CT scan for head and cervical spine. Flight crew. Dr. Krow-Rodney notified of need for accepting doctor. Pt's neuro status remains unchanged. Continues to ask about his friend. Consent for transfer signed by wife. Ready for transport.

**Emergency Room Progress Note Form**  
11/22/12 02:51 CST Performed by McGraith RN , Christine A  
Entered on 11/22/12 02:52 CST

Emergency Room Progress Note  
Emergency Room Progress Note

Mercy Flight here. Report given. Dr. Krow-Rodney into evaluate pt.

121211HCC2220

6 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for  
MRN: 25(c)  
Date of Birth:   
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3)  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## ER Disposition

ER Dispo Form  
11/22/12 00:31 CST Performed by McGrauth RN , Christine A  
Entered on 11/22/12 00:32 CST

### Disposition

Time of Departure From ER  
Discharge/Transfer From ER  
Condition at Discharge/Transfer From ER  
Mode of Departure From ER  
Accompanied By at Disposition From ER-A  
Valuables Returned

11/22/2012 00:31  
Acute care hospital 02  
Serious  
Other: air ambulance  
Other: air ambulance  
Not applicable

121211HCC2220

7 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for  
MRN: 25(c)  
Date of Birth:   
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3)  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## Depart Summary

Depart Summary

Date: 11/22/2012 12:32:30 AM CST

PALO ALTO COUNTY HEALTH SERVICES  
Emergency Department  
3201 First Street  
Emmetsburg, IA 52136  
(712) 852-5411

In an effort to provide timely information, this summary was generated from our electronic medical record at the time of the patient's discharge from the Emergency Department. If you would like additional information regarding this ED Visit, please contact the HIM department at (712) 852-5434. Contact Radiology for films at (712) 852-5416.

### PATIENT INFORMATION

|                                |                |
|--------------------------------|----------------|
| Name: (b)(3):Exemption 3 for 2 | DOB: (b)(3):Ex |
|--------------------------------|----------------|

|                       |                          |
|-----------------------|--------------------------|
| PCP: (b)(3):Exemption | Patient Phone: (b)(3):Ex |
|-----------------------|--------------------------|

|                |  |
|----------------|--|
| Allergies: NKA |  |
|----------------|--|

### VISIT INFORMATION

|                              |            |
|------------------------------|------------|
| Visit Date: 11/21/2012 23:29 | Diagnosis: |
|------------------------------|------------|

|               |                   |
|---------------|-------------------|
| ED Physician: | Reason For Visit: |
|---------------|-------------------|

|  |  |
|--|--|
| ED Disposition: Acute care hospital 02 |  |
|--|--|

### NEW MEDICATIONS

None

### UPDATED MEDICATIONS

None

### UNCHANGED MEDICATIONS

None

### STOP TAKING THESE MEDICATIONS

None

### DO NOT TAKE UNTIL YOU TALK TO YOUR DOCTOR

None

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trlnity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for  
MRN: 25(c)  
Date of Birth:   
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3):  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## Depart Summary

Depart Summary

Date: 11/22/2012 12:32:30 AM CST

### MEDICATIONS RECEIVED DURING YOUR MEDICAL VISIT

None

Your medication list: **\*\*These are the medications you should continue taking.\*\***

None

Checkout Complete

121211HCC2220

9 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for 25(c)  
MRN: (b)(3):Exemption 3 for 25(c)  
Date of Birth: (b)(3):Exemption 3 for 25(c)  
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3)  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A



ED Pat Edu

Date: 11/22/2012 12:32:30 AM CST

Palo Alto County Health System  
Emergency Department  
3201 1st. Street  
Emmetsburg, IA 50536  
Phone: 712-852-5500

(b)(3):Exemption 3 for 25(c), Please provide this information to your Primary Care/Specialist

Current Date :

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

Primary Care

Physician : Banwart DO, Patricia

Diagnosis :

Laboratory Orders: None Ordered

### Radiology Orders:

| Name:                   | Status: |
|-------------------------|---------|
| XR Knee 1-2 Views RT    | Ordered |
| CT Head w/o Contrast    | Ordered |
| CT C-Spine w/o Contrast | Ordered |

Diagnostic Tests: None Ordered

### Procedure(s) & Patient Education(s) :

Emergency Services Medication List  
Lista de Medicaciones de los Servicios de Emergencia

|      |                          |                  |            |
|------|--------------------------|------------------|------------|
| Name | (b)(3):Exemption 3 for 2 | (b)(3):Exemption | (b)(3):Exe |
|------|--------------------------|------------------|------------|

Based on the information available during your visit we have given you the medication instructions below. Continue taking

Printed Date: 12/21/12

Printed Time: 08:15

12/21/2012 9:28AM (GMT-05:00)



121211HCC2220

11 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for 25(c)  
MRN: 25(c)  
Date of Birth: (b)(3):  
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3):  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A



ED Pat Edu

Date: 11/22/2012 12:32:30 AM CST

**Palo Alto County Health System**  
Emergency Department  
3201 1<sup>st</sup> Street  
Emmetsburg, IA 50536  
Phone: 712-852-5500

Name: (b)(3):Exemption 3 for 25(c)      DOB: (b)(3):Exemption 3      Current Date: 11/22/2012 00:32:30  
Primary Care Provider Name: (b)(3):Exemption 3      Phone: (b)

Palo Alto County Health System Emergency Services would like to thank you for allowing us to assist you with your health care needs. Please review these instructions when you return home in order to better understand your diagnosis and the necessary further treatment and precautions related to your condition.

Medication prescriptions provided during the Emergency Department visit cannot be refilled over the telephone. If your symptoms persist, it is usually necessary to be seen by your personal physician, or in a clinic, for continued medical management. If you are having a reaction to your medication, please call your physician or return to the Emergency Department immediately.

The Emergency Department physician has looked at your lab tests, EKG, and/or other diagnostic tests and has given you an opinion. If the final reading is different and further treatment is needed, we will try to contact you. If tests results were not available while you were here and later indicate that you need further treatment, we will try to contact you. You will be referred to another physician or clinic for further evaluation or tests. Please be sure to provide complete contact information.

When x-rays are done after hours, the Emergency Department provider will give a preliminary report to you. A radiologist will review your x-rays the next working day, and your doctor will be notified of any information that would change your care. Sometimes fractures or abnormalities may not show up on x-ray for several days. If symptoms persist or worsen, call your doctor or return to the Emergency Department.

**Warning:** Do not drive or use machinery under the following conditions: Seizures not controlled by medicine; wearing an eye patch; fainting spells for any reason; use of drugs, alcohol, and/or medications that may cause drowsiness.

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for  
MRN: 25(c)  
Date of Birth: [Redacted]  
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3)  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A



ED Pat Edu

Date: 11/22/2012 12:32:30 AM CST

**Smoking: If you do smoke, we encourage you to stop. Smoking affects all aspects of your health and the health of those around you.**

**Please remember to always BUCKLE-UP! Seatbelts and child car seats do save lives!**

*- Thank you for choosing Palo Alto County Health System Emergency Department.-*

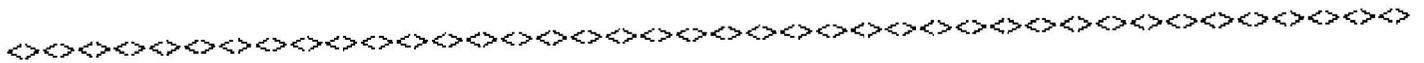
### *Follow-Up Instructions*

(b)(3):Exemption 3 for 25(c) has been given these follow-up instructions:

### *Patient Education Materials*

(b)(3):Exemption 3 for 25(c) has been given the following patient education materials:

*No instructions were provided.*



### *Patient Visit Summary Signature*

(b)(3):Exemption 3 for 25(c) has been given the following list of patient education materials, prescriptions and follow-up

*instructions:*

Printed Date: 12/21/12

Printed Time: 08:15



121211HCC2220

14 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3): Exemption 3 for 25(c)  
MRN: (b)(3): Exemption 3 for 25(c)  
Date of Birth: (b)(3): Exemption 3 for 25(c)  
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3)  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## ED Physician Notes

### Emergency Room Note

Electronically Signed By: Krow Rodney MD, Abena A

Date Signed: 11/26/2012 1:49:55 PM CST

Palo Alto  
County Health  
Services  
A partner with  
Mercy Health Network - North Iowa

### EMERGENCY ROOM NOTE

PATIENT NAME: (b)(3): Exemption 3 for 25(c)  
medical record #: (b)(3): Exem

PROVIDER: Abena A Krow-Rodney, MD  
DATE: 11/21/2012

**SUBJECTIVE:** Head injury. HPC: The patient is a 28-year-old male who presented after being involved in an accident with an ATV. The patient was riding an ATV and was reported to have struck a tree resulting in head injury. The patient was also riding with a friend who was found dead at the scene due to probable severe head injury. When the EMTs arrived at the scene, the patient was found to have lost consciousness. By the time the patient had arrived to the ER, the patient was alert and oriented. The patient is only complaining of pain to his left great toe and left knee. He also has pain to his forehead. The patient denied any other pain. He denied any nausea or vomiting. The patient arrived in the ER on a backboard. Past medical history: None. Drug history: None. Allergies: No known drug allergies. The patient did report having ingested some alcohol prior to this incident. The patient was not able to quantify how much alcohol he had ingested prior to the incident.

**OBJECTIVE:** On examination, this is a young male in no cardiopulmonary distress. He is conversing appropriately. GCS is 15/15. Vital signs -temperature 99.8, pulse 93, respirations 12, and blood pressure 149/79. The patient was bleeding at his scalp. Pupils are equally reactive to light bilaterally. Extraocular movements are intact bilaterally. Chest: Good air entry bilaterally. There were no crepitations and no wheezes. Cardiovascular: S1 and S2 were heard. No murmurs. Regular rate and rhythm. Abdomen was non-distended. Bowel sounds were normal. Abdomen was soft and nontender. Musculoskeletal system: Distal pulses palpable in the lower extremities bilaterally. There was some discoloration of the nail of the left great toe. There were abrasions on the right lower extremity. The patient was examined on the backboard, hence examination was limited.

Investigation CT scan of head and c-spine imaging studies are pending. CBC: Hemoglobin 15.2, WBC 9.96, and platelets 176.

### ASSESSMENT:

1. Head injury secondary to motor vehicle accident.

**PLAN:** The patient is clinically stable, however due to the events surrounding the incident with a deceased accompanying driver, have to rule out severe head injury and

Printed Date: 12/21/12

Printed Time: 08:15

12/21/2012 9:28AM (GMT-05:00)

121211HCC2220

15 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

|                 |                         |
|-----------------|-------------------------|
| Patient Name:   | (b)(3) Exemption 3 for  |
| MRN:            | 25(c)                   |
| Date of Birth:  |                         |
| Admit Date:     | 11/21/2012              |
| Discharge Date: | 11/22/2012              |
| Account Number: | (b)(3)                  |
| Patient Type:   | Emergency               |
| Attending:      | Krow Rodney MD, Abena A |

## ED Physician Notes

Emergency Room Note

Electronically Signed By: Krow Rodney MD, Abena A

Date Signed: 11/26/2012 1:49:55 PM CST

other potential viscous and musculoskeletal injuries. Will transfer the patient to Mason City Trauma Center for further management and evaluation. The case was discussed with the trauma surgeon, Dr. Allgood who accepted transfer of the patient. The patient will be transferred by air ambulance.

AAK/bjl D: 11/22/2012 12:43 A T: 11/22/2012 1:07 A Job #002973517 Doc #2463036

121211HCC2220

16 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa

A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for  
MRN: 25(c)  
Date of Birth:   
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3)  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## Physician Orders

Action Date/Time 11/21/2012 11:31:33 PM CST

| Mnemonic  | Action   | Order Status | Type of Order |
|---|--|--------------|---------------|
| Complete ED Medication Hx                       | Order  | Ordered      | Patient Care  |
| Ordering Physician<br>SYSTEM                    | Electronically Signed By:<br>SYSTEM 11/21/2012 11:31:33 PM CST       |              |               |
| Review Information<br>N/A                       |  |              |               |
| Order Details<br>11/21/12 23:31:33 CST, Routine | 11/21/2012 11:31:33 PM CST: Order placed upon ED Admission by System |              |               |

Action Date/Time 11/22/2012 12:31:29 AM CST

| Mnemonic   | Action  | Order Status | Type of Order |
|--|---|--------------|---------------|
| XR Knee 1-2 Views RT   | Order   | Ordered      | Radiology     |
| Ordering Physician<br>Krow Rodney MD, Abena A  | Electronically Signed By:<br>McGauth RN, Christine A 11/22/2012 12:29:33 AM CST |              |               |
| Review Information<br>Doctor Electronically Cosign, Accepted - Krow Rodney MD, Abena A, 11/22/2012 12:41:52 AM CST |   |              |               |
| Order Details<br>11/22/12 0:29:00 CST Stat, Reason: Pain w Trauma, x 1, Day(s) 1, Rad Type No                      |   |              |               |

Action Date/Time 11/22/2012 12:31:29 AM CST

| Mnemonic   | Action  | Order Status | Type of Order |
|--|---|--------------|---------------|
| CT Head w/o Contrast   | Order   | Ordered      | Radiology     |
| Ordering Physician<br>Krow Rodney MD, Abena A  | Electronically Signed By:<br>McGauth RN, Christine A 11/22/2012 12:29:33 AM CST |              |               |
| Review Information<br>Doctor Electronically Cosign, Accepted - Krow Rodney MD, Abena A, 11/22/2012 12:41:52 AM CST |   |              |               |
| Order Details<br>11/22/12 0:30:00 CST Routine, Reason: Head Trauma, Rad Type No                                    |   |              |               |

Action Date/Time 11/22/2012 12:31:29 AM CST

| Mnemonic   | Action  | Order Status | Type of Order |
|--|---|--------------|---------------|
| CT C-Spine w/o Contrast  | Order   | Ordered      | Radiology     |
| Ordering Physician<br>Krow Rodney MD, Abena A  | Electronically Signed By:<br>McGauth RN, Christine A 11/22/2012 12:29:33 AM CST |              |               |
| Review Information<br>Doctor Electronically Cosign, Accepted - Krow Rodney MD, Abena A, 11/22/2012 12:41:52 AM CST |   |              |               |
| Order Details<br>11/22/12 0:31:00 CST Routine, Reason: Injury, Rad Type No   |   |              |               |

Action Date/Time 11/22/2012 2:48:57 AM CST

| Mnemonic  | Action   | Order Status | Type of Order |
|---|--|--------------|---------------|
| Obtain Updated Immunization Information         | Order  | Ordered      | Patient Care  |
| Ordering Physician<br>SYSTEM                    | Electronically Signed By:<br>SYSTEM 11/22/2012 2:48:57 AM CST  |              |               |
| Review Information<br>N/A                       |  |              |               |
| Order Details<br>11/22/12 10:48:57 CST, Routine | 11/22/2012 2:48:57 AM CST: This order has been placed because it has been documented that the patient was unable to respond to immunization screening questions. |              |               |

Action Date/Time 11/22/2012 3:06:41 AM CST

Printed Date: 12/21/12  
Printed Time: 08:15

12/21/2012 9:28AM (GMT-05:00)

121211HCC2220

17 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa

A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3): Exemption 3 for

MRN: 25(c)

Date of Birth: 11/21/2012

Admit Date: 11/22/2012

Discharge Date: 11/22/2012

Account Number: (b)(3)

Patient Type: Emergency

Attending: Krow Rodney MD, Abena A

## Physician Orders

|   |                        |   |                                  |
|---|------------------------|---|----------------------------------|
| <b>Mnemonic</b><br>diphtheria/pertussis, acel/tetanus<br>adult  | <b>Action</b><br>Order | <b>Order Status</b><br>Ordered  | <b>Type of Order</b><br>Pharmacy |
| Ordering Physician<br>Krow Rodney MD, Abena A   |                        | Electronically Signed By:<br>McGrath RN, Christine A 11/21/2012 11:30:00 PM CST |                                  |
| Review Information<br>Doctor Electronically Cosign, Accepted - Krow Rodney MD, Abena A, 11/26/2012 6:11:36 AM CST   |                        |   |                                  |
| Order Details<br>0.5 mL, IM, Inject (IM Only), Prior to Discharge, Routine, 11/22/12 3:06:00 CST, -1 Physician Stop 424,702 No 1 11/22/12 3:06:00 CST<br>11/22/2012 3:06:41 AM CST: For patients 11 years and older |                        |   |                                  |

Action Date/Time 11/22/2012 3:20:43 AM CST

|   |                        |   |                                      |
|---|------------------------|---|--------------------------------------|
| <b>Mnemonic</b><br>Pulse Oximeter/Nursing   | <b>Action</b><br>Order | <b>Order Status</b><br>Ordered  | <b>Type of Order</b><br>Patient Care |
| Ordering Physician<br>Krow Rodney MD, Abena A   |                        | Electronically Signed By:<br>McGrath RN, Christine A 11/22/2012 12:00:00 AM CST |                                      |
| Review Information<br>Doctor Electronically Cosign, Accepted - Krow Rodney MD, Abena A, 11/26/2012 6:11:33 AM CST |                        |   |                                      |
| Order Details<br>11/22/12 0:00:00 CST, Routine, 0 -1 11/22/12 0:00:00 CST Not Required                            |                        |   |                                      |

Action Date/Time 11/23/2012 2:44:15 AM CST

|   |                              |   |                                      |
|---|------------------------------|---|--------------------------------------|
| <b>Mnemonic</b><br>Obtain Updated Immunization<br>Information | <b>Action</b><br>Discontinue | <b>Order Status</b><br>Discontinued                           | <b>Type of Order</b><br>Patient Care |
| Ordering Physician<br>SYSTEM                                  |                              | Electronically Signed By:<br>SYSTEM 11/23/2012 2:44:15 AM CST |                                      |
| Review Information<br>N/A                                     |                              |   |                                      |
| Order Details<br>11/22/12 10:48:57 CST, Routine               |                              |   |                                      |

Action Date/Time 11/23/2012 2:44:16 AM CST

|  |                              |   |                                      |
|--|------------------------------|---|--------------------------------------|
| <b>Mnemonic</b><br>Pulse Oximeter/Nursing  | <b>Action</b><br>Discontinue | <b>Order Status</b><br>Discontinued                           | <b>Type of Order</b><br>Patient Care |
| Ordering Physician<br>Krow Rodney MD, Abena A  |                              | Electronically Signed By:<br>SYSTEM 11/23/2012 2:44:16 AM CST |                                      |
| Review Information<br>N/A  |                              |   |                                      |
| Order Details<br>11/22/12 0:00:00 CST, Routine, 0 -1 11/22/12 0:00:00 CST Not Required |                              |   |                                      |

Action Date/Time 11/23/2012 9:40:12 AM CST

|  |                        |  |                                  |
|--|------------------------|--|----------------------------------|
| <b>Mnemonic</b><br>diphtheria/pertussis, acel/tetanus<br>adult   | <b>Action</b><br>Order | <b>Order Status</b><br>Completed                                       | <b>Type of Order</b><br>Pharmacy |
| Ordering Physician   |                        | Electronically Signed By:<br>Duhn, Therese E 11/23/2012 9:40:12 AM CST |                                  |
| Review Information<br>N/A  |                        |  |                                  |
| Order Details<br>y-Misc-Charge, Once, x 1 Time(s)/Dose(s), 11/23/12 9:40:08 CST, 11/23/12 9:40:08 CST, -1 UD COD 1 1, Limited # of times |                        |  |                                  |

Printed Date: 12/21/12

Printed Time: 08:15

12/21/2012 9:28AM (GMT-05:00)

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3): Exemption 3 for  
MRN: 25(c)  
Date of Birth: [Redacted]  
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3):  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## Medication Administration Record Unscheduled Meds

### diphtheria/pertussis, acel/tetanus adult (Tdap (Reduced Diphtheria))

Order Id: 5020451989.00  
Order Detail: 0.5 mL, IM, Inject (IM Only), Prior to Discharge, Routine, 11/22/12 3:06:00 CST  
Scheduled:  
Order By: Krow Rodney MD, Abena A  
Nurse: McGrauth RN, Christine A  
Pharmacist: TIS, Script Update  
Accepted on: 11/22/2012 3:20:47 AM CST  
Accepted on: 11/28/2012 12:15:12 AM CST  
Comments: Order Comment: For patients 11 years and older

#### Order History

| Action(s)     | Charted@  | Scheduled             | Action Time(s)        | Performed By             | Admin Detail(s)          |
|---------------|---|-----------------------|-----------------------|--------------------------|--------------------------|
| Med Given     | 11/22/12 3:07 AM CST  | 11/22/12 03:06 AM CST | 11/21/12 11:30 PM CST | McGrauth RN, Christine A | McGrauth RN, Christine A |
| Order         |   |                       | 11/22/12 03:06 AM CST | McGrauth RN, Christine A |                          |
| Complete      |   |                       | 11/22/12 03:07 AM CST | McGrauth RN, Christine A |                          |
| Order Detail: | 0.5 mL, IM, Inject (IM Only), Prior to Discharge, Routine, 11/22/12 3:06:00 CST |                       |                       |                          |                          |

121211HCC2220

19 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3);Exemption 3 for  
MRN: 25(c)  
Date of Birth:   
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3)  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## Vital Signs

**Vital Signs Form**  
11/21/12 23:30 CST Performed by McGraith RN , Christine A  
Entered on 11/22/12 02:50 CST

|                         |                                  |
|-------------------------|----------------------------------|
| <b>Vital Signs</b>      |                                  |
| Pulse Rate              | 91 BPM                           |
| Pulse Location          | Apical                           |
| Systolic BP             | 188 mmHg                         |
| Diastolic BP            | 88 mmHg                          |
| NIBP Method-CC          | Cuff, Monitor, Arm, right, Upper |
| Respiratory Rate        | 20 Br PM                         |
| Pulse Oximetry          | 100 %                            |
| Pulse Oximetry Location | Finger, left                     |
| O2 Device Flow          | 2 L/min                          |
| Oxygen Delivery         | Nasal cannula                    |

**Vital Signs Form**  
11/21/12 23:40 CST Performed by McGraith RN , Christine A  
Entered on 11/22/12 02:51 CST

|                         |                                  |
|-------------------------|----------------------------------|
| <b>Vital Signs</b>      |                                  |
| Pulse Rate              | 96 BPM                           |
| Systolic BP             | 186 mmHg                         |
| Diastolic BP            | 95 mmHg                          |
| NIBP Method-CC          | Cuff, Monitor, Arm, right, Upper |
| Respiratory Rate        | 20 Br PM                         |
| Pulse Oximetry          | 99 %                             |
| Pulse Oximetry Location | Finger, left                     |

# Palo Alto County Health Services

Patient Name: (b)(3):Exemption 3 for

MRN: 25(c)

Date of Birth: 11/21/2012

Admit Date: 11/21/2012

Discharge Date: 11/22/2012

Account Number: (b)(3)

Patient Type: Emergency

Attending: Krow Rodney MD, Abena A

Emmelsburg, Iowa

A Member of Trinity Health  
Livonia, Michigan

## Immunizations

|   |  |                        |
|---|--|------------------------|
| Vaccine: diphtheria/pertussis, acel/tetanus adult | Date Given: 11/21/2012 11:30:00 PM CST | Provider:              |
| Admin Person: McGrauth RN , Christina A           | Site: Deltoid, Right                   | Amount: 0.50 mL        |
| Manufacturer: Sanofi Pasteur                      | Lot #: C4311BA                         | Expiration: 03/21/2015 |

# Palo Alto County Health Services

Emmelsburg, Iowa  
 A Member of Trinity Health  
 Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for 25(c)  
 MRN: (b)(3)  
 Date of Birth: (b)(3)  
 Admit Date: 11/21/2012  
 Discharge Date: 11/22/2012  
 Account Number: (b)(3)  
 Patient Type: Emergency  
 Attending: Krow Rodney MD, Abena A

## Direct Charting Flowsheet

| Procedure                          | Ref Range | Units | Date Time                  | Result                  | Performed/Verified  |
|------------------------------------|-----------|-------|----------------------------|-------------------------|---------------------|
| Peripheral IV Start Date / Time    |           |       | 11/21/2012 11:00:00 PM CST |                         |                     |
| Peripheral IV Activity             |           |       | 11/21/2012 11:00:00 PM     | Field Start             | McGrauth, Christine |
| Peripheral IV Infiltration Score   |           |       |                            | 0                       | McGrauth, Christine |
| Peripheral IV Phlebitis Score      |           |       |                            | 0                       | McGrauth, Christine |
| Peripheral IV Care                 |           |       |                            | Secured with Tape       | McGrauth, Christine |
| Peripheral IV Dressing             |           |       |                            | Semi-Permeable membrane | McGrauth, Christine |
| Peripheral IV Patency              |           |       |                            | Flushes easily          | McGrauth, Christine |
| Peripheral IV Equipment            |           |       |                            | Infusion Pump           | McGrauth, Christine |
| Peripheral IV Response to Activity |           |       |                            | Tolerated               | McGrauth, Christine |
| Peripheral IV Start Date / Time    |           |       | 11/21/2012 11:00:00 PM     |                         | McGrauth, Christine |
| Peripheral IV Activity             |           |       |                            | Field Start             | McGrauth, Christine |
| Peripheral IV Infiltration Score   |           |       |                            | 0                       | McGrauth, Christine |
| Peripheral IV Phlebitis Score      |           |       |                            | 0                       | McGrauth, Christine |
| Peripheral IV Care                 |           |       |                            | Secured with Tape       | McGrauth, Christine |
| Peripheral IV Dressing             |           |       |                            | Semi-Permeable membrane | McGrauth, Christine |
| Peripheral IV Patency              |           |       |                            | Flushes easily          | McGrauth, Christine |
| Peripheral IV Equipment            |           |       |                            | Infusion Pump           | McGrauth, Christine |
| Peripheral IV Response to Activity |           |       |                            | Tolerated               | McGrauth, Christine |

| Procedure                    | Ref Range | Units     | Date Time                  | Result                     | Performed/Verified  |
|------------------------------|-----------|-----------|----------------------------|----------------------------|---------------------|
| Eye Opening Response Glasgow |           |           | 11/21/2012 11:29:00 PM CST | Spontaneous (4)            | McGrauth, Christine |
| Motor Response               |           |           |                            | See Below                  | McGrauth, Christine |
| Verbal Response              |           |           |                            | Oriented and converses (5) | McGrauth, Christine |
| Temperature                  |           | Degrees F |                            | 100.5                      | McGrauth, Christine |
| Temperature Route            |           |           |                            | Temporal Artery            | McGrauth, Christine |
| Pulse Rate                   |           | BPM       |                            | 68                         | McGrauth, Christine |
| Pulse Location               |           |           |                            | Apical                     | McGrauth, Christine |
| Systolic BP                  |           | mmHg      |                            | 159                        | McGrauth, Christine |

121211HCC2220

22 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmeisburg, Iowa

A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3) Exemption 3 for  
 MRN: 25(c)  
 Date of Birth:   
 Admit Date: 11/21/2012  
 Discharge Date: 11/22/2012  
 Account Number: (b)(3)  
 Patient Type: Emergency  
 Attending: Krow Rodney MD, Abena A

## Direct Charting Flowsheet

|                                |          |       |                              |                     |
|--------------------------------|----------|-------|------------------------------|---------------------|
| Diastolic BP                   |          | mmHg  | 93                           | McGrauth, Christine |
| NIBP Method-CC                 |          |       | Cuff, Arm, right, Upper      | McGrauth, Christine |
| Respiratory Rate               |          | Br PM | 20                           | McGrauth, Christine |
| Pulse Oximetry                 | [90-100] | %     | 100                          | McGrauth, Christine |
| Pulse Oximetry Location        |          |       | Finger, left                 | McGrauth, Christine |
| O2 Device Flow                 |          | L/min | 2                            | McGrauth, Christine |
| Oxygen Delivery                |          |       | Nasal cannula                | McGrauth, Christine |
| Eye Findings, Bilateral        |          |       | Intact                       | McGrauth, Christine |
| Skin Color                     |          |       | Ruddy                        | McGrauth, Christine |
| Skin Turgor                    |          |       | Good                         | McGrauth, Christine |
| MSK Abnormality Location #1    |          |       | See Below                    | McGrauth, Christine |
| Pain Score                     |          |       | 4                            | McGrauth, Christine |
| Pain Intensity Scale           |          |       | See Below                    | McGrauth, Christine |
| Is Pain Level Acceptable?      |          |       | Yes                          | McGrauth, Christine |
| Pain Location Site #1          |          |       | Knee                         | McGrauth, Christine |
| Pain Location Modifier Site #1 |          |       | Right                        | McGrauth, Christine |
| Pain Score                     |          |       | 4                            | McGrauth, Christine |
| Pain Intensity Scale           |          |       | See Below                    | McGrauth, Christine |
| Is Pain Level Acceptable?      |          |       | Yes                          | McGrauth, Christine |
| Pain Location Site #1          |          |       | Knee                         | McGrauth, Christine |
| Pain Location Modifier Site #1 |          |       | Right                        | McGrauth, Christine |
| Pain Characteristics Site #1   |          |       | Aching                       | McGrauth, Christine |
| Skin Cardiovasc                |          |       | Dry, Warm                    | McGrauth, Christine |
| Nail Bed Color                 |          |       | Pink                         | McGrauth, Christine |
| Capillary Refill               |          |       | Less than 3 seconds          | McGrauth, Christine |
| Findings Cardiovasc            |          |       | No cardiovascular symptoms   | McGrauth, Christine |
| Respiratory Findings           |          |       | Breathing without difficulty | McGrauth, Christine |
| LUL Posterior                  |          |       | Clear/Vesicular              | McGrauth, Christine |
| RUL Posterior                  |          |       | Clear/Vesicular              | McGrauth, Christine |
| LUL Anterior                   |          |       | Clear/Vesicular              | McGrauth, Christine |
| LLL Anterior                   |          |       | Clear/Vesicular              | McGrauth, Christine |
| RUL Anterior                   |          |       | Clear/Vesicular              | McGrauth, Christine |
| RLL Anterior                   |          |       | Clear/Vesicular              | McGrauth, Christine |
| Level of Consciousness         |          |       | Alert                        | McGrauth, Christine |
| PERL-ER                        |          |       | Yes                          | McGrauth, Christine |

Printed Date: 12/21/12

Printed Time: 08:15

12/21/2012 9:28AM (GMT-05:00)

121211HCC2220

23 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for  
MRN: 25(c)  
Date of Birth:  
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3)  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## Direct Charting Flowsheet

|                                      |    |                               |                     |
|--------------------------------------|----|-------------------------------|---------------------|
| Pt Reported GI S&S                   |    | No complaints/denies problems | McGrauth, Christine |
| Abdomen                              |    | Soft                          | McGrauth, Christine |
| Abdominal Tenderness                 |    | None                          | McGrauth, Christine |
| Bowel Sounds Present                 |    | All quadrants                 | McGrauth, Christine |
| Pt Reported Urinary S&S              |    | Denies problem                | McGrauth, Christine |
| Nailbed Color N / V                  |    | Pink                          | McGrauth, Christine |
| Capillary Refill                     |    | Less than 3 seconds           | McGrauth, Christine |
| Affected Extremity / Site Mobility   |    | Normal, With pain             | McGrauth, Christine |
| Affected Extremity / Site Sensation  |    | Normal                        | McGrauth, Christine |
| NV Abnormality Location #1           |    | Knee, Right                   | McGrauth, Christine |
| NV Abnormality Location #2           |    | Hand, Bilateral               | McGrauth, Christine |
| Family / SO Behavior / Mood / Affect |    | Calm, Coping appropriately    | McGrauth, Christine |
| Known or Suspected Infection         |    | No                            | McGrauth, Christine |
| Weight                               | kg | 90.200                        | McGrauth, Christine |
| Height                               | cm | 180.34                        | McGrauth, Christine |

11/21/2012 11:29:00 PM CST - Motor Response: Obeys commands appropriately (6)  
11/21/2012 11:29:00 PM CST - MSK Abnormality Location #1: pt. stabilized on backboard. No external or internal rotation of extremities noted.  
11/21/2012 11:29:00 PM CST - Pain Intensity Scale: Numeric Rating Scale-Verbal (Adults)  
11/21/2012 11:29:00 PM CST - Pain Intensity Scale: Numeric Rating Scale-Verbal (Adults)

| Procedure               | Ref Range | Units | Date Time                  | Result        | Performed/Verified  |
|-------------------------|-----------|-------|----------------------------|---------------|---------------------|
| Pulse Rate              |           | BPM   | 11/21/2012 11:30:00 PM CST | 91            | McGrauth, Christine |
| Pulse Location          |           |       |                            | Apical        | McGrauth, Christine |
| Systolic BP             |           | mmHg  |                            | 188 H         | McGrauth, Christine |
| Diastolic BP            |           | mmHg  |                            | 88            | McGrauth, Christine |
| NIBP Method-CC          |           |       |                            | See Below     | McGrauth, Christine |
| Respiratory Rate        |           | Br PM |                            | 20            | McGrauth, Christine |
| Pulse Oximetry          | [90-100]  | %     |                            | 100           | McGrauth, Christine |
| Pulse Oximetry Location |           |       |                            | Finger, left  | McGrauth, Christine |
| O2 Device Flow          |           | L/min |                            | 2             | McGrauth, Christine |
| Oxygen Delivery         |           |       |                            | Nasal cannula | McGrauth, Christine |

11/21/2012 11:30:00 PM CST - NIBP Method-CC: Cuff, Monitor, Arm, right, Upper

| Procedure  | Ref Range | Units | Date Time                  | Result | Performed/Verified  |
|------------|-----------|-------|----------------------------|--------|---------------------|
| Pulse Rate |           | BPM   | 11/21/2012 11:40:00 PM CST | 96     | McGrauth, Christine |

Printed Date: 12/21/12

Printed Time: 08:15

12/21/2012 9:28AM (GMT-05:00)

121211HCC2220

24 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
 A Member of Trinity Health  
 Livonia, Michigan

Patient Name: (b)(3) Exemption 3 for  
 MRN: 25(c)  
 Date of Birth:   
 Admit Date: 11/21/2012  
 Discharge Date: 11/22/2012  
 Account Number: (b)(3)  
 Patient Type: Emergency  
 Attending: Krow Rodney MD, Abena A

## Direct Charting Flowsheet

|                         |          |       |              |                     |
|-------------------------|----------|-------|--------------|---------------------|
| Systolic BP             |          | mmHg  | 186 H        | McGraith, Christine |
| Diastolic BP            |          | mmHg  | 95           | McGraith, Christine |
| NIBP Method-CC          |          |       | See Below    | McGraith, Christine |
| Respiratory Rate        |          | Br PM | 20           | McGraith, Christine |
| Pulse Oximetry          | (90-100) | *     | 99           | McGraith, Christine |
| Pulse Oximetry Location |          |       | Finger, left | McGraith, Christine |

11/21/2012 11:40:00 PM CST - NIBP Method-CC: Cuff, Monitor, Arm, right, Upper

|                    |           |           |                            |                     |
|--------------------|-----------|-----------|----------------------------|---------------------|
|                    |           | Date Time | 11/22/2012 12:31:00 AM CST |                     |
| Procedure          | Ref Range | Units     | Result                     | Performed/Verified  |
| Valuables Returned |           |           | Not applicable             | McGraith, Christine |

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for  
MRN: 25(c)  
Date of Birth:   
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3)  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A



**Exam Name:** CT C-Spine w/ o Contrast  
**Accession Number:** CT-12-0223521  
**Ordering Physician:** Krow Rodney MD, Abena A  
**Exam Date/Time:** 11/22/2012 12:39:45 AM CST  
**FINAL REPORT**

## Report

EXAM: CT CERVICAL SPINE  
HISTORY: ATV accident, pain, trauma  
TECHNIQUE: CT imaging of the cervical spine without intravenous contrast.  
COMPARISON: None  
FINDINGS:  
The alignment is preserved.  
Vertebral body heights are preserved.  
Multilevel mild loss of disc height and osteophyte formation.  
The facets are normally aligned.  
The prevertebral soft tissues are within normal limits.  
The cervicothoracic junction is intact.  
Axial images show no acute fracture.

IMPRESSION:  
No acute fracture or subluxation of the Cervical spine.  
Mild degenerative changes.  
Thank you for allowing us to participate in the care of your patient.  
Dictated and Authenticated by: Montella, Marc, MD  
11/22/2012 12:27 AM Central Time (US & Canada)

-----  
This examination was performed at Palo Alto County Health System, Emmetsburg IA.

11/23/2012 - 4:01 PM

HISTORY: ATV Crash. Pain.

COMPARISON: None.

FINDINGS: Final Virtual Radiologic Report was reviewed. Findings are confirmed. Additionally, I would note that there appears to be diffuse disk bulge at C5-C6. Please see VRC Report for additional details.

IMPRESSION: Agree with Virtual Radiologic Report with additional discussion above.  
\*\*\*\*\* FINAL REPORT \*\*\*\*\*

11/27/2012 16:15  
11/27/2012 09:01  
Technologist: MAT

## Tech Comments

History: HEAD TRAUMA, INJURY

### Reason For Exam:

- 1 Injury

121211HCC2220

26 of 31

Attachment 4- Passenger Medical Records

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3), Exemption 3 for  
MRN: 25(c)  
Date of Birth:   
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3)  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## CT Scan

**Exam Name:** CT Head w/ o Contrast  
**Accession Number:** CT-12-0223520  
**Ordering Physician:** Krow Rodney MD, Abena A  
**Exam Date/Time:** 11/22/2012 12:39:45 AM CST

### FINAL REPORT

#### Report

EXAM: CT HEAD

HISTORY: ATV accident, pain, trauma

TECHNIQUE: CT imaging of the head performed without intravenous contrast administration.

COMPARISON: None

#### FINDINGS:

- The lateral ventricles are normal in size.
- The basal cisterns are patent.
- No mass effect or midline shift seen.
- Cortical sulci are within normal limits.
- No acute hemorrhage is seen.
- The calvaria are intact.
- The imaged paranasal sinuses are unremarkable.
- The visualized mastoid air cells are clear.
- The visualized portion of the orbits are unremarkable.
- Left forehead scalp swelling.
- Right high parietal scalp laceration and hematoma.

#### IMPRESSION:

No acute intracranial abnormality.  
 Left forehead and right high parietal scalp injury.  
 No skull fracture.  
 Thank you for allowing us to participate in the care of your patient.  
 Dictated and Authenticated by: Montella, Marc, MD  
 11/22/2012 12:24 AM Central Time (US & Canada)

-----  
This examination was performed at Palo Alto County Health System, Emmetsburg IA.

11/23/2012 - 4:01 PM

HISTORY: ATV crash. Pain.

COMPARISON: None.

REPORT: Final VRC Report was reviewed. Findings are confirmed without clinically significant discrepancy or additional finding. Mucus retention cyst within the right maxillary sinus incidentally. Please see VRC Report for details.

IMPRESSION: Agree with Final VRC Report.  
\*\*\*\*\* FINAL REPORT \*\*\*\*\*

11/27/2012 16:15  
11/27/2012 08:59  
Technologist: MAT

#### Tech Comments

Printed Date: 12/21/12  
Printed Time: 08:15

# Palo Alto County Health Services

Emmelsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3): Exemption 3 for  
MRN: 25(c)  
Date of Birth: [REDACTED]  
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3):  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## CT Scan

History: HEAD INJURY, LOC

**Reason For Exam:**

- 1 Head Trauma

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for  
MRN: 25(c)  
Date of Birth:   
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3):  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## Diagnostic Radiology

|                      |                          |                            |                            |
|----------------------|--------------------------|----------------------------|----------------------------|
| <b>Exam Name:</b>    | <b>Accession Number:</b> | <b>Ordering Physician:</b> | <b>Exam Date/Time:</b>     |
| XR Knee 1-2 Views RT | XR-12-0625201            | Krow Rodney MD, Abena A    | 11/22/2012 12:40:01 AM CST |

**FINAL REPORT**

### Report

This examination was performed at Palo Alto County Health System, Emmetsburg IA.

HISTORY: ATV Crash. Pain.

COMPARISON: None.

FINDINGS: Two radiographic images of the right knee demonstrate normal mineralization. No cortical or trabecular disruption to suggest acute fracture. No evidence of subluxation or dislocation. There may be a small joint effusion on the cross table lateral view. Small bony excrescence along the medial distal femoral metaphysis, of doubtful significance.

### IMPRESSION:

1. No radiographic evidence of acute fracture or dislocation.
2. Small knee joint effusion.

\*\*\*\*\* FINAL REPORT \*\*\*\*\*

11/27/2012 16:15  
11/27/2012 09:02  
Technologist: MAT

### Tech Comments

History: PAIN, TRAUMA, Portable Time 0

### Reason For Exam:

- 1 Pain w Trauma

# Palo Alto County Health Services

Emmetsburg, Iowa

A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for

MRN: 25(c)

Date of Birth:

Admit Date: 11/21/2012

Discharge Date: 11/22/2012

Account Number: (b)(3):

Patient Type: Emergency

Attending: Krow Rodney MD, Abena A

## Allergies

Substance: No Known Allergies

Update Date Time

Updated By

05/24/2012 4:12:51 AM CDT

McGrath RN , Christine A

Reaction Status: Active; Type: Allergy; Category: Drug;

# Palo Alto County Health Services

Emmetsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3):Exemption 3 for  
MRN: 25(c)  
Date of Birth:   
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3):  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## Problem List

|                                    |   |
|------------------------------------|---|
| <b>Problem Name: Tobacco abuse</b> |   |
| Date Recorded                      |   |
| 11/22/2012 2:18:02 AM CST          | Code: 148823015; Confirmation Status: Confirmed; Life Cycle Status: Active; |

|  |   |
|--|---|
| <b>Problem Name: No current problems or disability</b> |   |
| Date Recorded  |   |
| 05/24/2012 7:03:48 AM CDT                              | Code: 249684016; Confirmation Status: Confirmed; Life Cycle Status: Active; |

# Palo Alto County Health Services

Emmelsburg, Iowa  
A Member of Trinity Health  
Livonia, Michigan

Patient Name: (b)(3): Exemption 3 for  
MRN: 25(c)  
Date of Birth: [Redacted]  
Admit Date: 11/21/2012  
Discharge Date: 11/22/2012  
Account Number: (b)(3)  
Patient Type: Emergency  
Attending: Krow Rodney MD, Abena A

## Past Medical, Surgical, & Family Histories

### Past Medical History

**Active**

Tobacco abuse (SNOMED CT 148823015); Entered On: 11/22/2012 02:18 by McGrauth RN , Christine A;  
Last Reviewed: 11/22/2012 02:18 by McGrauth RN , Christine A

### Procedure / Surgical History

**Active**

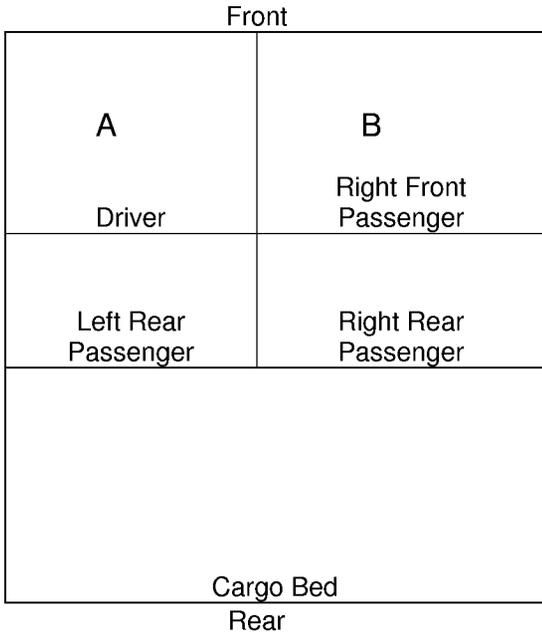
Appendectomy; Entered On: 11/22/2012 02:20 by McGrauth RN , Christine A; Last Reviewed: 11/22/2012  
02:20 by McGrauth RN , Christine A

121211HCC2220

Palo Alto Sheriff's Department  
2001 11<sup>th</sup> St  
Emmettsburg, IA 50536  
712-852-3535

Palo Alto County Health Systems  
3201 First Street  
Emmettsburg, IA 50536  
712-852-5500

Utility Vehicle Data Record Sheet



The Utility Vehicle

|    |   |                   |
|----|---|-------------------|
| A: | Age: 51                                 | Height: 72        |
|    | Gender: M                               | Weight: 300       |
|    | Helmet (Y/N): N                         | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: killed  |                   |
|    | Injury Description: SKULL FRACTURE      |                   |
|    | Did vehicle land on victim: no          |                   |
|    | Ejected (Either partially or fully): no |                   |

|    |   |                   |
|----|---|-------------------|
| B: | Age: 28                                   | Height: 71        |
|    | Gender: M                                 | Weight: 198       |
|    | Helmet (Y/N): N                           | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: INJURED   |                   |
|    | Injury Description: bruised knee and foot |                   |
|    | 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.

**TASK NUMBER:121212HCC2230**



**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 “B”- All pages of the Autopsy Report from the University of North Dakota Forensic & Autopsy Pathology Services.**

|  |  |   |   |   |
|--|--|---|---|---|
| 1. Task Number<br>121212HCC2230  |  | 2. Investigator's ID<br>4438                  |   | <b>EPIDEMIOLOGIC<br/>INVESTIGATION<br/>REPORT</b> |
| 3. Office Code<br>840  | 4. Date of Accident<br>YR MO DAY<br>2012 12 04 | 5. Date Initiated<br>YR MO DAY<br>2013 01 03  |   |   |
| 6. Synopsis of Accident or Complaint<br><b>UPC</b><br>A 53 YOM who was driving a UTV was killed when the driver of a passenger car failed to yield at an unmarked intersection. When the driver of the UTV crossed the unmarked intersection the driver of the passenger car pulled out in front of him causing his UTV to collide with the car at the point of the car's middle and rear axle area. The impact of the UTV with the car caused the UTV's driver to be thrown from the UTV and onto the asphalt road which resulted in the driver sustaining fatal head injuries. The driver of the UTV was not belted in nor was he wearing a helmet at the time of this accident. No other injuries or deaths were reported.<br><b>MFR/PRV LBR NOTIFIED</b><br>COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br><input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <i>1/16/14 lc</i><br><input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>66</i><br><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY |  |   |   |   |
| 7. Location (Home, School, etc)<br>4 - STREET OR HIGHWAY   |  | 8. City<br>ROSEAU                             |   | 9. State<br>MN                                    |
| 10A. First Product<br>5044 - UTILITY VEHICLES  |  | 10B. Trade/Brand Name<br>RANGER NO VIN NUMBER |   | 10C. Model Number<br>UNKNOWN                      |
| 10D. Manufacturer Name and Address<br>POLARIS INDUSTRIES<br>2100 HIGHWAY 55<br>MEDINA, MN 55340  |  |   |   |   |
| 11A. Second Product<br>0   |  | 11B. Trade/Brand Name<br>NONE                 |   | 11C. Model Number<br>NONE                         |
| 11D. Manufacturer Name and Address<br>NONE   |  |   |   |   |
| 12A. Hispanic or Latino<br>2 - No  | 12B. Race<br>1 - White<br>Other:               |   | 12C. Race Source<br>3 - Official Document               |   |
| 13. Age of Victim<br>53  | 14. Sex<br>1 - Male                            | 15. Disposition<br>8 - Death                  | 16. Injury Diagnosis<br>62 - Intern. Org. Inj.          |   |
| 17. Body Part(s)<br>Involved<br>75 - HEAD  | 18. Respondent<br>3 - 2nd Hand Info Only       | 19. Type of Investigation<br>2 - Telephone    | 20. Time Spent<br>(Operational / Travel)<br>8.00 / 0.00 |   |
| 21. Attachment(s)<br>9 - Multiple Attachments  |  | 22. Case Source<br>05 - Newspaper             |   | 23. Sample Collection Number                      |
| 24. Permission to Disclose Name (Non NEISS Cases Only)<br><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written   |  |   |   |   |
| 25. Review Date<br>01/14/2013  | 26. Reviewed By<br>8929                        |   | 27. Regional Office Director<br>Frank J. Nava           |   |
| 28. Distribution<br>Sarah Garland; Tanya L. Topka  |  |   | 29. Source Document Number<br>X12C0234A                 |   |

IDI #121212HCC2230

This investigation was initiated as a result of an On-Line news story being reported to the Consumer Product Safety Commission (CPSC) that involved the death of an individual who was operating a Utility Terrain Vehicle (UTV).

This IDI consisted of the following investigative information: a Minnesota Department of Natural Resources' Recreational Vehicle Accident Report, and an Autopsy Report from the University of North Dakota Forensic & Autopsy Pathology Services (UNDFAPS).

Efforts to obtain an Accident/Incident Report from the Minnesota State Patrol (MSP) were unsuccessful as this state agency could not provide any information pertaining to this UTV accident due to this incident being an on-going investigation; an official at MSP could not provide any dates when this requested information would be available.

No information pertaining to this UTV accident was obtained from the Roseau County Sheriff's Office as the investigation disclosed this county agency did not participate in any investigation regarding this incident as the MSP had all jurisdiction in this matter.

#### **NARRATIVE**

"All information in this report was obtained and acquired from the various reports and documents of the agencies and offices noted above."

On 12/4/2012 a 53 year old male was killed as a result of an accident involving a UTV (this UTV is fully identified below in the Product Identification Section of this report). This accident, which occurred in Roseau, MN, is the result of the driver of a passenger car failing to yield at an unmarked intersection. When the driver of the UTV crossed the unmarked intersection the driver of the passenger car pulled out in front of him causing his UTV to collide with the car at the point of the car's middle and rear axle area. The impact of the UTV with the car caused the UTV's driver to be thrown from the UTV and onto the asphalt road which resulted in the driver sustaining fatal head injuries. The driver of the UTV was not belted in nor was he wearing a helmet at the time of this accident. The

occupants of the car were not reported to have incurred any injuries and other than the driver of the UTV there were no other persons riding on this vehicle.

According to the autopsy report from the UNDFAPS, the UTV driver died of Massive Blunt Force Head Trauma.

#### **SAMPLE COLLECTION**

No sample of the product was collected.

#### **PRODUCT IDENTIFICATION**

The UTV involved in this incident is a 2013 Polaris Ranger. No Vehicle Identification Number, Model Number, or engine size of this Incident UTV was reported by any of the departments or agencies involved in this incident. This ATV is manufactured by Polaris Industries, 2100 Highway 55, Medina, MN 55340; Phone: (1)888-704-5290

#### **ATTACHMENTS**

- Exhibit-A** Copy of Minnesota Dept. of Natural Resources Recreational Vehicle Accident Report Form. (1 pages)
- Exhibit-B** Autopsy Report- University of North Dakota Forensic & Autopsy Pathology Services. (10 pages)
- Exhibit-C** CPSC Status of Missing Document Form. (1 Page)

*bu*

PE-32003-10

STATE OF MINNESOTA - DEPARTMENT OF PUBLIC SAFETY

LAT 48:50:52.6241

LOX 95:44:37.8639

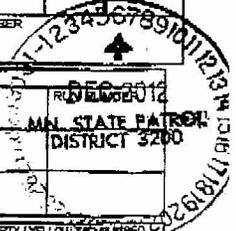
|                                   |   |  |                    |   |                          |   |  |                    |                   |                     |                  |                            |
|-----------------------------------|---|--|--------------------|---|--------------------------|---|--|--------------------|-------------------|---------------------|------------------|----------------------------|
| LOCAL CASE NO.<br><b>12320954</b> |   | AMENDED<br><b>N</b>  |                    | <b>ACCIDENT REPORT</b>  |                          |   |  | PAGE 1 OF 1        |                   |                     |                  |                            |
| MILEAGE RUN<br><b>N</b>           | PUB PROP<br><b>N</b>                                      | VEHICLES<br><b>2</b>   | KILLED<br><b>1</b> | INJURED<br><b>0</b>   | \$ MIN<br><b>Y</b>       | (LAW ENFORCEMENT ONLY)  |  | MONTH<br><b>12</b> | DATE<br><b>04</b> | YEAR<br><b>2012</b> | DAY<br><b>14</b> | MILITARY TIME<br><b>04</b> |
| ROUTE SYSTEM<br><b>FRNT</b>       |   | ROUTE NUMBER OR STREET NAME<br><b>NORTH AND PARALLEL TO HWY 11</b> |                    | IF ON RAMP HIGHWAY<br>ROADWAY DIRECTION<br><input type="checkbox"/> N <input type="checkbox"/> E <input checked="" type="checkbox"/> S <input type="checkbox"/> W |                          | AT INTERSECTION WITH<br><input type="checkbox"/> MI <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF |  |                    |                   |                     |                  |                            |
| COUNTY NO.<br><b>68</b>           | <input checked="" type="checkbox"/> CITY<br><b>ROSEAU</b> | <input type="checkbox"/> TWP                                       | INT ELEM           | REFERENCE POINT<br><b>069 + 00.967</b>  | ROUTE SYS<br><b>PROP</b> | ROUTE #, STREET, CORP LIMIT, OR FEATURE<br><b>APPROX 12TH AVE. NE</b>   |  |                    |                   |                     |                  |                            |

| UNIT 1   | UNIT 2  |
|--|---|
| FACTOR 1<br><b>2</b> POSITION<br><b>01</b> DRIVER LICENSE NUMBER<br><b>(b)(3):Exempt</b><br>STATE<br><b>MN</b> CLASS<br><b>D</b> DL STATUS<br><b>1</b>   | FACTOR 1<br><b>01</b> POSITION<br><b>(b)</b> DRIVER LICENSE NUMBER<br>STATE<br><b>MN</b> CLASS<br><b>D</b> DL STATUS<br><b>1</b>  |
| FACTOR 2<br>NAME (FIRST, MIDDLE, LAST)<br><b>(b)(3):Exemption 3 for</b><br>DATE OF BIRTH<br><b>(b)</b>   | FACTOR 2<br>NAME (FIRST, MIDDLE, LAST)<br><b>(b)(3):Exemption 3 for 2</b><br>DATE OF BIRTH<br><b>(b)(3):Ex</b>  |
| ADDRESS<br><b>(b)(3):Exemption 3</b><br>DR VOLTS<br><b>X</b> RESTRICT<br><b>2</b>  | ADDRESS<br><b>(b)(3):Exemption 3</b><br>DR VOLTS<br><b>X</b> RESTRICT<br><b>2</b>   |
| CITY, STATE, ZIP<br><b>(b)(3):Exemption 3 for 2</b>  | CITY, STATE, ZIP<br><b>(b)(3):Exemption</b>   |
| ROLLAND<br>ADDRESS CORRECT<br><b>Y</b> SEX<br><b>F</b> SAFE EOPT TYPE<br><b>4</b> SAFE EOPT USE<br><b>4</b> AIRBAG<br><b>4</b> EJECT<br><b>5</b> INJ SEV<br><b>N</b>   | ADDRESS CORRECT<br><b>Y</b> SEX<br><b>M</b> SAFE EOPT TYPE<br><b>4</b> SAFE EOPT USE<br><b>1</b> AIRBAG<br><b>98</b> EJECT<br><b>4</b> INJ SEV<br><b>K</b>  |
| ALCOH TEST<br><b>N</b> TYPE<br><b>98</b> DRUG TEST<br><b>N</b> TYPE<br><b>98</b> TO HOSP<br><b>N</b> TRANSPORT<br><input type="checkbox"/> AMB <input type="checkbox"/> OTHER<br>AMBULANCE SERVICE<br>RUN NUMBER | ALCOH TEST<br><b>N</b> TYPE<br><b>98</b> DRUG TEST<br><b>N</b> TYPE<br><b>98</b> TO HOSP<br><b>Y</b> TRANSPORT<br><input checked="" type="checkbox"/> AMB <input type="checkbox"/> OTHER<br>AMBULANCE SERVICE<br><b>LIFECARE</b><br>RUN NUMBER<br><b>673384</b> |

|  |  |
|--|--|
| OCCUP<br><b>1</b> OWNER NAME<br><b>(b)(3):Exemption 3 for</b><br>FIRE<br><b>N</b>  | OWNER NAME<br><b>POLARIS INDUSTRIES</b><br>FIRE<br><b>N</b> OCCUP<br><b>1</b>  |
| VEH TYP<br><b>1</b> ADDRESS<br><b>(b)(3):Exemption 3</b><br>TOWED<br><b>N</b>  | ADDRESS<br><b>301 5TH AVE SW</b><br>TOWED<br><b>N</b> VEH TYP<br><b>10</b>   |
| VEH USE<br><b>1</b> CITY, STATE, ZIP<br><b>(b)(3):Exemption 3 for 2</b><br>PULLING UNIT<br><b>N</b> DIRECT<br><b>3</b>     | CITY, STATE, ZIP<br><b>ROSEAU, MN 56751</b><br>PULLING UNIT<br><b>N</b> DIRECT<br><b>1</b> VEH USE<br><b>1</b>       |
| MAKE<br><b>FORD</b> MODEL<br><b>ASF</b> YEAR<br><b>1997</b> COLOR<br><b>GRN</b>  | MAKE<br><b>OTH</b> MODEL<br><b>2013</b> COLOR<br><b>BLK</b>  |
| FLATE #<br><b>(b)(3):Exe</b> ST REG<br><b>MN</b> YEAR REG<br><b>2012</b> SEQUENCE OF EVENTS<br>MOST HARM EVENT<br><b>1</b> | FLATE #<br><b>NONE</b> ST REG<br><b>MN</b> YEAR REG<br><b>2013</b> SEQUENCE OF EVENTS<br>MOST HARM EVENT<br><b>1</b> |
| INSURANCE<br><b>(b)(3):Exemption 3 f</b> POLICY NUMBER<br><b>(b)(3):Exem</b>   | INSURANCE (UNIT 2)<br><b>OTHER</b> POLICY NUMBER<br><b>E.M.C. #4X3704312</b>   |

|  |              |        |              |              |  |  |  |  |        |              |                |            |  |
|--|--------------|--------|--------------|--------------|--|--|--|--|--------|--------------|----------------|------------|--|
| CARGO BOY TYPE                                   | HAZ MAT PLAC | WAIVED | INSPECTION # | INSP BADGE # | IF ACCIDENT INVOLVED A COMMERCIAL MOTOR VEHICLE, SCHOOL BUS, OR HEAD START BUS REMEMBER TO NOTIFY THE STATE PATROL (required under MS 169.783 and 169.4311). |  |  |  | WAIVED | HAZ MAT PLAC | CARGO BOY TYPE |            |  |
| COMMERCIAL VEHICLE NUMBER 1 - MOTOR CARRIER NAME |              |        |              |              | DOT NUMBER   |  | COMMERCIAL VEHICLE NUMBER 1 - MOTOR CARRIER NAME |  |        |              |                | DOT NUMBER |  |

|                                  |          |          |                |          |      |     |        |       |         |         |   |   |
|----------------------------------|----------|----------|----------------|----------|------|-----|--------|-------|---------|---------|---|---|
| PASSENGERS / WITNESSES           | UNIT     | POSITION | DATE OF BIRTH  | SEX      | TYPE | USE | AIRBAG | EJECT | INJ SEV | TO HOSP | TRANSPORT   | AMB SERVICE   |
| <b>(b)(3):Exemption 3 for 25</b> | <b>W</b> |          | <b>(b)(3):</b> | <b>F</b> |      |     |        |       |         |         | <input type="checkbox"/> AMB <input type="checkbox"/> OTHER | <input type="checkbox"/> AMB <input type="checkbox"/> OTHER |



OWNER OF OTHER DAMAGED PROPERTY AND/ OR YELLOW TAG NUMBER(S) \_\_\_\_\_ DAMAGED PROPERTY / YELLOW TAG NUMBER(S) \_\_\_\_\_

|   |                       |                    |                       |                         |                                |                             |                               |                     |  |   |                     |
|---|-----------------------|--------------------|-----------------------|-------------------------|--------------------------------|-----------------------------|-------------------------------|---------------------|--|---|---------------------|
| AGCTYP<br><b>1</b>  | SCALE BUS<br><b>3</b> | LOCATN<br><b>1</b> | ON BRIDGE<br><b>N</b> | TYPE OF WC<br><b>98</b> | DC OF PROBANCY<br><b>98</b>    | WORKERS PRESENT<br><b>1</b> | IDEBN<br><b>9</b>             | ID SURF<br><b>1</b> | ID CHAR<br><b>4</b>  | NARRATIVE<br>V1 BEISEL TRAVELING EAST LEAVING CAR WASH TO CROSS PRIVATE BUSINESS ROAD THAT GOES TO 3 BUSINESS, AND THEN A FRONTAGE ROAD STARTS ALONG HWY 11. V2 IS A POLARIS RANGER ATV DRIVEN BY BYFUGLIEN WHO HAD CROSSED HWY 11 TRAVELLING NORTH TO TRAVEL ON THE PRIVATE BUSINESS ROAD. V1 DID NOT YIELD AT THE UNMARKED INTERSECTION AND FULLED OUT IN FRONT OF V2. V2 STRUCK V1 IN THE MIDDLE AND REAR AXLE AREA, SPINNING THE VEHICLE AROUND TO FACE SOUTH. D2 BYFUGLIEN WAS NOT BELTED AND NO HELMET, WAS THROWN FROM THE RANGER ONTO THE ASPHALT, SUFFERING HEAD INJURIES. A RANGER IS A TYPE OF ATV WITH A BENCH SEAT WHERE PEOPLE CAN SIT SIDE BY SIDE, AND SEATBELTS ARE INSTALLED ON THEM. | DEVICE<br><b>98</b> |
|   |                       |                    |                       |                         |                                |                             |                               |                     |  | WORKING<br><b>98</b>  |                     |
|   |                       |                    |                       |                         |                                |                             |                               |                     |  | INTROL<br><b>4</b>  |                     |
|   |                       |                    |                       |                         |                                |                             |                               |                     |  | SPEED (MPH)<br><b>30</b>  |                     |
|   |                       |                    |                       |                         |                                |                             |                               |                     |  | WEATHER 1<br><b>1</b>   |                     |
|   |                       |                    |                       |                         |                                |                             |                               |                     |  | WEATHER 2<br><b>1</b>   |                     |
|   |                       |                    |                       |                         |                                |                             |                               |                     |  | LIGHT<br><b>1</b>   |                     |
|   |                       |                    |                       |                         |                                |                             |                               |                     |  | PHOTOS TAKEN<br><b>Y</b>  |                     |
|   |                       |                    |                       |                         |                                |                             |                               |                     |  | DIAGRAM<br><b>5</b>   |                     |
| OFFICER RANK, NAME, AND BADGE #<br><b>SYLVIA MAURSTAD (108)</b> |                       |                    |                       |                         | AGENCY<br><b>DISTRICT 3200</b> |                             | PATROL STATION<br><b>3250</b> |                     | <input checked="" type="checkbox"/> PATROL <input type="checkbox"/> LOCAL<br><input type="checkbox"/> SHERIFF <input type="checkbox"/> OTHER |   |                     |





















**Task No.** 121212HCC2230

**Date:** 1/7/13

## STATUS OF MISSING DOCUMENT (S)

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

1. Minnesota State Patrol Accident/Incident Report.
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Date:** 1/7/2013      **Investigator No:** 4438

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

**IDI #121212HCC2230**

**CONTACT LIST**

MN Dept. of Natural Resources  
Enforcement Training Center  
15011 Highway 15  
Little Falls, MN 56345  
Donna Schulz, Admin Personnel  
Phone: 1-800-366-8917\Ext-2520: Fax: (320) 616-2517

University of North Dakota  
Forensic & Autopsy Pathology Services  
P.O. Box 9037  
Grand Forks, ND 58202  
Cathy Perry, Admin Officer  
Phone: (701) 777-2561; Fax: (701) 777-3108

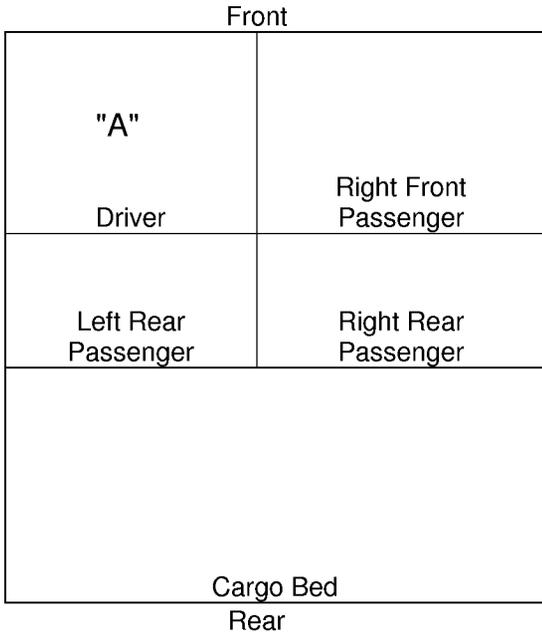
Minnesota State Patrol  
242 125<sup>th</sup> Avenue N.E.  
Thief River Falls, MN 56701  
Katie Fogarty, Office Manager  
Phone: (218) 736-8405; Fax: (218) 736-8781

Roseau County Sheriff's Office  
108 3<sup>rd</sup> Avenue S.W.  
Roseau, MN 56751  
Tara Halvorson, Process Clerk  
Phone: (218) 463-1421

Utility Vehicle Data Record Sheet

IDI #:

Exhibit #:



The Utility Vehicle

|    |  |                   |
|----|--|-------------------|
| A: | Age: 53                                      | Height: 69.5 inch |
|    | Gender: Male                                 | Weight: 244       |
|    | Helmet (Y/N): N                              | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: Killed       |                   |
|    | Injury Description: Head Injury              |                   |
|    | Did vehicle land on victim: No               |                   |
|    | 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.



Information contained within this report was obtained from the Florida Highway Patrol (FHP) Investigation report (Attachment 2) and the Medical Examiner's report (Attachment 3). The FHP provided photographs of the utility terrain vehicle involved in this incident (Attachment 1). Efforts to talk to the next of kin were made but were unsuccessful.

The victim in this incident was a 20-year-old female. According to the Medical Examiner's report, the victim weighed 187 pounds and was five feet, seven inches tall.

The product involved in this incident was a four-wheel utility terrain vehicle (UTV).



*View of UTV involved in this incident*

The incident occurred on December 15, 2012 at approximately 9:05PM. The driver of the UTV was a 21-year-old male. The victim and the driver of the UTV were a newlywed couple.

According to the investigation report, the weather was reported to be clear and stable with no rain or fog. It was 59 degrees Fahrenheit with calm winds. The detective determined that the weather had no effect on this incident.

The driver and the victim had been at a holiday family gathering all day. The driver reported to the detective that he and the victim had consumed a couple of beers during the day.

That evening, the driver wanted to take his wife (the victim) to a "drag line" site at a nearby phosphate mine that was approximately three miles away from the family gathering. The driver reported to the detective that he was familiar with the UTV and had driven it several times prior to this incident.

The driver and the victim were the only two people in the UTV. They were driving on a dirt road that was a combination of packed soil and loose granular sand. The roadway was 24 feet wide with no markings. The posted speed limit for this road was 35 miles per hour. The roadway curves to the left in the area of the crash site. The curve has a radius of 135.31 feet and a critical speed, and/or a maximum speed in which vehicles can safely negotiate the curve without losing lateral stability of 35.92 miles per hour. There was no artificial lighting in the area of the crash site.

The driver and the passenger were not wearing seat belts, helmets or any other safety equipment. The driver reported to the detective that as he was driving the UTV, he came upon a left turn in the road (See Attachment 1, Photo 13). As he approached the curve in the road, he hit the brakes and turned the UTV towards the left to avoid running off the road. As he turned the UTV left, the victim was ejected out of the UTV.

The driver jumped out of the UTV to check on the victim but the victim was not responding. The victim was pronounced dead at the scene.

The Medical Examiner's report (Attachment 3) showed the victim's cause of death as "Blunt trauma to the head. The manner of death was shown as "Accident".

The driver of the UTV and the owner of the UTV reported to the detective that there were no mechanical problems with the UTV. A post-crash inspection of the UTV revealed no mechanical defects or safety problems present that would have contributed to the crash.

The detective concluded the investigation by declaring the driver of the UTV failed to negotiate a left turn causing the passenger to be ejected from the UTV. He was cited for careless driving.

#### **PRODUCT IDENTIFICATION:**

The UTV involved in this incident is a four-wheeler 2010 Polaris Ranger XP, 4X4. It is camouflage in color with automatic transmission. It has power assisted steering and power assisted disc brakes on the front and rear. There is a single bench style seat for the driver and a passenger. The occupant restraint system provides safety belts and shoulder harnesses for the driver and passenger. The VIN number is 4XATH50A9A2884075.

The manufacturer is Polaris Industries, 2100 Highway 55, Medina, MN 55340, Phone number (888) 704-5290.

#### **ATTACHMENTS:**

Attachment 1 – Photos 1 – 13 (provided by Florida Highway Patrol)

**121218HNE0001**

**-3-**

Attachment 2 – Florida Highway Patrol Investigation Report (16 pages)

Attachment 3 – Medical Examiner's Report (4 pages)

Attachment 4 – Identification of Contacts (1 page)

Attachment 5 – Utility Vehicle Data Record Sheet (1 page)

121218HNE0001

ATTACHMENT 1

Photographs provided by the Florida Highway Patrol

Photo 1



121218HNE0001

ATTACHMENT 1

Photographs provided by the Florida Highway Patrol

Photo 2



121218HNE0001

ATTACHMENT 1

Photographs provided by the Florida Highway Patrol

Photo 3



121218HNE0001

ATTACHMENT 1

Photographs provided by the Florida Highway Patrol

Photo 4



121218HNE0001

ATTACHMENT 1

Photographs provided by the Florida Highway Patrol

Photo 5



121218HNE0001

ATTACHMENT 1

Photographs provided by the Florida Highway Patrol

Photo 6



121218HNE0001

ATTACHMENT 1

Photographs provided by the Florida Highway Patrol

Photo 7



121218HNE0001

ATTACHMENT 1

Photographs provided by the Florida Highway Patrol

Photo 8



121218HNE0001

ATTACHMENT 1

Photographs provided by the Florida Highway Patrol

Photo 9



121218HNE0001

ATTACHMENT 1

Photographs provided by the Florida Highway Patrol

Photo 10



121218HNE0001

ATTACHMENT 1

Photographs provided by the Florida Highway Patrol

Photo 11

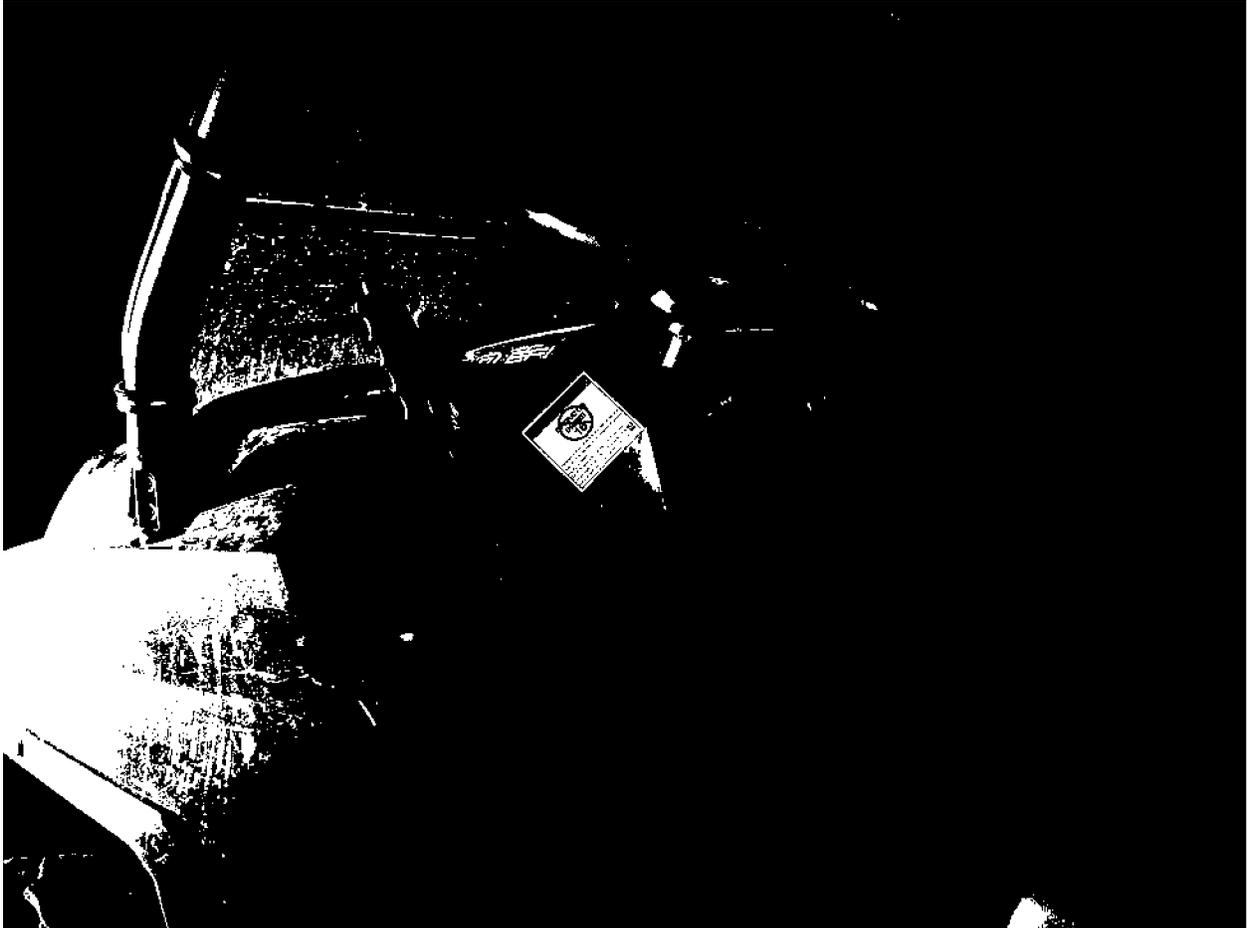


121218HNE0001

ATTACHMENT 1

Photographs provided by the Florida Highway Patrol

Photo 12



121218HNE0001

ATTACHMENT 1

Photographs provided by the Florida Highway Patrol

Photo 13



# FLORIDA HIGHWAY PATROL

SUBJECT: **TRAFFIC HOMICIDE INVESTIGATION RELEASE**

CASE NO.: FHP 712-56-007

TO: **Corporal** L.N. Albritton  
clb crash records  
1350 US Hwy 90 Suite 101  
Lake City, Florida 32055

This is to certify that the above captioned case was reviewed by this office and:

- We do not intend to file a criminal information based on the information provided.
- A criminal information was filed and the above investigation was disclosed to the defense counsel as a result of discovery, or disclosed at a public hearing.
- A criminal information was filed and all prosecution and appeals in this case are completed.

The Florida Highway Patrol will release the above captioned case as a public record in accordance with Florida Statutes.

*Jeff Siesmeister*  
 (Signature of State Attorney)

Jeff Siesmeister  
 (State Attorney's Name - Typed/Printed)

S-111  
 (State Attorney's Circuit)

3/18/13  
 (Date)

# FLORIDA HIGHWAY PATROL



## TRAFFIC HOMICIDE INVESTIGATION

PREPARED BY: Corporal L.N. Albritton

Case Number FHP 712-56-007

# FLORIDA TRAFFIC CRASH REPORT

HIGHWAY SAFETY & MOTOR VEHICLES  
TRAFFIC CRASH RECORDS  
NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

LONG FORM  SHORT FORM  UPDATE

|                          |                          |                             |  |   |   |
|--------------------------|--------------------------|-----------------------------|--|---|---|
| Crash Date<br>12/15/2012 | Time of Crash<br>9:05 PM | Date of Report<br>3/12/2013 | Reporting Agency<br>FLORIDA HIGHWAY PATROL | Reporting Agency Case Number<br>FHPB12OFF040504 | HSMV Crash Report Number<br>82035889-06 |
|--------------------------|--------------------------|-----------------------------|--|---|---|

### CRASH IDENTIFIERS

|  |   |                                |  |                          |  |  |
|--|---|--------------------------------|--|--------------------------|--|--|
| County Code<br>56                        | City Code<br>HAMILTON                         | County of Crash<br>HAMILTON    | Place or City of Crash                 | Within City Limits<br>NO | Reported Date/Time<br>12/15/2012 9:08 PM | Dispatched Date/Time<br>12/15/2012 9:10 PM |
| On Scene Date/Time<br>12/15/2012 9:55 PM | Cleared Scene Date/Time<br>12/16/2012 2:00 AM | Investigation Completed<br>YES | Reason (if Investigation Not Complete) |                          | Notified By<br>LAW ENFORCEMENT AGENCY    |  |

### ROADWAY INFORMATION

|   |                             |   |  |                               |
|---|-----------------------------|---|--|-------------------------------|
| Crash Occurred on Street, Road, Highway<br>SE 62ND DR |                             | At Street Address #                         | At Latitude<br>N 30 29.1396                            | And Longitude<br>W 82 45.4427 |
| At Feet   | Or Miles<br>1.7             | Direction<br>W                              | From Intersection With Street, Road, Highway<br>CR 135 | Or From Milepost Number       |
| Road System Identifier<br>LOCAL                       | Type of Shoulder<br>UNPAVED | Type of Intersection<br>NOT AT INTERSECTION |  |                               |

### CRASH INFORMATION

|   |  |  |                          |  |
|---|--|--|--------------------------|--|
| Light Condition<br>DARK-NOT LIGHTED             | Weather Condition<br>CLEAR                                   | Roadway Surface Condition<br>DRY           | School Bus Related<br>NO | Manner of Collision<br>OTHER, EXPLAIN IN NARRATIVE         |
| First Harmful Event Type<br>NON-COLLISION       | First Harmful Event Detail<br>FELL/JUMPED FROM MOTOR VEHICLE | First Harmful Event Location<br>ON ROADWAY | Within Interchange<br>NO | First Harmful Event's Relation to Junction<br>NON-JUNCTION |
| Contributing Circumstances: Road<br>NONE        |  | Contributing Circumstances: Road           |                          | Contributing Circumstances: Road                           |
| Contributing Circumstances: Environment<br>NONE |  | Contributing Circumstances: Environment    |                          | Contributing Circumstances: Environment                    |
| Work Zone Related<br>NO                         | Crash in Work Zone   | Type of Work Zone                          | Workers in Work Zone     | Law Enforcement in Work Zone                               |

### VEHICLE

|                |  |                                   |                        |              |                          |                       |                                     |                                |
|----------------|--|-----------------------------------|------------------------|--------------|--------------------------|-----------------------|-------------------------------------|--------------------------------|
| Vehicle<br>V01 | Motor Vehicle Type<br>MOTOR VEHICLE IN TRANSPORT | Hit & Run (by this vehicle)<br>NO | License Number<br>NONE | State<br>FL  | Reg. Expires             | Permanent Reg.<br>YES | Vehicle Removed By<br>(b)(3):Exempt | Rotation                       |
| Year<br>2010   | Make<br>POLARIS                                  | Model<br>RANGER                   | Style<br>XP            | Color<br>GRE | Extent of Damage<br>NONE | Est. Damage<br>NO     | Towed Due to Damage                 | Insurance Policy Number<br>N/A |

|   |                                   |                 |      |       |          |                 |
|---|-----------------------------------|-----------------|------|-------|----------|-----------------|
| Name of Vehicle Owner<br>(b)(3):Exemption 3 for 25(c) | Business <input type="checkbox"/> | Current Address | City | State | Zip Code | Phone Number(s) |
|---|-----------------------------------|-----------------|------|-------|----------|-----------------|

|                            |       |              |                |     |      |      |        |       |
|----------------------------|-------|--------------|----------------|-----|------|------|--------|-------|
| Trailer One License Number | State | Reg. Expires | Permanent Reg. | VIN | Year | Make | Length | Axles |
| Trailer Two License Number | State | Reg. Expires | Permanent Reg. | VIN | Year | Make | Length | Axles |

|                                     |   |                     |                    |                  |
|-------------------------------------|---|---------------------|--------------------|------------------|
| Vehicle Direction<br>Traveling WEST | On Street, Road, Highway<br>SE 62ND DR 1.7 MILES WEST OF CR 135 | At Est. Speed<br>35 | Posted Speed<br>35 | Total Lanes<br>2 |
|-------------------------------------|---|---------------------|--------------------|------------------|

|                       |                            |                            |                             |
|-----------------------|----------------------------|----------------------------|-----------------------------|
| CMV Configuration     | Cargo Body Type            | Area of Initial Impact     | Most Damaged Area           |
| Comm GVWR/GCWR        | Trailer Type (Trailer One) | Trailer Type (Trailer Two) |                             |
| Haz. Mat. Release     | Haz Mat Placard            | Haz. Mat. Number           | Haz. Mat. Class             |
| Motor Carrier Name    | US DOT Number              |                            |                             |
| Motor Carrier Address | Address Other              | City                       | State Zip Code Phone Number |

|                     |  |                               |                       |                             |   |
|---------------------|--|-------------------------------|-----------------------|-----------------------------|---|
| Comm/Non-Commercial | Vehicle Body Type<br>ALL TERRAIN VEHICLE (ATV) | Vehicle Defects (one)<br>NONE | Vehicle Defects (two) | Emergency Vehicle Use<br>NO | Special Function of MV<br>NO SPECIAL FUNCTION |
|---------------------|--|-------------------------------|-----------------------|-----------------------------|---|

|   |                                    |                        |                                 |                                     |   |
|---|------------------------------------|------------------------|---------------------------------|-------------------------------------|---|
| Vehicle Maneuver Action<br>STRAIGHT AHEAD | Trafficway<br>TWO-WAY, NOT DIVIDED | Roadway Grade<br>LEVEL | Roadway Alignment<br>CURVE LEFT | Most Harmful Event<br>NON-COLLISION | Most Harmful Event Detail<br>FELL/JUMPED FROM MOTOR VEHICLE |
|---|------------------------------------|------------------------|---------------------------------|-------------------------------------|---|

|  |   |                               |                              |                               |
|--|---|-------------------------------|------------------------------|-------------------------------|
| Traffic Control Device for this Vehicle<br>NO CONTROLS | First (1) Sequence of Events<br>NON-COLLISION | Second (2) Sequence of Events | Third (3) Sequence of Events | Fourth (4) Sequence of Events |
|  | FELL/JUMPED FROM MOTOR VEHICLE                |                               |                              |                               |

### PERSON RECORD

|                          |                       |   |                                     |                         |                         |                     |
|--------------------------|-----------------------|---|-------------------------------------|-------------------------|-------------------------|---------------------|
| #<br>1                   | Person Type<br>DRIVER | Vehicle #<br>V01                                | Name<br>(b)(3):Exempt               | Injury Severity<br>NONE | Ejection<br>NOT EJECTED | Driver ReExam<br>NO |
| Date of Birth<br>(b)(3): | Sex<br>M              | Condition at Time of Crash<br>APPARENTLY NORMAL | Address<br>(b)(3):Exemption 3 for 2 | Phone Number            |                         |                     |

|                                    |             |                       |                            |                                       |  |  |
|------------------------------------|-------------|-----------------------|----------------------------|---------------------------------------|--|--|
| Driver License Number<br>(b)(3):Ex | State<br>FL | Expires<br>02/25/2013 | Type<br>CLASS E / OPERATOR | Commercial Motor Vehicle Endorsements |  |  |
|------------------------------------|-------------|-----------------------|----------------------------|---------------------------------------|--|--|

|   |                                    |            |                                  |
|---|------------------------------------|------------|----------------------------------|
| Restraint Systems<br>NONE USED - MOTOR VEHICLE OCCUPANT | Air Bag Deployed<br>NOT APPLICABLE | Helmet Use | Eye Protection<br>NOT APPLICABLE |
|---|------------------------------------|------------|----------------------------------|

|  |  |                                       |
|--|--|---------------------------------------|
| Motor Vehicle Seating Position: Row<br>FRONT | Motor Vehicle Seating Position: Seat<br>LEFT | Motor Vehicle Seating Position: Other |
|--|--|---------------------------------------|

|   |   |
|---|---|
| Driver Distracted By<br>NOT DISTRACTED  | Driver Vision Obstructions<br>VISION NOT OBSCURED                               |
| Driver Actions at Time of Crash 1 (based on judgement of investigation officer)<br>OPERATED MOTOR VEHICLE IN CARELESS OR NEGLIGENT MANNER | Driver Actions at Time of Crash 2 (based on judgement of investigation officer) |
| Driver Actions at Time of Crash 3 (based on judgement of investigation officer)   | Driver Actions at Time of Crash 4 (based on judgement of investigation officer) |

|  |                              |                            |                                  |             |                               |                           |                         |                              |
|--|------------------------------|----------------------------|----------------------------------|-------------|-------------------------------|---------------------------|-------------------------|------------------------------|
| Suspected Alcohol Use<br>UNKNOWN                           | Alcohol Tested<br>TEST GIVEN | Alcohol Test Type<br>BLOOD | Alcohol Test Result<br>COMPLETED | BAC<br>.000 | Suspected Drug Use<br>UNKNOWN | Drug Tested<br>TEST GIVEN | Drug Test Type<br>BLOOD | Drug Test Result<br>NEGATIVE |
| Source of Transport to Medical Facility<br>NOT TRANSPORTED | EMS Agency Name or ID        | EMS Run Number             | Medical Facility Transported To  |             |                               |                           |                         |                              |

### PERSON RECORD

|                          |                          |                             |  |   |   |
|--------------------------|--------------------------|-----------------------------|--|---|---|
| Crash Date<br>12/15/2012 | Time of Crash<br>9:05 PM | Date of Report<br>3/12/2013 | Reporting Agency<br>FLORIDA HIGHWAY PATROL | Reporting Agency Case Number<br>FHPB12OFF040504 | HSMV Crash Report Number<br>82035885-06 |
|--------------------------|--------------------------|-----------------------------|--|---|---|

|  |                          |   |                            |  |                              |
|--|--------------------------|---|----------------------------|--|------------------------------|
| #<br>2   | Person Type<br>PASSENGER | Vehicle #<br>V01                              | Name<br>(b)(3):Exemption 3 | Injury Severity<br>FATAL(WITHIN 30 DAYS)                 | Ejection<br>EJECTED, TOTALLY |
| Date of Birth<br>(b)(3):                                   | Sex<br>F                 | Address<br>(b)(3):Exemption 3 for 25          |                            |  | Phone Number                 |
| Restraint Systems  |                          | Air Bag Deployed                              |                            | Helmet Use<br>NO HELMET                                  | Eye Protection<br>NO         |
| Motor Vehicle Seating Position: Row<br>FRONT               |                          | Motor Vehicle Seating Position: Seat<br>RIGHT |                            | Motor Vehicle Seating Position: Other                    |                              |
| Source of Transport to Medical Facility<br>NOT TRANSPORTED |                          | EMS Agency Name or ID<br>HARRY REID FUNERAL H | EMS Run Number             | Medical Facility Transported To<br>JACKSONVILLE MED EXAM |                              |

**VIOLATION**

|              |                                 |                              |   |                             |
|--------------|---------------------------------|------------------------------|---|-----------------------------|
| Person#<br>1 | Violator Name<br>(b)(3):Exempti | FL Statute Number<br>(b)(3): | Violation Description<br>CARELESS DRIVING | Citation Number<br>8583-SQQ |
|--------------|---------------------------------|------------------------------|---|-----------------------------|

**NARRATIVE**

|                   |                 |                 |                   |  |                              |
|-------------------|-----------------|-----------------|-------------------|--|------------------------------|
| ID Number<br>2189 | Rank<br>TROOPER | Name<br>C L LEE | Troop / Post<br>B | Officer Agency<br>FLORIDA HIGHWAY PATROL | Phone Number<br>386-758-0518 |
|-------------------|-----------------|-----------------|-------------------|--|------------------------------|

Vehicle 01 was traveling west on SE 62nd Dr. V01 approached a left hand curve and steered suddenly left to negotiate the curve. V01's passenger fell from the vehicle and landed on the dirt road. V01's passenger succumbed to the injuries caused from falling from the vehicle.

This crash report was completed in conjunction with a subsequently related Traffic Homicide being conducted by Corporal L. Albritton filed under case number FHP712-56-007.

(b)(3):Exemption 3 for 2 date of birth (b)(3):Ex was pronounced deceased on 12-15-2012 at the scene of the accident by Hamilton County Paramedic Martin Gudz upon his arrival. The body was transported to the 4th District Medical Examiner's Office in Jacksonville, Florida for a routine autopsy.

**NARRATIVE**

|                   |                  |                        |                   |  |                              |
|-------------------|------------------|------------------------|-------------------|--|------------------------------|
| ID Number<br>1573 | Rank<br>CORPORAL | Name<br>L.N. ALBRITTON | Troop / Post<br>B | Officer Agency<br>FLORIDA HIGHWAY PATROL | Phone Number<br>386-758-0518 |
|-------------------|------------------|------------------------|-------------------|--|------------------------------|

January 8, 2013  
Case is pending toxicology report from FDLE.

**NARRATIVE**

|                   |                  |                        |                   |  |                              |
|-------------------|------------------|------------------------|-------------------|--|------------------------------|
| ID Number<br>1573 | Rank<br>CORPORAL | Name<br>L.N. ALBRITTON | Troop / Post<br>B | Officer Agency<br>FLORIDA HIGHWAY PATROL | Phone Number<br>386-758-0518 |
|-------------------|------------------|------------------------|-------------------|--|------------------------------|

January 18, 2013; I received the toxicology analysis report from the Florida Department of Law Enforcement on D-1's blood sample. The blood alcohol level was negative. The drug results are still pending.

**NARRATIVE**

|                   |                  |                        |                   |  |                              |
|-------------------|------------------|------------------------|-------------------|--|------------------------------|
| ID Number<br>1573 | Rank<br>CORPORAL | Name<br>L.N. ALBRITTON | Troop / Post<br>B | Officer Agency<br>FLORIDA HIGHWAY PATROL | Phone Number<br>386-758-0518 |
|-------------------|------------------|------------------------|-------------------|--|------------------------------|

February 2, 2013  
This case is pending FDLE toxicology drug results.

**NARRATIVE**

|                   |                  |                        |                   |  |                              |
|-------------------|------------------|------------------------|-------------------|--|------------------------------|
| ID Number<br>1573 | Rank<br>CORPORAL | Name<br>L.N. ALBRITTON | Troop / Post<br>B | Officer Agency<br>FLORIDA HIGHWAY PATROL | Phone Number<br>386-758-0518 |
|-------------------|------------------|------------------------|-------------------|--|------------------------------|

No drugs were identified in the toxicology report from FDLE on D-1.  
This investigation is closed and will be updated upon completion of the Traffic Homicide Investigation.

**NARRATIVE**

|                   |                  |                        |                   |  |                              |
|-------------------|------------------|------------------------|-------------------|--|------------------------------|
| ID Number<br>1573 | Rank<br>CORPORAL | Name<br>L.N. ALBRITTON | Troop / Post<br>B | Officer Agency<br>FLORIDA HIGHWAY PATROL | Phone Number<br>386-758-0518 |
|-------------------|------------------|------------------------|-------------------|--|------------------------------|

March 12, 2013  
Based on physical evidence, facts and statements discovered through the Traffic Homicide Investigation, the following is concluded:

|                          |                          |                             |  |   |   |
|--------------------------|--------------------------|-----------------------------|--|---|---|
| Crash Date<br>12/15/2012 | Time of Crash<br>9:05 PM | Date of Report<br>3/12/2013 | Reporting Agency<br>FLORIDA HIGHWAY PATROL | Reporting Agency Case Number<br>FHPB12OFF040504 | HSMV Crash Report Number<br>82035885-06 |
|--------------------------|--------------------------|-----------------------------|--|---|---|

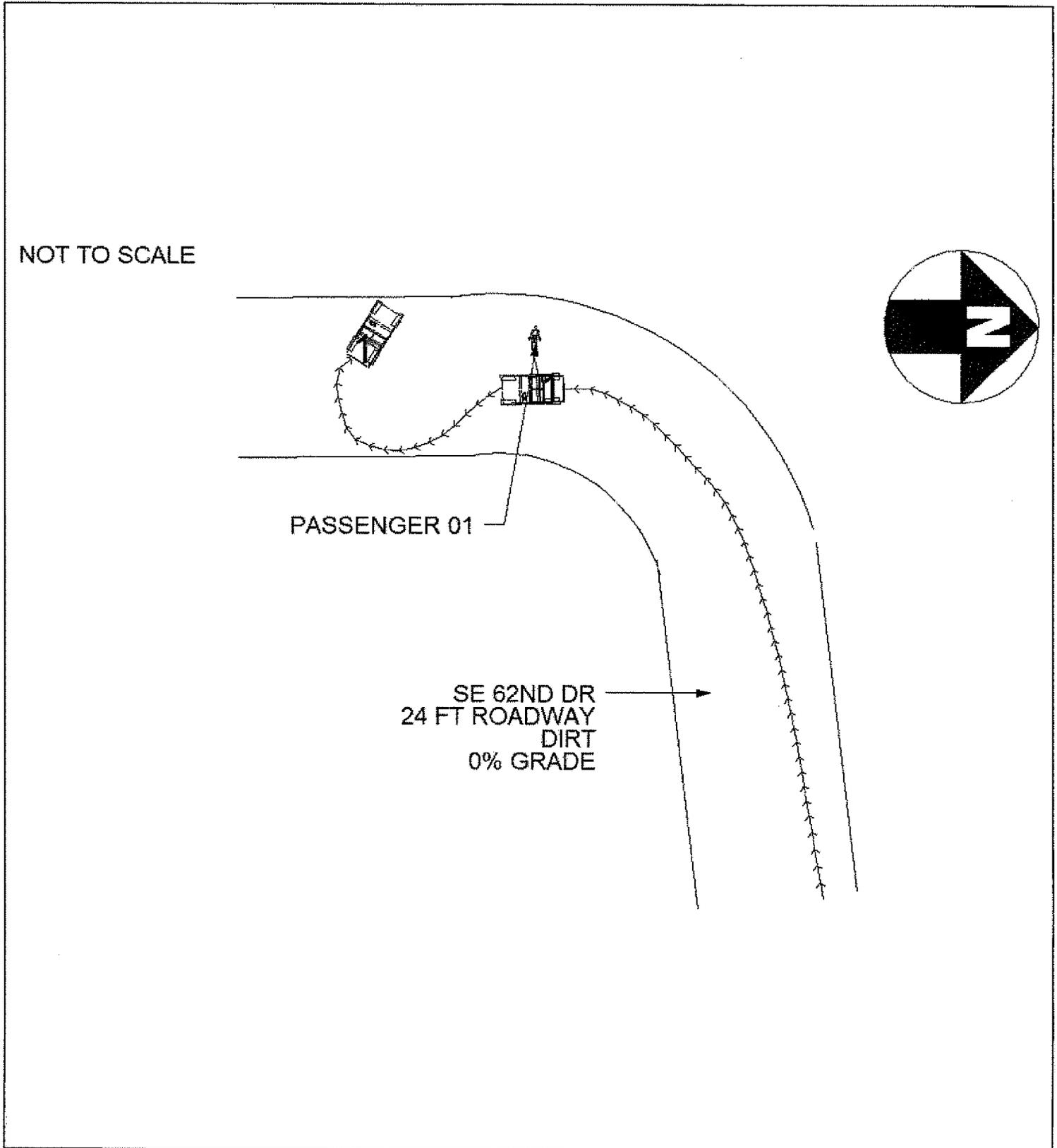
D-1 failed to negotiate the left curve, ejecting his passenger before coming to final rest, which is in violation of Florida State Statute 316.1925(1) Careless Driving; which states; 'Any person operating a vehicle upon the streets or highways within the state shall drive the same in a careful and prudent manner, having regard for the width, grade, curves, corners, traffic, and all other attendant circumstances, so as not to endanger the life, limb, or property of any person. Failure to drive in such a manner shall constitute careless driving'.

**REPORTING OFFICER**

|                   |                  |                        |                   |  |                              |
|-------------------|------------------|------------------------|-------------------|--|------------------------------|
| ID Number<br>1573 | Rank<br>CORPORAL | Name<br>L.N. ALBRITTON | Troop / Post<br>B | Officer Agency<br>FLORIDA HIGHWAY PATROL | Phone Number<br>386-758-0518 |
|-------------------|------------------|------------------------|-------------------|--|------------------------------|

|                          |                          |                             |  |   |   |
|--------------------------|--------------------------|-----------------------------|--|---|---|
| Crash Date<br>12/15/2012 | Time of Crash<br>9:05 PM | Date of Report<br>3/12/2013 | Reporting Agency<br>FLORIDA HIGHWAY PATROL | Reporting Agency Case Number<br>FHPB12OFF040504 | HSMV Crash Report Number<br>82035885-06 |
|--------------------------|--------------------------|-----------------------------|--|---|---|

DIAGRAM OF CRASH



# INVESTIGATIVE REPORT

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## ASSIGNMENT

Saturday, December 15, 2012 at 9:36 P.M., I was notified by the Jacksonville Regional Communications Center to respond to a traffic crash involving a confirmed fatality. This crash occurred on SE 62<sup>nd</sup> Drive, approximately 1.8 miles south-west of County Road 135 and 12.1 miles east of the city of Jasper in Hamilton County, Florida. This was a single vehicle / multiple occupant crash with ejection of one occupant. There was one fatality. The related accompanying Traffic Crash Investigation filed under case #FHPB12OFF040504 was completed in conjunction with this investigation by Trooper C.L. Lee.

## CRASH ANALYSIS SUMMARY

This crash occurred during night time hours at approximately 9:05 P.M. on Saturday, December 15, 2012. I was notified at 9:36 p.m. While en-route to this crash scene, I noted the surrounding ambient weather conditions to be clear and stable with no rain, fog or other type of hazardous conditions present. The weather information was obtained from the National Oceanic Atmospheric Administration as recorded in Valdosta, Georgia. The temperature was 59 degrees Fahrenheit, humidity was 87%, barometric pressure was 30.09 inches, visibility was clear for 9 miles, and the wind was calm. Weather conditions were not a factor in this crash.

I arrived on scene at 10:18 P.M. and spoke to Florida Highway Patrol Lieutenant K. Boatright. According to Lieutenant Boatright, the Polaris Ranger (ATV) that was parked to my left was the vehicle involved. Lieutenant Boatright stated it did not have any damage because the occupant had fallen out of it when the driver made a left turn. The driver (b)(3):Exemption 3 for 25(c) and his wife (b)(3):Exemption 3 for 25(c) were the only occupants on the vehicle and the wife was the deceased.

Lieutenant Boatright deferred me to Sergeant S. Coody. According to Sergeant Coody; D-1 (b)(3):Exemption 3 for 25(c) admitted to having a couple of beers today before he and O-1 (b)(3):Exemption 3 for 25(c) Treece) decided to go to the 'drag line' site at the phosphate mine that was located

## INVESTIGATIVE REPORT

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approximately 3 miles away. D-1 suddenly came upon the left curve in the road, swerved left and O-1 fell out. Sergeant Coody stated D-1 was with Trooper D. McLaren, waiting to be interviewed. After conferring with Sergeant Coody, I began my initial walk through of this crash scene looking for physical evidence necessary to reconstruct the possible causes and / or events of this collision.

I photographed and inspected V-1 where it was parked. V-1 was a camouflage colored, 2010 Polaris Ranger, 4-wheeler. V-1 was equipped with an automatic transmission, power assisted steering and power assisted disc brakes on the front and rear. The single seat of V-1 was a bench style (side by side). The occupant restraint system provided safety belts and shoulder harnesses for the driver and front right position. I notated that both seat belts were operational. According to D-1 and the owner there were no mechanical problems with V-1. The post collision inspection of V-1 revealed no mechanical defects or safety problems that would have contributed to the crash.

SE 62<sup>nd</sup> Drive is an east-west, dirt roadway, traveling through a rural residential area of Hamilton County. The roadway consists of varying sections of hard packed soil and loose granular sand. The roadway is 24 feet in width and there are no lane markings. Westbound and Eastbound traffic is entitled to one-half the width of the roadway. The roadway curves to the left in the proximity of this crash site. The curve has a radius of 135.31 feet and a critical speed, and / or a maximum speed in which vehicles can safely negotiate the curve without losing lateral stability of 35.92 miles-per-hour. The shoulders consist of sand and grass for approximately 1 foot and then bordered by various trees and underbrush. SE 62<sup>nd</sup> Drive has a posted speed limit of 35 miles-per-hour. The roadway grade is relatively flat and there is no super-elevation present in the area where this crash occurred. At the time of this crash the roadway was damp, but not muddy or holding pockets of water. There was no artificial street

## INVESTIGATIVE REPORT

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lighting in the area of this crash. There were no observed or known visual / roadway obstructions and there was no ongoing roadway construction within the area of this crash. The drag factor and / or co-efficient of friction for the roadway surface was not a factor in this collision and had no bearing, however, it was determined by utilizing the drag sled method to be  $f=.64$ . The roadway conditions and / or its characteristics were concluded not to be a contributory factor in the occurrence of this crash.

I walked along the roadway looking for V-1's tire track marks. There was no evidence of braking on the roadway prior to V-1 entering the curve. There was evidence of swerving in the middle of the curved portion of the roadway. The tracks turned left, then right along the south edge of the roadway which indicated V-1's direction of travel. O-1 was lying on her back in the westbound lane of the roadway (Area of Collision) with her head towards the west in the apex of the left hand curve. I also observed a second set of sharp left turn furrowing marks that slightly crossed on top of V-1's tracks that lead to a 3 wheeler parked in the grass on the south side of the curve.

D-1 had voluntarily submitted a blood sample to be tested for alcohol and/or drugs. Trooper C.L. Lee observed EMS personnel obtain a blood sample from D-1 at 10:57 P.M. Trooper Lee took custody of the blood sample and placed into the TSF (temporary storage facility) at the Lake City Station on December 16, 2012 at 1:30 A.M. to be sent to FDLE in Tallahassee, Florida for analysis.

I interviewed D-1 at 11:24 P.M. D-1 holds a valid class "E/Operator" Florida driver's license with no restrictions and no endorsements. D-1 was familiar with the roadway and the route he had taken. D-1 advised he had driven V-1 several other times. According to D-1, the entire family was at his grandmother's farm, having the 'family Christmas gathering'. They had been there all day, hunting, eating, and watching movies. D-1 stated he and his wife had had a

## INVESTIGATIVE REPORT

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couple of beers (Bud Lite) with supper. D-1 and his wife (O-1) decided to go look at the 'drag line' at the phosphate mine because she had never seen one. D-1 stated the curve suddenly appeared and he hit the brakes and turned left to avoid running off the road and that's when O-1 fell off. D-1 stated he jumped out to check on her and she would not respond to him.

The District Four Medical Examiner's pathologist, Doctor A. Nicolaescu, had conducted the post-mortem examination of O-1. Doctor Nicolaescu concluded the cause of death for O-1 was from blunt head trauma sustained in the auto accident. Doctor Nicolaescu also obtained a blood sample from O-1 for toxicological testing. This sample was positive for 0.01% ethanol alcohol and negative for drugs.

The Florida Department of Law Enforcement (F.D.L.E.) Crime Laboratory analyzed D-1's blood. Crime Laboratory Analyst Lisa Montgomery had stated in her report that no ethyl alcohol was identified in D-1's blood. Crime Laboratory Analyst Carol Seagle had stated in her report that no drugs were identified in D-1's blood.

### **SUMMARY**

Based on the physical evidence, witness / victim statements and facts discovered through this traffic homicide investigation, the following is concluded: D-1 failed to negotiate a left curve, ejecting his passenger before coming to final rest, which is in violation of **Florida State Statute 316.1925(1) Careless Driving**: which states; Any person operating a vehicle upon the streets or highways within the state shall drive the same in a careful and prudent manner, having regard for the width, grade, curves, corners, traffic, and all other attendant circumstances, so as not to endanger the life, limb, or property of any person. Failure to drive in such a manner shall constitute careless driving.

# INVESTIGATIVE REPORT

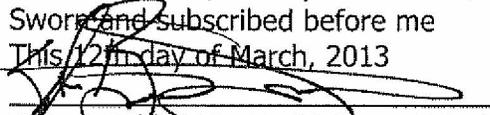
(b)(3):Exemption 3 for 25(c) (O-1) was a 20 year old female and the newlywed wife to D-1. O-1 was not utilizing V-1's occupant restraint device and fell out which resulted in her untimely death.

### CLOSING STATUS

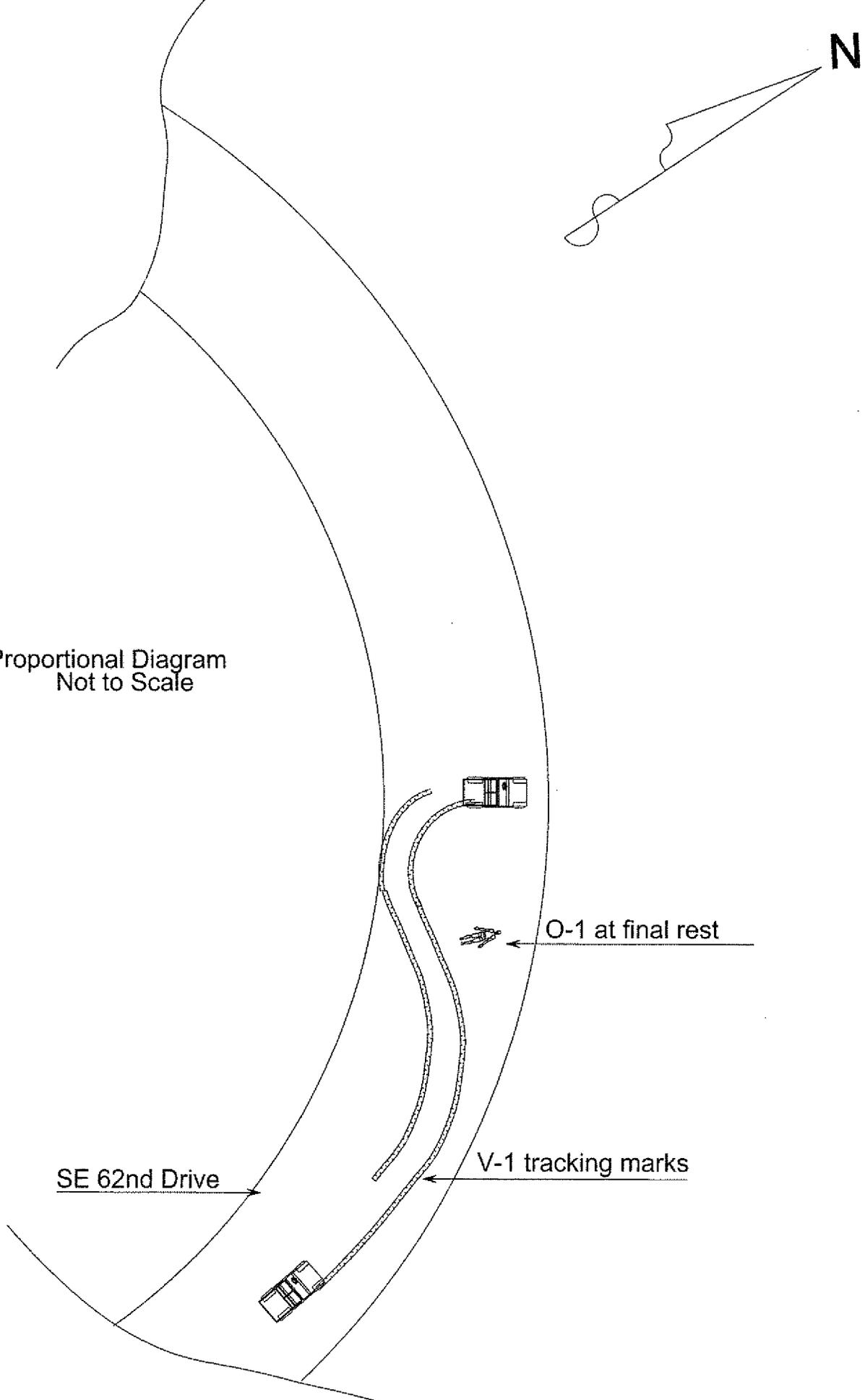
**Closed: by Citation Issued:** The investigation is complete and has led to the issuance of a Uniform Traffic Citation for a non-criminal traffic violation to D-1 ((b)(3):Exemption 3 for 25(c)).

  
Master Corporal L.N. Albritton

State of Florida, County of Columbia  
Sworn and subscribed before me  
This 12th day of March, 2013

  
Notary Public, Florida Highway Patrol  
Section 1171.10, Florida Statutes  
Personally Known (X)

Proportional Diagram  
Not to Scale





Florida Department of  
Law Enforcement

Gerald M. Bailey  
Commissioner

**Tallahassee Regional Operations Center**

Post Office Box 1489  
Tallahassee, Florida 32302  
1-800-641-4627  
www.fdle.state.fl.us

Rick Scott, Governor  
Pam Bondi, Attorney General  
Jeff Atwater, Chief Financial Officer  
Adam Putnam, Commissioner of Agriculture

**LABORATORY REPORT**

January 14, 2013

**TO:** Major Gene Spaulding  
FHP - Lake City - Troop B (HQ)  
1350 US Highway 90 West, Suite  
101  
Lake City, FL 32055

**FDLE NUMBER:** 20120102939  
**SUBMISSION:** 1  
**AGENCY NUMBER:** FHPB12OFF040504

SUBPOENAS PERTAINING TO THIS CASE SHOULD  
REFER TO THE FDLE NUMBER.

**ATTN:** Tpr. Charles L. Lee

**SUBJECT(S):** (b)(3) Exemption 3 for 25

*L. Montgomery*

**OFFENSE(S):** DUI  
Death Investigation  
Hamilton County  
12/15/2012

\_\_\_\_\_  
Lisa Montgomery  
Crime Laboratory Analyst  
Toxicology Section

**REFERENCE:**

This report references the following evidence submitted to the Florida Department of Law Enforcement on December 20, 2012 by FEDX. This report may contain conclusions, opinions, and/or interpretations made by the author.

**EVIDENCE:**

| FDLE Item# | Agency Exhibit# | Description    |
|------------|-----------------|----------------|
| 1          | 001             | Blood specimen |

**RESULTS:**

|   |     |                                   |
|---|-----|-----------------------------------|
| 1 | 001 | Ethyl alcohol was not identified. |
|---|-----|-----------------------------------|

**REMARKS:**

The requested drug test will be the subject of a separate report.

Questions regarding this report should be addressed to: Lisamontgomery@fdle.state.fl.us.

**CERTIFICATION:**

The analyst signing above certifies that the analyst: holds a valid Florida Department of Law Enforcement Permit to Conduct Blood Alcohol Analyses; that a specimen which the record reflects was obtained from the above named subject was analyzed; that the analyses were conducted in duplicate in accordance with the provisions of Chapter 11D-8, Florida Administrative Code using a gas chromatographic method and that the duplicate results agree within 0.01 grams per 100mL.

This report may be used in administrative proceedings pursuant to 322.2615, Florida Statutes. Forward within 5 days to the local Bureau of Administrative Reviews, Division of Driver Licenses, Department of Highway Safety and Motor Vehicles.





Florida Department of Law Enforcement

Gerald M. Bailey  
Commissioner

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Rick Scott, Governor  
Pam Bondi, Attorney General  
Jeff Atwater, Chief Financial Officer  
Adam Putnam, Commissioner of Agriculture

**LABORATORY REPORT**

February 06, 2013

**TO:** Major Gene Spaulding  
FHP - Lake City - Troop B (HQ)  
1350 US Highway 90 West, Suite  
101  
Lake City, FL 32055

**FDLE NUMBER:** 20120102939  
**SUBMISSION:** 1  
**AGENCY NUMBER:** FHPB12OFF040504

SUBPOENAS PERTAINING TO THIS CASE SHOULD REFER TO THE FDLE NUMBER.

**ATTN:** Tpr. Charles L. Lee

**SUBJECT(S):** (b)(3):Exemption 3 for

**OFFENSE(S):** DUI  
Death Investigation  
Hamilton County  
12/15/2012

Carol Seagle  
Crime Laboratory Analyst  
Toxicology Section

**REFERENCE:**

This report references the following evidence submitted to the Florida Department of Law Enforcement on December 20, 2012 by FEDX. This report may contain conclusions, opinions, and/or interpretations made by the author.

**EVIDENCE:**

| FDLE Item# | Agency Exhibit# | Description    |
|------------|-----------------|----------------|
| 1          | 001             | Blood specimen |

**RESULTS:**

1 001 No drugs were identified.

**REMARKS:**

This case was analyzed for the following: amphetamines, barbiturates, benzodiazepines, cannabinoids, carisoprodol, cocaine, methadone, opiates, oxycodone and propoxyphene.

The exhibit(s) in this case will be returned to the submitting agency.

Questions regarding this report should be addressed to: carolseagle@fdle.state.fl.us.





**2100 Jefferson Street  
Jacksonville, FL. 32206**

**(904) 630-0977**

**(904) 630-0964 fax**

ME Number: 12-2119

Type of Exam            A

Decedent: (b)(3):Exemption 3 for 25(a)

AKA:

Age: 20

Race: W

Sex: F

Doctor: (b)

Height (inches): 67

Weight (pounds): 187

Manner of Death: Auto Accident

Date of Exam: 12/16/2012

Cause of Death

Blunt Trauma to the Head

Toxicology Results

| <u>Specimen</u> | <u>Drug</u> | <u>Amount</u> |
|-----------------|-------------|---------------|
| urine           | caffeine    | positive      |
| urine           | ibuprofen   | positive      |

blood alcohol: 0.01%

carbon monoxide: not done

COMPLAINT



8583-SQQ

CHECK DIGIT 8

FLORIDA UNIFORM TRAFFIC CITATION

COUNTY OF HAMILTON  
 CITY OF (IF APPLICABLE)  
 AGENCY: FLORIDA HIGHWAY PATROL  
 IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON  
 COMPLAINT (RETAINED BY COURT)  
 DAY OF WEEK: SAT, MONTH: 12, DAY: 15, YEAR: 2012, 09:05  
 (b)(3):Exemption 3 for 25(c)  
 (b)(3):Ex  
 IF DIFFERENT THAN ONE ON DRIVER LICENSE 'X' HERE  
 (b)(3):Exemption 3 for 25(c)  
 TELEPHONE NUMBER, DATE OF BIRTH: 02/25/1991, RACE: W, SEX: M, HGT: 503  
 DRIVER LICENSE NUMBER: (b)(3):Exemp  
 STATE: FL, CLASS: E, CDL LICENSE: NO, YR. LICENSE EXP: 2013, COMMERCIAL VEHICLE: NO  
 YR. VEHICLE: 2010, MAKE: POLARIS, STYLE: XP, COLOR: GRE, PLACARDED HAZ. MATERIAL: NO  
 VEHICLE LICENSE NO: NONE, TRAILER TAG NO., STATE: FL, YEAR TAG EXPIRES, 2-18 PASSENGERS: NO  
 UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY: SE 62ND DR / CR 135  
 MOTORCYCLE: NO, COMPANION CITATION NUMBER(S): 82035885  
 LATITUDE: N 30 29.1396, LONGITUDE: W 82 45.4427

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION  
 UNLAWFUL SPEED MPH SPEED APPLICABLE \_\_\_\_\_ MPH  
 (  INTERSTATE  4-LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST.)  
 SPEED MEASUREMENT DEVICE:

- CARELESS DRIVING
- VIOLATION OF TRAFFIC CONTROL DEVICE
- FAILURE TO STOP AT A TRAFFIC SIGNAL
- IMPROPER LANE CHANGE OR COURSE
- NO PROOF OF INSURANCE
- VIOLATION OF RIGHT-OF-WAY
- IMPROPER PASSING
- CHILD RESTRAINT
- SAFETY BELT VIOLATION
- IMPROPER OR UNSAFE EQUIPMENT
- EXPIRED TAG ≤ SIX (6) MONTHS
- EXPIRED TAG > SIX (6) MONTHS
- DRIVING UNDER THE INFLUENCE
- EXPIRED DRIVER LICENSE
- SIX (6) MONTHS
- NO VALID DRIVER LICENSE
- DRIVING WHILE LICENSE SUSPENDED OR REVOKED

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE  
 CARELESS DRIVING

AGGRESSIVE DRIVING IN VIOLATION OF STATE STATUTE SECTION 316.1925(1) SUB-SECTION  
 CRASH  YES  NO PROPERTY DAMAGE  YES  NO INJURY TO ANOTHER  YES  NO SERIOUS BODILY INJURY TO ANOTHER  YES  NO FATAL  YES  NO

CRIMINAL VIOLATION, COURT APPEARANCE REQUIRED AS INDICATED BELOW.  
 INFRACTION, COURT APPEARANCE REQUIRED AS INDICATED BELOW.  
 INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT

8583-SQQ CHECK DIGIT 8  
 COURT INFORMATION: DATE, TIME  
 HAMILTON COUNTY COURT  
 207 NE 1ST STREET, ROOM 106  
 JASPER, FLORIDA 32052 (386) 792-1288  
 ARREST DELIVERED TO DATE 03/15/2013

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES AN APPEARANCE IN COURT)  
 CORPORAL L.N. ALBRITTON 1573 B  
 RANK - SIGNATURE OF OFFICER BADGE NO. ID NO. TROOP / UNIT

WHEN PRESENTED TO THE VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.

PAY A CIVIL PENALTY IN THE AMOUNT OF \$ \_\_\_\_\_

CASE NO \_\_\_\_\_ DOCKET NO \_\_\_\_\_ PAGE NO \_\_\_\_\_

DATE \_\_\_\_\_ COURT ACTION AND OTHER ORDERS \_\_\_\_\_

BAIL FIXED AT \$ \_\_\_\_\_ OR CASH DEPOSIT OF \$ \_\_\_\_\_

SIGNATURE OF PERSON GIVING BAIL \_\_\_\_\_

SIGNATURE OF PERSON TAKING BAIL \_\_\_\_\_

FINE IN THE AMOUNT OF \$ \_\_\_\_\_ RECEIVED AS REQUIRED BY COURT SCHEDULE

SIGNATURE OF CLERK \_\_\_\_\_

CONTINUANCE TO \_\_\_\_\_ REASON \_\_\_\_\_

CONTINUANCE TO \_\_\_\_\_ REASON \_\_\_\_\_

BOND ESTREATED \_\_\_\_\_

WARRANT ISSUED \_\_\_\_\_

VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED

VIOLATOR ARRAIGNED ON \_\_\_\_\_ (DATE)

PLEA: \_\_\_\_\_

FINDING: \_\_\_\_\_

ADJUDICATION: \_\_\_\_\_

SENTENCE: FINE \_\_\_\_\_ COST \_\_\_\_\_

JAILED \_\_\_\_\_ DAYS

DRIVER IMPROVEMENT SCHOOL \_\_\_\_\_

OTHER \_\_\_\_\_

DRIVER LICENSE SUSPENDED OR REVOKED FOR \_\_\_\_\_ DAYS

RECOMMEND DRIVER LICENSE SUSPENSION FOR \_\_\_\_\_ DAYS

RECOMMEND RE-TEST \_\_\_\_\_

SIGNATURE OF JUDGE \_\_\_\_\_

TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):

APPEAL BOND OF \$ \_\_\_\_\_

VIOLATOR'S FINGERPRINT WHEN APPLICABLE

**OFFICE OF THE MEDICAL EXAMINER**

2100 JEFFERSON STREET  
JACKSONVILLE, FLORIDA 32206

---

**EXAMINATION REPORT**

NAME OF DECEASED: (b)(3):Exemption 3 for 25(c)  
M.E. NO.: 12-2119  
DATE OF DEATH: December 15, 2012  
DATE OF AUTOPSY: December 16, 2012  
TIME OF AUTOPSY: 9:15 AM  
COUNTY OF DEATH: Hamilton

**EXTERNAL EXAMINATION**

The body is that of a white female weighing 187 pounds (85 kg) and measuring 67 inches (170 cm) in length. The body is cold. Rigor is fully developed to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. The scalp hair is blonde. The irides are brown. The corneae are clear. The conjunctivae are unremarkable. The sclerae are white. The external auditory canals, external nares and the oral cavity contain blood. The earlobes are pierced. The nasal skeleton is palpably intact. The lips are without evidence of injury. The teeth are natural. Examination of the neck, chest, posterior torso, abdomen and extremities reveals no evidence of recent injuries. A tattoo is noted on left foot. The external genitalia are those of a normal adult female. EKG pads are noted on the abdomen.

**CLOTHING:**

The clothing consists of two jackets, a shirt, bra, blue jeans, underwear and flip flops.

**EVIDENCE OF INJURY:****BLUNT TRAUMA TO THE HEAD:**

The scalp is incised and reflected. Upon reflection of the scalp an occipital subgaleal hemorrhage is noted. The skull displays a fracture on the base of the skull in the middle cerebral fossa. A diffuse subarachnoid hemorrhage is noted as well as contusions of the inferior gyri of the temporal and frontal lobes bilaterally.

2 MEDICAL EXAMINATION ME #: 12-2119

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

**INTERNAL EXAMINATION:****HEAD:**

Injuries have been previously described. The brain weighs 1502 grams. The scalp is reflected. The calvarium of the skull is removed. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact. Coronal sections through the cerebral hemispheres reveal previously described injuries. Transverse sections through the brain stem and cerebellum are unremarkable.

**NECK:**

Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact.

**BODY CAVITIES:**

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. No adhesions or abnormal collections of fluid are present in any of the body cavities. All body organs are present in the normal anatomic position. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

**CARDIOVASCULAR SYSTEM:**

The heart weighs 364 grams. The pericardial surfaces are smooth, glistening, and unremarkable. The pericardial sac is free of significant fluid or adhesions. The coronary arteries arise normally, follow the usual distribution and are widely patent, without evidence of significant atherosclerosis or thrombosis. The chambers and valves exhibit the usual size-position relationship and are unremarkable. The myocardium is red/brown, firm and unremarkable. The atrial and ventricular septa are intact. The aorta and its major branches arise normally, follow the usual course and are widely patent, free of significant atherosclerosis and other abnormality. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi.

**RESPIRATORY SYSTEM:**

The right lung weighs 475 grams. The left lung weighs 385 grams. The upper airway is clear of debris and foreign material. The mucosal surfaces are smooth, yellow/tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is exuding slight to moderate amounts of bloody fluid. No focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus.

**HEPATOBIILIARY SYSTEM:**

The liver weighs 1944 grams. The hepatic capsule is smooth, glistening and intact, covering dark red/brown, moderately congested parenchyma with no focal lesions noted. The gallbladder contains

4 ml. of mucoid bile. The mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

#### **GASTROINTESTINAL SYSTEM:**

The tongue exhibits no evidence of recent injury. The esophagus is lined by gray/white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 50 ml. of fluid. The small and large bowels are unremarkable. The pancreas has a normal pink/tan lobulated appearance and the ducts are clear. The appendix is present.

#### **GENITOURINARY SYSTEM:**

The right kidney weighs 127 grams. The left kidney weighs 147 grams. The renal capsules are smooth and thin, semi-transparent and stripped with ease from the underlying smooth, red/brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red/purple to tan and unremarkable. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains 10 ml. of cloudy yellow urine. The mucosa is gray/tan and smooth. The uterus weighs 94 grams with unremarkable ovaries.

#### **RETICULOENDOTHELIAL SYSTEM:**

The spleen weighs 201 grams and has a smooth, intact capsule covering red/purple, moderately firm parenchyma. The lymphoid follicles are unremarkable. The regional lymph nodes appear normal.

#### **ENDOCRINE SYSTEM:**

The pituitary, thyroid and adrenal glands are unremarkable.

#### **MUSCULOSKELETAL SYSTEM:**

Muscle development is normal. No bone or joint abnormalities are noted.

#### **TOXICOLOGICAL EXAMINATION:**

Blood Ethanol: 0.01 %

Urine Drugs: Ibuprofen  
Caffeine

## MEDICAL EXAMINER REPORT

---

NAME OF DECEASED: (b)(3):Exemption 3 for 25(c)  
M.E. NO.: 12-2119  
DATE OF DEATH: December 15, 2012  
DATE OF AUTOPSY: December 16, 2012  
TIME OF AUTOPSY: 9:15 AM  
COUNTY OF DEATH: Hamilton

### DIAGNOSIS

Blunt trauma to the head, with:

- a. Subgaleal hemorrhage
- b. Skull fractures
- c. Subarachnoid hemorrhage
- d. Cerebral contusions

### CAUSE OF DEATH

Blunt trauma to the head.

### MANNER OF DEATH

Accident.



Aurelian Nicolaescu, M. D.  
Associate Medical Examiner  
Date: 1/15/2013

AN: tr

121218HNE0001

**ATTACHMENT 4**

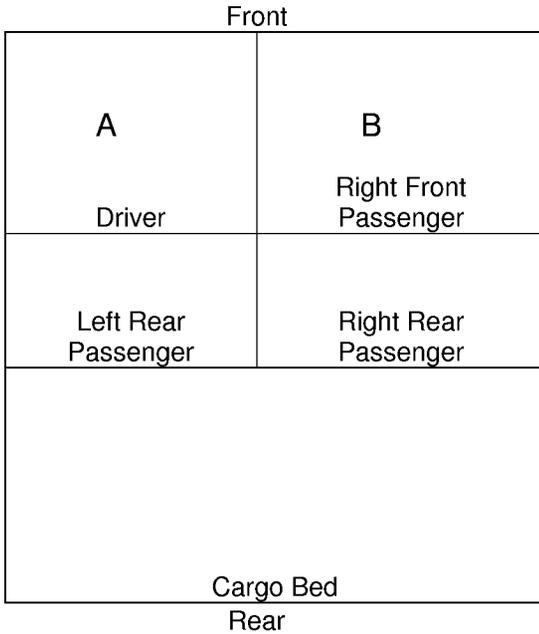
**IDENTIFICATION OF CONTACTS:**

1. Florida Highway Patrol, Records, Records, 2402 US 90 West, Lake City, FL 32055 – (386) 758-0515 – contacted by telephone.
2. Florida Department of Highway Safety & Motor Vehicles, Photo Lab, 2900 Apalachee Parkway, Tallahassee, FL 32399 –(850) 617-5144 – contacted by telephone.
3. Florida District 4 Medical Examiner's Office, 2100 Jefferson Street, Jacksonville, FL 32206 - (904) 244-4000 – contacted by telephone.

Utility Vehicle Data Record Sheet

IDI #: 121218HNE0001

Exhibit #: Attachment 5



The Utility Vehicle

|    |   |                   |
|----|---|-------------------|
| A: | Age: 21                                 | Height: unk       |
|    | Gender: Male                            | Weight: unk       |
|    | Helmet (Y/N): N                         | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: Neither |                   |
|    | Injury Description: none                |                   |
|    | Did vehicle land on victim:             |                   |
|    | Ejected (Either partially or fully): NO |                   |

|    |  |                   |
|----|--|-------------------|
| B: | Age: 20                                    | Height: 5'7"      |
|    | Gender: F                                  | Weight: 187 lbs   |
|    | Helmet (Y/N): N                            | Seatbelt (Y/N): N |
|    | Killed/Injured/Neither/Unknown: Killed     |                   |
|    | Injury Description: Blunt Trauma to head   |                   |
|    | 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.



This investigation was initiated based upon a certificate of death from the state of Michigan. The death certificate states the victim died on May 28, 2012 from multiple blunt force injuries due to an ATV collision on May 27, 2012. The limited information contained within this report was obtained from the County Sheriff's Office report (Exhibit 1) and Sheriff's photographs (Exhibit 2). The medical examiner's report was requested but has not been received.

The death certificate states the involved product was an ATV but the information obtained from the sheriff's report indicates the involved product was a UTV. This report was written according to the Investigation Guideline for Utility Vehicles (Appendix 91).

This incident occurred at approximately 11:00PM on May 27, 2012. The 40-year-old male driver of the utility vehicle was taken to the county medical center where he was pronounced dead on arrival on May 28, 2012. The 24-year-old male passenger and 19-year-old male passenger in the vehicle were not injured.

**Vehicle Information**

- 1. Type: Utility Vehicle
- Brand: **Polaris**
- Model No.: Ranger 800 EFI
- Model Year: 2011
- Color: Green
- VIN: 
- Manufacturer: **Polaris Industries, Inc.**  
**2100 Highway 55**  
**Medina, MN 55340**  
**(763) 542-0500**
- Date Manufactured: NA
- Place of Purchase: NA
- Date of Purchase: NA
- Cost: NA
- 2. NA
- 3. 3 point seatbelt; none of the occupants were wearing seatbelts
- 4. NA

**Rider/Drover Information**

- 5. Utility Vehicle Data Record Sheet is attached as Exhibit 5
- 6. Utility Vehicle Data Record Sheet is attached as Exhibit 5
- 7. None of the occupants were wearing helmets
- 8. The sheriff's report states no alcohol or drugs were suspected to have been used by the driver prior to the incident.

9. It is unknown what the driver's experience was with the utility vehicle or if the driver had any training on the utility vehicle. (#9 on Guideline)

**Incident Information**

10. Terrain: Dry, flat, dirt road  
Weather: Clear  
Dark at time of incident; unknown if headlights were in use
11. A police sketch can be found at Exhibit 1, Page 2. Photographs of the incident scene were obtained from the Sheriff's office and can be found at Exhibit 2.
12. NA
13. No obstacles were in the path of travel of the vehicle. The vehicle did not hit anything.
14. The driver was traveling westbound approaching an intersection; he realized there was a stop sign and slammed on the brakes; the vehicle lost control and skidded off the dirt roadway to the south side of a ditch and over turned.
15. The vehicle flipped over; it is unknown how many times the vehicle rolled and to which side.
16. The two passengers stated they were not ejected from the vehicle but the driver was. The passengers think the vehicle may have flipped over on top of the driver. They stated they observed the driver near the vehicle, but it was not on top of him after the incident. The passengers flipped the vehicle back over and talked to the driver for three minutes before he went unconscious and stopped breathing.
17. Photographs of the vehicle and damage can be found at Exhibit 2.

**ATTACHMENTS**

1. Sheriff's Report
2. Sheriff's Photographs (8)
3. Status of Missing Documents
4. Identity of Respondents
5. Data Recording Sheet for UTV's

Authority: 1949 PA 300, Sec. 257.622  
Compliance: Required MSP UD-10  
Penalty: \$100 and/or 90 days (Rev 5/09)

Do Not Use

Page 1 of 1

Incident # 295812

File Class 9300

Incident Disposition Reviewer

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI: MI-5415400

Department Name Mecosta Co Sheriff's Office

Crash Date 05072010 Crash Time 2300 No. of Units 01

Special Circumstances Special Checks

County Traffic Control Relation to Roadway

City/Twp

Construction Zone (if applicable) Type Lane Closed Activity

Special Study Weather Light Area Total Lanes

Road Condition Speed Limit Posted

Prefix Road Name Divided Roadway Road Type Suffix

Distance 25 FT MI North South East West Beginning of Ramp End of Ramp

Prefix Intersecting Road Divided Roadway Road Type Suffix

Unit Number State Driver License Number Date of Birth License Type Sex Total Occup Hazard Action

Unit Type Injury Position Restraint Hospital

Driver Condition Interlock Alcohol Test Type Test Results

Drugs Test Type Test Results

Vehicle Registration State Insurance Towed To/By

VIN Vehicle Description Make Model Color Year

Location of Greatest Damage Vehicle Type Vehicle Direction Special Vehicles Private Trailer Type

First Impact Extent of Damage Driveable Vehicle Defect

First Name Date of Birth Sex Position Restraint Hospital

Middle Street Address

Last City Ejected Trapped

Injury Airbag Deployed

First Name Date of Birth Sex Position Restraint Hospital

Middle Street Address

Last City Ejected Trapped

Injury Airbag Deployed

Name Address

Phone Number Age Pos. Rest.

Name Address

Phone Number Age Pos. Rest.

Person Advised of Damaged Damaged Property Public

Traffic Control Owner & Phone

0648332

Serial Override Number

Do Not Write or Mark On This Side of The Line

BACK

|                             |                     |                       |                |                   |                  |                      |                    |
|-----------------------------|---------------------|-----------------------|----------------|-------------------|------------------|----------------------|--------------------|
| Unit Number                 | State               | Driver License Number | Date of Birth  | License Type      | Sex              | Total Occup          | Hazard Action      |
| <b>NCS</b>                  |                     |                       |                |                   |                  |                      |                    |
| Unit Type                   |                     |                       |                | Injury            | Position         | Restraint            | Hospital           |
| Driver Condition            |                     |                       |                | Ambulance         |                  |                      |                    |
| Interlock                   |                     |                       |                | Ejected Trapped   |                  |                      |                    |
| Alcohol                     |                     |                       |                | Airbag Deployed   |                  |                      |                    |
| Drugs                       |                     |                       |                | Citation Issued   |                  |                      |                    |
| Vehicle Registration        |                     |                       |                | Towed To/By       |                  |                      |                    |
| VIN                         | Vehicle Description | Make                  | Model          | Color             | Year             |                      |                    |
| Location of Greatest Damage |                     |                       | Vehicle Type   | Vehicle Direction | Special Vehicles | Private Trailer Type |                    |
| First Impact                | Extent of Damage    | Driveable             | Vehicle Defect |                   | Vehicle Use      |                      |                    |
| First Name                  |                     |                       |                | Date of Birth     | Sex              | Position             | Restraint Hospital |
| Middle                      |                     |                       |                | Street Address    |                  |                      |                    |
| Last                        |                     |                       |                | City              |                  |                      |                    |
| Injury                      |                     |                       |                | Ejected Trapped   |                  |                      |                    |
| First Name                  |                     |                       |                | Date of Birth     | Sex              | Position             | Restraint Hospital |
| Middle                      |                     |                       |                | Street Address    |                  |                      |                    |
| Last                        |                     |                       |                | City              |                  |                      |                    |
| Injury                      |                     |                       |                | Ejected Trapped   |                  |                      |                    |
| Name                        |                     |                       |                | Address           |                  |                      |                    |
| Name                        |                     |                       |                | Address           |                  |                      |                    |

Forward Original To: [illegible]

Do Not Write or Mark On This Side of The Line

Do Not Write or Mark On This Side of The Line

Do Not Write or Mark On This Side of The Line

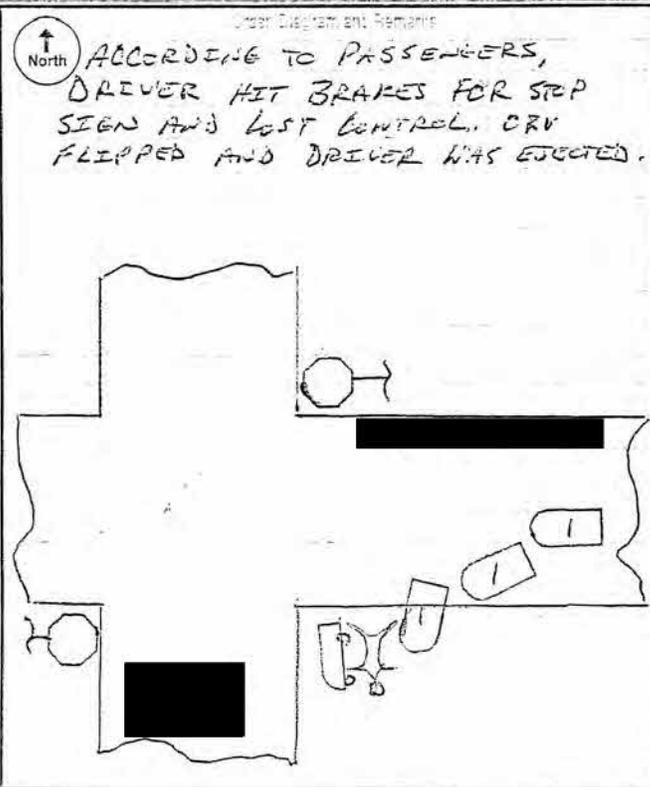
**Unit Reported on Front**

| Action       | Sequence of Events |
|--------------|--------------------|
| Prior        | Fire               |
|              | Explosion          |
|              | Tyre               |
|              | Other              |
| 0801030613   |                    |
| Most Harmful |                    |

**Unit Reported Above**

| Action       | Sequence of Events |
|--------------|--------------------|
| Prior        | Fire               |
|              | Explosion          |
|              | Tyre               |
|              | Other              |
| Most Harmful |                    |

|                       |                    |
|-----------------------|--------------------|
| Unit Number           | Carrier Name       |
| Address               |                    |
| City                  | State              |
| Zip                   | GVWR/GCWR          |
| ICCMC                 | Driver's CDL Type  |
| USDOT                 | CDL Restrictions   |
| MPSC                  | CDL Exempt         |
| Type & Axles Per Unit | Vehicle Type       |
| Cargo Body Type       | Medical Card       |
| ID #                  | Hazardous Material |
|                       | Class #            |



|         |   |                    |           |
|---------|---|--------------------|-----------|
| 0648332 | Investigated at Scene                       | Reported Date/Time | Photos By |
|         | Investigator Name(s) & Badge # (Print Only) | 5-27-12            | #21       |
|         |   | KEPPE #9           |           |
|         |   | CHRISTENSEN #21    |           |

# INCIDENT REPORT

LOCATION

|   |  |  |                             |                                      |                       |
|---|--|--|-----------------------------|--------------------------------------|-----------------------|
| AGENCY<br>Mecosta County Sheriffs Office  |  | ORI #<br>MI5415400   | INCIDENT #<br>12-02958      | REPORT DATE<br>5/27/2012 11:03:42 PM |                       |
| DATE/TIME OF INCIDENT<br>START 05/27/2012 11:03:42 PM<br>END 05/27/2012 11:04:00 PM |  | REPORT TYPE<br><input checked="" type="checkbox"/> INITIAL REPORT<br><input type="checkbox"/> SUPPLEMENT | INCIDENT STATUS:<br>CLEARED | EXCEPTIONAL-CLEARANCE DATE           | EXCEPTIONAL CLEARANCE |
| LOCATION OF INCIDENT<br>[REDACTED] // [REDACTED]                                    |  |  | OFFENSE TRACT               | COUNTY CODE<br>54                    |                       |
| CITY CODE<br>08   | JUVENILE INVOLVED <input type="checkbox"/> | DISPOSITION<br>POLICE PROCEDURES   | JUVENILE DISPOSITION        | ASSISTING JURISDICTION               |                       |

OFFENSE

| Offense Class<br>Arrest Charge | Offense Class DESCRIPTION<br>Arrest Charge DESCRIPTION | ATTEMPTED                | INCIDENT DESCRIPTION |
|--------------------------------|--|--------------------------|----------------------|
| 193001<br>9309                 | TRAFFIC ACCIDENT<br>FATAL ORV TRAFFIC ACCIDENT         | <input type="checkbox"/> | FATAL CRASH          |
| 2                              |  | <input type="checkbox"/> |                      |
| 3                              |  | <input type="checkbox"/> |                      |
| 4                              |  | <input type="checkbox"/> |                      |

|  |   |
|--|---|
| BIAS MOTIVATION<br>1 NONE<br>2<br>3<br>4 | LOCATION TYPE (OFFENSE 1 - 4)<br>1 HIGHWAY/ROAD/ALLEY/STREET<br>2<br>3<br>4 |
|--|---|

|   |  |
|---|--|
| TYPE OF CRIMINAL ACTIVITY<br>1 [ ] [ ] [ ]<br>2 [ ] [ ] [ ]<br>3 [ ] [ ] [ ]<br>4 [ ] [ ] [ ] | TYPE WEAPON/FORCE INVOLVED (OFFENSE 1 - 4)<br>WEAPON/AUTOMATIC WEAPON/AUTOMATIC WEAPON/AUTOMATIC<br>1 [ ] [ ] [ ]<br>2 [ ] [ ] [ ]<br>3 [ ] [ ] [ ]<br>4 [ ] [ ] [ ] |
|---|--|

|   |  |  |
|---|--|--|
| (FOR BURGLARY ONLY)<br>NUMBER OF PREMISES ENTERED | METHOD OF ENTRY:<br>F <input type="checkbox"/> FORCIBLE N <input checked="" type="checkbox"/> NO FORCE | OFFENDER(S) USED<br>A <input type="checkbox"/> ALCOHOL D <input type="checkbox"/> DRUGS C <input type="checkbox"/> COMPUTER EQUIP. N <input type="checkbox"/> NONE |
|---|--|--|

|               |                           |       |
|---------------|---------------------------|-------|
| VICTIM #<br>1 | VICTIM NAME<br>[REDACTED] | PHONE |
|---------------|---------------------------|-------|

ADDRESS: Street, City, State, Zip

EMPLOYER NAME: EMPLOYER ADDRESS: Street, City, State, Zip, CONNECTED TO OFFENSES  
9309

|                                     |               |             |                   |                 |
|-------------------------------------|---------------|-------------|-------------------|-----------------|
| TYPE OF VICTIM<br>PERSON/INDIVIDUAL | RACE<br>WHITE | SEX<br>Male | DOB<br>[REDACTED] | EMPLOYER PHONE: |
|-------------------------------------|---------------|-------------|-------------------|-----------------|

|           |              |                      |   |  |
|-----------|--------------|----------------------|---|--|
| AGE<br>40 | TO AGE<br>40 | ETHNICITY<br>UNKNOWN | RESIDENT STATUS<br>Resides in the State | INJURY TYPE<br>N <input type="checkbox"/> NONE<br>B <input type="checkbox"/> BROKEN BONES M <input type="checkbox"/> MINOR INJURY<br>I <input type="checkbox"/> POSS. INT INJURIES O <input type="checkbox"/> MAJOR INJURY<br>L <input type="checkbox"/> SEVERE LACERATION T <input type="checkbox"/> LOSS OF TEETH<br>U <input type="checkbox"/> UNCONSCIOUSNESS F <input type="checkbox"/> FATAL |
|-----------|--------------|----------------------|---|--|

|                      |                      |
|----------------------|----------------------|
| VICTIM CIRCUMSTANCES | JUSTIFIABLE HOMICIDE |
| 1                    |                      |
| 2                    |                      |

RELATIONSHIP OF VICTIM TO OFFENDER 1 - 5  
1 UNKNOWN 2 3 4 5

|                  |                    |                    |
|------------------|--------------------|--------------------|
| OFFICER ACTIVITY | OFFICER ASSIGNMENT | OTHER JURISDICTION |
|------------------|--------------------|--------------------|

|   |          |                      |    |
|---|----------|----------------------|----|
| KOEPKE, JASON T<br>REPORTING OFFICER    | 9<br>ID  | APPROVING SUPERVISOR | ID |
| CHRISTENSEN, JARED<br>ASSISTING OFFICER | 21<br>ID | INVESTIGATOR         | ID |

VICTIM

ADMIN

# INCIDENT REPORT NARRATIVE

|  |                     |                         |                                      |
|--|---------------------|-------------------------|--------------------------------------|
| AGENCY<br>Mecosta County Sheriffs Office | ORI #:<br>MI5415400 | INCIDENT #:<br>12-02958 | REPORT DATE<br>5/27/2012 11:03:42 PM |
|--|---------------------|-------------------------|--------------------------------------|

## NARRATIVE

2958-12

### INITIAL INFORMATION:

On 05-27-2012 at approximately 2303 hours Sgt. KOEPKE and Deputy CHRISTENSEN were dispatched to an ORV accident on [REDACTED] Prior to Deputies going en route to the accident Dispatch advised CPR was being administered to the driver of the ORV.

### INVESTIGATION:

Once Deputies arrived on scene Deputies assisted Big Rapids Twp. Fire and Rescue along with Mecosta County EMS units.

Sgt. KOEPKE made contact with witnesses [REDACTED] and [REDACTED] who were passengers in the 2011 Polaris Ranger vehicle. They stated the driver [REDACTED], DOB [REDACTED] was traveling westbound on [REDACTED] and as he approached the intersection of [REDACTED] realized there was a stop sign and slammed on the brakes; the Polaris Ranger lost control skidding off the dirt roadway to the south side of the ditch and over turned. They stated no one was wearing seatbelts or helmets. They advised they were not ejected from the vehicle. They stated that [REDACTED] was ejected and the Ranger possibly flipped over on top of him. They stated they observed him near the vehicle, but it was not on top of him after the accident. They advised they flipped the Ranger back over where they spoke with [REDACTED] who was conscious for the first three minutes and then went unconscious and wasn't breathing.

### PHOTOGRAPHS:

Deputy CHRISTENSEN photographed the accident scene. The photographs are at the Mecosta County Sheriff's Office.

### DISPOSITION:

Deputies were advised by Dispatch that the driver, [REDACTED] was pronounced dead at the Mecosta County Medical Center upon arrival. Sgt. KOEPKE had Dispatch input the fatal LEIN entry into LEIN (see attached copy). Also attached to the report is a copy of the UD-10 crash report.

### STATUS:

Closed

Sgt. J. KOEPKE, #09, Deputy J. CHRISTENSEN, #21

JJS 05-31-2012  
05-28

# INCIDENT REPORT OTHER PERSON INVOLVED

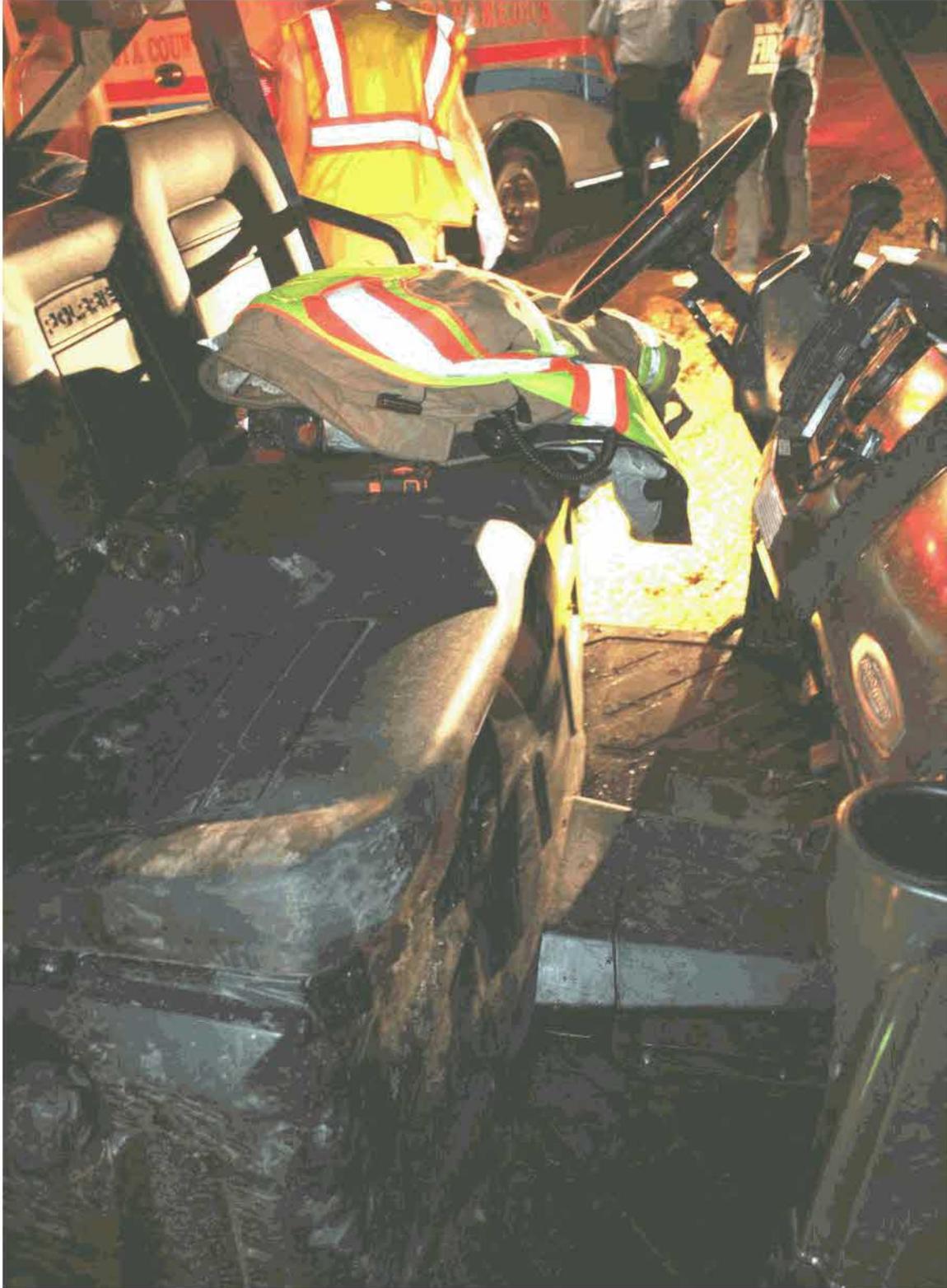
|  |                     |                      |                         |                   |   |                      |
|--|---------------------|----------------------|-------------------------|-------------------|---|----------------------|
| AGENCY<br>Mecosta County Sheriffs Office     |                     | ORI #:<br>MI5415400  | INCIDENT #:<br>12-02958 |                   | REPORT DATE<br>5/27/2012 11:03:42 PM        |                      |
| INVOLVEMENT: WITNESS                         |                     |                      | OFFENSES INVOLVED WITH: |                   |   |                      |
| PERSON #<br>1                                | NAME:<br>[REDACTED] |                      | MONIKER                 | DOB<br>[REDACTED] |   | AGE<br>24            |
| ADDRESS:<br>[REDACTED]                       |                     |                      | SOCIAL SECURITY NUMBER  |                   |   |                      |
| CITY:<br>[REDACTED]                          |                     | STATE:<br>[REDACTED] | ZIP<br>[REDACTED]       |                   | HOME PHONE NUMBER<br>[REDACTED]             |                      |
| EMPLOYER:                                    |                     | OCCUPATION:          |                         | WORK PHONE NUMBER |   |                      |
| DRIVER LICENSE NUMBER/STATE:                 |                     | RACE:<br>WHITE       | SEX:<br>Male            | HEIGHT            | WEIGHT                                      | ETHNICITY<br>UNKNOWN |
| HAIR<br>COLOR:                               | LENGTH:             | STYLE:               | EYE COLOR:              | COMPLEXION:       | FACIAL HAIR:                                | BUILD:               |
| CLOTHING:                                    |                     | BODY MARKS:          |                         | SUSPECT STATUS:   | RESIDENTIAL STATUS:<br>Resides in the State |                      |
| SUSPECT<br>ARRESTED <input type="checkbox"/> | ARREST NUMBER:      | ARREST DATE:         | TYPE OF ARREST:         |                   | MULTIPLE CLEARANCE INDICATOR:               |                      |
| INVOLVEMENT: WITNESS                         |                     |                      | OFFENSES INVOLVED WITH: |                   |   |                      |
| PERSON #<br>2                                | NAME:<br>[REDACTED] |                      | MONIKER                 | DOB<br>[REDACTED] |   | AGE<br>19            |
| ADDRESS:<br>[REDACTED]                       |                     |                      | SOCIAL SECURITY NUMBER  |                   |   |                      |
| CITY:<br>[REDACTED]                          |                     | STATE:<br>[REDACTED] | ZIP<br>[REDACTED]       |                   | HOME PHONE NUMBER<br>[REDACTED]             |                      |
| EMPLOYER:                                    |                     | OCCUPATION:          |                         | WORK PHONE NUMBER |   |                      |
| DRIVER LICENSE NUMBER/STATE:                 |                     | RACE:<br>WHITE       | SEX:<br>Male            | HEIGHT            | WEIGHT                                      | ETHNICITY<br>UNKNOWN |
| HAIR<br>COLOR:                               | LENGTH:             | STYLE:               | EYE COLOR:              | COMPLEXION:       | FACIAL HAIR:                                | BUILD:               |
| CLOTHING:                                    |                     | BODY MARKS:          |                         | SUSPECT STATUS:   | RESIDENTIAL STATUS:<br>Resides in the State |                      |
| SUSPECT<br>ARRESTED <input type="checkbox"/> | ARREST NUMBER:      | ARREST DATE:         | TYPE OF ARREST:         |                   | MULTIPLE CLEARANCE INDICATOR:               |                      |













Task No. 121219HCC2268

Date: 01/30/2013

### STATUS OF MISSING DOCUMENT(S)

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

1. Mecosta County Medical Examiner's Report
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Date: \_\_\_\_\_ Investigator No: 4714

Regional office: \_\_\_\_\_ Supervisor No: \_\_\_\_\_

## **IDENTITY OF RESPONDENTS**

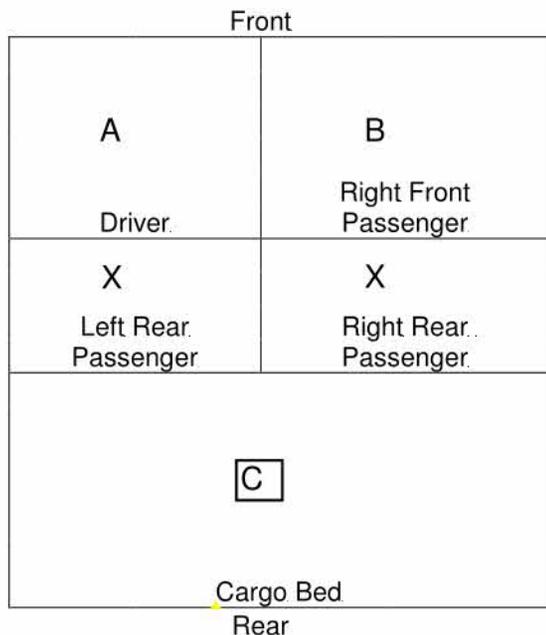
The respondents in this investigation are:

1. Mecosta County Sheriff's Office, [REDACTED], 225 South Stewart Street, Big Rapids, MI 49307. Phone: (231) 592-0150. Fax: (231) 796-5577. Initially contacted 01/15/2013.
2. Mecosta County Medical Examiner, 14485 Northland Drive, Big Rapids, MI 49307. Phone: (231) 796-2626. Email: [ems@co.mecosta.mi.us](mailto:ems@co.mecosta.mi.us). Initially contacted 01/25/2013.

Utility Vehicle Data Record Sheet

IDI #: 121219HCC2268

Exhibit #: 5



The Utility Vehicle

|    |   |                   |  |
|----|---|-------------------|--|
| A: | Age: 40                                     | Height:           |  |
|    | Gender: M                                   | Weight:           |  |
|    |   |                   |  |
|    | Helmet (Y/N): N                             | Seatbelt (Y/N): N |  |
|    |   |                   |  |
|    | Killed/Injured/Neither/Unknown: Killed      |                   |  |
|    | Injury Description: MULTIPLE BLUNT FORCE IN |                   |  |
|    | Did vehicle land on victim: Possibly        |                   |  |
|    | Ejected (Either partially or fully): FULLY  |                   |  |

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

|    |   |                   |  |
|----|---|-------------------|--|
| B: | Age: 24                                 | Height:           |  |
|    | Gender: M                               | Weight:           |  |
|    |   |                   |  |
|    | Helmet (Y/N): N                         | Seatbelt (Y/N): N |  |
|    |   |                   |  |
|    | Killed/Injured/Neither/Unknown: NEITHER |                   |  |
|    | Injury Description:                     |                   |  |
|    | Did vehicle land on victim: No          |                   |  |
|    | Ejected (Either partially or fully): No |                   |  |

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

|    |   |                   |  |
|----|---|-------------------|--|
| C: | Age: 19                                 | Height:           |  |
|    | Gender: M                               | Weight:           |  |
|    |   |                   |  |
|    | Helmet (Y/N): N                         | Seatbelt (Y/N): N |  |
|    |   |                   |  |
|    | Killed/Injured/Neither/Unknown: NEITHER |                   |  |
|    | Injury Description:                     |                   |  |
|    | Did vehicle land on victim: No          |                   |  |
|    | Ejected (Either partially or fully): NO |                   |  |

|    |                                      |                 |  |
|----|--------------------------------------|-----------------|--|
| 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.

**Save**