

DESCRIPTION OF RESPONDENTS:

This matter came to the attention of CPSC through a confidential police fatal crash summary report. The sheriff's department was contacted and a written report received. The Medical Examiner's Office was contacted and indicated they did not have any reports or autopsy information. The next-of-kin was not contacted because the source document was a confidential report.

SUMMARY OF FINDINGS:

Only official reports were received; therefore, all information contained in this investigation was obtained from those documents. According to the report, the incident occurred on May 19, 2012 at approximately 9:25 PM. The victim was driving a utility vehicle also known as a UTV.

The report indicates the victim was traveling eastbound and veered off the side of the roadway when the UTV flipped over and ejected the driver and a passenger. The driver was trapped underneath the UTV. The passenger was thrown clear of the UTV. According to the report, the passenger stated that the victim was still breathing; however, she was not strong enough to lift the UTV off of him. A person arrived on the scene and was able to hook a rope from his ATV to the victim's UTV and flipped the UTV right side.

The bystander started CPR on the victim and the deputy sheriff continued until the fire department arrived. The victim was transported to the nearest medical center; however, he was pronounced dead at 11:02 PM. The deputy noted that the victim had trauma to the head and on the back left shoulder. The report also stated that blood was taken from the victim because there was a strong odor of intoxicants present.

The Sheriff's report indicates that it was not raining and it was a clear day. At the time of the incident it was evening; therefore, it was dark outside and the road was not lit. The road was considered a county road that was primarily gravel and at the location of the incident, the victim was going straight and the grade of the road was level. The road was a two lane road; however, there was no divided median.

The deputy also indicated in the report that a contributing factor was alcohol and careless/prohibited driving. The report also indicates that the passenger was riding in the front on the right-hand side. It further states that no safety equipment was being used at the time of the incident. According to the report the passenger received a non-incapacitating injury.

The following day, the deputy interviewed the passenger whom was the victim's wife and she stated her husband had been complaining about numbness in his legs earlier in the day. She said during the ride, he had to get off their UTV several times to walk around and at one point his knee almost gave out on him. He also complained of chest pain throughout the night and stated he want to go home which is when they left and had the

accident. On the ride home she told the deputy she leaned over against the victim's shoulder and he kissed her on the forehead. The next thing she remembers is the UTV flipping and not being able to get him from underneath the vehicle.

Because the source document is considered a confidential report, and CPSC learned of the incident through this report no contact was made with the victim's wife.

The state Medical Examiner's Office was contacted and they responded indicating they had no record or autopsy for this victim.

PRODUCT IDENTIFICATION:

Product Type:	Utility Vehicle
Brand:	Yamaha
Model Number:	Rhino
Manufacturer:	Yamaha

According to the police report the UTV was a 2008 Yamaha Rhino, green in color. The vehicle identification number was [REDACTED]

Although requested, the sheriff's office did not provide pictures of the incident scene or the UTV.

SAMPLE COLLECTION:

There was no sample collection.

EXHIBITS:

1. Identity of Respondents
2. Ashley County Sheriff's – Arkansas Motor Vehicle Crash Report (Exhibit 2- Removed-Confidential)
3. Missing Document
4. Data Record Sheet for UTV

IDENTITY OF RESPONDENTS:

1. [REDACTED] (LNU)
Records Clerk
Ashley County Sheriff's Department
842 Ashley 12 West
Hamburg, AR 71646
870-853-2040

Contact with her on 1/14/2013 and 2/4/2013 regarding report.

2. [REDACTED] (LNU)
Records Clerk
Ashley County Sheriff's Department
842 Ashley 12 West
Hamburg, AR 71646
870-853-2040

Contact with her on 2/4/2013 regarding report – sent additional fax and received sheriff's report.

3. [REDACTED]
Administrative Assistant
Arkansas State Crime Lab / Medical Examiner's Office
3 Natural Resources Drive
Little Rock, AR 72205

Contacted her on 1/15/2013 regarding coroner's and/or autopsy report. She responded on 1/16/2013 that they did not have any reports or autopsy for this person.

TASK NUMBER: 130102CWE0001

DATE: February 5, 2013

Status of Missing Document(s)

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

1. Police Photographs from Ashley County Sheriff's Department
- 2.
- 3.
- 4.
- 5.
- 6.

Date: 02/05/2013

Investigator No: 1951

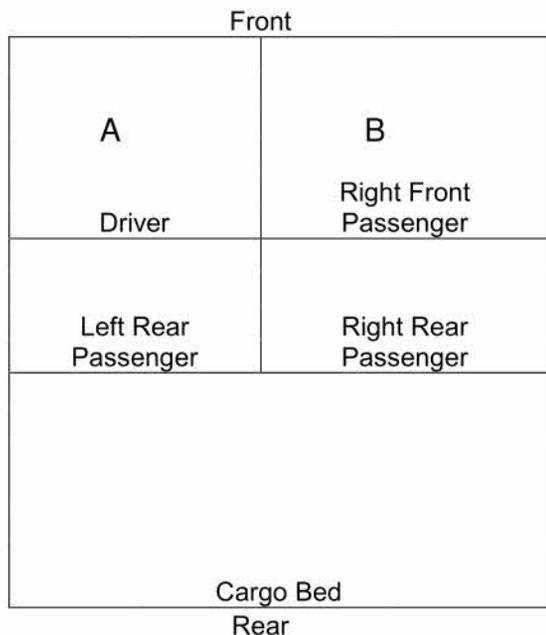
Regional office:

Supervisor No:

Utility Vehicle Data Record Sheet

IDI #: 130102CWE0001

Exhibit #: 4



The Utility Vehicle

A:	Age: 36	Height: unknown
	Gender: m	Weight: unknown
Helmet (Y/N): n		Seatbelt (Y/N): n
Killed/Injured/Neither/Unknown: killed		
Injury Description: head		
Did vehicle land on victim: yes		
Ejected (Either partially or fully): yes		

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

B:	Age: 26	Height: unknown
	Gender: F	Weight: unknown
Helmet (Y/N): no		Seatbelt (Y/N): no
Killed/Injured/Neither/Unknown: injured		
Injury Description: unknown		
Did vehicle land on victim: no		
Ejected (Either partially or fully): yes		

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

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

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

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

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

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

Save

Information contained within this report was obtained from the Sheriff's Office Investigation report (Attachment 2) and from the Medical Examiner's report (Attachment 3). The Sheriff's Office provided photographs of the scene and the utility terrain vehicle (UTV) involved in this incident. The photographs are attached as Attachment 1.

The victim in this incident was a 56-year-old male. According to the Sheriff's Office report, the victim weighed 200 pounds and was six feet tall. The Medical Examiner's report showed the victim was six feet and one inch tall. He had a driving history of 41 years in the state of Florida. He also had a Class "A" CDL (commercial driver's license) license. The victim lived in the neighborhood on the same street where the incident occurred and was familiar with the area. The roadway was a dirt road with no lane markings. It was wide enough for two vehicles to pass each safely. The shoulder of the roadway was grass with no curbing and no clear delineation between the shoulder and the road edge.

The second victim, who was a passenger in the UTV, was a 46-year-old male. A discrepancy was noted as the Sheriff's Office reported the passenger was 47 years old.

The weather for that night was reported to be around 73 degrees Fahrenheit with humidity of 87 percent. There were clear skies with winds at 3.5 miles per hour. The visibility was reported to be 10 miles....

The product involved is a 2012 UTV with an automatic transmission and front and rear disc brakes. It was equipped with lap and shoulder belts and had a roll cage around the passenger area. It also had lights on the front and the rear of the UTV.



View of UTV involved in this incident

On the morning of the incident, the victim and his girlfriend picked up the UTV from a dealership in Tallahassee. It was unknown if the UTV was a new UTV or a used UTV... The victim's girlfriend's son purchased the UTV but was not in town to pick it up, so the victim and his girlfriend picked it up for him. They planned to store the UTV for him until

the girlfriend's son came to pick it up from their home. At the time, the girlfriend's son was in Minot, North Dakota.

The victim and the girlfriend transported the UTV from the dealership to their home that morning on a trailer. Around 3:00 in the afternoon, the victim's girlfriend reported to the detective that she and the victim had been drinking beer, amount unknown. Later that evening, the victim and his girlfriend went to a cook-out party at the second victim's house that was less than two blocks away from their home. They drove the UTV from their home to the cook-out which was about than two blocks away.

While at the cook-out during the evening hours, the victim had some more beer, amount unknown. Around 11:30 pm that night, the victim and the second victim decided to take a ride on the UTV around the neighborhood. The neighborhood streets were dirt roads.

The victim was driving the UTV and the second victim was a passenger on the UTV. The Sheriff's Office report indicated that neither the victim nor the passenger was wearing a helmet or any other types of safety equipment. It was unknown if safety restraint belts were in use at the time.

They drove the UTV around the neighborhood and were returning back to the house where the cook-out and party were taking place. As they were driving on the dirt road, they came upon an "S" curve in the road (same road where victim lived). The second victim reported to the detective that the victim as they approached the first part of the "S" curve, the victim "gassed it" causing the UTV to accelerate rapidly. They both laughed about it and the victim let off the accelerator pedal. As they approached the second part of the "S" curve, the victim "gassed it" again. This caused the victim to lose control of the UTV. The UTV ran into a grassy ditch on the side of the road which caused it to become airborne. After the ditch, the UTV hit the side of a tree before it came to rest right side up in the driveway of a home a block away from the victim's home (See Attachment 4).

The second victim (passenger) stated that he thought something was going to happen when the UTV accelerated quickly on the second curve so he grabbed the hand bar on the UTV. He was not injured.

After the UTV landed in the driveway, the second victim (passenger) got out of the UTV and realized the victim (driver of UTV) was seriously injured. He could not find a pulse on the victim and the victim was bleeding. He did not move the victim from the UTV. The emergency medical personnel were called. The victim was pronounced dead at the scene.

According to the Medical Examiner's report (Attachment 3), the cause of death was shown as "Blunt Head Trauma". It also indicated that the victim's alcohol toxicology report was .30 g/dL).

It was noted that there was a discrepancy with the victim's date of death. On the Medical Examiner's report, the date of death was shown as August 12, 2012 and on the death certificate included in the Sheriff's Office report, the date of death was shown as August 11, 2012. The accident occurred on the night of August 11, 2012 between 11:30 pm and 11:40 pm.

The Sheriff's Office report showed the damage to the UTV was estimated to be \$500.

PRODUCT IDENTIFICATION:

The UTV involved in this incident was a 2012 Polaris RZR XP Utility vehicle (See Attachment 1, Photos 1 – 18). The engine type was 900cc. It was white and blue in color. The VIN number was [REDACTED]. It had an automatic transmission with front and rear disc brakes. It was equipped with lap and shoulder belts and a roll cage around the passenger area. There were lights on the front and back of the UTV. It was purchased from a dealership in Tallahassee, FL and transported to the victim's house on August 11, 2012.

The manufacturer is Polaris Industries, Inc, 2100 Highway 55, Medina, MN 55340.

ATTACHMENTS:

- Attachment 1 – Photograph 1 – 28 provided by the Sheriff's Office
- Attachment 2 – Copy of Sheriff's Office Investigation Report
- Attachment 3 – Copy of Medical Examiner's Report
- Attachment 4 – Map of where the incident occurred *gzerwf gf +
- Attachment 5 – Identification of Contacts
- Attachment 6 – UTV Data Record Sheet

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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 1 – View of the UTV involved in this incident



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 2 – Another view of the UTV



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 3 – Another view of the UTV



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 4 – View of the back of the UTV



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 5 – Another view of the back of the UTV



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 6 – View of the front of the UTV



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 7 – View of the steering wheel and the two front bucket seats of the UTV.



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 8 – View of the seat belt on the UTV.



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 9 – Another view of the seat belt for the bucket seats of the UTV



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 10 – Another view of the seat belts for the front bucket seats of the UTV



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 11 – View of warning labels on the hood of the UTV



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 12 – View of warning labels behind the front seats of the UTV



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 13 – View of warning labels on the dashboard of the UTV



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 14 – Another view of the dashboard on the UTV



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 15 – View of the damage on the driver's side of the UTV where it hit the tree



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 16 – Close up view of where the UTV hit the tree with bark embedded in the side of the UTV



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 17 – View of the damage to the roll bar on the driver's side of the UTV.



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 18 – Another view of the damage to the roll bar on the driver's side of the UTV



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 19 – View of the dirt road that the victim was driving on at the time of the incident



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 20 – View of the ditch that the UTV went into from the side of the road



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 21 – View of the ditch that leads to the tree that the UTV struck before it came to a stop



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 22 – View of the tree that the UTV struck



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 23 – View of the tree that the UTV struck



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 24 – View of where the UTV came to a stop after hitting the tree



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 25 – Another view of the dirt road that shows the path that the UTV took from the side of the road to the ditch to the tree and landing in the driveway



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 26 – View of the slope of the ditch



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 27 – Another view showing the slope of the ditch



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ATTACHMENT 1

PHOTOGRAPHS PROVIDED BY THE SHERIFF'S OFFICE

Photo 28 – Another view of the ditch on the side of the dirt road.



STATE OF FLORIDA TRAFFIC CRASH

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

MAIL TO DEPT. HIGHWAY SAFETY & MOTOR VEHICLES,
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING,
TALLAHASSEE, FL 32399-0537

TOTAL # OF VEHICLE SECTION(S) 1

TOTAL # OF PERSON SECTION(S) 2

TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE 08/12/2012	TIME OF CRASH 11:35 PM	REPORTING AGENCY CASE NUMBER [REDACTED]	HSMV CRASH REPORT NUMBER [REDACTED]
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CRASH IDENTIFIERS			
COUNTY CODE 13	CITY CODE 00	COUNTY OF CRASH Leon	PLACE OR CITY OF CRASH UNINCORPORATED
CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>	TIME REPORTED 11:41 PM	TIME DISPATCHED 11:43 PM	
TIME ON SCENE 11:51 PM	TIME CLEARED SCENE 3:00 AM	CHECK IF COMPLETED <input type="checkbox"/>	REASON (If Investigation NOT Complete) TRAFFIC HOMICIDE INVESTIGATION
			Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input checked="" type="checkbox"/> 2

ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)			
CRASH OCCURRED ON STREET, ROAD, HIGHWAY [REDACTED]		AT STREET ADDRESS # 1 [REDACTED]	AT LATITUDE AND LONGITUDE 2
AT FEET	OR MILES	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY
		4	OR FROM MILEPOST #

Road System Identifier 8 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/Toll	Type of Shoulder 2 1 Paved 2 Unpaved 3 Curb	Type of Intersection 1 1 Not at Intersection 2 Four Way Intersection 3 T Intersection 4 Y Intersection	7 Forest Road 8 Private Roadway 9 Parking Lot 77 All other, Explain in Narrative	5 Traffic Circle 6 Roundabout 7 Five Point, or More 77 Other, Explain in Narrative
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CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/>				
Light Condition 4 1 Daylight 2 Dusk 3 Dawn 4 Dark Lighted 5 Dark Not Lighted 6 Dark Unknown 77 Other, Explain in Narrative 88 Unknown	Weather Condition 1 1 Clear 2 Cloudy 3 Rain 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative	Roadway Surface Condition 7 1 Dry 2 Wet 4 Ice/Frost 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/ moving) 77 Other, Explain in Narrative 88 Unknown	School Bus Related 1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	Manner of Collision/Impact 88 4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown 1 Front to Rear 2 Front to Front 3 Angle

First Harmful Event 32 1 No 2 Yes 88 Unknown	Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non Collision	Collision-non Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone / Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non Fixed Object	Collision with Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)	First Harmful Event Location 2 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right of way 10 Roadside 88 Unknown
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First Harmful Event Relation to Junction 1 1 Non Junction 2 Intersection 3 Intersection Related 4 Driveway/ Alley Access Related 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover Related 16 Shared Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other Location 88 Unknown	Contributing Circumstances: Road 88 1 None 4 Work Zone (construction/ maintenance/ utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps 9 Worn, Travel Polished Surface 10 Road Surface Condition(wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non Highway Work 77 Other, Explain in Narrative 88 Unknown	Contributing Circumstances: Environment 88 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown
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Work Zone related 1 1 No 2 Yes 88 Unknown	Crash in Work Zone <input type="checkbox"/> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area	Type of Work Zone <input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative	Workers in Work Zone <input type="checkbox"/> 1 No 2 Yes 88 Unknown	Law Enforcement in Work Zone <input type="checkbox"/> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present
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WITNESSES				
NAME	ADDRESS	CITY & STATE	ZIP CODE	TELEPHONE
NAME	ADDRESS	CITY & STATE	ZIP CODE	TELEPHONE
NAME	ADDRESS	CITY & STATE	ZIP CODE	TELEPHONE

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

VEHICLE # 1		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER							
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		VEHICLE LICENSE NUMBER N/A		STATE FL	REGISTRATION EXPIRES	Check if Permanent Registration <input checked="" type="checkbox"/>	VIN						
Hit and Run 1 No 2 Yes 88 Unknown		YEAR 2012	MAKE POLS	MODEL UK	STYLE MV	COLOR Blue	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	EST. DAMAGE 4 \$500					
INSURANCE COMPANY (Driver) UNKNOWN			INSURANCE POLICY NUMBER UK		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY 1 PARKWAY WRECKER		1. Rotation 2. Owner Request 3. Driver 77. Other, Explain in Narrative 77					
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>				CURRENT ADDRESS		CITY & STATE		ZIP CODE					
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES				
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES				
VEHICLE TRAVELING		N	S	E	W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY	AT EST. SPEED	POSTED SPEED	TOTAL LANES 2		
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT PLACARD 1 No 2 Yes 88 Unknown		HAZ. MAT NUMBER	HAZ. MAT CLASS	Area of Initial Impact			Most Damaged Area				
MOTOR CARRIER NAME				US DOT NUMBER									
MOTOR CARRIER ADDRESS				CITY & STATE				ZIP CODE			PHONE NUMBER		
Vehicle Body Type 13		13 All Terrain Vehicle (ATV) 15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs or less) 20 Medium / Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		Trafficway 1		1 Two Way, Not Divided 2 Two Way, Not Divided, with a Continuous Left Turn Lane 3 Two Way, Divided, Unprotected (painted >4 feet) Median 4 Two Way, Divided, Positive Median Barrier 5 One Way Trafficway 88 Unknown		Commercial Motor Vehicle Configuration		8 Tractor/Triple 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9 15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown			
Comm/Non-Commercial <input type="checkbox"/>		1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		Trailer Type		1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown		Cargo Body Type		13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown	
Most Harmful Event 32		Non Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/ Canal 9 Other Non Collision		Collision with Non-Fixed Object		10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone / Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non Fixed Object		Collision Fixed Object		19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		Emergency Vehicle Use 1	
Sequence of Events 1st 32 2nd <input type="checkbox"/>		3rd <input type="checkbox"/> 4th <input type="checkbox"/>		Vehicle Maneuver Action		1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U Turn 11 Overtaking/ Passing		Traffic Control Device For This Vehicle 1		8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 77 Other, Explain in Narrative 88 Unknown		Vehicle Defects 88	
Roadway Grade 1		1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		Roadway Alignment 2		1 Straight 2 Curve Right 3 Curve Left		11 No Controls 4 School Zone Sign/ Device 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign		12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling / Trailer Hitch / Safety Chains 77 Other, Explain in Narrative 88 Unknown		Special Function of Motor Vehicle 88	
1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military		9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/ Commuter Bus		14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 88 Unknown		12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling / Trailer Hitch / Safety Chains 77 Other, Explain in Narrative 88 Unknown		1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train		88 Unknown		88 Unknown	

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

PERSON 1		REPORTING AGENCY CASE NUMBER				HSMV CRASH REPORT NUMBER											
1 Driver	1	VEHICLE #	NAME			PHONE NUMBER	Check if Recommend <input type="checkbox"/>										
2 Non Motorist	1	1					Driver Re exam <input type="checkbox"/>										
3 Passenger		CURRENT ADDRESS (Number and Street)				CITY & STATE		ZIP CODE									
DATE OF BIRTH	SEX: 1 Male 2 Female 88 Unknown	1	DRIVER LICENSE NUMBER		STATE	EXPIRES	INJURY SEVERITY 1 None 2 Possible 3 Non incapacitating		4 Incapacitating 5 Fatal (within 30 days) 6 Non Traffic Fatality								
					FL	12/2019			5								
DRIVER																	
DL Type		Required Endorsements		Drivers Actions at Time of Crash		Condition At Time of Crash											
1 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper -Rest 7 None		1 1 Yes 2 No 3 No Req. Endorsement		1st 77 2nd 3rd 4th		1 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right of Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to keepin Proper Lane 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over Correcting/Over Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action		1 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown		88							
Driver Distracted By		4 Other Inside the Vehicle (explain in narrative)															
1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown															
Driver Vision Obstructions																	
1 Vision Not Obscured 2 Inclement Weather 3 Parked / Stopped Vehicle 4 Trees / Crops / Bushes		5 Load on Vehicle 6 Building / Fixed Object 7 Signs / Billboards 8 Fog		9 Smoke 10 Glare 77 All Other, Explain in Narrative													
77																	
DRIVER OR PASSENGER																	
Motor Vehicle Seating Position:			LOCATION: SEAT ROW OTHER (LOC)			Helmet Use (HU)		Eye Protection (EP)		77 Restraint Systems (RS)							
Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area (explain in narrative) 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown			1 1 1			3 1 DOT Compliant Motorcycle/Helmet 2 Other Helmet 3 No Helmet		2 1 Yes 2 No 3 Not Applicable		77 1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative							
Driver or Passenger			Ejection (EJECT)			Air Bag Deployed (ABD)											
			1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown			1 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side		5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown									
NON-MOTORIST																	
Non-Motorist Description			Non-Motorist Location At Time of Crash			Action Prior to Crash											
1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non Motor Vehicle Transportation Device 7 Unknown Type of Non Motorist			1 Intersection Marked Crosswalk 2 Intersection Unmarked Crosswalk 3 Intersection -Other 4 Midblock Marked Crosswalk 5 Travel Lane Other Location 6 Bicycle Lane 7 Shoulder/Roadside			8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared Use Path or Trail 12 Non Trafficway Area 77 Other, Explain in Narrative 88 Unknown											
1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)			5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown			1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K 12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown											
Safety Equipment			Non-Motorist Actions/Circumstances														
1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)			1st 2nd			1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right of Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching) 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown											
ALCOHOL/DRUG/EMS																	
SUSPECTED ALCOHOL USE:		ALCOHOL TESTED:		ALCOHOL TEST TYPE:		ALCOHOL TEST RESULT:		BAC		SUSPECTED DRUG USE:		DRUG TESTED:		DRUG TEST TYPE:		DRUG TEST RESULT:	
1 No 2 Yes 88 Unknown		1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown if Tested		1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative		1 Pending 2 Completed 88 Unknown				1 No 2 Yes 88 Unknown		1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown if Tested		1 Blood 3 Urine 77 Other, Explain in Narrative		1 Positive 2 Negative 3 Pending 88 Unknown	
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO											
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		1															
ADDITIONAL PASSENGERS																	
PERSON #	VEHICLE #	NAME				DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS	
CURRENT ADDRESS (Number and Street)		CITY & STATE				ZIP CODE											
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO											
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative																	
PERSON #	VEHICLE #	NAME				DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS	
CURRENT ADDRESS (Number and Street)		CITY & STATE				ZIP CODE											
SOURCE OF TRANSPORT TO MEDICAL FACILITY		EMS AGENCY NAME OR ID		EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO											
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative																	

PERSON 2		REPORTING AGENCY CASE NUMBER			HSMV CRASH REPORT NUMBER		
1 Driver	VEHICLE #	NAME			PHONE NUMBER	Check if Recommend Driver Re exam <input type="checkbox"/>	
2 Non Motorist	3	1					
3 Passenger	CURRENT ADDRESS (Number and Street)			CITY & STATE		ZIP CODE	

DATE OF BIRTH	SEX: 1 Male 2 Female 88 Unknown	1	DRIVER LICENSE NUMBER	STATE	EXPIRES	INJURY SEVERITY 1 None 2 Possible 3 Non incapacitating	4 Incapacitating 5 Fatal (within 30 days) 6 Non Traffic Fatality	1
				FL	08/2017			

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

DRIVER OR PASSENGER					
Motor Vehicle Seating Position:		LOCATION: (LOC)	SEAT	ROW	OTHER
Seat	Row	Other	3	1	1
1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	Ejection (EJECT)		
			1	Air Bag Deployed (ABD)	
			<input type="checkbox"/> 1 Not Ejected <input type="checkbox"/> 2 Ejected, Totally <input type="checkbox"/> 3 Ejected, Partially <input type="checkbox"/> 4 Not Applicable <input type="checkbox"/> 88 Unknown		
Driver or Passenger		Helmet Use (HU)	Eye Protection (EP)	Restraint Systems (RS)	
<input type="checkbox"/> 1 Vision Not Obscured <input type="checkbox"/> 2 Inclement Weather <input type="checkbox"/> 3 Parked / Stopped Vehicle <input type="checkbox"/> 4 Trees / Crops / Bushes		<input type="checkbox"/> 1 DOT Compliant Motorcycle Helmet <input type="checkbox"/> 2 Other Helmet <input type="checkbox"/> 3 No Helmet	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Not Applicable	<input type="checkbox"/> 77 <input type="checkbox"/> 1 Not Applicable (non-motorist) <input type="checkbox"/> 2 None Used - Motor Vehicle Occupant <input type="checkbox"/> 3 Shoulder and Lap Belt Used <input type="checkbox"/> 4 Shoulder Belt Only Used <input type="checkbox"/> 5 Lap Belt Only Used <input type="checkbox"/> 6 Restraint Used - Type Unknown <input type="checkbox"/> 7 Child Restraint System - Forward Facing <input type="checkbox"/> 8 Child Restraint System - Read Facing <input type="checkbox"/> 9 Booster Seat <input type="checkbox"/> 10 Child Restraint Type Unknown <input type="checkbox"/> 77 Other, Explain in Narrative	

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

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

SOURCE OF TRANSPORT TO MEDICAL FACILITY	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	1		

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

NARRATIVE	REPORTING AGENCY CASE NUMBER [REDACTED]	HSMV CRASH REPORT NUMBER [REDACTED]
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On 8/11/2012 at 11:41pm, I responded to [REDACTED] reference a traffic crash. Upon arrival, I observed a Polaris Ranger stationary on the northern end of the driveway at [REDACTED]. The vehicle was positioned approximately five feet from a tree. The front of the vehicle was pointed toward the residence (south). It appeared the vehicle struck the tree before coming to rest on the driveway. I observed a white male, later identified as [REDACTED] slumped over in the driver's seat. I observed he sustained severe injuries, to include a severe head and left leg injury. [REDACTED] was determined to be deceased. The sole passenger was identified as [REDACTED]. I observed a large amount of blood on [REDACTED]'s left arm and shirt sleeve. It was later determined to be [REDACTED]'s blood I observed on [REDACTED]. [REDACTED] was treated by LCEMS at the scene and was found to be uninjured, and did not require transport to a medical facility. In addition to LCEMS, Tallahassee Fire Department personnel responded from station 13 to render aid.

Based on the severity of the crash, members of the LCSO Traffic Unit were contacted to conduct a traffic homicide investigation. The scene was secured until they arrived. It should be noted that I photographed [REDACTED] prior to the LCSO Traffic Unit's arrival, in the event that he washed or changed shirts. An entry control log was completed and turned over to LCSO Traffic Unit personnel.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
----------	-----------	------	---------------	-----	-----	--------	---	---	-------	----	----	-----	----

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
--	--------------------------	-----------------------	----------------	---------------------------------

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
----------	-----------	------	---------------	-----	-----	--------	---	---	-------	----	----	-----	----

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
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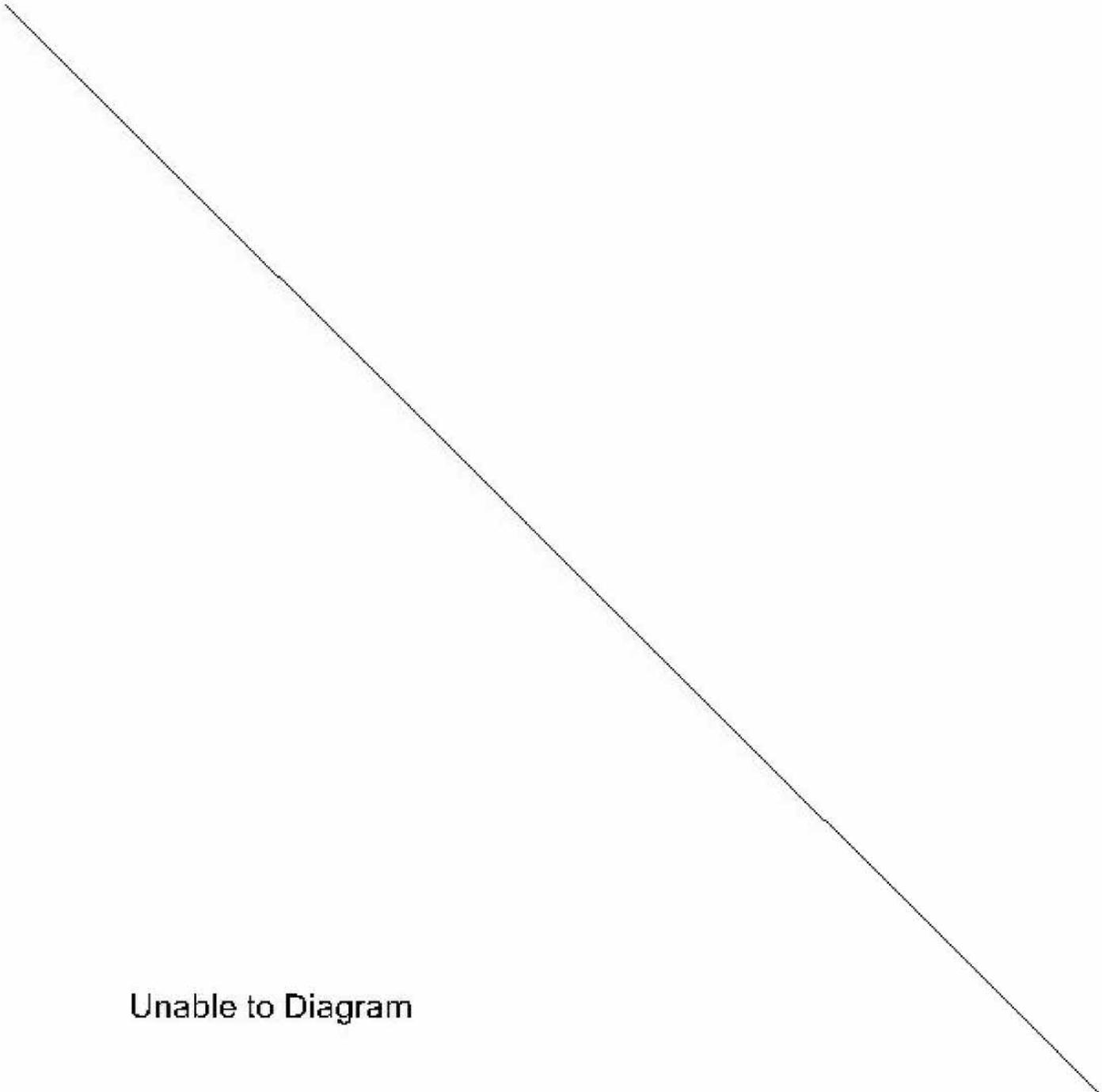
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
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ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME	DEPARTMENT	FHP	SO	PD	OTHER
11416	Dep. Justin Wilkerson	Leon County Sheriff's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Unable to Diagram

PROPERTY RECEIPT

Leon County Sheriff's Office
Tallahassee, Florida

Case #: [REDACTED]

Vault #: _____

ACE #

(For use by Evidence Section only)

Victim: [REDACTED] Owner: [REDACTED]

Date: 8/12/12 Time: 14:00AM Offense: Traffic Crash

Address of Occurrence: [REDACTED]

Owner's Address: [REDACTED] Phone No.: _____

Suspect Name: _____ Race: _____ Sex: _____ DOB: _____ Arrested: Yes No

Suspect Name: _____ Race: _____ Sex: _____ DOB: _____ Arrested: Yes No

<input type="checkbox"/> Found Property	<input type="checkbox"/> Recovered Stolen	May be released to: _____	Authority of: _____
<input type="checkbox"/> Abandoned Property	<input type="checkbox"/> Hold for other agency	Items being released at the scene: _____	
<input type="checkbox"/> Impounded	<input checked="" type="checkbox"/> Evidence	Released at the scene to: _____	
<input type="checkbox"/> Property of Deceased	<input type="checkbox"/> Court Ordered hold on property	Date & Time released: _____	

Wrecker Company: <u>PAPKNAI Wrecker</u> Phone #: [REDACTED]	Vehicle HOLD for:	Other Agency Name & Case #: _____
Tow / Storage address: [REDACTED]	<input type="checkbox"/> Proof of ownership	Vehicle Owner Notification Date: _____ Time Notified: _____
Tow truck driver: [REDACTED]	<input type="checkbox"/> Processing	Notified by:
Vehicle Make / Model / Year / Color: <u>2012 POLARIS RANGER RZR</u>	<input type="checkbox"/> Forfeiture	<input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Other:
Tag #: _____ VIN: <u>4K</u>	<input type="checkbox"/> Evidence	

Item Number	Process For Prints	Full Description of Item including serial numbers	Lab Processing By Date Processed
[REDACTED]		<u>POLARIS - RANGER RZR XP 900 Blue/White</u>	

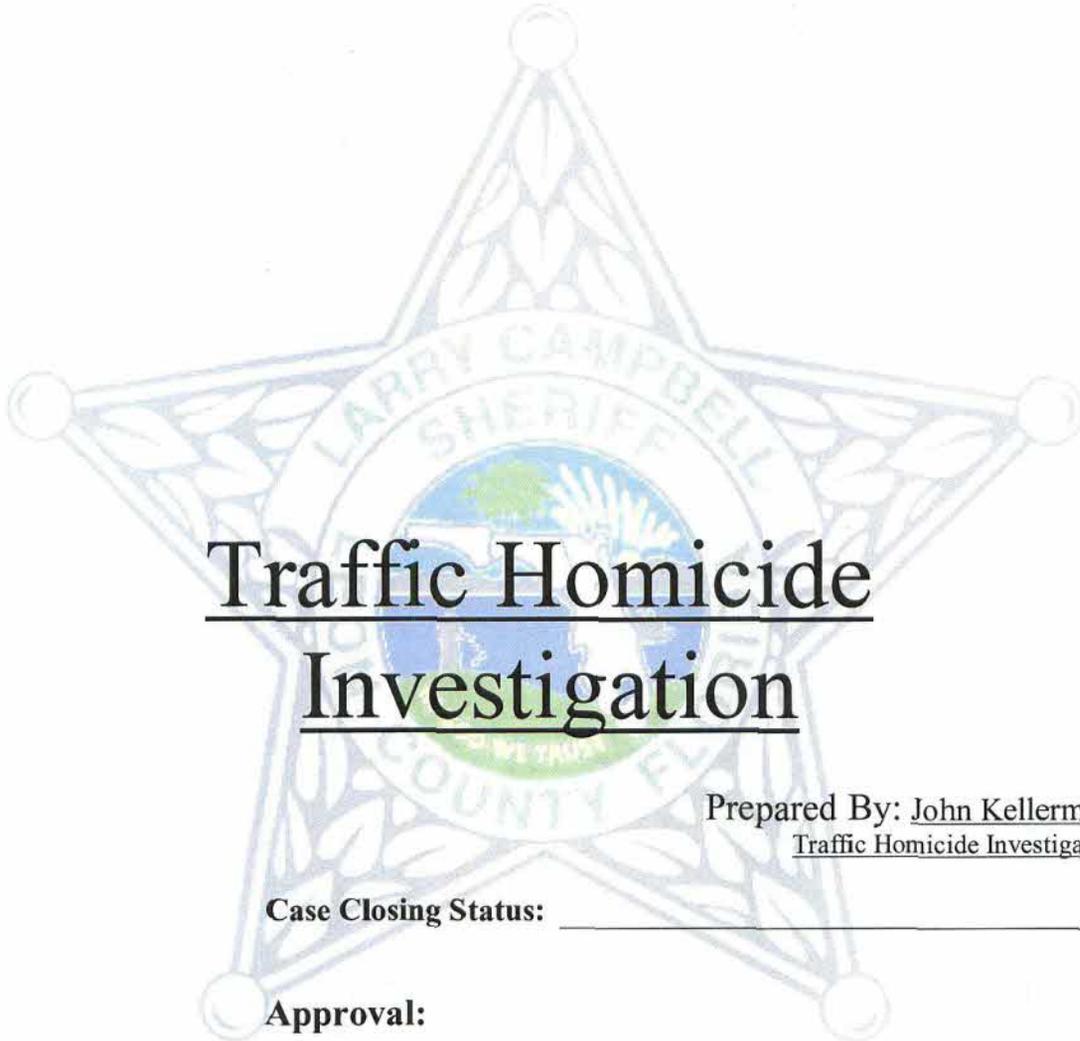
Person seized from: At Scene Signature of seizing Deputy: [Signature]

I hereby acknowledge this property list represents all property taken from my possession and that I have received a copy of this receipt. Printed Name of Deputy: Jared Lee

Turned Over to: [REDACTED] Date & Time: 8-12-12 4:15 Placed into Evidence Drop box by: J. Lee Date & Time: 8/12/12 4:45 AM

WHITE: Turn in to Evidence Custodian
YELLOW: Turn in to Evidence Custodian
PINK: Accompanies Offense Report
GOLD: Person seized from if applicable

Leon County Sheriff's Office



Traffic Homicide Investigation

Prepared By: John Kellerman
Traffic Homicide Investigator

Case Closing Status: _____

Approval:

Sergeant [Signature] #155

Lieutenant [Signature] #3

Captain [Signature] ROBERT SEWENINGER

Case Number: [Redacted]

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<u>12-16</u>	Reconstruction Diagram (HSMV 62703)
<u>17-22</u>	Accident Report (HSMV 90003)
<u>23</u>	Witness List (HSMV 62704)
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<u>NA</u>	Chemical Test Information (HSMV 62706)
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_____	* _____
_____	* _____
_____	* _____
_____	* _____
_____	* _____
_____	Prosecutor's Release (HSMV 62710)

Investigation Reviewed by: _____
Supervisor

Date

Case Number: [REDACTED]

Page TOC1

Investigative Report

130104HCC1400

ATTACHMENT 2

Page 11 of 65

Identification

This crash occurred on Saturday night, August 11, 2012, between the hours of 11:30 p.m. and 11:40 p.m., in Leon County, Florida. It occurred at [REDACTED] which is east of the intersection of [REDACTED]

Weather

At 10:53 p.m. the temperature was 73 degrees Fahrenheit. The relative humidity was 87%. There were clear skies, winds were from the south at 3.5 mph and visibility was 10 miles. The barometric pressure was 29.96". Weather conditions were located on the Weather Underground web site in the almanac for this date.

Roadway

[REDACTED] is a dirt road running in and east / west direction. It has no lane markings and is wide enough for two (2) vehicles to pass safely. The shoulder is grass with no curbing and no clear delineation between the shoulder and road edge. The driveway for [REDACTED] is also dirt and runs in a north / south direction from Elena Drive.

Vehicle 1, V-1

Vehicle 1 is a 2012 Polaris Ranger XP All Terrain Vehicle which is not registered in the State of Florida for road use and displayed VIN# [REDACTED]. It has an automatic transmission with disc brakes front and rear. It is equipped with lap and shoulder belts, a roll cage around the passenger area and lights front and rear. It is owned by [REDACTED] of Minot, North Dakota, who purchased it on 8/11/2012. Mr. [REDACTED] is the son of Mr. [REDACTED] (driver) girlfriend [REDACTED] Mr. [REDACTED] and Mr. [REDACTED] (passenger) picked up the ATV for Mr. [REDACTED] and were storing it for him.

Vehicle 1 Driver: [REDACTED] W/M, D.O.B. [REDACTED] (56 yo) 6'00", 200 lbs. His local address was [REDACTED]. Mr. Gray had 41 years of driving history in the State of Florida and held a Class "A" CDL. He lived at this address for many years and was familiar with the road. Mr. [REDACTED] sustained injuries in the crash which caused his untimely death.

Vehicle 1 Passenger: [REDACTED] W/M, D.O.B. [REDACTED] (47 yo). His local address is [REDACTED]. Mr. [REDACTED] was friends with Mr. [REDACTED] and was the passenger in the vehicle. Mr. [REDACTED] did not sustain any injuries during the crash and provided a sworn recorded statement on the event to Deputy Jared Lee.

Case Number: [REDACTED]

1

HSMV 62702 (1-89)

Investigative Report

Background

Based on information obtained through victim and witness interviews, Mr. [REDACTED] woke up at approximately 8:30 a.m. on 8/11/2012. After drinking coffee with his girlfriend he and Mr. [REDACTED] went to pick up the ATV from Florida Motorsports. After returning with the ATV at approximately 3:00 p.m. Mr. [REDACTED] and his girlfriend drank an unknown amount of beer before going to the party at Mr. [REDACTED]'s house. Mr. [REDACTED] had been at a party at Mr. [REDACTED]'s house from around 7:00 p.m. until approximately 11:30 p.m. He and Mr. [REDACTED] took the ATV for a test ride through the neighborhood. Mr. [REDACTED] stated that Mr. [REDACTED] had been drinking beer at the party. They had driven to the end of [REDACTED] and turned around to return to the party. As they entered a curve Mr. [REDACTED] told Mr. [REDACTED] to slow down and as they exited the curve Mr. [REDACTED] "gassed it." This caused Mr. [REDACTED] to lose control of the ATV with it fishtailing left and right before leaving the roadway. After entering the ditch, the vehicle became airborne until it struck the tree and came to final rest in the driveway of [REDACTED] where Mr. [REDACTED] succumbed to the injuries he received in the crash.

Crash Analysis

Based on the physical evidence at the scene, Mr. [REDACTED] was traveling west bound on [REDACTED] in a 2012 Polaris ATV. He began fish tailing in the road way until he left the road way onto the south shoulder. The ATV became airborne as it crossed the ditch and struck a small tree with the roll cage. The vehicle rotated around the tree until it landed in its final rest position in the drive way of [REDACTED]. Mr. [REDACTED]'s head struck the roll cage and his left leg struck the tree during the event. He remained inside the vehicle after the crash where he was pronounced dead.

Mr. [REDACTED] was pronounced dead on scene by Leon County Emergency Medical Services Med #13 crew [REDACTED] and [REDACTED]

Investigation

On August 12th, 2012, at 12:01 a.m., I was contacted by Sgt Steve Barrow and told to respond to [REDACTED] in reference to a single vehicle crash involving an ATV with the driver being pronounced dead on the scene. Deputy Ted McCarthy and Deputy Jared Lee were also responding to the scene.

I arrived on scene at 12:51 a.m. and was briefed by Sgt. Steve Barrow. He explained that a Polaris ATV had left the roadway, crashed into a tree and the driver was pronounced dead on scene. He showed me the location of the ATV in the driveway of [REDACTED]

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██████████ The driver had been identified as Mr. ██████████ and he was still in the vehicle. Dr. ██████████ of the Victim Advocate Unit was also on scene to assist with the notification of family members with Deputy Emily Shaw.

I conducted a walk through of the scene to locate items of evidentiary value and familiarize myself with the scene. I took digital photos of the scene and I created a field sketch of the scene to document the locations of any items of evidentiary value. I located tire marks leading from the west bound side of the road across the east bound side of the road. These tire marks led to furrows in the grass shoulder that ended at the top of the ditch. There was damage to a tree in the path of travel that had damage to the bark that was consistent with the ATV impacting it. The vehicle was located in the driveway of ██████████ facing east. There were no marks on the area between the top of the ditch and the tree. There was a single tire mark on the edge of a bush adjacent to the tree the vehicle struck. This indicates the vehicle was airborne after leaving the ditch. The driver of the vehicle was located inside the vehicle. He was still seated in the vehicle leaning to the right. His left leg was hanging outside the vehicle and had been injured during the crash. There was medical equipment (EKG contacts) still attached to him from the life saving attempts by Leon County Emergency Medical Services. I conducted a walk through of the area surrounding the vehicle and scene to ensure there were no other items of evidentiary value that were not located initially.

Sgt. Barrow contacted the Medical Examiner by telephone. Dr. ██████████ advised that she would conduct the autopsy on Monday August 13th, 2012 at 9:00 a.m. He also contacted the on call funeral home ██████████ and Parkway Wrecker Service through the Sheriff's Office dispatch.

Deputy Jared Lee conducted an interview of Mr. ██████████ on scene. Mr. ██████████ was the passenger in the vehicle with Mr. ██████████. Mr. ██████████ described the events prior to the crash in the following excerpt from the interview:

Mr. ██████████ worked with Mr. ██████████ at ██████████ on ██████████. Mr. ██████████ stated on 8/10/2012 he and Mr. ██████████ went to work at approximately 8:00 a.m. and departed work at 5:30 p.m. Mr. ██████████ and Mr. ██████████ worked one hour of overtime on that day due to storm related duties. Mr. ██████████ called Mr. ██████████ on the morning of 8/11/2012, but due to Mr. ██████████ being on his lawn mower he was unable to answer his call. On 8/11/2012 at approximately 7:30 p.m. Mr. ██████████ had a cookout at his home located at ██████████. Mr. ██████████'s home is one block south of ██████████. Mr. ██████████ was cooking food on the grill when Mr. ██████████ arrived at his home at approximately 9:30 p.m. Mr. ██████████ arrived on the A.T.V. involved in the crash. Mr. ██████████ continued to cook on the grill while approximately 15 people at the party consumed beer and ate food. At approximately 11:30 p.m. Mr. ██████████ and Mr. ██████████ left the party to take a test drive on the A.T.V. Mr. ██████████ drove the A.T.V. north on ██████████ and then turned eastbound onto ██████████. They then traveled to the end of ██████████ and turned around. They began traveling westbound ██████████. Upon approaching the first portion of the S-Curve on ██████████, Mr. ██████████ stated that Mr. ██████████ "stood in it one time" and the A.T.V. "got squirrely". When Deputy Lee asked Mr.

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██████████ to clarify this statement, he stated that Mr. ██████████ "gassed it one time" causing the A.T.V. to accelerate rapidly. Mr. ██████████ said "alright crazy" to Mr. ██████████ at which time they both laughed and Mr. ██████████ let off of the accelerator. Mr. ██████████ and Mr. ██████████ then entered the second portion of the S-Curve on ██████████ and Mr. ██████████ "gassed it again." Mr. ██████████ lost control of the A.T.V. and it crashed. Mr. ██████████ stated "it was so much power that it shot us into the yard" located at ██████████. Mr. ██████████ stated that he saw the accident coming and grabbed the hand bar on the A.T.V. before it struck the tree in the yard. Mr. ██████████ stated "that thing has a lot of power. It didn't take but a second for it to shoot us into that ditch and into that tree. It's crazy to have that much power on something like that." After the crash Mr. ██████████ got out of the A.T.V. and observed that Mr. ██████████'s injuries were severe. Mr. ██████████ attempted to feel for a pulse on Mr. ██████████ but could not locate one. Mr. ██████████ stated he then decided not to move Mr. ██████████ and wait for EMS and Fire personnel to arrive.

Deputy Lee interviewed Mrs. ██████████ on scene. Mrs. ██████████ was the homeowner of ██████████. Mrs. ██████████ explained the events immediately following the crash in the following excerpt from her interview:

Ms. ██████████ was inside of her bedroom in the home when the crash occurred in the yard. Ms. ██████████ stated when she heard the sound of the crash she ran out of the home onto the porch. Ms. ██████████'s friend, ██████████ who was also in the home heard the crash and ran out the home before she did. Ms. ██████████ heard Mrs. ██████████ yell out "it's his leg, it's ██████████" Ms. ██████████ ran back inside to get some towels to provide medical intervention. Ms. ██████████ then ran back out of the home to the area of the crash. Mr. ██████████ observed the severity of Mr. ██████████'s injuries and immediately began to check for a pulse on his right wrist. Ms. ██████████ stated that she felt a slow, feint pulse that gradually went away. While Ms. ██████████ was on the right side of the ATV, Mr. ██████████ was standing on the left side of the ATV. Ms. ██████████ stated that Mr. ██████████ appeared to express genuine concern for Mr. ██████████. Mrs. ██████████ then contacted 911 while Ms. ██████████ relayed information to her to tell the 911 operator. Ms. ██████████'s son, ██████████, then came out of the home and got into his truck to go to the end of the road and direct fire department and E.M.S. personnel to the scene. Ms. ██████████ remained near Mr. ██████████ to prevent anyone from moving him until Tallahassee Fire Department and Leon County E.M.S. personnel arrived.

Deputy Lee interviewed Ms. ██████████ on scene. Ms. ██████████ is the girlfriend of Mr. ██████████. Ms. ██████████ provided background information for Mr. ██████████ for the last 24 hours in the following excerpt from her interview with Deputy Lee:

Ms. ██████████ is the live-in girlfriend of Mr. ██████████ and the mother of Mr. ██████████. Mr. ██████████ is the owner of the A.T.V. involved in the crash. Ms. ██████████ has known Mr. ██████████ for approximately 33 years and they have been dating for approximately 8 months. According to Ms. ██████████ on 8/10/2012 at approximately 7:30 a.m., Mr. ██████████ left home headed to work. Mr. ██████████ returned home at approximately 6:00 p.m. Upon Mr. ██████████ returning home, he went out to his work shop behind the house as he normally does. While outside Mr. ██████████ put chlorine in the pool, and charged the lawn mower battery. Mr. ██████████ then came into the house, ate dinner and went to bed. Mr. ██████████ woke

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up at 8:30 a.m. on the morning of 8/11/2012 and made coffee. Ms. [REDACTED] woke up at 9:00 a.m. Mr. [REDACTED] and Ms. [REDACTED] sat outside on the porch and talked, drank coffee and smoked cigarettes. At approximately 10:00 a.m. Mr. [REDACTED] and Ms. [REDACTED] went around to Mr. [REDACTED]'s house to get a trailer. Mr. [REDACTED] and Ms. [REDACTED] then went to Florida Motorsports on Capital Circle N.E. where they picked up the Polaris A.T.V. for her son. Mr. [REDACTED] is currently in Minot, North Dakota and received a better deal on the A.T.V. in Tallahassee. The trailer they had was too small so they had to borrow the trailer belonging to Florida Motorsport's to take the ATV to their home. Mr. [REDACTED] and Ms. [REDACTED] left Florida Motorsport's and went to the [REDACTED] located at [REDACTED] and [REDACTED] and ate lunch. Mr. [REDACTED] and Ms. [REDACTED] took the A.T.V. to their home and returned to Florida Motorsport's to return the trailer and pickup Mr. [REDACTED]'s trailer. Mr. [REDACTED] and Ms. [REDACTED] returned back to their home at approximately 3:00 p.m. While at the home and prior to the cookout, Ms. [REDACTED] stated she and Mr. [REDACTED] did consume some beer but she could not say how much. Mr. [REDACTED] and Ms. [REDACTED] went to Mr. [REDACTED]'s home on the A.T.V. for the cookout. Ms. [REDACTED] stated while at the cookout, Mr. [REDACTED] consumed more beer but she could not say how much. Ms. [REDACTED] said later in the evening Mr. [REDACTED] and Mr. [REDACTED] left the home on the A.T.V. After they did not return Ms. [REDACTED] became worried. Ms. [REDACTED] later heard a siren in the area and got onto Mr. [REDACTED]'s golf cart and went to the area of the sirens. Ms. [REDACTED] then observed that Tallahassee Fire Department and Leon County E.M.S personnel were on scene. Ms. [REDACTED] stated that she was then prevented from going near the area where Mr. [REDACTED] and Mr. [REDACTED] were.

Deputy McCarthy interviewed Mrs. [REDACTED]. She provided him with a description of the events immediately after the crash in the following excerpt from the interview:

Mrs. [REDACTED] stated she heard the crash at approximately 11:30 PM and saw the vehicle when she looked outside. She heard [REDACTED] yelling "[REDACTED]". Mrs. [REDACTED] called 911 to report the incident and walked to the vehicle and observed Mr. [REDACTED] deceased.

Deputy McCarthy interviewed Mr. [REDACTED]. He was a witness to the events that occurred after the crash. Mr. [REDACTED] also observed Mr. [REDACTED] during the day prior to the crash. Mr. [REDACTED] explained the events in the following excerpt from his interview with Deputy McCarthy:

Mr. [REDACTED] stated he had seen Mr. [REDACTED]'s ATV riding around in the area all day. At approximately 11:30 PM he was lying on the couch inside his home and heard the crash. Mr. [REDACTED] went to the scene and observed Mr. [REDACTED] in the ATV not moving. He stated when Ms. [REDACTED] checked Mr. [REDACTED]'s pulse he was still alive.

Deputy Ted McCarthy assisted with collecting the information required for the drag factor, grade and super elevation of the roadway and grass shoulder. The "[REDACTED]" drag sled was weighed at 34 pounds, and five pulls of the drag sled were conducted on the roadway surface and the grass shoulder to obtain the co-efficient of friction for the

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surfaces. These pulls were recorded in the field note packet as well as the co-efficient of friction for the surfaces.

Mr. [REDACTED]'s body was recovered by [REDACTED] Funeral Home (rotation funeral home). Deputy McCarthy followed the body to Tallahassee Memorial Hospital Morgue where it was turned over to security for an autopsy to be performed.

The vehicle was towed to the storage location at Parkway Wrecker Service (252 Crossway Road) where it was placed into secure storage for further processing. Deputy Jared Lee followed the vehicle to Parkway Wrecker Service.

The scene was cleared at approximately 3:50 a.m.

At approximately 7:00 a.m. we returned to the scene to take daytime photographs and to map the scene using the [REDACTED]. I took photos of the scene including the roadway, ditch and tree. Deputies Lee and McCarthy assisted with the laser mapping.

On August 13th, 2012 at 9:00 a.m., I attended the autopsy of Mr. [REDACTED]. Dr. Lisa Flanagan, M.E. performed the autopsy. Injuries noted during the autopsy were: abrasions to the left elbow, left hand and right hand, compound fracture of the left leg and skull. Fractures in the face area projected up into the brain and the brain was exposed. The right eye was collapsed and there was a contusion on the right cheek that was approximately two inches in width and went from the nose until the face rounded towards the ear. The facial and skull fractures began in the area of the contusion and continued up towards the top of the skull. There were no injuries noted that would be consistent with the use of a seat belt during this crash. Digital photos were taken of the injuries.

At 11:00 a.m. I conducted a post crash inspection of the vehicle at Parkway Wrecker Service with Deputies Lee and McCarthy. A standard post crash inspection form was completed for the vehicle. The damage observed was consistent with the evidence observed on scene. The vehicle had scraping damage to the left front roll bar and upper roll bar cross member. A small scrape (approximately two inches) was located on the left front fender that was consistent with bark scarping across it. A point was located on the upper front cross member of the roll cage that was consistent with the contusion on Mr. [REDACTED]'s face. This spot had an oily residue that was apparent in the powder coating of the roll cage. Digital photos were taken of the vehicle and placed into LCSO evidence.

At approximately 1:00 p.m. I spoke with Mrs. [REDACTED], Mr. [REDACTED]'s mother by telephone. Mrs. [REDACTED] asked if her son's body could be released to make funeral arrangements. I explained to her that it was released and how to contact the Medical Examiners office to complete the arrangements.

On August 16th, 2012 I contacted Assistant States Attorney [REDACTED] by e-mail in reference to holding the vehicle. Mr. [REDACTED] and I both agreed that due to the driver's

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death that there would be no criminal charges pending and no reason to hold the vehicle. I released the hold at Parkway Wrecker Service.

Investigative Summary

During the course of this investigation it was discovered Mr. [REDACTED] had been at a party at Mr. [REDACTED]'s house from approximately 7:00 p.m. until approximately 11:30 p.m. While at the party Mr. [REDACTED] had consumed several alcoholic beverages (beer). He and Mr. [REDACTED] then took the ATV out for a ride. They traveled [REDACTED] to the end, turned around, and were on their return trip when Mr. [REDACTED] accelerated the ATV causing it to fishtail and he lost control. The ATV left the road way and became airborne after traveling through the south shoulder ditch. It struck a tree where Mr. [REDACTED] sustained fatal injuries causing his untimely death.

Based on his activities and interviews conducted, Mr. [REDACTED] was driving an unfamiliar Polaris Ranger XP ATV on [REDACTED]. After negotiating a curve, Mr. [REDACTED] "gassed it" causing it to fishtail and lost control of the ATV. It left the road way entering the south shoulder and ditch where it became airborne. It struck a tree with the roll cage before coming to final rest on the driveway of [REDACTED]. During this last event, Mr. [REDACTED] struck the roll cage with his head and remained in the vehicle, where he was found and pronounced dead.

Case Status:

Pending (ME report and toxicology results from the ME report)

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On August 11, 2012 at 12:04, Sgt. Steve Barrow called me and instructed me to be en route to [REDACTED] in reference to a traffic crash fatality. Upon arrival, Sgt. Barrow instructed me to conduct sworn/recorded interviews of Ms. [REDACTED] and Mr. [REDACTED].

Ms. [REDACTED] stated she heard the crash at approximately 11:30 PM and saw the vehicle when she looked outside. She heard [REDACTED] yelling "[REDACTED]". Ms. [REDACTED] called 911 to report the incident and walked to the vehicle and observed Mr. [REDACTED] deceased.

Mr. [REDACTED] stated he had seen Mr. [REDACTED]'s ATV riding around in the area all day. At approximately 11:30 PM he was lying on the couch inside his home and heard the crash. Mr. [REDACTED] went to the scene and observed Mr. [REDACTED] in the ATV not moving. He stated when Ms. [REDACTED] checked Mr. [REDACTED]'s pulse he was still alive.

I then assisted Deputy Kellerman in processing the scene. I used a drag sled to estimate the coefficient of friction of the roadway and grass shoulder. I documented the scene using a digital video camera and assisted in finding the grade and super elevation of the scene. I followed [REDACTED]'s Funeral Home to the TMH morgue with Mr. [REDACTED]'s body.

I assisted Deputy Kellerman and Deputy Jared Lee in laser mapping the scene.



Deputy Ted McCarthy #521

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On August 12, 2012 at approximately 12:51 a.m., I responded to [REDACTED] in reference to a fatal traffic crash. Upon my arrival I assisted Deputy John Kellerman by conducting the sworn interviews listed below:

At approximately 1:02 a.m. I conducted a sworn, recorded interview with Mr. [REDACTED]. Mr. [REDACTED] was the sole passenger on the Polaris 900 A.T.V. driven by the deceased, Mr. [REDACTED]. Mr. [REDACTED] worked with Mr. [REDACTED] at [REDACTED] on [REDACTED].

Mr. [REDACTED] stated on 8/10/2012 he and Mr. [REDACTED] went to work at approximately 8:00 a.m. and departed work at 5:30 p.m. Mr. [REDACTED] and Mr. [REDACTED] worked one hour of overtime on that day, due to storm related duties. Mr. [REDACTED] called Mr. [REDACTED] on the morning of 8/11/2012, but due to Mr. [REDACTED] being on his lawn mower he was unable to answer his call.

On 8/11/2012 at approximately 7:30 p.m. Mr. [REDACTED] had a cookout at his home located at [REDACTED]. Mr. [REDACTED]'s home is one block south of [REDACTED]. Mr. [REDACTED] was cooking food on the grill when Mr. [REDACTED] arrived at his home at approximately 9:30 p.m. Mr. [REDACTED] arrived on the A.T.V. involved in the crash. Mr. [REDACTED] continued to cook on the grill while approximately 15 people at the party consumed beer and ate food.

At approximately 11:30 p.m. Mr. [REDACTED] and Mr. [REDACTED] left the party to take a test drive on the A.T.V. Mr. [REDACTED] drove the A.T.V. north on [REDACTED] and then turned eastbound onto [REDACTED]. They traveled to the end of [REDACTED] and turned around. They began traveling westbound on [REDACTED]. Upon approaching the first portion of the S-Curve on [REDACTED] Mr. [REDACTED] stated Mr. [REDACTED] "stood in it one time" and the A.T.V. "got squirrely". When I asked Mr. [REDACTED] to clarify this statement, he stated that Mr. [REDACTED] "gassed it one time" causing the A.T.V. to accelerate rapidly. Mr. [REDACTED] said "alright crazy" to Mr. [REDACTED] at which time they both laughed and Mr. [REDACTED] let off of the accelerator. Mr. [REDACTED] and Mr. [REDACTED] then entered the second portion of the S-Curve on [REDACTED] and Mr. [REDACTED] "gassed it again." Mr. [REDACTED] lost control of the A.T.V. and it crashed. Mr. [REDACTED] stated "it was so much power that it shot us into the yard" located at [REDACTED]. Mr. [REDACTED] stated he saw the accident coming and grabbed the hand bar on the A.T.V. before it struck the tree in the yard. Mr. [REDACTED] stated "that thing has a lot of power. It didn't take but a second for it to shoot us into that ditch and into that tree. It's crazy to have that much power on something like that."

After the crash Mr. [REDACTED] got out of the A.T.V. and observed that Mr. [REDACTED]'s injuries were severe. Mr. [REDACTED] attempted to feel for a pulse on Mr. [REDACTED] but could not locate one. Mr. [REDACTED] stated he then decided not to move Mr. [REDACTED] and wait for EMS and Fire personnel to arrive.

At approximately 1:27 a.m. I conducted a sworn, recorded interview with Ms. [REDACTED]. Ms. [REDACTED] resides at [REDACTED]. Ms. [REDACTED] was inside of her bedroom in the home when the crash occurred in the yard.

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Ms. [REDACTED] stated when she heard the sound of the crash, she ran out of the home onto the porch. Ms. [REDACTED]'s friend [REDACTED] who was also in the home, heard the crash and ran out the home before she did. Ms. [REDACTED] heard Mrs. [REDACTED] yell out "it's his leg, it's [REDACTED]" Ms. [REDACTED] ran back inside to get some towels to provide medical intervention. Ms. [REDACTED] then ran back out of the home to the area of the crash. Mr. [REDACTED] observed the severity of Mr. [REDACTED]'s injuries and immediately began to check for a pulse on his right wrist. Ms. [REDACTED] stated that she felt a slow, feint, pulse that gradually went away. While Ms. [REDACTED] was on the right side of the ATV, Mr. [REDACTED] was standing on the left side of the ATV. Ms. [REDACTED] stated Mr. [REDACTED] appeared to express genuine concern for Mr. [REDACTED]. Mrs. [REDACTED] then contacted 911, while Ms. [REDACTED] relayed information to her to tell the 911 operator. Ms. [REDACTED]'s son [REDACTED] then came out of the home and got into his truck to go to the end of the road and direct the fire department and E.M.S. personnel to the scene. Ms. [REDACTED] remained near Mr. [REDACTED] to prevent anyone from moving him until Tallahassee Fire Department and Leon County E.M.S. personnel arrived.

At approximately 1:50 a.m. I conducted a sworn, recorded interview with Ms. [REDACTED]. Ms. [REDACTED] is the live-in girlfriend of Mr. [REDACTED] and the mother of Mr. [REDACTED]. Mr. [REDACTED] is the owner of the A.T.V. involved in the crash. Ms. [REDACTED] has known Mr. [REDACTED] for approximately 33 years and they have been dating for approximately 8 months. According to Ms. [REDACTED] on 8/10/2012 at approximately 7:30 a.m., Mr. [REDACTED] left home headed to work. Mr. [REDACTED] returned home at approximately 6:00 p.m. Upon Mr. [REDACTED] returning home, he went out to his work shop behind the house as he normally does. While outside Mr. [REDACTED] put chlorine in the pool and charged the lawn mower battery. Mr. [REDACTED] then came into the house, ate dinner, and went to bed. Mr. [REDACTED] woke up at 8:30 a.m. on the morning of 8/11/2012 and made coffee. Ms. [REDACTED] woke up at 9:00 a.m. Mr. [REDACTED] and Ms. [REDACTED] sat outside on the porch, talked, drank coffee and smoked cigarettes.

At approximately 10:00 a.m. Mr. [REDACTED] and Ms. [REDACTED] went around to Mr. [REDACTED]'s house to get a trailer. Mr. [REDACTED] and Ms. [REDACTED] then went to Florida Motorsports on Capital Circle N.E. where they picked up the Polaris A.T.V. for her son. Mr. [REDACTED] is currently in Minot, North Dakota and received a better deal on the A.T.V. in Tallahassee. The trailer they had was too small, so they had to borrow the trailer belonging to Florida Motorsport's to take the ATV to their home. Mr. [REDACTED] and Ms. [REDACTED] left Florida Motorsport's and went to the [REDACTED] located at [REDACTED] and [REDACTED] and ate lunch. Mr. [REDACTED] and [REDACTED] took the A.T.V. to their home and returned to Florida Motorsport's to return the trailer and pickup Mr. [REDACTED]'s trailer. Mr. [REDACTED] and Ms. [REDACTED] then returned back to their home at approximately 3:00 p.m.

While at the home and prior to the cookout, Ms. [REDACTED] stated she and Mr. [REDACTED] did consume some beer but she could not say how much. Mr. [REDACTED] and Ms. [REDACTED] went to Mr. [REDACTED]'s home on the A.T.V. for the cookout. Ms. [REDACTED] stated while at the cookout, Mr. [REDACTED] consumed more beer but she could not say how much. Ms. [REDACTED] said later in the evening Mr. [REDACTED] and Mr. [REDACTED] left the home on the A.T.V. After they

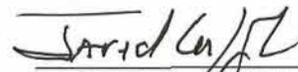
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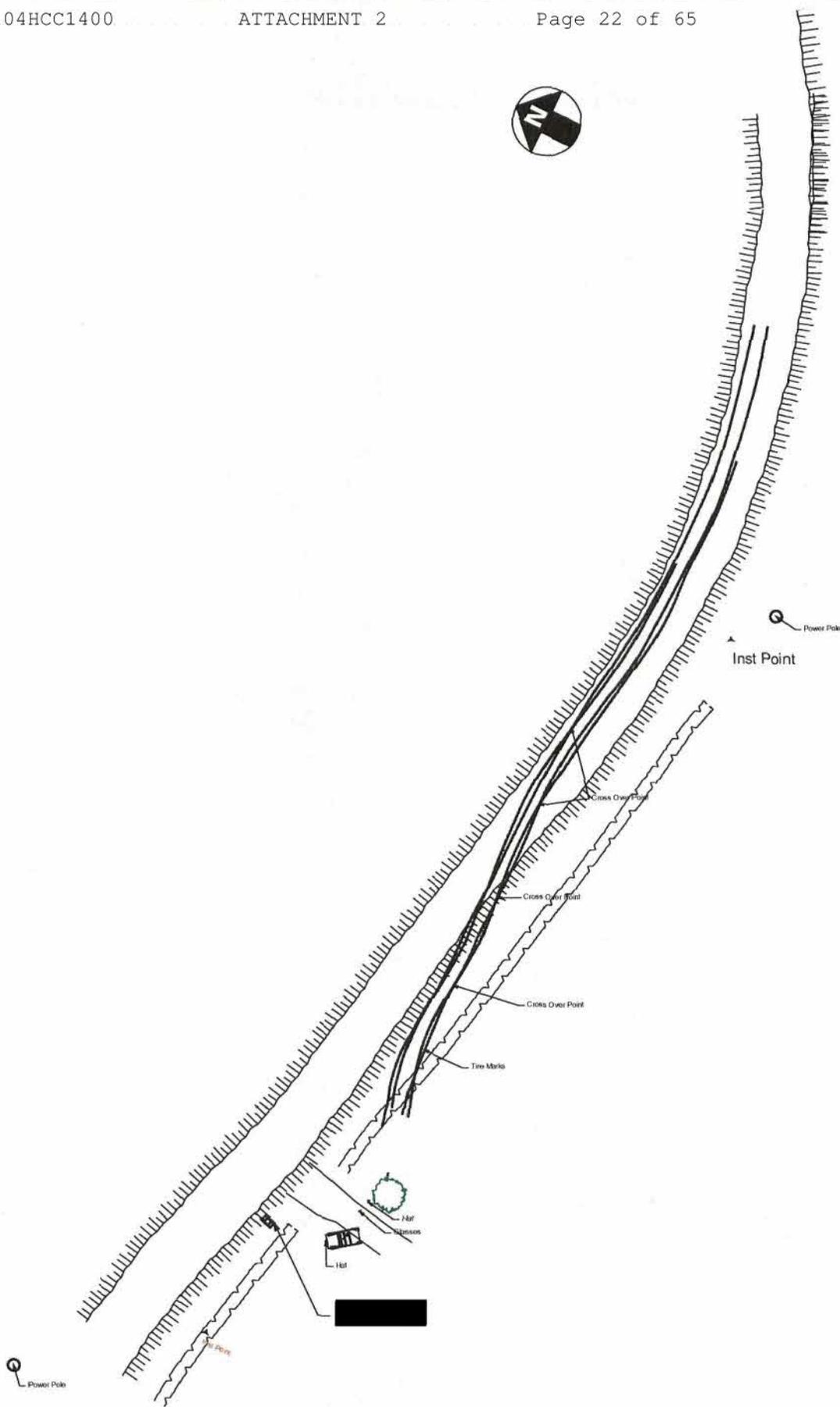
did not return Ms. [REDACTED] became worried. Ms. [REDACTED] later heard a siren in the area and got onto Mr. [REDACTED]'s golf cart and went to the area of the sirens. Ms. [REDACTED] then observed that Tallahassee Fire Department and Leon County E.M.S personnel were on scene. Ms. [REDACTED] stated she was then prevented from going near the area where Mr. [REDACTED] and Mr. [REDACTED] were.

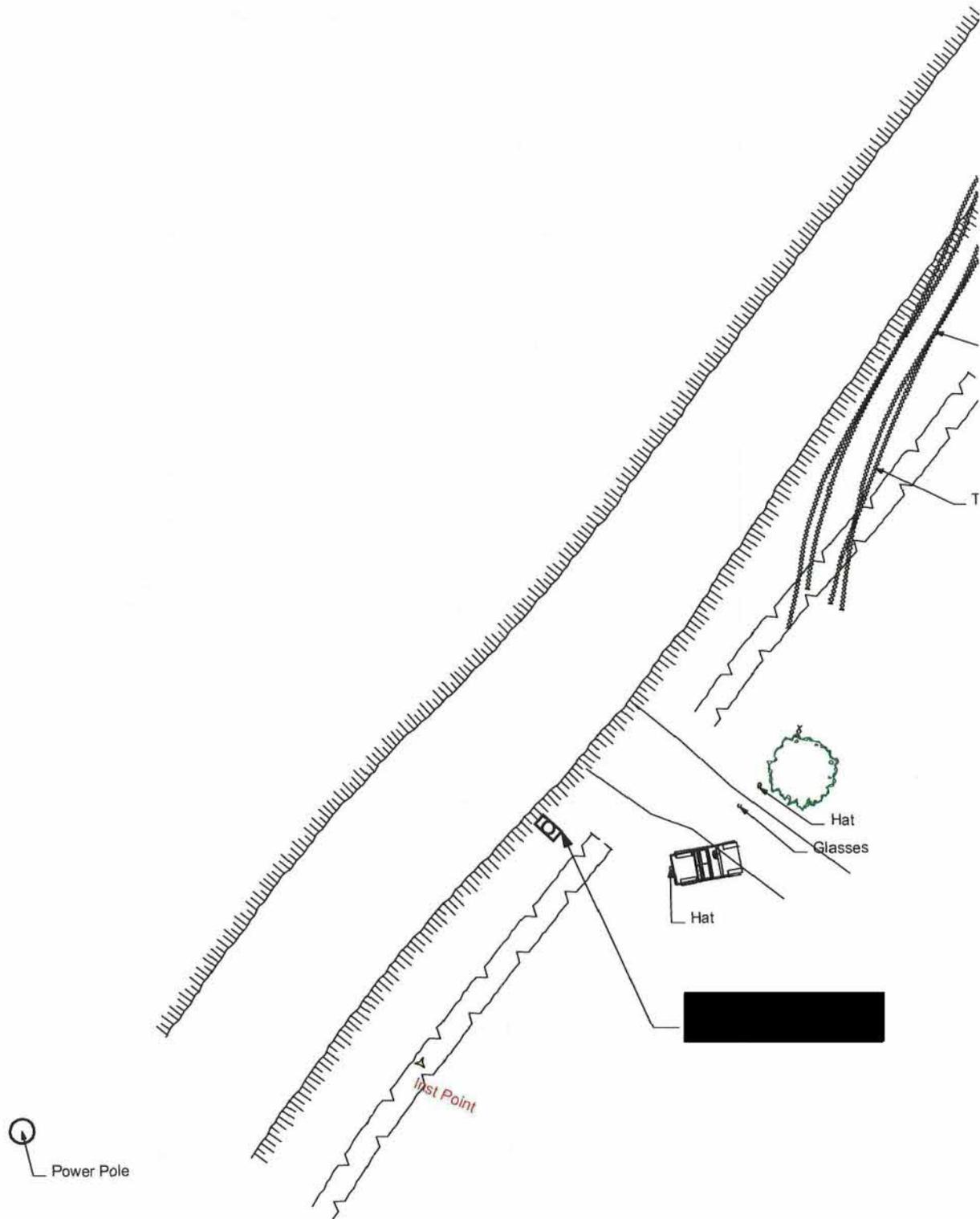
After completing the above interviews I followed the Parkway Wrecker tow truck carrying the A.T.V. to Parkway Wrecker's dry storage area where it was stored.

At approximately 6:35 a.m. I assisted Deputy Kellerman by Laser Mapping the crash scene utilizing the [REDACTED] while Deputy Ted McCarthy held the targeting prism pole.

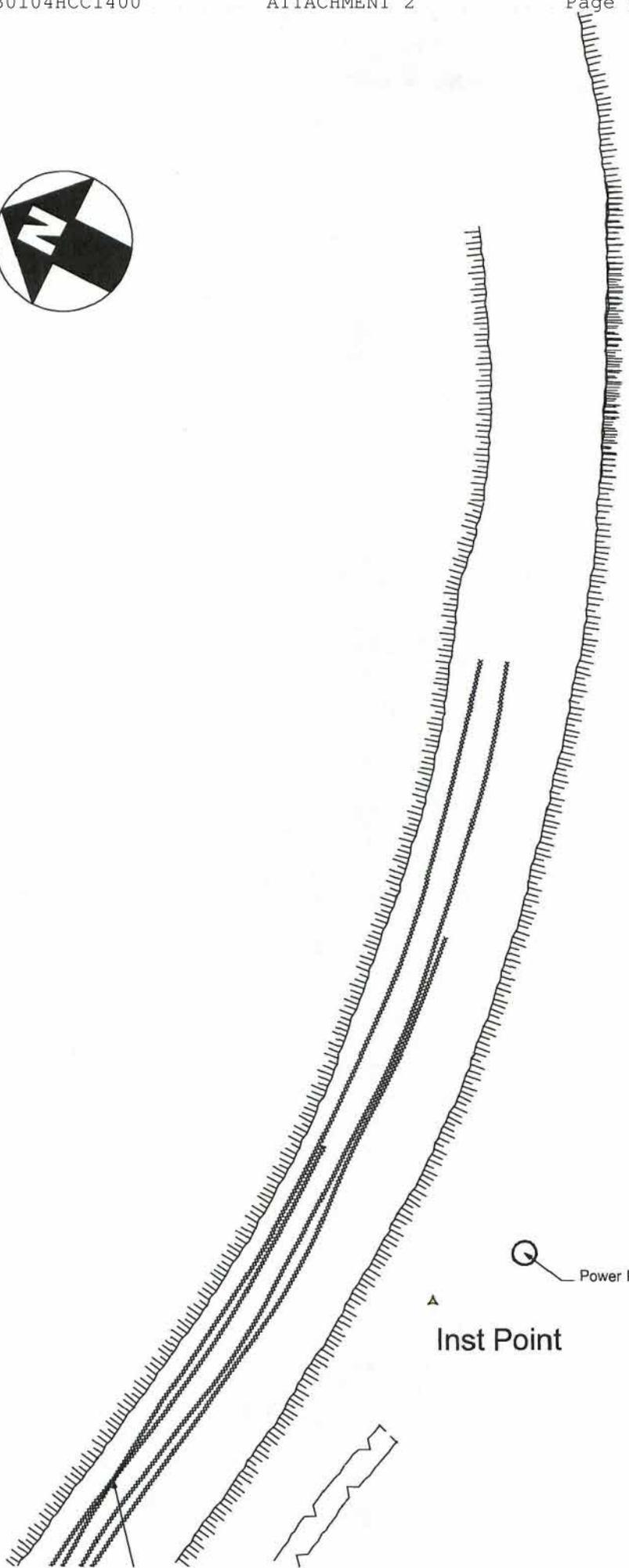
 379
Jared Lee #379

Case Number [REDACTED]
HSMV 62799 (1-89)





Case No:	[Redacted]	County: Leon
Address:	[Redacted]	Drawn by: John Keller



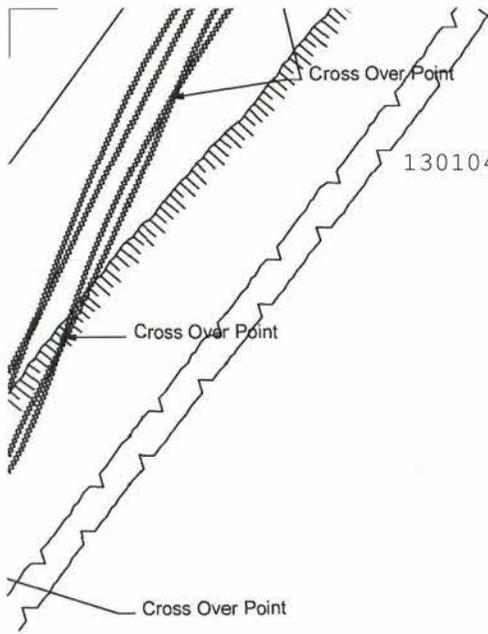
Power Pole

Inst Point

130104HCC1400

ATTACHMENT 2

Page 25 of 65



Tire Marks

Date: 8/12/2012

man #289

STATE OF FLORIDA TRAFFIC CRASH

LONG FORM SHORT FORM UPDATE
(Shaded Areas)

TOTAL # OF VEHICLE SECTION(S) 1
TOTAL # OF PERSON SECTION(S) 2
TOTAL # OF NARRATIVE SECTION(S) 1

MAIL TO DEPT. HIGHWAY SAFETY & MOTOR VEHICLES,
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING,
TALLAHASSEE, FL 32399-0537

CRASH DATE 08/12/2012		TIME OF CRASH 11:35 PM		REPORTING AGENCY CASE NUMBER [REDACTED]		HSMV CRASH REPORT NUMBER [REDACTED]		
CRASH IDENTIFIERS								
COUNTY CODE 13	CITY CODE 00	COUNTY OF CRASH Leon	PLACE OR CITY OF CRASH UNINCORPORATED			CHECK IF WITHIN CITY LIMITS <input type="checkbox"/>	TIME REPORTED 11:41 PM	TIME DISPATCHED 11:43 PM
TIME ON SCENE 11:51 PM	TIME CLEARED SCENE 3:00 AM	CHECK IF COMPLETED <input type="checkbox"/>	REASON (If Investigation NOT Complete) TRAFFIC HOMICIDE INVESTIGATION				Notified By: 1 Motorist <input type="checkbox"/> 2 Law Enforcement <input checked="" type="checkbox"/>	
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)								
CRASH OCCURRED ON STREET, ROAD, HIGHWAY [REDACTED]				AT STREET ADDRESS # 1 [REDACTED]		AT LATITUDE AND LONGITUDE 2		
AT FEET [REDACTED]	OR MILES [REDACTED]	N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY 3			OR FROM MILEPOST # 4	
Road System Identifier 8 1 Interstate 2 U.S. 3 State 4 County 5 Local 6 Turnpike/ Toll		Type of Shoulder 2 1 Paved 2 Unpaved 3 Curb		Type of Intersection 1 1 Not at Intersection 2 Four Way Intersection 3 T Intersection 4 Y Intersection		5 Traffic Circle 6 Roundabout 7 Five Point, or More 77 Other, Explain in Narrative		
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/>								
Light Condition 4 1 Daylight 2 Dusk 3 Dawn 4 Dark Lighted 5 Dark Not Lighted 6 Dark Unknown 7 Lighting 77 Other, Explain in Narrative 88 Unknown		Weather Condition 1 1 Clear 2 Cloudy 3 Rain 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative		Roadway Surface Condition 7 1 Dry 2 Wet 4 Ice/Frost 5 Oil 6 Mud, Dirt, Gravel 7 Sand 8 Water (standing/ moving) 77 Other, Explain in Narrative 88 Unknown		School Bus Related 1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved		Manner of Collision/Impact 88 1 Front to Rear 2 Front to Front 3 Angle 4 Sideswipe, same direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown
First Harmful Event 32 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non Collision		Non-Collision 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone / Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non Fixed Object		Collision-non Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier		Collision with Fixed Object 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)		First Harmful Event Location 2 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right of way 10 Roadside 88 Unknown
First Harmful Event within Interchange 1 1 No 2 Yes 88 Unknown		First Harmful Event Relation to Junction 1 1 Non Junction 2 Intersection 3 Intersection Related 4 Driveway/ Alley Access Related 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover Related 16 Shared Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other Location 88 Unknown		Contributing Circumstances: Road 88 1 None 4 Work Zone (construction/ maintenance/ utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps 9 Worn, Travel Polished Surface 10 Road Surface Condition(wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non Highway Work 77 Other, Explain in Narrative 88 Unknown		Contributing Circumstances: Environment 88 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown		
Work Zone related 1 1 No 2 Yes 88 Unknown		Crash in Work Zone <input type="checkbox"/> 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area		Type of Work Zone <input type="checkbox"/> 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative		Workers in Work Zone <input type="checkbox"/> 1 No 2 Yes 88 Unknown		Law Enforcement in Work Zone <input type="checkbox"/> 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present
WITNESSES								
NAME		ADDRESS		CITY & STATE		ZIP CODE	TELEPHONE	
NAME		ADDRESS		CITY & STATE		ZIP CODE	TELEPHONE	
NAME		ADDRESS		CITY & STATE		ZIP CODE	TELEPHONE	
NON VEHICLE PROPERTY DAMAGE								
VEHICLE #	PERSON #	PROPERTY DAMAGE -OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business) <input type="checkbox"/>	ADDRESS	CITY & STATE	ZIP CODE	
VEHICLE #	PERSON #	PROPERTY DAMAGE -OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME (Check if Business) <input type="checkbox"/>	ADDRESS	CITY & STATE	ZIP CODE	

VEHICLE # 1		Check if Commercial <input type="checkbox"/>		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER		
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		1	VEHICLE LICENSE NUMBER N/A	STATE FL	REGISTRATION EXPIRES	Check if Permanent Registration <input checked="" type="checkbox"/>	VIN	
Hit and Run 1 No 2 Yes 88 Unknown	1	YEAR 2012	MAKE POLS	MODEL UK	STYLE MV	COLOR Blue	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	
INSURANCE COMPANY (Driver) UNKNOWN			INSURANCE POLICY NUMBER UK		Towed due to Damage: 1 No 2 Yes	VEHICLE REMOVED BY 1 PARKWAY WRECKER	1. Rotation 2. Owner Request 3. Driver 77. Other, Explain in Narrative	
NAME OF VEHICLE OWNER (Check if Business) <input type="checkbox"/>		CURRENT ADDRESS		CITY & STATE		ZIP CODE		
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	
VEHICLE TRAVELING	N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	Off-Road <input type="checkbox"/> Unknown <input type="checkbox"/>	ON STREET, ROAD, HIGHWAY ELENA DRIVE				AT EST. SPEED	POSTED SPEED
HAZ. MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ. MAT. PLACARD 1 No 2 Yes 88 Unknown		HAZ. MAT. NUMBER	HAZ. MAT. CLASS	Area of Initial Impact		
MOTOR CARRIER NAME		US DOT NUMBER		MOTOR CARRIER ADDRESS		CITY & STATE		
Vehicle Body Type 13		Trafficway 1		Commercial Motor Vehicle Configuration		Most Damaged Area		
Comm/Non-Commercial <input type="checkbox"/>		Trailer Type		Cargo Body Type		Emergency Vehicle Use 1		
Most Harmful Event 32		Collision with Non-Fixed Object		Collision Fixed Object		Sequence of Events		
Roadway Grade 1		Vehicle Maneuver Action 88		Traffic Control Device For This Vehicle 1		Vehicle Defects 88		
Special Function of Motor Vehicle 88		9 Ambulance		14 Intercity Bus		VIOLATIONS		

PERSON 1		REPORTING AGENCY CASE NUMBER				HSMV CRASH REPORT NUMBER																					
1 Driver	<input type="checkbox"/>	VEHICLE #	NAME			PHONE NUMBER			Check if Recommended Driver Re exam <input type="checkbox"/>																		
2 Non Motorist	<input checked="" type="checkbox"/>	1	1																								
3 Passenger	<input type="checkbox"/>	CURRENT ADDRESS (Number and Street)				CITY & STATE			ZIP CODE																		
DATE OF BIRTH	SEX: 1 Male 2 Female 88 Unknown	<input checked="" type="checkbox"/>	DRIVER LICENSE NUMBER		STATE	EXPIRES	INJURY SEVERITY		<input checked="" type="checkbox"/>																		
					FL	12/2019	1 None 2 Possible 3 Non incapacitating		4 Incapacitating 5 Fatal (within 30 days) 6 Non Traffic Fatality																		
DRIVER																											
DL Type		Required Endorsements		Drivers Actions at Time of Crash		Condition At Time of Crash																					
<input checked="" type="checkbox"/> 1 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper -Rest 7 None		<input checked="" type="checkbox"/> 1 1 Yes 2 No 3 No Req. Endorsement		<input checked="" type="checkbox"/> 77 1st 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right of Way 4 Improper Backing 6 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to keepin Proper Lane		<input type="checkbox"/> 88 3rd 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over Correcting/Over Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action		<input checked="" type="checkbox"/> 88 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown																			
Driver Distracted By		4 Other Inside the Vehicle (explain in narrative)		2nd		4th																					
<input checked="" type="checkbox"/> 88 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		<input type="checkbox"/> 77 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		<input type="checkbox"/> 77 9 Smoke 10 Glare 77 All Other, Explain in Narrative		<input type="checkbox"/> 77 3 Not Applicable																					
Driver Vision Obstructions		5 Load on Vehicle		DRIVER OR PASSENGER		Eye Protection (EP)		Restraint Systems (RS)																			
<input checked="" type="checkbox"/> 77 1 Vision Not Obscured 2 Inclement Weather 3 Parked / Stopped Vehicle 4 Trees / Crops / Bushes		<input type="checkbox"/> 77 6 Building / Fixed Object 7 Signs / Billboards 8 Fog		<input checked="" type="checkbox"/> 3 1 DOT Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet		<input checked="" type="checkbox"/> 2 1 Yes 2 No 3 Not Applicable		<input checked="" type="checkbox"/> 77 1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Read Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative																			
DRIVER OR PASSENGER																											
Motor Vehicle Seating Position:			LOCATION: SEAT ROW OTHER (LOC)			Air Bag Deployed (ABD)																					
Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area 88 Unknown 77 Other Row 5 Trailing Unit 88 Unknown 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown 88 Unknown			<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 1			<input checked="" type="checkbox"/> 1 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side																					
NON-MOTORIST																											
Non-Motorist Description			Non-Motorist Location At Time of Crash			Action Prior to Crash																					
<input type="checkbox"/> 77 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non Motor Vehicle Transportation Device 7 Unknown Type of Non Motorist			<input type="checkbox"/> 77 1 Intersection Marked Crosswalk 2 Intersection Unmarked Crosswalk 3 Intersection -Other 4 Midblock Marked Crosswalk 5 Travel Lane Other Location 6 Bicycle Lane 7 Shoulder/Roadside			<input type="checkbox"/> 77 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared Use Path or Trail 12 Non Trafficway Area 77 Other, Explain in Narrative 88 Unknown				<input type="checkbox"/> 77 5 Walking/Cycling on Sidewalk 6 In Roadway Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K 12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown																	
Safety Equipment			Non-Motorist Actions/Circumstances																								
<input type="checkbox"/> 77 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.) 5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown			<input type="checkbox"/> 77 1st 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right of Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)			<input type="checkbox"/> 77 7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.) 10 Improper Turn/Merge 11 Improper Passing 12 Wrong Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown																					
ALCOHOL/DRUG/EMS																											
SUSPECTED ALCOHOL USE:		ALCOHOL TESTED:		ALCOHOL TEST TYPE:		ALCOHOL TEST RESULT:		BAC		SUSPECTED DRUG USE:		DRUG TESTED:		DRUG TEST TYPE:		DRUG TEST RESULT:											
<input checked="" type="checkbox"/> 88 1 No 2 Yes 88 Unknown		<input checked="" type="checkbox"/> 1 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown if Tested		<input type="checkbox"/> 77 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative		<input type="checkbox"/> 77 1 Pending 2 Completed 88 Unknown		<input type="checkbox"/> 77		<input checked="" type="checkbox"/> 88 1 No 2 Yes 88 Unknown		<input checked="" type="checkbox"/> 1 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown if Tested		<input type="checkbox"/> 77 1 Blood 3 Urine 77 Other, Explain in Narrative		<input type="checkbox"/> 77 1 Positive 2 Negative 3 Pending 88 Unknown											
SOURCE OF TRANSPORT TO MEDICAL FACILITY			EMS AGENCY NAME OR ID			EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO																			
<input checked="" type="checkbox"/> 1 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			<input type="checkbox"/> 77			<input type="checkbox"/> 77		<input type="checkbox"/> 77																			
ADDITIONAL PASSENGERS																											
PERSON # VEHICLE # NAME										DATE OF BIRTH		INJ		SEX		LOC: S R O		EJECT		HU		EP		ABD		RS	
CURRENT ADDRESS (Number and Street)										CITY & STATE				ZIP CODE													
SOURCE OF TRANSPORT TO MEDICAL FACILITY			EMS AGENCY NAME OR ID			EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO																			
<input type="checkbox"/> 77 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			<input type="checkbox"/> 77			<input type="checkbox"/> 77		<input type="checkbox"/> 77																			
PERSON # VEHICLE # NAME										DATE OF BIRTH		INJ		SEX		LOC: S R O		EJECT		HU		EP		ABD		RS	
CURRENT ADDRESS (Number and Street)										CITY & STATE				ZIP CODE													
SOURCE OF TRANSPORT TO MEDICAL FACILITY			EMS AGENCY NAME OR ID			EMS RUN NUMBER		MEDICAL FACILITY TRANSPORTED TO																			
<input type="checkbox"/> 77 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			<input type="checkbox"/> 77			<input type="checkbox"/> 77		<input type="checkbox"/> 77																			

PERSON 2		REPORTING AGENCY CASE NUMBER			HSMV CRASH REPORT NUMBER		
1 Driver	3	VEHICLE #	NAME			PHONE NUMBER	Check if Recommended Driver Re exam <input type="checkbox"/>
2 Non Motorist		1	CURRENT ADDRESS (Number and Street)			CITY & STATE	ZIP CODE
3 Passenger			DATE OF BIRTH			SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER
				EXPIRES 08/2017	INJURY SEVERITY 1 None 2 Possible 3 Non incapacitating		4 Incapacitating 5 Fatal (within 30 days) 6 Non Traffic Fatality

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

DRIVER OR PASSENGER			DRIVER OR PASSENGER		
Motor Vehicle Seating Position:			Restraint Systems (RS)		
Seat	Row	Other	1 Not Applicable (non-motorist) 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative		
1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	1 Front 2 Second 3 Third 4 Fourth 77 Other Row 88 Unknown	1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown	77 (RS)		
LOCATION: SEAT ROW OTHER (LOC)			Helmet Use (HU)		
3 1 1			3 1 2 3		
			Eye Protection (EP)		
			2 1 2 3		
			Air Bag Deployed (ABD)		
			1 1 2 3 4		
			Ejection (EJECT)		
			1 1 2 3 4		

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

ALCOHOL/DRUG/EMS					
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown if Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown
88	1				88
DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown if Tested		DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative		DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown	
1					
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID		EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
1					

ADDITIONAL PASSENGERS													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO				
1													
PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE			ZIP CODE							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			EMS AGENCY NAME OR ID			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO				
1													

NARRATIVE	REPORTING AGENCY CASE NUMBER [REDACTED]	HSMV CRASH REPORT NUMBER [REDACTED]
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On 8/11/2012 at 11:41pm, I responded to [REDACTED] reference a traffic crash. Upon arrival, I observed a Polaris Ranger stationary on the northern end of the driveway at [REDACTED]. The vehicle was positioned approximately five feet from a tree. The front of the vehicle was pointed toward the residence (south). It appeared the vehicle struck the tree before coming to rest on the driveway. I observed a white male, later identified as [REDACTED] slumped over in the driver's seat. I observed he sustained severe injuries, to include a severe head and left leg injury. [REDACTED] was determined to be deceased. The sole passenger was identified as [REDACTED]. I observed a large amount of blood on [REDACTED]'s left arm and shirt sleeve. It was later determined to be [REDACTED]'s blood I observed on [REDACTED]. [REDACTED] was treated by LCEMS at the scene and was found to be uninjured, and did not require transport to a medical facility. In addition to LCEMS, Tallahassee Fire Department personnel responded from station 13 to render aid.

Based on the severity of the crash, members of the LCSO Traffic Unit were contacted to conduct a traffic homicide investigation. The scene was secured until they arrived. It should be noted that I photographed [REDACTED] prior to the LCSO Traffic Unit's arrival, in the event that he washed or changed shirts. An entry control log was completed and turned over to LCSO Traffic Unit personnel.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE # NAME	DATE OF BIRTH	INJ	SEX	LOC: S R O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
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SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
--	--------------------------	-----------------------	----------------	---------------------------------

PERSON #	VEHICLE # NAME	DATE OF BIRTH	INJ	SEX	LOC: S R O	EJECT	HU	EP	ABD	RS
----------	----------------	---------------	-----	-----	------------	-------	----	----	-----	----

CURRENT ADDRESS (Number and Street)	CITY & STATE	ZIP CODE
-------------------------------------	--------------	----------

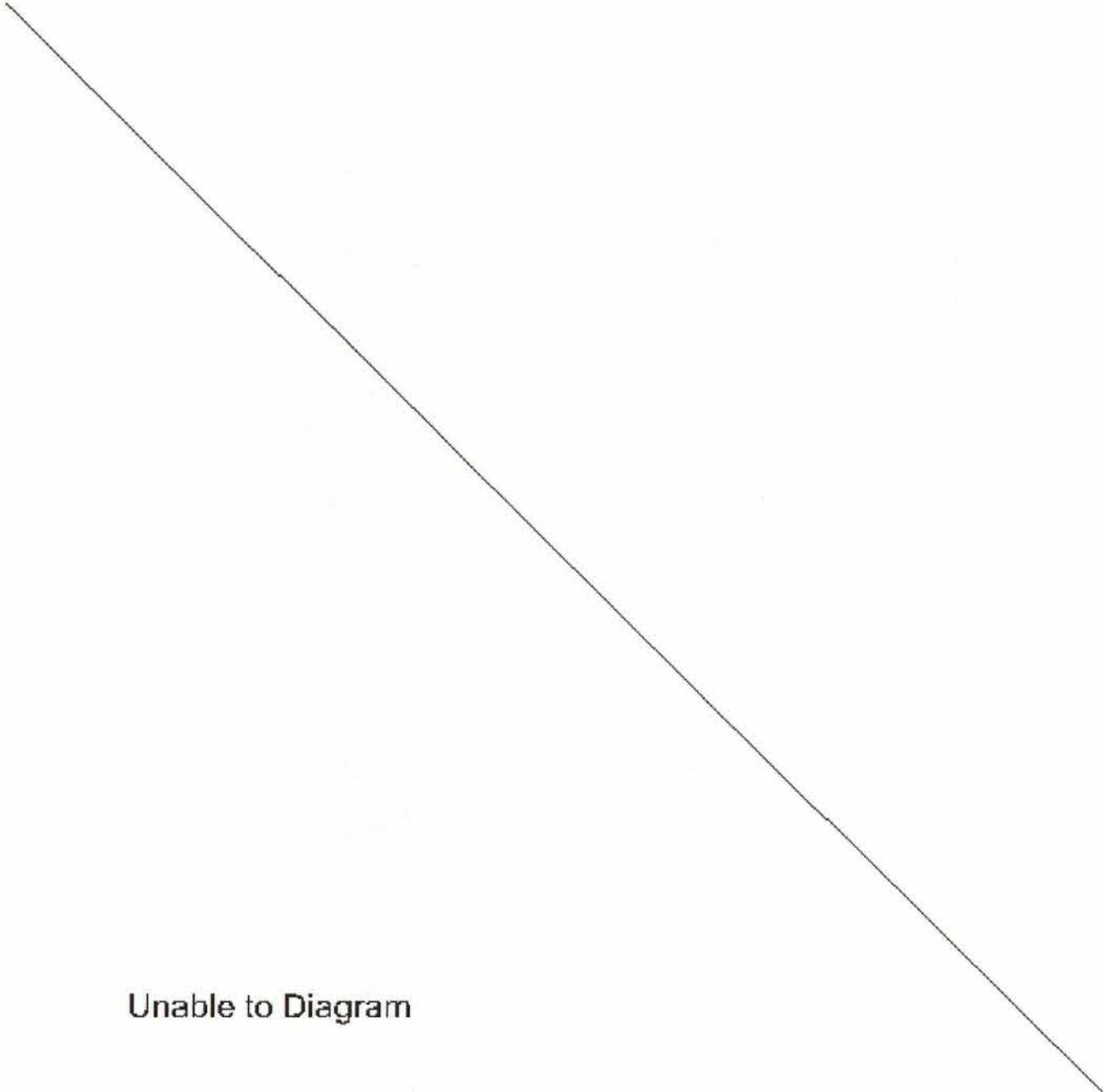
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO
--	--------------------------	-----------------------	----------------	---------------------------------

ADDITIONAL VIOLATIONS

PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

REPORTING OFFICER

ID/BADGE NUMBER 11416	RANK & NAME Dep. Justin Wilkerson	DEPARTMENT Leon County Sheriff's Office	FHP <input type="checkbox"/> SO <input checked="" type="checkbox"/> PD <input type="checkbox"/> OTHER <input type="checkbox"/>
---------------------------------	---	---	--



Unable to Diagram

ENTRY CONTROL LOG

Any and all persons entering a crime scene (including the first officer on the scene) are required to sign their name below to aid in the elimination process of fingerprints obtained at the scene.

Name	Time	Reason for entering
1. DEPUTY GAINES # 560	11:51pm	LC50 RESPONDING UNIT
2. [REDACTED] # 502	11:51pm	LCEMS MED 13 - RENDER AID
3. [REDACTED] # 462	11:51pm	" "
4. [REDACTED]	11:51pm	PASSENGER IN SIG 4 VEHICLE
5. [REDACTED]	11:51pm	TFD STATION 13 - RENDER AID
6. DEPUTY WILKERSON # 531	11:51pm	LC50 RESPONDING UNIT
7. DEPUTY COOK # 608	11:51pm	LC50 RESPONDING UNIT
8. SGT. WALKER # 103	12:07 am	" "
9. DEPUTY R. McMULLEN # 375	12:07 am	" "
10. SGT. BARRON # 155	12:40 am	LC50 TRAFFIC INVESTIGATOR
11. LT. LEWIS	12:43 AM	" "
12. DEPUTY LEE	12:51 am	" "
13. DEPUTY MCCARTHY	12:52 am	" "
14. DEPUTY KELLERMAN	12:52 am	" "
15. [REDACTED]	2:00 am	FUNERAL HOME
16.		
17. [REDACTED]	3:30 am 2:00	PARKWAY WRECKER
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		

Leon County Sheriff's Office
Sworn Driver Interview

T. McCarthy

I am Deputy _____ of the Leon County Sheriff's Office conducting a criminal investigation. This interview is being conducted at _____ today's date is 8/12/12. The time is 0134. Person's present at the interview are _____. This sworn interview is being taken in reference to TRAFFIC CRASH.

At this time I am advising you of your rights.

Before I ask you any questions, you must understand your rights.

- You have the right to remain silent.
- Anything you say can be used against you can be used against you in court.
- You have the right to talk to a lawyer for advice before I ask you any questions and to have them with you during questioning.
- If you cannot afford a lawyer, one will be appointed for you, without cost, before any questioning if you wish.
- If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you consult a lawyer.

I, _____ had read and explained to me this statement of my rights, and I understand what my rights are. I am willing at this time to make a statement and answer questions. I do not want a lawyer at this time. Any and all statements given by me will be freely and voluntarily. No promises, threats or inducements of any kind or nature whatsoever have been promised me in order to consent to this interview.

KNOWING MY RIGHTS, I HEREBY, PRIOR TO BEING INTERVIEWED, WAIVE MY RIGHTS TO CONSULT WITH A LAWYER OR TO HAVE ONE PRESENT DURING THIS INTERVIEW. I do hereby affix my signature accordingly.

Signed _____

Date 8-12-12

Time 1:36 Am

Witness: _____

Witness: _____

Time: 136

At this time I will administer the oath.

Leon County Sheriff's Office Sworn Driver Interview

I am Deputy T. McCarthy of the Leon County Sheriff's Office conducting a Traffic Crash investigation. This interview is being conducted at [REDACTED]. Today's date is 8/17/12. The time is 0115. Person's present at the interview are, [REDACTED]. This sworn interview is being taken in reference to TRAFFIC CRASH.

At this time I am advising you of your rights. Before I ask you any questions, you must understand your rights.

- You have the right to remain silent. _____
- Anything you say can be used against you can be used against you in a court of law. _____
- You have the right to talk to a lawyer and to have them present with you while you are being questioned. _____
- If you cannot afford a lawyer, one will be appointed to represent you before any questioning, if you wish. _____
- You can decide at any time to exercise these rights and not answer any questions or make any statement. _____

I, [REDACTED] have read and had explained to me this statement of my rights, and I understand what my rights are. I am willing at this time to make a statement and answer questions. I do not want a lawyer at this time. Any and all statements given by me will be done so freely and voluntarily. No promises, threats or inducements of any kind or nature whatsoever have been promised me in order to consent to this interview.

Knowing my rights, I hereby, prior to being interviewed, wave my rights to consult with a lawyer or to have one present during this interview. I do hereby affix my signature accordingly.

Signed [Signature]
Date 8/17/12
Time 0117

Witness: [Signature]

Time: 0117

OATH

This will be a sworn, tape recorded interview taken by a law enforcement officer pursuant to section 117.10, F.S. Please raise your right hand. Do you swear or affirm that the statement you are about to give will be the truth, the whole truth, and nothing but the truth?

Yes, I so swear or affirm X _____



- Please state your full name.
- Please state your current address.
- Please state your home phone number.
- Please state your work phone number.
- Please state your current occupation.

INTERVIEW

Time the interview concluded 0124 AM PM

CERTIFICATION

The undersigned Deputy acknowledges taking and being present during the foregoing interview. The interview was recorded on _____ media, burned to disc, marked and then placed into evidence.

(Signature of Deputy)

(THI Case #)



D r i v e r A n d V e h i c l e I n f o r m a t i o n D a t a b a s e

Traffic Fatality/Serious Bodily Injury (FSBI) Results

Enter Florida Driver License of Driver to be reviewed for Suspension or click Enter if no DLN available:

Crash Information	
Crash Date: 08-11-2012 23:35	Investigating Agency: Leon County Sheriff's Office
HSMV Crash Report Number: [REDACTED]	Investigating Officer: John Arthur Kellerman
Local Case Report Number: [REDACTED]	Officer E-Mail: [REDACTED]@leoncountyfl.gov
County: Leon	Officer Phone Number: [REDACTED]
City: Tallahassee	Report Date: 08-16-2012 13:20
	Crash Locality: RURAL
Officer Comments: ATV was traveling on dirt road when the driver lost control. Vehicle went airborne after entering ditch and struck a tree. Driver was pronounced on scene.	

Fatality/Serious Bodily Injury (SBI) Information	
<input type="button" value="Modify"/>	[REDACTED] DOB: [REDACTED] Age: 56 Sex: M Fatality Type: TRAFFIC Victim Class: DRIVER Injury: FATAL 08-12-2012

Driver Information To Be Reviewed For Suspension			
<input type="button" value="Modify"/>	Driver: [REDACTED] Address: [REDACTED]	Florida DL Number: [REDACTED] Date of Birth: [REDACTED] Sex: M Age: 56 Date of Death: 08-11-2012 Driver of Vehicle #: 1	Alcohol Related: YES Blood test initiated: YES Driver Injury: FATAL Fatality Type: TRAFFIC

PROPERTY RECEIPT

Leon County Sheriff's Office
Tallahassee, Florida

Case #: [Redacted]

Vault #: _____

Victim: [Redacted] Owner: VI

Date: 8/11/2012 Time: _____ Offense: 711

Address of Occurrence: [Redacted]

Owner's Address: _____ Phone No.: _____

Suspect Name: _____ Race: _____ Sex: _____ DOB: _____ Arrested: Yes No

Suspect Name: _____ Race: _____ Sex: _____ DOB: _____ Arrested: Yes No

Found Property _____ Recovered Stolen _____ Authority of: _____

Abandoned Property _____ Hold for other agency _____

Impounded _____ Evidence _____

Property of Deceased _____ Court Ordered hold on property _____

Wrecker Company: _____ Phone #: _____

Tow / Storage address: _____

Tow truck driver: _____

Vehicle Make / Model / Year / Color: _____

Tag #: _____ VIN: _____

Vehicle **HOLD** for: _____ Other Agency Name & Case #: _____

Proof of ownership _____ Vehicle Owner Notification Date: _____ Time Notified: _____

Processing _____ Fortifiture _____ Notified by: _____

Evidence _____ In Person _____ Telephone _____ Mail _____ Other: _____

Item Number	Process For Prints	Full Description of Item including serial numbers	Lab Processing By	Date Processed
[Redacted]		Beer bottle w/cookie		
		knife		
		Security DVD (Views)		
		DVD (Photos)		

Person seized from: Scars

I hereby acknowledge this property list represents all property taken from my possession and that I have received a copy of this receipt.

Turned Over to: _____ Date & Time: _____

Signature of seizing Deputy: [Signature]

Printed Name of Deputy: Patricia Williams

Placed into Evidence Drop box by: [Signature] Date & Time: 8/13/2012

ACE #
(For use by Evidence Section only)

WHITE: Turn in to Evidence Custodian
YELLOW: Turn in to Evidence Custodian
PINK: Accompanies Offense Report
GOLD: Person seized from if applicable

PROPERTY RECEIPT

Leon County Sheriff's Office
Tallahassee, Florida

Case #:



Vault #:

ACE #
(For use by Evidence Section only)

Owner:

V1

Victim:

Date: *5/17/02* Time: _____ Offense: *CASH THEFT*

Address of Occurrence:

Owner's Address:

Phone No.: _____

Suspect Name: _____

Race: _____

Sex: _____

DOB: _____

Arrested: Yes No

Suspect Name: _____

Race: _____

Sex: _____

DOB: _____

Arrested: Yes No

Found Property _____

Recovered Stolen

May be released to: _____

Authority of: _____

Abandoned Property _____

Hold for other agency

Items being released at the scene: _____

Impounded _____

Evidence

Released at the scene to: _____

Property of Deceased _____

Court Ordered hold on property

Date & Time released: _____

Wrecker Company: _____

Phone #: _____

Vehicle **HOLD** for: _____

Other Agency Name & Case #: _____

Tow / Storage address: _____

Proof of ownership

Vehicle Owner Notification Date: _____

Time Notified: _____

Tow truck driver: _____

Processing

Vehicle Owner Notification Date: _____

Vehicle Make / Model / Year / Color: _____

Forfeiture

Notified by: _____

In Person _____

Telephone _____

Mail _____

Other: _____

Tag #: _____

VIN: _____

Evidence

In Person _____

Telephone _____

Mail _____

Other: _____

Item Number	Process For Prints	Full Description of Item including serial numbers	Lab Processing By	Date Processed
		<i>TAN MAT (Tallahassee)</i>		
		<i>BLK MAT (V)</i>		
		<i>LYE GLASS (V)</i>		
		<i>T SKIRT (PASS) * BUS HAZARD *</i>		

Person seized from: *Seize*

Signature of seizing Deputy: *[Signature]*

I hereby acknowledge this property list represents all property taken from my possession and that I have received a copy of this receipt.

Printed Name of Deputy: *[Signature]*

Turned Over to: _____

Date & Time: _____

Placed into Evidence Drop box by: *[Signature]*

Date & Time: *5/17/02*

WHITE: Turn in to Evidence Custodian
YELLOW: Turn in to Evidence Custodian
PINK: Accompanies Offense Report
GOLD: Person seized from if applicable

PROPERTY RECEIPT

Leon County Sheriff's Office
Tallahassee, Florida

Case #: [REDACTED]

Vault #: _____

Victim: [REDACTED] Owner: [REDACTED]

Date: 8/12/12 Time: 14:00AM Offense: TRAFFIC CRASH

Address of Occurrence: [REDACTED]

Owner's Address: [REDACTED] Phone No.: _____

ACE #
(For use by Evidence Section only)

Suspect Name: _____ Race: _____ Sex: _____ DOB: _____ Arrested: Yes No

Suspect Name: _____ Race: _____ Sex: _____ DOB: _____ Arrested: Yes No

<input type="checkbox"/> Found Property	<input type="checkbox"/> Recovered Stolen	May be released to: _____	Authority of: _____
<input type="checkbox"/> Abandoned Property	<input type="checkbox"/> Hold for other agency	Items being released at the scene: _____	
<input type="checkbox"/> Impounded	<input checked="" type="checkbox"/> Evidence	Released at the scene to: _____	
<input type="checkbox"/> Property of Deceased	<input type="checkbox"/> Court Ordered hold on property	Date & Time released: _____	

Wrecker Company: PARKWAY WRECKER Phone # [REDACTED]
 Tow / Storage address: 257 KINGSWAY RD
 Tow truck driver: [REDACTED]
 Vehicle Make / Model / Year / Color: 2012 POLARIS RANGER RZR
 Tag #: _____ VIN: 11K

Vehicle **HOLD** for:
 Proof of ownership
 Processing
 Forfeiture
 Evidence

Other Agency Name & Case #: _____
 Vehicle Owner Notification Date: _____ Time Notified: _____
 Notified by:
 In Person Telephone Mail Other: _____

Item Number	Process For Prints	Full Description of Item including serial numbers	Lab Processing By Date Processed
[REDACTED]		POLARIS - RANGER RZR XP 900 Blue/White.	

Person seized from: At Scene

Signature of seizing Deputy: [Signature]

I hereby acknowledge this property list represents all property taken from my possession and that I have received a copy of this receipt.

Printed Name of Deputy: Jared Lee

Turned Over to: [Signature] Date & Time: 8-12-12 4:25

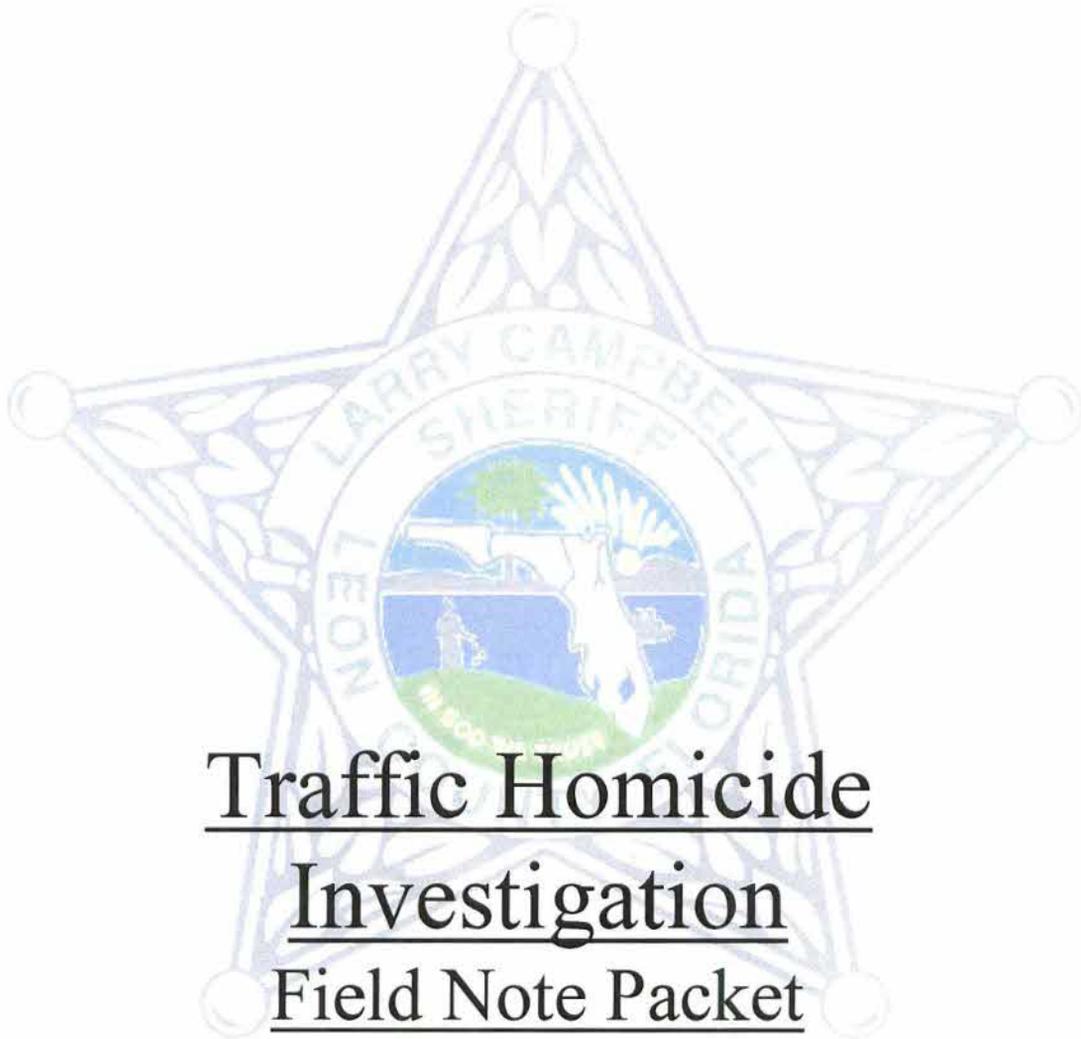
Placed into Evidence Drop box by: J. Lee Date & Time: 8/12/12 4:45 AM

WHITE: Turn in to Evidence Custodian
 YELLOW: Turn in to Evidence Custodian
 PINK: Accompanies Offense Report
 GOLD: Person seized from if applicable

Page 40 of 65
ATTACHMENT 2

130104HCC1400

Leon County Sheriff's Office



Traffic Homicide Investigation Field Note Packet

PREPARED BY: John Kellerman
Traffic Homicide Investigator

Case Number: [REDACTED]

FIELD NOTE PACKET TABLE OF CONTENTS

Page(s)

<u>CS1</u>	Cover Sheet (HSMV 62699A) or (HSMV 62700A)
<u>TC2</u>	Table of Contents (HSMV 62711)
<u>NA</u>	Investigator's Case Activity Summary (HSMV 62707)
<u>1</u>	Crash Information (HSMV 62712)
<u>2</u>	Field Sketch (HSMV 62725)
<u>NA</u>	Field Sketch Legend Sheet (HSMV 62708 and 62708A)
<u>3</u>	Physical Evidence (HSMV 62713)
<u>4</u>	Data Sheet (HSMV 62715)
<u>5</u>	Background Information (HSMV 62714)
<u>6-7</u>	Vehicle Information Sheet 1 & 2 (HSMV 62716)(HSMV 62717)
<u>NA</u>	Multi-Axle Information Sheet 1 & 2 (HSMV 62718)(HSMV 62719)
<u>NA</u>	Trailer Information (HSMV 62720)
<u>NA</u>	Motorcycle information (HSMV 62721)
<u>NA</u>	Train Information (HSMV 62722)
<u>8</u>	Surface Marks Left by Vehicle (HSMV 62723)
<u>NA</u>	Multi-Axle Vehicle Surface Marks (HSMV 62724)
<u>NA</u>	At-Scene Witness List (HSMV 62626)
_____	Reconstruction Calculations (HSMV 62627)
_____	*Other _____
_____	* _____
_____	* _____
_____	* _____
_____	* _____

Case Number: [REDACTED]

CRASH INFORMATION

Date of Crash: 8/11/2012

Day of the Week: Saturday

Time of Day: 11:47 PM

County: Leon

City, Town, or Community: Tallahassee

If crash was outside the city limits, indicate distance from the nearest town.

___ feet 5 miles North South East West of (City, Town) Tallahassee

Road on which accident occurred [REDACTED]

At its intersection with _____

___ feet ___ miles North South East West of _____

No. of vehicles involved 1

No. of injured 0

No. of Fatalities 1

Traffic Homicide Investigator Notified: _____

Date: 8/12/2012

Time: 12:01 AM

Prosecutor on Scene No

Medical Examiner on Scene No

Other Officers on Scene Lt. Lewis, Sgt Barrow, McCarthy, Lee, Wilkerson, Cook, Sgt Walker, Shaw, Gaines

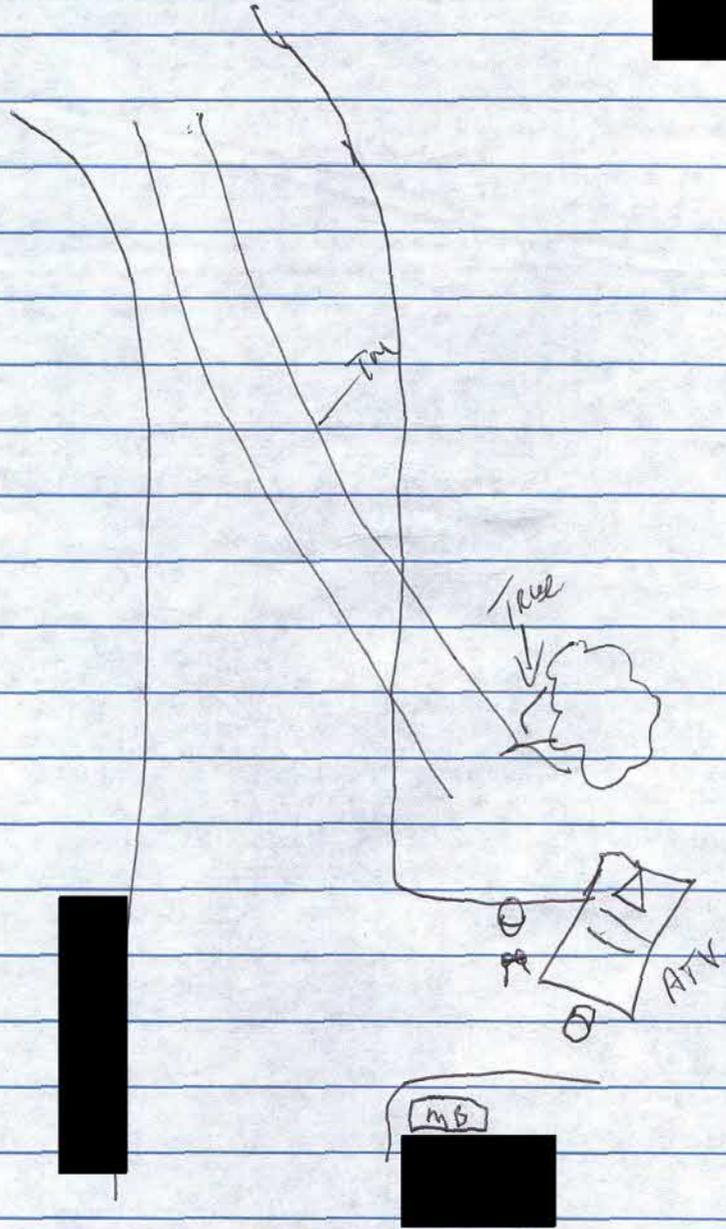
Photographs Taken By Kellerman

Date: 8/12/2012 Time: _____

Photographs (Other than Investigator) No

Case Number: [REDACTED]

FIELD SKETCH



PHYSICAL EVIDENCE

Initial Point of Collision Tree

Width of the Roadway 25' Approx

Did roadway contribute to the crash No Yes

If yes, explain _____

Radius of Curve NA

Roadway Characteristics Level

Type of Centerline Marking None

Was Edge Marked No Yes

Traffic Control Devices None

Weather Conditions Partly cloudy

Lighting Conditions Dark

Visual Obstructions No

Width of Shoulders See Diagram

Did shoulder appear to contribute to the crash No Yes

If yes, explain _____

Area: Residential Business Rural Other _____

Speed Limit: 30 mph on _____

Speed Limit: mph on _____

Surface Composition Dirt

Distance of drop from pavement to shoulder 0

Erected Date Erected _____

Erected Date Erected _____

Case Number: _____

DATA SHEET

Vehicle No. 1 Occupant Position Driver

Pedestrian

Name [REDACTED] Alias

Address [REDACTED]

Occupation [REDACTED] Home Telephone

Business Telephone

Business Address

DOB [REDACTED] Race W Sex M Height/Weight 6 / 00

SSN [REDACTED]

Injured Fatal First Aid By

Injured Transported to

Transported By [REDACTED]

Autopsy Performed No Yes

Pronounced By LCEMS

Date/Time 8/11/2012 /

Cause of Death Blunt force trauma to the head

Legal Notification Made By LCSO

Next of Kin Notified Dep Emily Shaw, Dr. [REDACTED]

Date/Time 8/12/2012 /

Body Released To Morgue

Identification Photograph Taken No Yes

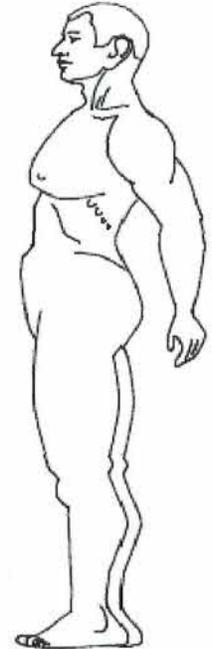
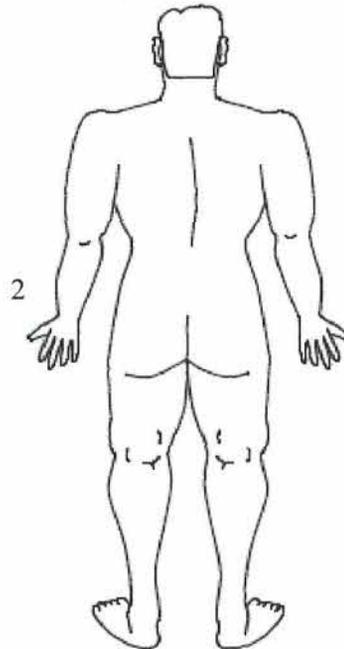
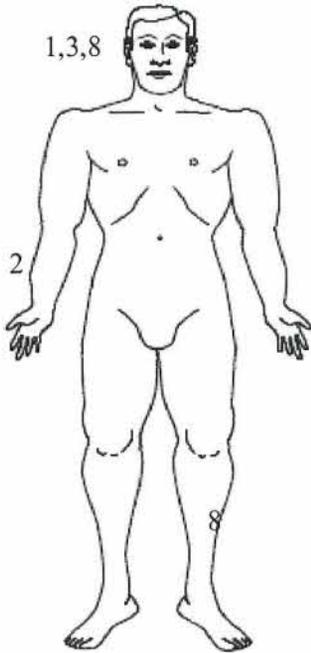
Fingerprints Taken No Yes

Personal Property Removed by LCSO Personnel No Yes

Seatbelt/Shoulder Harness Installed No Yes

In Use No Yes

Ejected No Yes If Yes, through



1	Laceration	5	Internal Injury	9	Partially Severed
2	Abrasion	6	Burn	10	Severed
3	Contusion	7	Simple Fracture	11	Complaint of Injury
4	Puncture	8	Compound Fracture	12	_____

Additional Information (Hit and Run) Evidence Obtained: Hair Blood Clothing Skin Shoes

Other Compound Skull fracture, compound fracture to left leg at the knee

Laboratory Information Medical Examiner will provide toxicology results. Dr. Lisa Flanagan, M.E.

Case Number: [REDACTED]

BACKGROUND INFORMATION

Driver 1

Pedestrian

Trip Began 8/11/2012 / 11:30 PM

Location [REDACTED]

Purpose of Trip Test Drive

Departed /

Last Stop Arrived 8/11/2012 / 11:47 PM

Location [REDACTED]

Purpose

PHYSICAL CONDITION

Permanent Illness or Deformities:

- None Epilepsy
- Heart Condition Hearing
- Diabetes Vision

Temporary Condition or Illness

DRIVER'S HISTORY

Familiar with Road No Yes

Familiar with Vehicle No Yes

41 Years of Driving Experience

0 Previous HSM Convictions

0 Previous Accidents

0 Suspensions or Revocations

Restrictions on Driver's License No Yes

(If yes, explain type) A5, Corrective Lenses, No tractor trailers

Case Number: [REDACTED]

VEHICLE INFORMATION (Sheet #1)

Post Collision Inspection

Year and Make 2012 Polaris Model Ranger Type Utv Color(s) White/Blue

Owner [REDACTED] Address Minot, North Dakota

VIN [REDACTED] Mileage UK Weight UK

Tag No. NA Decal No. NA State Na

MVI Certificate No. NA Expires NA State NA

Transmission Automatic Gear Drive Steering Assisted

Did brakes contribute to crash No Yes Explain _____

LIGHTING AND ELECTRICAL SYSTEM

	Headlights	Tail Lights	Tag lights	Stoplights	Turn Signals	Parking Lights	Other Lights
Equipped:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Operative:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> Low <input type="checkbox"/> High	Headlight Switch Position <input type="checkbox"/> On <input checked="" type="checkbox"/> Off					

Wipers: Front Rear Operative Yes No Condition Not equipped

Horn: Yes No Operative Yes No

Air Conditioning <input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> CB Radio <input type="checkbox"/> On <input type="checkbox"/> Off
Radio <input type="checkbox"/> On <input type="checkbox"/> Off	<input checked="" type="checkbox"/> Other <u>Not equipped</u>

BODY AND EQUIPMENT

Exhaust System <input checked="" type="checkbox"/> Good <input type="checkbox"/> Other _____		Safety Glass Condition <input type="checkbox"/> Good <input checked="" type="checkbox"/> Other <u>NA</u>		Mirror(s) Inside: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Outside: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Windows	Left Front <input type="checkbox"/> On <input type="checkbox"/> Off	Right Front <input type="checkbox"/> On <input type="checkbox"/> Off	Left Rear <input type="checkbox"/> On <input type="checkbox"/> Off	Right Rear <input type="checkbox"/> On <input type="checkbox"/> Off	Other <u>Not equipped</u>
Seat Belt <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Shoulder Harness <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Body Condition	Interior <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor		Exterior <input checked="" type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor		Other _____
Padded Interior <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Head Restraint <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Other _____	

Case Number: [REDACTED]

VEHICLE INFORMATION (SHEET #2)

Vehicle No. 1

TIRE INFORMATION

Did tire condition contribute Yes No

Explain _____

	Make	Design	Size	Pressure	Inside	Tread Depth Middle	Outside
R/F	<u>Baja Cross</u>	<u>ATV</u>	<u>225 80 R 12</u>	<u>10 psi</u>	<u>22/32</u>	<u>23/32</u>	<u>22/32</u>
L/F	<u>Baja Cross</u>	<u>ATV</u>	<u>225 80 R 12</u>	<u>12 psi</u>	<u>22/32</u>	<u>23/32</u>	<u>22/32</u>
R/R	<u>Baja Cross</u>	<u>ATV</u>	<u>225 80 R 12</u>	<u>12 psi</u>	<u>22/32</u>	<u>23/32</u>	<u>22/32</u>
L/R	<u>Baja Cross</u>	<u>ATV</u>	<u>225 80 R 12</u>	<u>12 psi</u>	<u>22/32</u>	<u>23/32</u>	<u>22/32</u>
L/R	(In) _____	_____	_____	_____ psi	____/32	____/32	____/32
R/R	(In) _____	_____	_____	_____ psi	____/32	____/32	____/32

POST VEHICLE DIMENSIONS

Front Wheel to Bumper	L/S <u>NA</u>	R/S <u>NA</u>
Rear Wheel to Bumper	L/S <u>NA</u>	R/S <u>NA</u>
Wheelbase	L/S <u>84"</u>	R/S <u>84"</u>
Track Width	Front <u>54"</u>	Rear <u>54"</u>

DESCRIBE DAMAGE

Scraping on the left front edge of the roll cage riser, and top left roll cageCase Number: XXXXXXXXXXPage 7

SURFACE MARKS LEFT BY VEHICLE

Vehicle No. 1Surface Marks Left by Vehicle No Yes (if yes, complete the following)

Prior to Collision

Right Front:	Skid Marks <u>No</u>	Gouges <u>No</u>	Scuffs <u>Yes</u>	Furrows <u>No</u>
Right Rear:	Skid Marks <u>No</u>	Gouges <u>No</u>	Scuffs <u>Yes</u>	Furrows <u>No</u>
Left Front:	Skid Marks <u>No</u>	Gouges <u>No</u>	Scuffs <u>Yes</u>	Furrows <u>No</u>
Left Rear:	Skid Marks <u>No</u>	Gouges <u>No</u>	Scuffs <u>Yes</u>	Furrows <u>No</u>

After Collision

Right Front:	Skid Marks <u>No</u>	Gouges <u>No</u>	Scuffs <u>No</u>	Furrows <u>No</u>
Right Rear:	Skid Marks <u>No</u>	Gouges <u>No</u>	Scuffs <u>No</u>	Furrows <u>No</u>
Left Front:	Skid Marks <u>No</u>	Gouges <u>No</u>	Scuffs <u>No</u>	Furrows <u>No</u>
Left Rear:	Skid Marks <u>No</u>	Gouges <u>No</u>	Scuffs <u>No</u>	Furrows <u>No</u>

Type of Pavement DirtCondition FairGrade Percent LevelSuperelevation LevelDrag Factor f = 0.51

Test Skid Marks

Drag Sled Point Loading

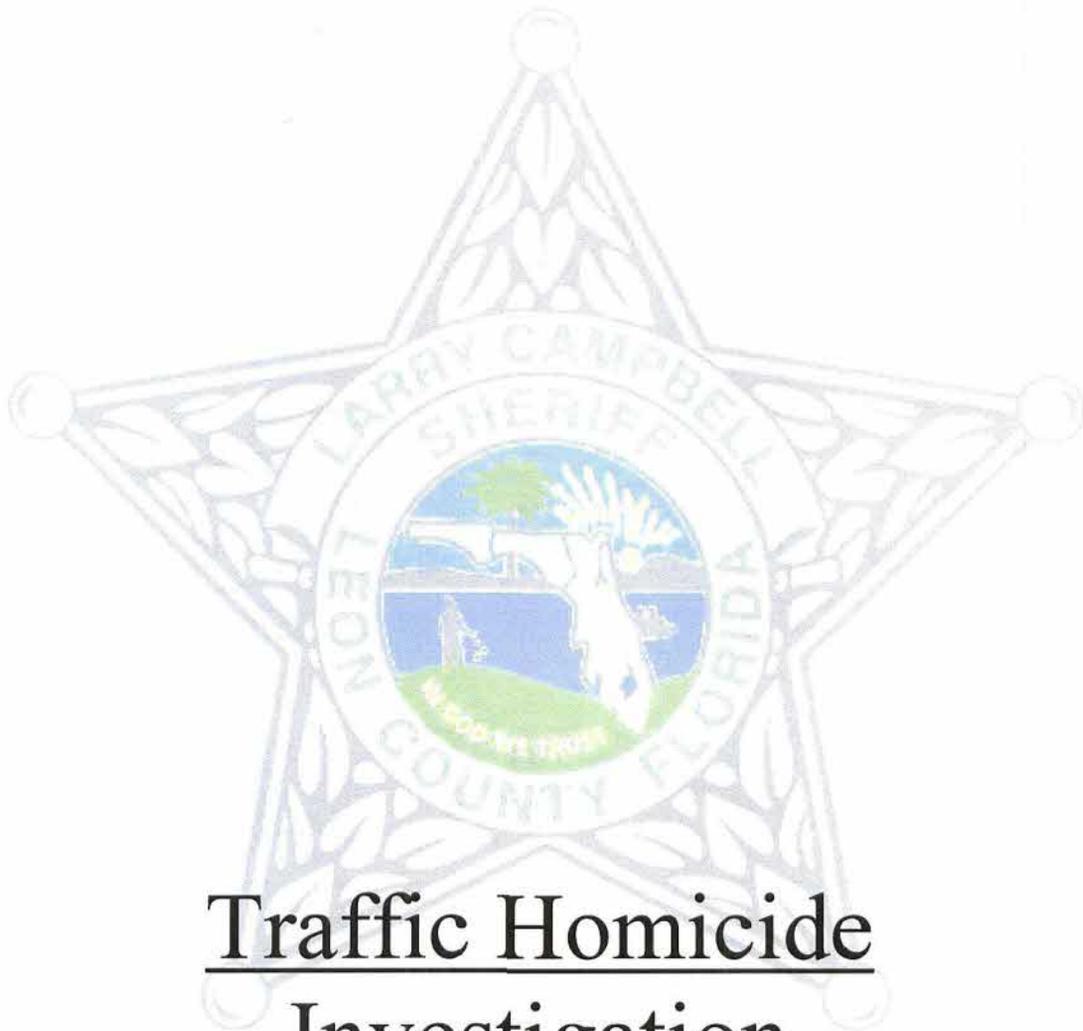
Additional Comments

Drag sled weight 34 lbs. Pulls road: 18,18,17,17,18 f = 0.51. GRASS: Pulls grass: 19,16,17,17,20 f = 0.52 grade 1.5/48" = 3 degrees super elevation 1.5/48" = 3 degrees

Case Number: [REDACTED]

Page 8

Leon County Sheriff's Office



Traffic Homicide Investigation Case Notes

Case Number: [REDACTED]



ROAD	GRADE	Level	S: 18, 18, 17, 17, 18	Sled 34
	Sup: E	Level		

GRASS	GRADE	1.5 / 48	S: 19, 16, 17, 17, 20	Sled 34
	Sup: E	1.5 / 48		

Autopsy 0900 8/13/2012 DR. FLANAGAN.



w/m ~~1~~ w/m



8/13/2012 0900

AUTOPSY
DR. FLANAGAN



FRactURES: L/leg, Skull,

LACERATIONS:

ABRASIONS: R/HAND, L/FOREARM, L/ELBOW

R/EYE (collapsed)

8/13/2012

POST CRASH



LF 12 PSI

22, 22, 22

225/80 R12 76 X 9.00
BASA CROSS X/D R12

RF 10 PSI

LR 12 PSI

RR 12 PSI

225/80 R12

TRACIC W/F 54"

R 54"

WHEEL BASE L 84"

R 84"

[Handwritten scribbles]

130104HCC1400

ATTACHMENT 2

Page 54 of 65

History for Tallahassee, FL

Saturday, August 11, 2012

Saturday, August 11, 2012

« Previous Day

August

11

2012

View

Next Day »

Daily

Weekly

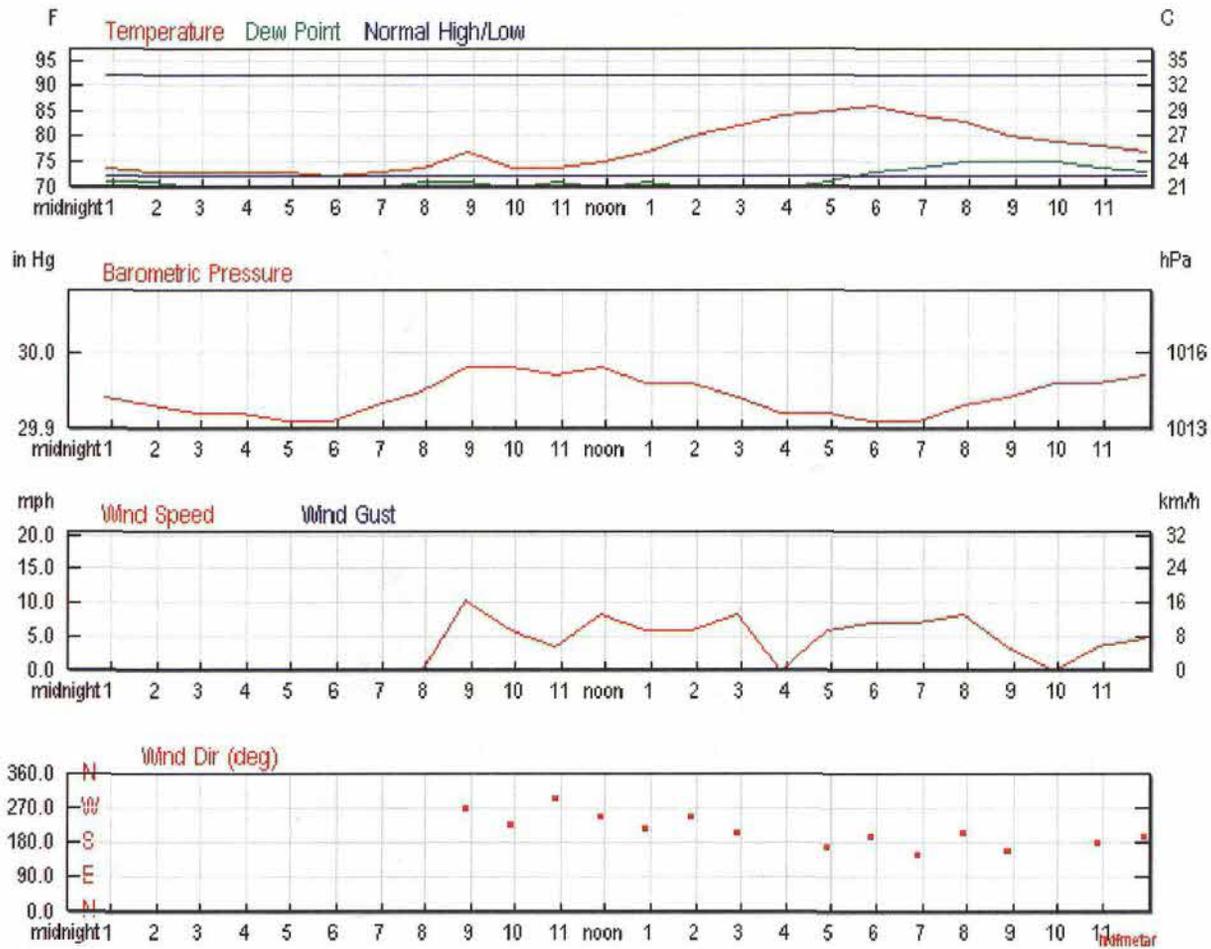
Monthly

Custom

	Actual	Average	Record
Temperature			
Mean Temperature	80 °F	82 °F	
Max Temperature	87 °F	92 °F	99 °F (2011)
Min Temperature	72 °F	72 °F	67 °F (1918)
Degree Days			
Heating Degree Days	0		
Month to date heating degree days	0		
Since 1 June heating degree days	0		
Since 1 July heating degree days	0		
Cooling Degree Days	15		
Month to date cooling degree days	188		
Year to date cooling degree days	1985		
Since 1 June cooling degree days	1208		
Growing Degree Days	30 (Base 50)		
Moisture			
Dew Point	72 °F		
Average Humidity	77		
Maximum Humidity	93		
Minimum Humidity	61		
Precipitation			
Precipitation	0.01 in	0.26 in	2.32 in (2000)
Month to date precipitation	4.36	2.88	
Year to date precipitation	39.21	39.44	
Sea Level Pressure			
Sea Level Pressure	29.94 in		
Wind			
Wind Speed	4 mph (SSW)		
Max Wind Speed	14 mph		
Max Gust Speed	18 mph		
Visibility	10 miles		
Events	Rain		

T = Trace of Precipitation, MM = Missing Value

Source: NWS Daily Summary



Certify This Report

You just have to start looking.



Hourly Observations

Time (EDT)	Temp.	Heat Index	Dew Point	Humidity	Pressure	Visibility	Wind Dir	Wind Speed	Gust
12:53 AM	73.9 °F	-	71.1 °F	91%	29.94 in	10.0 mi	Calm	Calm	-
1:53 AM	73.0 °F	-	71.1 °F	93%	29.93 in	10.0 mi	Calm	Calm	-
2:53 AM	73.0 °F	-	70.0 °F	90%	29.92 in	10.0 mi	Calm	Calm	-
3:53 AM	73.0 °F	-	70.0 °F	90%	29.92 in	10.0 mi	Calm	Calm	-

[Show full METARS](#) | [METAR FAQ](#) | [Comma Delimited File](#)

Time (EDT)	Temp.	Heat Index	Dew Point	Humidity	Pressure	Visibility	Wind Dir	Wind Speed	Gust
4:53 AM	73.0 °F	-	70.0 °F	90%	29.91 in	10.0 mi	Calm	Calm	-
5:53 AM	72.0 °F	-	70.0 °F	93%	29.91 in	10.0 mi	Calm	Calm	-
6:53 AM	73.0 °F	-	70.0 °F	90%	29.93 in	10.0 mi	Calm	Calm	-
7:53 AM	73.9 °F	-	71.1 °F	91%	29.95 in	10.0 mi	Calm	Calm	-
8:53 AM	77.0 °F	-	71.1 °F	82%	29.98 in	10.0 mi	West	10.4 mph	-
9:53 AM	73.9 °F	-	70.0 °F	87%	29.98 in	10.0 mi	SW	5.8 mph	-
10:53 AM	73.9 °F	-	71.1 °F	91%	29.97 in	10.0 mi	WNW	3.5 mph	-
11:53 AM	75.0 °F	-	70.0 °F	84%	29.98 in	10.0 mi	WSW	8.1 mph	-
12:53 PM	77.0 °F	-	71.1 °F	82%	29.96 in	10.0 mi	SW	5.8 mph	-
1:53 PM	80.1 °F	83.2 °F	70.0 °F	71%	29.96 in	10.0 mi	WSW	5.8 mph	-
2:53 PM	82.0 °F	85.9 °F	70.0 °F	67%	29.94 in	10.0 mi	SSW	8.1 mph	-
3:53 PM	84.0 °F	88.4 °F	70.0 °F	63%	29.92 in	10.0 mi	Calm	Calm	-
4:53 PM	84.9 °F	90.1 °F	71.1 °F	63%	29.92 in	10.0 mi	South	5.8 mph	-
5:53 PM	86.0 °F	93.0 °F	73.0 °F	65%	29.91 in	10.0 mi	SSW	6.9 mph	-
6:53 PM	84.0 °F	91.2 °F	73.9 °F	72%	29.91 in	10.0 mi	SSE	6.9 mph	-
7:53 PM	82.9 °F	90.2 °F	75.0 °F	77%	29.93 in	10.0 mi	SSW	8.1 mph	-
8:53 PM	80.1 °F	85.1 °F	75.0 °F	85%	29.94 in	10.0 mi	SSE	3.5 mph	-
9:53 PM	79.0 °F	-	75.0 °F	88%	29.96 in	10.0 mi	Calm	Calm	-
10:53 PM	78.1 °F	-	73.9 °F	87%	29.96 in	10.0 mi	South	3.5 mph	-
11:53 PM	77.0 °F	-	73.0 °F	88%	29.97 in	10.0 mi	SSW	4.6 mph	-

Show full METARS | METAR FAQ | Comma Delimited File

The image shows a promotional banner for Citi. On the left is the Citi logo, which includes a stylized globe and the word 'citi'. To the right of the logo, the text 'No expiration date.' is written in a light blue, sans-serif font. The entire banner has a dark blue background.

John Kellerman - Re: [REDACTED]

From: [REDACTED]
To: Kellerman, John
Date: 8/16/2012 1:12 PM
Subject: Re: THI [REDACTED]

If no charges are anticipated, then I agree. Ok to cut it loose!

[REDACTED]

[REDACTED]
Assistant State Attorney
Office of the State Attorney
Second Judicial Circuit
Leon County
(850) 606-6062

[REDACTED]@leoncountyfl.gov

>>> John Kellerman 8/16/2012 1:11 PM >>>

[REDACTED]

This is the ATV case on [REDACTED] from Saturday night 8/12/2012. The ATV lost control and crashed into a tree. The driver of the ATV was pronounced on scene and the passenger survived (no injuries). We do not see any criminal charges coming from this.

Do you see any need to hold the ATV any longer? I don't see a need to hold it. I have good pictures of the vehicle, damage and possible evidence with a tape scale in the photos.

Deputy John Kellerman
Leon County Sheriff's Office
Traffic Crash Reconstruction
CDR Technician / Analyst
Motor Unit
850-922-3492 Desk
[REDACTED]
850-922-3130 Fax

Entered: _____

Checked: _____

File Purged: _____

N/A: _____

130104HCC1400

ATTACHMENT 2

Page 58 of 65



12/17/80

[Redacted]

ATV ridden around
all day
10-11
called 911

layin on couch

[Redacted]

mem on 911

still had pulse

[Redacted]

checked pulse

BB, dnto

GP [Redacted]

8/17/12
0110

[Redacted]

8/17/57

[Redacted]

1130 not on

heard crash

saw veh.

passenger [Redacted]

called "911"

went to veh

[Redacted] (passenger)

[Redacted]

Not near metro 24 hr

[Redacted]

Supplement Report

On October 9th, 2012 I received the Medical Examiners report for Mr. [REDACTED] Dr. Lisa Flannagan, MD listed the cause of death for Mr. [REDACTED] as blunt head trauma.

Case Status:

Exceptionally Cleared / Closed



Deputy John Kellerman #289

Case Number [REDACTED]
HSMV 62799 (1-89)

1



DISTRICT TWO

OFFICE OF THE MEDICAL EXAMINER

1899 Eider Court • P. O. Box 14389 • Tallahassee, FL 32317 • Phone 850-942-7473 • Fax 850-219-7690

David T. Stewart, M.D., *Medical Examiner*
John P. Mahoney, M.D., *Associate*
Stephen L. Sgan, M.D., *Associate*
Lisa M. Flannagan, M.D., *Associate*
Anthony J. Clark, M.D., *Associate*

CASE NO.

[REDACTED]

DECEASED

[REDACTED]

STATE ATTORNEY

[REDACTED]

RACE

White

SEX

Male

AGE

56

COUNTY DEATH OCCURRED

Leon

DATE OF DEATH

August 12, 2012

INVESTIGATING AGENCY

Leon County Sheriff's Office

DATE & TIME OF AUTOPSY

August 13, 2012 at 9:00 a.m.

IN ATTENDANCE

Dep. John Kellerman

PATHOLOGIST

[REDACTED]

FINAL PATHOLOGIC DIAGNOSES:

- I. Blunt head trauma.
 - A. Extensive fractures of the skull.
 - B. Traumatic injuries of the base of the brain and left cerebral hemisphere.
 - C. Gaping wound of left side of forehead with exposed cranial cavity.
- II. Fractures of left distal femur and proximal tibia/fibula with extensive soft tissue injuries.
- III. Postmortem blood positive for ethanol (0.30 g/dL), diphenhydramine (trace) and bupropion metabolite (tentative identification).

CAUSE OF DEATH: Blunt head trauma.

AUTOPSY REPORT



EXTERNAL EXAMINATION:

The body is received in a black body bag that has been sealed with evidence tape. A Tallahassee Memorial Healthcare tag with the decedent's name is attached to the outside of the bag. The body is clad in a sleeveless gray t-shirt, blue jean shorts, white socks, brown work boots and black boxer briefs. A brown wallet is present in the right back pocket of the shorts. The wallet holds various cards and papers, including a Florida driver's license. There is a single ten dollar bill. The wallet and several of the cards are bloody. The wallet and personal items are turned over to hospital security.

The body is that of a well-developed and well nourished white male measuring 73 inches, weighing an estimated 200 pounds and appearing to be the reported age of 56 years. The body has not been embalmed and is well preserved. Rigor mortis is fully developed. Livor mortis is evident over the dorsal aspect of the body. The temperature of the body is cold. Severe injuries of the head will be described below. The head hair is dark gray and short. There is balding on top. Facial hair consists of a gray/brown mustache and a gray goatee. There are extensive periorbital fractures. The right eye is collapsed. The left eye is intact and shows a brown iris. The teeth are natural. The neck, shoulders and chest are symmetrical. The abdomen is soft. The back is symmetrical and unremarkable. The external genitalia are unremarkable. Injuries of the extremities will be described below.

EVIDENCE OF MEDICAL INTERVENTION:

Electrocardiogram leads are

attached to the anterior shoulders and anterior abdomen.

EVIDENCE OF INJURY:

HEAD AND NECK:

- The left side of the forehead shows a large gaping wound with exposed brain and extensive skull fractures. The gaping wound extends along the left side of the head. There are fractures of the calvarium, floor of the anterior fossa and floor of the left middle fossa. The base of the brain and inferior frontal lobes show lacerations.
- There are scrape abrasions of the right upper cheek with a tear of the right upper eyelid.

EXTREMITIES:

- The left leg shows a 10 x 8 inch gaping wound in the area of the distal thigh and knee. There are fractures of the distal femur and proximal tibia/fibula. The skin is torn and there is exposed torn skeletal muscle.
- There are abrasions on the dorsal aspect of the left forearm and the left anterolateral thigh.

AUTOPSY REPORT

INTERNAL EXAMINATION:

BODY CAVITIES: The muscles of the chest and abdominal wall are normal in color and consistency. The organs are in their correct anatomic positions. No abnormal collections of fluid or hemorrhage are present within the pleural or peritoneal cavities.

NECK: The hyoid bone, thyroid cartilage and cricoid cartilage are intact. No hemorrhage is identified in the strap muscles of the neck. The larynx is patent with no obstructive materials or masses.

CARDIOVASCULAR SYSTEM: The heart is 430 grams. The epicardial surface is smooth and the heart has a normal configuration. The coronary arteries have the usual takeoff and distribution. Sectioning of the coronary arteries reveals patchy mild to moderate atheromatous disease. The endocardium is smooth and the valves are unremarkable. The myocardium is tan and homogeneous. No areas of scarring or other focal lesions are noted. The aorta and its major branches are intact.

RESPIRATORY SYSTEM: The right lung is 670 grams and the left lung is 580 grams. The pleural surfaces are smooth. Partially coagulated blood is noted in the major bronchi. Both lungs are pink/red with a patchy aspiration pattern of blood. No mass lesions or areas of consolidation are identified.

HEPATOBIILIARY SYSTEM: The liver is 2000 grams. The external surface is smooth. The parenchyma is red/tan and homogeneous. The gallbladder holds about 20 ml of dark green liquid bile and has a smooth mucosal lining. No gallstones are present.

HEMOLYMPHATIC SYSTEM: The spleen is 190 grams. The capsule is intact. The parenchyma is dark red and has a normal consistency.

GASTROINTESTINAL SYSTEM: The esophagus has a smooth mucosal lining. The stomach holds 150 ml of red/brown bloody fluid and mucus. No food or pill fragments are identified. The gastric lining shows no ulcerations or other focal lesions. The intestines are intact with no areas of ischemia or perforation. The appendix is thin.

UROGENITAL SYSTEM: The right kidney is 195 grams and the left kidney is 210 grams. The capsules strip easily to reveal smooth cortical surfaces. The renal parenchyma is tan and the corticomedullary junctions are well defined. The ureters are thin. The bladder holds about 100 ml of pale yellow urine and has a smooth mucosal lining. The prostate gland is unremarkable.

ENDOCRINE SYSTEM: The adrenals, thyroid gland and pancreas are unremarkable.

AUTOPSY REPORT



MUSCULOSKELETAL SYSTEM: Fractures of the skull and left leg are described above. No other bony abnormalities are identified. The sternum and ribs exhibit the expected bone density.

CENTRAL NERVOUS SYSTEM: Severe injuries of the head are described above. The brain is 1395 grams. Sectioning of the cerebrum, cerebellum and brainstem reveals no underlying pathologic abnormalities.

ADDITIONAL PROCEDURES:

1. Toxicologic specimens are collected and submitted for analysis. The specimens include blood from the distal inferior vena cava and left iliac vein, urine, bile and vitreous.
2. An air-dried blood spot card is retained.

MICROSCOPIC EXAMINATION:

HEART: (C) No specific pathologic abnormalities.

LUNGS: (B) Acute hemorrhage. Atelectasis.

LIVER: (A) Mild fatty change.



KIDNEY: (A) No specific pathologic abnormalities.

Lisa M. Flannagan
 Lisa M. Flannagan, M.D.
 Associate Medical Examiner

LMF/trp
Completed: October 1, 2012

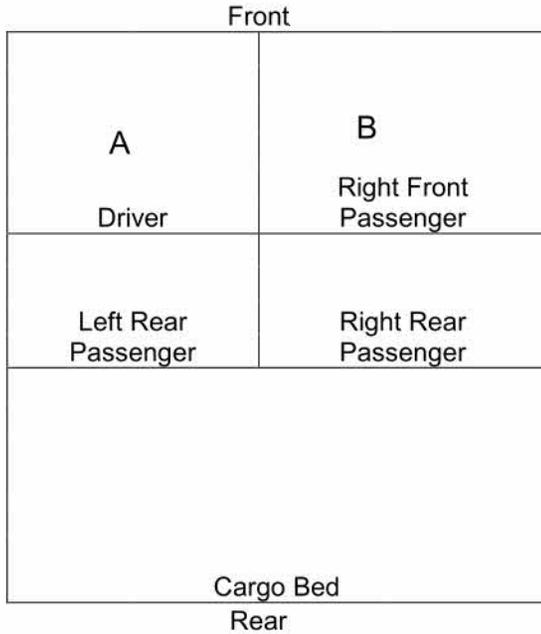
IDENTIFICATION OF CONTACTS:

1. Leon County Sheriff's Office, 2825 Municipal Way, Tallahassee, FL 32304 – (850) 922-7592 – contacted by telephone.
2. Florida District 2 Medical Examiner's Office, P.O. Box 14389, Tallahassee, FL 32317 – (850) 219-7690 – contacted by telephone.

Utility Vehicle Data Record Sheet

IDI #: 130104HCC1400

Exhibit #: 6



The Utility Vehicle

A:	Age: 56	Height: 6' 1"
	Gender: male	Weight: 200 lbs
	Helmet (Y/N): N	Seatbelt (Y/N): unk
	Killed/Injured/Neither/Unknown: killed	
	Injury Description: head injury	
	Did vehicle land on victim: no	
	Ejected (Either partially or fully): no	

B:	Age: 46	Height: unk
	Gender: male	Weight: unk
	Helmet (Y/N): N	Seatbelt (Y/N): unk
	Killed/Injured/Neither/Unknown: NOT INJURED	
	Injury Description: not injured	
	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.

Save

DESCRIPTION OF RESPONDENTS:

This investigation was initiated from a news article, Doc. [REDACTED]. The respondents in this case are: a 21 year old female victim that was riding in the vehicle when the incident occurred, Tippah County Sheriff's Department, and Tippah County Coroner. The sheriff's department provided their report and stated they did not take any photos of the incident. The Tippah County Coroner advised no autopsy was performed and he did not conduct any investigation and turned the case to a deputy coroner. The Tippah County Deputy Coroner stated he did not take pictures and could not get blood from the victim's heart for lab analysis because her body was "broken badly".

SUMMARY OF FINDINGS:

According to the surviving victim the involved product is a utility vehicle like the one in the picture below downloaded from the internet.



Photo #1: Internet photo shows a 2011 Polaris Razor 800 UTV. This is not the incident unit.

The surviving victim was interviewed by phone and stated the following. On the day of the incident, the driver of the utility vehicle had been drinking heavily and appeared highly intoxicated. She hardly knew her and stated they were hanging out at a lake area when she got in the UTV with her. She stated that she was not aware the driver was

going to just “take off” which is what she did. She reported, the driver had a beer in her hand while driving with the other and neither was wearing seatbelts or any safety gear.

Once seated, the driver of the UTV “took off” at a high rate of speed. After going straight a distance, she failed to negotiate a turn and hit an embankment at an estimated speed of 45 mph. The victim stated that is all she remembered about the incident. She reported a broken neck, spine injury and severe lacerations. After four months she reported being fully recovered.

She reported the vehicle was owned by a guy friend of theirs who was letting them drive it that day. She reported it is a limited or special edition UTV and had new aftermarket tires on it which were quite large. She was asked by this investigator to contact the UTV owner and see if he would allow an interview with negative results. No other information was available concerning the UTV specifics.

The sheriff’s deputy that investigated the incident stated that he did not get any information about the vehicle and was not issued a camera so he did not take pictures. He was interviewed by phone and stated the only information he had about the incident was in his report. He did not recall anything additional and referred this investigator to the county coroner.

The coroner was contacted by phone and asked about the incident. He stated that he was familiar with the incident but did not conduct an autopsy on the decedent. He stated that a deputy medical examiner responded and may have more information. He provided this investigator with the deputy coroner’s contact information.

The deputy coroner was contacted and interviewed by phone. He stated that no autopsy or toxicology was performed on the decedent. He was asked if any test were conducted to determine her BAC to which he replied “no”. He advised that the decedent’s body was broken so badly that he couldn’t find her heart to draw the blood and her organs were all out of place. He stated that hospital personnel also tried with negative results.

No other relevant information was available concerning this incident.

The witness indicated that she would like to remain confidential verbally. She did not have a way to receive an electronic copy of the Authorization for Release of Name form to complete and fax or email back to this investigator.

PRODUCT DESCRIPTION:

Product Type:	Utility Vehicle
Make:	Polaris
Model:	Razor
Size:	800
Retailer:	Unknown

SAMPLE COLLECTION:

N/A

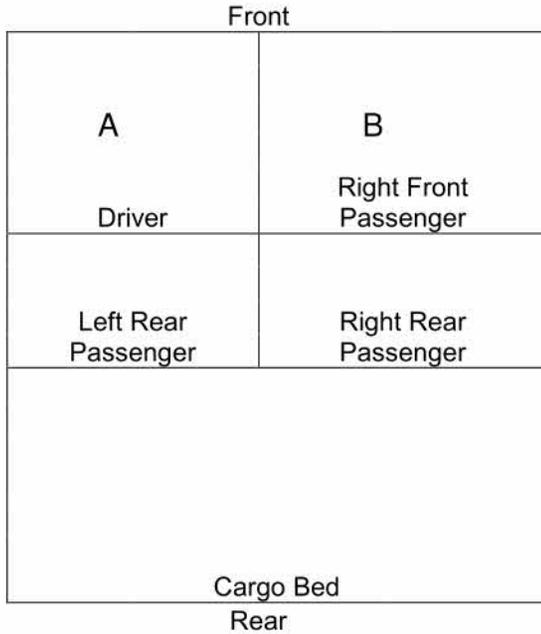
ATTACHMENTS:

1. Identity of Respondents (1 Page) *Gzenwf gf/'Eqphkf gpvkcn+
2. Sheriff's Report (2 Pages) *Gzenwf gf/'Eqphkf gpvkcn+
3. UTV Data Sheet (1 Page)

Utility Vehicle Data Record Sheet

IDI #: 130104HCC2302

Exhibit #: 3



The Utility Vehicle

A:	Age: 36	Height: UNKNOW
	Gender: F	Weight: UNKNOW
Helmet (Y/N): N		Seatbelt (Y/N): N
Killed/Injured/Neither/Unknown: KILLED		
Injury Description:		
Did vehicle land on victim: UNKNOWN		
Ejected (Either partially or fully): EJECTED		

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: 21	Height: UNKNOW
	Gender: F	Weight: 185
Helmet (Y/N): N		Seatbelt (Y/N): N
Killed/Injured/Neither/Unknown: INJURED		
Injury Description: NECK/SPINE		
Did vehicle land on victim: NO		
Ejected (Either partially or fully): EJECTED		

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

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

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

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

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

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

Save

IDI 130104HCC2306

This incident was brought to the attention of the U.S. Consumer Product Safety Commission through a newspaper article. This report was compiled from reviewing the Sheriff's Department reports and the medical records. An on-site investigation could not be conducted as the incident occurred in a different state than where this investigator resides.

INCIDENT REPORT

On August 28, 2012 at approximately 8:00 PM, a 53-year-old male was driving his four wheel 2011 UTV home alone from a friend's house in the area without a helmet. The UTV was a side by side and the cab was enclosed with access doors on each side. Attached to the back of the UTV was a utility box. Following is a picture of the UTV from the Internet.



The driver had traveled about one quarter mile down a paved road when it appeared that he lost control of the UTV and then overcorrected. Photographs of skid marks on the road are included in Exhibit "A". As a result, the UTV rolled over on top of the road ejecting the driver. The UTV continued to roll over and came to rest facing the opposite direction and lying on the driver's side. The utility box separated from the unit during the incident. Following is a photograph taken at the scene of the UTV following the incident.



No one witnessed the incident but a passerby came upon the accident scene shortly after it occurred. The passerby called "911" for assistance and a rescue squad arrived on the scene within ten minutes. They found the victim lying face down in the ditch and unconscious. The victim had a skull laceration, shallow breathing and abrasions. Ambulance staff rolled him onto his back and placed him on a long board. He then began to breathing more normally, his color improved, he was alert and talking. They transported him to an area hospital where a blood test revealed a BAC of .217%. He was then airlifted to another hospital out of state.

The area sheriff's department was also notified of the accident and upon arriving at the scene found that the victim had already been transported to the hospital. Sheriff personnel interviewed the individuals present and their comments have been incorporated into this report. They also took photographs at the scene and select ones have been included in Exhibit "A".

When the victim arrived at the out of state hospital he was nonresponsive, would not open his eyes and only moaned in pain. The victim coded in the emergency room; however, the staff was able to bring him back. He was then transferred to the CT scanner which revealed a large subarachnoid bleed. The victim again coded in the scanner; however, the staff was able to revive him and he was transferred to ICU. The victim coded again in the ICU, the staff attempted to revive him for 15 to 20 minutes but their efforts were unsuccessful and he died shortly after midnight. No autopsy was performed and the cause of death was noted as "Multiple Trauma (Subarachnoid Bleed). Attached as Exhibit "C" are copies of the medical records.

This investigator received this assignment on January 7, 2013 and contacted the investigating agency and hospital for their records and photographs.

PRODUCT IDENTIFICATION

Product: 2011 ARCTIC CAT UTV

Manufacturer: ARCTIC CAT INC.
P.O. BOX 810
THIEF RIVER FALLS, MN 56701
(218) 681-4999

Model: Prowler

VIN: [REDACTED]

CC: 700

Wheels: Four

Following are the specifications for this UTV:

2011 Arctic Cat Prowler 700 H1 EFI HDX 4x4 Specifications**Identification**

Model Type	Utility
BASE MSRP(US)	\$13,499.00
Warranty	6

Engine:

Engine Type	Single-Cylinder
Cylinders	1
Engine Stroke	4-Stroke
Valve Configuration	SOHC
Displacement (cc/ci)	695 / 42.4
Carburetion Type	Fuel Injected

Transmission:

Transmission Type	Continuously Variable (CVT)
Primary Drive (Front Wheel)	Shaft
Reverse	Yes

Wheels & Tires:

Front Tire (Full Spec)	AT 26 X 9-14
Rear Tire (Full Spec)	AT 26 X 11-14

Brakes:

Front Brake Type	Hydraulic Disc
Rear Brake Type	Hydraulic Disc

Technical Specifications:

Wheelbase (in/mm)	85 / 2159
Dry Weight (lbs/kg)	1363 / 619.6
Fuel Capacity (gal/l)	8.2 / 31

Seats:

Number Of Seats	3
-----------------	---

Drive Line:

Driveline Type	Selectable 4X2 / 4X4
Number Of Driveline Modes	2
Differential Lock	Standard

Lights:

Halogen Headlight (s)	Standard
-----------------------	----------

ATTACHMENTS

Exhibit "A" – Photographs of the ATV and accident scene by the sheriff's department.
(Seven photographs.)

Exhibit "B" – Sheriff's Department reports.

Exhibit "C" – Medical Records.



IDI 130104HCC2306 – Exhibit “A” – 2011 Arctic Cat 700 Prowler – Accident scene and skid marks on pavement.



IDI 130104HCC2306 – Exhibit “A” – 2011 Arctic Cat 700 Prowler UTV – Accident scene and skid marks on pavement.



IDI 130104HCC2306 – Exhibit “A” – 2011 Arctic Cat 700 Prowler UTV – Accident scene and where UTV came to rest.



IDI 130104HCC2306 – Exhibit “A” – 2011 Arctic Cat 700 Prowler UTV – Accident scene and where UTV came to rest.



IDI 130104HCC2306 – Exhibit “A” – 2011 Arctic Cat 700 Prowler UTV – Accident scene and where UTV came to rest.



IDI 130104HCC2306 – Exhibit “A” – 2011 Arctic Cat 700 Prowler UTV – Accident scene.



IDI 130104HCC2306 – Exhibit “A” – 2011 Arctic Cat 700 Prowler UTV – Accident scene.

STATE OF SOUTH DAKOTA INVESTIGATOR'S MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

Mail to: Office of Accident Records, 118 W. Capitol Ave., Pierre, SD 57501

Form DPS

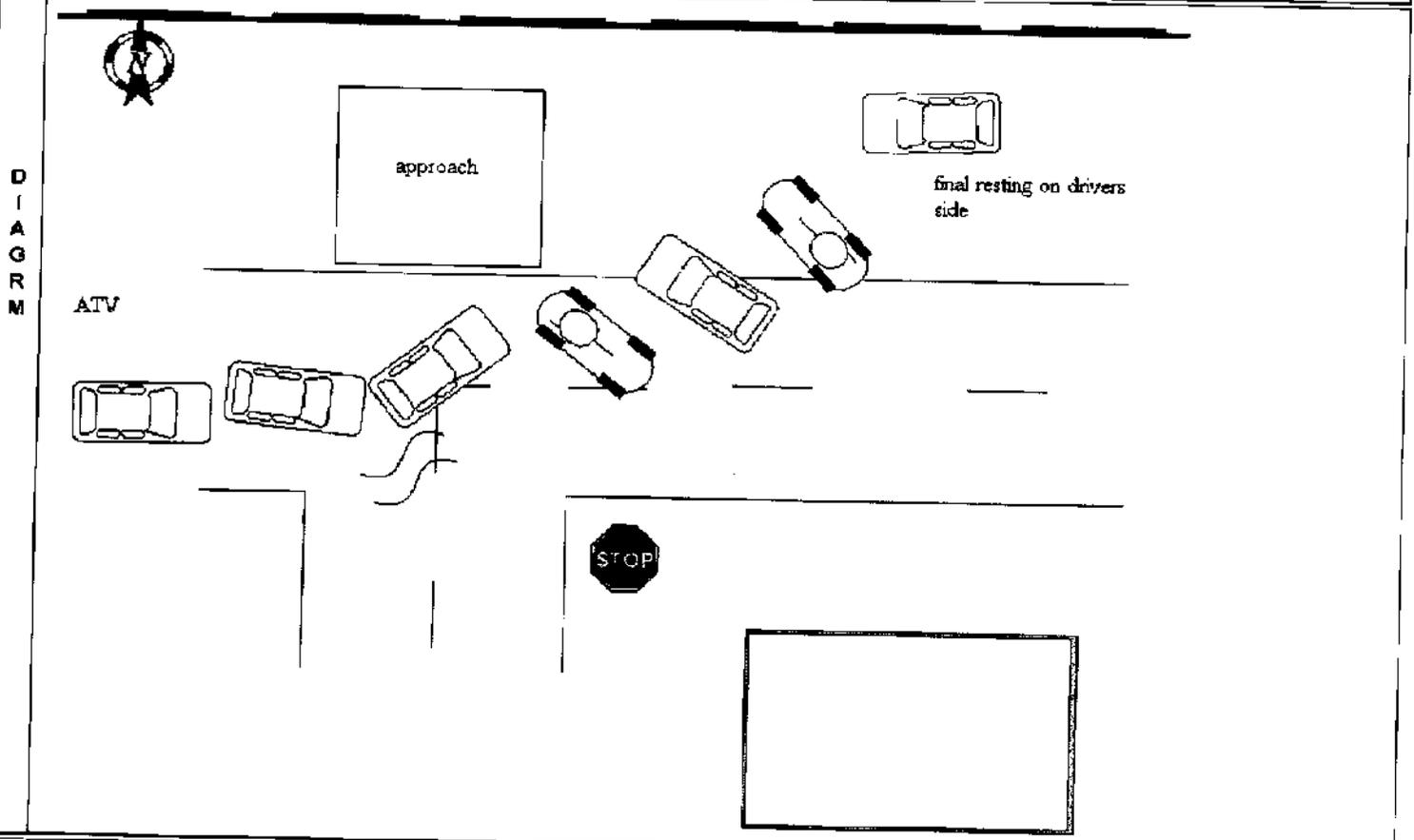
TraCS ID: [redacted] TraCS Sequence: [redacted] Agency Use

Reporting Officer Last Name: ACKERMAN, Reporting Officer First Name: DAVID, Date of Accident: 08/28/12, Time of Accident: 20:15 hrs. Location Description: [redacted], County: [redacted], City or Rural: [redacted].

Unit Type: 01 - MOTOR VEHICLE IN TRANSPORT WITH DRIVER. Driver's Name: [redacted], Address: [redacted], City: [redacted], State: SD, Zip: [redacted]. DL Status: 01 - NORMAL WITHIN RESTRICTIONS. Driver Contributing Circumstances: 18 - OVER-CORRECTING/OVER-STEERING, 20 - DRINKING. First Harmful Event: 07 - OVERTURN/ROLLOVER. Injury Status: 01 - Fatal. Citation Charge? 02 - No. Year 2011 Make: ARTIC CAT, Model: PROWLER. License Plate #: [redacted]. State: SD, Year 2013. Estimated Travel Speed: [redacted]. Speed - How Estimated? 05 - No Estimate. Damage Extent: 03 - Disabling Damage. Vehicle Towed? 01 - Yes. Effective Date: 07/02/2012, Expiration Date: 07/02/2013. Vehicle Configuration: 11 - ALL TERRAIN VEHICLE/4 WHEELER. Direction of Travel: 03 - Eastbound. Initial Point of Impact: 15 - NON-COLLISION/ROLLOVER. Most Damaged Area: 15 - Non-collision/Rollover. Under/Override: 00 - No under/override. Traffic Control Device Type: 00 - No controls. Vehicle Maneuver: 01 - STRAIGHT AHEAD. First Event: 25 - Motor vehicle in transport. Second Event: 07 - Overturn/rollover. Third Event: 04 - Ran off road left. Most Harmful Event for this Vehicle: 07 - Overturn/rollover.

001

Workers Present? 96 - Not Applicable	Location of First Harmful Event 01 - ON ROADWAY
Work Zone 96 - Not Applicable	Trafficway 01 - Two-way, not divided
Work Zone 96 - Not Applicable	Description
Manner of Collision 00 - No collision between 2 MV in transport	Light Condition 06 - Dusk
School Bus Related? 00 - No	Weather Conditions (up to two) 01 - Clear



AT APPROXIMATELY 2016, AUGUST 28, 2012, THE EUREKA AMBULANCE SERVICE WAS DISPATCHED TO A INJURY ACCIDENT ON [REDACTED] THE MCPHERSON COUNTY SHERIFF'S OFFICE WAS NOTIFIED AT APPROXIMATELY 2025. THE ACCIDENT VICTIM HAD BEEN TRANSPORTED TO THE EUREKA HOSPITAL PRIOR TO THE ARRIVAL OF LAW ENFORCEMENT. ACCORDING TO INDIVIDUALS AT THE SCENE, THE VICTIM WAS VISITING FRIENDS APPROXIMATELY A QUARTER MILE FROM THE ACCIDENT. THE VICTIM LEFT THE FRIENDS HOME AND PROCEEDED EAST ON [REDACTED]. IT WOULD APPEAR THE VICTIM LOST CONTROL OF THE ATV, OVERCORRECTED AND SUBSEQUENTLY ROLLED THE ATV ON TOP OF THE ROAD. THE VEHICLE ROLLED INTO THE NORTH DITCH COMING TO A REST FACING THE OPPOSITE DIRECTION OF TRAVEL AND WAS LAYING ON THE DRIVERS SIDE. THE UTILITY BOX OF THE ATV SEPARATED FROM THE UNIT. THIS ATV IS AN ARTIC CAT, PROWLER SIDE BY SIDE. THE CAB IS IN CLOSED WITH ACCESS DOORS ON EACH SIDE. ACCORDING TO THE FIRST ARRIVING RESPONDERS, THE VICTIM WAS EJECTED AND WAS FOUND LAYING FACE DOWN IN THE ROAD DITCH. THE VICTIM WAS TRANSPORTED TO THE HOSPITAL, AVERA ST. LUKES CARE FLIGHT HELICOPTER WAS REQUESTED AND LANDED AT THE DESIGNATED HELO PAD IN EUREKA. THE HOSPITAL STAFF, EMIT'S AND FLIGHT CREW PREPARED THE VICTIM FOR TRANSPORTATION TO MED CENTER ONE IN BISMARCK NORTH DAKOTA. THE HELICOPTER LEFT FROM EUREKA AT APPROXIMATELY 2130. MED CENTER ONE HOSPITAL STAFF INDICATED THE VICTIM WAS TREATED IN THE EMERGENCY ROOM AND ADMITTED TO ICU WHERE HE PASSED AWAY. AT THIS TIME IT IS NOT KNOWN IF THE VICTIM SUCCEMDED TO THE INJURIES AS A RESULT OF THE ACCIDENT OR EXPIRED DUE TO A MEDICAL ILLNESS SUCH AS A HEART ATTACK. ALCOHOL MAY HAVE BEEN A FACTOR IN THE ACCIDENT. A BLOOD SAMPLE WAS OBTAINED WHILE THE VICTIM WAS IN THE EUREKA HOSPITAL EMERGENCY ROOM. THE BAC RESULTS WERE NOT AVAILABLE AT THE TIME OF THIS ACCIDENT REPORT.

Date Notified 08/28/2012	Time Notified 20:25 Hrs.	Date Arrived 08/28/2012	Time Arrived 20:30 Hrs.
Agency Type 02 - Sheriff department	Investigation Made at Scene? 01 - YES	Photos Taken? Y	Date Approved 08/30/2012
Approval Officer Last Name ACKERMAN	First Name DAVID	Middle Name	



**DIVISION OF
ADMINISTRATION**
Public Health Laboratory

615 East Fourth Street
Pierre, South Dakota 57501-1700
605/773-3368 FAX: 605/773-6129
www.state.sd.us/doh/lab/index.htm

Submitter copy to:

* Page 1 of 1*
Date: 9/4/2012

SCOTT WARZECHA
MCPHERSON COUNTY SHERIFF-576
PO BOX 158
LEOLA, SD 57456-0158

Spec #: [REDACTED]
Subm #: [REDACTED]
Lab: FORENSICS
Tel #: (605)773-3368

Subject

Date Rcvd: 8/30/2012
County: MCPHERSON
Spec Type: BL
Date Tested: 8/30/2012
Received By: U S Mail

Sample Date: 8/28/2012
Sample Initial: [REDACTED]
Seal Date: 8/28/2012
Seal Initials: SW
Test Reas: FD

Final Results

Specimen Numbers: [REDACTED]
Date Collected: [REDACTED]

ethyl alcohol level

Analysis: 0.217 % by weight

Chemist [REDACTED]

South Dakota - Emergency Medical Services

6316

Prehospital Care Report

INCIDENT/SCENE INFO

DATE: 8-28-2012 UNIT: 1 INCIDENT NUMBER: []

INCIDENT ADDRESS: []

CITY: [] STATE: [] ZIP CODE: []

MILEAGE: [] AT SCENE: [] DEST.: [] IN: []

RESPONSE MODE TO SCENE: [] FROM SCENE: []

RECEIVED: 20:05 DISPATCHED: 20:09 ENROUTE: 20:10 ARRIVE SCENE: 20:14 AT PATIENT: 20:15

DEPART SCENE: 20:29 ARRIVE DEST.: 20:30 DEPART DEST.: 21:15 (IN SERVICE): 21:14

INCIDENT LOCATION TYPE

INCIDENT TYPE

OUTCOME

PATIENT/BILLING INFO

PT. NAME: [] First [] Last []

ADDRESS: []

CITY: [] STATE: [] ZIP CODE: []

PHONE NUMBER: [] SOCIAL SECURITY NUMBER: []

AGE: 53 GENDER: [] RACE: []

DATE OF BIRTH: []

PERSONAL PHYSICIAN: Dr. [] EMPLOYER: [] EMPLOYER PHONE NUMBER: []

MEDICARE # [] MEDICARE # [] INSURANCE: [] BILL TO: []

ASSESSMENT INFO

CHIEF COMPLAINT: head trauma - unconscious - cyanotic - shallow breathing - ^{skull}laceration

ALLERGIES: unknown

CURRENT MEDICATIONS: unknown

MEDICAL HISTORY: []

PT. WEIGHT: 250 lbs.

SKIN MOISTURE: [] SKIN COLOR: []

GLASGOW COMA SCALE: []

MEDICAL ILLNESS/SYMBOL: []

INJURY SITE TYPE: []

CONTRIBUTING FACTORS: []

PT PROTECTION: []

ASSIST: []

ARREST/CPR: []

San Diego

VITAL SIGNS/TREATMENT

TIME	B/P	PRAP	RESP.	PULSE	EGS	PEA	PVC	OXYGEN	TREATMENT	CM	COMMENTS
20:30	128/67	<input type="checkbox"/>	24 <input type="checkbox"/> Ir.	160 <input type="checkbox"/> Ir.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95			
		<input type="checkbox"/>	<input type="checkbox"/> Ir.	<input type="checkbox"/> Ir.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/> Ir.	<input type="checkbox"/> Ir.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/> Ir.	<input type="checkbox"/> Ir.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

BLS PROCEDURES

	Driver	CM1	CM2
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airway Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Thrust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aspir Meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back Blows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defib-Auto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extrication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OB Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulse Ox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal Inmob.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spine Extremity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other BLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALS PROCEDURES

	Driver	CM1	CM2
Blood Draw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Monitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Pacing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardioversion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defib-Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cricothyrotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combitube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intubation-Nasal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intubation-Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV-Ext. Jugular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV-Intraosseous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV-Peripheral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Med. Admin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle Thoracotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV TYPES & RATES

LINE 1	Bolu	TID	Pump	Wide	LINE 2	Bolu	TID	Pump	Wide	LINE 3	Bolu	TID	Pump	Wide	LINE 4	Bolu	TID	Pump	Wide
DSW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NARRATIVE

Patient was involved in a ATV roller in which he was ejected - Patient was found face down in ditch cyanotic - unconscious - skull laceration - shallow breathing - right testicle protrusion - abrasion right shoulder + forearm Patient C-spine was stabilized log rolled onto back - began breathing more normal color became more normal - C-collar applied - total body assessment no apparent broken bones - patient strapped to long board - placed in ambulance @ 2 @ 15 liters transported to emergency room - Careflight called - Patient was alert and talking

RECEIPT SERVICES

I acknowledge receipt of the EMS services listed in this document and accept full responsibility for all charges. I authorize payment of medical benefits from my insurance company to the provider of such services and authorize the provider to release medical and other necessary information to my insurance company for that purpose.

Patient Signature: _____ Date/Time: _____

REFUSAL SERVICES

This is to certify that I am refusing treatment/transport. I have been informed of the risk(s) involved, and hereby release the ambulance service, its attendants, and its affiliates, from all responsibility which may result from this action.

Patient Signature: _____ Date/Time: _____

NAME OF RECEIVING FACILITY: _____

CHOSEN BY: Family Health Prof. Patient Protocol Other

SIGNATURE OF PERSON RECEIVING PATIENT: _____ Date/Time: _____

MEDICAL CONTROL PHYSICIAN: _____ Date/Time: _____

MEDICAL CONTROL: Individual Protocol On-Line Off-Line

ATTEMPTS

Defib Intraost: 1 2 3 4 Unusable

Inhib N: 1 2 3 4 Unusable

DRIVER: _____ CM ID# _____ RPT

CREW MEMBER #1: _____ CM ID# _____ EMT RPT

CREW MEMBER #2: _____ CM ID# _____ EMT RPT

_____ EMT

_____ EVOC

IDI 130104HCC2306

1 of 7

Medcenter One Health systems
300 North 7th Street
Bismarck, North Dakota 58501

Clinical History and Physical
and Discharge Summary

PATIENT NAME: [REDACTED]
DOB: [REDACTED]
HOSPITAL ACCOUNT NUMBER: [REDACTED]
HOSPITAL RECORD NUMBER: [REDACTED]
CLINIC HISTORY NUMBER: [REDACTED]
DATE OF SERVICE: 08/28/2012

ADMISSION: 08/28/2012
ROOM:
DICTATING PHYSICIAN: [REDACTED]
DISCHARGE: 08/29/2012 (expired)

CHIEF COMPLAINT: All-terrain vehicle (ATV) rollover.

HISTORY OF PRESENT ILLNESS: The patient is a 52-year-old male who was flown in from Eureka, South Dakota. He apparently rolled his ATV and is completely nonresponsive at this point. He has been intubated. This was not a witnessed accident apparently.

Apparently he was treated in Eureka and then flown up to us. His Glasgow Coma Score there was apparently 13. He is at about Glasgow Coma Score of 5 at this point. He will not open his eyes. He only moans at this time. Again, he is being intubated in the emergency room. He will be transferred down to the CT. He has been somewhat hypotensive; he is currently undergoing fluid rehydration. We are obtaining labs also.

PAST MEDICAL HISTORY: Unknown.

PAST SURGICAL HISTORY: Unknown.

MEDICATIONS: Unknown.

ALLERGIES: Unknown.

REVIEW OF SYSTEMS: Unobtainable.

PHYSICAL EXAMINATION: The patient is on the emergency room gurney. Again, he is completely nonresponsive at this point, only moaning in pain. Anesthesia working on intubating him.

VITAL SIGNS: Initial blood pressure at 123/91. His pulse is 156, however. Respiratory rate is 24. Temperature is 97.8.

GENERAL: This is an obese male, completely nonresponsive at this time.

HEENT: Pupils quite small with no reaction. He does have blood on the posterior aspect of his head. His tympanic membranes are intact. The facial bones are intact. Dentition appears to be intact.

NECK: Supple. There is no subcutaneous emphysema. Trachea is at midline.

CHEST: Does show some abrasions. The lungs are clear bilaterally.

CARDIOVASCULAR: S1, S2 heard. Tachycardic.

ABDOMEN: Soft with no rigidity and he is not moaning with palpation. There is no external trauma. Pelvis is stable.

RECTAL: No gross blood with fair tone.

Patient: [REDACTED]

MRN: [REDACTED]

Encounter: [REDACTED]

Page 1 of 2

IDI 130104HCC2306

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Exhibit "C" - Medical Records
and Cause of Death

EXTREMITIES: He does have diminished pulses distally. He is somewhat mottled. There are no obvious deformities noted.
NEUROLOGICAL: Again, he is completely unresponsive, only moans with pain. He will not open his eyes. GCS is 5.

ASSESSMENT

1. Status post all-terrain vehicle (ATV) rollover with multiple abrasions and contusions.
2. Unresponsiveness, requiring intubation.

PLAN: At this point, again the patient will be admitted by anesthesia. We will get him down to the CT scan hopefully and proceed from there.

HOSPITAL COURSE: The course in the emergency room, he did have some bouts of hypotension which were taken care of with fluid rehydration. He did, however, undergo a code status in the emergency room. We did bring him back from this. He was transferred to the CAT scanner which did show a large subarachnoid bleed. He did code once again in the CT scanner. He was brought back from this and transferred to the ICU. In the ICU, we had noted that he had decreasing sounds on the right side of his chest. There was a fair amount of fluid on CT. A chest tube was placed under sterile conditions; this was a 32-French placed in the standard fashion and secured with 0 silk. There was a large return of fluid and blood. The patient did code once again in the ICU. Dr. [REDACTED] was present. We did attempt to revive him at this time and after approximately 15 to 20 minutes of this, he did not come back from this last code. The code was called at this time and the patient was declared at this time.

[REDACTED], MD

D: 12/10/2012 11:39:00 am

T: 12/10/2012 01:26:47 pm

Authenticated by [REDACTED], MD On 12/11/2012 08:55:35 AM

Patient: [REDACTED]

MRN: [REDACTED]

Encounter: [REDACTED]

Page 2 of 2

IDI 130104HCC2306

3 of 7

Medcenter One Health Systems
300 North 7th Street
Bismarck, North Dakota 58501

Clinical History and Physical

PATIENT NAME: [REDACTED]
DOB: [REDACTED]
HOSPITAL ACCOUNT NUMBER: [REDACTED]
HOSPITAL RECORD NUMBER: [REDACTED]
CLINIC HISTORY NUMBER: [REDACTED]
DATE OF SERVICE: 08/29/2012

ADMISSION: 08/28/2012
ROOM:
DICTATING PHYSICIAN: [REDACTED] MD

CHIEF COMPLAINT: All-terrain vehicle (ATV) rollover.

HISTORY OF PRESENT ILLNESS: The patient is a 53-year-old male who was air flighted from [REDACTED] where he apparently rolled his ATV. He was found face down in the dirt by bystanders and taken to the hospital in Eureka. There he was seen and evaluated and transferred here by air ambulance. No further history is available. Per report from the provider in Eureka, he has a large scrotal laceration, multiple abrasions to the head and upper extremities. He was apparently Glasgow of 13 to 14 while there. Upon arrival his Glasgow is 5. He will not open his eyes. He moans only to pain. Past medical history, current medications, allergies, tetanus are all unknown.

REVIEW OF SYSTEMS: Unobtainable.

PHYSICAL EXAMINATION

VITAL SIGNS: Blood pressure is 123/91. Pulse is 156. Respiratory rate is 24. Temperature 97.8. Oxygen saturation is 100% on nonrebreather.
GENERAL: This is an obese male who is boarded and collared.
HEENT: He is normocephalic. He has blood on the posterior aspect of his head. Pupils are small and minimally reactive. Nares show no epistaxis. Oropharynx shows blackened blood in the oropharynx. Trachea is midline.
NECK: Supple.
HEART: Tachycardic.
LUNGS: Coarse with fair air entry.
ABDOMEN: Protuberant, soft. There is no rigidity or obvious tenderness. Pelvis is stable.
LOWER EXTREMITIES: Cool lower extremities to touch with diminished pulses.
NEUROLOGIC: He is unresponsive to verbal. He will moan slightly with pain. He will not open his eyes.

After initial exam I conferred with Dr. [REDACTED] from Anesthesiology who agreed that an emergent airway was necessary as he was not capable of protecting his airway to go to the scanner. [REDACTED] followed by [REDACTED] was given. He was intubated by Dr. [REDACTED] using the Glidescope and an 8.0 tube. Appropriate placement was confirmed by an end-tidal CO2 detector and equal breath sounds and fogging of the tube. At this point plans were made to go to the CT scanner and blood work had been drawn. Dr. [REDACTED] arrived.

A repeat survey revealed multiple wounds to the right upper extremity, an exposed right testicle from a large scrotal laceration. The patient was

IDI 130104HCC2306

4 of 7

Exhibit "C" - Medical Records
and Cause of Death

log-rolled and removed from the long board. There were no obvious injuries to the spine but the patient was sedated at this point so we were unable to tell if there was any tenderness.

At this point we had made plans to go down to the scanner. Dr. [REDACTED] went to the scanner. The patient promptly dropped his pressures down into the 50s. Fluid had already been running but pressure bags were applied. The IV in his left arm infiltrated with this. A second was placed. Dr. [REDACTED] came up and put in a left subclavian central line. A chest x-ray was obtained. Shortly after the chest x-ray the patient brady'd down and pulse was lost. He was given 0.5 mg of [REDACTED] followed by 1 mg of [REDACTED]. CPR was started. A pulse returned, as did a blood pressure. He had pulse in the 90s and a blood pressure of the teens.

At that time we elected to take that window of opportunity to go down to the CT scanner. Dr. [REDACTED] accompanied the patient to the scanner. Per report he once again coded in the scanner but a large hemothorax was found in addition to a subarachnoid hemorrhage in addition to multiple lumbar fractures and a fracture dislocation of the left hip I believe. The patient went directly up to the ICU from there where he coded once again while a chest tube was being placed. Dr. [REDACTED] came in and assisted with the code and Dr. [REDACTED].

ASSESSMENT: Four-wheeler rollover with multiple injuries including subarachnoid hemorrhage, right-sided hemothorax, scrotal laceration, hip fracture dislocation, multiple lumbar fractures.

Blood work was obtained during this and it came back with an initial hemoglobin of 13.0. His white count was 22,000. A PT/INR shows his INR to be elevated at 1.35. A serum ethanol was 210. A chemistry profile shows his creatinine to be 1.9, his glucose to be 237, his CO2 to be 16. His AST was 233. His ALT was 83.

PLAN: when care was turned over at the ICU, Dr. [REDACTED] was in attendance running the code and Dr. [REDACTED] was about to place a right-sided chest tube.

ADDENDUM

Total critical care time spent with this patient was 1 hour, not including the CPR.

[REDACTED], MD

D: 08/29/2012 07:20:00 am
T: 08/29/2012 09:28:53 am

cc: ER (direct print)
Authenticated by [REDACTED], MD On 08/30/2012 12:47:19 PM

Patient: [REDACTED]

MRN: [REDACTED]

Encounter: [REDACTED]

Page 2 of 2

IDI 130104HCC2306

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Exhibit "C" - Medical Records
and Cause of Death

**NORTH DAKOTA CERTIFIER'S WORKSHEET FOR COMPLETING A MEDICAL
CERTIFICATION OF DEATH**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS

1. Decedent's Legal Name (First, Middle, Last) [REDACTED]		2. Actual Date of Death 08/29/2012	Actual Time of Death: (Military Time) 00:39
3. Pronounced Date of Death, if different from Actual 08/29/2012	Pronounced Time of Death, if different from Actual 00:39	4. Was the State Medical Examiner or County Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Date of Birth	6. Name of Funeral Home [REDACTED]		
7. Social Security Number	8. Place of Death		

9. Cause of Death

Part I. Enter the Chain of Events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on a line. Add additional lines if necessary.

Immediate Cause (Final Disease or condition Resulting in death)	a. MULTIPLE TRAUMA (SUBARACHNOID BLEED)	Approximate Interval Between Onset and Death null
Sequently list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. ATV ACCIDENT	null
	c.	
	d.	

Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I

10. Autopsy Performed Yes No

11. Autopsy Findings Available to Complete the Cause of Death Yes No

12. Tobacco Use Contributed to Death Yes No Probably Unknown

13. Decedent a Diabetic Yes No Unknown

14. If Female, Decedent was: Pregnant at time of death Not Pregnant, but pregnant 43 days to 1 year before death
 Not Pregnant within past year Not Pregnant, but pregnant within 42 days of death Unknown if pregnant within the past year

15. Manner of Death (If the Manner of Death is not natural (i.e. the Cause of Death is attributable, at least in part, to an external event and does not solely represent the effects of a natural disease process), the case should be forwarded to a County Coroner for certification.)
 Natural Accident Suicide Homicide Pending Investigation Could Not Be Determined

If the decedent's death was not due to an injury, skip to question 22.

16. Date of Injury 08/28/2012	Time of Injury (Military) 20:15	17. Place of Injury (i.e. Decedent's home, construction site, restaurant, wooded area) Unspecified Place	18. Injury at Work <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Address Where the Injury Occurred [REDACTED]		Apartment Number	Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No	
City [REDACTED]	County [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	
20. Describe How the Injury Occurred ROLLED ALL TERRAIN VEHICLE				
21. Transportation Injury: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Please Specify <input type="checkbox"/> Driver Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other. Specify:			
22. Signature of the Certifier				
23. Name of Certifier [REDACTED]				
Address [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
24. Title of Certifier		25. License Number [REDACTED]	26. Date Certified	

Mail completed form to: [REDACTED]

Patient: [REDACTED]

MRN: [REDACTED]

Encounter: [REDACTED]

Page 1 of 1

IDI 130104HCC2306 – Contact List

Contact List

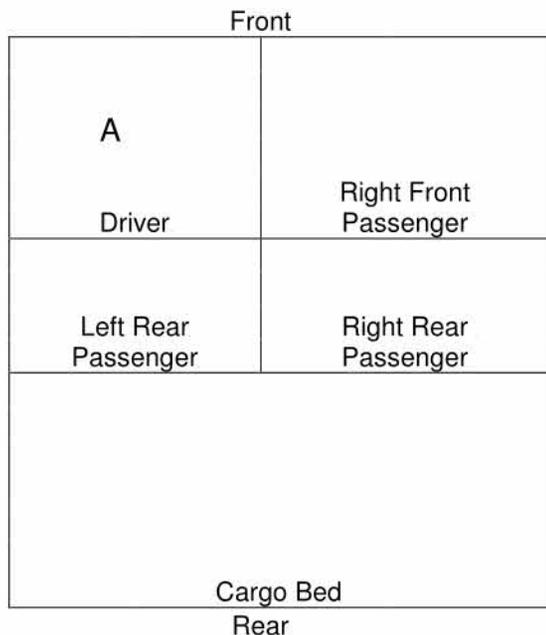
Dave Acherman, Sheriff
McPherson County Sheriff Department
706 Main Street
Leola, SD 57456
(605) 439-3400

█ – Records
MedCenter One
Sanford Health
300 N. Seventh Street
Bismarck, ND 58501
(701) 323-5428

Victim

█ – Deceased

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 53	Height:
	Gender: Male	Weight:
Helmet (Y/N): N		Seatbelt (Y/N): N
Killed/Injured/Neither/Unknown: Killed		
Injury Description: Head Trauma		
Did vehicle land on victim: No		
Ejected (Either partially or fully): Fully		

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

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

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

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

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

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

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

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

Save

1. Task Number 130104HCC3272		2. Investigator's ID 2931		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2012 09 29	5. Date Initiated YR MO DAY 2013 01 14		
6. Synopsis of Accident or Complaint UPC A 33-YOM was fatally injured when his utility-terrain vehicle (UTV) overturned and pinned his right arm and upper chest under the back passenger side of the vehicle. The victim sustained facial trauma and blunt force injuries to the chest; a passenger was taken to a local hospital for a broken right foot and broken right ankle. The incident occurred on private property in a hayfield. The occupants were not wearing helmets and were not wearing seatbelts. Alcohol may have been a factor in the incident.				<p>NER/PHV LBR NOTIFIED</p> <p>COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <i>1/16/HAle</i></p> <p><input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>66</i></p> <p><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p>
7. Location (Home, School, etc) 2 - FARM		8. City LEON COUNTY		9. State TX
10A. First Product 5044 - UTILITY VEHICLES		10B. Trade/Brand Name KAWASAKI (VIN: [REDACTED])		10C. Model Number KRF750J (TERYX)
10D. Manufacturer Name and Address KAWASAKI MOTORS CORP., U.S.A. 9950 JERONIMO ROAD IRVINE, CA				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No	12B. Race 1 - White Other:		12C. Race Source 3 - Official Document	
13. Age of Victim 33	14. Sex 1 - Male	15. Disposition 8 - Death		16. Injury Diagnosis 62 - Intern. Org. Inj.
17. Body Part(s) Involved 75 - HEAD	18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 2 - Telephone		20. Time Spent (Operational / Travel) 24.00 / 0.00
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 02/19/2013		26. Reviewed By 8631		27. Regional Office Director Frank J. Nava
28. Distribution Sarah Garland			29. Source Document Number X12C0779A	

This investigation was initiated based upon a news article that indicated a 33-year old male died from a utility-terrain vehicle (UTV) rollover accident. This investigation was initiated on January 14, 2013.

SUMMARY:

A 33-YOM and a passenger rolled a UTV while night hunting on private property. The victim was found face-down with his upper chest and right arm pinned under the passenger side under carriage. The victim sustained facial trauma and blunt force injury to the chest while the passenger was taken to a local hospital for non-life threatening injuries.

NARRATIVE:

According to the report provided by the Justice of the Peace (see Exhibit B), on September 29, 2012 at approximately 19:42 hours, emergency services received a call concerning an accident in a field. First responders arrived and found the victim (33-YOM) lying face-down with his upper chest and right arm pinned under the back passenger side under carriage. There were obvious signs of facial trauma and blunt force injury to the chest of the victim. The report indicates that a second victim was taken to the hospital by EMS.

The Justice of the Peace provided the autopsy report (see Exhibit C) of the victim. The autopsy described the victim as weighing 209 pounds and having a height of 65 inches. The autopsy also indicates that the victim lost control and flipped the vehicle while traveling at high speed. The toxicology report indicates that alcohol may have been a factor in the incident.

This investigator submitted a records request for the sheriff's report; however, at the time of this report the information has not been provided. When the sheriff's report becomes available, an addendum to this report will be submitted.

The victim's spouse was contacted for additional information. The spouse declined an on-site meeting; however, she was willing to provide photographs of the UTV and answer a few questions. During the telephone interview, the spouse advised that it was raining and they were chasing a deer in a hayfield. She stated that the UTV was going up a hill and turning (not sure whether left or right) and the UTV rolled (not sure of the degree of slope). She advised that her husband was pinned under the UTV and that a passenger was ejected and lost consciousness. She stated that the passenger sustained a broken right foot and a broken right ankle. Also, she described the passenger as weighing 230 pounds and having a height of 74 inches.

The spouse advised that neither occupant was wearing a helmet nor were they wearing seatbelts at the time of the incident.

The spouse advised that the UTV was purchased from LUFKIN POWERSPORTS in Lufkin, Texas for approximately \$10,500. She was not aware if the dealership provided or offered any type of driver's training; however, she stated that her husband (victim) grew up riding ATVs and was already familiar with their operation. The spouse advised that the only modification to the UTV was that her husband had aftermarket tires put on the vehicle; she described the tires as "big mud tires." The spouse stated that the UTV sustained a busted windshield and a busted rear quarter panel on the driver's side. She had the damage repaired after the incident.

According to a weather history website (see Exhibit E), weather conditions near the time of the incident were light rain with a temperature of 73.4°F and wind speed of zero mph.

No other information.

PRODUCT IDENTIFICATION:

Type: UTILITY-TERRAIN VEHICLE
Brand: KAWASAKI
Model: KRF750J (TERYX)
Year: 2009
Manufacturer: KAWASAKI MOTORS MFG. CORP., U.S.A.
Retailer: UNKNOWN

ATTACHMENTS:

Exhibit A - Photographs-14 photos on 7 pages
Exhibit B - Justice of the Peace Report
Exhibit C - Autopsy
Exhibit D - VIN Check
Exhibit E - Weather History (website)
Exhibit F - Identity of Respondents
Exhibit G - Missing Documents Form
Exhibit H - UTV Data Record Sheet

A-1



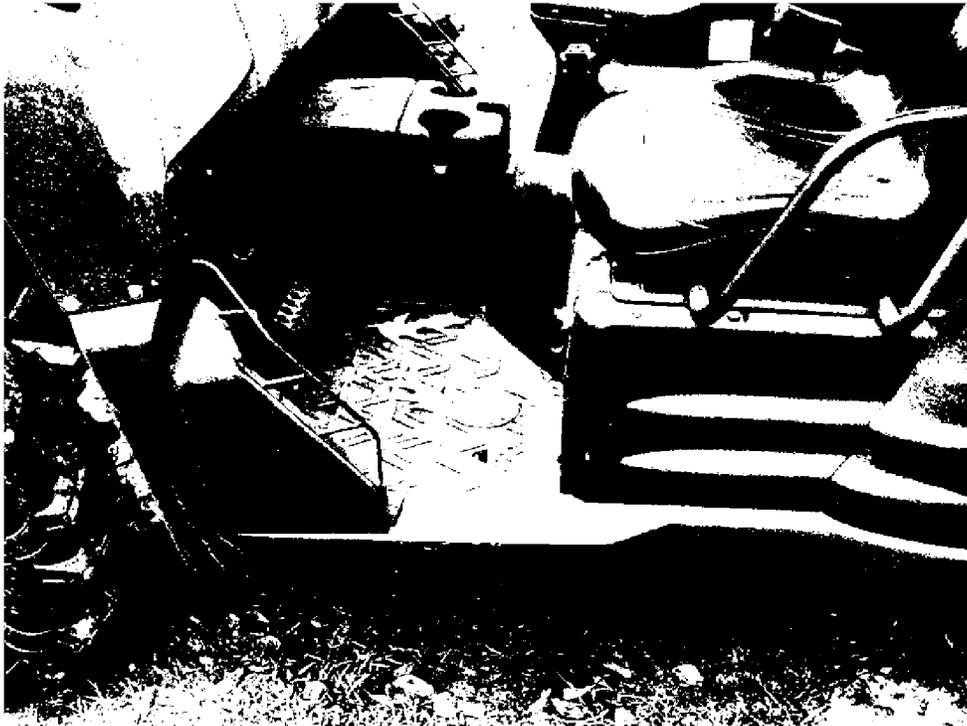
Consumer photo - Side view of incident vehicle

A-2



Consumer photo - View of incident vehicle

A-3



Consumer photo - View of incident vehicle

A-4



Consumer photo - View of vehicle interior

A-5



Consumer photo - View of vehicle interior

A-6



Consumer photo - View of vehicle interior

A-7



Consumer photo - View of seatbelt

A-8



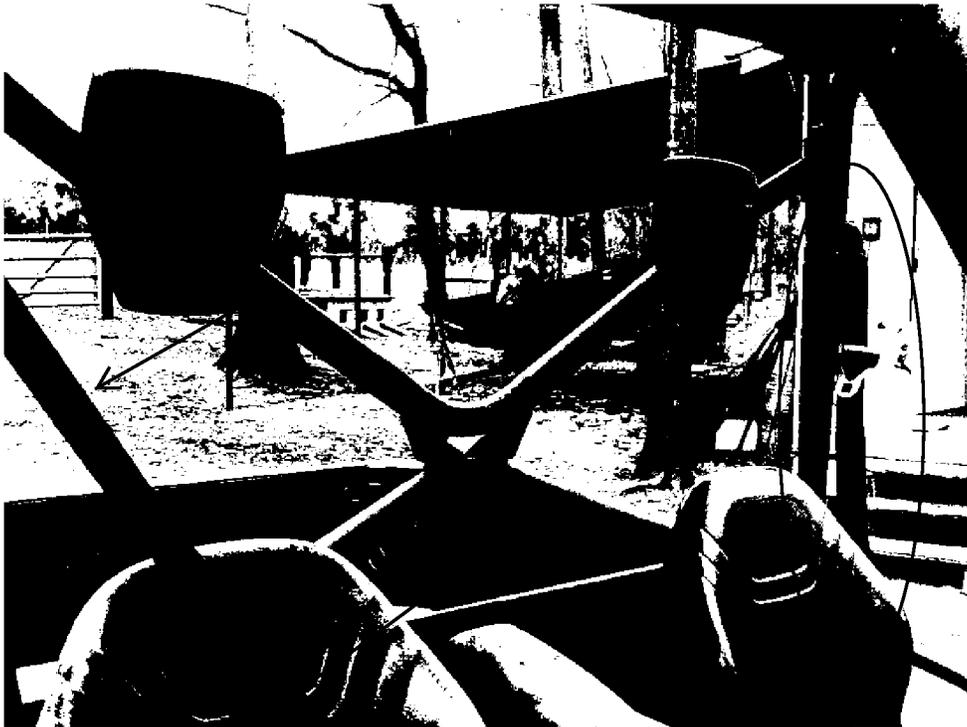
Consumer photo - Rear view of vehicle

A-9



Consumer photo - View of incident vehicle

A-10



Consumer photo - View of seatbelts

A-11



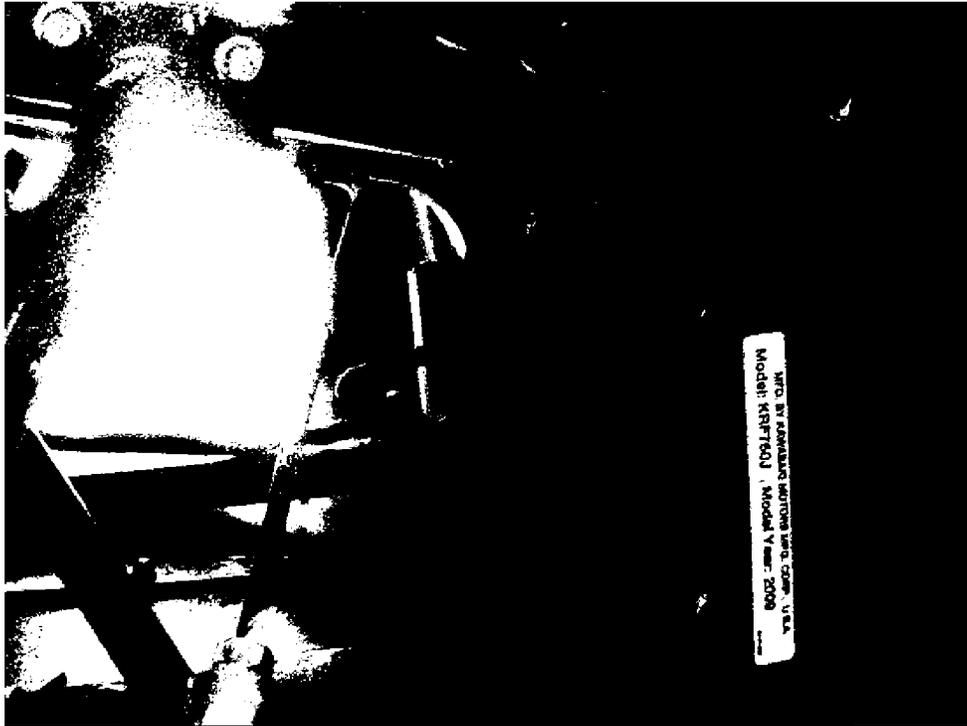
Consumer photo - View of latched seatbelt

A-12



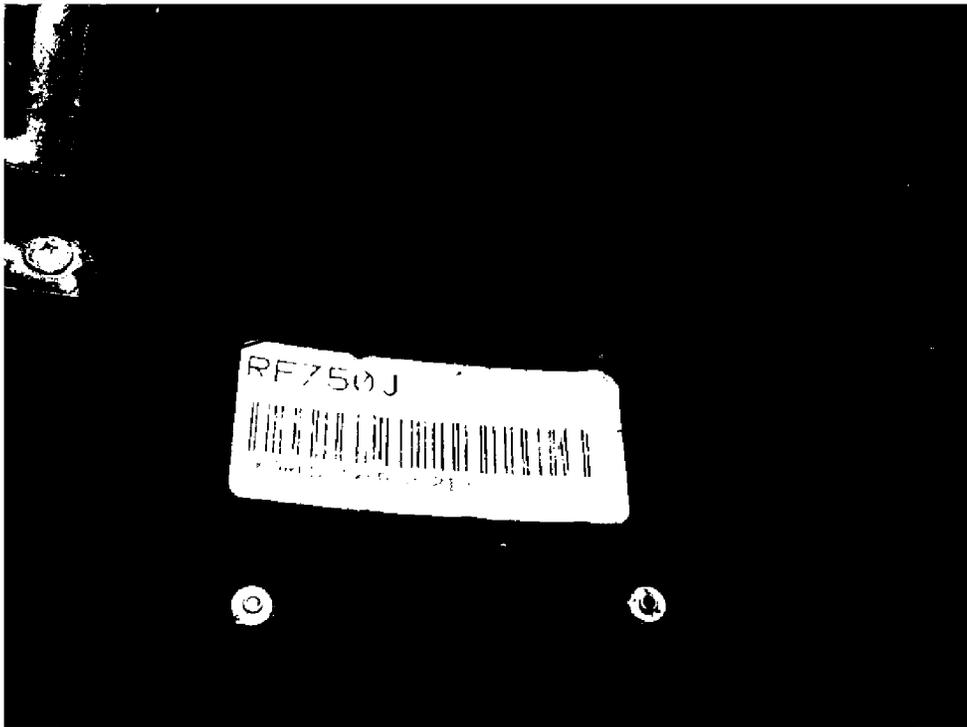
Consumer photo - Front view of vehicle

A-13



Consumer photo - View of model information

A-14



Consumer photo - View of vehicle identification number (VIN)

Lori Reid
Justice of The Peace
Box 609 Buffalo, Texas 75831
903-322-4795

Leon County, Texas
AUTOPSY AUTHORIZATION

To: The Southwestern Institute of Forensic Sciences
Dallas, Texas

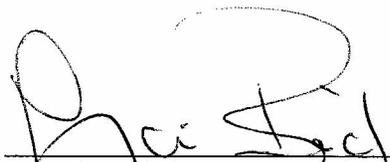
I, Lori Reid, Justice of the Peace, Precinct No. 1, Leon County, Texas do upon my determination deem that this autopsy is necessary and authorize you to perform a full and complete autopsy on the body of (b)(3):Exemp, deceased, and to retain and dispose of organs or other specimens as deemed necessary, in order to ascertain: 1) the nature and cause of death; 2) whether the death was from natural causes or resulting from violence: and 3) the nature and character of either of these .

Name: (b)
DOB: (b)(3):Exem Age:33 Sex: Male Race:White
Place of death, Private Property off (b)(3):Exemption 3 for
Requested by or informant: Lori Reid, Justice of The Peace #1 Leon County

PERTINENT FACTS REGARDING DEATH

At approximately 7:42pm On September 29, 2012 the Leon County Sheriff's Office received a 9-1-1 call concerning an accident in the field of the first house on the right off County Road 410 in Leona Texas. First responders arrived around 8:05pm and found (b) face down with his upper chest and right arm pinned under the back passenger side under carriage of a side by side all terrain type vehicle. First responders lifted and pushed the AVT onto its side freeing (b). There were obvious signs of facial trauma and blunt force injury to the chest and (b) was not breathing. EMS ran a heart monitor which showed astolye. Another victim of the accident was there on scene and taken to the hospital by EMS. Upon my arrival at 9:12pm I observed the body lying next to the AVT covered by a white sheet. I removed the sheet and saw the decedent laying face up with a dark purple color to the face and noted blood coming from his nose and around the mouth. I noted what appeared to be scratch marks on the upper chest and skid marks on the upper torso as well. The decedent was wearing brown leather boots, camouflage jeans with a brown belt, camo pull over top and jacket, and a black wrist band watch. Primary Officer is Lieutenant, Victor Smith with the Leon County Sheriff's Office, and Deputy Christopher Nash as back up LCSO 903-536-2749. Walters Funeral Home of Centerville will be bring the body for autopsy, 903 536-2551

Please forward a copy of you autopsy findings to: Lori Reid, Justice of the Peace, Precinct One.
Date 9/29/2012 11:28 PM



Justice of the Peace Precinct #1
Leon, County, Texas

LEON COUNTY DEATH REPORT
Pathologist/J.P.

#130104HCC3272

Exhibit B

Page 2 of 2

DATE OF REPORT: 9-30-12
TIME REPORTED: 7:42 P

DECEASED

DECEASED NAME: (b)(3):Exemption 3 for 25(c)
ADDRESS: (b)(3):Exemption 3 for 25(c)
OCCUPATION: (b)(3):Exemption 3 for 25(c)
HOW BODY IDENTIFIED: (b)(3):Exemption 3 for 25(c)
NEXT OF KIN: (b)(3):Exemption 3 for 25(c)
RELATIONSHIP: (b)(3):Exemption 3 for 25(c)

J.P. INFORMATION

J.P. NOTIFIED: P. [Signature] TIME NOTIFIED: 8:01 P
TIME BODY FOUND: 7:00 P TIME PRONOUNCED DEAD: 9:10 P DATE: 9-30-12
FUNERAL HOME/AMBULANCE: [Address] ATTENDANTS: [Name]
BODY REMOVED TO: [Address] AUTOPSY ORDERED: YES / NO ATTENDING DOCTOR: [Signature]
POSSIBLE CAUSE OF DEATH: [Text] J.P. SIGNATURE: [Signature]

POLICE INFORMATION

DEATH CLASSIFICATION: [Text] REPORTING OFFICER: [Signature]
DATE OF OCCURRENCE: [Text] CRIME SCENE OFFICER: [Signature]
ADDRESS WHERE BODY FOUND: [Address] PHOTO'S: YES / NO BY WHOM: [Text]
WEAPONS OR SUSPECTED DRUGS: [Text] DET. CALLED: YES / NO TIME: 7:42 P
DEATH ATTENDED/UNATTENDED: [Text] INVESTIGATOR: [Signature]

MEDICAL HISTORY

PRIOR MEDICAL HISTORY IF KNOWN: [Text]
HOW INFORMATION OBTAINED: [Text]

CONDITIONS TIME OF DECEASED

WEATHER: [Text] TEMP: [Text] BODY: INSIDE / OUTSIDE
IF OUTSIDE DESCRIBE LOCATION: [Text]
INSIDE: THERMO SETTING: HEAT / AIR / NONE TEMP SET AT: [Text] WORKING / NOT WORKING
BODY POSITION: [Text]
SIGNS OF FOUL PLAY: NONE CLOTHING: [Text]

CIRCUMSTANCES OF DEATH

[Text]
[Text]
[Text]

ORIGINAL: P.D.
YELLOW: PATHOLOGIST
PINK: J.P.

REPORTING OFFICER: [Signature] TIME: 7:42 P
DATE: 9-30-12

#130104HCC3272

Exhibit C

Page 1 of 7



SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS



Office of the Medical Examiner
Cause of Death Report

Case: IFS-12-16036 - CC

Date of Death: 09/29/2012

Decedent: (b) 33 years White Male

DOB: (b)

An Autopsy was performed and the cause of death is:

Blunt force injuries

Manner of Death: **Accident**

Examining Pathologist: Tracy Dyer, M.D., J.D.

A handwritten signature in black ink, appearing to read "Tracy Dyer".

Tracy Dyer M.D., J.D.

10/01/2012

Related Agencies:

Institute of Forensic Sciences
Leon County Justice of the Peace Precinct 1 Place 1
Forensic Pathology





SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS

Office of the Medical Examiner
Autopsy Report



COPY
DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES

Case: IFS-12-16036 - CC

Decedent: (b)(3):Exemption 3 for 2 33 years White Male DOB: (b)(3):Exe

Date of Death: 09/29/2012 (Actual)

Time of Death: 09:12 PM (Found)

Examination Performed: 10/01/2012 07:30 AM

ORGAN WEIGHTS:

Brain: 1,550 g	Right Lung: 230 g	Right Kidney: 120 g
Heart: 350 g	Left Lung: 360 g	Left Kidney: 130 g
Liver: 1,670 g	Spleen: 130 g	

This autopsy is performed at the request of Lori Reid, Justice of the Peace, Precinct 1, Leon County, Texas.

EXTERNAL EXAMINATION

The body is identified by a toe tag. Photographs and fingerprints are taken.

When first viewed, the body is clad in camouflage pants, a brown belt, a camouflage T-shirt, a camouflage jacket, black briefs, a white and black sock on the right foot, and a camouflage rubber boot on the right foot. A camouflage left rubber boot, white sock, black sock and USA camouflage ball cap are in the body bag. A watch is on the left wrist and a yellow metal ring is on the left fourth finger. Property consists of a video camera and broken binoculars with a neck strap. All items are released.

The body is that of a well-developed, well-nourished, white male whose appearance is compatible with the stated age of 33 years. The body, when nude, weighs 209 pounds and is 65 inches long. There is good preservation in the absence of embalming. The body is cold, rigor is fully-developed, and there is well-developed, blanching, posterior lividity.

The scalp hair is light brown and short, with thinning. There is a short brown beard and a short mustache. An average amount of body hair is in a normal distribution. The irides are hazel, the corneae are clear and there is mild congestion of bilateral conjunctivae. There are scattered petechiae on bilateral upper and lower palpebral surfaces of the conjunctivae. The ears, nose and lips are unremarkable. The teeth are natural and in good condition. The tongue is protruding. The chest and breasts are symmetrical, and the abdomen is mildly protuberant. The external genitalia, anus and perineum are unremarkable. The extremities are well-developed with left arm asymmetry due to injury. The skin of the left hand is pale with wrinkles ("washer woman-like" hands).

IDENTIFYING MARKS AND SCARS



Tattoos are located as follows: right upper arm (symbol) and left upper arm (sun face with names).

EVIDENCE OF THERAPY

Electrocardiogram tabs are on the trunk.

EVIDENCE OF INJURY

I. Blunt force injuries of the head and neck:

A dark purple contusion measuring 1-1/2 x 1-1/2 inches is on the right forehead just above the right eyebrow. On the right upper eyelid, a dark purple contusion is 1-1/8 x 1/8 inches. On the left lower lateral face, two red abrasions are 1/16 inch each.

Subscalpular hemorrhage of the frontal scalp is 5.5 x 4.0 cm.

There is a dislocation fracture between cervical vertebrae C1 and C2.

A red abrasion on the left upper lateral neck is 1/8 inch. Significant hemorrhage is in the soft tissues of the neck.

II. Blunt force injuries of the trunk:

On the right chest, a red abrasion is 8 x 7 inches with multiple surrounding contusions up to 3/4 x 1/2 inch. On the mid to left lower chest, a patchy pink abrasion is 7-1/2 x 5 inches. On the right lower abdomen, a pink abrasion is 3-1/2 x 3-1/2 inches, within which a dark contusion is 3/4 x 3/4 inches. On the right lower abdomen, a pink abrasion is 6 x 1/4 inches. A dark red abrasion on the right lower back is 1 x 3/4 inch.

The right second through fifth ribs are fractured anteriorly and first through fourth ribs and the sixth rib are fractured posteriorly. The left third through sixth ribs are fractured posteriorly. There is a transverse fracture of the first thoracic vertebra on the right side. The spinal cord is intact.

There is a full-thickness laceration of the right atrium near the right atrial appendage, measuring 2.5 x 1.0 cm. A partial-thickness laceration of the left ventricle apex is 0.5 cm. A 2.5 x 0.3 cm partial-thickness laceration is on the right ventricle near the pulmonic valve. A 2.2 x 0.5 cm partial-thickness laceration is on the left ventricle near the aortic valve. The pericardium is torn posteriorly. There are partial thickness lacerations of the hilum of the right lung, measuring 2.1 x 1.0 cm and 3 x 1.5 cm. A partial thickness laceration of the upper lobe of the right lung is 2.5 x 1.0 cm. A 3.0 x 2.0 cm partial thickness laceration is on the left lung interlobar septum. A partial-thickness laceration of the hilum of the left lung is 3 x 1.0 cm. A partial-thickness laceration of the inferior lower lobe of the left lung is 3.5 x 0.2 cm. There are multiple partial thickness lacerations of the anterior and posterior left lobe of the liver ranging from 3.0 x 1.0 cm to 5 x 1.5 cm.

There is a 1030 mL right hemothorax and a 430 mL left hemothorax. Scattered small clots are in the pericardial sac.

III. Blunt force injuries of the extremities:

A red contusion is on the posterior medial left forearm, measuring 2-1/2 x 1/2 inches. On the right anterior lateral wrist, a



#130104HCC3272

Exhibit C

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(b)
(3):Ex

superficial laceration is 1-1/8 x 1/8 inches. Lateral to this, a superficial laceration is 1/4 x 1/16 inch. On the posterior medial inferior right forearm, a red dried abrasion is 1 x 1/2 inch. An obliquely-oriented, pink abrasion on the left anterior lower leg is 2 x 1/8 inches.

The left humerus is fractured at its mid shaft. The left distal radius is fractured.

INTERNAL EXAMINATION

BODY CAVITIES: See EVIDENCE OF INJURY. The thoracic and abdominal organs are in their normal anatomic positions. There are no adhesions.

HEAD: See EVIDENCE OF INJURY. The skull is unremarkable. The dura and dural sinuses are unremarkable. There are no epidural, subdural or subarachnoid hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, with an unremarkable gyral pattern. The cranial nerves and blood vessels are unremarkable. Sections through the cerebral hemispheres, brainstem, and cerebellum are unremarkable. There are no hemorrhages of the deep white matter or the basal ganglia. The cerebral ventricles contain no blood. The spinal cord, as viewed from the cranial cavity, is unremarkable.

NECK: See EVIDENCE OF INJURY. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed.

CARDIOVASCULAR SYSTEM: See EVIDENCE OF INJURY. The intimal surface of the abdominal aorta is free of significant atherosclerosis. The aorta and its major branches and the great veins are normally distributed. The pulmonary arteries contain no thromboemboli. There are scattered post-mortem thrombi in the atria. The foramen ovale is closed. The left main coronary artery has up to 20% stenosis. The remaining major coronary arteries are free of significant atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is red-brown and firm.

RESPIRATORY SYSTEM: See EVIDENCE OF INJURY. The upper airway is unobstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. Sectioning of the lungs discloses a red parenchyma with mild congestion.

HEPATOBIILIARY SYSTEM: See EVIDENCE OF INJURY. The liver parenchyma is brown. The gallbladder contains approximately 2 mL of green bile, with no calculi.

GASTROINTESTINAL SYSTEM: The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains approximately 20 mL of tan liquid. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are externally unremarkable. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

GENITOURINARY SYSTEM: The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. Both kidneys are pale. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelvis, and ureters are unremarkable. The bladder contains 30 mL of pale yellow urine. The mucosa is mildly trabeculated. The prostate gland is unremarkable externally and on sectioning.

ENDOCRINE SYSTEM: The thyroid and adrenal glands are unremarkable externally and upon sectioning.



#130104HCC3272

Exhibit C

Page 5 of 7

(b)
(3)

LYMPHORETICULAR SYSTEM: The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are unremarkable.

MUSCULOSKELETAL SYSTEM: See EVIDENCE OF INJURY. The clavicles, sternum, and pelvis have no fractures. The diaphragm is intact.

TOXICOLOGY:

Evidence Submitted:

The following items were received by the Laboratory from the Office of the Medical Examiner:

- 004: Biohazard Bag
- 004-001: Blood, femoral - gray top tube
- 004-002: Blood, femoral - gray top tube
- 004-003: Blood, femoral - gray top tube
- 004-004: Blood, chest blood- gray top tube
- 004-005: Blood, chest blood- red top tube
- 004-006: Urine - red top tube
- 004-007: Vitreous - red top tube
- 004-008: Skeletal muscle - plastic tube

Blood, postmortem

Acid/Neutral Screen (GC/MS)
negative (004-002)

Alcohols/Acetone (GC)
0.096 g/100mL ethanol (004-002)

Alkaline Quantitation (GC, GC/MS)
negative (004-001)

Vitreous

Alcohols/Acetone (GC)
0.105 g/100mL ethanol (004-007)

Electrolytes (Analyzer)
sample unsuitable



#130104HCC3272

Exhibit C

Page 6 of 7

(b)

(3)

FINDINGS:

1. Blunt force injuries of the head and neck:
 - a. Subscalpular hemorrhage.
 - b. Hemorrhage, soft tissue of the neck.
 - c. Dislocation fracture, vertebrae C1 and C2.
 - d. Abrasions and contusions of the head and neck.

2. Blunt force injuries of the trunk:
 - a. Fractures, right second through fifth ribs anteriorly, right first through fourth and sixth ribs posteriorly.
 - b. Fractures, left third through sixth ribs posteriorly.
 - c. Fracture, vertebra T1.
 - d. Lacerations, heart.
 - e. Lacerations, right and left lungs.
 - f. Laceration, pericardium.
 - g. Lacerations, liver.
 - h. 1030 mL, right hemothorax.
 - i. 430 mL, left hemothorax.
 - j. Abrasions and contusions of the trunk.

3. Blunt force injuries of the extremities:
 - a. Fracture, left humerus.
 - b. Fracture, left radius.
 - c. Abrasions and lacerations of the extremities.

4. Scattered petechiae on bilateral upper and lower palpebral surfaces of the conjunctivae.

5. History that the decedent lost control and flipped his all-terrain vehicle (ATV) while traveling at a high speed with the ATV pinning his chest.

CONCLUSIONS:

Based on the case history and autopsy findings, it is our opinion that (b)(3):Exe, a 33-year-old white male, died as a result of blunt force injuries. The history that the ATV pinned the chest of the decedent may have also contributed to death.

MANNER OF DEATH: Accident



COPY
SUSSEX COUNTY
INSTITUTE OF FORENSIC SCIENCES

#130104HCC3272

Exhibit C
Page 7 of 7

(b)
(3):E



11/12/2012

Allison Edgecombe, M.D.
Pathologist



11/28/2012

Tracy Dyer, M.D., J.D.
Medical Examiner



12/04/2012

Jeffrey Barnard, M.D.
Director and Chief Medical Examiner



#130104HCC3272
Exhibit D
Page 1 of 1

[search cars for sale](#)

MOTOVERSE

[Home](#) [Tools & Services](#) [VIN Decoder](#)

The VIN you provided belongs to a motorcycle that was manufactured in Japan by the Kawasaki corporation.

2009 KAWASAKI KRF750-J

VIN:	(b)(3):Exemption 3 for 25(c)
World region:	Asia
Manufactured in:	Japan
Year:	2009
Make:	Kawasaki
Model:	KRF750-J
Body style:	All Terrain
Drive type:	RWD
Cylinders:	2 Cylinders

Share this report: <http://www.motoverse.com/tools/vinDecoder> (b)(3):Exemption 3 for

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

No. Our database is for identification only. [Free CARFAX Record Check:](#) (b)(3):Exemption 3 f

[CycleVIN Motorcycle VIN Check](#) can reveal motorcycle history data, too (b)(3):Exemption 3

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.

[Go back](#)

#130104HCC3272
 Exhibit E
 Page 1 of 2

LATITUDE: 31.30694
 LONGITUDE: -95.40361
 ELEVATION: 348 ft
 MNET: NWS/ FAA



Past Weather Conditions for KDKR

[\(Click for topo/ terrain map\)](#)
[\(Click for satellite\)](#)

Graphical Display

SITE LINKS

- [Help](#)
- [ROMAN](#)
- [Metric Units](#)
- [Greenwich Mean Time](#)
- [Past Data](#)
- [Station Information](#)
- [Restrictions](#)
- [Data in Spreadsheet Format](#)

**DATA COURTESY OF
 National Weather Service**

Tabular Listing: September 29, 2012 - 8:00 through September 30, 2012 - 09:00 CDT

Time(CDT)	Temperature	Dew	Relative	Wind	Wind	Wind	Quality	Pressure	Sea Level	Altimeter	Weather	Visibility	Precipitation	Ceiling
	° F	° F	%	mph	Gust	Direction	check	in	in	in	conditions	miles	1hr in	feet
8:55	66.2	64.4	94	9	17	N	OK	29.38	29.74	29.75	lt rain	1.25	0.02	900
8:35	66.2	64.4	94	9		N	OK	29.38	29.74	29.75	lt rain	2.50	0.01	1100
8:15	66.2	66.2	100	10		N	OK	29.36	29.72	29.73	fog	3.00		800
7:55	66.2	66.2	100	0			OK	29.36	29.72	29.73	overcast	9.00	0.18	800
7:35	66.2	66.2	100	9		N	OK	29.35	29.71	29.72	lt rain	2.50	0.15	800
7:15	66.2	66.2	100	6	16	NNE	OK	29.34	29.70	29.71	hvy rain	2.50	0.07	600
6:55	66.2	66.2	100	7		N	OK	29.33	29.69	29.70	hvy rain	2.00	0.24	1000
6:35	66.2	66.2	100	7		N	OK	29.32	29.68	29.69	mod rain		0.15	
6:15	68.0	66.2	94	7		N	OK	29.32	29.68	29.69	hvy rain	3.00	0.05	1200
5:55	68.0	66.2	94	7		N	OK	29.31	29.67	29.68	mod rain	2.00	0.32	600
5:15	68.0	66.2	94	9	17	N	OK	29.30	29.66	29.67	hvy rain	1.00	0.11	100
4:55	68.0	66.2	94	13		NE	OK	29.29	29.65	29.66	hvy rain	1.50	0.29	200
4:35	68.0	66.2	94	0			OK	29.30	29.66	29.67	hvy rain	3.00	0.17	700
4:15	68.0	66.2	94	12	18	NE	OK	29.29	29.65	29.66	hvy rain	1.50	0.08	100
3:55	69.8	68.0	94	12	16	NE	OK	29.29	29.65	29.66	hvy rain	1.75	0.06	500
3:35	69.8	68.0	94	8		NE	OK	29.31	29.67	29.68	hvy rain	3.00	0.01	800
3:15	69.8	68.0	94	0			OK	29.32	29.68	29.69	overcast	10.00	0.01	800
2:55	69.8	68.0	94	10		ENE	OK	29.32	29.68	29.69	overcast	8.00	0.26	800
2:35	69.8	68.0	94	0			OK	29.33	29.69	29.70	lt rain	3.00	0.19	3000
2:15	69.8	68.0	94	3		ENE	OK	29.34	29.70	29.71	hvy rain	3.00	0.10	2900
1:55	69.8	68.0	94	6		ENE	OK	29.34	29.70	29.71	lt rain	3.00	0.39	2300
1:35	69.8	68.0	94	8		E	OK	29.36	29.72	29.73	mod rain	2.50	0.25	200
1:15	69.8	68.0	94	0			OK	29.35	29.71	29.72	hvy rain	1.25	0.10	100
0:55	69.8	68.0	94	3		NE	OK	29.36	29.72	29.73	mod rain	3.00	0.53	1200
23:55	69.8	69.8	100	5		NNE	OK	29.39	29.75	29.76	hvy rain	0.75	0.32	100
23:35	73.4	71.6	94	13		N	OK	29.39	29.75	29.76	thunder, hvy rain	0.75	0.12	200
23:15	73.4	71.6	94	0			OK	29.38	29.74	29.75	overcast		0.01	500
22:55	73.4	71.6	94	0			OK	29.39	29.75	29.76	thunder		0.04	600
22:35	73.4	71.6	94	0			OK	29.39	29.75	29.76	thunder, lt drizzle	3.00	0.03	600
22:15	73.4	71.6	94	0			OK	29.39	29.75	29.76	lt rain shwr	2.50	0.01	600
21:55	73.4	73.4	100	0			OK	29.39	29.75	29.76	thunder	7.00	0.05	600
21:35	73.4	73.4	100	0			OK	29.40	29.76	29.77	thunder, fog	4.00	0.05	600

#130104HCC3272
Exhibit E
Page 2 of 2

Weather conditions near
the time of the incident.

21:15	73.4	71.6	94	0		OK	29.39	29.75	29.76	thunder, It rain	3.00	0.04	700
20:55	73.4	71.6	94	0		OK	29.40	29.76	29.77	thunder, It rain	3.00	0.12	600
20:35	73.4	71.6	94	0		OK	29.40	29.76	29.77	It rain		0.09	500
20:15	73.4	71.6	94	0		OK	29.39	29.75	29.76	thunder, hvy rain	3.00	0.05	400
19:55	73.4	71.6	94	0		OK	29.40	29.76	29.77	hvy rain	2.00	0.23	100
19:35	73.4	71.6	94	0		OK	29.41	29.77	29.78	hvy rain	1.75	0.11	100
19:15	73.4	71.6	94	0		OK	29.41	29.77	29.78	It rain	10.00		1400
18:55	73.4	71.6	94	0		OK	29.41	29.77	29.78	overcast	10.00		1300
18:35	73.4	71.6	94	0		OK	29.42	29.78	29.79	overcast	10.00		1200
18:15	73.4	71.6	94	0		OK	29.42	29.78	29.79	overcast	7.00		500
17:55	73.4	71.6	94	0		OK	29.42	29.78	29.79	fog	6.00	0.11	500
17:35	73.4	71.6	94	0		OK	29.42	29.78	29.79	It rain	2.00	0.10	600
17:15	73.4	73.4	100	0		OK	29.42	29.78	29.79	hvy rain	1.00	0.04	100
16:55	73.4	73.4	100	0		OK	29.43	29.79	29.80	overcast	8.00	0.19	1100
16:35	73.4	73.4	100	5	E	OK	29.43	29.79	29.80	It rain	1.00	0.19	100
16:15	73.4	71.6	94	0		OK	29.44	29.80	29.81	mod rain	1.00	0.12	100
15:55	73.4	73.4	100	0		OK	29.44	29.80	29.81	hvy rain	1.00	0.08	100
15:35	73.4	73.4	100	0			29.46	29.82	29.83	fog	1.75	0.03	300
15:15	73.4	73.4	100	0			29.47	29.83	29.84	fog	1.50	0.02	500
14:55	73.4	73.4	100	0			29.47	29.83	29.84	fog	1.25	0.04	800
14:35	73.4	73.4	100	0			29.49	29.85	29.86	fog	5.00	0.02	3800
14:15	73.4	73.4	100	0			29.49	29.85	29.86	It rain	5.00	0.01	1400

[MesoWest Webmaster](#), [NWS Western Region Headquarters Webmaster](#)
[US Dept of Commerce](#)
[National Oceanic and Atmospheric Administration](#)
[National Weather Service](#)
[Freedom of Information Act](#)
[USA.gov](#)
 Western Region Headquarters
 125 South State Street
 Salt Lake City, UT 84103

[Disclaimer](#)
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[About Us](#)

NWS ALL NOAA

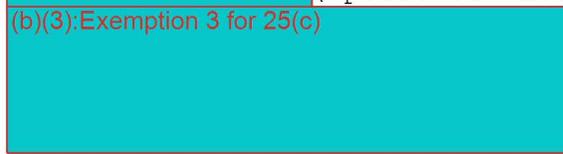
Developed by [MesoWest](#) at the [University of Utah](#)
 Support provided by the [US Forest Service](#)

IDENTITY OF RESPONDENTS:

JUSTICE OF THE PEACE
-Judge Lori Reid
Precinct 1, Leon County
P.O. Box 609
Buffalo, TX 75831
Tel: (903) 322-4795

(b)(3):Exemption 3 for 25 (spouse of victim)

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





U.S. Consumer Product Safety Commission

Task Number: #130104HCC3272

Date: 02/15/2013

Status of Missing Document(s)

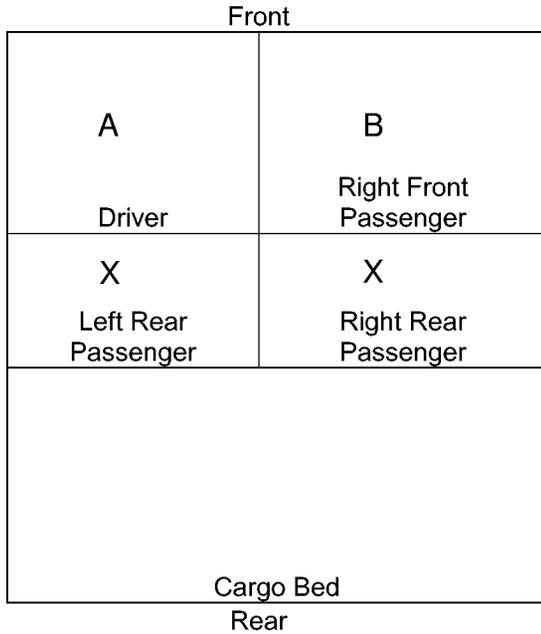
The official records below were requested for this investigation report, but could not be obtained:

1. Sheriff's Report / Leon County Sheriff's Office - Centerville, TX
2. _____
3. _____
4. _____
5. _____
6. _____

Utility Vehicle Data Record Sheet

IDI #: 130104HCC3272

Exhibit #: H



The Utility Vehicle

A:	Age: 33	Height: 65"
	Gender: male	Weight: 209 lbs.
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: killed	
	Injury Description: blunt force injuries	
	Did vehicle land on victim: yes	
	Ejected (Either partially or fully): yes	

B:	Age: unk	Height: 74"
	Gender: male	Weight: 230 lbs.
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: injured	
	Injury Description: broken rt foot & ankle	
	Did vehicle land on victim: no	
	Ejected (Either partially or fully): yes	

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.

IDI 130104HCC3273

This investigation was initiated as a result of a news article, dated July 30, 2012, which cited a 17 year-old male died after he lost control of a four-wheeled utility vehicle (UTV). All information contained in this report was obtained from the Montana Highway Patrol, the Sweet Grass County Sheriff's Office and the Sweet Grass County Coroner's Office.

On July 27, 2012 at approximately 3:45 p.m., a 17 year-old male (victim) was driving a four-wheeled utility vehicle (UTV), on a dry gravel road and lost control of the vehicle which went off the road and overturned, landing on-top of the victim. The victim was not wearing a seatbelt or helmet. The victim was pronounced dead at the scene.

A Highway Patrol Trooper concluded that after crossing a nearby cattle guard, the UTV lost traction. When the victim attempted to steer back to the middle of the road he lost control of the vehicle causing it to skid off the road and overturn. The victim was partially ejected with the driver side cab landing on the victim's neck.

The speed of travel at the time of the incident was not determined. The driver's experience operating the UTV was not determined.

According to the Highway Patrol the weather at the time the incident occurred was reported as clear, with a temperature of 71 degrees Fahrenheit and 58% relative humidity. Wind speeds were reported at 10 mph.

PRODUCT INFORMATION:

Utility Vehicle

Brand:	Polaris
Model:	Ranger XP 700
Year:	2007
VIN:	

IDI 130104HCC3273

-2-

Manufacturer: Polaris
2100 Highway 55
Medina, MN 55340

Attachments:

- Exhibit A - Photos (3)
- Exhibit B - Highway Patrol Report
- Exhibit C - Sheriff's Office Report
- Exhibit D - Missing Documents
- Exhibit E - Contact Information
- Exhibit F - UTV Data Record Sheet

IDI 130104HCC3273

Exhibit A-1 below shows how the UTV was found by first responders. The cattle guard can be seen at the top of the photo.



IDI 130104HCC3273

Exhibit A-2 below shows the bottom of the UTV.



IDI 130104HCC3273

Exhibit A-3 below shows the skid path of the UTV.





MONTANA VEHICLE CRASH REPORT

Montana Highway Patrol
MONTANA HIGHWAY PATROL

NON-TRAFFIC
FATAL - Private Prop. -

Crash Number 50039662-01	Reporting Agency MONTANA HIGHWAY PATROL	Reporting Agency Case Number	Reporting Agency CAD Number MHP12CAD087519	ORI MTMHP0000
-----------------------------	--	------------------------------	---	------------------

CRASH IDENTIFIERS

County of Crash SWEET GRASS (40)	City NOT IN CITY LIMITS ()	Crash Date/Time 07/27/2012 03:45 PM	Reported Date/Time 07/27/2012 03:46 PM	Dispatched Date/Time 07/27/2012 03:48 PM
On Scene Date/Time 07/27/2012 04:09 PM	Cleared Scene Date/Time 07/27/2012 07:36 PM	Complete Date/Time	Reason (if Investigation Not Complete) PENDING TOXICOLOGY REPORT	Source of Information MONTANA HIGHWAY PATROL

ROADWAY INFORMATION

Roadway Description for Location of Occurrence		<input type="checkbox"/> Notify MDOT	Latitude	Longitude
Intersecting Roadway Description for Location of Occurrence		Distance / Direction from Crash Location 2 M E	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System NO	Roadway Functional Class Type RURAL	Roadway Functional Class Detail LOCAL		
Roadway Access Control NO ACCESS CONTROL	Type of Shoulder UNPAVED	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersection NO CONTROL	Mainline Number of Lanes at Intersection	Side Road Number of Lanes at Intersection		

CRASH INFORMATION

Light Condition DAYLIGHT	Weather Condition CLOUDY	Roadway Surface Condition MUD DIRT GRAVEL	Roadway Surface Composition GRAVEL	Manner of Crash Collision / Impact SINGLE VEHICLE CRASH ONLY	<input checked="" type="checkbox"/> Crash Pictures Taken
First Harmful Event Type NON-COLLISION	First Harmful Event Detail OVERTURN/ROLLOVER		Location Of First Harmful Event Relative To The Trafficway SHOULDER		
First Harmful Event's Relation to Junction NON-JUNCTION	Is First Harmful Event within Interchange Area NO	Type of Intersection NOT AT INTERSECTION			
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE	
Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE	
School Bus Related NO	Work Zone Related NO	Crash Location in Work Zone			

VEHICLE V01

Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State MT	License Number 3DC16	Registration Expires	<input checked="" type="checkbox"/> Permanent Registration	VIN
Year 2007	Make POLARIS	Model RANGER XP700	Style ATV	Color RED	Body Type Category ALL TERRAIN VEHICLE (ATV)
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION	Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS		
Owner First Name	Owner Middle Name	Owner Last Name	Owner Suffix	Owner Business (if not Person)	
Address		Address Other		City BIG TIMBER	State MT Zip Code 59011
Insurance Company NOT INSURED	Insurance Policy Number NOT INSURED	Insurance Broker or Agent NOT INSURED			
Vehicle Removal TOWED DUE TO REASONS OTHER THAN VEHICLE DAMAGE	Vehicle Towed By CRAZY MOUNTAIN TOWING - BIG TIMBER			Wrecker Selection Method ROTATION	
Direction of Travel Before Crash WESTBOUND	Speed: Estimated 0	Posted 0	Roadway Type OTHER/PRIVATE	Total Lanes 1	Roadway Horizontal Alignment STRAIGHT
Trafficway Description PRIVATE PROPERTY	Traffic Control Device Type NO CONTROLS		Working Properly		
Vehicle Maneuver Action (by this vehicle) MOVEMENTS ESSENTIALLY STRAIGHT AHEAD		Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE		Damage Extent (for this vehicle) MINOR DAMAGE	Damage Estimate
1st Sequence of Events Type (this vehicle) NON-COLLISION		1st Sequence of Events Detail (this vehicle) RAN OFF ROADWAY RIGHT			
2nd Sequence of Events Type (this vehicle) NON-COLLISION		2nd Sequence of Events Detail (this vehicle) OVERTURN/ROLLOVER			
3rd Sequence of Events Type (this vehicle) UNKNOWN		3rd Sequence of Events Detail (this vehicle)			
4th Sequence of Events Type (this vehicle) UNKNOWN		4th Sequence of Events Detail (this vehicle)			
Most Harmful Event Type (this vehicle) NON-COLLISION		Most Harmful Event Detail (this vehicle) OVERTURN/ROLLOVER			
Contributing Circumstances 1 (this vehicle) NONE		Contributing Circumstances 2 (this vehicle) NONE			
Area of Initial Impact <input checked="" type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown		Most Damaged Area <input checked="" type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown			

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

DRIVER V01

Person Type DRIVER	NM#	Vehicle# V01	Person Type Detail		
First Name	Middle Name	Last Name	Suffix	Date of Birth	Age 17 Sex M
Address		Address Other		City BIG TIMBER	State MT Zip Code 59011
Phone Number	Phone Number (other)	Condition at Time of Crash APPARENTLY NORMAL			

Crash Number 50039662-01		Reporting Agency MONTANA HIGHWAY PATROL			Reporting Agency Case Number		Reporting Agency CAD Number MHP12CAD087519		ORI MTMHP0000
Driver License Number		Class D	Expires 01/05/2016	State MT	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE	
Commercial Motor Vehicle Endorsements NONE/NOT APPLICABLE							<input type="checkbox"/> Recommend Driver ReExam		
Drivers License Restrictions 1 NONE			Drivers License Restrictions 2 NONE			Drivers License Restrictions 3 NONE			
Driver Distracted By NOT DISTRACTED					Driver Vision Obstructions VISION NOT OBSCURED				
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) DROVE TOO FAST FOR CONDITIONS					Driver Actions at Time of Crash 2 (based on judgement of investigation officer) RAN OFF ROADWAY				
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) NO CONTRIBUTING ACTION					Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION				
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE			<input type="checkbox"/> Seating Position Unknown		
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT					Helmet Use				
Air Bag Deployed NOT APPLICABLE					Ejection EJECTED PARTIALLY				
Trapped Extrication TRAPPED & EXTRICATED									
Injury Severity Level Type FATAL INJURY (K)			Injury Severity Level Detail				Primary or Most Obvious of Body Area Injured During Crash NECK		
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To			
Law Enforcement Suspected Alcohol Use NO		Alcohol Test Type BLOOD		Alcohol Tested TEST GIVEN		Alcohol Test Results PENDING			
Law Enforcement Suspected Drug Use NO		Drug Test Type BLOOD		Drug Tested TEST GIVEN		Drug Test Results PENDING			

NARRATIVE: 50039662

**MONTANA HIGHWAY PATROL
FATAL CRASH REPORT**

Synopsis:
On July 27, 2012 at approximately 1546 hours [REDACTED] a Red 2007 Polaris Ranger Quadricycle, bearing Montana Registration Number [REDACTED] was traveling west on a dry gravel road. The driver was [REDACTED] of Big Timber, Montana. The driver, and only occupant of the ATV [REDACTED] lost control and went off the right hand side of the roadway. The ATV overturned and pinned [REDACTED] underneath causing fatal injury. [REDACTED] was pronounced deceased on scene at 1616 hours.

Origination of call:
The original call came into the 911 Communication Center at Sweet Grass County Sheriff's Office from [REDACTED] at 1546 hours. [REDACTED] had been traveling east on [REDACTED] and witnessed the crash. I was working in Sweet Grass County when the call was dispatched to Sweet Grass County [REDACTED]. I immediately responded from Interstate 90.

Environmental Conditions:
The weather conditions near the time of the crash as reported by Underground.com were as follows; temperature 71 degrees, 58% relative humidity, barometric pressure 29.87 in, visibility 10.0 miles, clear, rainfall 0.00, wind 10.

Initial Observations upon arrival at scene:
I arrived on scene at approximately 1609 hours. The roadway at the location of the crash is a private drive made of gravel. The roadway is wide enough to accommodate two-way traffic. There are no markings on the gravel road dividing the east and west bound lanes. The gravel road ends at the grass line and descends into a narrow ditch before going up an embankment approximately 2-3 feet high leading to a barbed wire fence line.

Sweet Grass County [REDACTED] and [REDACTED] were already on scene. I also saw the managers of the [REDACTED].
The ATV was lying on its driver's side in the ditch on the north side of the roadway. As I approached the ATV, I saw [REDACTED] lying on the ground pinned under the cab. [REDACTED] face was purple and blue in color. [REDACTED] had arrived on scene just before me, at approximately 1606 hours. [REDACTED] stated he checked vitals on [REDACTED]. [REDACTED] checked for a pulse on [REDACTED] neck near his right ear and felt nothing. [REDACTED] indicated [REDACTED] face was purple and blue in color, his eyes were fixed and pupils were dilated.

I walked through the crash scene and saw tire marks on the gravel road which indicated that [REDACTED] had crossed a cattle guard while heading west on the [REDACTED]. [REDACTED] lost traction after crossing the cattle guard. The ATV was traveling down the center of the gravel road when the track marks indicated he attempted to steer to the right side of the road. The ATV went into a broadside skid. The ATV went off the north side of the roadway and tipped onto its left side, facing west.

On Scene medical attention:
Sweet Grass County Ambulance, EMS1, was dispatched at 1548 hours and was en route at 1600 hours. They arrived on scene at approximately 1615 hours. EMS1 was manned by [REDACTED], Emergency Medical Technician and [REDACTED], Emergency Medical Technician / Coroner and [REDACTED], Emergency Medical Technician, with the Sweet Grass County Search and Rescue.

At 1604 hours HELP Flight was put on standby, but advised at 1616 hours they would not be able to launch due to weather.

Sweet Grass County Coroner, Daryl Hodges, pronounced [REDACTED] deceased at 1616 hours. At approximately 1616 hours, [REDACTED] requested Sweet Grass County Dispatch to contact [REDACTED], Funeral Home, to respond to this location. [REDACTED] arrived on scene, took possession of [REDACTED] body and transported him to [REDACTED] Funeral Home.

Non-contact Vehicle/Occupants-
Vehicle
Gray 2007 Chevrolet Suburban
Montana Temporary Registration Number [REDACTED]

Crash Number 50039662-01	Reporting Agency MONTANA HIGHWAY PATROL	Reporting Agency Case Number	Reporting Agency CAD Number MHP12CAD087519	ORI MTMHP0000
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Vehicle Identification Number [REDACTED]

Insurance [REDACTED]

[REDACTED]

Occupant: [REDACTED]

DOB [REDACTED]

[REDACTED]

Crash Scene Investigation:

I photographed the scene before [REDACTED] body was moved. I marked the points and location of the ATV along with the location of the victim with paint. Sergeant James Moody, MHP155, assisted with marking and painting the ATV tire marks along with drawing a sketch. Trooper Joe Hensley, MHP 227, arrived on scene to assist with the investigation and run the Total Station Forensic Mapping System equipment. Trooper Todd Hagenbauch, MHP163, responded to the scene with the Total Station equipment. Trooper Hensley, Trooper Hagenbauch and I mapped the scene using the Total Station Mapping System.

Witnesses:

[REDACTED]

Big Timber, MT. 59011

A written statement was obtained by me on July 27, 2012, from [REDACTED] at approximately 1639 hours. [REDACTED] did not want to write the statement, so he asked if I would write the statement as he explained to me what he saw. I agreed, and below is verbatim the incident as it was told to me; At approximately 1546 hours this day, I was traveling east on [REDACTED] approximately 2 miles east of [REDACTED]. I was coming home from [REDACTED] after taking guests to the airport. I was coming around a slight left hand turn in the roadway, when I observed a cloud of dust behind the Polaris Ranger that [REDACTED] was driving. The Polaris went broadside hitting the ditch, leaving the gravel and overturned on its driver side. I got out to check on him and he was lying face down, head turned facing west, with the Polaris cab roof corner sitting on his neck. I did not see any eye movements or see any breath. I couldn't lift the Polaris. I had warned him several times about slowing down along with the other employees. (other 2 boys). Dictation was completed at 1652 hours.

I obtained a taped statement on July 28, 2012, at the home of [REDACTED]. The audio statement was transcribed and will be included with this report.

Evidence:

Photographs

Coroner/Post Mortem Reports:

Sweet Grass County Coroner, Daryl Hodges
200 West First Ave
PO Box 567
Big Timber, MT. 59011
(406)930-2552

Sweet Grass County Coroner, Daryl Hodges, ruled [REDACTED] cause of death as Mechanical Asphyxiation. A copy of the coroner's report will be included with this report. A copy of the toxicology will be included when available.

Narrative:

On July 27, 2012, at approximately 1548 hours, I was working an assigned shift in uniform and driving a marked Montana Highway Patrol vehicle in the Big Timber area of Sweet Grass County. I heard the Sweet Grass County Sheriff's Office, dispatch a call of a child trapped under an ATV. The location was given as [REDACTED], off of the [REDACTED]. I arrived on scene at approximately 1609 hours. [REDACTED] and [REDACTED], of the Sweet Grass County Sheriff's Department, had arrived on scene prior to me. [REDACTED] were also on scene. The Sweet Grass County Ambulance, EMS1, was dispatched at 1548 hours and arrived on scene at 1615 hours. At approximately the same time, Sweet Grass County Search and Rescue arrived on scene.

The actual location of the crash was on the [REDACTED], 2 miles east of the [REDACTED]. The roadway is on the [REDACTED]. This is a private road constructed of gravel. This portion of the roadway was straight, level and in good condition. The roadway was free of obstructions or debris. The crash occurred during daylight hours and the sky was clear.

[REDACTED] pulled his pickup around to the other side of the barbed wire fence, next to the ATV. [REDACTED] tied a tow rope to the axles of the ATV. [REDACTED] drove his pickup forward to lift the ATV off of [REDACTED]. When the ATV had been lifted enough, [REDACTED] and I pulled [REDACTED] out and away from underneath the ATV. I assisted [REDACTED] in turning [REDACTED] over onto his back and covered him with a blanket out of my patrol car. Coroner Daryl Hodges arrived on scene with EMS1 at 1615 hours and pronounced [REDACTED] deceased at 1616 hours.

I learned that [REDACTED] was the driver of a 2007 Chevy Suburban, that was traveling east on the [REDACTED], approximately 2 miles east of the [REDACTED] when the crash occurred. [REDACTED] was coming around a slight left curve in roadway, when he witnessed [REDACTED] traveling west on [REDACTED]. [REDACTED] was driving a 2007 Polaris Ranger Quadricycle ATV. [REDACTED] stated that he could see a cloud of dust following behind the ATV, and witnessed it go into a broadside skid. The ATV went off the north side of the gravel road and overturned, pinning [REDACTED] underneath it.

[REDACTED] had just crossed a cattle guard and lost traction on the gravel roadway. [REDACTED] continued driving the ATV down the center of the roadway when he steered to the right and lost control. The ATV went into a broadside skid off the right side of the roadway into a narrow ditch and up a 2-3 foot

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embankment. The left side wheels dug into the dirt, causing the ATV to overturn and land on its side. The ATV was lying on its driver's side in the ditch on the north side of the roadway, facing west. The ATV's left side tires were resting on the embankment and the right side tires were up in the air. [REDACTED] was partially ejected landed on the right edge of the roadway. [REDACTED] body was lying front side down in the ditch with his head on the edge of the gravel roadway. The left rear corner of the cab came to rest on [REDACTED] neck causing fatal injury.

The crash occurred on a private roadway that is maintained by the [REDACTED] [REDACTED] [REDACTED]. The helmet statute does not apply on this section of roadway.

[REDACTED] was not transported by the ambulance service. [REDACTED] [REDACTED] responded to the scene to transport the body. Crazy Mountain Towing, of Big Timber, responded to the scene to tow and secure the ATV.

Conclusion:
In my opinion, based upon my investigation, [REDACTED] was traveling west on the [REDACTED] [REDACTED] when the ATV he was driving crossed a cattle guard. The ATV lost traction after crossing the cattle guard. [REDACTED] was driving down the center of the gravel road when he attempted to steer to the right hand side of the road. [REDACTED] lost control of the ATV, causing it to go into a broadside skid. The ATV went off the right side of the gravel road. The left side of the ATV's wheels dug into the dirt causing it to overturn onto its left side. [REDACTED] was not wearing a seat belt and did not have a helmet on. [REDACTED] was partially ejected and landed on the north side of the road edge. The left rear corner of the ATV's cab landed on [REDACTED] neck resulting in the fatal injury.

Enforcement Action:
None

NARRATIVE: 50039662

FILM LOG

ACCIDENT #: 50039662 LOCATION: [REDACTED] [REDACTED] [REDACTED]
PHOTOS BY: Trooper Brenda Timm
CAMERA: [REDACTED] [REDACTED] FILM: Digital # EXPOSURE: 32

#	I.D.	Date	Time	Dir	Hgt	Dis	Flsh	Description
19	MHP202	072712	1606	E				ATV ON VICTIM
20			1606	E				ATV ON VICTIM
21			1606	N				ATV ON VICTIM
22			1606	N				ATV ON VICTIM
23			1606	W				ATV ON VICTIM
24			1606	W				ATV ON VICTIM
25			1607	W				ATV LICENSE PLATE
26			1607	S				ATV BOTTOM
27			1607	E				ATV LIFTING OFF OF VICTIM
28			1607	E				ATV LIFTED OFF OF VICTIM
29			1609	E				ATV FRONT
30			1610	W				TIRE TRACKS ON GRAVEL ROADWAY
31			1610	W				TIRE TRACKS ON GRAVEL ROADWAY
32			1610	W				TIRE TRACKS ON GRAVEL ROADWAY
33			1611	W				TIRE TRACKS ON GRAVEL ROADWAY
34			1611	W				TIRE TRACKS ON GRAVEL ROADWAY
35			1611	W				TIRE TRACKS ON GRAVEL ROADWAY
36			1611	W				TIRE TRACKS ON GRAVEL ROADWAY
37			1611	W				ATV BACK / TIRE TRACKS
38			1611	W				ATV BACK
39			1611	E				TIRE TRACKS ON GRAVEL ROADWAY
40			1619	E				VICTIM
41			1619	E				VICTIM
42			1619	E				VICTIM

NARRATIVE: 50039662

FILM LOG

ACCIDENT #: 50039662 LOCATION: [REDACTED] [REDACTED] [REDACTED]
PHOTOS BY: Trooper Brenda Timm
CAMERA: [REDACTED] [REDACTED] FILM: Digital # EXPOSURE: 32

#	I.D.	Date	Time	Dir	Hgt	Dis	Flsh	Description
43	MHP202	072712	1746	N				BLURRED TOP LEFT CORNER OF ATV
44			1756	N				TOP LEFT CORNER OF ATV CAB
45			1747	N				LEFT REAR ATV TIRE
46			1747	N				LEFT SIDE OF ATV BOTTOM
47			1747	N				LEFT FRONT ATV TIRE
48			1748	N				LEFT FRONT ATV TIRE
49			1748	N				LEFT REAR ATV TIRE
50			1748	S				RIGHT REAR ATV TIRE
51			1748	S				RIGHT FRONT ATV TIRE

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NARRATIVE: 50039662

Pt	North	East	Elev	Description	RawDat
1	0.000	0.000	0.000	Inst Point	I:69.600,R:72.000,D:
2	19.964	0.000	0.184	REF	I:69.600,R:72.000,D:BEGIN:21.324+00000010 22.324+08853500 31..01+00019968
:END					
3	104.325	-6.072	0.261	TM01	I:69.600,R:72.000,D:BEGIN:21.324+35640090 22.324+08944500 31..01+00104503
:END					
4	120.468	-2.471	0.508	TM01	I:69.600,R:72.000,D:BEGIN:21.324+35849290 22.324+08939480 31..01+00120495
:END					
5	140.107	-2.518	0.538	TM01	I:69.600,R:72.000,D:BEGIN:21.324+35858130 22.324+08941530 31..01+00140132
:END					
6	160.088	-3.426	0.516	TM01	I:69.600,R:72.000,D:BEGIN:21.324+35846260 22.324+08944380 31..01+00160126
:END					
7	180.627	-5.149	0.580	TM01	I:69.600,R:72.000,D:BEGIN:21.324+35822020 22.324+08945100 31..01+00180702
:END					
8	201.148	-7.195	0.703	TM01	I:69.600,R:72.000,D:BEGIN:21.324+35757050 22.324+08944350 31..01+00201279
:END					
9	221.090	-9.419	0.991	TM01	I:69.600,R:72.000,D:BEGIN:21.324+35733380 22.324+08941300 31..01+00221294
:END					
10	243.621	-12.284	1.433	TM01	I:69.600,R:72.000,D:BEGIN:21.324+35706480 22.324+08936590 31..01+00243936
:END					
11	263.232	-15.256	2.083	TM01	I:69.600,R:72.000,D:BEGIN:21.324+35640590 22.324+08930140 31..01+00263684
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12	278.506	-16.907	2.753	TM01	I:69.600,R:72.000,D:BEGIN:21.324+35631340 22.324+08923370 31..01+00279034
:END					
13	288.296	-18.312	3.304	TM01	I:69.600,R:72.000,D:BEGIN:21.324+35621560 22.324+08918180 31..01+00288898
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14	258.281	-18.067	1.972	TM02	I:69.600,R:72.000,D:BEGIN:21.324+35559550 22.324+08931100 31..01+00258921
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15	243.456	-16.288	1.537	TM02	I:69.600,R:72.000,D:BEGIN:21.324+35610210 22.324+08935320 31..01+00244006
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16	226.996	-14.297	1.104	TM02	I:69.600,R:72.000,D:BEGIN:21.324+35623460 22.324+08940170 31..01+00227450
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17	208.837	-12.159	0.797	TM02	I:69.600,R:72.000,D:BEGIN:21.324+35640040 22.324+08943370 31..01+00209193
:END					
18	193.339	-10.292	0.649	TM02	I:69.600,R:72.000,D:BEGIN:21.324+35657100 22.324+08944560 31..01+00193615
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19	177.996	-8.935	0.495	TM02	I:69.600,R:72.000,D:BEGIN:21.324+35707350 22.324+08946360 31..01+00178221
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20	161.794	-7.350	0.419	TM02	I:69.600,R:72.000,D:BEGIN:21.324+35723560 22.324+08946520 31..01+00161962
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21	147.423	-6.495	0.428	TM02	I:69.600,R:72.000,D:BEGIN:21.324+35728390 22.324+08945220 31..01+00147567
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22	133.375	-6.029	0.423	TM02	I:69.600,R:72.000,D:BEGIN:21.324+35724420 22.324+08943570 31..01+00133513
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23	119.366	-6.154	0.342	TM02	I:69.600,R:72.000,D:BEGIN:21.324+35702560 22.324+08944240 31..01+00119526
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25	100.638	-10.462	0.304	GOU01	I:69.600,R:72.000,D:BEGIN:21.324+35403540 22.324+08942520 31..01+00101182
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26	99.994	-11.404	0.607	GOU01	I:69.600,R:72.000,D:BEGIN:21.324+35329380 22.324+08932260 31..01+00100645
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27	98.479	-11.448	0.687	GOU01	I:69.600,R:72.000,D:BEGIN:21.324+35322090 22.324+08929140 31..01+00099146
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28	99.514	-10.649	0.350	GOU01	I:69.600,R:72.000,D:BEGIN:21.324+35353320 22.324+08941060 31..01+00100084
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29	99.493	-9.353	-0.085	GOU02	I:69.600,R:72.000,D:BEGIN:21.324+35437470 22.324+08956030 31..01+00099932
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30	98.736	-9.849	0.176	GOU02	I:69.600,R:72.000,D:BEGIN:21.324+35418130 22.324+08946590 31..01+00099227
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31	97.581	-10.234	0.286	GOU02	I:69.600,R:72.000,D:BEGIN:21.324+35400470 22.324+08942580 31..01+00098117
:END					
32	98.614	-9.138	-0.084	GOU02	I:69.600,R:72.000,D:BEGIN:21.324+35442210 22.324+08955580 31..01+00099037

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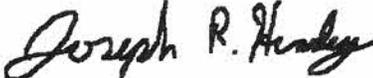
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41 23.315 -2.589 -0.142 edge_1 I:69.600,R:72.000,D:BEGIN:21.324+35339470 22.324+08951320 31..01+00023458
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42 23.755 20.701 0.235 edge_2 I:69.600,R:72.000,D:BEGIN:21.324+04104110 22.324+08912310 31..01+00031512
:END
43 24.376 32.438 -2.849 fence_2 I:69.600,R:72.000,D:BEGIN:21.324+05304360 22.324+09344090 31..01+00040662
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44 56.574 18.580 0.395 edge_2 I:69.600,R:72.000,D:BEGIN:21.324+01810510 22.324+08925400 31..01+00059550
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45 54.020 -1.796 0.197 edge_1 I:69.600,R:72.000,D:BEGIN:21.324+35805440 22.324+08934450 31..01+00054051
:END
46 54.872 -13.467 2.683 FENCE I:69.600,R:72.000,D:BEGIN:21.324+34612400 22.324+08704450 31..01+00056574
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47 77.442 -12.286 1.839 FENCE I:69.600,R:72.000,D:BEGIN:21.324+35059060 22.324+08830380 31..01+00078437
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48 77.913 -3.508 0.042 edge_1 I:69.600,R:72.000,D:BEGIN:21.324+35725180 22.324+08949200 31..01+00077992
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49 79.614 16.567 0.383 edge_2 I:69.600,R:72.000,D:BEGIN:21.324+01145190 22.324+08935210 31..01+00081322
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50 81.095 27.505 -2.965 fence_2 I:69.600,R:72.000,D:BEGIN:21.324+01844080 22.324+09150590 31..01+00085677
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51 107.232 25.056 -2.668 fence_2 I:69.600,R:72.000,D:BEGIN:21.324+01309070 22.324+09117020 31..01+00110148
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52 106.239 13.862 0.331 edge_2 I:69.600,R:72.000,D:BEGIN:21.324+00726030 22.324+08942570 31..01+00107141
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53 104.243 -5.189 0.313 edge_1 I:69.600,R:72.000,D:BEGIN:21.324+35709010 22.324+08943060 31..01+00104373
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54 101.772 -19.029 3.027 FENCE I:69.600,R:72.000,D:BEGIN:21.324+34924330 22.324+08812540 31..01+00103586
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55 162.038 -35.770 2.647 FENCE I:69.600,R:72.000,D:BEGIN:21.324+34733060 22.324+08901020 31..01+00165964
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56 165.669 -13.038 0.197 edge_1 I:69.600,R:72.000,D:BEGIN:21.324+35530000 22.324+08951470 31..01+00166182
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62 344.730 4.513 2.210 fence_2 I:69.600,R:72.000,D:BEGIN:21.324+00045000 22.324+08935580 31..01+00344768
:END
63 340.090 -16.843 5.559 fence_2 I:69.600,R:72.000,D:BEGIN:21.324+35709530 22.324+08901520 31..01+00340556
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64 337.542 -38.521 6.509 fence_3 I:69.600,R:72.000,D:BEGIN:21.324+35329220 22.324+08852070 31..01+00339799
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65 317.859 -60.245 7.992 fence_3 I:69.600,R:72.000,D:BEGIN:21.324+34916040 22.324+08832580 31..01+00323622
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67 346.817 -34.795 6.714 edge_1 I:69.600,R:72.000,D:BEGIN:21.324+35416150 22.324+08851490 31..01+00348627
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69 385.069 -24.800 7.299 edge_2 I:69.600,R:72.000,D:BEGIN:21.324+35618540 22.324+08853120 31..01+00385940
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70 382.996 -40.361 7.531 edge_1 I:69.600,R:72.000,D:BEGIN:21.324+35359030 22.324+08851000 31..01+00385194
:END
71 342.793 -34.348 6.579 cg I:69.600,R:72.000,D:BEGIN:21.324+35416410 22.324+08852220 31..01+00344576
:END

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Crash Number 50039662-01	Reporting Agency MONTANA HIGHWAY PATROL	Reporting Agency Case Number	Reporting Agency CAD Number MHP12CAD087519	ORI MTMHP0000
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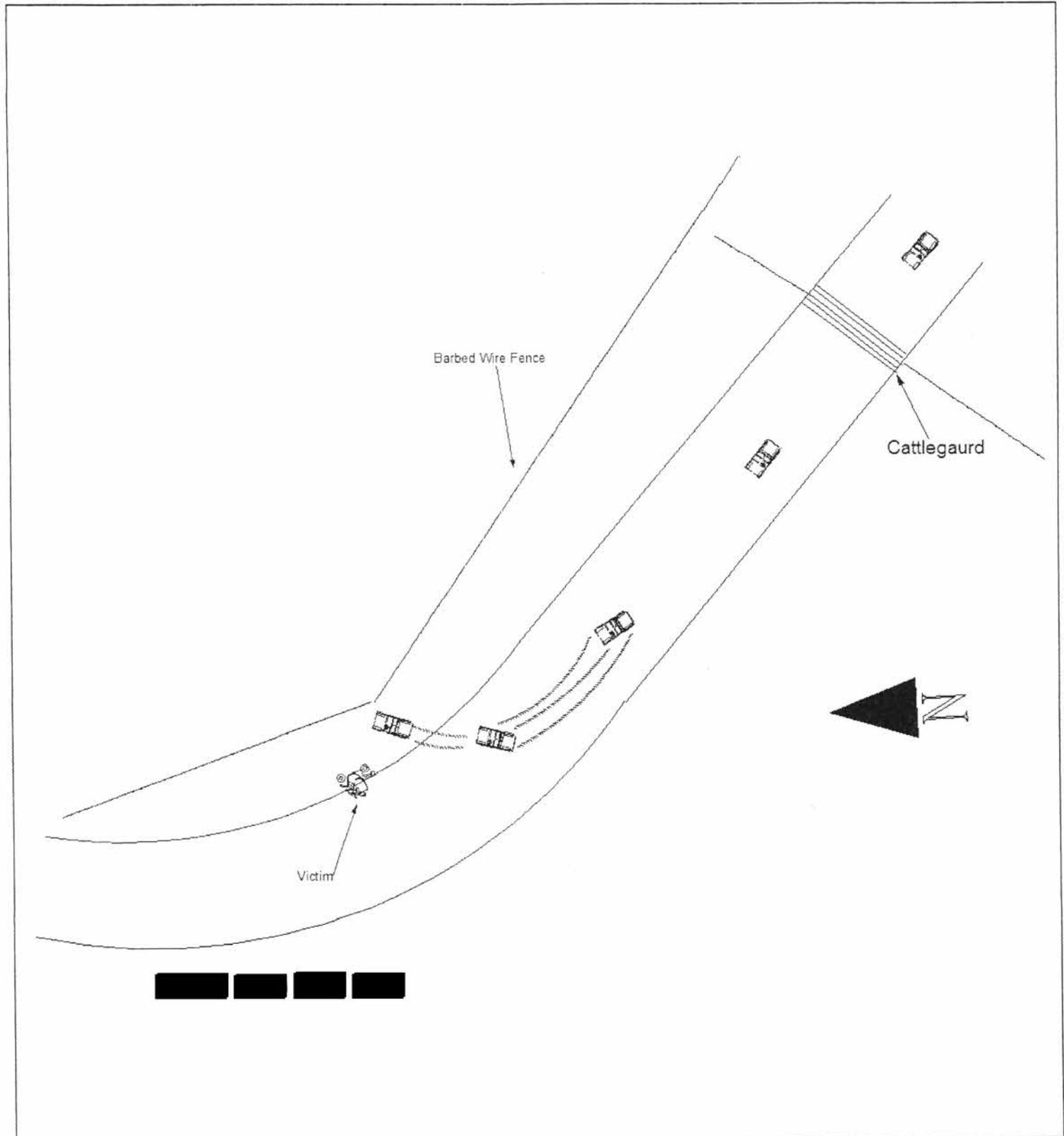
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 74 335.464 -33.063 6.336 cg l:69.600,R:72.000,D:BEGIN:21.324+35422160 22.324+08853210 31..01+00337153
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 75 19.959 -0.033 0.183 backsight l:69.600,R:72.000,D:BEGIN:21.324+35954200 22.324+08854050 31..01+00019963
 :END

REPORTING OFFICER / SUPERVISOR APPROVAL

Reporting Officer			Approving Supervisor			Case Identifier
ID Number 1837	Rank TROOPER	Name BRENDA TIMM	ID Number 1499	Rank TROOPER	Name JOSEPH R. HENSLEY	
Signature 			Signature 			

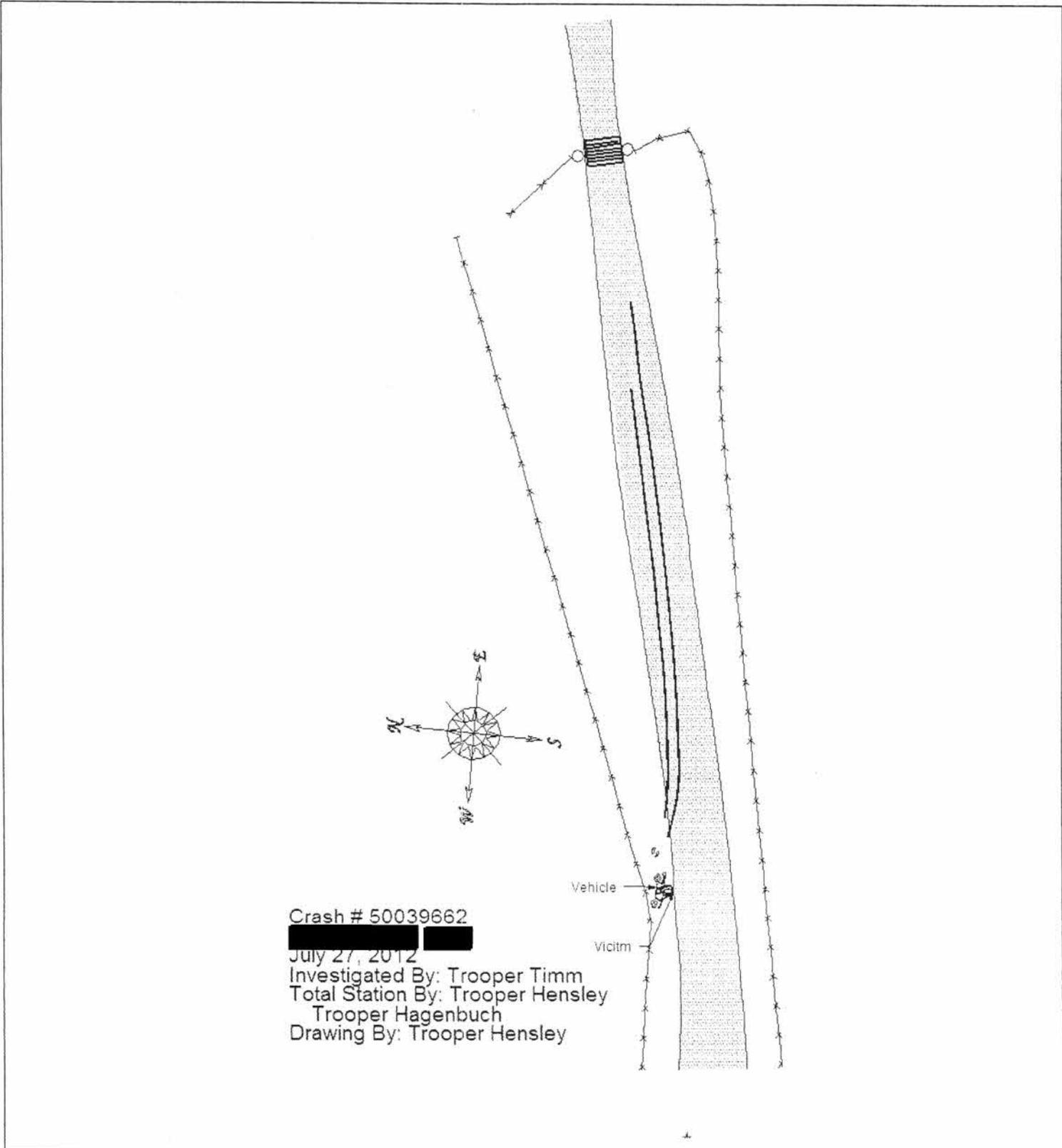
Crash Number 50039662-01	Reporting Agency MONTANA HIGHWAY PATROL	Reporting Agency Case Number	Reporting Agency CAD Number MHP12CAD087519	ORI MTMHP0000
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DIAGRAM OF ACCIDENT



Crash Number 50039662-01	Reporting Agency MONTANA HIGHWAY PATROL	Reporting Agency Case Number	Reporting Agency CAD Number MHP12CAD087519	ORI MTMHP0000
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DIAGRAM OF ACCIDENT



Crash # 50039662
 [Redacted]
 July 27, 2012
 Investigated By: Trooper Timm
 Total Station By: Trooper Hensley
 Trooper Hagenbuch
 Drawing By: Trooper Hensley

Sweet Grass Sheriffs Office

Incident Report

ID: 130104HCC3273

Page 1 of 2

Exhibit C

Incident #: 12-107-OF

Call #: 12-1520

Date/Time Reported: 07/27/2012 1546
 Report Date/Time: 07/27/2012 1637
 Occurred Between: 07/27/2012 1546-07/27/2012 1637
 Status: Incident Open
 Involves: Juveniles
 Reporting Officer: [REDACTED]
 Approving Officer: [REDACTED]
 Signature: _____
 Signature: _____

#	OFFENSE(S)	ATTEMPTED	TYPE
	LOCATION TYPE: Farm Facility [REDACTED]		Zone: EAST OF BIG TIMBER
1	OTHER - TRAFFIC FATAL 4091 OCCURRED: 07/27/2012 1546	N	Misdemeanor

#	VICTIM(S)	SEX	RACE	AGE	SSN	PHONE
1	[REDACTED] BIG TIMBER MT 59011 [REDACTED] ETHNICITY: Not of Hispanic Origin RESIDENT STATUS: Resident VICTIM CONNECTED TO OFFENSE NUMBER(S): 1	M	W	17	NOT AVAIL	

Sweet Grass Sheriffs Office

NARRATIVE FOR DISPATCH

01/08/2013 04:04 HCC3273

Page 2

Exhibit C

Ref: 12-107-OF

Entered: 07/27/2012 @ 1646	Entry ID: 2371
Modified: 07/27/2012 @ 1649	Modified ID: 2371
Approved: 07/27/2012 @ 1649	Approval ID: 2371

RECD 911 CELL CALL FROM [REDACTED] HE HAS A KID UNDER AN ATV HE CAN'T GET IT OFF OF HIM // WHERE ARE YOU // [REDACTED] PAGE GRP 422 40-6 COPY PAGE AND RESPONDING1551 [REDACTED] CALLED WOULD YOU PAGE AGAIN ONE OF THE ON CALL IS ON THE FIRE TRK PAGE GRP 422 40-1 BACK IN THE COUNTY IS THIS FROM REED POINT OR GREY CLIFF // CHECKING MAPPING // 40-4 ADVISED THRU GREYCLIFF1557; [REDACTED] STILL WAITING AT THE AMB BARN WOULD YOU PAGE AGAIN 3RD PAGE FOR GRP 422 1558; 40-1 IN THE AREA 40-6 ON SCENE1600; EMS 1 10-81604; 40-1 WOULD YOU CHECK THE AVAILABILITY OF HELP FLIGHT1605; CALLED HELP FLIGHT - PUT ON STANDBY1606; 40-1 ON SCENE1618; 40-1 WOULD YOU CALL [REDACTED] AND HAVE [REDACTED] HAVE HIM BRING DARRYL'S TRK CALLED [REDACTED] - WILL RESPOND1623; 40-4 LL [REDACTED] ASKED THAT YOU CALL [REDACTED] AND HAVE HIM CALL DARRYL AT 930-2552 CALLED [REDACTED] - INFO AND # GIVEN1627; 40-2 ON LOCATION AT THE SCENE1630; C-5 I'M IN SERVICE1632; MHP 202 CAN YOU TELL ME THE TIME OF THIS CALL // TIME OF CALL 15:46 // THANK YOU1633; 40-2 CLEAR SCENE COMING 10-19 AND WE SOULD HAVE SOME PEOPLE COMING IN



U.S. Consumer Product Safety Commission

Task Number: 130104HCC3273

Date: 1/28/13

Status of Missing Document(s)

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

1. Coroner Report w/ Toxicology Results
2. _____
3. _____
4. _____
5. _____
6. _____

Contact Information

Montana 1
Records/ [REDACTED]
2550 Pro
Helena, MT 59620
406-444-3280
Contacted: 1/7/13

Sweet Grass County Sheriff's Office
Records [REDACTED]
200 West Ave
Big Timber, MT 59011
406-932-5143
Contacted: 1/7/13

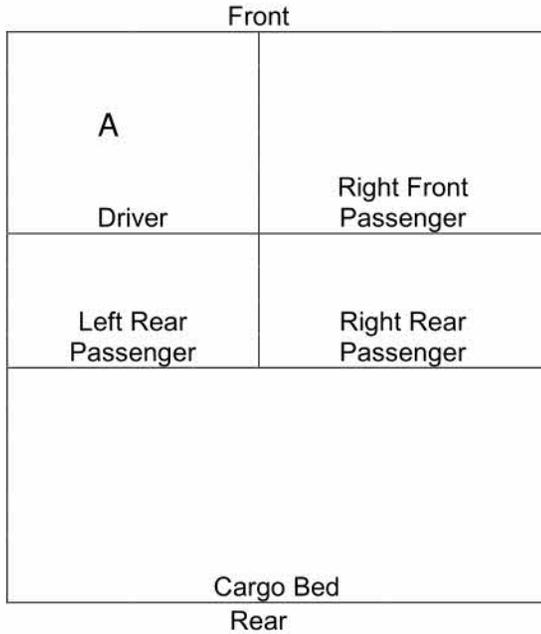
Sweet Grass County Coroner's Office
Daryl Hodges
PO Box 888
Big Timber, MT 59011
406-932-2552
Contacted: 1/7/13 (voicemail), 1/9/13 (mailed request)

On January 8, 2013, this investigator contacted Hodges, who requested this investigator mail him a signed request.

Utility Vehicle Data Record Sheet

IDI #: 130104HCC3273

Exhibit #: F



The Utility Vehicle

A:	Age:	17	Height:	UNK
	Gender:	M	Weight:	UNK
	Helmet (Y/N):	N	Seatbelt (Y/N):	N
	Killed/Injured/Neither/Unknown: Killed			
	Injury Description: UNK			
	Did vehicle land on victim: Yes			
	Ejected (Either partially or fully): Partially			

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

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

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

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

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

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

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

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

Save

IDI 130104HCC3274

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

On August 10, 2012, at approximately 11:30 p.m., a 31 year-old male was driving a four-wheeled utility vehicle (UTV) with a 29 year-old male passenger, on a narrow strip of grass located in-between two municipal baseball fields, when he attempted to make a U-turn at a high rate of speed, resulting in the UTV overturning. When the UTV overturned it ejected the driver and passenger who were not wearing seatbelts. According to the passenger, the UTV landing on the driver side directly on-top of the driver.

The passenger claimed he returned to a nearby bar, where he and the driver had been prior to the incident and reported what had happened to the owner of the UTV. Shortly after, CPR was initiated by the owner of the UTV and the incident was reported to first responders.

The driver was pronounced dead at the scene and the passenger was transported to a local hospital for minor injuries, not further specified.

The driver and the passenger were not wearing a seat belt or helmet when the incident occurred. The speed of travel at the time of the incident was not determined. The driver's experience operating the UTV was not determined. According to the Highway Patrol the surface where the incident occurred was found to be dry.

Weather data for the surrounding area where the incident occurred on August 10, 2012, was obtained from www.wunderground.com and is contained in [Exhibit D](#). The minimum temperature was listed as being 67 degrees Fahrenheit, with the maximum temperature at 88 degrees Fahrenheit. The dew point was listed at 50 degrees Fahrenheit with the average humidity at 38%. Trace precipitation was recorded. Wind speeds were recorded between 0-26 mph with gusts up to 33 mph.

On August 11, 2012, an autopsy was performed. The cause of death was listed as mechanical asphyxia with a manner of death listed as accident. Toxicology reports listed the driver's blood ethanol level of 0.17GM/100ML.

IDI 130104HCC3274

-2-

PRODUCT INFORMATION:

Utility Vehicle

Brand: Polaris

Model: RZR XP 900

Year: 2012

VIN: 

Manufacturer: Polaris
2100 Highway 55
Medina, MN 55340

Attachments:

Exhibit A - Photos (3)

Exhibit B - Highway Patrol Report

Exhibit C - Coroner/Autopsy Report with Toxicology Results

Exhibit D - Weather Data

Exhibit E - Contact Information

Exhibit F - UTV Data Record Sheet

IDI 130104HCC3274

Exhibit A-1 shows the incident ATV after being lifted off the victim.



IDI 130104HCC3274

Exhibit A-2 shows a close-up of the incident ATV.



IDI 130104HCC3274

Exhibit A-3 shows the terrain where the incident occurred.





MONTANA VEHICLE CRASH REPORT

Montana Highway Patrol
MONTANA HIGHWAY PATROL

*Non-traffic
FATAL*

Crash Number 50042200-01	Reporting Agency MONTANA HIGHWAY PATROL	Reporting Agency Case Number	Reporting Agency CAD Number MHP12CAD094154	ORI MTMHP0000
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CRASH IDENTIFIERS

County of Crash YELLOWSTONE (03)	City	Crash Date/Time 08/10/2012 11:20 PM	Reported Date/Time 08/10/2012 11:38 PM	Dispatched Date/Time 08/10/2012 11:39 PM
On Scene Date/Time 08/11/2012 12:12 AM	Cleared Scene Date/Time 08/11/2012 01:55 AM	Complete Date/Time	Reason (if Investigation Not Complete) PENDING TOXICOLOGY REPORT	Source of Information MONTANA HIGHWAY PATROL

ROADWAY INFORMATION

Roadway Description for Location of Occurrence		<input type="checkbox"/> Notify MDOT	Latitude	Longitude
Intersecting Roadway Description for Location of Occurrence		Distance / Direction from Crash Location	<input type="checkbox"/> Roadway Blocked	Roadway Cleared Date/Time
Part of National Highway System NO	Roadway Functional Class Type RURAL	Roadway Functional Class Detail UNKNOWN RURAL		
Roadway Access Control NO ACCESS CONTROL	Type of Shoulder UNPAVED	Roadway Lighting NO LIGHTING	Roadway Bikeway Facility NONE	Signed Bicycle Route NOT APPLICABLE
Traffic Control Type at Intersection	Mainline Number of Lanes at Intersection	Side Road Number of Lanes at Intersection		

CRASH INFORMATION

Light Condition DARK NOT LIGHTED	Weather Condition CLOUDY	Roadway Surface Condition DRY	Roadway Surface Composition DIRT	Manner of Crash Collision / Impact SINGLE VEHICLE CRASH ONLY	<input checked="" type="checkbox"/> Crash Pictures Taken
First Harmful Event Type NON-COLLISION	First Harmful Event Detail OVERTURN/ROLLOVER		Location of First Harmful Event Relative to The Trafficway OFF ROADWAY LOCATION UNKNOWN		
First Harmful Event's Relation to Junction NON-JUNCTION	Is First Harmful Event within Interchange Area NO	Type of Intersection NOT AT INTERSECTION			
Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE		Contributing Circumstances: Environment NONE	
Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE		Contributing Circumstances: Road NONE	
School Bus Related NO		Work Zone Related NO	Crash Location in Work Zone		

VEHICLE V01

V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	State MT	Registration Number	Registration Expires	<input checked="" type="checkbox"/> Permanent Registration
Year 2012	Make POLARIS	Mode	Style ATV	Color RED	Body Type Category ALL TERRAIN VEHICLE (ATV)
Special Function of Motor Vehicle in Transport NO SPECIAL FUNCTION		Emergency Motor Vehicle Use NO		Type of Bus Use NOT A BUS	
Owner First Name	Owner Middle Name	Owner Last Name	Owner Suffix	Owner Business (if not Person)	
Address		Address Other		City Worden	State MT
Zip Code 59086-2116	Owner Phone Number	Owner Phone Number (other)	Insurance Company	Insurance Policy Number	Insurance Broker or Agent

Vehicle Removal TOWED DUE TO REASONS OTHER THAN VEHICLE DAMAGE	Vehicle Towed By	Wrecker Selection Method ROTATION
Direction of Travel Before Crash NOT ON ROADWAY	Speed: Estimated 0	Posted 0
Roadway Type OTHER/PRIVATE	Total Lanes 0	Roadway Horizontal Alignment STRAIGHT
Roadway Grade LEVEL	Traffic Control Device Type NO CONTROLS	Working Properly

Trafficway Description PRIVATE PROPERTY	Vehicle Maneuver Action (by this vehicle) OTHER	Hit & Run (by this vehicle) NO DID NOT LEAVE SCENE	Damage Extent (for this vehicle) MINOR DAMAGE	Damage Estimate
--	--	---	--	-----------------

1st Sequence of Events Type (this vehicle) NON-COLLISION	1st Sequence of Events Detail (this vehicle) OVERTURN/ROLLOVER
2nd Sequence of Events Type (this vehicle) UNKNOWN	2nd Sequence of Events Detail (this vehicle)
3rd Sequence of Events Type (this vehicle) UNKNOWN	3rd Sequence of Events Detail (this vehicle)
4th Sequence of Events Type (this vehicle) UNKNOWN	4th Sequence of Events Detail (this vehicle)
Most Harmful Event Type (this vehicle) NON-COLLISION	Most Harmful Event Detail (this vehicle) OVERTURN/ROLLOVER
Contributing Circumstances 1 (this vehicle) NONE	Contributing Circumstances 2 (this vehicle) NONE

Area of Initial Impact	Most Damaged Area
<input checked="" type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Non Collision <input type="checkbox"/> Top <input type="checkbox"/> Undercarriage <input type="checkbox"/> Unknown

Occupant Type PASSENGER DRIVER	Person Name (First Middle Last Suffix)	Injury Status NON- INCAPACITATING INJURY FATAL INJURY (K)
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PASSENGER V01

Person Type PASSENGER	NI#	Vehicle# V01	Person Type Detail
First Name	Middle Name	Last Name	Suffix
Date of Birth	Age 29	Sex M	

Crash Number 50042200-01		Reporting Agency MONTANA HIGHWAY PATROL		Reporting Agency Case Number		Reporting Agency CAD Number MHP12CAD094154		ORI MTMHP0000			
Address Other				City BILLINGS		State MT		Zip Code 59102			
Phone Number (other)		Condition at Time of Crash UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL									
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown					
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use							
Air Bag Deployed NOT APPLICABLE				Ejection EJECTED TOTALLY							
Trapped Extrication NOT APPLICABLE											
Injury Severity Level Type NON- INCAPACITATING INJURY			Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash HEAD					
Source of Transport to Medical Facility EMS GROUND		EMS Agency Name or ID WORDEN FIRE		EMS Run Number 12--0228		Medical Facility Transported To BILLINGS CLINIC					
Law Enforcement Suspected Alcohol Use YES		Alcohol Test Type		Alcohol Tested TEST NOT GIVEN		Alcohol Test Results					
Law Enforcement Suspected Drug Use NO		Drug Test Type		Drug Tested TEST NOT GIVEN		Drug Test Results					
DRIVER V01											
Person Type DRIVER		NM#	Vehicle# V01	Person Type Detail				Suffix	Date of Birth	Age 31	Sex M
First Name		Middle Name		Last Name				Suffix	Date of Birth	Age 31	Sex M
Address				Address Other		City WORDEN		State MT		Zip Code 59088	
Phone Number		Phone Number (other)		Condition at Time of Crash UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL							
Driver License Number		Class D	Expires 05/18/2018	State MT	Jurisdiction 02	Type NON-CDL DRIVER'S LICENSE		Status VALID LICENSE			
Commercial Motor Vehicle Endorsements NONE/NOT APPLICABLE								<input type="checkbox"/> Recommend Driver ReExam			
Drivers License Restrictions 1 NONE			Drivers License Restrictions 2 NONE			Drivers License Restrictions 3 NONE					
Driver Distracted By NOT DISTRACTED				Driver Vision Obstructions VISION NOT OBSCURED							
Driver Actions at Time of Crash 1 (based on judgement of investigation officer) DROVE IN ERRATIC, RECKLESS, NEGLIGENT OR AGGRESSIVE MANNER				Driver Actions at Time of Crash 2 (based on judgement of investigation officer) DROVE TOO FAST FOR CONDITIONS							
Driver Actions at Time of Crash 3 (based on judgement of investigation officer) OVER-CORRECTING/OVER-STEERING				Driver Actions at Time of Crash 4 (based on judgement of investigation officer) NO CONTRIBUTING ACTION							
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat LEFT		Motor Vehicle Seating Position: Other NOT APPLICABLE		<input type="checkbox"/> Seating Position Unknown					
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT				Helmet Use							
Air Bag Deployed NOT APPLICABLE				Ejection EJECTED TOTALLY							
Trapped Extrication NOT TRAPPED											
Injury Severity Level Type FATAL INJURY (K)			Injury Severity Level Detail			Primary or Most Obvious of Body Area Injured During Crash					
Source of Transport to Medical Facility NOT TRANSPORTED		EMS Agency Name or ID		EMS Run Number		Medical Facility Transported To					
Law Enforcement Suspected Alcohol Use YES		Alcohol Test Type BLOOD		Alcohol Tested TEST GIVEN		Alcohol Test Results PENDING					
Law Enforcement Suspected Drug Use UNKNOWN		Drug Test Type		Drug Tested		Drug Test Results					

NARRATIVE: 50042200

On August 10, 2012, I, Trooper Mark Tome, was working a uniformed shift for the Montana Highway Patrol in Yellowstone County between the hours of 1700 and 0300. I was operating a marked patrol car, with top lights, siren, and gold lettering down the side.

At approximately 2338 hours, I was contacted by MHP dispatch to respond to a fatal ATV crash in the Worden area. I arrived on scene near the location of the baseball fields in [REDACTED]. When I arrived, I observed a newer red ATV sitting on all four wheels, and a male body lying next to the ATV. The body was lying on the left side of the ATV, as the ATV faced a northwest direction. The deceased male was identified as [REDACTED].

The [REDACTED] volunteer ambulance was on scene, attending to the suspected passenger of the ATV. This individual was later identified as [REDACTED]. Mr. [REDACTED] was transported to the Billings Clinic, where he was treated for a minor head injury. I completed a follow up interview with [REDACTED] on a later date.

Also at the location of the crash was the owner of the ATV, later identified as [REDACTED] and a friend of [REDACTED]. Mr. [REDACTED] informed me that he had granted permission to Mr. [REDACTED] to use the ATV earlier that evening. According to Mr. [REDACTED] is the brother of a friend. [REDACTED] indicated that he would not let a stranger use his ATV.

Mr. [REDACTED] took the ATV for a ride and returned the ATV to Mr. [REDACTED] at the [REDACTED] (the [REDACTED] is the name of the bar in [REDACTED] that the vehicle was parked at). Sometime later in the evening, around 2300 hours, Mr. [REDACTED] contacted his friend, Mr. [REDACTED], and told him to check out the ATV that Mr. [REDACTED] owned. According to Mr. [REDACTED] the key had been left in the ignition. Mr. [REDACTED] indicated that a period of approximately two to three hours, maybe longer, had passed from the first time Mr. [REDACTED] had been granted permission, to the time the crash was reported.

Mr. [REDACTED] apparently decided to take Mr. [REDACTED] for a ride in the ATV, at which time, they took off southbound from the [REDACTED] crossed the railroad tracks, and traveled into the baseball field. At the time of the crash, the vehicle had been traveling southbound on a narrow patch of grass, between two adjacent ball fields. The driver, suspected to be [REDACTED] entered the vehicle into a sharp U-turn at too great a speed, at which time the ATV rolled over.

The ATV rolled over, ejecting both occupants from the vehicle. The ATV is equipped with ATV seat belts that were not being utilized at the time. The ATV apparently landed on its side, directly on top of [REDACTED]. The autopsy supports this theory. At that point, [REDACTED] believed he had become unconscious. Upon regaining consciousness, [REDACTED] walked back to the [REDACTED] and informed [REDACTED] that the ATV had been involved in a crash. Mr. [REDACTED] led Mr. [REDACTED] and Mr. [REDACTED] to the location. [REDACTED] said he had not realized that anyone was operating his ATV at that time.

Crash Number 50042200-01	Reporting Agency MONTANA HIGHWAY PATROL	Reporting Agency Case Number	Reporting Agency CAD Number MHP12CAD094154	ORI MTMHP0000
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Arriving at the location of the crash, [redacted] and Mr. [redacted] observed the driver's side of the ATV lying on top of [redacted] and tipped it back onto its wheels. Observing that [redacted] was not breathing, they immediately started performing CPR. At some point, a call for help was made, and the ambulance arrived on scene, after which time [redacted] was pronounced dead, and [redacted] was transported to the Billings Clinic. Yellowstone County Deputy Coroner Steve Corson was contacted and arrived on scene to process the body of [redacted]. Photographs and evidence points were marked, and the vehicle was towed from the scene.

The following day, August 12, 2012, I contacted [redacted] at his residence and obtained a statement from him. [redacted] provided basically the same information as from the night before. [redacted] indicated that all the parties involved had been at the [redacted] earlier in the evening, and alcohol was consumed. This was apparent when I arrived on scene. [redacted] stated that permission was granted to M [redacted] to operate the ATV earlier that evening. [redacted] returned the ATV after using it the first time.

After [redacted] returned the ATV the first time, M [redacted] and M [redacted] left from the [redacted] in the ATV. M [redacted] and M [redacted] returned to the [redacted] later, at which time, the key was left in the ignition. It is after their return that the fatal crash unfolded. At some point, [redacted] contacted [redacted] about taking a "spin" in the ATV. According to [redacted] he was reluctant about this, but he decided to go anyway. According to [redacted] permission had not been granted to [redacted] to use the ATV the second time. [redacted] further indicated that he did not know the passenger of the ATV, Mr. [redacted].

After speaking with [redacted], I traveled to the residence of [redacted] and spoke with him about the crash. [redacted] provided much of the same details as [redacted] did and the same details that were provided the night of the crash. [redacted] did indicate that he had been the driver of the ATV when he and [redacted] returned to the [redacted] later that evening. Apparently, there was some miscommunication as to who should have removed the key from the vehicle. [redacted] thought that [redacted] had removed the key, and M [redacted] thought that [redacted] removed the key. Consequently, the key had been left in the ignition.

On August 14, 2012, I traveled to [redacted] MT, to speak with [redacted]. M [redacted] provided much of the same story that was provided by [redacted] and [redacted] did indicate that he was not with [redacted] earlier in the evening, when [redacted] took the ATV for a ride the first time. [redacted] did indicate that all parties involved on this evening had been consuming alcoholic beverages at the [redacted].

As far as the crash goes, [redacted] indicated that [redacted] contacted him inside the [redacted] and asked him about taking a ride in the ATV. [redacted] was reluctant to do so, because he was not familiar with the owner, [redacted] decided to join [redacted], and the two of them got into the ATV with [redacted] driving, and they drove off in a southbound direction, toward the ball fields. The ATV crossed the railroad tracks and traveled through the infield between the two adjacent ball fields. [redacted] decided to turn the ATV around at that time. The vehicle was traveling too fast to safely navigate the sharp turn and rolled over. [redacted] believes he was totally ejected from the ATV and was knocked unconscious. Regaining consciousness, [redacted] walked to the [redacted] to retrieve help for [redacted].

When help arrived, the ATV had to be rolled off of [redacted]. The driver's side of the ATV had [redacted] pinned down, leading to his death. The autopsy report indicated that [redacted] died of mechanical asphyxiation. Deputy Coroner Steve Corson with the Yellowstone County Sheriff's Office was contacted to process [redacted] body. The body was then retrieved by the funeral chapel.

This concluded my investigation into the crash. A copy of the autopsy report will be added to the crash file upon its receipt. All video and audio files will be added to the case file, and a copy will be forwarded to the Yellowstone County Sheriff's Office.

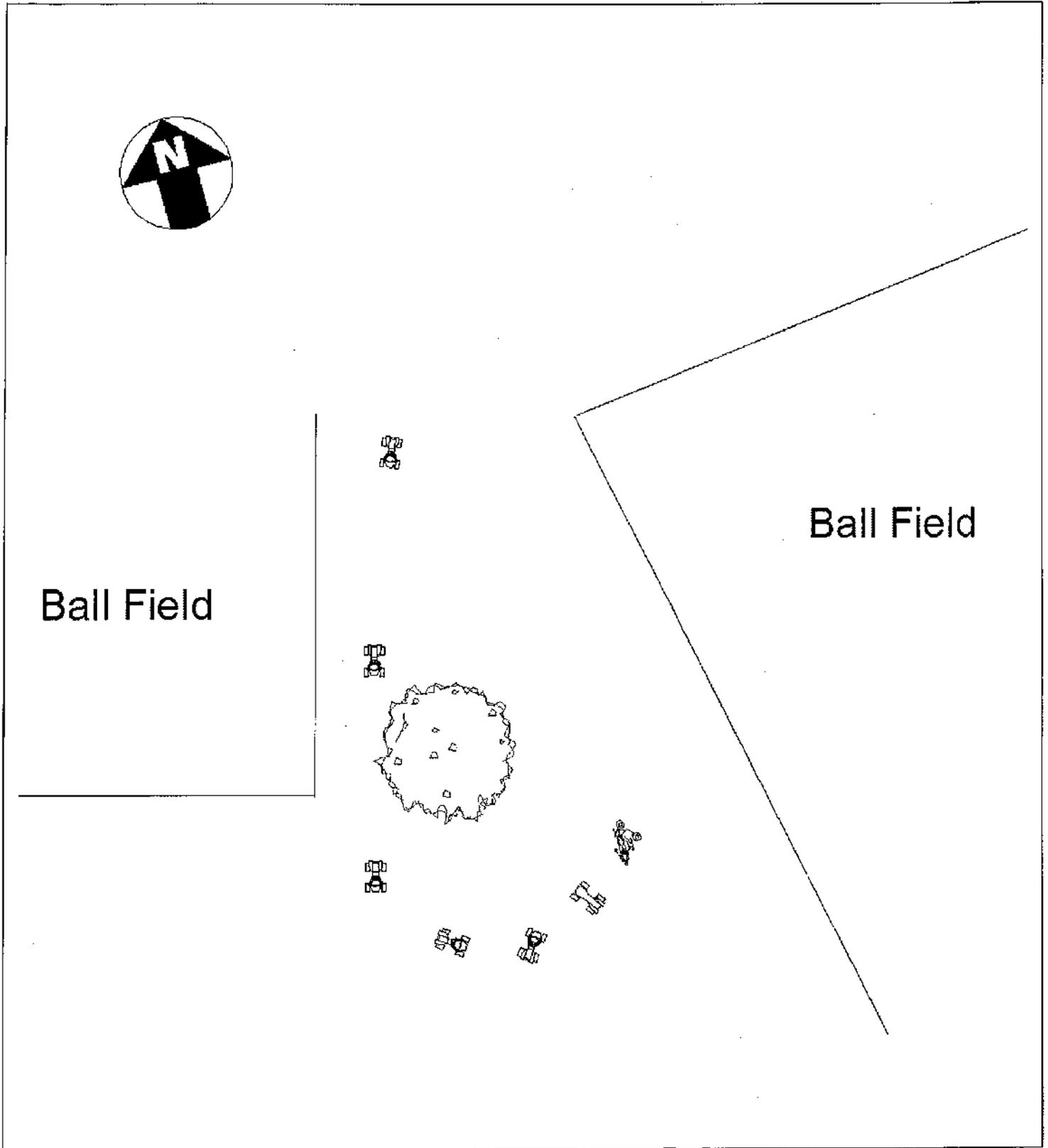
Trooper Mark Tome
Badge 345
406-697-7827

REPORTING OFFICER / SUPERVISOR APPROVAL

Reporting Officer			Approving Supervisor			Case Identifier
ID Number 1817	Rank TROOPER	Name MARK A TOME	ID Number 1402	Rank SGT	Name SCOTT AYERS	
Signature 			Signature 			

Crash Number 50042200-01	Reporting Agency MONTANA HIGHWAY PATROL	Reporting Agency Case Number	Reporting Agency CAD Number MHP12CAD094154	ORI MTMHP0000
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DIAGRAM OF ACCIDENT





YELLOWSTONE COUNTY SHERIFF'S OFFICE SHERIFF-CORONER DIVISION

DECEDENT: [REDACTED]	CORONER CASE #: [REDACTED]
RACE: W SEX: M AGE: 31 DOB: [REDACTED]	PATHOLOGIST #:
SOCIAL SECURITY #: [REDACTED]	Place of Death: [REDACTED]
ADDRESS: [REDACTED]	Adm. Time: Hrs-Date
CITY: Worden STATE: MT	DOA Time: Hrs-Date
PHONE: [REDACTED] ZIP: 59088	Pro Time: 0045 Hrs-Date 08/11/12
DISPATCH/REPORT INFO	Est. Hr of Death: 2330 Hrs-Date 08/10/12
Reported by: (X) Comm Center	Pro. By: Corson Where: on scene
() Hospital	MEDICAL INFO
() Funeral Home	Attending Physician: None
() Other / Specify:	Preliminary Diag:
Date Dispatched: 08/10/12 Time: 2354	
Arrival Date: 08/11/12 Time: 0038	D/C No
TYPE OF DEATH	Personal Physician: Unk
Natural () Traffic (X) Industrial ()	Medical History: Unk
Fire () Undetermined () Accidental ()	
SUICIDE () MANNER: NOTE ()	D/C No
HOMICIDE () MANNER:	MEDS PRESCRIBED/GIVEN (Autopsy Info)
LAW ENFORCEMENT AGENCY: Mt. Hwy Patrol	unk
CASE NUMBER: [REDACTED]	
Officer (s) On Scene: Trooper Tome, Sgt. Ayers	
Investigator (s):	
	CO N/A BA N/A
PERSON DISCOVERING DECEASED	SURVIVOR-RELATIVES
Name: [REDACTED]	NAME: [REDACTED]
Address: [REDACTED]	ADDRESS: [REDACTED]
City: Billings State: MT	CITY: Worden STATE: MT
HPX () WPX ()	ZIP: 59088
OTHERS:	HPX [REDACTED] WPX ()
	RELATION: step father
	OTHER: [REDACTED]
	[REDACTED] half-brother
	RELATIVE NOTIFIED (X) BY WHOM: Corson
	MORTUARY: [REDACTED]
	REQUESTED BY: Corson
	REMOVED BY: [REDACTED]
	CORONERS ROTATION: (X) YES () NO
	SHERIFF'S-CORONER: Steve Corson

PHYSICAL DESCRIPTION

AGE: 31 HT: 5-7 WT: 210 SEX: M RACE: W COLOR EYES: Bro COLOR HAIR: Bro

CLOTHING DESCRIPTION: CLOTHED (X) PARTIALLY () UNCLOTHED () DESCRIBE:

T-shirt, jeans, white socks, tennis shoes, glasses

SEIZED: BY WHOM:

SCARS: See autopsy photos

TATOOS: See autopsy photos

DENTURES () UPPER () EYE GLASSES / CONTACTS: x REMOVED: YES () NO ()

POST-MORTEM DESCRIPTION

RIGOR (Denote presence & extent if applicable)

LIVOR (Denote presence & extent if applicable)

LEGS ()

ANTERIOR ()

ARMS ()

POSTERIOR (X) Onset

NECK ()

LATERAL ()

CHEST ()

DECOMPOSITION:

JAW ()

NONE DETECTABLE (X) BODY TEMP: warm

ROOM / AMBIENT TEMP: 81 F

BODY POSITION AT SCENE:

NOSE EARS MOUTH

FACE DOWN () RIGHT SIDE ()

BLOOD () () ()

SEATED () LEFT SIDE ()

FROTH () () ()

BACK (X)

OTHER () () () DESCRIBE:

OTHER (DESCRIBE):

IDENTIFICATION

EXAM INFORMATION

TOXICOLOGY

POSITIVE ID: (XX)YES () NO

EXTERNAL EXAM: () YES (XX) NO

BLOOD: (XX)

BY WHOM: Nathan Girard

CORONER:

URINE: (XX)

DENTAL ID: () YES (XX) NO

AUTOPSY PERFORMED: (XX) YES () NO

VITREOUS: (XX)

BY WHOM:

PATHOLOGIST: Dr. Thomas Bennett

OTHER: ()

FINGERPRINTS: () YES (XX) NO

PERFORMED AT: St. Vincent's Morgue

BY WHOM:

DATE/TIME: 8/11/12 1000 hrs.

XRAYS: () YES (XX) NO

CORONER (XX) HOSPITAL () NTSB ()

GSR KIT: () YES (XX) NO

MILITARY () FAMILY () OTHER ()

BY WHOM:

PHOTOS: SCENE (XX) YES () NO

BY WHOM: Corson/MHP

EXAM (XX) YES () NO

BY WHOM: Fehr/Dr. Bennett

INVESTIGATIVE REPORT

SEE SUPPLEMENT

Steve Corson

Investigating Sheriff-Coroner

YELLOWSTONE COUNTY SHERIFF'S DEPARTMENT
SHERIFF - CORONER DIVISION
SUPPLEMENTAL REPORT

Case: [REDACTED]

Name: [REDACTED]

On 08/10/12 at 2354 hours, I was called at home to a one vehicle fatality crash in a grass field by the softball fields at [REDACTED]. I arrived on 08/11/12 at 0038 hours and contacted MHP Trooper TOME and MHP Sgt. AYERS. The MHP is the investigating agency and their case number is [REDACTED]. The date and time of the call was 08/10/12 at 2331 hours. I pronounced the death on 08/11/12 at 0045 hours.

Trooper TOME advised the decedent was driving a red 2012 Polaris Range RZRXP 900 ATV 4 wheeler with another occupant. The decedent was [REDACTED], [REDACTED], ssn [REDACTED], [REDACTED] phone number [REDACTED]. The passenger was [REDACTED] [REDACTED] unk. phone number. The license plate on the vehicle was [REDACTED]. The owner of the vehicle was [REDACTED].

It appeared [REDACTED] were spinning circles in the grass field when the 4-wheeler turned over. It appeared to have landed on top of [REDACTED]. It is unknown if the occupants were wearing seat belts. It appeared [REDACTED] was not wearing a helmet. [REDACTED] was injured and found [REDACTED] unresponsive. [REDACTED] went into the [REDACTED] Bar in [REDACTED] a short distance away and asked for help. [REDACTED] and patrons went back to the scene and attempted CPR until medical responders arrived. [REDACTED] Ambulance and Medical responders arrived and continued unsuccessful rescue attempts. [REDACTED] was transported to Billings Clinic E R with unknown injuries.

Digital pictures were taken and downloaded on the Coroner's Computer. The decedent was covered with a white sheet and lay on his back next to the 4-wheeler. He wore a black "The Farm" t-shirt, jeans, white socks, tennis shoes, and glasses. It appeared he received severe trauma to the body. It appeared [REDACTED] died on 08/10/12 at approx. 2330 hours.

[REDACTED] was called off Coroner Rotation. A body receipt was left with instructions for them to transport the body to St. V's Morgue and hold for an autopsy.

I contacted [REDACTED] step father and half brother by phone and advised them of the death. The step father was [REDACTED] Worden, phone [REDACTED]. The half brother was [REDACTED], [REDACTED].

Deputy Coroner Steven CORSON

Thomas L. Bennett, M.D.
Forensic Medicine and Pathology

REPORT OF POSTMORTEM EXAMINATION

Case Number: [REDACTED] **Name of Decedent:** [REDACTED]

Date/Time of Death: 8-10-12 (Friday) / 2330. **Date/Time of Autopsy:** 8-11-12 / 1010
Requested by: Chad Fehr, Deputy Coroner. **Agency:** Yellowstone County, MT.
Place of Death: [REDACTED]
Where performed: [REDACTED] **Limits of Exam:** None.
Others present at Autopsy: Chad Fehr.

Body identified by: Accompanying papers and physical characteristics:
Age: 31 years **Date of Birth:** [REDACTED] **Race:** White. **Sex:** Male
Length: 67 inches **Weight:** 160 pounds (est). **Eye color:** donated.
Hair color: Brown. **Beard:** Yes. **Moustache:** No. **Decomposition:** Early.
Rigor mortis: Moderate, throughout, early. **Livor mortis:** Reddish-violet, posterior, early-fixed.

Pathologic Diagnoses

Forehead, left lateral neck and anterior chest contusions and abrasions:
Subarachnoid hemorrhage, fresh and minimal.
Fresh fractures of the lateral left 2nd through 8th ribs.
Agonal cardiopulmonary resuscitation:
Fresh fractures of the anterolateral right 2nd through 5th ribs.
Diffuse visceral congestion and congestive organomegaly.

Hypertrophic cardiomyopathy, hypertensive type, mild.
Postmortem toxicology results per Montana Forensics Laboratory reports.
Other: Well-healed old displaced fracture of the lateral right clavicle

Probable Cause of Death: Mechanical asphyxia, secondary to rollover ATV crash.
Other Significant Conditions: Alcohol ingestion.

Thomas L. Bennett, M.D.

Date signed: 8-20-12.
Copy of report to Coroner, 8-20-12.

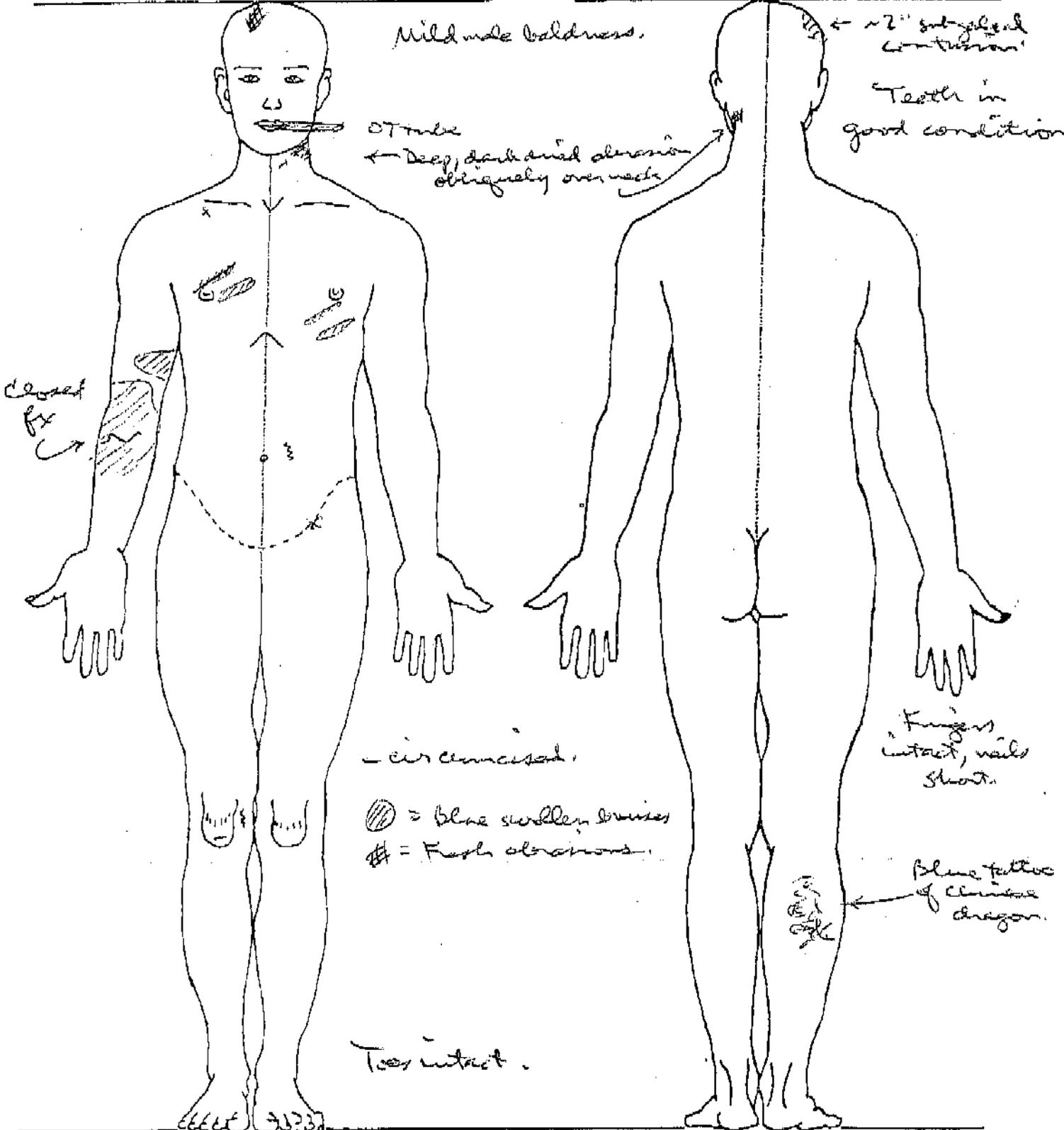
Forensic Medicine and Pathology, PLLC
4549 Palisades Park Drive, Billings, MT 59106
Office and cell phone: 406-855-5447 or 406-670-8099 Fax: 406-655-2376 or 406-237-8024
Email: doctor4n6@msn.com & doctor4n6@aol.com

STATE
MEDICAL
EXAMINER

BODY DIAGRAM

Front

Back



Decedent's Height 67 inches

Name [REDACTED]

Examined [REDACTED]

Gross Description

External Description: His body is received clothed only in green print boxer shorts, with shoes and other clothing items in a clear plastic St. V Hospital bag. He is then wrapped inside a white plastic shroud. He is a well-developed but short-statured young man who appears his stated age. There are two pairs of oblique linear contusions across his anterior chest, plus deep abrasions over his left neck, although no laxity of his neck is found. There is a closed fracture of the proximal right forearm, with prominent hemorrhage into the surrounding soft tissues.

Serosal Cavities: Organs are in usual positions and interrelationships. No effusions or adhesions are found. Prominent vascular congestion is present, the blood non-clotted.

Heart: 430 grams. Coronary arteries have usual distribution with no significant atheromatous narrowings. The epicardium is thin and glistening. The myocardium is brown, firm and rubbery, with no scars, fresh infarcts or asymmetry. The valves and aorta are intact, with normal configuration.

Neck Organs: Hyoid intact. Larynx is intact and non-obstructed. Thyroid gland has normal size and consistency on external and cut surfaces. Fibromuscular tissues of the neck are intact with normal configuration, with no hemorrhage or increased laxity found.

Lungs: Right - 470, left - 405 grams. Pleural surfaces are thin and glistening with slight anthracosis. The parenchyma is red, congested, soft and spongy, with no consolidation, aspiration or significant emphysematous changes. The airways and blood vessels are intact and patent.

Gastrointestinal System: Lips are intact. Teeth are in good condition. The oropharynx is patent. Esophagus is intact. Stomach intact, containing 120 grams of chunks of poorly chewed red tomato slices and brown cloudy fluid, with no pill fragments seen. Small intestines, appendix and colon are intact, with normal configuration and fecal content. Anus is unremarkable.

Liver: 2,290 grams. Capsule is intact and smooth with sharp free edge. The parenchyma is brown, firm and rubbery with no increased fibrosis, bile stasis or greasiness. Gallbladder contains 20 cc of brown watery bile with no stones. Extrahepatic biliary system is intact and patent.

Pancreas: Normal appearance and consistency on external and serial cut surfaces.

Spleen: 190 grams. Capsule intact and finely dimpled. The parenchyma is reddish-violet, moderately soft and spongy. No lymphadenopathy is identified.

Adrenals: Normal external and cut surface appearances with abundant cortical lipid.

Kidneys: Right - 180, left - 230 grams. Capsules intact and strip with ease, the cortical surfaces smooth. On cut section, cortices and medullae are intact, firm and distinct. Calyces, pelves and ureters intact and patent.

Urinary Bladder: 200 cc of clear pale yellow urine remains in lumen, the wall intact.

Internal Genitalia: Prostate and seminal vesicles have normal size and consistency to palpation.

External Genitalia: Penis intact and circumcised. Testes are descended and moderately firm.

Skeletal System: There are fresh fractures of the lateral left 2nd through 8th ribs, with prominent accompanying hemorrhage. Fresh fractures of the anterolateral right 2nd through 5th ribs are also present, with minimal accompanying hemorrhage. There is a well-healed old displaced fracture of the lateral right clavicle, the bony edges fused but offset by 1/2 inch.

Forensic Medicine and Pathology, PLLC

4549 Pailsades Park Drive, Billings, MT 59106

Office and call phone: 406-855-5447 or 406-670-8099 Fax: 406-655-2376 or 406-237-8024

Email: doctor4n6@rr.sn.com & doctor4n6@aol.com

Scalp: There is an upper mid-forehead approximately 1 x 1½ inch diameter abrasion, fresh, within the area of early balding. A 2 inch diameter subgaleal contusion over the right mid-parietal bone is also found, this overlying scalp intact.

Central Nervous System: Brain weighs 1,580 grams. The meninges are intact but congested. CSF is clear, colorless and watery, although very slight subarachnoid hemorrhage is seen about the temporal lobe tips, imparting just red translucent cloudiness. Gyral surfaces are intact but mildly flattened, with slight uncal grooving. The brainstem and cerebellum are unremarkable. Circle of Willis is classical in configuration and intact. Cranial nerves have normal distribution and appear intact. Cut surfaces are intact, with no contusions seen.

Microscopic Description

Tissue samples retained at [redacted] per protocol.

Summary and Comment

This man and another individual were riding a 2012 900 ATV 4-wheeler late Friday evening, 8-10-12, in the grassy fields by the softball fields at Worden, Montana. They apparently lost control while spinning circles. The 4-wheeler turned over, appearing to have landed on top of [redacted]. It is unknown if the occupants were wearing seatbelts. [redacted] was apparently not wearing a helmet. Due to the violent nature of his injuries and because of concerns alcohol was involved, autopsy authorized.

At the postmortem examination, this man was found to have no significant traumatic injuries sufficient to explain his death other than the lateral fractures of his left chest, the oblique bruises across his anterior chest which suggested the vehicle did indeed roll over on top of him, and the left neck injuries, which were significant on the skin surface, but not significant underneath. In my opinion, the findings are consistent with death being a result of mechanical asphyxia. Toxicology results are pending at the time of this report.

Disposition of Evidence

Blood (IVC), urine and vitreous fluid (per SightLife) given to Chad Fehr to forward to the MT Forensics Lab.
Tissues for histology retained at SVH morgue, per protocol.
Photographs taken by TLB and Chad Fehr.
Body and clothes released to Smith Funeral Home, Billings, following autopsy.



Thomas L. Bennett, M.D.

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Email: doctor4n6@msn.com & doctor4n6@aol.com



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



CHAD FEHR
YELLOWSTONE COUNTY CORONER
PO BOX 35020
BILLINGS, MT 59107

Lab Case #: [REDACTED]
Agency Case #: [REDACTED]
SUBJECT: [REDACTED]

CC:
THOMAS BENNETT M.D.

TOXICOLOGY DRUG SCREEN

EVIDENCE:

Item
001 TOX KIT - [REDACTED]

ALCOHOL RESULTS:

ETHANOL - URINE	0.20 GM/100ML	QUANTITATED IN THE URINE AT THIS CONCENTRATION
ETHANOL - BLOOD	0.17 GM/100ML	QUANTITATED IN THE BLOOD AT THIS CONCENTRATION
ETHANOL - VITREOUS	0.16 GM/100ML	QUANTITATED IN THE VITREOUS AT THIS CONCENTRATION

DRUG CONFIRMATIONS:

CAFFEINE	DETECTED IN BLOOD AND URINE
NICOTINE	DETECTED IN URINE
COTININE	DETECTED IN URINE

Date of Report: 09/12/2012

SCOTT SCHLUETER
TOXICOLOGIST

ELIZABETH SMALLEY
TOXICOLOGIST

MICHELLE DUFFUS
Toxicology Technician

Accredited by the American Board of Forensic Toxicology (Certificate No. L014 since 2003) and the American Society of Crime Laboratory Directors/Laboratory Accreditation Board since 2003

Contact Information

Montana Highway Patrol
Records/Dawn Anderson
2550 Prospect Ave
Helena, MT 59620
406-444-3280
Contacted: 1/7/13

Yellowstone County Sheriff's Office
Records/[REDACTED]
2550 3rd Avenue
Billings, MT. 59101
406-256-2935
Contacted: 1/7/13

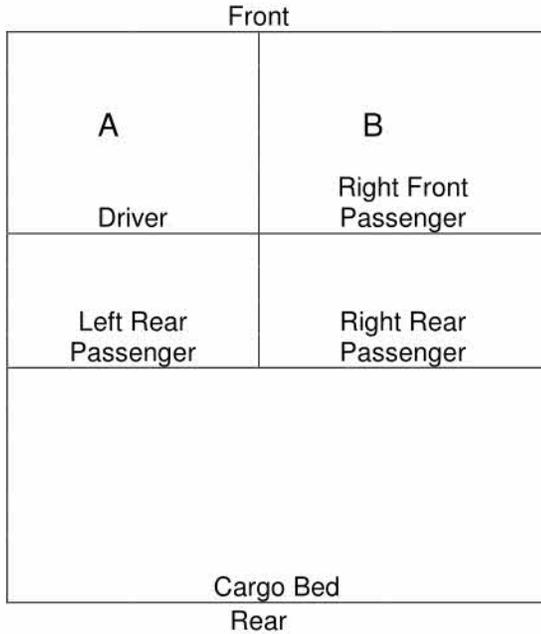
According to the Yellowstone County Sheriff's Office, no report existed for this incident.

Yellowstone County Sheriff's Office/Coroner Division
Lt. Jones
2550 3rd Ave
Billings, Montana 59101
Phone: 406-256-2946
Contacted: 1/7/13 (voicemail)

Utility Vehicle Data Record Sheet

IDI #: 130104HCC3274

Exhibit #: F



The Utility Vehicle

A:	Age: 31	Height: 67
	Gender: M	Weight: 160
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: mechanical asphyxia	
	Did vehicle land on victim: Y	
	Ejected (Either partially or fully): Tully	

B:	Age: 29	Height: UNK
	Gender: M	Weight: UNK
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Inured	
	Injury Description: UNK	
	Did vehicle land on victim: N	
	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.

Save

This In-Depth Investigation (IDI) was issued as a follow up to document number X12C0773A.

The information contained in this report was provided by the police and medical examiner reports. The incident involves a utility vehicle, UTV, and the death of the driver.

The police report indicates that on 9-1-2013 three people were involved in a Utility Vehicle accident, two males and a female. One of the males, a 23 year old, Victim, was the driver of the UTV and died of his blunt force head and neck injuries and was pronounced dead upon arrival at the medical center.



Police photo of the UTV involved in this incident.

On the date of the incident Victim was driving the UTV during early afternoon hours with two friends seated in the front with him. The female involved in this incident was seated between the two males. She was thrown out of the UTV when it rolled. According to the female passenger Victim turned the steering wheel to the left and the UTV rolled to the right. Police found the female passenger crying and the male passenger on the ground next to Victim and holding Victim's head up. The police officer found that Victim was breathing and assisted ambulance personnel in giving chest compressions during Victim's transport to the hospital. Victim died upon arrival to the hospital.

The male passenger who was sitting on the right side of the seat sustained injuries to his face and was bleeding from his nose while the female was not reported to have serious injuries. The passengers of the UTV were driven to a local hospital in private cars.

The toxicology report indicates an alcohol/acetone level of 0.109g/100mL ethanol (003-002) and marijuana/cannabinoids at 2 ng/mL tetrahydrocannabinol (003-002), 5 ng/mL carboxytetrahydrocannabinol (003-002). (Exhibit 5, pg. 5)

Attempts to contact Victim's mother and the other two passengers were attempted but no response was received. The phone number for the male passenger was located and messages were left.

Attempts to contact the investigating officer for more details have been unsuccessful. The records custodian has provided as much information as shown in the records.

Photos are appended from the police report. The UTV rolled in a pasture and photos of the UTV were provided.

Efforts to secure answers to the following items were unsuccessful at this time:

1. Model year of the UTV, date of purchase, serial numbers, VIN number, or if bought new or used or whether it was rented.
2. Modifications not determined. It did have seat belts which can be seen in the photos provided.
3. Type of seat belt could not be determined from photos nor was there information as to whether the seat belts were worn by the passengers or driver.
4. Odometer measure not available.
7. No mention of helmets and no photos of them seen.
9. No indication of experience or training on UTV.
10. The terrain is described as a pasture and photos show dirt and grass.
11. Photos appended to report.
12. Speed not determined from reports.
13. No indication of obstacles in the pasture.
14. Driver had turned the wheel to the left at time of incident.
15. Report only indicates it rolled onto its side.
16. There is no indication as to what part landed on victim.
17. Please refer to photos provided for damage.

Product Identification

The primary product is Polaris Ranger 4 X 4 with single row front seat for two passengers with rear mini-cargo bed and a metal roll bar cage. The Polaris was dark blue and black in color as seen in the above photo.

A VIN number was not provided in the reports and not collected as Victim's mother did not reply to my letter nor did the passengers in the incident.

Manufacturer: Polaris, Inc.
1225 highway 169 North
Minneapolis, MN 55441

EXHIBITS

1. Death Certificate, 1 pg.
2. Ennis Police report, 3 pgs.
3. Police report photos, 7 pgs., 13 photos.
4. Letter to family member and UTV passengers, 3 pgs.
5. Medical Examiner report, 5 pgs.
6. UTV Data Record Sheet, 1 pg.
7. Contact Sheet, 1 pg.

Incident Report #1207577

ENNIS POLICE DEPARTMENT
119 W. BROWN ST.
ENNIS, TX 75119
972-875-4462



Event Info

Date Reported 09/01/2012	Time Reported 01:28	Time Dispatched 01:32	Time Arrived 01:32	Time Completed 02:08
Addr. Of Occ. [REDACTED]	City ENNIS	Date Occ. Range 09/01/2012 - 09/01/2012	Time Occ. Range 01:28 - 02:08	District E
Grid [REDACTED]	Shift 4	How Reported 911	Dispatch Disposition [REDACTED]	

Synopsis

CALL TYPE: ATV accident on private property.

Classification

Classification Info

Class
MISC INCIDENTS

COMPLETED

Subclass
MISCELLANEOUS INCIDENTS

Driver

DRIVER Information

Name Type DRIVER	Name [REDACTED]				
Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]	SEX M	
RACE WHITE	EO NON-HISPANIC	HT 508	WT 145		

Passenger

PASSENGER Information

Name Type PASSENGER	Name [REDACTED]				
Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]	SEX F	
RACE WHITE	EO NON-HISPANIC	HT 506	WT 110	HAIR BRN	EYES HAZ

PASSENGER Information

Name Type PASSENGER	Name [REDACTED]
-------------------------------	---------------------------

Address 130104HCC3278

City

State

Zip

SEX, pg. 2

M

RACE

EO

HT

WT

HAIR

EYES

WHITE

NON-HISPANIC

507

220

BRN

BRN

Narrative

Written By:

On 09-01-2012 Officer [redacted] and Officer Eddins was dispatched to [redacted] in reference to an ATV accident.

Upon arrival Officer [redacted] observed a w/m subject (later identified as [redacted]) lying on the ground with a male subject (later identified as [redacted]) holding [redacted] head. Officer [redacted] checked for a pulse and felt a faint pulse. Officer [redacted] checked for breathing and observed chest rising (as if breathing). Officer [redacted] give update to dispatch to have Air Evac on stand by due to head trauma and a compound fractured left leg.

Officer [redacted] was attempting to calm down family members and others involved until [redacted] arrived. [redacted] arrived on scene and began administering medical treatment to [redacted]. [redacted] asked Officer [redacted] for help inside the ambulance due to losing heartbeat on [redacted]. Officer [redacted] assisted [redacted] in giving chest compressions at the direction of ambulance personnel. [redacted] asked for Officer [redacted] to ride with them to continue chest compressions during transport to the hospital. Officer [redacted] left with the ambulance personnel and Officer Eddins stayed with Officer [redacted] patrol unit while Officer [redacted] was gone. Officer [redacted] rode with [redacted] to Ennis Regional medical center and was returned to patrol unit by Cpl. Dodd.

Supplemental Narrative

Date Written:
09/01/2012

Written By:
EDDINS, ALAN

On 9/1/2012 at approximately 01:28 hrs, I, Officer Alan Eddins was dispatched to [redacted] on an ATV accident with injuries in a pasture. I arrived at the location after Officer [redacted]. Officer [redacted] was already in the pasture with the victims so I staged at the entrance to the driveway in order for East Texas EMS to be able to easily locate the residence. EMS arrived and I followed the ambulance to the scene of the accident.

Officer [redacted] advised that when he arrived he had three people involved in the ATV accident. Officer [redacted] advised me that the most severely injured was a male subject named [redacted]. [redacted] was the driver of the ATV. Also involved was [redacted] who was seated in the center seat of the ATV at the time of the accident. [redacted] was on the ground crying when I arrived. She advised that she had been thrown out of the ATV when it rolled. [redacted] stated that [redacted] turned the steering wheel to the left and the ATV rolled to the right. Seated in the right passenger seat at the time of the accident was [redacted]. [redacted] had an injury to his face and was bleeding from his nose. [redacted] and [redacted] left the location with family members who drove them to the hospital in a private vehicle.

EMS loaded [redacted] into their ambulance. I entered the side door of the ambulance and observed the paramedics performing chest compressions and attempting to obtain an airway for the victim. Officer [redacted] was in the ambulance assisting and advised me that [redacted] did not have a pulse.

13010111C3278
East Texas EMS left the location and transported [REDACTED] to Ennis Regional Medical Center where he was pronounced Dead On Arrival by Justice of the Peace [REDACTED] Exh 2 pg 3

No further information.

Supplemental Narrative

Date Written:
09/01/2012

Written By:
OWEN, RANDY

At the time of this call I, Sgt. Owen contacted Roark regarding this case.

Supplemental Narrative

Date Written:
09/04/2012

Written By:
YORK, JASON

[REDACTED] passed away on 09/01/2012. There is no offense.

Case Management

Initial Investigator

[REDACTED]

Followup Investigator

YORK, JASON

Event Status/Dispo

CLEARED

Event Status/Dispo Date

09/04/2012

Report Status

APPROVED

Approved By

ROARK, RON



04HCC3278

Medical Examiner's Report

Exh. 3, pg. 1

SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS



Office of the Medical Examiner
Autopsy Report

COPY
DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES

Case: [REDACTED]

Decedent: [REDACTED] 23 years White Male DOB: [REDACTED]

Date of Death: 09/01/2012 (Actual)

Time of Death: 04:21 AM (Actual)

Examination Performed: 09/01/2012 12:10 PM

ORGAN WEIGHTS:

Brain: 1,460 g	Right Lung 790 g	Right Kidney: 140 g
Heart: 260 g	Left Lung: 600 g	Left Kidney: 130 g
Liver: 1,520 g	Spleen: 130 g	

This autopsy is performed at the request of [REDACTED] Justice of the Peace, Precinct 4, Place 1, Ellis County, Texas.

EXTERNAL EXAMINATION

Photographs and fingerprints are taken.

When first viewed, the body is clad in a hospital gown and is lying on a cut away bloodstained gray tank top, cut away blue boxers and cut away blue jeans with a cut away brown belt. Also present, there are two black socks and, in a pocket, a white metal screw. No jewelry is present.

The body is that of a normally developed, white male appearing consistent with the recorded age of 23 years. The body is of slight build and is slender, measuring 66 inches in length and weighing 129 pounds. There is good preservation in the absence of embalming. There is posterior, slightly blanching lividity and full rigidity. The body is slightly warmer to the touch than room temperature.

The scalp hair is straight and light gray, measuring up to 5/8 inch. No mustache but a beard is present. The scalp, ears, and eyes contain injury to be described below. The eyes are closed and have clear corneae and blue irides. The conjunctivae are without congestion or petechiae. The nose and mouth are unremarkable, and the natural teeth appear to be in good condition. The face contains injury to be described below. The neck and chest are unremarkable. The abdomen is flat. The body hair is average in amount and distribution for an adult male. The genitalia are those of a circumcised adult male. The back is unremarkable. The limbs are equally and symmetrically developed and contain injury to be described below.

IDENTIFYING MARKS AND SCARS

No scars are noted.



Accredited by The National Association of Medical Examiners

DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES

There are tattoos on the right side of the trunk and on the left upper extremity.

EVIDENCE OF TREATMENT

The body is received on a backboard. A hard cervical collar is around the neck. An oral endotracheal tube is in place. There is a disposable blood pressure cuff on the right arm. There are two defibrillation pads on the chest. There are EKG pads on the body. There is a triple-lumen catheter in the right inguinal area. There is an intravenous catheter in the left antecubital fossa. There is a Foley catheter in the urethra with approximately 150 mL of clear pale yellow urine in the attached bag. There is an identification band around the right wrist.

EVIDENCE OF INJURY

Head and neck:

In the left frontal scalp, there is a 1/4 inch full thickness laceration to bone over a depressed skull fracture. On the left side of the forehead, there is a 1 inch red-black abrasion which is contiguous with a 1 inch full thickness laceration to bone which extends into the left eyebrow. On the left pinna, laterally, there is a 1/2 inch full thickness laceration to cartilage and there is a 1 inch blue contusion.

There is left frontotemporal, bilateral parietal, and left occipital subscalpular hemorrhage.

There is a fracture separation of the sagittal suture with almost symmetrical fractures of both sides of the frontal bone and of both parietal bones, with fractures extending into the floors of both anterior fossae and into both petrous ridges, forming a hinge fracture; the fracture of the left petrous ridge is displaced superiorly and is contiguous with multiple mobile fractures of the floor of the left posterior fossa, some of which extend into the foramen magnum and one of which extend superiorly to a fracture of the left parietal bone. In addition, there are nondisplaced fractures of the floor of the right posterior fossa.

There is subarachnoid hemorrhage over both cerebral and cerebellar hemispheres.

There are fracture lacerations of both frontal lobes, superiorly, with extensive fracture lacerations of the left temporal lobe, inferiorly. In addition, there are fracture lacerations of both cerebellar hemispheres, the pons, and the medulla. There are contusions of the medulla and of the right basal ganglia. There is blood in the cerebral ventricles.

The neck is unremarkable externally but there are fractures of C1 and of C2.

Trunk:

The trunk is without injuries.

Extremities:

On the anteromedial distal left thigh there is a 3 inch mottled contusion.

There is a simple fracture of the distal left femur.



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DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES

These injuries, having been once described, will not be repeated.

INTERNAL EXAMINATION

BODY CAVITIES: The thoracic and abdominal organs are in their normal anatomic positions. The body cavities contain no adhesions or abnormal collections of fluid.

HEAD: See previous description.

NECK: See previous description. The larynx and hyoid bone are intact.

CARDIOVASCULAR SYSTEM: The intimal surface of the abdominal aorta is free of significant atherosclerosis. The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. There are no thrombi in the atria or ventricles. The foramen ovale is closed. The coronary arterial system is free of significant atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, and there are no focal abnormalities.

RESPIRATORY SYSTEM: The upper airway is unobstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth and glistening. The major bronchi are unremarkable. Sectioning of the lungs reveals a light pink to dark red, minimally to moderately congested, and moderately to markedly edematous parenchyma, with areas of aspirated blood.

HEPATOBIILIARY SYSTEM: The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 20 mL of bile, but no calculi.

LYMPHORETICULAR SYSTEM: The spleen is covered by a smooth, intact capsule. The parenchyma is dark red. The observed lymph nodes are unremarkable.

GENITOURINARY SYSTEM: The subcapsular surfaces of the kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The bladder is empty. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable externally and upon sectioning.

GASTROINTESTINAL SYSTEM: The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains approximately 600 mL of tan liquid and partially digested food. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are externally unremarkable. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

ENDOCRINE SYSTEM: The thyroid and adrenal glands are unremarkable externally and upon sectioning.

MUSCULOSKELETAL SYSTEM: See previous description. The body wall fat measures up to 3/8 inch in maximal thickness.



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INSTITUTE OF FORENSIC SCIENCES

TOXICOLOGY:**Evidence Submitted:**

The following items were received by the Laboratory from the Office of the Medical Examiner:

- 003: Biohazard Bag
- 003-001: Blood, femoral - gray top tube
- 003-002: Blood, femoral - gray top tube
- 003-003: Blood, femoral - gray top tube
- 003-004: Blood, femoral - gray top tube
- 003-005: Blood, femoral - red top tube
- 003-006: Urine - red top tube
- 003-007: Vitreous - red top tube
- 003-008: Skeletal muscle - plastic tube

Blood, postmortem

Acid/Neutral Screen (GC/MS)
negative (003-001)

Alcohols/Acetone (GC)
0.109 g/100mL ethanol (003-002)

Alkaline Quantitation (GC, GC/MS)
atropine detected (003-001)

Carbon Monoxide (Analyzer)
<1 % carboxyhemoglobin (003-003)

Marihuana/Cannabinoids (LC/MS)
2 ng/mL tetrahydrocannabinol (003-002)
5 ng/mL carboxytetrahydrocannabinol (003-002)

Vitreous

Alcohols/Acetone (GC)
0.107 g/100mL ethanol (003-007)



Accredited by The National Association of Medical Examiners

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INSTITUTE OF FORENSIC SCIENCES

FINDINGS:

1. Blunt force head and neck injuries:
 - a. Subscalpular hemorrhage.
 - b. Skull fractures, including a depressed fracture, a hinge fracture, and displaced, mobile fractures.
 - c. Subarachnoid hemorrhage.
 - d. Fracture lacerations of the brain.
 - e. Contusions of the brain.
 - f. Fractures, C1 and C2.
 - g. Lacerations, abrasion, and contusion of the head.
2. Blunt force injuries of left lower extremity:
 - a. Fracture, left femur.
 - b. Contusion, left thigh.
3. History that the deceased was the ejected driver of a utility vehicle that rolled over onto the deceased.

CONCLUSIONS:

It is my opinion that [REDACTED] a 23-year-old white male, died as the result of blunt force head and neck injuries.

MANNER OF DEATH: Accident



11/07/2012

Janis Townsend-Parchman, M.D.
Medical Examiner





United States
Consumer Product Safety Commission
Los Angeles Area Office

Email: [REDACTED]

January 15, 2013

[REDACTED]

Dear Ms. [REDACTED]

I am a Product Safety Investigator with the U.S. Consumer Product Safety Commission.

I am trying to contact you to see if you would be willing to discuss some of the details regarding the tragic ATV incident that took place on September 1, 2012 which involved the accidental death of [REDACTED]. My sincere condolences in your loss.

The U.S. Consumer Product Safety Commission is a Federal Agency responsible for the safety of many consumer products. We are studying cases and gathering statistics nationally relative to product related incidents such as this one involving the ATV. I need to get information regarding the ATV itself such as year, vin number, model. I also would like to know if the passengers were wearing seat belts or any other type of protective clothing such as helmets. Did the driver have training in driving this type of vehicle and if so how much?

Please call or email me with your contact information. I can be reached at [REDACTED] from 7:00 a.m. to 5:00 p.m. daily, Monday through Friday.

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

Sincerely,

[REDACTED], Investigator
Consumer Product Safety Commission
Los Angeles Field Office



United States

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Rngcug'ecm'qt'go clko g'y kj "{qwt'eqpwev'kph'qto cv'kq'0'Kecp'dg't'gcej gf 'cv [Redacted] 'h'qo '9-22'c'0b 0'vq" 7-22'r 0'0'f cka.'O qpf c' { 'y tqw j 'Hk' c' {0"

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[Redacted]

Eqpuwo gt'Rtqf wev'Uchgv'Eqo o kukqp"

Nqu'Cpi gngu'Hgr' "Qhleg"

[Redacted]

[Redacted]



130104HCC3278

Medical Examiner's Report

Exh. 5, pg. 1

SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS



Office of the Medical Examiner
Autopsy Report

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DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES

Case: [REDACTED]

Decedent: [REDACTED] 23 years White Male DOB: [REDACTED]

Date of Death: 09/01/2012 (Actual)

Time of Death: 04:21 AM (Actual)

Examination Performed: 09/01/2012 12:10 PM

ORGAN WEIGHTS:

Brain: 1,460 g	Right Lung 790 g	Right Kidney: 140 g
Heart: 260 g	Left Lung: 600 g	Left Kidney: 130 g
Liver: 1,520 g	Spleen: 130 g	

This autopsy is performed at the request of [REDACTED] Justice of the Peace, Precinct 4, Place 1, Ellis County, Texas.

EXTERNAL EXAMINATION

Photographs and fingerprints are taken.

When first viewed, the body is clad in a hospital gown and is lying on a cut away bloodstained gray tank top, cut away blue boxers and cut away blue jeans with a cut away brown belt. Also present, there are two black socks and, in a pocket, a white metal screw. No jewelry is present.

The body is that of a normally developed, white male appearing consistent with the recorded age of 23 years. The body is of slight build and is slender, measuring 66 inches in length and weighing 129 pounds. There is good preservation in the absence of embalming. There is posterior, slightly blanching lividity and full rigidity. The body is slightly warmer to the touch than room temperature.

The scalp hair is straight and light gray, measuring up to 5/8 inch. No mustache but a beard is present. The scalp, ears, and eyes contain injury to be described below. The eyes are closed and have clear corneae and blue irides. The conjunctivae are without congestion or petechiae. The nose and mouth are unremarkable, and the natural teeth appear to be in good condition. The face contains injury to be described below. The neck and chest are unremarkable. The abdomen is flat. The body hair is average in amount and distribution for an adult male. The genitalia are those of a circumcised adult male. The back is unremarkable. The limbs are equally and symmetrically developed and contain injury to be described below.

IDENTIFYING MARKS AND SCARS

No scars are noted.



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There are tattoos on the right side of the trunk and on the left upper extremity.

EVIDENCE OF TREATMENT

The body is received on a backboard. A hard cervical collar is around the neck. An oral endotracheal tube is in place. There is a disposable blood pressure cuff on the right arm. There are two defibrillation pads on the chest. There are EKG pads on the body. There is a triple-lumen catheter in the right inguinal area. There is an intravenous catheter in the left antecubital fossa. There is a Foley catheter in the urethra with approximately 150 mL of clear pale yellow urine in the attached bag. There is an identification band around the right wrist.

EVIDENCE OF INJURY

Head and neck:

In the left frontal scalp, there is a 1/4 inch full thickness laceration to bone over a depressed skull fracture. On the left side of the forehead, there is a 1 inch red-black abrasion which is contiguous with a 1 inch full thickness laceration to bone which extends into the left eyebrow. On the left pinna, laterally, there is a 1/2 inch full thickness laceration to cartilage and there is a 1 inch blue contusion.

There is left frontotemporal, bilateral parietal, and left occipital subscalpular hemorrhage.

There is a fracture separation of the sagittal suture with almost symmetrical fractures of both sides of the frontal bone and of both parietal bones, with fractures extending into the floors of both anterior fossae and into both petrous ridges, forming a hinge fracture; the fracture of the left petrous ridge is displaced superiorly and is contiguous with multiple mobile fractures of the floor of the left posterior fossa, some of which extend into the foramen magnum and one of which extend superiorly to a fracture of the left parietal bone. In addition, there are nondisplaced fractures of the floor of the right posterior fossa.

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The neck is unremarkable externally but there are fractures of C1 and of C2.

Trunk:

The trunk is without injuries.

Extremities:

On the anteromedial distal left thigh there is a 3 inch mottled contusion.

There is a simple fracture of the distal left femur.



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These injuries, having been once described, will not be repeated.

INTERNAL EXAMINATION

BODY CAVITIES: The thoracic and abdominal organs are in their normal anatomic positions. The body cavities contain no adhesions or abnormal collections of fluid.

HEAD: See previous description.

NECK: See previous description. The larynx and hyoid bone are intact.

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DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES

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- 003-008: Skeletal muscle - plastic tube

Blood, postmortem

Acid/Neutral Screen (GC/MS)
negative (003-001)

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Alcohols/Acetone (GC)
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Accredited by The National Association of Medical Examiners

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FINDINGS:

1. Blunt force head and neck injuries:
 - a. Subscalpular hemorrhage.
 - b. Skull fractures, including a depressed fracture, a hinge fracture, and displaced, mobile fractures.
 - c. Subarachnoid hemorrhage.
 - d. Fracture lacerations of the brain.
 - e. Contusions of the brain.
 - f. Fractures, C1 and C2.
 - g. Lacerations, abrasion, and contusion of the head.
2. Blunt force injuries of left lower extremity:
 - a. Fracture, left femur.
 - b. Contusion, left thigh.
3. History that the deceased was the ejected driver of a utility vehicle that rolled over onto the deceased.

CONCLUSIONS:

It is my opinion that [REDACTED] a 23-year-old white male, died as the result of blunt force head and neck injuries.

MANNER OF DEATH: Accident



11/07/2012

Janis Townsend-Parchman, M.D.

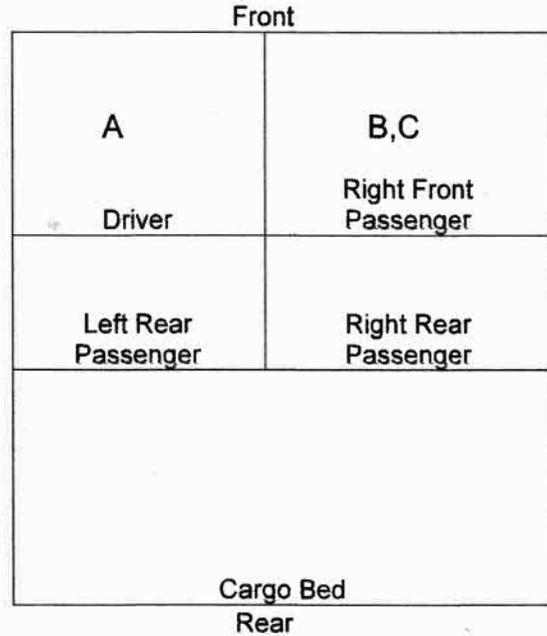
Medical Examiner



Utility Vehicle Data Record Sheet

IDI #: 130104HCC3278

Exhibit #: 6



The Utility Vehicle

A:	Age: 23	Height: 5'8"
	Gender: M	Weight: 145
	Helmet (Y/N): n Seatbelt (Y/N): unk	
	Killed/Injured/Neither/Unknown: killed	
	Injury Description: fracture to head and n	
	Did vehicle land on victim: unk.	
	Ejected (Either partially or fully): UNK.	

B:	Age: ?	Height: 5'6"
	Gender: T	Weight: 110
	Helmet (Y/N): UNK Seatbelt (Y/N): UNK	
	Killed/Injured/Neither/Unknown: UNK	
	Injury Description: unk	
	Did vehicle land on victim: no	
	Ejected (Either partially or fully): yes	

C:	Age: ?	Height: 5'7"
	Gender: M	Weight: 220
	Helmet (Y/N): UNK Seatbelt (Y/N): UNK	
	Killed/Injured/Neither/Unknown: injured	
	Injury Description: face injury & nose bleed	
	Did vehicle land on victim: unk	
	Ejected (Either partially or fully): UNK	

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

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

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

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

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

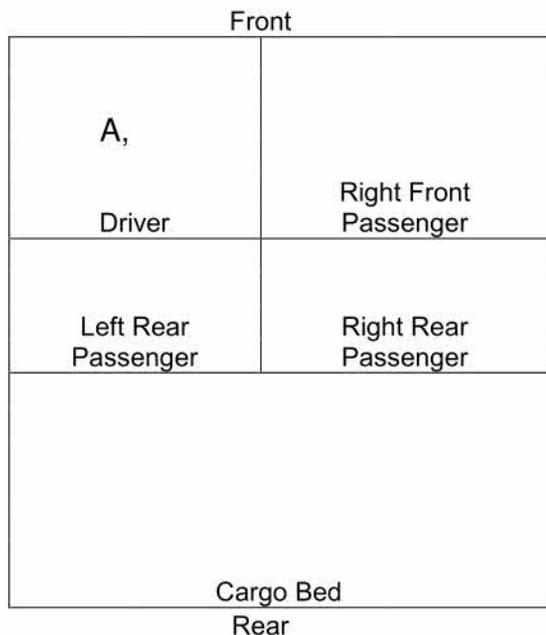
Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component.

1. Records for Ennis Police Department, 972-875-4464/[REDACTED]
2. Southwestern Institute of Forensic Sciences/Medical Examiner's records, 214-920-5900/5913, fax: 214-950-5908.
3. Records for Ennis Sheriff's Dept.: 382-390-2100.
4. Death Certificate: [REDACTED]
5. Letter of contact to [REDACTED], mother of victim, @ [REDACTED]
[REDACTED]. No phone listing found.
6. [REDACTED] passenger on day of incident, [REDACTED], [REDACTED]
[REDACTED], [REDACTED]. Contact attempted via phone and letter.
7. [REDACTED], passenger on day of incident, no phone listed, letter sent
to [REDACTED]

Utility Vehicle Data Record Sheet

IDI #: 130104HCC3278

Exhibit #: 6



The Utility Vehicle

A:	Age: 23	Height: 5'8"
	Gender: m	Weight: 145
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: killed	
	Injury Description: head/neck fractures	
	Did vehicle land on victim: unknown	
	Ejected (Either partially or fully): unknown	

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

B:	Age: ?	Height: 5'6"
	Gender: T	Weight: 110
	Helmet (Y/N): n	Seatbelt (Y/N): unK
	Killed/Injured/Neither/Unknown: unK	
	Injury Description: unk	
	Did vehicle land on victim: no	
	Ejected (Either partially or fully): yes	

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

C:	Age: ?	Height: 5'7"
	Gender: M	Weight: 220
	Helmet (Y/N): n	Seatbelt (Y/N): unK
	Killed/Injured/Neither/Unknown: injured	
	Injury Description: face injury & nose ble	
	Did vehicle land on victim: unk	
	Ejected (Either partially or fully): unK	

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):	

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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

This investigation was initiated through a news article indicating a male passenger died in a utility vehicle accident. This will be an abbreviated report as information for the report was limited to the review of black and white copies of police photos (Exhibit #1), a police affidavit (Exhibit #2) and the Medical Examiner's affidavit (Exhibit #3) released by the prosecuting attorney's office which is prosecuting the driver in this incident for Aggravated Manslaughter.

There are very few details available concerning this incident. This incident occurred in a very small farming community with a population of approximately 800 residents. The product involved was a 4 seat UTV used by the owner for taking supplies from their home out to other areas of their property. The vehicle was a 2011 model purchased new which had approximately 200 miles on it at the time of the crash. The only modifications to the vehicle had been to add a windshield and a rifle rack.

It is unknown what if any experience the driver of the vehicle at the time of the crash had with this type of machine. It was the first time he had operated this particular machine and he was legal intoxicated. The prosecuting attorney stated the driver's BAC was approximately three times the legal limit of .08. The passenger also had been drinking but his blood alcohol levels are unknown.

The incident occurred on August 26th 2012 approximately 1:45 AM. The owner of the UTV had been having a party at his home. The two victims showed up at the party but had not been invited. One of them is a friend of the UTV owner's son. They were drinking at the party but nobody is sure at what time but eventually it was noticed that they had left.

The UTV was parked under a carport at the owner's home. The two victims got into the UTV at an unknown time and left with it without permission. They went to a bar at an unknown location and continued drinking there. After leaving this bar the crash occurred.

The vehicle was being driven west bound on a paved roadway that dead ends into an irrigation canal. (Photo Below)



The irrigation ditch runs perpendicular to the end of the road and the UTV was driven straight into the ditch and stopped such that it was basically wedged between the banks of the canal with the front and rear of the UTV touching each bank of the canal.

Neither occupant was wearing a helmet or seatbelt. It is unknown if the driver was ejected or exited the UTV on his own. The driver's seat was found removed from the vehicle. It is unknown how this occurred. (Exhibit #1, Page 4) The driver was found sitting on the bank of the canal. His injuries included fractures to both knees and one vertebra.

The passenger was found by responders to still be in the passenger seat with the lower portion of his body still in the UTV but with his torso slumped over out of the vehicle egress with his head under the water which running through the canal. It is estimated he was under water for approximately 5 minutes.

The passenger died in the crash. The affidavit from the medical examiner states the cause of death as: "Anoxic brain injury secondary to emersion in a canal, as a complication of an all-terrain vehicle accident."

PRODUCT IDENTIFICATION:

The product in this incident is a **2011 Polaris Ranger RZR 800 4 Roby Gordon Edition** Utility Vehicle.

Manufacturer:

Polaris Industries
2100 State Highway 55
Medina, MN 55340
(763) 542-0571

Retailer:

Action Cycles N Sleds
2540 Addison Ave. East
Twin Falls, ID 83301
(208) 736-8118

Specifications:**Identification**

Model Type	Sport Utility
BASE MSRP(US)	\$15,799.00

Engine:

Engine Type	Longitudinal In-Line
Cylinders	2
Engine Stroke	4-Stroke
Valve Configuration	OHV
Displacement (cc/ci)	760 / 46.4
Carburetion Type	Fuel Injected

Transmission:

Transmission Type	Continuously Variable (CVT)
Primary Drive (Front Wheel)	Shaft
Reverse	Yes

Wheels & Tires:

Front Tire (Full Spec)	26 X 9-12; [REDACTED]
Rear Tire (Full Spec)	26 X 12-12; [REDACTED]

Brakes:

Front Brake Type	Hydraulic Disc
Rear Brake Type	Hydraulic Disc

Technical Specifications:

Wheelbase (in/mm)	103 / 2616
Dry Weight (lbs/kg)	1255 / 569.3
Fuel Capacity (gal/l)	7.3 / 27.4

Seats:

Number Of Seats	4
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Drive Line:

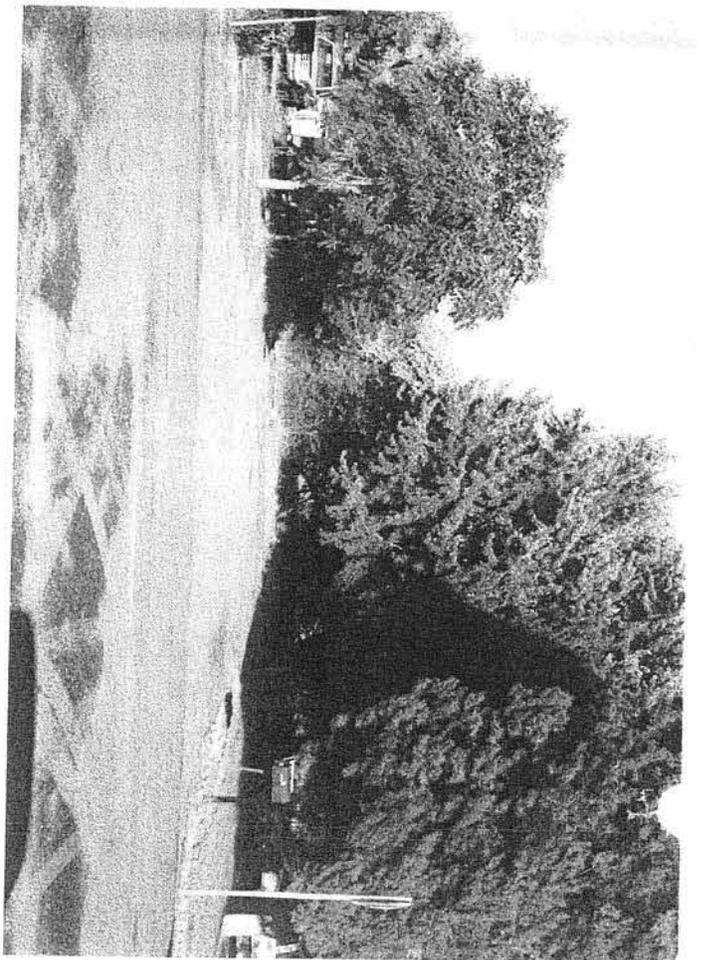
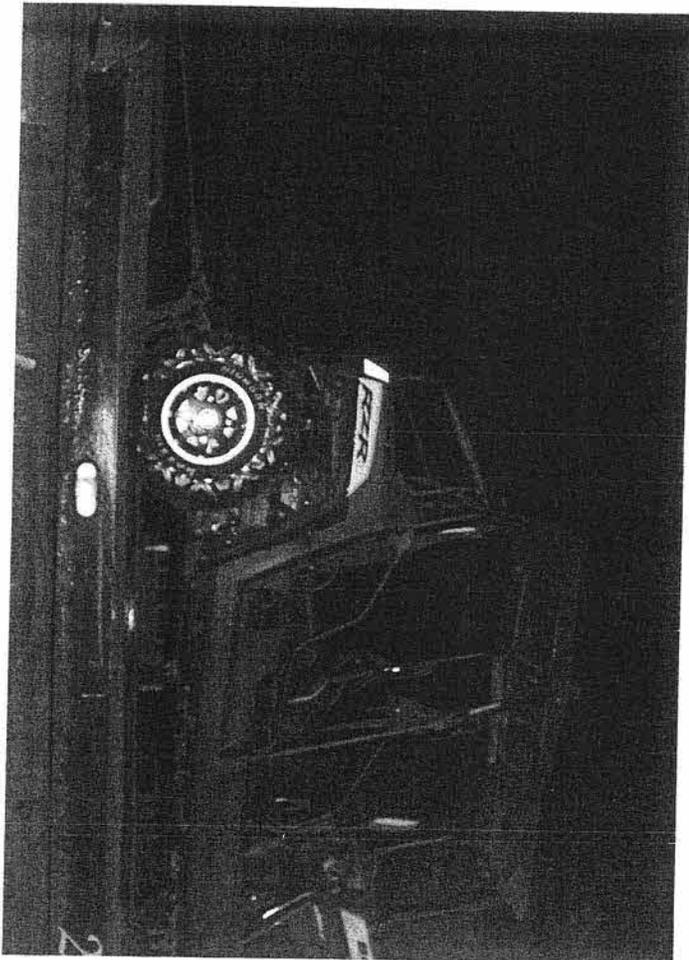
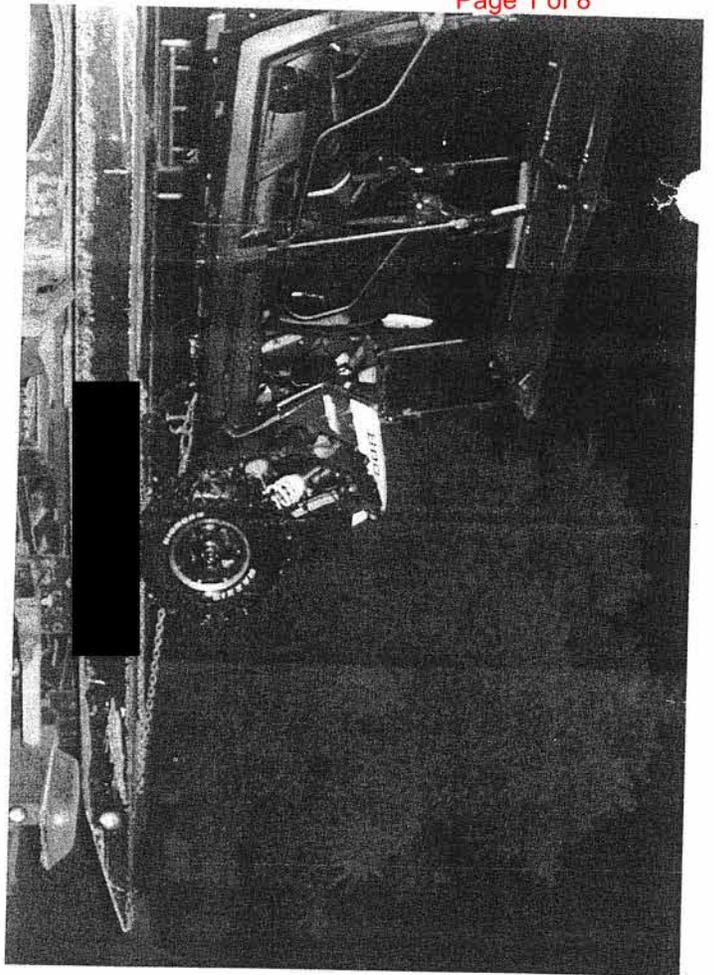
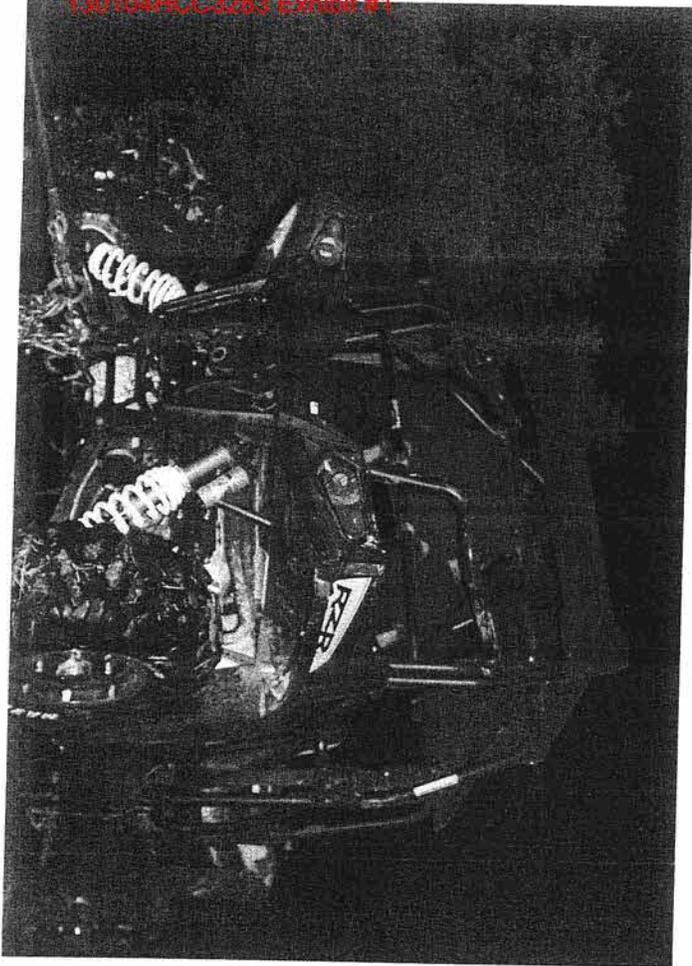
Driveline Type	Selectable 4X2 / 4X4
Number Of Driveline Modes	2
Limited Slip Differential	Standard

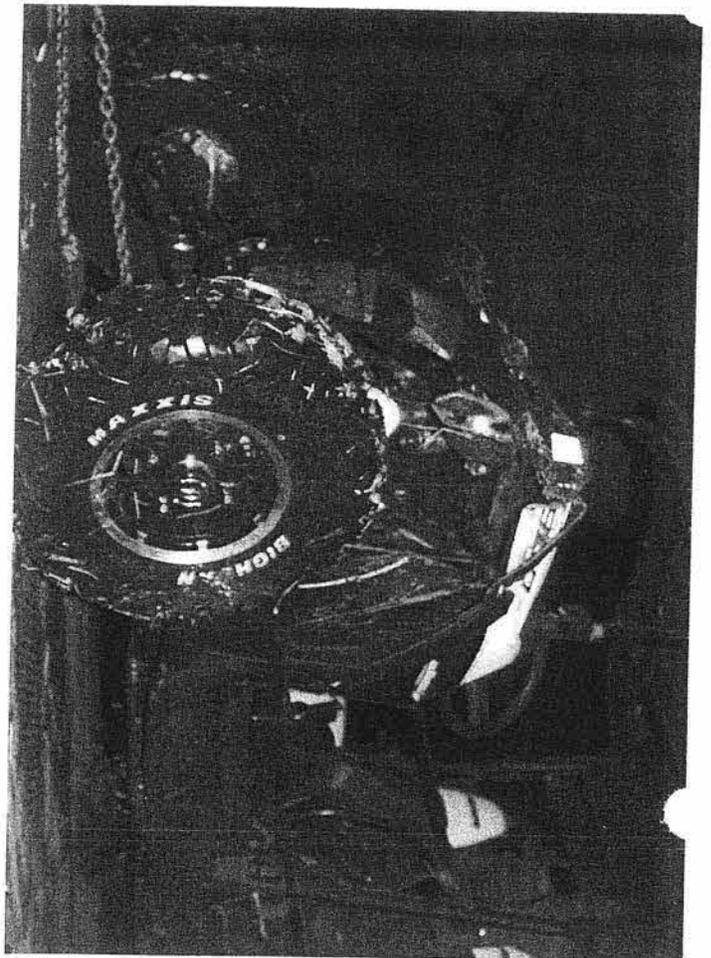
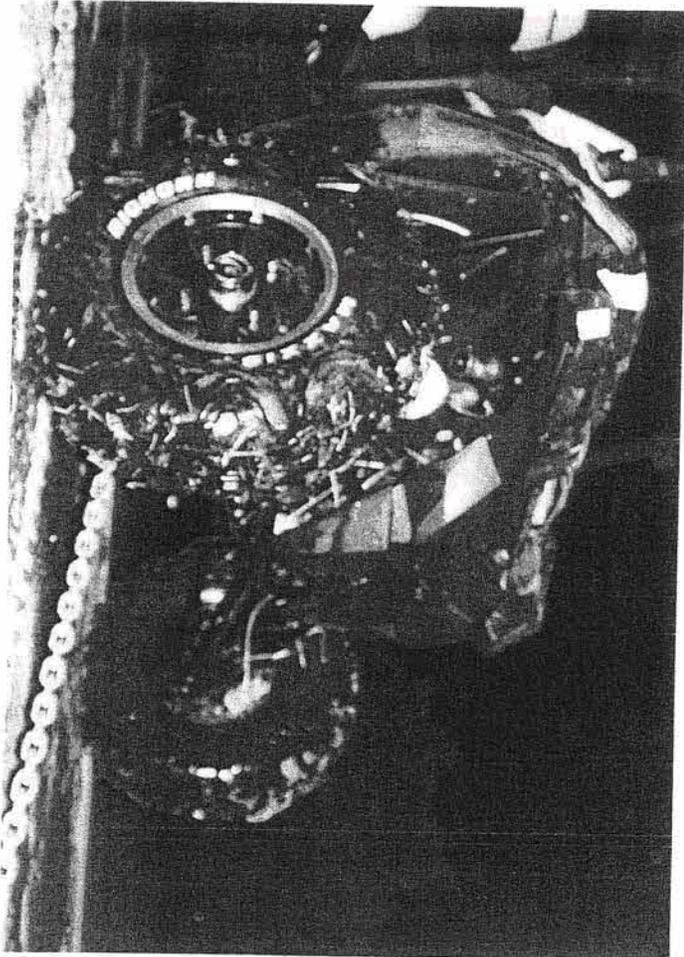
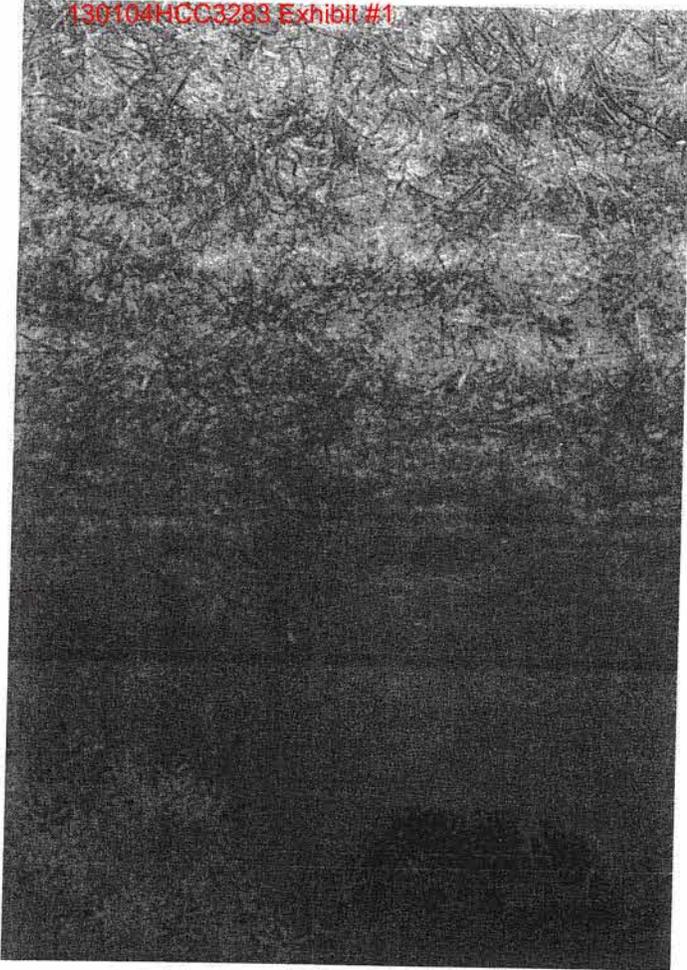
Lights:

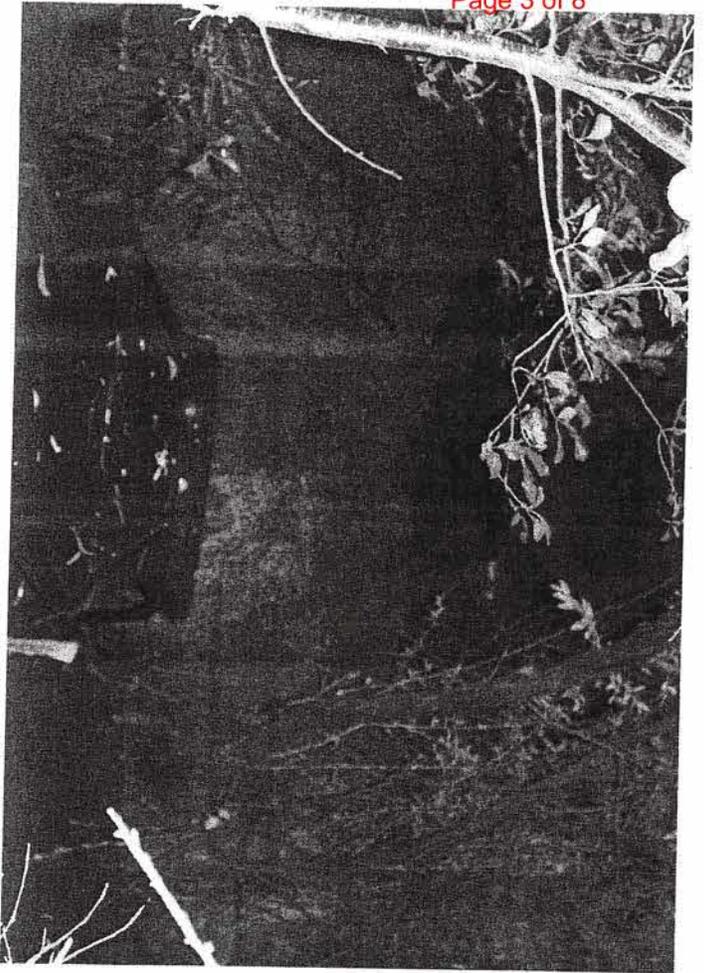
Halogen Headlight (s)	Standard
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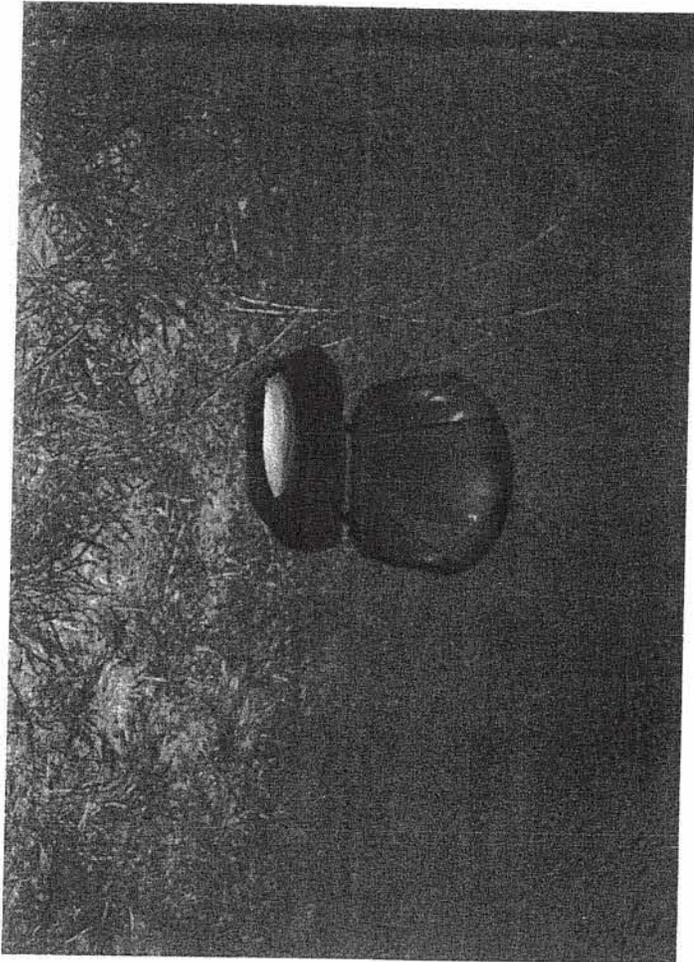
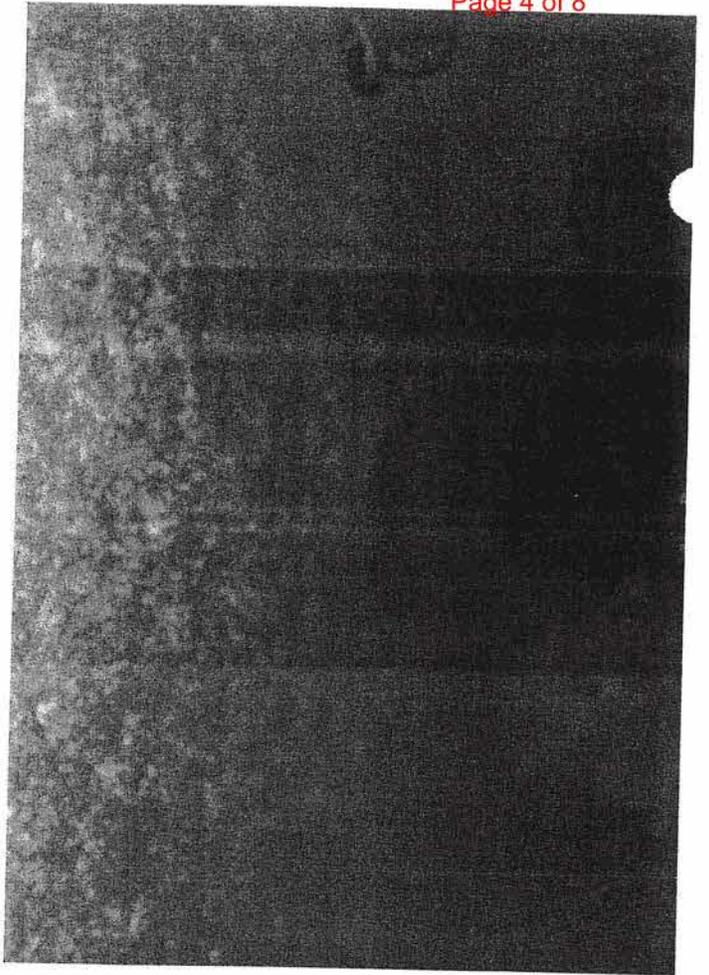
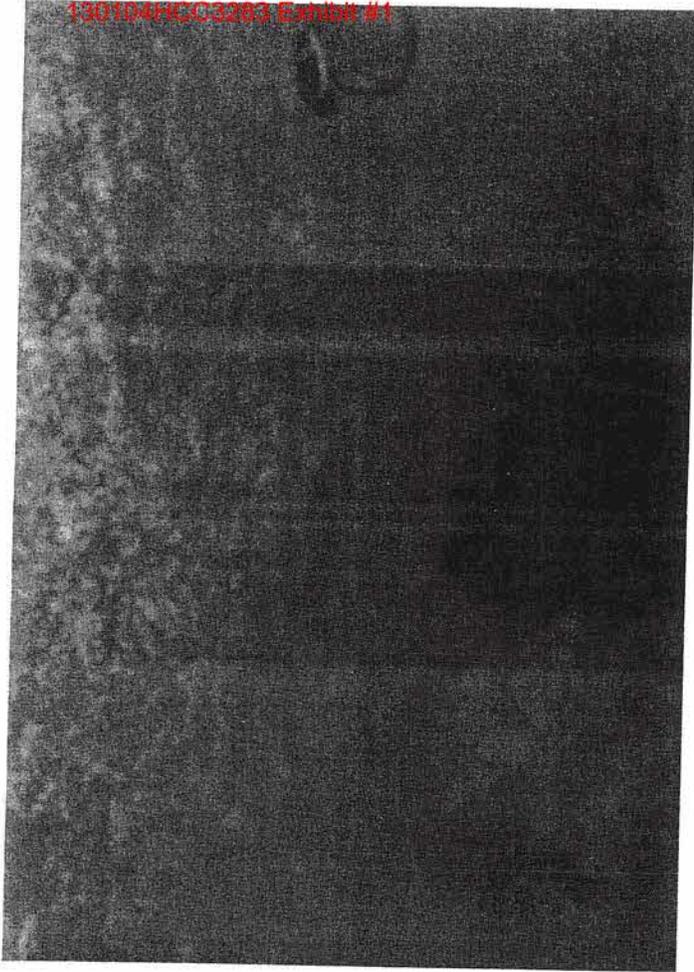
ATTACHMENTS:

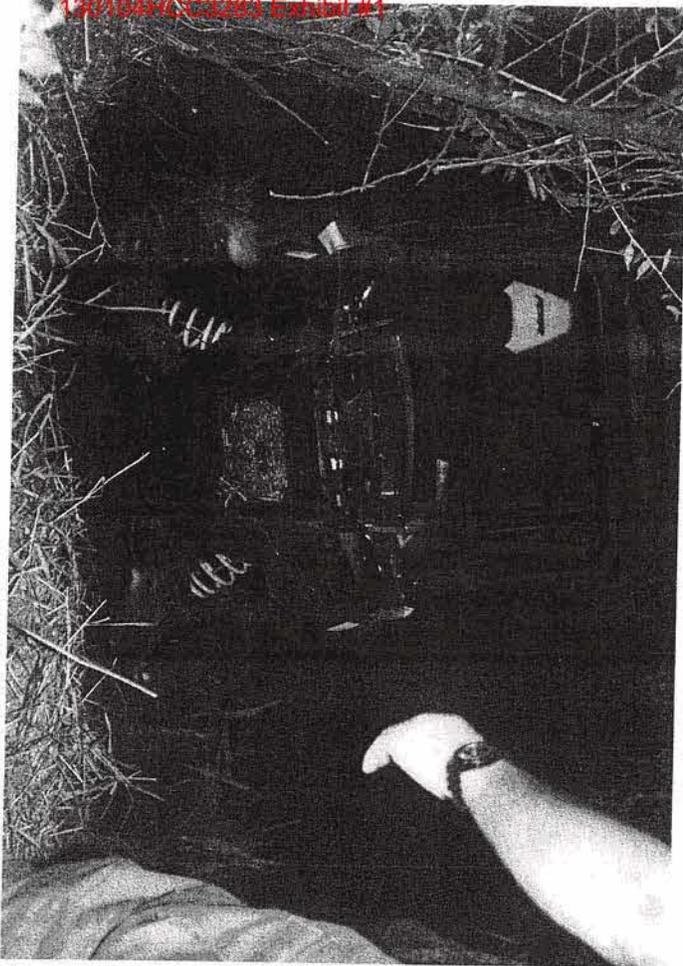
- Exhibit #1: Black and White Photo Copies of Police Photos
- Exhibit #2: Affidavit from Police Officer
- Exhibit #3: Affidavit from Medical Examiner
- Exhibit #4: Missing Documents Form
- Exhibit #5: Data Record Sheet - UTV

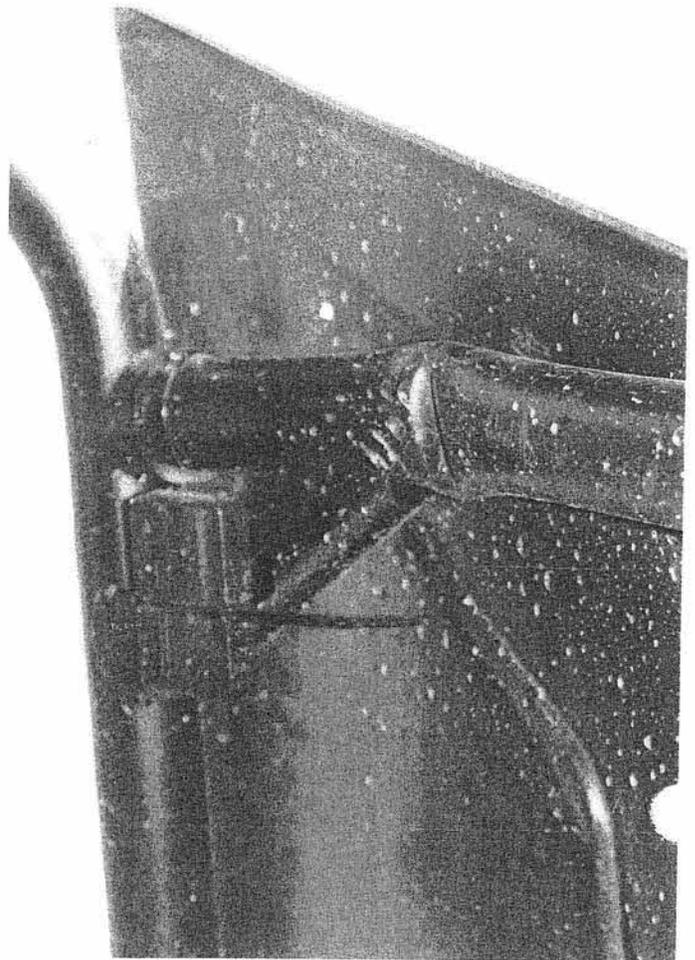
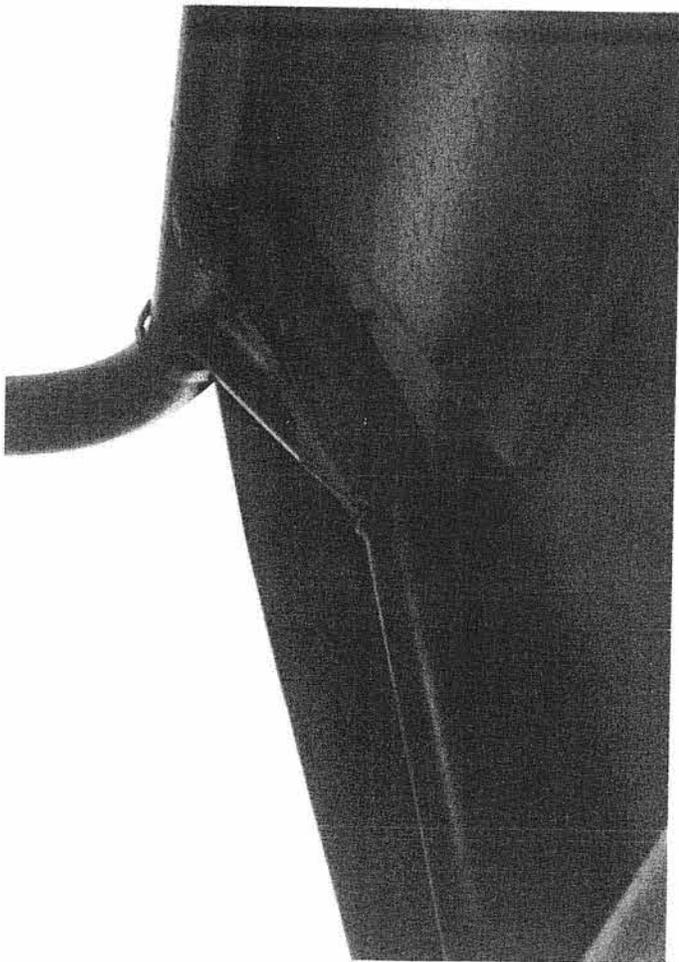
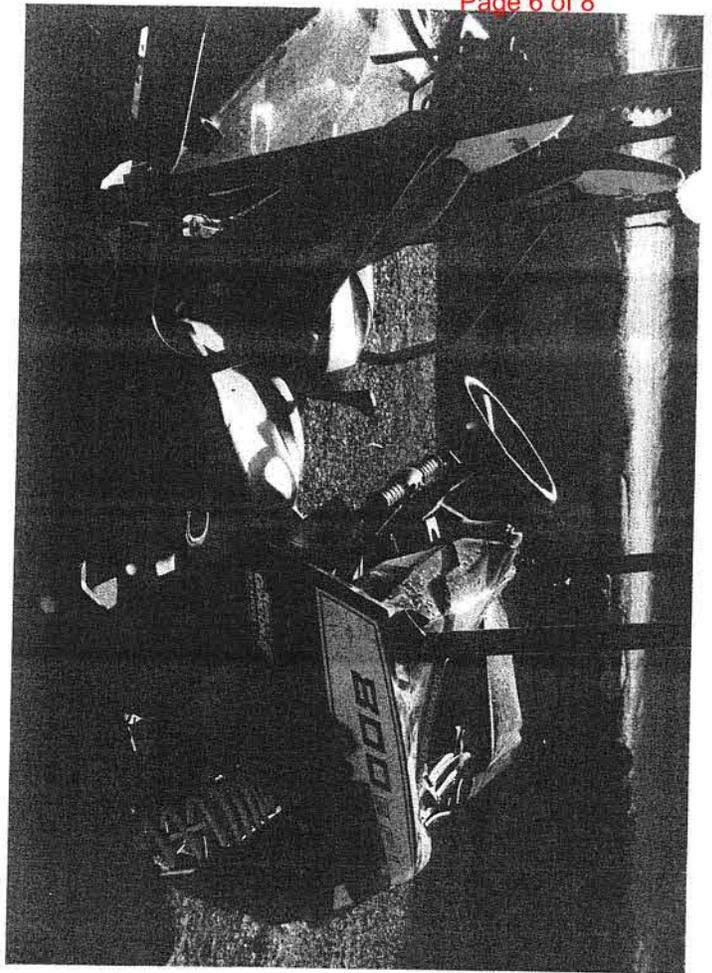
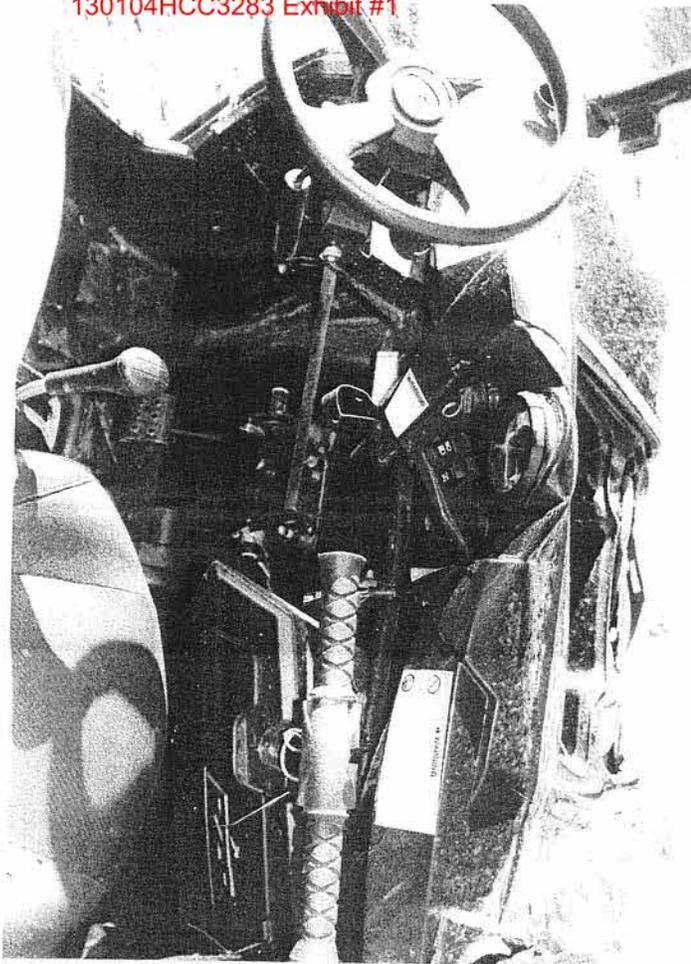


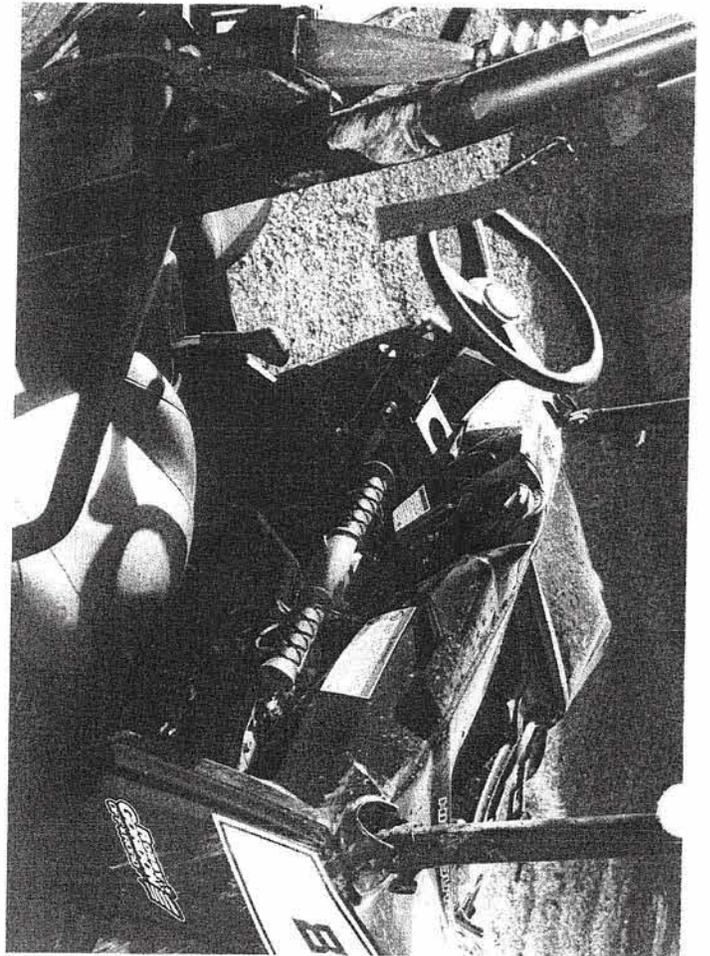
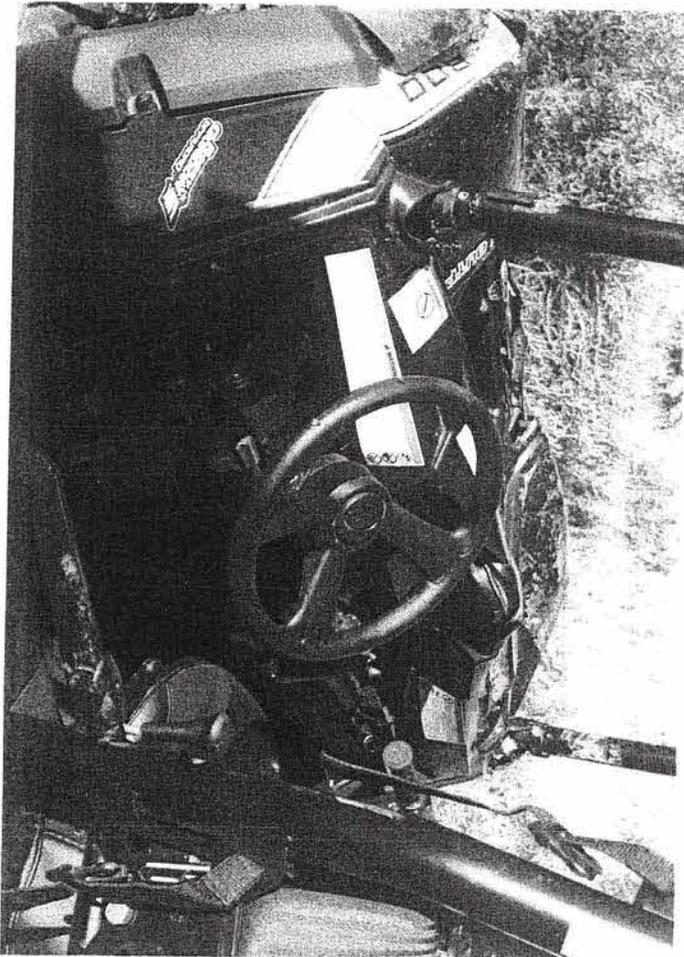
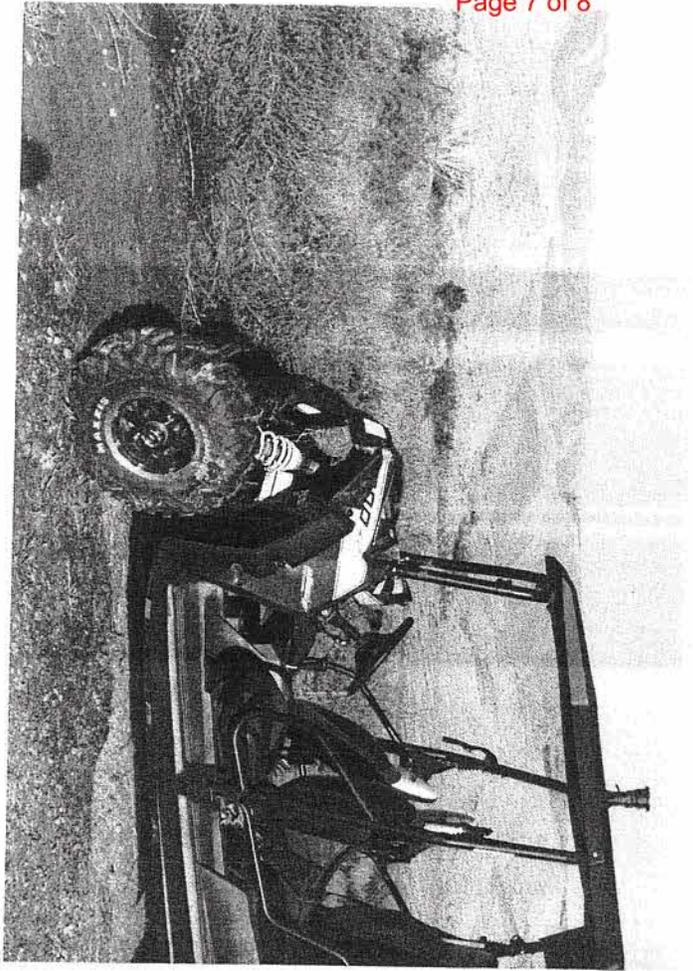
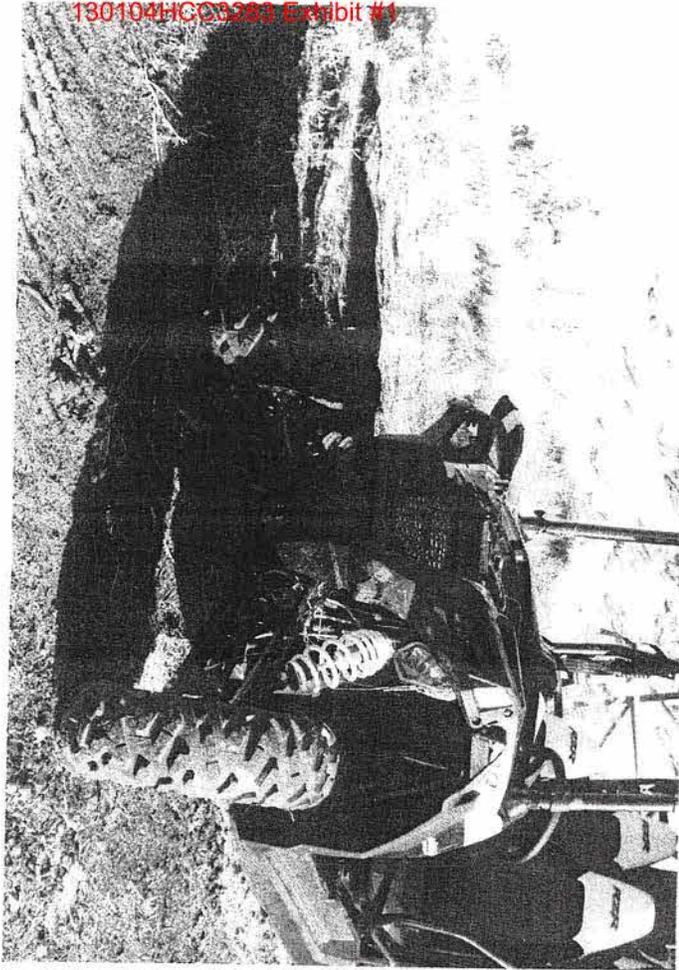


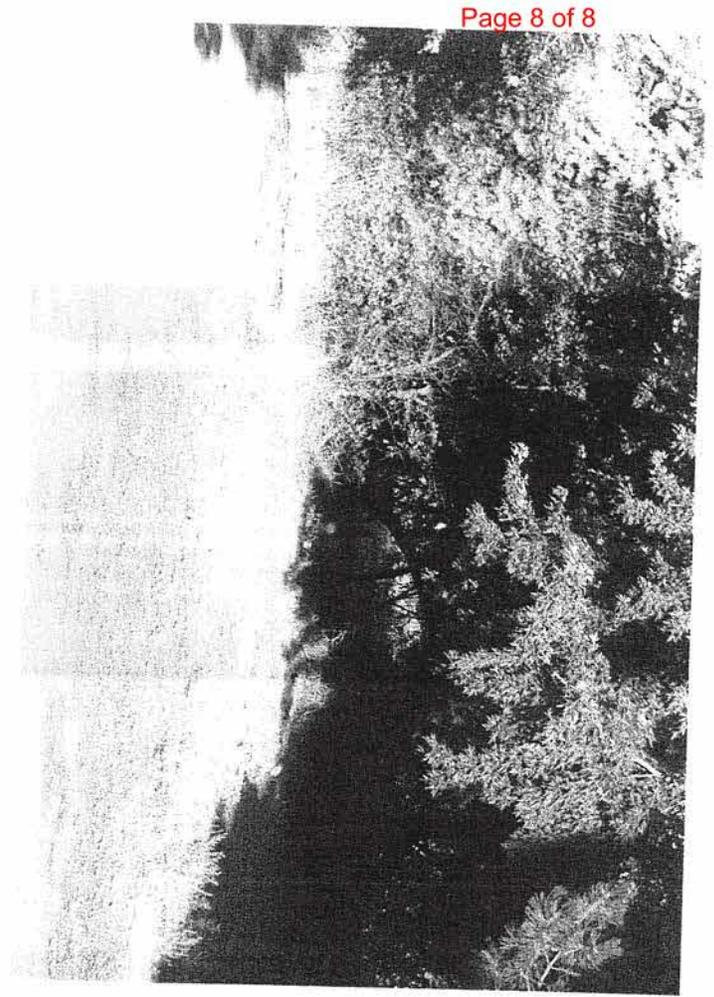
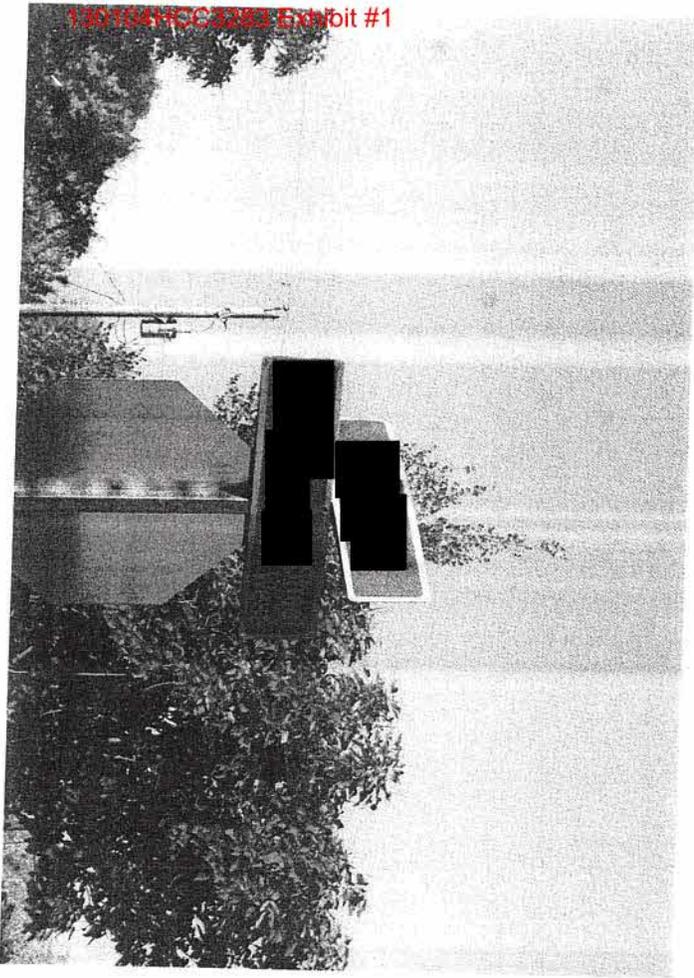












I went over to the ditch and saw another male adult in the ditch on the drivers side of the vehicle seated to the front with debris that appeared to me to have come from the vehicle that had been crashed. (There appeared to be a plastic windshield and some guards, and a seat in the area that this person was sitting in.) The vehicle was a Polaris Razor maroon in color, and there were no doors on the vehicle. The driver side seat was no longer in place, and I did not see a windshield in place on the vehicle. (There appeared to me to be \$6000 damage to the vehicle.)

The person in the ditch (later identified as [REDACTED] by his Idaho Drivers License) had a head laceration, was seated with the lower part of his body still in the canal, and when he spoke in a way that was understandable, he advised that his legs hurt.

While I was on scene I over heard medical personnel state that the patient ([REDACTED]) had been found partially ejected on the passenger side with part of his body under the frame of the vehicle.

I attempted to speak with [REDACTED], and he was not very helpful in assisting me with providing information about what had occurred. I asked [REDACTED] what his name was, and he advised me that his name was [REDACTED]. I later learned his name by taking his wallet out of his pants pocket.

In speaking with [REDACTED] about the crash I asked him how fast he was driving when he had crashed, and he told me "About 500 miles an hour." It should be noted that [REDACTED] did not deny to me that he was the driver when asked this question.

I asked [REDACTED] how many people were with him at the time of the crash and he told me "Enough." I asked him what his friends name was, and he told me [REDACTED], and that he did not know what his last name was.

[REDACTED] would not advise as to where they had come from who's vehicle that they were in, his friends name or how many occupants were in the vehicle. One of the people that lived next to the canal had to put on waders and walk downstream of the location of the crash to check for other people that could have been in the vehicle.

Later after Sgt. Kiger advised [REDACTED] that his friend was no alive, did he advise that there was no one else in the car, however he never would tell us what his friends name was.

[REDACTED] was removed from the ditch area not under his own power but on a sled and rope system that the medical personnel used.

When [REDACTED] was removed from the ditch I could smell an odor of an alcoholic beverage coming from his person/breath.

Photos were taken at the scene, of the crashed Razor.

The placement that the vehicle was in the ditch, it did not appear that it would be easy for a person that had not been in a crash, let alone in this crash to navigate from the passenger side of the vehicle to the drivers side.

Both [REDACTED] and [REDACTED] were taken to North Canyon Medical Center in Gooding. [REDACTED] was later life flighted to Saint Alphonsus Medical Center in Boise, and while traveling there succumbed to the injuries that he received subsequent to this crash.

While I was at the hospital some of the personnel there made contact with [REDACTED]'s mother [REDACTED] and learned that the friend of [REDACTED]'s name was [REDACTED], and that he had family in Athens Texas.

The injuries that [REDACTED] had sustained from this crash, it appeared to me that he needed medical assistance. [REDACTED] advised some of the personnel that he was denying attention. I had to advise [REDACTED] that if he did not accept the attention that they were going to provide, that his next step was coming with me to the jail. [REDACTED] decided to accept the attention from the medical providers. (It should be noted that I later learned that [REDACTED] had broken both knee caps, and broke a vertebrae in his back, and was only mobile by wheel chair.)

While I was at the hospital I received a call from Sgt. Kiger, and he advised me that he had spoken with [REDACTED] the owner of the Razor, and was advised by [REDACTED] that [REDACTED] had been at a party at [REDACTED]'s house, and that he had showed up with a guy from Hailey. Kiger said that [REDACTED] had told him that [REDACTED] was not invited to the party at the house, but had just showed up as he was a friend of one of [REDACTED]'s sons.

Kiger went on to tell me that at some point in the party it was noticed that [REDACTED] and his friend were no longer there. Kiger advised me that [REDACTED] had not given [REDACTED] nor his friend [REDACTED] permission to drive his razor.

I was present for a legal blood draw that was conducted on [REDACTED] at my request. The contents of the blood draw were packaged and placed into evidence to be sent to the state lab for testing. As this was an injury crash I did not advise [REDACTED] of the ALS Suspension Advisory Form.

I went in and spoke with [REDACTED] in the hospital room that he was in waiting to receive treatment. In speaking with him, I advised him of his Constitutional Rights, and he told me that he understood. This interview was audio and video recorded, and occurred at approximately 0446 HRS.

I asked [REDACTED] what had happened, and he told me that he did not know. I asked [REDACTED] if he did know what had happened, what would that be, and he told me that he and [REDACTED] had gone to the bar, after [REDACTED] had wanted to go and have some shots. [REDACTED] said that they

had gone to the bar and had some drinks, and that they had left. I asked [REDACTED] who all had gone to the bar, and he told me that it was just him and [REDACTED]. I asked him who all was with him when they left the bar, and he told me that he believed that it was just him and [REDACTED].

I asked [REDACTED] if he had permission to take the Razor that night and he told me that he had not. I spoke with [REDACTED] being friends with [REDACTED], and he told me that he was friends with [REDACTED], and that he knew where to go and get the vehicle that they had taken, and that he had not had to break into a garage to get it to take to the bar.

In speaking with [REDACTED] about his time in the bar he told me that they had been there long enough to have one drink. [REDACTED] told me that he could not remember what he or [REDACTED] had drank, and also told me that they might not have paid their bar tab.

I asked [REDACTED] where they were going to go after having the drink, and [REDACTED] told me that he thought that they would be going back to the house.

In speaking with [REDACTED] about driving back to the house, he to told me that he was not driving. It should be noted that this was the first time in my contacts with [REDACTED] that he had ever denied driving at the time of the crash. I told [REDACTED] that there was no way that [REDACTED] could have been driving at the time of the crash from where his body was found and where he had been found. [REDACTED] then told me that he was driving. Also adding to that statement that he did not know if he was driving at that point.

I again told [REDACTED] that given the evidence that what he was saying was not possible. As I was saying this, he said "Alright." In speaking with [REDACTED] further he told me that he did not remember.

I told [REDACTED] that if he made a mistake I could understand that, and I did not think that he meant for this to happen and that he got caught up in the moment and somethings happened that he was not ready for. I asked him if that was right, and he said "Yes", and then told me that he was telling me "fucking exactly what he could remember." It should be noted that [REDACTED] did not deny driving the Razor at the time of the crash regarding this last statement, but rather acknowledged that he was driving.

[REDACTED] began retracting his statements about what all it was that he could remember.

I told [REDACTED] it was one thing to make a mistake, and he told me "And I made one hard tonight." Based on my training and experience in interviewing, this is a confession to the allegation made. [REDACTED] then he added that he did not know if he was driving or if [REDACTED] was driving.

After [REDACTED] was taken in for a cat scan, I advised him that he was

going to be placed under arrest after he was released from the hospital for Aggravated Driving Under the Influence, Felony Malicious Injury to Property, and Felony Taking a Vehicle Without Owners Consent Exceeding \$1000 Damage.

On the 26th of August 2012 at approximately 1940 HRS, I spoke with [REDACTED]. [REDACTED] was the first person on scene to a fatal car crash that had occurred outside of his house located at [REDACTED] in Hagerman. The people involved in this crash were the victim [REDACTED], and the suspect [REDACTED]. [REDACTED] appeared to me to be very upset regarding this incident, and advised me during the interview that he was diagnosed with Post Traumatic Stress from a incident that a young woman had drowned in at a fish hatchery.

[REDACTED] told me that he was sleeping and woke up to a loud "crazy" noise. And that he could hear "blub blub blub."

[REDACTED] told me that he went outside with a flashlight, and found a vehicle in the canal by his house. [REDACTED] told me that the vehicle was upright. [REDACTED] told me that he initially saw one person in the vehicle on the passenger side with one still in the vehicle and the upper 1/3 of his body under the water. [REDACTED] indicated that the person looked like he was just draped out. This person in the water was later identified as [REDACTED].

[REDACTED] said he ran to [REDACTED], who is his neighbor, and told him to call 911, that there was a crash.

[REDACTED] told me that he had jumped into the water and pulled the [REDACTED] head out of the water. [REDACTED] told me that he did not see anyone else at that time.

In speaking with [REDACTED] about the time of when he heard that crash and he had pulled [REDACTED] head out of the water, he told me that it was under 10 minutes. [REDACTED] disclosed to me that he did not think that [REDACTED] was breathing when he got his head out of the water.

[REDACTED] told me that when [REDACTED] got there, that he told [REDACTED] to get a rope to pull [REDACTED] out of the water. [REDACTED] said that after [REDACTED] was pulled from the water he started looking for other involved in the crash in the ditch area.

[REDACTED] said that when he got around to the other side of the vehicle, he had found another person sitting on the side of the ditch with his legs in the water. [REDACTED] described this person as having sandy colored hair, and advised that he did speak with [REDACTED]. This person was later identified as [REDACTED].

[REDACTED] said that he asked [REDACTED] how many were in the car, and [REDACTED] had told him "Enough". [REDACTED] indicated to me that in speaking with the kid, that he reeked of alcohol, and he felt that a combination of alcohol as well as trauma from the wreck were making [REDACTED] talk and act like he did. [REDACTED] indicated to me that [REDACTED] was not very

helpful in giving information about other that could possibly be involved.

While speaking with [REDACTED], he told me a couple of times that he felt like he was going to be sending this kid to prison, but that he wanted to tell me the truth. [REDACTED] also told me that he was not dealing with this situation very well.

[REDACTED] disclosed to me that there were bottles of [REDACTED] Beer floating in the canal, but he did not know if they were open or empty.

In speaking with [REDACTED] on the possibility of [REDACTED] driving, [REDACTED] told me that he felt that [REDACTED] had to of been driving, though he did not see him drive. In speaking with [REDACTED] further about this, he disclosed to me that [REDACTED] had debris on top of him from the crash that he ([REDACTED]) had to get off of him.

[REDACTED] stated that his conversation with [REDACTED] was "all jumbled up."

[REDACTED] told me at the end of my interview with him that there was no way that [REDACTED] could have been driving as [REDACTED] was "Not navigating well at all, and had all of the debris from the crash stacked up on him.

I asked [REDACTED] to fill out a voluntary statement form. In the statement [REDACTED] wrote that he had been sleeping and woke up to a loud noise. That he had gotten up and went outside, and found a car/rv in the canal. [REDACTED] wrote that there was a person partially in and partially out, and that the part that was out was the head and upper body.

[REDACTED] indicated in his statement that he ran to [REDACTED] woke him up and had him call 911, and that he ([REDACTED]) ran back, got in the ditch and held the persons head out of the water. [REDACTED] wrote that he told [REDACTED] to get a rope so that they could get the guy up the bank of the canal. [REDACTED] said after they got the rope around the guy, that they could get him up the bank.

[REDACTED] wrote that someone had arrived and asked if there was anyone else, and as he ([REDACTED]) was in the water he stepped around the vehicle and found another person sitting half in and half out of the water. [REDACTED] stated that this person could not speak coherently, and that he had head trauma.

[REDACTED] wrote that he assisted in removing the 2nd person out of the water and up the bank, and then went about looking for other people involved in the crash, and could not find any.

[REDACTED] wrote that when he got to the 2nd person, that there were rv parts, (glass and plastic) and tree limbs.

On the 26th of August 2012, at approximately 2000 HRS, I spoke with

██████████ regarding a car crash that had occurred outside of his house in the early morning hours of the 26th of August. ██████████ lives at ██████████. This crash was involving ██████████ and ██████████.

██████████ advised me that he had been awoken by a loud sound, and then ██████████ pounding on his door.

██████████ told me that he went outside barefoot and in his pajamas, and told his wife to call 911.

██████████ said that he ran up to the ditch and saw the vehicle in the ditch, and ran back to his house to get clothes and shoes.

██████████ said that he heard ██████████ holler for help, and when he returned he found ██████████ holding a guys head out of the water. (This person was later identified as ██████████). ██████████ said that they tried to pull him out, and could not and ██████████ went for a rope to help pull him out. ██████████ said that they could not get the guy completely out and had to have assistance from Hagerman Fire Chief ██████████.

██████████ told me that ██████████ had found another guy in the canal (This guy was later identified as ██████████). ██████████ told me that this guy was on the drivers side, and had a bunch of junk all over him. ██████████ said that the guy would only say "Enough" when he was asked if there were other people in the vehicle.

██████████ said that he went down the ditch and found a seat to the vehicle, but no other people. ██████████ did not know if it was the drivers seat or passenger seat.

██████████ disclosed to me that he heard what he thought to be bottles rolling down the canal while he was at the scene.

██████████ told me that he had assisted with pulling the 2nd person (██████████) out.

In speaking with ██████████ about all that he had seen at the scene, and what he thought was reasonable, he told me that there was no possible way that ██████████ could have been driving.

I asked ██████████ to fill out a voluntary statement form which he did.

3. What further information do you have giving you reasonable grounds to believe that the Defendant(s) committed the crime(s) alleged?

Answer: TWO SEPARATE WITNESSES (██████████ AND ██████████) THAT ASSISTED IN THE CRASH TOLD ME THAT ██████████ WAS ON THE PASSENGER SIDE OF THE VEHICLE PARTIALLY EJECTED, WITH THE UPPER THIRD OF HIS BODY OUT OF THE VEHICLE AND SUBMERGED UNDER WATER,

"LIKE HE WAS DRAPED OUT OF THE VEHICLE". BOTH WITNESSES ADVISED ME THAT THEY HAD FOUND [REDACTED] ON THE DRIVERS SIDE OF THE CAR WITH DEBRIS FROM THE CRASH ON AND AROUND HIM. BOTH WITNESSES FEEL THAT THERE IS NO POSSIBLE WAY THAT [REDACTED] [REDACTED] COULD HAVE BEEN DRIVING AT THE TIME OF THE CRASH. [REDACTED] ALSO ADVISED ME THAT IN HIS INTERACTION WITH [REDACTED] HE "REEKED OF ALCOHOL. WRITTEN STATEMENT FROM GOODING COUNTY DETENTION DEPUTY ESTEP WRITTEN REPORT REGARDING HOW [REDACTED] WAS MOVING ABOUT IN HIS CELL, DEPUTY ESTEP DESCRIBED THE MOVEMENT AS BEING IN A WHEEL CHAIR, OR ONLY ABLE TO HOBBLE DUE TO INJURIES SUSTAINED TO BOTH KNEES.

4. Do you believe a warrant should be issued?

Answer: NO

5. Set out any information you have, and its source, as to why a warrant instead of a summons should be issued.

Answer: NONE

6. List the charges set forth in this document.

- 1.VOLUNTARY MANSLAUGHTER I.C.18-4006
- 2.AGGRAVATED DUI I.C.18-8006
- 3.MALICIOUS INJURY TO PROPERTY I.C.18-7001
- 4.DRIVING WITHOUT OWNERS CONSENT EXCESSS \$1000 DAMAGE I.C.49-227
- 5.
- 6.

I certify that there is the following pertaining to this case:

Video/Audio

Audio

Video

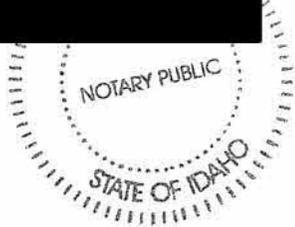
Photographs

None of the Above

Dated on, August 27, 2012.


Affiant

SUBSCRIBED and SWORN



Notary Public for Idaho
Residing in, Coeur d'Alene, Idaho
My Commission Expires: 9-15-16

I, _____ a Deputy with the Gooding County Sheriff's Office, did read the entire contents of this affidavit over the telephone to The Honorable _____, Magistrate Judge, on the _____ day of _____, 20____, at _____ .m, which conversation was recorded by me on tape no. _____. After hearing the information contained above, Judge _____ informed me that he was finding probable cause that the defendant, _____, had committed the following crime(s):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Dated this _____ day of _____ 20____

Deputy

OR IN THE ALTERNATIVE

Having reviewed the affidavit of probable cause and good cause appearing therefore:

THE COURT DOES HEREBY FIND that there is probable cause to believe that the following crime(s):

- 1. _____
- 2. _____

- 3. _____
- 4. _____
- 5. _____
- 6. _____

ha _____ been committed in Gooding County, Idaho, and probable cause to believe that the defendant, _____, is the same person who has committed said crime(s).

Dated this _____ day of _____ 20_____

Magistrate Judge

COPY

[REDACTED]

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF GOODING

STATE OF IDAHO,

Plaintiff,

vs.

[REDACTED]

Defendant.

Case No. [REDACTED]

AFFIDAVIT OF
DR. [REDACTED]
FORENSIC PATHOLOGIST

STATE OF IDAHO)

ss.

County of ADA)

I, [REDACTED], M.D., Forensic Pathologist, being first duly sworn, upon oath, deposes and says:

1. That Affiant is a board certified forensic pathologist, see curriculum vitae attached hereto as exhibit AA@. I have been employed by Ada County in Boise, Idaho as a forensic pathologist for approximately 12 years.
2. I perform approximately 250 autopsies per year to determine cause of death. I have performed over 1500 autopsies in my career.
3. On the 27th day of August, 2012, Affiant performed an autopsy on [REDACTED]
[REDACTED] During the autopsy, Affiant noted:

COPY

Case No. [REDACTED]

I. Anoxic brain injury secondary to emersion in a canal, as a complication of an all-terrain vehicle accident:

A. Medical records indicate:

1. Anoxic brain injury.
2. Paramedic report indicates a bystander stated that the patient was submerged underwater for approximately 5 minutes before he was pulled out to the bank.
3. Paramedic report indicates cyanosis, with the patient remaining unresponsive throughout the entire transport.

B. Blunt force trauma due to an all-terrain vehicle accident:

1. A stapled 3-inch laceration over the right side of the forehead with no underlying skull fractures or brain injuries identified.
2. Multiple abrasions to the right side of the forehead around the right eye, extending down over the right cheek.
3. 1-inch laceration to the right lateral edge of the mouth with no underlying fracture.
4. L-shaped abrasion to the chin, just to the right of the midline.
5. Stretch lacerations with contusion overlying the left clavicle, but no fracture of the underlying clavicle; hemorrhage into the soft tissues overlying the right clavicle.
6. Fracture of left anterior rib #2 with surrounding hemorrhage, with hemorrhage also seen around the left lateral ribs #1 through #5.
7. No thoracic hemorrhage is identified.
8. A 500 cc right retroperitoneal hematoma around the right kidney with tearing of the soft tissues, but no damage to the kidney, adrenal or vessels.
9. Brush-type abrasions overlying the anterior surface of the chest and right biceps muscle as well as superficial abrasions to the back of the right forearm.
10. Square-type abrasion above the right knee and a 2 ½ inch laceration overlying the left tibia, but no fractures of the axial skeleton identified.

0071

Case No. [REDACTED]

DATED this 30th day of August, 2012

[REDACTED]

Forensic Pathologist

Subscribed and sworn to before me on 30th day of August, 2012.

[REDACTED]

Residing at: AAA County
Commission Expires: 9-5-2013

(Seal)



Exhibit #4

Task No: 130104HCC3283

Date: 03/04/13

STATUS OF MISSING DOCUMENT(S)

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

1. Sheriff's Report

2. Autopsy Report

3. _____

4. _____

5. _____

Date: 03/04/13	Investigator No: 2259
----------------	-----------------------

Regional Office: _____CFIW_____ Supervisor No: __9067__

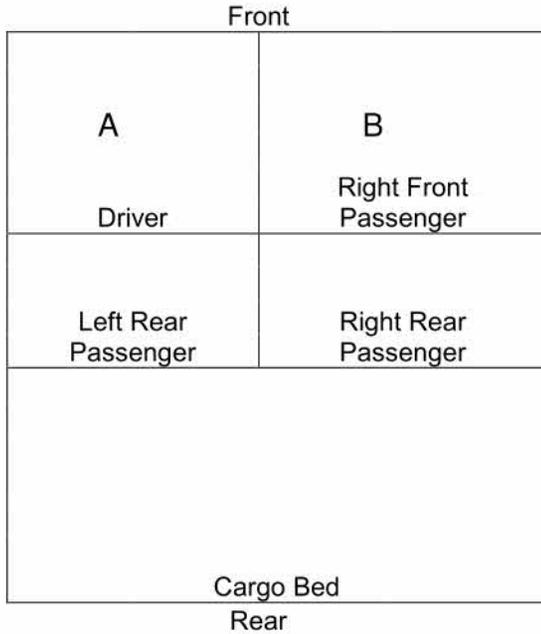
Contacts:

- 1: Gooding County Sheriff's Office – Investigating Agency – Contacted 01-15-2013
624 Main St
Gooding, ID 83330
(208) 934-4421
- 2: [REDACTED] – Prosecuting Attorney – Contacted 01-15-2013
Gooding County Idaho County Attorney's Office
PO Box 86
Gooding, ID 83330
(208) 934-4493
- 3: [REDACTED] – Product Owner – Contacted – 02-25-2013
[REDACTED]
Hagerman, ID 83332
[REDACTED]

Utility Vehicle Data Record Sheet

IDI #: 130104HCC3283

Exhibit #: 5



The Utility Vehicle

A:	Age: 29	Height: UNK
	Gender: M	Weight: UNK
Helmet (Y/N): N		Seatbelt (Y/N): N
Killed/Injured/Neither/Unknown: Injured		
Injury Description: FRACTURES		
Did vehicle land on victim: No		
Ejected (Either partially or fully): UNKNOWN		

B:	Age: 27	Height: Unk
	Gender: M	Weight: UNK
Helmet (Y/N): N		Seatbelt (Y/N): N
Killed/Injured/Neither/Unknown: Killed		
Injury Description: Drowning		
Did vehicle land on victim: No		
Ejected (Either partially or fully): Partially		

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

130107HCC2307

This investigation was initiated through a death certificate in which it was reported that a 78 year old male died as a result of a blunt force crushing injury. The product involved in this incident was a utility vehicle. Information for this report was obtained from the coroner's report. The police report was requested for this investigation but could not be obtained.

On the morning of October 27, 2011, the victim was assisting/directing his brother who was the driver of the utility vehicle. The victim was located between the bed of the vehicle and the house. As the brother was backing the machine up, he pressed the gas too hard and pinned the victim between the bed of the vehicle and the home. The victim's wife, who was in the home at the time the incident occurred, stated that the accident "shook the residence violently." The victim collapsed when the vehicle was removed from the impact position and shortly after became unresponsive.

The victim was transported to the emergency room where he was pronounced. Trauma to the abdomen/pelvis area created substantial internal injury evident by the external exam. The cause of death was ruled as a blunt force crushing injury and the manner was accidental. There was no autopsy completed.

Investigation at the incident site showed substantial damage to the front door facing. In addition there were tire marks about the porch area that were consistent with the attempt to back up the vehicle onto the porch area.

PRODUCT IDENTIFICATION

The product involved in this incident was a utility vehicle, manufactured by Polaris Industries, 1225 North County Road 18, Minneapolis, MN. The model is believed to be a Ranger. There was no other information known about the product.

ATTACHMENTS

1. Copy of McCracken County Coroner's Report.
2. Missing Document Form: Livingston County Sheriff's Department Report.
3. UTV Data Record Sheet.

130107HCC2307

Attachment #1

Page 1 of 2



Coroner Of McCracken County

301 South 6th Street Paducah, Ky. 42003

Dan L. Sims

Office - 270-444-4732 * Fax- 270-444-4763

Coroner's Report

Case Number#		Decedent Information			
Name		Next of Kin			
Address			Relationship	Spouse	
City/State/Zip			Address		
Municipality	N/A		City/State/Zip		
Date of Birth		Age	78	Home Phone	
Soc Sec#		Sex	Male	Other Phone	
Marital Status	Married	Race	Caucasian		

Case Details					
Date of Death	10/27/2011	Time	10:50 a.m.	Place	Residence
Pronounced	10/27/2011	Time	10:50 a.m.	Munic of Death	Paducah-McCracken Co.
Incident Date	10/27/2011	Time	9:43 a.m.	Injury at Work	Yes <input type="radio"/> No <input checked="" type="radio"/>
Cause of Death	Blunt Force Crushing Injury			Secondary Contributing Causes	
Due to	ATV vs. Pedestrian				

Manner of Death					
<input type="checkbox"/> Natural	<input checked="" type="checkbox"/> Accidental	<input type="checkbox"/> Suicide	<input type="checkbox"/> Homicide	<input type="checkbox"/> Pending	<input type="checkbox"/> Undetermined
Att. Physician					
Autopsy	Yes <input type="radio"/> No <input checked="" type="radio"/>	Autopsy Date	N/A		
Location	N/A		Performed by	N/A	
Law Enforcement	Livingston Co. Sheriff Department		Officer/Incid #	Deputy J. Thomasson	

Description of Incident Leading to Death	
<p>Contacted in reference to a death pronounced in the ER at Lourdes Hospital by physician. Clinical House Supervisor states that a male subject was brought to ER after being pinned by an ATV at his residence. Decedent was pronounced by physician at 10:50 a.m. This writer responds from Courthouse Office and arrives at 11:15 a.m. On arrival, medical chart is provided and reviewed. Decedent is located in [REDACTED] and examination ensues.</p> <p>Caucasian male is found supine in hospital bed. Found with sheet covering decedent from waistline distally. Decedent is attached to multiple monitoring devices. Cardiac combo pads are present as well as other monitoring electrodes about the anterior torso. A cervical collar is in place and an endotracheal tube is present within the oral cavity. Decedent is laying about a long spine board and clothing has been cut away during resuscitation efforts. An IV is present to the right forearm area. Cathions are noted to the mid-clavicular areas left and right respectively. These appear as field attempts of treating pneumothorax. An ID bracelet is noted to the left wrist area noting decedents name. Decedent is found wearing white underwear only. Abdomen is diffusely distended. Genital area is noted with extensive edema and protrusion. No other external trauma is apparent.</p> <p>Family is located outside of ER and interview begins. Condolences are offered. Spouse is identified as [REDACTED] Brother is also present and identified as [REDACTED] Brother states he was backing up a Polaris RTV that has a bed on it. Decedent was next to porch area of house and directing brother in direction to move to. Decedent was between the rear of the RTV and the house when the brother describes that "I guess I pressed the gas too hard" and the bed pinned decedent between it and the house. Spouse states that she was inside the residence when the event occurred and it "shook the residence violently." Once machine was removed from impact position, decedent collapsed and shortly after went unresponsive. Sheriff Department and EMS responded and decedent was transported to ER. Sheriff Department took statements and photographs at the scene.</p>	

Funeral Home:	[REDACTED] Funeral Home - Benton, KY
Coroner / Deputy Information	
Submitted by:	Deputy Coroner [REDACTED]

**Coroner Of McCracken County**

301 South 6th Street Paducah, Ky. 42003

Dan L. Sims

Office - 270-444-4732 * Fax- 270-444-4763

Supplement Report

Family is briefed as to opinion of cause of death. The trauma to the abdomen/pelvis area created substantial internal injury evident by the external exam. Family wishes decedent released to [REDACTED] Funeral Home in Benton, KY. Decedent is prepared and family is given personal time with the decedent prior to funeral home arrival.

Livingston Co. Sheriff Chief Deputy [REDACTED] is contacted and reports/photographs are requested. These are reviewed and concur as to the previous statements. Photos are reviewed and note substantial damage to the front door facing. There are also noted tire marks about the porch area consistent with the attempt to back up the ATV onto this area.

Cause of death in this case is noted as Blunt Force Crushing Injury due to ATV vs Pedestrian. Manner is noted as accidental.



U.S. Consumer Product Safety Commission

Task Number: 130107HCC2307

Date: 4/1/2013

Status of Missing Document(s)

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

1. Livingston County Sheriff's Department Report.
2. _____
3. _____
4. _____
5. _____
6. _____



COPY

U.S. CONSUMER PRODUCT SAFETY COMMISSION

[REDACTED]

January 14, 2013

Livingston County Sheriff's Office
351 Court Street
Smithland, KY 42081

ATTN: RECORDS DEPARTMENT

The U. S. Consumer Product Safety Commission is an agency of the Federal Government, and we have a program that studies accidents, accidental injuries, and their causes. Information from this program helps make us aware of hazards to children and adults, and aids us in preventing similar injuries from occurring to others.

We were made aware through a death certificate of an ATV accident that occurred on or about **October 27, 2011**. According to the death certificate, **78 year old** [REDACTED] died as a result of injuries sustained in the accident. The accident occurred at [REDACTED]

We are extremely interested in product-related incidents, including those involving ATV's.

As part of my investigation, if your department responded to this incident, I would like to obtain a copy of your **incident report** and **any additional supplemental information or reports**. Any information you can provide in this incident would be greatly appreciated, particularly any information that you may have concerning the circumstances surrounding the incident and whether the victim was the driver of the ATV or the pedestrian, and the Make/Model and VIN of the ATV.

Thank you for your assistance in this matter. If you have any questions, please feel free to call me at the above telephone number.

Sincerely,

[REDACTED]
Product Safety Investigator

CONTACTS:

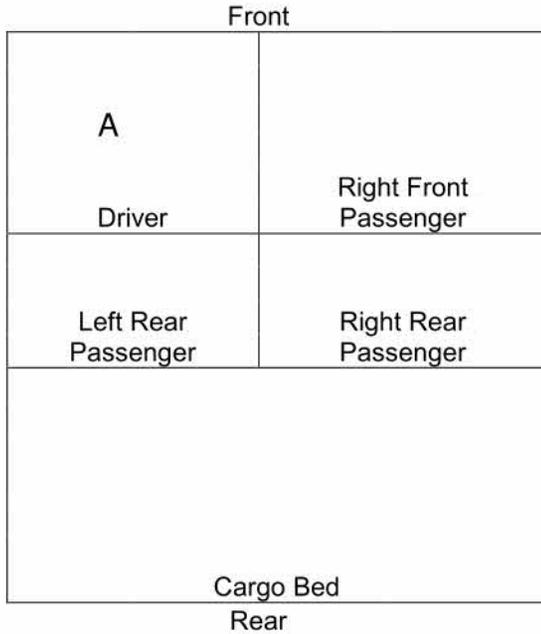
McCracken County Coroner's Office
301 South 6th St.
Paducah, KY 42003
Tele #270-444-4732
Initiated 1/10/13, Received report 1/11/13

Livingston County Sheriff's Department
351 Court St.
Smithland, KY 42081
Tele #270-928-2122

Utility Vehicle Data Record Sheet

IDI #: 130107HCC2307

Exhibit #: 3



The Utility Vehicle

A:	Age: Unk	Height: Unk
	Gender: M	Weight: Unk
	Helmet (Y/N): Unk	Seatbelt (Y/N): Unk
	Killed/Injured/Neither/Unknown: Neither	
	Injury Description: N/A	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): NO	

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

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

1. Task Number 130107HCC2314		2. Investigator's ID 1949		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2012 10 26	5. Date Initiated YR MO DAY 2013 01 10		
6. Synopsis of Accident or Complaint UPC A 42-year-old male was driving a utility vehicle with his wife riding in the passenger seat. He negotiated a graded curve on a gravel road too quickly and lost control of the vehicle, which flipped two to three times before landing on the driver. The driver was transported to the hospital where he was pronounced. The victim had reportedly consumed alcohol sometime prior to the incident. The passenger was not injured.				
				MFR/PRVLBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <i>1/16/14</i> <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>6b</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City CARYVILLE		9. State TN
10A. First Product 5044 - UTILITY VEHICLES	10B. Trade/Brand Name POLARIS		10C. Model Number RZR	
10D. Manufacturer Name and Address POLARIS INDUSTRIES 1225 NORTH COUNTY ROAD 18 MINNEAPOLIS, MN				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No	12B. Race 1 - White Other:		12C. Race Source 3 - Official Document	
13. Age of Victim 42	14. Sex 1 - Male	15. Disposition 8 - Death		16. Injury Diagnosis 71 - Other/NS/No inj
17. Body Part(s) Involved 87 - N.S./UNK	18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 2 - Telephone		20. Time Spent (Operational / Travel) 11.00 / 0.00
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 04/04/2013	26. Reviewed By 9067		27. Regional Office Director Dennis R. Blasius	
28. Distribution Sarah Garland; Tanya L. Topka			29. Source Document Number X12C0793A	

130107HCC2314

This investigation was initiated through a newspaper article in which it was reported that a 42 year old male died as a result of injuries sustained while riding a utility vehicle at a wildlife management area. Information for this report was obtained from the police report. The medical examiner's report was requested for this investigation but could not be obtained.

On October 26, 2012 the victim was driving a utility vehicle at a local wildlife management area with multi-use trails. His wife was sitting in the passenger seat. According to witnesses, the victim was negotiating a graded curve when he lost control of the vehicle and it flipped two to three times. The victim was partially ejected from the vehicle during the incident and the utility vehicle landed on top of the victim. The victim was transported to the hospital where he was pronounced. The exact cause of death was not stated. His wife was not injured in the incident.

According to the police report, the weather was clear and it was daylight when the incident occurred. The private, single lane, gravel roadway was dry and there were no apparent hazards. There were no other vehicles involved. The police report indicated that the victim was driving in a careless or erratic and reckless or negligent manner and he had consumed six alcoholic drinks sometime before the incident.

Neither the victim nor his wife wore a helmet. The victim was not wearing a seatbelt, but his wife was wearing her seatbelt at the time of the incident. There were no known vehicle defects.

PRODUCT IDENTIFICATION

The product involved in this incident was a utility vehicle, manufactured by Polaris Industries, 1225 North County Road 18, Minneapolis, MN. The model was a 2012 RZR and was black and white in color. The VIN was (b)(3):Exemption 3 for 25 . There was no other information known about the product.

ATTACHMENTS

1. Copy of Campbell County Sheriff's Department Report.
2. Missing Document Form: Medical Examiner's Report.
3. UTV Data Record Sheet.

Please Do Not Write In This Microfilm Space

Tennessee Uniform Traffic Crash Report

Reporting Agency Name
Campbell Co. S.O.

Reporting Agency Type
 Tennessee Highway Patrol (THP)
 City/Metropolitan Police Dept. (CPD)
 Sheriff's Office
 Capitol Police
 Commercial Vehicle Enforcement (CVE)
 College/University Campus
 National Park Service
 Other

Document Type
 Original Document (Cover)
 Supplement Document
 Amended Document

Reference Number Override
0070000

Local Agency Number
0070000

Document Type
 Original Document
 Supplement Document
 Amended Document

Reference Number Override
0070000

Local Agency Number
0070000

REFERENCE NUMBER
10407828

Type of Crash
 Property Damage (Over)
 Property Damage (Under)

1. Trafficway - OPEN
 2. Trafficway - CLOSED
 3. Parking Lot
 Private Property or Private Road

Hit and Run?
 1. Yes - Hit Motor Vehicle in Transport
 2. Yes - Hit Pedestrian or Non-Motorist
 3. Yes - Hit Parked Vehicle or Object
 No Hit and Run Solved?
 1. Yes 2. No

	Totals			Date of Crash			Day of Crash	Time of Crash	County	City	Area	Trafficway/Land Way/Private Way
	Vehicles	Killed	Injured	MONTH	DAY	YEAR						
1. Tennessee Highway Patrol (THP)	0	0	0	Jan	6	13	1. SUN	1:18	14	07	Area	1. Trafficway - OPEN
2. City/Metropolitan Police Dept. (CPD)	0	0	0	Feb			2. MON					2. Trafficway - CLOSED
3. Sheriff's Office	0	0	0	Mar			3. TUES					3. Parking Lot
4. Capitol Police	0	0	0	Apr			4. WED					<input checked="" type="checkbox"/> Private Property or Private Road
5. Commercial Vehicle Enforcement (CVE)	0	0	0	May			5. THURS					
6. College/University Campus	0	0	0	Jun			6. FRI					
7. National Park Service	0	0	0	Jul			7. SAT					
8. Other	0	0	0	Aug			8. UNK					
Investigation Complete?	0	0	0	Sep								
Photos Taken?	0	0	0	Oct								
Police	0	0	0	Nov								
Other	0	0	0	Dec								
	0	0	0	unk								

TDOT Use Only

Rail/Crossing ID Time Notified **1:18** Time Arrived **1:25**

ROUTE NUMBER SPC CASE CO SEQ LOG MILE LOC GPS Coordinate LATTITUDE LONGITUDE School Bus Related?

Estimated **1000.00** FROM/AT **Luther Seiber Blvd**

Vehicle Number **(b)(3): Exemption 3 for 25(c)** Total Number of Occupants **1**

Driver Presence Driver Operated Vehicle

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

ADDRESS Street & Number **(b)(3): Exemption 3 for 25(c)**

City & State **(b)(3): Exemption 3 for 25(c)**

Driver's License Number **(b)(3): Exemption 3 for 25(c)** State **KY** Exp. Year **2013**

Date of Birth **(b)(3): Exemption 3 for 25(c)** Age **42** Sex **M** Race **White**

License Class **D** Endorsements **None** Restrictions **None**

Injury Code **00** Safety Equipment **00** AIRBAG **01**

TRAPPED/EXTRICATED **01** Driver **D11** Residence **Campbell Co. EMS**

Year of Vehicle **2012** Make **Polaris** Model **AZA** Color **Black** Body Type **BATV**

Vehicle ID Number **(b)(3): Exemption 3 for 25(c)**

License Plate Number **54**

Vehicle Owner **(b)(3): Exemption 3 for 25(c)**

Violations **None**

Reporting Officer (Rank and Name) **Deputy Ty Daugherty** Badge/ID Number **724** District/Zone **3** Car No. **47** Report Date **10-26-2012**

MICROFILM COMPANION 2008 ALL RIGHTS RESERVED.

Most Harmful Event per Vehicle
(select 1 per vehicle)

- VI V2**
- Collision with Object Not Fixed**
- Pedestrian
 - Postal vehicle
 - Railway Train
 - Deer/Animal
 - Other Animal
 - Motor Vehicle in Transport
 - Motor Vehicle in Transport in Other Roadway
 - Parked Motor Vehicle
 - Other Type Non-Motorist
 - Other Object (Not Fixed)

- VI V2**
- Collision with Fixed Object**
- | | |
|---|--|
| <input type="checkbox"/> Boulder | <input type="checkbox"/> Utility Pole |
| <input type="checkbox"/> Building | <input type="checkbox"/> Other Post, Pole, Support |
| <input type="checkbox"/> Dumpster/Storage container | <input type="checkbox"/> Cabinet |
| <input type="checkbox"/> Bridge Pier/Abutment | <input type="checkbox"/> Curb |
| <input type="checkbox"/> Bridge Pier/End | <input type="checkbox"/> Ditch |
| <input type="checkbox"/> Bridge/Rail | <input type="checkbox"/> Embankment |
| <input type="checkbox"/> Guardrail/Fence | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Landmark/Ford | <input type="checkbox"/> Wall |
| <input type="checkbox"/> Median Barrier | <input type="checkbox"/> Mail Box |
| <input type="checkbox"/> Highway Traffic Sign Post | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Overhead Sign Support | <input type="checkbox"/> Tree |
| <input type="checkbox"/> Luminaire Light Support | <input type="checkbox"/> Fire Hydrant |
| <input type="checkbox"/> Traffic Signal Support | <input type="checkbox"/> Other Fixed Object |

- VI V2**
- Non-Collision**
- | | |
|--|---|
| <input checked="" type="checkbox"/> Overturn | <input type="checkbox"/> Fell/Jumped from Vehicle |
| <input type="checkbox"/> Fire/Explosion | <input type="checkbox"/> Other Non-Collision |
| <input type="checkbox"/> Implosion | <input type="checkbox"/> Thrown or Falling Object |
| <input type="checkbox"/> Jackknife | |

VI V2
Unknown Most Harmful Event

First Harmful Event for the Crash

01

Manner of Collision at First Harmful Event (select 1)

- Not Collision with Motor Vehicle in Transport
- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Rear-End | <input type="checkbox"/> Angle |
| <input type="checkbox"/> Head-On | <input type="checkbox"/> Side-swipe, Same Direction |
| <input type="checkbox"/> Rear-to-Rear | <input type="checkbox"/> Side-swipe, Opposite Direction |
| | <input type="checkbox"/> Unknown |

Relation to Junction at First Harmful Event (select 1)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Non-Interchange | <input type="checkbox"/> Interchange Area |
| <input type="checkbox"/> Non-Junction | <input type="checkbox"/> Intersection |
| <input type="checkbox"/> Intersection | <input type="checkbox"/> Intersection-Related |
| <input type="checkbox"/> Intersection-Related | <input type="checkbox"/> Driveway |
| <input type="checkbox"/> Driveway, Alley Access, etc. | <input type="checkbox"/> Entrance/Exit Ramp Related |
| <input type="checkbox"/> Entrance/Exit Ramp Related | <input type="checkbox"/> Crossover-Related |
| <input type="checkbox"/> Rail Grade Crossing | <input type="checkbox"/> Other Location In Interchange |
| <input type="checkbox"/> Crossover-Related | <input type="checkbox"/> Unknown, Interchange Area |
| <input type="checkbox"/> Unknown-Non-Interchange | |
- Unknown Relation to Junction

Relation to Roadway at First Harmful Event

(select 1)

- | | |
|--|--|
| <input checked="" type="checkbox"/> On Roadway | <input type="checkbox"/> Off Roadway-Location Unknown |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> In Parking Lane |
| <input type="checkbox"/> Median | <input type="checkbox"/> Curve |
| <input type="checkbox"/> Roadside-Left | <input type="checkbox"/> Parking Lot or Private Property |
| <input type="checkbox"/> Roadside-Right | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Outside Trafficway | |

Driver Condition (may select 3)

- VI V2**
- Appeared Normal
 - Had Been Drinking
 - Illegal Drug Use (Narcotics)
 - Apparently Fatigued
 - Apparently Asleep
 - Reaction to Drugs/Medication
 - Failure to Take Drugs/Medication
 - Physical Impairment (Narrative)
 - Emotional (Depressed, Angry, Disturbed)
 - Unknown Condition

Driver Actions (may select 5)

- VI V2**
- No Contributing Actions
 - Inattentive (Eating, Reading, Talking, etc.)
 - Interfered With by Passenger
 - Driving Left of Center
 - Driving Wrong Way on One-Way Roadway
 - Failure to Comply with License Restrictions
 - Failure to Keep in Proper Lane or Running Off Road
 - Failure to Yield Right of Way
 - Failure to Obey Traffic Controls
 - Failure to Obey Warnings or Instructions
 - Failure to Signal Intentions
 - Failure to Use Lights
 - Following Improperly
 - Improper Backing
 - Improper Lane Changing
 - Improper Passing
 - Improper Turn
 - Improperly Towing or Pushing Vehicle
 - Improperly Carrying Hazardous Cargo
 - Improper Loading of Vehicle Cargo or Passengers
 - Operator Inexperience
 - Operating without Required Equipment
 - Over Correcting
 - Careless or Erratic Driving
 - Reckless or Negligent Driving
 - Speed Too Fast
 - Speed Too Slow
 - Vision Obstructed, By What? (Narrative)
 - Using Telephone, Two-Way Radio
 - Other (Narrative)
 - Unknown Action

Highway Construction/Maintenance Zone

- None (select 1)
- Construction Zone
 - Maintenance Zone (Short Duration)
 - Utility Zone (Short Duration)
 - Work Zone, Type Unknown
 - Unknown

Light Conditions

(select 1)

- | | |
|--|----------------------------------|
| <input checked="" type="checkbox"/> Daylight | <input type="checkbox"/> Dawn |
| <input type="checkbox"/> Dark-Not Lighted | <input type="checkbox"/> Dusk |
| <input type="checkbox"/> Back-lighted | <input type="checkbox"/> Unknown |

Weather Conditions

(select 1)

- No Adverse Conditions
- Smog, Smoke
- Rain
- Blowing Sand, Soil
- Sleet, Hail
- Dirt, or Snow
- Snow
- Severe Crosswind
- Fog
- Other (Narrative)
- Rain and Fog
- Unknown
- Sleet and Fog

Presence

(select 1)

- VI V2**
- No Other Alcohol or Drugs Present
 - No Alcohol Present
 - No Drugs Present
 - No Alcohol and Drugs Present
 - Unknown

Determination Method

(select 1 if applies)

- VI V2**
- By Initial Test
 - By Alcohol
 - By Air Alcohol Sensor
 - Observed
 - Other

Alcohol

Test Type (select 1 if applies)

- VI V2**
- (select 1)
- | | |
|--|---|
| <input checked="" type="checkbox"/> Test Refused <td><input type="checkbox"/> Blood</td> | <input type="checkbox"/> Blood |
| <input type="checkbox"/> Not Given <td><input type="checkbox"/> Breath</td> | <input type="checkbox"/> Breath |
| <input type="checkbox"/> Test Given, Results Unknown <td><input type="checkbox"/> Urine</td> | <input type="checkbox"/> Urine |
| <input type="checkbox"/> Test Given, Insufficient Sample <td><input type="checkbox"/> Other</td> | <input type="checkbox"/> Other |
| <input type="checkbox"/> Unknown, if tested <td></td> | |
| <input type="checkbox"/> Alcohol Results <td><input type="checkbox"/> VI V2</td> | <input type="checkbox"/> VI V2 |
| <input type="checkbox"/> Negative Result <td><input type="checkbox"/> Positive Results</td> | <input type="checkbox"/> Positive Results |

Drugs

Test Type (select 1 if applies)

- VI V2**
- (select 1)
- | | |
|--|---|
| <input checked="" type="checkbox"/> Test Refused <td><input type="checkbox"/> Blood</td> | <input type="checkbox"/> Blood |
| <input type="checkbox"/> Not Given <td><input type="checkbox"/> Breath</td> | <input type="checkbox"/> Breath |
| <input type="checkbox"/> Test Given, Results Unknown <td><input type="checkbox"/> Urine</td> | <input type="checkbox"/> Urine |
| <input type="checkbox"/> Test Given, Insufficient Sample <td><input type="checkbox"/> Other</td> | <input type="checkbox"/> Other |
| <input type="checkbox"/> Unknown, if tested <td></td> | |
| <input type="checkbox"/> Drug Results <td></td> | |
| <input type="checkbox"/> No Drugs Detected <td></td> | |
| <input type="checkbox"/> Marijuana <td></td> | |
| <input type="checkbox"/> Cocaine <td></td> | |
| <input type="checkbox"/> Opium <td></td> | |
| <input type="checkbox"/> Amphetamines <td><input type="checkbox"/> (may select 3)</td> | <input type="checkbox"/> (may select 3) |
| <input type="checkbox"/> PCP <td></td> | |
| <input type="checkbox"/> Other Drug/Medication <td></td> | |
| <input type="checkbox"/> Drug Type Unknown <td></td> | |

Driver/Vehicle Maneuver (select 1)

- VI V2**
- Going Straight
 - Negotiating Curve
 - Passing or Overtaking Another Vehicle
 - Right Turn to Private Drive
 - Right Turn to Street
 - Right Turn on Red Permitted
 - Right Turn on Red Not-Permitted
 - Left Turn to Private Drive
 - Left Turn to Street
 - Turn 1/2 from Wrong Lane
 - Making a U-Turn
 - Slow 1/2 or Stopped for Signal or Sign
 - Slow 1/2 or Stopped for Turning Traffic
 - Slow 1/2 or Stopped for Entering Traffic
 - Slow 1/2 or Stopped Other
 - Stopped in Traffic Lane
 - Starting in Traffic
 - Backing from Drive
 - Backing from On Street Parking Space
 - Backing Up
 - Entering from Private Drive
 - Leaving a Parked Position
 - Parked Legally-Yes
 - Parked Legally-No
 - Changing Lanes or Merging
 - Manoeuvring to Avoid Another Vehicle, Animal, Pedestrian, Object, etc.
 - Other (Narrative)
 - Unknown

Page 5 of 8
REFERENCE NUMBER
10407828
Reference Number Override

Document Type
 Supplement Document
 Amended Document
Local Agency Number
0070008

Please Do Not Write In This Microfilm Space

Truck & Bus Crash Information (This Section Must Be Completed for Each Truck or Bus Involved in this Crash.)

When To Use This Section: Did the crash involve: ...	Part B
Part A A truck with at least two axles and six tires? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N A truck with a hazardous materials placard? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N A bus designed to carry 16 or more persons, including the driver? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Any person who was fatally injured? <input type="checkbox"/> Y <input type="checkbox"/> N Any injured person requiring transport for immediate medical treatment? <input type="checkbox"/> Y <input type="checkbox"/> N One or more vehicles that had to be towed from the scene as a result of the crash? <input type="checkbox"/> Y <input type="checkbox"/> N One or more vehicles that required repair or were provided assistance before proceeding from scene under own power? <input type="checkbox"/> Y <input type="checkbox"/> N
STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Crash Information Section. If there are any "YES" answers, continue to Part B.	STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Crash Information Section.

Vehicle # 1 2 3 4 5 6 7 8 9 10 20 30

Carrier Information	Carrier Identification Numbers	Source:	<input type="checkbox"/> Vehicle Side <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Trip Manifest <input type="checkbox"/> Driver <input type="checkbox"/> Log Book
<input checked="" type="checkbox"/> Interstate Carrier? (Y/N)	US DOT ICC/MC	TN DOS	
Carrier Name	Carrier Address		

Hazardous Material Information	<input checked="" type="checkbox"/> Hazardous Material Placard Displayed? (Y/N)	<input checked="" type="checkbox"/> Hazardous Cargo was Released? (Y/N)
Class Numbers	List the Hazardous Material(s) by name in this load:	
UN Numbers	List the Name(s) of Released Hazardous Material(s):	

Vehicle Information	Combined Gross Vehicle Weight Rating	LBS	Total # of Axles
Vehicle Configuration	Cargo Body Type		
SEQUENCE OF EVENTS FOR THIS VEHICLE	<i>(Mark a total of one to four events in the order that they occurred.)</i>		
<input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Ran off Road <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Jackknife <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Overturn (Rollover) <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Downhill Runaway <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Cargo Loss or Shift <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Explosion or Fire <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Separation of Units <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Collision involving pedestrian	<input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Collision involving motor vehicle in transp. <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Collision involving parked motor vehicle <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Collision involving train <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Collision involving pedalcycle <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Collision involving animal <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Collision involving fixed object <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Collision involving other object <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Other		

Vehicle # (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (20) (30)

Carrier Information	Carrier Identification Numbers	Source:	<input type="checkbox"/> Vehicle Side <input type="checkbox"/> Shipping Papers <input type="checkbox"/> Trip Manifest <input type="checkbox"/> Driver <input type="checkbox"/> Log Book
<input checked="" type="checkbox"/> Interstate Carrier? (Y/N)	US DOT ICC/MC	TN DOS	
Carrier Name	Carrier Address		

Hazardous Material Information	<input checked="" type="checkbox"/> Hazardous Material Placard Displayed? (Y/N)	<input checked="" type="checkbox"/> Hazardous Cargo was Released? (Y/N)
Class Numbers	List the Hazardous Material(s) by name in this load:	
UN Numbers	List the Name(s) of Released Hazardous Material(s):	

Vehicle Information	Combined Gross Vehicle Weight Rating	LBS	Total # of Axles
Vehicle Configuration	Cargo Body Type		
SEQUENCE OF EVENTS FOR THIS VEHICLE	<i>(Mark a total of one to four events in the order that they occurred.)</i>		
<input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Ran off Road <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Jackknife <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Overturn (Rollover) <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Downhill Runaway <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Cargo Loss or Shift <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Explosion or Fire <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Separation of Units <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Collision involving pedestrian	<input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Collision involving motor vehicle in transp. <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Collision involving parked motor vehicle <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Collision involving train <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Collision involving pedalcycle <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Collision involving animal <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Collision involving fixed object <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Collision involving other object <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4) Other		

PLEASE DO NOT WRITE IN THIS AREA

CS/CS Mark Reddick EAM-270916C-RB54321

DIAGRAM
Indicate North By Arrow

DO NOT WRITE OUTSIDE THIS AREA

* Vehicle Moved Prior to arrival

Vehicle Number:

Vehicle Number:

Insurance Carrier:

Insurance Carrier:

Effective Dates:

Effective Dates:

Policy Number:

Policy Number:

Carrier Phone Number:

Carrier Phone Number:

Narrative writer is a Deputy with the Campbell County Sheriff's Office. On 10-26-12 writer was dispatched to Cell tower rd. on the North Cumberland wildlife management area in reference to a ATV accident. Upon writers arrival Campbell County EMS was treating the victim, and the ATV had been moved. Writer spoke with witnesses that were with the driver of veh. #1 which stated the victim had been drinking, and had drunk approximately 6 beer. witnesses also stated the victim was negotiating a curve when he then lost control of the ATV flipping it 2-3 times, witnesses also stated that the victim was then ejected from the ATV, and it then rolled on top of the victim. Victim was transported to LaFollette medical Center where he was pronounced dead. This incident did occur in Campbell County TN.

Investigator's Signature:

Date:

10-26-2012

Report Reviewed By:

Det. Matt Wasson

Date:

10-29-2012

SF1203



U.S. Consumer Product Safety Commission

Task Number: 130107HCC2314

Date: 4/3/13

Status of Missing Document(s)

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

1. TN Office of the Medical Examiner's Report.
2. _____
3. _____
4. _____
5. _____
6. _____



UNITED STATES DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
400...
Washington, DC 20590

January 22, 2013

Knox County Medical Examiner's Office
1924 Alcoa Highway
Knoxville, TN 37520

Dear Sir or Madam:

The U. S. Consumer Product Safety Commission is an agency of the Federal Government, and we have a program that studies accidents, accidental injuries, and their causes. Information from this program helps make us aware of hazards to children and adults, and aids us in preventing similar injuries from occurring to others.

We were made aware through a news article of an ATV fatality that occurred on or about **October 26, 2012**. According to the article, **42 year old (b)(3):Exemption 3** died as a result of injuries sustained in the accident. The accident occurred at the **Sundquist Wildlife Management Area near Caryville**.

We are extremely interested in product-related incidents, including those involving ATV's.

As part of my investigation, I would like to obtain a copy of your **medical examiner's report** and **autopsy** on the above-referenced victim. Any information you can provide in this incident would be greatly appreciated, particularly any information that you may have concerning the make and model of ATV, or any photographs of the ATV ONLY.

Thank you for your assistance in this matter. If you have any questions, please feel free to call me at the above telephone number.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ellen Estes", is written in black ink.

Ellen Estes
Product Safety Investigator



U.S. CONSUMER PRODUCT SAFETY COMMISSION
FEE BOX 3003 • FORTYVILLE, NY • 10115 • TEL: 426-2346 • FAX: 426-6847-7091
WWW.CPSC.GOV

March 27, 2013

Office of the Medical Examiner
850 RS Gass Blvd.
Nashville, TN 37216

Dear Sir or Madam:

The U. S. Consumer Product Safety Commission is an agency of the Federal Government, and we have a program that studies accidents, accidental injuries, and their causes. Information from this program helps make us aware of hazards to children and adults, and aids us in preventing similar injuries from occurring to others.

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A handwritten signature in cursive script, appearing to read "Ellen Estes".

Ellen Estes
Product Safety Investigator

CONTACTS:

Knox County Medical Examiner's Office
1924 Alcoa Highway
Knoxville, TN 37520
Tele #865-305-9560
Initiated 1/22/13

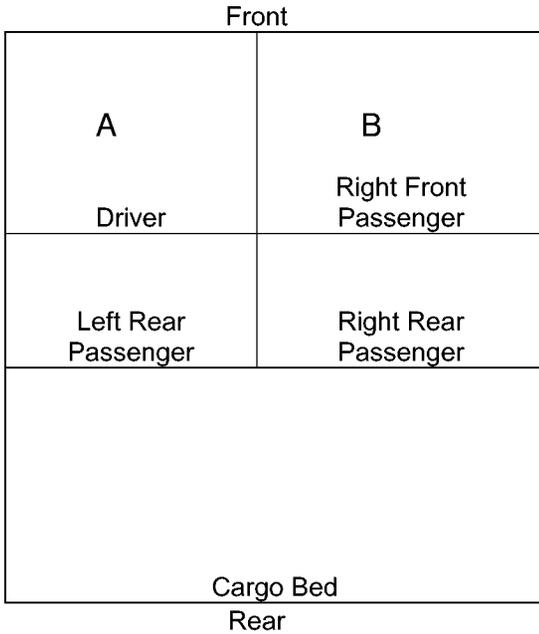
Office of the Medical Examiner
850 RS Gass Blvd.
Nashville, TN 37216
Tele #615-743-1800

Campbell County Sheriff's Department
610 Main St.
Jacksboro, TN 37757
Tele #423-562-7446
Received report 1/31/13

Utility Vehicle Data Record Sheet

IDI #: 130107HCC2314

Exhibit #: 3



The Utility Vehicle

A:	Age: 42	Height: Unk
	Gender: M	Weight: Unk
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: UNK	
	Did vehicle land on victim: Yes	
	Ejected (Either partially or fully): Yes	

B:	Age: 41	Height: Unk
	Gender: F	Weight: UNK
	Helmet (Y/N): N	Seatbelt (Y/N): Y
	Killed/Injured/Neither/Unknown: NEITHER	
	Injury Description: N/A	
	Did vehicle land on victim: N	
	Ejected (Either partially or fully): N	

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.

INCIDENT INVESTIGATION TERMINATION REPORT

1. TASK NO. 130107HCC3288		2. TIME EXPENDED 2.00		3. DATE INITIATED 01/14/2013	
4. HOSPITAL NO.			5. RECORD NO.		6. AGE 12
7. SEX 1 - Male					
8. DATE OF TREATMENT		9. INJURY		10. BODY PART	
11. DISPOSITION 8 - Death					
12. PRODUCT ALL TERRAIN VEHICL		13. PRODUCT CODE 3286		14. ORGANIZATION CODE CFIW	
15. INVESTIGATOR ID 2723					
16. CATID NO. TYNN092013			17. SPECIAL STUDY NO.		18. TERMINATION CODE
19. RECORD OF ATTEMPTS TO CONTACT					
DATE		TIME		METHOD	
RESPONSE					
01/14/2013				Fax	
Records requested submit to Ha					
blank report fax the same day.					
01/14/2013				Phone	
Referred to supervisor - Captai					
01/14/2013		11:15 a.m		Phone	
Spoke with supervisor who advi					
at this time due to being an o					
20. REASON FOR TERMINATION:					
Officials advised the case was being held for possible criminal prosecution. No records of information available at this time. Respectfully request to terminate.					
21 REVIEWED BY:		ID NO.		MO DAY YR	
Sidney Englander		8631		01/28/2013	

1. Task Number 130108HCC2322		2. Investigator's ID 2251		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2012 12 21	5. Date Initiated YR MO DAY 2013 01 23		
6. Synopsis of Accident or Complaint UPC A 13 year old male was driving a four-wheeled utility terrain vehicle (UTV) down a grass and dirt hill when it flipped over on its side. He had two passengers, a 13 year old male, sitting in the middle front seat, and the victim, a 10 year old male, was sitting on the right outside of the front seat. They were not wearing helmets, nor were they wearing seat belts. The estimated speed is unknown but the speed was considered to be to fast for conditions. Victim was transported to a local hospital where he was pronounced. MFR/PRVLBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <i>1/16/14 ce</i> <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>66</u> ; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY				
7. Location (Home, School, etc) 2 - FARM		8. City CAPE GIRARDEAU COUNT		9. State MO
10A. First Product 5044 - UTILITY VEHICLES		10B. Trade/Brand Name POLARIS RANGER 4X4 [REDACTED]		10C. Model Number 4XARD50A6
10D. Manufacturer Name and Address POLARIS INC. 1225 HIGHWAY 169 NORTH MINNEAPOLIS, MN 55441				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No		12B. Race 1 - White Other:		12C. Race Source 3 - Official Document
13. Age of Victim 10		14. Sex 1 - Male		15. Disposition 8 - Death
16. Injury Diagnosis 54 - Crushing		17. Body Part(s) Involved 85 - ALL OF BODY		18. Respondent 3 - 2nd Hand Info Only
19. Type of Investigation 2 - Telephone		20. Time Spent (Operational) / Travel 16.00 / 0.00		
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 02/04/2013		26. Reviewed By 8929		27. Regional Office Director Frank J. Nava
28. Distribution Sarah Garland; Tanya L. Topka			29. Source Document Number X1310070A	

This investigation was initiated through a Southeast Missourian newspaper article, dated December 28, 2012. The victim in this incident is a 10 year old male, who resides in Jackson, MO. The product in this incident is a 2005 four-wheeled utility terrain vehicle (UTV). The UTV has a steering wheel, accelerator pedal, brake pedal, and seat belts. There were three people in the UTV at the time of the incident. Information for this report was obtained through an interview with the coroner and highway patrol report. Attempts to contact the owner of the UTV and the victim's father were unsuccessful.

The incident UTV is green in color and has a continuously variable (CTV) transmission with a reverse gear. The UTV is equipped with hydraulic disc brakes that are activated by a foot pedal. The dry weight of the unit is approximately 1185 pounds and the wheel base is 76 inches. The vehicle has a fuel capacity of 8 gallons. The UTV has three seats with a flatbed in back. The driveline type is a 4x4. The seat belts in the vehicle appear to be the lap belt style. It's unknown how many points the seat belts have.

It is unknown if the vehicle had aftermarket modifications or repairs done to it. The odometer or vehicle hours is unknown. According to the highway patrol report alcohol was not used prior to the incident.

According to the highway patrol report the UTV driver was attempting to drive the UTV along a pond levee and then down a steep grass and dirt hill to a private field. The hill measured approximately 162 feet from the top of the levee to the accident site.

The driver of the four-wheeled utility terrain vehicle was a 13 year old male. He had two passengers, a 13 year old male sitting in the middle front seat, and the victim, a 10 year old male, was sitting on the right outside of the front seat. They were not wearing helmets or seat belts at the time of the incident.

The highway patrol report stated that the UTV was being driven straight down a steep hill. There did not appear to be any obstacles in the path of travel of the vehicle. The vehicle did not have to avoid any obstructions and did not strike any object. The driver was not attempting to make a turn at the time of the incident. At the time of the incident the driver was attempting to slow the vehicle down by applying the brakes.

Approximately 138 feet down the hill the driver of the UTV lost control of the vehicle causing it to overturn. It does not appear that the vehicle rolled over but overturned onto its passenger side. The victim was ejected from the front right passenger side door. The vehicle came to rest on its passenger side on top of the victim. The victim was transported by ambulance to a children's hospital in St. Louis, MO where he was pronounced. There were no other reported injuries or property damage.

The accident was reported to have occurred at approximately 2:00 p.m. with the weather at the time of the incident was reported to be dry and clear.

The highway patrol report indicated that probably the contributing circumstance to the accident was the driver of the UTV was traveling too fast for conditions. It is unknown how fast the vehicle was traveling at the time of the incident. A copy of the highway patrol report is contained in Exhibit B.

The driver of the UTV informed the investigating officer that "I was coming down the hill and couldn't stop". Photographs taken at the scene by the highway patrol are contained in Exhibit A.

It's unknown what the driver's experience with the UTV was prior to the incident. It is also not known if the driver had received any UTV training or how much off-road experience he had.

This investigator contacted the coroner of Cape Girardeau County and was advised that an autopsy was not performed on the victim; therefore an autopsy report was not completed. He stated that the victim died as a result of a blunt force trauma to his chest and head when the vehicle overturned onto him.

This investigator also reviewed CPSC recalls and observed that there was a recall #05-504, dated October 21, 2004, that involved the incident UTV's manufacturer. The recall concerns the lower steering shaft assembly may have a missing or misplaced weld that could result in the steering shaft assembly failing causing the operator to lose control of the vehicle. It doesn't appear that the recalled model includes the incident UTV. A copy of the recall is contained in Exhibit C.

PRODUCT INFORMATION:

The product involved in this incident is an utility terrain vehicle (UTV), manufactured by Polaris Industries, 1225 North Country Rd., Minneapolis, MN, 55441. The UTV is a 2005, 4x4 Ranger, model number RD50. The incident UTV is green in color and has a continuously variable (CTV) transmission with a reverse gear. The UTV is equipped with hydraulic disc brakes that are activated by a foot pedal. The dry weight of the unit is approximately 1185 pounds, wheel base is 76 inches. The vehicle has a fuel capacity of 8 gallons. The UTV has three seats with a flatbed in back. The driveline type is a 4x4. The seat belts in the vehicle appear to be the lap belt style. It's unknown how many points the seat belts have. The vehicle's VIN is

(b)(3) Exemption 3 for

It is not known when or where the UTV was purchased. In addition, since visual inspection was not possible, standards or warning labeling on the vehicle was not known.

ATTACHMENTS:

Exhibit A – Photographs taken by highway patrol (5)

Exhibit B – Highway Patrol Report

Exhibit C – Recall Notice #05-504, dated October 21, 2004.

Exhibit D – Data Record Sheet – Utility Vehicle

Exhibit A – 1 below shows the field where UTV turned over.

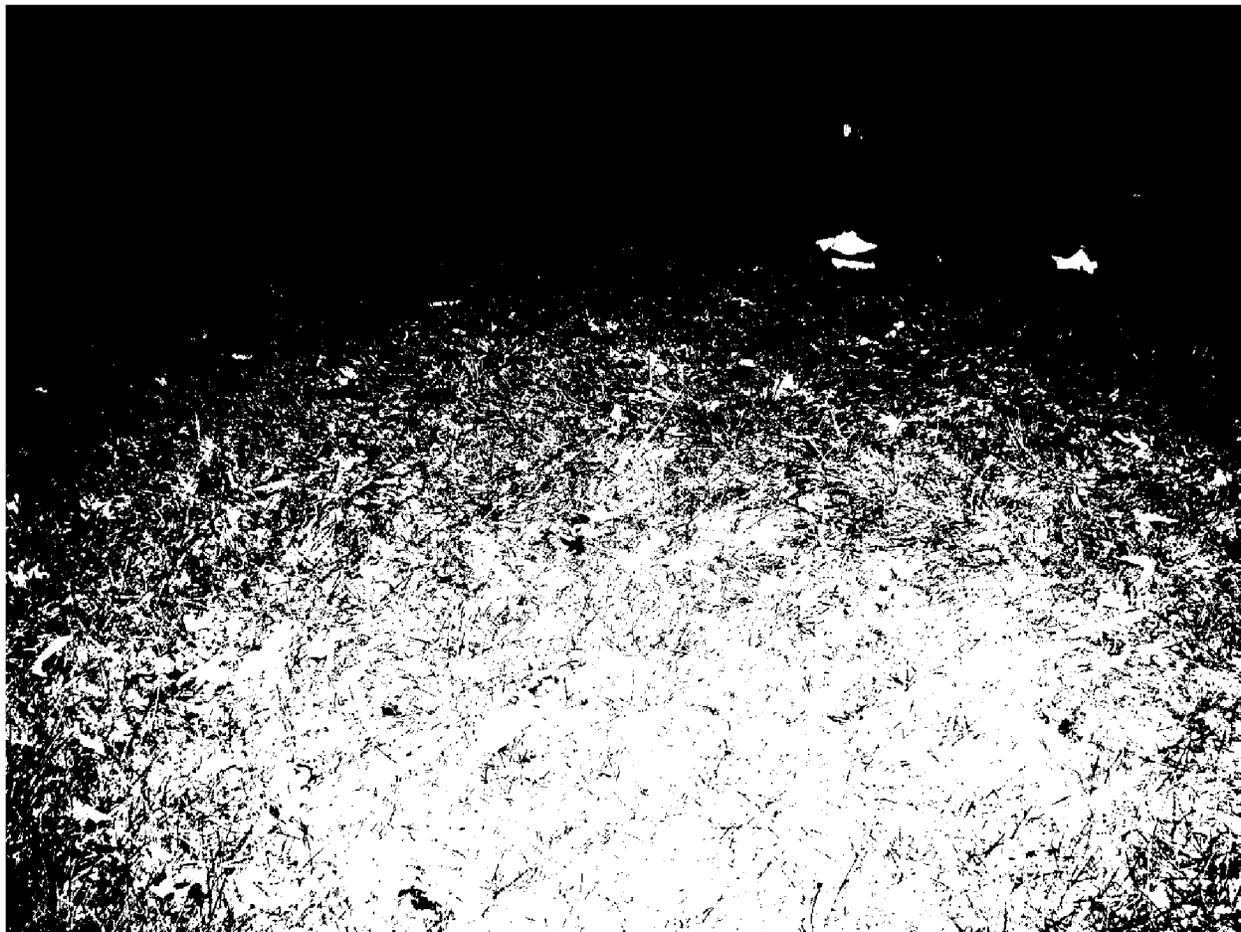


Exhibit A – 2 below shows side view of incident ATV after it had been righted.



Exhibit A – 3 below shows front of the UTV.



Exhibit A – 4 below shows the passenger side where the victim was ejected from the vehicle.

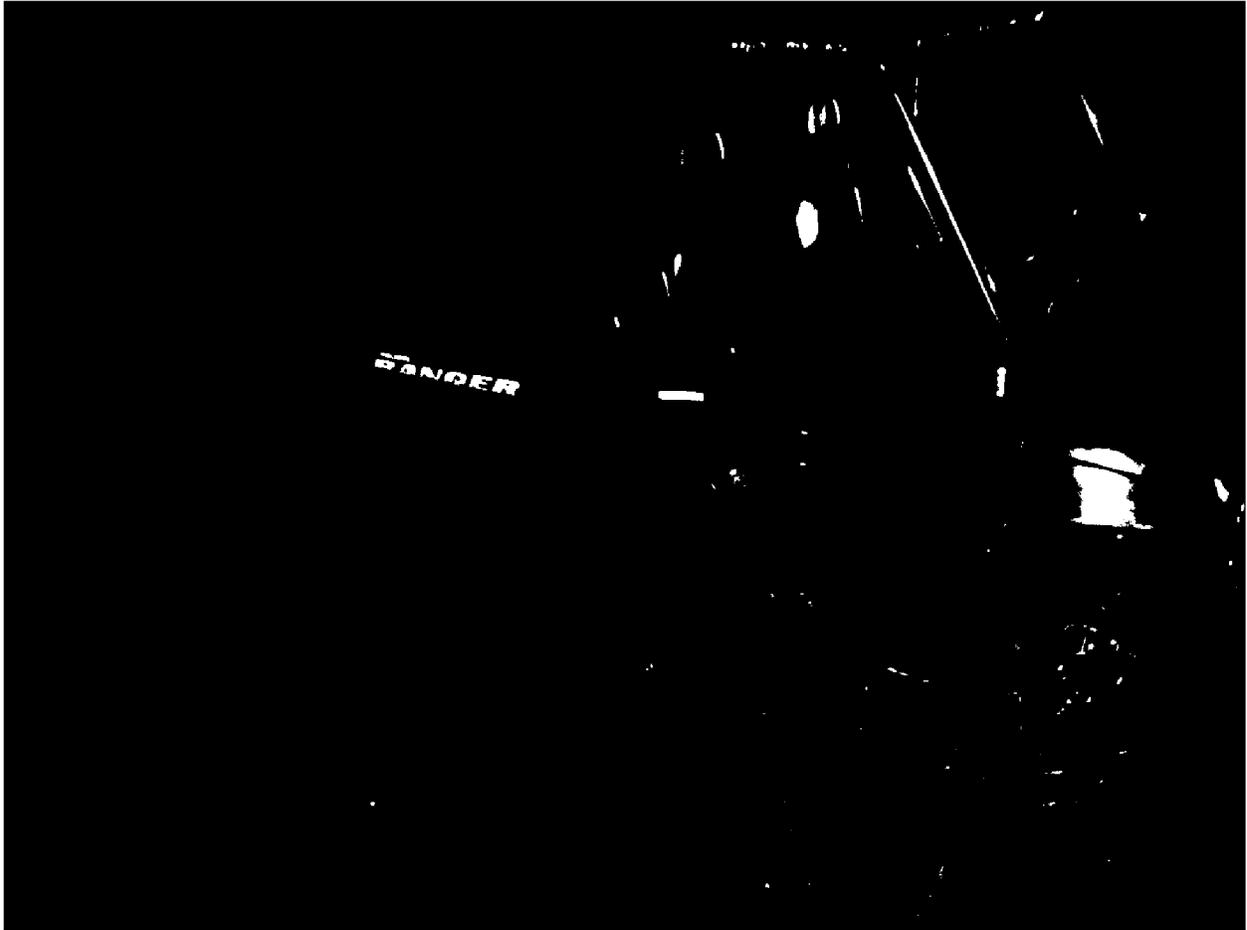


Exhibit B – Highway Patrol Report

120804355
 120804355
 V1 V2 V3 V4 V5 V6
 2 3 4

120804355

POND LEVEL

100
 90
 80
 70
 60
 50
 40
 30
 20
 10
 0

FRONT RIGHT PASSENGER EJECTED



24FT

DOWNHILL

138FT

MEASURED FROM START OF FREE

MARKED ROAD NAMES

AT BOTTOM OF PAGE

Exhibit B – Highway Patrol Report

REPORT # 120804355 PAGE 4 OF 4

VEHICLE LOCATION	PL	SR	INJURY	TRANSPORTED	OFFENSE	OFFICER	SECTION
1. Location	MO	SL	None	NO	None	None	None
2. County	MO	SL	None	NO	None	None	None
3. Highway	MO	SL	None	NO	None	None	None
4. Direction of Travel	MO	SL	None	NO	None	None	None
5. Date/Time	MO	SL	None	NO	None	None	None
6. Weather	MO	SL	None	NO	None	None	None
7. Road Conditions	MO	SL	None	NO	None	None	None
8. Visibility	MO	SL	None	NO	None	None	None
9. Wind	MO	SL	None	NO	None	None	None
10. Temperature	MO	SL	None	NO	None	None	None
11. Humidity	MO	SL	None	NO	None	None	None
12. Precipitation	MO	SL	None	NO	None	None	None
13. Other	MO	SL	None	NO	None	None	None
14. Remarks	MO	SL	None	NO	None	None	None
15. Other	MO	SL	None	NO	None	None	None
16. Other	MO	SL	None	NO	None	None	None
17. Other	MO	SL	None	NO	None	None	None
18. Other	MO	SL	None	NO	None	None	None
19. Other	MO	SL	None	NO	None	None	None
20. Other	MO	SL	None	NO	None	None	None
21. Other	MO	SL	None	NO	None	None	None
22. Other	MO	SL	None	NO	None	None	None
23. Other	MO	SL	None	NO	None	None	None
24. Other	MO	SL	None	NO	None	None	None
25. Other	MO	SL	None	NO	None	None	None
26. Other	MO	SL	None	NO	None	None	None
27. Other	MO	SL	None	NO	None	None	None
28. Other	MO	SL	None	NO	None	None	None
29. Other	MO	SL	None	NO	None	None	None
30. Other	MO	SL	None	NO	None	None	None
31. Other	MO	SL	None	NO	None	None	None
32. Other	MO	SL	None	NO	None	None	None
33. Other	MO	SL	None	NO	None	None	None
34. Other	MO	SL	None	NO	None	None	None
35. Other	MO	SL	None	NO	None	None	None
36. Other	MO	SL	None	NO	None	None	None
37. Other	MO	SL	None	NO	None	None	None
38. Other	MO	SL	None	NO	None	None	None
39. Other	MO	SL	None	NO	None	None	None
40. Other	MO	SL	None	NO	None	None	None
41. Other	MO	SL	None	NO	None	None	None
42. Other	MO	SL	None	NO	None	None	None
43. Other	MO	SL	None	NO	None	None	None
44. Other	MO	SL	None	NO	None	None	None
45. Other	MO	SL	None	NO	None	None	None
46. Other	MO	SL	None	NO	None	None	None
47. Other	MO	SL	None	NO	None	None	None
48. Other	MO	SL	None	NO	None	None	None
49. Other	MO	SL	None	NO	None	None	None
50. Other	MO	SL	None	NO	None	None	None
51. Other	MO	SL	None	NO	None	None	None
52. Other	MO	SL	None	NO	None	None	None
53. Other	MO	SL	None	NO	None	None	None
54. Other	MO	SL	None	NO	None	None	None
55. Other	MO	SL	None	NO	None	None	None
56. Other	MO	SL	None	NO	None	None	None
57. Other	MO	SL	None	NO	None	None	None
58. Other	MO	SL	None	NO	None	None	None
59. Other	MO	SL	None	NO	None	None	None
60. Other	MO	SL	None	NO	None	None	None
61. Other	MO	SL	None	NO	None	None	None
62. Other	MO	SL	None	NO	None	None	None
63. Other	MO	SL	None	NO	None	None	None
64. Other	MO	SL	None	NO	None	None	None
65. Other	MO	SL	None	NO	None	None	None
66. Other	MO	SL	None	NO	None	None	None
67. Other	MO	SL	None	NO	None	None	None
68. Other	MO	SL	None	NO	None	None	None
69. Other	MO	SL	None	NO	None	None	None
70. Other	MO	SL	None	NO	None	None	None
71. Other	MO	SL	None	NO	None	None	None
72. Other	MO	SL	None	NO	None	None	None
73. Other	MO	SL	None	NO	None	None	None
74. Other	MO	SL	None	NO	None	None	None
75. Other	MO	SL	None	NO	None	None	None
76. Other	MO	SL	None	NO	None	None	None
77. Other	MO	SL	None	NO	None	None	None
78. Other	MO	SL	None	NO	None	None	None
79. Other	MO	SL	None	NO	None	None	None
80. Other	MO	SL	None	NO	None	None	None
81. Other	MO	SL	None	NO	None	None	None
82. Other	MO	SL	None	NO	None	None	None
83. Other	MO	SL	None	NO	None	None	None
84. Other	MO	SL	None	NO	None	None	None
85. Other	MO	SL	None	NO	None	None	None
86. Other	MO	SL	None	NO	None	None	None
87. Other	MO	SL	None	NO	None	None	None
88. Other	MO	SL	None	NO	None	None	None
89. Other	MO	SL	None	NO	None	None	None
90. Other	MO	SL	None	NO	None	None	None
91. Other	MO	SL	None	NO	None	None	None
92. Other	MO	SL	None	NO	None	None	None
93. Other	MO	SL	None	NO	None	None	None
94. Other	MO	SL	None	NO	None	None	None
95. Other	MO	SL	None	NO	None	None	None
96. Other	MO	SL	None	NO	None	None	None
97. Other	MO	SL	None	NO	None	None	None
98. Other	MO	SL	None	NO	None	None	None
99. Other	MO	SL	None	NO	None	None	None
100. Other	MO	SL	None	NO	None	None	None

19. NARRATIVE STATEMENTS (If additional rooms are used, use Section 19 - Narrative - Statements Continuation)

NARRATIVE
 (If additional rooms are used, use Section 19 - Narrative - Statements Continuation)

CROSSHE, JUSTICE R. DRIVER OF VEHICLE 1 STATEMENT
 (If additional rooms are used, use Section 19 - Narrative - Statements Continuation)

KING, PARKER J. PASSENGER OF VEHICLE 1 FATALITY AND TRANSPORTATION INFO
 (If additional rooms are used, use Section 19 - Narrative - Statements Continuation)

DR. JOSE PINEDA - (If additional rooms are used, use Section 19 - Narrative - Statements Continuation)

TURNED OVER TO CAPE GIRARDEAU COUNTY CORONER
 (If additional rooms are used, use Section 19 - Narrative - Statements Continuation)

TURNED OVER TO CAPE COUNTY PRIVATE AMBULANCE - (If additional rooms are used, use Section 19 - Narrative - Statements Continuation)

19. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME: TPR M. KEENEY

REPORTING OFFICER ID: 245

REVIEWING OFFICER NAME: CPL P. HAZELWOOD

REVIEWING OFFICER ID: 245

REPORTING OFFICER SIGNATURE: [Signature]

REVIEWING OFFICER SIGNATURE: [Signature]

Exhibit C – Recall Notice #05-504, dated October 21, 2004.

CPSC - CPSC, Polaris Industries Announce Recall of RANGER 4x4 Utility Vehicles

Page 1 of 2



Recalls

October 21, 2004
Alert #05-504

CPSC, Polaris Industries Announce Recall of RANGER 4x4 Utility Vehicles

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

Name of Product: Polaris "RANGER 4x4" Utility Vehicle

Units: About 2,150

Manufacturer/Importer: Polaris Industries, Inc., of Medina, Minn.

Hazard: The lower steering shaft assembly may have a missing or misplaced weld that connects the steering wheel to the steering gear box assembly. If a weld is missing or misplaced, the lower steering shaft assembly could fail, causing the operator to lose control of the vehicle.

Incidents/Injuries: There have been 2 reports of the lower steering shaft assembly failing. No injuries have been reported.

Description: All model year 2005 "RANGER 4x4" Utility Vehicles with model number R05RD50AA are part of this recall. The model number is located on the upper right frame tube directly under the right side of the seat. The RANGER 4x4 Utility Vehicles have black seats with a green chassis. "RANGER 4x4" is prominently displayed on the right and left side of the rear cargo box.

Sold at: Polaris dealers sold these Utility Vehicles nationwide from June 2004 to September 2004 for about \$8,899.

Manufactured in: U.S.A.

Remedy: Free repair. Contact your Polaris dealer to schedule an appointment to replace the steering shaft assembly. Polaris has notified consumers directly about this recall.

Consumer Contact: Call Polaris at (800) 765-2737 between 8 a.m. and 12 midnight ET everyday, or log on to the company's Website at

Exhibit C – Recall Notice #05-504, dated October 21, 2004.

CPSC - CPSC, Polaris Industries Announce Recall of RANGER 4x4 Utility Vehicles

Page 2 of 2



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

CPSC is charged with protecting the public from unreasonable risks of injury or death associated with the use of the thousands of consumer products under the agency's jurisdiction. Deaths, injuries, and property damage from consumer product incidents cost the nation more than \$600 billion annually. CPSC is committed to protecting consumers and families from products that pose a fire, electrical, chemical, or mechanical hazard. CPSC's work to ensure the safety of consumer products such as toys, cribs, power tools, cigarette lighters, and household chemicals contributed to a decline in the rate of deaths and injuries associated with consumer products over the past 30 years.

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

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

Contact Information

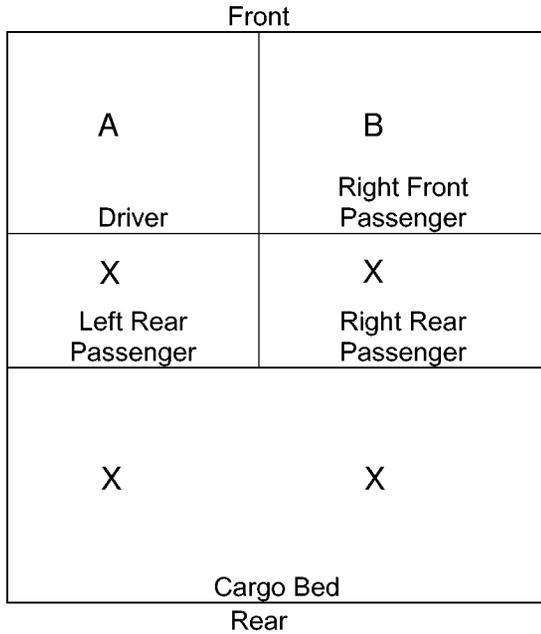
Missouri Highway Patrol
Douglas Dunwiddie: Traffic Records
PO Box 568
Jefferson City, MO 65102
573-751-3313

Cape Girardeau County Coroner
John Clifton: Coroner
#1 Barton Square
Jackson, MO 64030
573-651-6677

Utility Vehicle Data Record Sheet

IDI #: 130108HCC2322

Exhibit #: D



The Utility Vehicle

A:	Age: 13	Height: Unknown
	Gender: Male	Weight: Unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Neither	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully): NO	

B:	Age: 10	Height: Unknown
	Gender: MALE	Weight: UNKNOWN
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Crushing	
	Did vehicle land on victim: Yes	
	Ejected (Either partially or fully): Fullv	

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

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

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

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

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

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

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

1. Task Number 130108HCC2328		2. Investigator's ID 9091		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2012 12 09	5. Date Initiated YR MO DAY 2013 01 14		
6. Synopsis of Accident or Complaint UPC A 26 year old man was traveling on his UTV when he began to skid. The UTV then began to flip and ejected the victim. The victim was pronounced deceased at the scene. The victim was not wearing a safety harness or helmet. The victims BAC was .098.				
MFR/PRVLBR NOTIFIED COMMENTS: <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <u>OVERBULED</u> ; <u>ATTACHED</u> <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>66</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <u>RE-NOTIFY</u> <u>1/16/14 fe</u>				
7. Location (Home, School, etc) 1 - HOME		8. City DOUGLAS COUNTY		9. State MO
10A. First Product 5044 - UTILITY VEHICLES	10B. Trade/Brand Name POLARIS/ [REDACTED]		10C. Model Number RANGER	
10D. Manufacturer Name and Address POLARIS				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino	12B. Race 1 - White Other:		12C. Race Source	
13. Age of Victim 26	14. Sex 1 - Male	15. Disposition 8 - Death		16. Injury Diagnosis 62 - Intern. Org. Inj.
17. Body Part(s) Involved 75 - HEAD	18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 3 - Other		20. Time Spent (Operational / Travel) 5.00 / 1.00
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 02/08/2013	26. Reviewed By 8130		27. Regional Office Director Frank J. Nava	
28. Distribution Sarah Garland; Tanya L. Topka			29. Source Document Number X12C0583A	

SUMMARY OF FINDINGS

This IDI was prompted by a news article submitted to the CPSC describing an ATV accident where a 26 year old man died. The incident took place on 12/08/2012 around 2:05 pm. The weather conditions were dry. The light conditions were daylight and cloudy. The road being traveled was gravel, straight alignment and sloping downhill.

According to officials, the victim, a 26 year old male, was traveling in his UTV, on a private right of way, when he began to skid. The UTV veered sideways, to the left, and overturned onto its right side. The UTV overturned several times, totally ejecting the driver/victim. After being ejected, the victim landed on the ground face down. The UTV continued to flip a few more times and came to rest on its top side a few feet from the victim. The victim's friends began CPR until police officials arrived at 2:30 pm. Police officials then took over CPR efforts for about 30 minutes until the ambulance arrived. Police officials state that blood was coming out of the victim's mouth and ears with each compression. Ambulance personnel performed no advanced life support functions due to the trauma. The victim was pronounced dead at the scene by the county coroner on 2/8/12 at 3:17 pm. The coroner noted a large laceration 5-6 inches on top of the victim's head.

According to the coroner's report, witness's stated that the victim was coming down a hill on his UTV and passed another ATV. The victim then hit a bump in the roadway and flipped. The victim was not wearing his safety harness or a helmet. No autopsy was performed. A blood specimen was collected and a BAC was noted at .098.

At least one other couple was traveling behind the victim on their ATV and they stated that they saw the victim begin to skid then flip. Witnesses stated that the victim was ejected about 10 feet into the air.

The UTV was equipped with a full roll cage and 4 point safety harness for the driver and passenger.

Probable contributors to the accident listed in the police report were traveling too fast for conditions and alcohol use.

PRODUCT IDENTIFICATION

2009 Polaris Ranger UTV

VIN: (b)(6)

SAMPLES COLLECTED

None

IDI 130108HCC2328

Page 2 of 2

ATTACHMENTS

- 1) Missouri State Highway Patrol report
- 2) Douglas County Coroner report
- 3) ATVD/UTV data record sheet

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND ORI MISSOURI STATE HIGHWAY PATROL MOMHPGG00
---	---

LEFT THE SCENE DRIVER NO <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION <input type="checkbox"/> PROPERTY DAMAGE ONLY NO INJURED NO KILLED	REPORT / CASE / INCIDENT NUMBER 120776869
---	---	--	---

NO. VEH INV. 1	CRASH DATE 12/08/2012	CRASH TIME (MIL) 1405	NOTIFIED DATE 12/08/2012	TIME NOTIFIED (MIL) 1415	INVESTIGATION DATE 12/08/2012	TIME ARRIVED (MIL) INVEST. AT SCENE 1430 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------	---------------------------------	---------------------------------	------------------------------------	------------------------------------	---	--

ROADWAY <input checked="" type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> Roadway	NON-COLLISION <input checked="" type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	Fell/Jumped From HV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	Railway Vehicle <input type="checkbox"/> Animal Drawn Veh/Animal Ridden Trans <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) <input type="checkbox"/> Other (Explain) Unknown (Explain)
---	---	--	--	--	---

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

1 Does this crash involve any of the following? 1a. A person fatally injured, OR 1b. A person transported for medical attention, OR 1c. A vehicle towed due to disabling damage <input type="checkbox"/> No - No commercial vehicle fields need completion <input checked="" type="checkbox"/> Yes - Go to number 2	2. Examine each vehicle to determine if it is a commercial vehicle based upon the following 2a. A truck/cargo van with GVWR/GCVWR of more than 10 000 lbs OR 2b. A motor vehicle with seating for 9 or more including driver, OR 2c. A vehicle with a hazardous materials placard <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle
--	---

EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM NOT APPLICABLE	AVAILABLE FROM <input type="checkbox"/> Investigating Agency
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM NOT APPLICABLE	AVAILABLE FROM <input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY DOUGLAS	MUNICIPALITY NON-CITY OR UNINCORPORATED	BEAT / ZONE 11	TRP/DIST/PCT G	GPS COORDINATES (DD MM SS S FORMAT) LAT: N36 51 37.2 LONG: W92 32 01.3		
ON PP PRIVATE RIGHT OF WAY		RDWY. DIR NA	DISTANCE FROM <input type="checkbox"/> NA 405 Feet Miles	LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At	INTERSECTING WEST OF CRD. 321	
SPEED LIMIT NA	ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Private Property <input type="checkbox"/> Other			SPEED LIMIT (INT DIR) NA	GEO - CODE NA	

TRAFFICWAY <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way Not Divided <input type="checkbox"/> Two-Way Divided, Unprotected Median <input checked="" type="checkbox"/> Other <input type="checkbox"/> Two-Way Not Divided, Continuous Center Turn Lane <input type="checkbox"/> Two-Way Divided, Positive Median Barrier <input type="checkbox"/> Unknown	ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)
ROAD PROFILE <input type="checkbox"/> Level <input checked="" type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)	

INTERSECTION TYPE <input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)	ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)
--	--

ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input type="checkbox"/> Asphalt <input checked="" type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)	WEATHER CONDITION <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)
---	--

LIGHT CONDITION <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
--

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES None

LIST OWNERS NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE <input type="checkbox"/> MeDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality

4 - WITNESS None Identified Additional Witnesses in Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
(b)(3). Exemption 3 for 25(c)		

5 - PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MeDOT Worker Other Trafficway Worker Other Pedestrian

NO.	NAME (Last, First MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER
DATE OF BIRTH	SEX	STRUCK BY VEH#
INJ	TRANS PORT	SAFETY DEVICES
LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown		

CROSSING ROAD <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown <input type="checkbox"/> NA <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	OTHER ACTIONS <input type="checkbox"/> NA/None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting in Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing in Trafficway <input type="checkbox"/> Walking / Running in Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	SCHOOL INFO <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)
---	---	--

PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)	Distracted / INATTENTIVE CODE(S) <input type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--	--	--

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 Exhibit 1
 Page 1 of 4

6. COLLISION DIAGRAM

Compass Direction Before Crash Events: (Circle One)

V1 **N** O S W U

V2 N E S W U

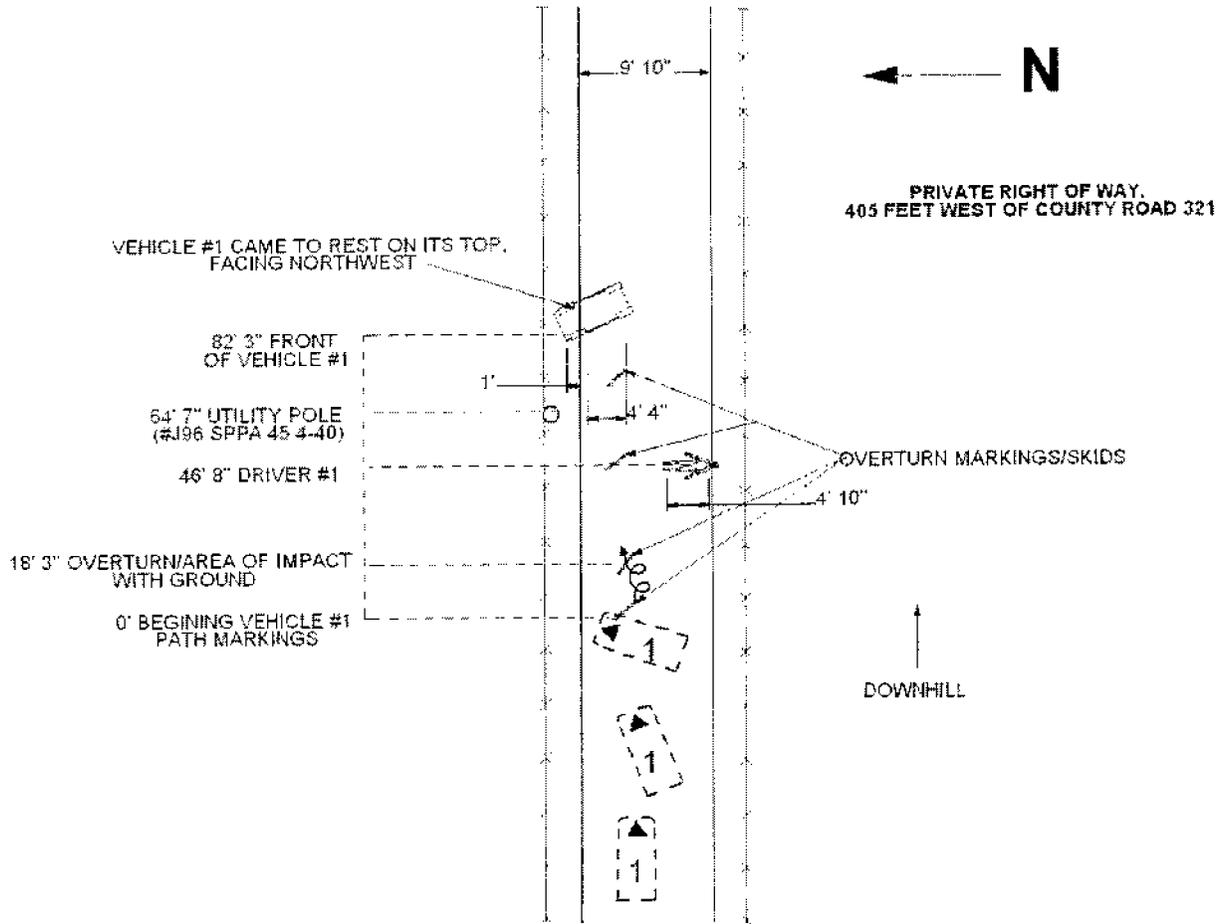
V3 N E S W U

V4 N E S W U

V5 N E S W U

V6 N E S W U

INDICATE NORTH



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Exhibit 1
Page 2 of 4

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) (b)(3); Exemption 3 for 25(c) PHONE NUMBER UNK

DRIVER LICENSE / ID NUMBER STATE LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown NA Operator Class E CCL Class MC Only Unlicensed (Explain) MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH SEX SEAT LOC INJ TRANS-PORT EJECT-ION AIR BAG SAFETY DEVICES VISION Not Obstructed Windshield Load on Veh Trees / Brush Building Enbankment Sign Hillcrest Parked Veh Moving Veh Stopped Veh Other (Explain) Unknown (Explain)

PROOF OF INSURANCE INSURANCE COMPANY Expired NA PHONE NO (Optional) POLICY NUMBER NA Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAD PHONE NUMBER SAD

YEAR MAKE MODEL COLOR VEH. TYPE TOTAL NO OF OCC. 2009 POLARIS RANGER MAR NA 1 1

LICENSE - PLATE NO. STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE NONE NA NA (b)(3); Exemptio Yes No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage TOWED BY Unknown NA INITIAL IMPACT NO: 5

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance Passenger Car Van Passenger Van Sport Utility Vehicle Limousine Motorized Bicycle Pedalcycle School Bus Intercity Transit / Commuter Charter / Tour Other Small Bus Large Bus Motorcycle ATV Motor Home Farm Implements Construction Equip Heavy Mach Other Vehicle (Code) Cargo Van Pickup Other Heavy Truck Unknown (Explain) Single-unit Truck 2 axes 6 tires Single-unit Truck 3 or more axes Veh. Pulling Another Unit(s) Truck Tractor With No Units Truck Tractor With One Unit Truck Tractor With Two Units Truck Tractor With Three Units GWW / GCWV RATING

EMERGENCY VEHICLE INVOLVEMENT NA Police Ambulance Fire Other A. Emergency Vehicle on Emergency Run B. Stationary With Emergency Equip. Activated CONTRIBUTING TRAFFIC CONDITIONS NA Congestion Ahead Crash Ahead Other Incident Ahead Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Codes in Section 8) SEQUENCE OF EVENTS CODES 1 7 22 21 ALCOHOL USE Yes Unk No NA ANIMAL CODE(S) FIXED OBJECT CODE(S)

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None Vehicle Defects Speed - Exceeded Limit Too Fast For Conditions Violation Signal / Sign Failed To Yield Alcohol Drugs Vision Obstructed Driver Fatigue / Asleep Improper Signal Improper Backing Improper Turn Improper Passing Improperly Parked Failed To Dim Headlights Failed To Use Lights Following Too Close Wrong Side (Hot Passing) Wrong Side (One-Way) Physical Impairment (Explain) Improper Start From Park Improper Towing / Pushing Improperly Stopped On Roadway Improper Lane Usage / Change Overcorrected Improper Riding / Clinging To Veh Exterior Failed To Secure Load / Improper Loading Animal(s) In Roadway Object / Obstruction in Roadway Distracted / Inattentive (Designate Type) Unknown (Explain) Other (Explain) DISTRACTED / INATTENTIVE CODE(S) NA (See Codes in Section 8)

7E. WORK ZONE TRAFFIC CONTROL None Unknown Electric Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain) Workers Present Other Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus Controls Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain) CONTROL MALFUNCTIONING / INOPERATIVE / MISSING Yes (Explain) No Unknown NA

Table with 10 columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH MM-DD-YYYY, SEX, SEAT LOC, INJ, TRANS-PORT, EJECT-ION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. All entries are NA.

7G. COMMERCIAL MOTOR VEHICLE NA (Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2)

MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO PHONE NUMBER SAO

COMMERCIAL / NON-COMMERCIAL Interstate Carrier Intrastate Carrier Not In Commerce - Government Vehicle Not In Commerce - Other Vehicle Not In Commerce - Rental Vehicle IMC / MIA / ICC NO. USDOT NO

CARGO BODY TYPE Enclosed Box Cargo Tank Flatbed Dump Concrete Mixer Auto Transporter Garbage / Refuse Grain / Chip / Gravel Log Pole Trailer Vehicle Towing Another Veh Intermodal Container Chassis NA (No Cargo Body) Other Unknown

HAZARDOUS MATERIALS PLACARD DISPLAYED 4-DIGIT I/O CLASS HM CARGO PRESENT HM CARGO RELEASED HAZARDOUS MATERIAL NAME

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SEAT LOCATION		INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES										
XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	<table border="1"> <tr><td>FP</td><td>SR</td><td>TR</td></tr> <tr><td>FC</td><td>SC</td><td>TC</td></tr> <tr><td>FL</td><td>SL</td><td>TL</td></tr> </table>	FP	SR	TR	FC	SC	TC	FL	SL	TL	1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	(For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt On 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet	10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable
FP	SR	TR														
FC	SC	TC														
FL	SL	TL														

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)						
1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object	
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set in Motion By Own MV	
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane	46. Ran Off Roadway - Other (Explain)	
4. Right Turn on Red	13. Parked	22. Overtur / Rollover	31. Collision Inv. Bicycle/Pedalcycle	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	47. Cross Separator	
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh	41. Collision Inv. Working MV		
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)	42. Downhill Runaway		
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV In Transport	43. Fall/Jumped From MV		
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV			
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (**)			

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS			
60. Deer	61. Farm Animal	62. Dog	63. Other Animal
			U. Unknown

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS			
20. Tree / Stump (Standing)	26. Culvert	32. Building	36. Bridge Rail
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support
24. Fence	30. Mail Box	36. Other (Explain)	42. Catch
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support

DISTRACTED / INATTENTIVE CODES			
1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

VEHICLE TYPE CODES		
1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown

OTHER VEHICLE CODES		
1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation
2. Golf Cart	4. Forklift	6. Low Speed Vehicle
		7. Other (Explain)

9. NARRATIVE / STATEMENTS (if additional room is necessary, use Section 11 - Narrative / Statements Continuation)

NARRATIVE

THIS CRASH OCCURRED AS VEHICLE #1 WAS EASTBOUND ON A PRIVATE RIGHT OF WAY, WEST OF COUNTY ROAD 321. VEHICLE #1 BEGAN TO SKID, AND VEERED SIDEWAYS TO THE LEFT. VEHICLE #1 OVERTURNED ON ITS RIGHT SIDE, AND IMPACTED THE GROUND SEVERAL TIMES DURING THE COURSE OF VEHICLE #1'S OVERTURNING. DRIVER #1 WAS TOTALLY EJECTED. DRIVER #1 CAME TO A FINAL RESTING POSITION FACING DOWN, HEAD FACING APPROXIMATELY SOUTH. VEHICLE #1 CONTINUED OVERTURNING, AND CAME TO A FINAL RESTING POSITION FACING APPROXIMATELY NORTHWEST.

VEHICLE #1 WAS IDENTIFIED AS A 2009 POLARIS RANGER UTV, WHICH WAS EQUIPPED WITH A FULL ROLL CAGE, AND 4 POINT SAFETY HARNESSES FOR THE DRIVER AND PASSENGER SEATING.

(b)(3):Exe : WITNESS 1 STATEMENT
 WE WERE FOLLOWING HIM ON OUR ATV'S, AND HE FLIPPED. HE MUST HAVE WENT 10 FEET IN THE AIR, AND WAS EJECTED

(b)(3):Exem : WITNESS 2 STATEMENT
 HE FLIPPED AND KEPT OVERTURNING.

(b)(3):Exe : WITNESS 3 STATEMENT
 I WAS RIDING WITH MY HUSBAND **(b)(3):E** AND **(b)(3)** SKIDDED AND FLIPPED

(b)(3):Exem : WITNESS 4 STATEMENT
 HE SKIDDED, AND FLIPPED HIS UTV.

(b)(3):Exempt : DRIVER OF VEHICLE 1 FATALITY AND TRANSPORTATION INFO
 PRONOUNCED BY: RICK MILLER (DOUGLAS COUNTY CORONER) PRONOUNCED AT LOCATION: PRIVATE RIGHT OF WAY, NEAR COUNTY ROAD 321
 PRONOUNCED DATE/TIME: 12/08/2012 1517 NEXT OF KIN NOTIFIED: YES DISPOSITION OF BODY: TAKEN TO CLINKENBEARD FUNERAL HOME.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
TPR J. PICCININO	590	11	G
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
CPL B. THOMPSON	469		

Lab Number: 0378582



Missouri State Highway Patrol
Crime Laboratory Division
An ASCLD/LAB Accredited Laboratory



D Lab Toxicology
Certified Report

Agency:	Douglas County Coroner	Lab Number:	0378582
Incident:	Accident (Fatal)	Agency Case #:	
Investigating Officer:	Coroner Rick Miller	Date of Incident:	12/08/2012
Subjects Involved:	(b)(3) Exemption - victim	County of Incident:	Douglas

Item 1.1 blood

Volatiles by gas chromatography:
ethyl alcohol 0.098%

Item 1.1 has been destroyed at the request of Douglas County Coroner Rick Miller.

I, the undersigned, performed the analyses described in this report.

This report may contain opinions and interpretations of the undersigned. I, the undersigned, do hereby certify that the above and foregoing is a true and accurate summation of the results of analyses conducted.

Criminalist	Date of Report
Lydia Fisher	01/10/2013

Lydia Fisher

DHSS Type 1 Permit #120014 Expires 08/25/2014



130108HCC2328 Exhibit 2 Page 1 of 2

DOUGLAS COUNTY CORONER**RICK MILLER**

I, Rick Miller, Douglas County Coroner was contacted by the Missouri State Highway Patrol dispatch on 12/8/12 at 2:46 p.m., that there was a fatality accident on County Road 321 off P-Hwy. Upon arrival to the scene, I was met by Squires First Responders and Trooper 590, Justin Piccianno. Justin stated decedent was (b) (3) Eye (b) a 26 year old white male that was ejected from an ATV. Justin also stated bystanders were doing CPR when he arrived and he had also done CPR for approximately 30 minutes. Justin stated that blood was coming out of decedent's mouth and ears with each compression. Mercy Ambulance out of Wright County came on scene and no advanced life support started due to the down time and trauma. Decedent was laying supine on a gravel road with large pool of blood around the head. Decedent was pronounced dead at 3:17 p.m. I noted a large laceration 5-6 inches to the top of the head and a 2" laceration to the right parietal area. Bystanders stated that the decedent was coming down the hill on the ATV and passed another ATV and hit a hump in the roadway and flipped. The ATV had a roll cage and seats with safety harness but decedent did not have on the harness or a helmet. Blood specimen was drawn and sent to Springfield Crime Lab. Clinkingbeard Funeral Home was contacted and decedent was picked up by Brett.



Rick Miller, Douglas County Coroner, Report #12020

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Exhibit 2
Page 2 of 2

RESPONDENTS

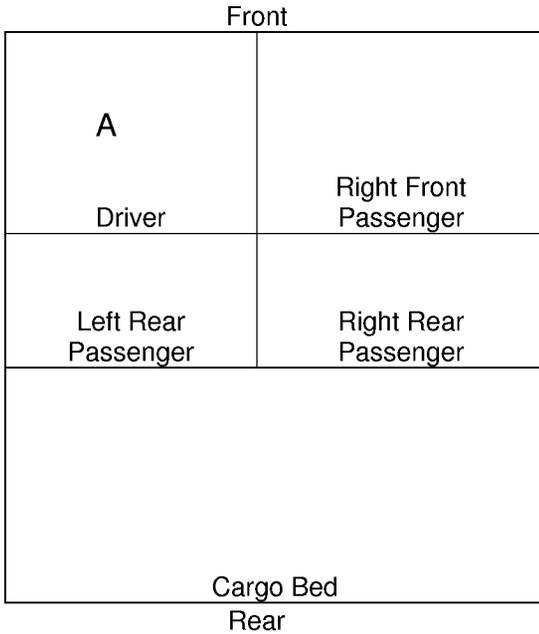
Missouri State Highway Patrol
816-622-0800

Douglas County Coroner
Rick Miller
P.O. Box 63
Ava, Mo 65608
417-543-0208

Utility Vehicle Data Record Sheet

IDI #: 130108HCC2328

Exhibit #: 3



The Utility Vehicle

A:	Age: 26	Height:
	Gender: M	Weight:
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: killed	
	Injury Description: head	
	Did vehicle land on victim: no	
	Ejected (Either partially or fully): TUIY	

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

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

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

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

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

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

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

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

Task Number 130108HCC2328

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

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: RANGER	/ VIN: (b)(3):Exemption 3 for 25(c)
---------------	-------------------------------------

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

Model Year: 2009

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: 12/08/2012	
Age/Sex: 26 / 1 - Male	/
State of Death: MO - MISSOURI	
City of Death:	
County of Death: DOUGLAS	
Race: 1 - White	
Race Other:	
Hispanic/Latino:	

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 traveling down a gravel road when he lost control and began to skid. UTV began to skid and flipped ejecting the victim.

9. Did the ATV overturn/tipover/rollover? 01-Yes

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

Victim 1: Victim 2:

Yes 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: 26 Height: (inches)
Weight: Sex: 01 - Male

TASK NUMBER: 130111HCC2343



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: Exhibits 1-3
Meigs County Coroner's Report-Driver
Meigs County Coroner's report- Passenger**

1. Task Number 130111HCC2343		2. Investigator's ID 4714		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2012 12 31	5. Date Initiated YR MO DAY 2013 01 14		
6. Synopsis of Accident or Complaint UPC A 24-year-old male was driving a utility vehicle on a roadway with a 31-year-old male passenger. The driver went left of center and struck a motor vehicle head on. Both occupants in the utility vehicle were pronounced deceased at the scene. The driver of the UTV died of head trauma. His passenger died of chest trauma. The 29-year-old female driver of the motor vehicle suffered bruises and scrapes to her knee. The 29-year-old male passenger in the motor vehicle suffered a broken left hip and busted lip. Addendum added 4/17/2013.				
				MFR/PRVLBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED 1/16/14 <i>le</i> <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>6b</i> ; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City MEIGS COUNTY		9. State OH
10A. First Product 5044 - UTILITY VEHICLES	10B. Trade/Brand Name CAN-AM VIN [REDACTED]		10C. Model Number COMMANDER 100	
10D. Manufacturer Name and Address BRP 726 SAINT-JOSEPH STREET VALCOURT, QUEBEC, CANADA,				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12A. Hispanic or Latino 2 - No	12B. Race 1 - White Other:		12C. Race Source 3 - Official Document	
13. Age of Victim 24	14. Sex 1 - Male	15. Disposition 8 - Death	16. Injury Diagnosis 62 - Intern. Org. Inj.	
17. Body Part(s) Involved 75 - HEAD	18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 3 - Other	20. Time Spent (Operational / Travel) 14.50 / 1.00	
21. Attachment(s) 9 - Multiple Attachments	22. Case Source 05 - Newspaper		23. Sample Collection Number	
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 01/31/2013	26. Reviewed By 9071		27. Regional Office Director Dennis R. Blasius	
28. Distribution Sarah Garland; Tanya L. Topka			29. Source Document Number X1310148A	

This investigation was initiated based upon a news story stating two men were killed when their ATV collided with a car head on. The limited information contained within this report was obtained from the Ohio State Highway Patrol (OSHP) Crash Report (Exhibit 1), OSHP Photographs (Exhibit 2), and Death Certificates (Exhibit 3). The Medical Examiner's (ME) Report for both victims were requested but have not been received. The ME's office states the Coroner is still waiting on final autopsy results which typically take 6-8 weeks from the date of death. A Status of Missing Documents Form is attached as Exhibit 4.

The source document states the involved product is an ATV but the information obtained from the OSHP indicates the involved product is a UTV. This report was written according to the Investigation Guideline for Utility Vehicles (Appendix 91).

This incident occurred at approximately 8:30PM on December 31, 2012. The 24-year-old male driver of the utility vehicle and 31-year-old male passenger of the utility vehicle were pronounced deceased at the incident scene. The 29-year-old female driver of the motor vehicle that was struck suffered bruises and scrapes to her knee. The 29-year-old male passenger in the motor vehicle suffered a broken left hip and busted lip.

Vehicle Information

1. Type: Utility Vehicle
Brand: **Can Am**
Model No.: Commander 1000
Model Year: 2011
Color: Yellow
VIN: (b)(3) Exemption 3 for
Manufacturer: **BRP**
726 Saint-Joseph Street
Valcourt, Quebec
J0E 2LO
(450) 532-2211
Date Manufactured: NA
Place of Purchase: NA
Date of Purchase: NA
Cost: NA
2. NA
3. 3 point seatbelt; the occupants were not wearing seatbelts
4. NA

Rider/Driver Information

5. Utility Vehicle Data Record Sheet is attached as Exhibit 5
6. Both occupants were killed. The driver had trauma to the head, face, chest, and right leg. The passenger had trauma to the chest and right leg.
7. NA
8. The driver's blood was tested for alcohol and drugs but the results are unknown.
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.

Incident Information

10. Roadway:

Wet asphalt with clearly visible double yellow lines; roadway was a steep uphill grade approach from both directions up to hill crest where the incident/impact occurred. The width of the road at the approach and at the incident/impact area was 23'3". Additional details can be found at Exhibit 1, page 6.

Weather:

Temperature: 33 degrees with overcast skies

Wind: South by southwest at 5MPH with no gusts.

Humidity: 78% Visibility: 10 Miles

It was dark at the time of incident and headlights were in use.

11. A police sketch can be found at Exhibit 1, Page 5. Photographs of the incident scene were obtained from the OSHP and can be found at Exhibit 2.
12. The utility vehicle's speed at the time of the incident is unknown. The motor vehicle the utility vehicle struck was going approximately 45 mph at the time of the incident.
13. There were no obstacles in the path of travel of the utility vehicle. The utility vehicle struck a motor vehicle head on.
14. The driver was traveling straight ahead and went left of center
15. The vehicle was found on its side (passengers); no other information is known
16. The police sketch and photographs show the passenger may have been pinned by the vehicle.
17. Photographs of the structural damage to the vehicle can be found at Exhibit 2.

ATTACHMENTS

1. Sheriff's Report
2. Sheriff's Photographs (11)
3. Death Certificates
4. Status of Missing Documents
5. Identity of Respondents
6. Data Recording Sheet for UTV's
7. Meigs County Coroner's Office Reports

U.S. Consumer Product Safety Commission

Task Number: _____

Date: _____

Status of Missing Document(s)

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

1. _____

IDENTITY OF RESPONDENTS

The respondents in this investigation are:

1. Ohio State Highway Patrol, Gallipolis Patrol Post, 396 Jackson Pike, Gallipolis, OH 45631. Initially contacted 01/14/2013.
Jennifer Gompf, Administrative Professional, Phone: (740) 446-2434. Fax: (740) 446-8830. Email: jgompf@dps.state.oh.us
2. Ohio State Highway Patrol, Columbus Office, 1970 West Broad Street, Columbus, OH 43223. Initially contacted 01/15/2013.
Jeffery Maute, Records, Phone: (614) 728-5307. Email: jmaute@dps.state.oh.us
3. Angela Stephens, Field Service Representative, Ohio Department of Health, Vital Statistics, Fraud Unit, 225 Neilston Street, Columbus, Ohio 43215. Phone: (614) 644-0193. Fax: (614) 387-1291. Initially contacted 01/15/2013.
4. Meigs County Coroner, Patty Aldrich, Secretary, PO Box 458, 207 5th Street, Racine, OH 45771. Phone: (740) 949-2683. Fax: (740) 949-2861. Initially contacted 01/15/2013.

TASK NUMBER: 130111HCC2343



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: Exhibits 1-2

ADDENDUM
IDI 130111HCC2343
Page 1

This is an **ADDENDUM** to **IDI 130111HCC2343** regarding two men who were killed when their UTV collided with a car head on. The Meigs County Coroner's Reports and toxicology reports for both victims are attached as Exhibit's 1 and 2.

The Coroner's Reports state the Cause of Death for both victims to be Multiple Trauma. The Manner of Death is listed as Accidental and the Mechanism of Death is listed as Motor Vehicle Collision.

The toxicology report for the driver of the UTV reflects a blood alcohol level of 0.147 g% and a negative result for drugs. The toxicology report for the passenger of the UTV reflects a negative result for alcohol and drugs.

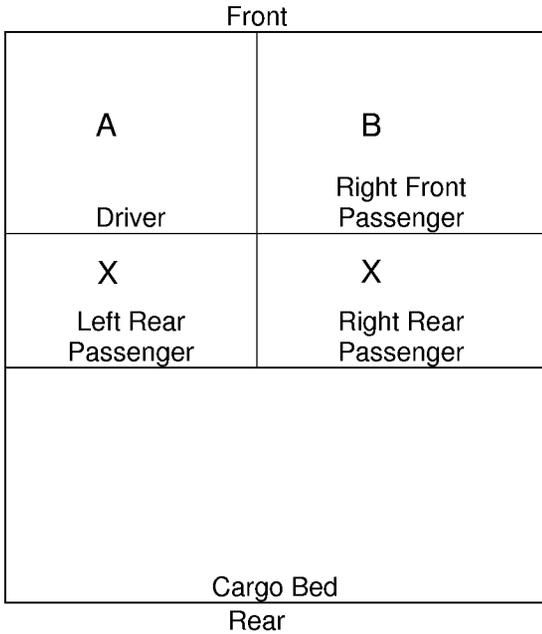
The Coroner's reports state neither victim was wearing a helmet. Note: This information was not known at the time of the initial report.

The Coroner's Reports did not reveal any other new information.

ATTACHMENTS

1. Meigs County Coroner's Report-Driver (6 pages)
2. Meigs County Coroner's Report-Passenger (6 pages)

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 24	Height:
	Gender: M	Weight:
	Helmet (Y/N): NA	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Trauma to head, face,	
	Did vehicle land on victim: N	
	Ejected (Either partially or fully): FULLY	

B:	Age: 31	Height:
	Gender: M	Weight:
	Helmet (Y/N): NA	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Trauma to head, face	
	Did vehicle land on victim: Y	
	Ejected (Either partially or fully): Partially	

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.

INCIDENT INVESTIGATION TERMINATION REPORT

1. TASK NO. 130114CNE0001		2. TIME EXPENDED 3.00		3. DATE INITIATED 01/14/2013	
4. HOSPITAL NO.			5. RECORD NO.		6. AGE 15
7. SEX 2 - Female					
8. DATE OF TREATMENT 01/13/2013		9. INJURY		10. BODY PART	
11. DISPOSITION 4 - Hospitalized					
12. PRODUCT UTILITY VEHICLES		13. PRODUCT CODE 5044		14. ORGANIZATION CODE CFIE	
15. INVESTIGATOR ID 2391					
16. CATID NO. SECT152013			17. SPECIAL STUDY NO.		18. TERMINATION CODE
19. RECORD OF ATTEMPTS TO CONTACT					
DATE		TIME		METHOD	
RESPONSE					
01/14/2013		2:00 PM		Telephone	
Contact FHP for report.					
01/14/2013		2:30 PM		Telephone	
Contact local PD for report.					
01/15/2013				Letter	
Mailed letters to victims.					
01/15/2013		3:00 PM		Telephone	
Contact victims using possible					
01/29/2013		12:30 PM		Telephone	
Local PD does not have report,					
01/30/2013		10:00 AM		Telephone	
Contact FHP for report.					
02/05/2013		10:00 AM		Telephone	
Attempt to contact victims.					
02/13/2013		3:30 PM		Telephone	
Attempt to contact victims.					
20. REASON FOR TERMINATION:					
<p>This investigator made several attempts to contact the victims involved in the incident, but did not receive any response. This investigator was informed that the local police did not generate a report, however, the state police responded and generated a report. A request to obtain the state police report was</p>					
21 REVIEWED BY:		ID NO.		MO DAY YR	
Helen Cash		8978		02/21/2013	



U. S. CONSUMER PRODUCT SAFETY COMMISSION

EASTERN BRANCH

P.O. Box 56703 • Jacksonville, FL • 32241 • 904-619-6271 • Fax: 1-866-923-4006 • ksrivera@cpsc.gov

January 14, 2013

Suwannee County Sheriff's Office
200 South Ohio / MLK Ave.
Live Oak, Florida 32064
Attention: Records

The U. S. Consumer Product Safety Commission is an agency of the Federal Government, and we have a program that studies accidents, accidental injuries, and their causes. Information from this program helps make us aware of hazards to children and adults, and aids us in preventing similar injuries from occurring to others.

We have been made aware of an All-Terrain Vehicle (ATV) incident that occurred on January 13, 2013, on Hogan Road.

The passenger names were: Victoria Dean, Jordan Townsend, and Logan Townsend.

We are extremely interested in product-related incidents.

I am requesting a copy of the completed investigative report, any additional supplements, as well as, photographs of the incident scene and ATV involved in the incident.

If you have any questions, please feel free to call me at the above telephone number.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink that reads "K Salgado-Rivera".

Karina Salgado-Rivera
Product Safety Investigator



U. S. CONSUMER PRODUCT SAFETY COMMISSION

EASTERN BRANCH

P.O. Box 56703 • Jacksonville, FL • 32241 • 904-619-6271 • Fax: 1-866-923-4006 • ksrivera@cpsc.gov

January 14, 2013

Florida Highway Patrol
Troop B
1350 W. US Highway 90 Ste. 101
Lake City, FL 32055
Attention: Records

The U. S. Consumer Product Safety Commission is an agency of the Federal Government, and we have a program that studies accidents, accidental injuries, and their causes. Information from this program helps make us aware of hazards to children and adults, and aids us in preventing similar injuries from occurring to others.

We have been made aware of an ATV incident that occurred on January 13, 2013 in Lake City, FL. Your agency case number: FHPB13OFF001158.

We are extremely interested in product-related deaths.

Please send me a copy of the completed investigative report and any additional supplements for the above referenced case.

If you have any questions, please feel free to call me at the above telephone number.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink that reads "Karina Salgado-Rivera".

Karina Salgado-Rivera
Product Safety Investigator



**U.S. CONSUMER PRODUCT SAFETY COMMISSION
EASTERN REGIONAL CENTER**

P.O. Box 56703 • Jacksonville, FL • 32241 • 904-619-6271 • Fax: 866-923-4006 • ksrivera@cpsc.gov

January 15, 2013

Townsend Family
8001 Hogan Rd.
Live Oak, FL 32060

Dear Townsend Family:

The U.S. Consumer Product Safety Commission (CPSC) is an agency of the United States federal government charged with regulating the safety of a wide variety of consumer products. We do so through a broad program of investigations and research, education, the establishment of voluntary and mandatory product safety standards, product recalls, and civil and criminal actions.

As part of the investigation process we conduct field investigations when accidents do occur in order to gather as much data as we can about the accident to help us determine what actions to take to prevent similar incidents from occurring to others in the future.

It has come to our attention that you have unfortunately been affected by an incident which falls under the jurisdiction of the commission involving a **ATV**. While I realize this may be difficult for you to discuss, the information you provide our agency might help prevent an incident like this from happening to someone else in the future.

As part of my investigation I would like to ask that you keep the products involved so that I may gather additional product information.

If you feel you are able to discuss this incident with me, please contact me by phone, at (904) 619-6271, or e-mail at ksrivera@cpsc.gov.

Sincerely,

Karina Salgado-Rivera
Product Safety Investigator
Consumer Product Safety Commission

Ref#130114CNE0001



**U.S. CONSUMER PRODUCT SAFETY COMMISSION
EASTERN REGIONAL CENTER**

P.O. Box 56703 • Jacksonville, FL • 32241 • 904-619-6271 • Fax: 866-923-4006 • ksrivera@cpsc.gov

January 15, 2013

Dean Family
3690 SE Country Club Rd.
Lake City, FL 32025

Dear Dean Family:

The U.S. Consumer Product Safety Commission (CPSC) is an agency of the United States federal government charged with regulating the safety of a wide variety of consumer products. We do so through a broad program of investigations and research, education, the establishment of voluntary and mandatory product safety standards, product recalls, and civil and criminal actions.

As part of the investigation process we conduct field investigations when accidents do occur in order to gather as much data as we can about the accident to help us determine what actions to take to prevent similar incidents from occurring to others in the future.

It has come to our attention that you have unfortunately been affected by an incident which falls under the jurisdiction of the commission involving a **ATV**. While I realize this may be difficult for you to discuss, the information you provide our agency might help prevent an incident like this from happening to someone else in the future.

As part of my investigation I would like to ask that you keep the products involved so that I may gather additional product information.

If you feel you are able to discuss this incident with me, please contact me by phone, at (904) 619-6271, or e-mail at ksrivera@cpsc.gov.

Sincerely,

Karina Salgado-Rivera
Product Safety Investigator
Consumer Product Safety Commission

Ref#130114CNE0001

This investigation was initiated through a [REDACTED], newspaper article, dated January 10, 2013. The victim in this incident is a 7 year old male, who resides in Kirksville, MO. The product in this incident is a 2009 four-wheeled utility terrain vehicle (UTV). The UTV has a steering wheel, accelerator pedal, brake pedal, and bench seat with three seat belts. There were three people in the front seat of the UTV at the time of the incident. Information for this report was obtained through official reports. Attempts to contact the driver of the UTV were unsuccessful.

The incident UTV is black in color and has a continuously variable (CTV) transmission with a reverse gear. The UTV is equipped with hydraulic disc brakes that are activated by a foot pedal. The odometer at the time of the incident indicated that the vehicle had 5111 miles on it. The hour meter indicated the UTV had 449.1 hours on it. The weight of the unit is approximately 1185 pounds and the wheel base is approximately 76 inches. The vehicle has a fuel capacity of 8 gallons. The UTV has three lap seat belts with a flatbed in back. The vehicle's tire configuration is 26 x 8.00R14. The air pressure in the tires are as follows: right front 11.0 psi, left front 9.5 psi, right rear 12.5 psi, and the left rear 11.0 psi. The UTV is equipped with a twin cylinder 683cc. The vehicle has a three position switch that allows the operator to switch between four wheel drive, two wheel drive posi-track, and two-wheel drive limited slip. It is unknown if the vehicle had aftermarket modifications or repairs done to it. The UTV was purchased used in 2011 for approximately \$8000.00. It's unknown if the driver of the UTV had any prior UTV experience or if he had any training on the UTV.

According to the highway patrol report, the UTV driver informed them that he was travelling down the public paved road at approximately 35 – 40 miles per hour. He turned onto a public gravel road and attempted to turn around on the gravel road and started to slide west sideways. He also informed the investigating trooper that "I shouldn't have even been driving, I don't know these roads". The highway patrol report stated that even though the driver did not live in the area and was not familiar with the roadway, there was nothing in the design of the roadway or in the area of the crash that requires specific knowledge to safely operate a motor vehicle.

The highway patrol report states that the driver was from Texas and had a Texas Class C driver's license with no restrictions or endorsements listed. During the course of the investigation the investigating trooper developed cause to believe that the driver of the UTV was operating the vehicle under the influence of both intoxicants and a controlled substance.

According to the highway patrol investigation, on the day of the accident, June 3, 2012, at approximately 6:00 p.m., the driver was heading southbound on a public paved road with his two passengers. The seven year old passenger was seated in the front center seat and the six year old passenger was seated in the front right seat of the UTV.

The driver turned the UTV onto a public gravel road and accelerated. The UTV's weight was shifted towards the left side of the vehicle and the right rear tire began to spin, cleaning the loose gravel off the roadway. At the time of the incident the drive was set to the two wheel drive limited slip. In this mode, a tire that had less weight on it would spin when accelerated. As the driver turned right and accelerated, a weight shift occurred and the right rear tire began to spin. The UTV travelled in a serpentine pattern before it began to yaw. As the UTV traveled toward the south side of the roadway, it rotated counter clockwise. Once near the edge of the roadway, the UTV tripped and tipped over onto its passenger's side. Neither of the passengers was wearing their seat belts or helmets.

The six year old passenger was thrown clear of the UTV while the seven year old victim was partially ejected and was stuck on the head by the UTV's cab cage. The victim was pronounced dead at the scene. The UTV sustained only minor cosmetic damage to its passenger's side. According to the Highway Patrol report, the roadway had a 1.87% uphill grade and a 4.28% downhill grade at the accident site.

There were no defects, debris, or extraneous materials on the roadway that contributed to this crash. The roadway was dry when the crash occurred.

The speed limit on the roadway was listed as 50 miles an hour. There were no signs or markings, or other devices present at the scene which regulated traffic.

There was no evidence that limited sight distance or a temporary vision obstruction was the cause of this crash.

According to historical weather information from Weather Underground (www.wunderground.com) the temperature was 78 degrees Fahrenheit, the relative humidity was 58 percent. The barometric pressure was 29.84" Hg. The wind was from the south, southwest at 5.8 miles per hour. Visibility was 10 miles under clear skies.

The Highway Patrol's Event Analysis reports that the crash occurred because the operator of the UTV accelerated on the gravel roadway causing him to lose control of the vehicle. As a result, the UTV traveled off the roadway and overturned. Because the passengers were not seat belted in the UTV, the six year old passenger was totally ejected and the seven year old victim was partially ejected. As a result, the victim died as a result of his injuries sustained in the crash. Due to the circumstances of the crash, potential felony charges may be brought against the driver of the UTV.

This investigator contacted the coroner for the county that the incident occurred and requested but did not receive a copy of the coroner's report.

This investigator contacted the owner of the vehicle by telephone and was advised that he had sold the unit shortly after the incident. He stated that he had purchased the vehicle used from a local dealer for approximately \$8000.00. The UTV had approximately 2800 miles on it at the time of purchase.

He stated that he lives on a farm and uses the vehicle to transport him around the property and to haul farm material. The owner reported that the vehicle had one aftermarket modification that involved the addition of a wench that attached to the front of the UTV.

According to the owner of the UTV, on the day of the incident he had loaned his UTV to a neighbor for the day to use for recreational riding. He stated he didn't know that the neighbor would let a friend (the driver of the UTV at the time of the incident) use the UTV without his knowledge. He stated that he didn't have any information about the driver of the UTV and had never met him.

PRODUCT INFORMATION:

The incident unit is a **Polaris Ranger** Utility Terrain Vehicle (UTV). It is 2009 HD black in color, model number 700 EFI. The Vehicle Identification Number (VIN) is [REDACTED]. The unit has a continuously variable (CTV) transmission with a reverse gear. The UTV is equipped with hydraulic disc brakes that are activated by a foot pedal. The weight of the unit is approximately 1185 pounds and the wheel base is approximately 76 inches. The vehicle has a fuel capacity of 8 gallons. The UTV is equipped with three lap seat belts on a bench seat with a flatbed in back. The UTV is equipped with a twin cylinder 683cc. The vehicle has a three position switch that allows the operator to switch between four wheel drive, two wheel drive posi-track, and two-wheel drive limited slip. The UTV had an aftermarket wench attached to the front of the vehicle.

The vehicle was purchased used for approximately \$8000.00 in 2011 from Precision Cycle, 2318 E Illinois St., Kirksville, MO 63501. At the time of purchase the UTV had approximately 2800 miles on it.

ATTACHMENTS:

Exhibit A – Photographs taken by Highway Patrol. (16)

Exhibit B – Highway Patrol Crash Report

Exhibit C – Highway Patrol Accident Reconstruction Report

Exhibit D – Missing Document Report

Exhibit E – UTV Data Record Sheet

Exhibit A – 1 below show the gravel road where the incident occurred.



Exhibit A – 2 below shows a view of the paved public road that the UTV was travelling until it turned onto the gravel road where the accident occurred.



Exhibit A – 3 below shows the passenger side of the UTV.



Exhibit A – 4 below shows a close-up photograph of the passenger side of the UTV.



Exhibit A – 5 below shows the front of the UTV.



Exhibit A – 6 below shows the driver side of the UTV.



Exhibit A – 7 below shows the cage bar of the UTV that struck the victim.



Exhibit A – 8 below shows another view of the passenger side.



Exhibit A -9 below shows the seat belts on the bench seat.



Exhibit A – 10 below shows a label attached to the seat frame of the vehicle. Information contained on the label states the following: "POLARIS INDUSTRIES INC. 2100 HIGHWAY 55 MODINA, MN 55340 DATE: 11/10/2008 TYPE: ATT/VTT. VIN: [REDACTED]"



Exhibit A – 11 below shows the vehicle steering wheel and instruments.



Exhibit A – 13 below speedometer with the hour meter that indicates the UTV has 449.1 hours on it at the time of the incident.



Exhibit A – 14 below shows a reconstruction photograph.



Exhibit A – 15 below shows another reconstruction photograph.



Exhibit A – 16 below shows a reconstruction photograph.



Exhibit B – Highway Patrol Crash Report

Page Not Used REPORT # [REDACTED] PAGE 3 OF 4

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 1 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [REDACTED] AUSTIN, TX 78745 PHONE NUMBER [REDACTED]

DRIVER LICENSE / ID NUMBER [REDACTED] STATE TX LIC. STATUS Valid Expired Permit Unknown MC ENDORSEMENT Yes No NA

DATE OF BIRTH [REDACTED] SEX M SEAT LOC FL INJ 4 TRANS-PORT 1 EJECTION 2 AIR BAG 1 SAFETY DEVICES 2 VISION OBSTRUCTED Not Obstructed Windshield Load on Veh Trees / Brush Building Hillcrest Stopped Veh Other (Explain) Unknown (Explain)

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY NA PHONE NO (Optional) POLICY NUMBER NA Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [REDACTED] GREENTOP, MO 63546 PHONE NUMBER [REDACTED]

YEAR 2009 MAKE POLARIS MODEL RANGER COLOR [REDACTED] VEH TYPE 1 TOTAL NO. OF OCC 3

LICENSE - PLATE NO. [REDACTED] STATE [REDACTED] YEAR [REDACTED] VIN [REDACTED] TOWED FROM SCENE Yes No TOWED DUE TO DIS. DAMAGE Yes No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage TOWED BY Unknown NA

INITIAL IMPACT NO. 5

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance

Passenger Car Small Bus (9-15 W/Driver) Motorcycle Motor Home Single-unit Truck, 2 axes, 6 tires GVW / GCW RATING (Not Licensed Weight) (Please, Cargo Vans, All Trucks, Tractor Units, or Flat Bed Pileup Veh. Only)

Van (< 9 W/Driver) Large Bus (15+ W/Driver) ATV Farm Implements Single-unit Truck, 3 or more axes

Passenger Van (9+ W/Driver) School Bus 2 Wh Construction Equip. Heavy Mach. Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)

Sport Utility Vehicle Intercity 3 Wh Other Vehicle (Code) _____

Limousine (7-8 W/Driver) Transit / Commuter 4 Wh Pickup Truck Tractor With No Units

Limousine (9-15 W/Driver) Charter / Tour 5 Wh / More Other Heavy Truck Truck Tractor With One Unit

Motorized Bicycle Other Unknown (Explain) Truck Tractor With Two Units

Pedalcycle To / From School Unknown (Explain) Truck Tractor With Three Units

Less than or equal to 10,000 lbs.

10,001 - 26,000 lbs.

Greater than 26,000 lbs.

Unknown

EMERGENCY VEHICLE INVOLVEMENT NA Police Ambulance Fire Other (Must check 'A' / 'B') A. Emergency Vehicle on Emergency Run B. Stationary With Emergency Equip. Activated

CONTRIBUTING TRAFFIC CONDITIONS NA Congestion Ahead Other Incident Ahead Crash Ahead Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Codes in Section 8)

SEQUENCE OF EVENTS CODES 1 7 17 21 22 ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE Yes Unk No NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

Vehicle Defects (Explain) Vision Obstructed Failed To Dim Headlights Improper Towing / Pushing Object / Obstruction in Roadway

Speed - Exceeded Limit Driver Fatigue / Asleep Failed To Use Lights Improperly Stopped On Roadway Distracted / Inattentive (Designate Type)

Too Fast For Conditions Improper Signal Following Too Close Improper Lane Usage / Change Unknown (Explain)

Violation Signal / Sign Improper Backing Wrong Side (Not Passing) Overcorrected Other (Explain)

Failed To Yield Improper Turn Wrong Side (One-Way) Improper Riding / Clinging To Veh. Exterior

Alcohol Improper Passing Physical Impairment (Explain) Failed To Secure Load / Improper Loading

Drugs Improperly Parked Improper Start From Park Animal(s) in Roadway

DISTRACTED / INATTENTIVE CODE(S) NA (See Codes in Section 8)

7E. WORK ZONE TRAFFIC CONTROL None Unknown

Yes No Unknown Electric Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain)

Workers Present Other Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus

Yes No Unknown Controls Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain)

CONTROL MALFUNCTIONING / INOPERATIVE / MISSING Yes (Explain) No Unknown NA

7F. OCCUPANTS - NAME (Last, First, MI) DATE OF BIRTH MM-00-YYYY SEX SEAT LOC INJ TRANS-PORT EJECTION AIR BAG SAFETY DEVICES PHONE NUMBER

[REDACTED] [REDACTED] M FC 1 1 3 1 2 [REDACTED]

QUEEN CITY, MO 63561

SAME AS DRIVER [REDACTED] M FR 5 1 4 1 2 [REDACTED]

NA

NA

NA

7G. COMMERCIAL MOTOR VEHICLE NA [Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.]

MOTOR CARRIER IDENTIFICATION (Lease, etc.) - NAME & ADDRESS (Street, City, State, Zip) [REDACTED] SAO PHONE NUMBER [REDACTED]

COMMERCIAL / NON-COMMERCIAL Interstate Carrier Intrastate Carrier Not In Commerce - Government Vehicle Not In Commerce - Other Vehicle MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE Enclosed Box Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Intermodal NA (No Cargo Body) Other

Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log Another Veh. Container Chassis Unknown

HAZARDOUS MATERIALS PLACARD DISPLAYED Yes No Unknown 4-DIGIT NO. CLASS HM CARGO PRESENT Yes No Unknown HM CARGO RELEASED Yes No Unknown HAZARDOUS MATERIAL NAME

Exhibit B – Highway Patrol Crash Report

REPORT # [REDACTED] PAGE 4 OF 4

SEAT LOCATION		INJURY		TRANSPORTED		EJECTION		AIR BAG		SAFETY DEVICES					
X - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable		1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U - Unknown N - NA		(For Medical Treatment) 1. No 2. EMS 3. Other U - Unknown N - NA		1. NA 2. No 3. Partially 4. Totally U - Unknown		1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.)		9. Deployed - Combination 10. Deployment Unknown U - Air Bag Presence Unknown		1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant IMC Helmet 8. No Helmet		10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U - Use Unknown N - Not Applicable	
VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double asterisk [**] require additional coding)															
1. Going Straight 10. Start From Parked 19. Airborne 28. Separation Of Units 37. Collision Inv. Other Object (Explain) 44. Thrown/Falling Object 2. Overtaking 11. Backing 20. Ran Off Roadway - Right 29. Returned To Roadway 38. Other Non-collision 45. Struck By Falling, Shifting Cargo, 3. Making Right Turn 12. Stopped in Traffic 21. Ran Off Roadway - Left 30. Collision Inv. Pedestrian 39. Collision Inv. Bicycle/Pedalcycle Object Set in Motion By Own MV 4. Right Turn on Red 13. Parked 22. Overturn / Rollover 31. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane 46. Ran Off Roadway - Other (Explain) 5. Making Left Turn 14. Changing Lanes 23. Fire / Explosion 32. Collision Inv. Railway Veh 40. Collision Inv. Animal Drawn Vehicle / 47. Cross Separator 6. Making U-Turn 15. Avoiding 24. Immersion 33. Collision Inv. Animal (**) 7. Slowing / Stopping 16. Cross Median 25. Jackknife 34. Collision Inv. MV in Transport Animal Ridden For Transportation 8. Slowing / Stopping 17. Cross Center Of Road 26. Cargo Loss / Shift 35. Collision Inv. Parked MV 41. Collision Inv. Working MV 9. Start In Traffic 18. Cross Road 27. Equipment Failure 36. Collision Inv. Fixed Object (**) 42. Downhill Runaway 43. Fell/Jumped From MV															
ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS															
60. Deer 61. Farm Animal 62. Dog 63. Other Animal U - Unknown															
FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS															
20. Tree / Stump (Standing) 26. Culvert 32. Building 38. Bridge Rail 44. Wall 21. Embankment / Driveway / Ground / Rock/Bluff 27. Highway Traffic Sign Post / Support 33. Traffic Signal Support 39. Guardrail End 45. Cable Barrier 22. Guardrail Face 28. Bridge Pier / Abutment / Support 34. Impact Attenuator / Crash Cushion 40. Other Traffic Barrier 46. Bridge Overhead Structure 23. Utility Pole 29. Curb 35. Fire Hydrant 41. Overhead Sign Support 47. Overhead Line / Cable 24. Fence 30. Mail Box 36. Other (Explain) 42. Ditch U - Unknown 25. Street Light Support 31. Concrete Traffic Barrier 37. Bridge Parapet End 43. Other Post / Pole / Support															
DISTRACTED / INATTENTIVE CODES															
1. External Distraction 5. Communication Device - Hand-held 9. Eating / Drinking 13. Computer Equipment/ Electronic Games / etc. 2. Passengers 6. Communication Device - Hands Free 10. Reading 14. Adjusting Vehicle Controls 3. Stereo / Audio / Video Equipment 7. Communication Device - Texting / E-mailing 11. Tobacco Use 15. Other (Explain) 4. Navigation Device 8. Communication Device - Web Browsing 12. Grooming															
VEHICLE TYPE CODES															
1. Motor Vehicle in Transport 3. Working Motor Vehicle 5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes 2. Parked Motor Vehicle 4. Pedalcycle U - Unknown															
OTHER VEHICLE CODES															
1. Riding Mower / Garden Tractor 3. Snowmobile 5. Animal Drawn Vehicle / Animal Ridden For Transportation 6. Low Speed Vehicle 2. Golf Cart 4. Forklift 7. Other (Explain)															
9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)															
NARRATIVE THIS ACCIDENT OCCURRED AS VEHICLE #1 TURNED FROM [REDACTED] ONTO [REDACTED] IN ADAIR COUNTY, MISSOURI. DRIVER NO. 1 ACCELERATED AND THEN LOST CONTROL OF VEHICLE NO. 1. VEHICLE #1 WENT INTO A BROAD SLIDE SKID, SKIDDED OFF THE LEFT SIDE OF THE ROADWAY AND OVERTURNED AND CAME TO FINAL REST ON THE PASSENGER SIDE. AS THE VEHICLE OVERTURNED, BOTH PASSENGERS WERE EJECTED FROM THE RIGHT SIDE OF THE VEHICLE. PASSENGER [REDACTED] WAS PARTIALLY EJECTED AND THE VEHICLE CAME TO REST PARTIALLY ON HIS UPPER BODY. THE PASSENGER [REDACTED] WAS TOTALLY EJECTED CLEAR OF THE VEHICLE.															
DRIVER OF VEHICLE 1 STATEMENT "I WAS GOING DOWN THE ROAD MAYBE 35-40 M.P.H. WENT TO TURN AROUND, AND HIT THE GRAVEL. WE STARTED TO SLIDE AND WENT SIDEWAYS."															
PASSENGER OF VEHICLE 1 FATALITY AND TRANSPORTATION INFO PRONOUNCED BY: BRIAN NOE PRONOUNCED AT LOCATION: ON SCENE PRONOUNCED DATE/TIME: 06/03/2012 1816 NEXT OF KIN NOTIFIED: YES DISPOSITION OF BODY: TAKEN TO [REDACTED] FUNERAL HOME IN KIRKSVILLE, MISSOURI															
10. REPORTING AND REVIEWING OFFICER INFORMATION															
REPORTING OFFICER NAME TPR T. HALEY				DSN / BADGE NO. 442		BEAT / ZONE 05		TROOP / DISTRICT / PRECINCT B							
REVIEWING OFFICER NAME SGT T. ROHN				DSN / BADGE NO. 883		REVIEWING OFFICER 2 NAME CPL C. MCINTYRE				DSN / BADGE NO. 953					

Exhibit B – Highway Patrol Crash Report

REPORT # [REDACTED] PAGE 2 OF 4

6. COLLISION DIAGRAM	Compass Direction Before Crash Event(s) (Circle One)	V1 NESW <input checked="" type="radio"/> U	V2 NESW U	V3 NESW U	V4 NESW U	V5 NESW U	V6 NESW U
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INDICATE NORTH

DIAGRAM COMPLETED BY MCIU #2

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

Exhibit C – Highway Patrol Accident Reconstruction Report



MISSOURI STATE HIGHWAY PATROL
ACCIDENT RECONSTRUCTION REPORT



Original Incident (CAD) Number:	[Redacted]
County:	Adair
Date:	June 3, 2012
Time:	1755 hours
Location:	[Redacted] 6 feet after [Redacted]

All Drivers Involved:

Driver #:	First Name	Middle	Last Name
1	[Redacted]		

Original Investigating Officer:	Tpr. T. Haley, #442, B-05
Troop Reconstructionist(s):	Cpl. C. McIntyre, #953, B-02
Assisting Officer(s):	N/A
Assisting Agency(ies):	N/A
Level IV Reconstructionist(s):	Sgt. Paul J. Kempke, #982, Q-FOB
Date of Report:	August 20, 2012

Exhibit C – Highway Patrol Accident Reconstruction Report

**Missouri State Highway Patrol
Reconstruction Report**

Original Accident Report # [REDACTED]

Report Identification	Page 1
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Synopsis	Page 3
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Mechanical Factors	Page 8
Human Factors	Page 11
Scene Investigation	Page 12
Findings	Page 15
Event Analysis	Page 17

Appendices

Appendix I	Page 18	Photo log
Appendix II	Page 21	Math Calculations
Appendix III	Page 25	Coefficient of Friction Charts
Appendix IV	Page 27	Astronomical data
Appendix V	Page 28	Weather data
Appendix VI	Page 31	Forensic map

Exhibit C – Highway Patrol Accident Reconstruction Report

Accident Reconstruction Report Case # [REDACTED] CAD # [REDACTED]

Page 4 of 31

Passengers

Passenger #1

Passenger #1 was [REDACTED] age 7, of [REDACTED] Queen City, Missouri. Passenger #1 was seated in the front center seat. Tpr. Haley reported that Passenger #1 was not wearing a seatbelt and was partially ejected. Adair County Coroner Brian Noe pronounced Passenger #1 dead, at the scene, at 1816 hours.

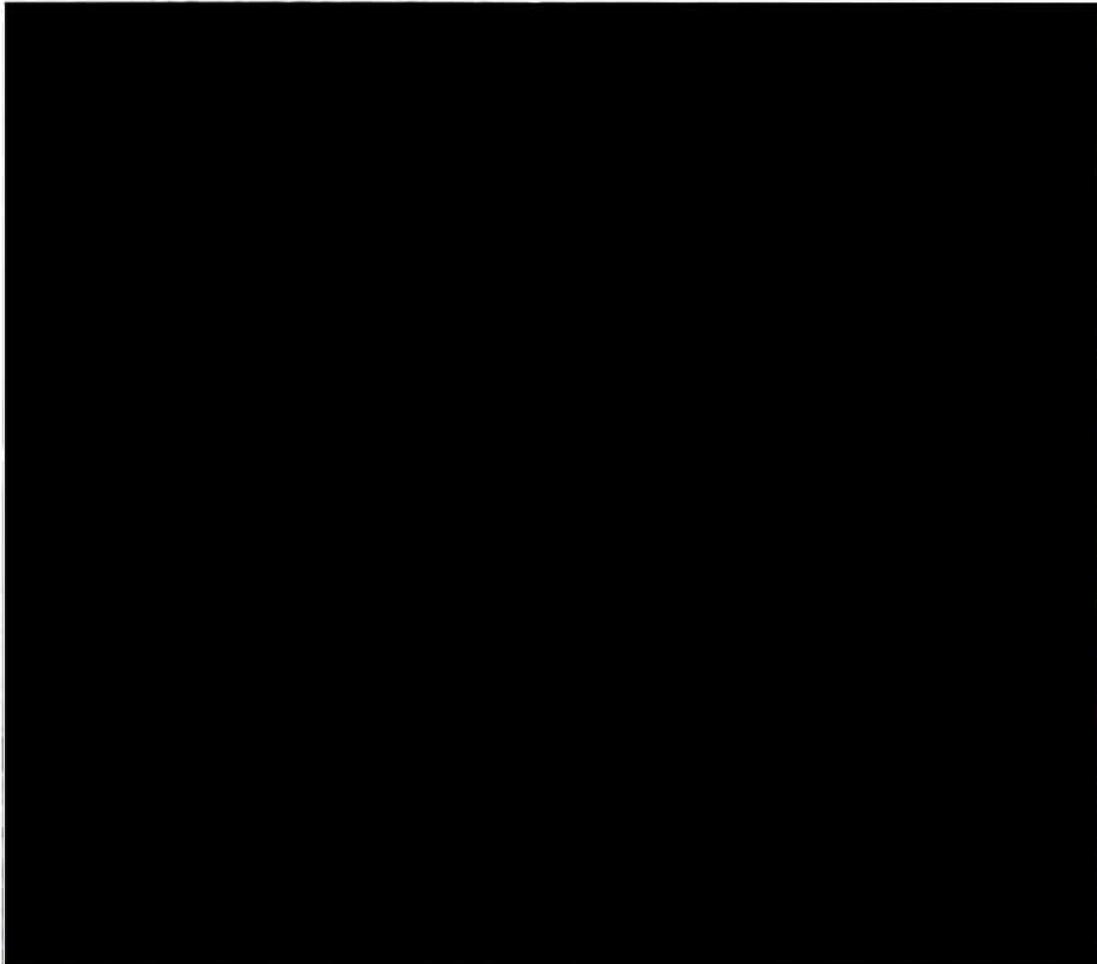
Passenger #2

Passenger #2 was [REDACTED] age 6, of [REDACTED] Austin, Texas. Passenger #2 was seated in the front right seat of Vehicle #1. Tpr. Haley reported that Passenger #2 was not wearing a seatbelt. Passenger #2, who was totally ejected, was not injured in the crash.

Exhibit C – Highway Patrol Accident Reconstruction Report

Accident Reconstruction Report Case # [REDACTED] # [REDACTED]
Page 5 of 31

Environmental Factors



This crash occurred on [REDACTED] 6' west of [REDACTED] was a gravel road that did not have any improved shoulders on either side. The roadway was approximately 15' wide just west of Vehicle #1's final rest location. The roadway widened to 117' where it intersected with [REDACTED] It was maintained by the Adair County Highway Department.

Exhibit C – Highway Patrol Accident Reconstruction Report

Accident Reconstruction Report Case # [REDACTED] CAD # [REDACTED]
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Grade of the roadways

I calculated the percent grade of the roadway in two segments, in the area of the right rear tire mark, with data that was collected with the total station. The math calculations and formulae are included in this narrative in Appendix II. The first segment was 40.721' long and had an uphill grade of 1.87%. The second segment was 57.752' long and had a downhill grade of 4.28%.

Super-elevation of the roadways

I calculated the percent super-elevation of the roadway using data collected with the total station. The math calculations and formulae are included in this narrative in Appendix II. In the area where Vehicle #1 began to yaw, the super-elevation of the westbound side of the roadway was 6.35%. The high point was the center of the roadway.

Coefficient of Friction of [REDACTED]

Testing conducted by [REDACTED] has yielded a drag factor range of .55 to .85 for packed gravel and .40 to .70 for loose gravel. The Equation Directory for the Reconstructionist, [REDACTED] First Edition, indicated the coefficient of friction for packed gravel ranged from .55 to .85 for vehicles traveling less than 30 miles per hour. The directory indicated the coefficient of friction for loose gravel ranged from .40 to .70 for vehicles traveling less than 30 miles per hour.

Condition of [REDACTED]

There were no defects, debris, or extraneous materials on the roadway that contributed to this crash. Tpr. Haley reported that the roadway was dry when the crash occurred

Traffic Control

The speed limit on [REDACTED] was 50 miles per hour. There were no signs, markings, or other devices present at the scene which regulated traffic.

Vision Obstructions

There is no evidence that limited sight distance or a temporary vision obstruction was the cause of this crash.

Light Conditions

On June 3, 2012, the sun rose at 0542 hours at an azimuth of 119°. It set at 2036 hours at an azimuth of 243°. Dusk occurred at 2109 hours. At 1755 hours, the sun was at an azimuth of 276.61° and an altitude of 28.09°.

Exhibit C – Highway Patrol Accident Reconstruction Report

Accident Reconstruction Report Case # [REDACTED] CAD # [REDACTED]
Page 7 of 31

Weather Conditions

According to data archived by [REDACTED].com at Kirksville Regional Airport, Kirksville, Missouri, at 1755 hours on the day of the crash, the temperature was 78.1°. The relative humidity was 58 percent. The barometric pressure was 29.84” Hg. The wind was from the south, southwest at 5.8 miles per hour. Visibility was 10 miles under clear skies.

Kirksville Regional Airport is approximately [REDACTED] south, southeast of the crash site on an azimuth of [REDACTED]. It was the closest weather monitoring station that I located.

Exhibit C – Highway Patrol Accident Reconstruction Report

Accident Reconstruction Report Case # [REDACTED] CAD # [REDACTED]
Page 8 of 31

Mechanical Factors

Vehicle #1

Vehicle #1 was a black, 2009, Polaris Ranger HD, all terrain vehicle. Vehicle #1 was owned by [REDACTED] [REDACTED] Greentop, MO. Vehicle #1 was not registered with the Department of Revenue. The VIN was [REDACTED]. The odometer indicated Vehicle #1 had 5111 miles on it. The hour meter indicated Vehicle #1 had 449.1 hours on it. I did not locate any recalls that applied to this version of the Polaris Ranger. The 2009 Polaris Ranger HD was equipped with a twin cylinder 683cc engine and a CVT transmission. Other equipment included a bench seat that had three seatbelts, hydraulic front and rear brakes, and a cab cage. The following chart shows the tire configuration on Vehicle #1 as they appeared after the crash.

<i>Tire</i>	<i>Make</i>	<i>Size</i>	<i>Tread Depth</i>	<i>Air Pressure</i>
Right front	[REDACTED]	26 x 8.00R14	21/32"	11.0 psi
Left front	[REDACTED]	26 x 8.00R14	22/32"	9.5 psi
Right rear	[REDACTED]	26 x 10.00R14	21/32"	12.5 psi
Left rear	[REDACTED]	26 x 10.00R14	21/32"	11.0 psi

In the crash, Vehicle #1 yawed until the right side tires tripped and Vehicle #1 rotated ¼ turn.



060312 recon 006

Exhibit C – Highway Patrol Accident Reconstruction Report

Accident Reconstruction Report Case # [REDACTED]
Page 9 of 31

CAD # [REDACTED]

When Vehicle #1 overturned, The front right of the cab cage struck Passenger #1.



DSC_0031



DSC_0036

Vehicle #1 was equipped with three lap belts. None of the belts were being used when the crash occurred.

Exhibit C – Highway Patrol Accident Reconstruction Report

Accident Reconstruction Report Case # [REDACTED] CAD # [REDACTED]
Page 10 of 31

Other than some possible cosmetic damage, Vehicle #1 was undamaged in the crash.



Exhibit C – Highway Patrol Accident Reconstruction Report

Accident Reconstruction Report Case # [REDACTED] CAD # [REDACTED]
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Human Factors

Drivers

Driver #1

Driver #1 was [REDACTED], age 26, of [REDACTED] Austin, Texas. At the time of the crash, Driver #1 had a Texas, Class C, driver license that was due to expire December 23, 2015. There were no restrictions or endorsements listed.

During the course of his investigation, Tpr. Haley developed probable cause to believe Driver #1 was operating Vehicle #1 under the influence of both intoxicants and a controlled at the time of the crash. I am unaware if Driver #1 had a medical condition that contributed to this crash.

Driver #1 did not live in the area and according to his statements, was not familiar with the roadway. There is nothing in the design of the roadway or in the area of the crash that requires specific knowledge to safely operate a motor vehicle.

Driver #1 provided several statements. Driver #1 stated, "I was going down the road maybe 35 – 40 miles per hour. Went to turn around and hit the gravel. We started to slide and west sideways". In another statement, Driver #1 said, "I shouldn't have even been driving, I don't even know these roads".

Passengers

Passenger #1

Due to his injuries, no statement was obtained from Passenger #1

Passenger #2

No statement was obtained from Passenger #2.

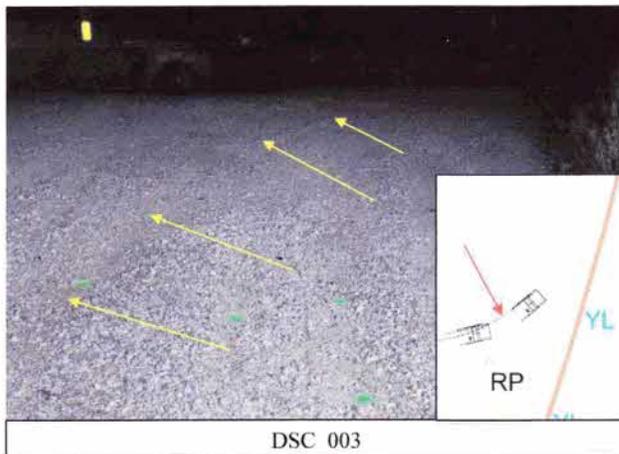
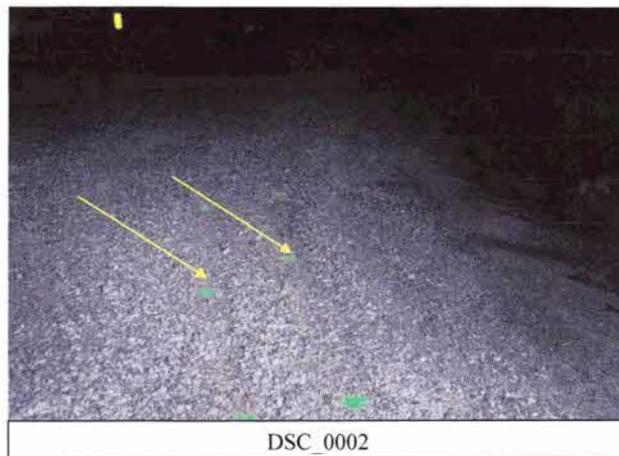
Exhibit C – Highway Patrol Accident Reconstruction Report

Accident Reconstruction Report Case # [REDACTED] CAD # [REDACTED]
Page 12 of 31

Scene Investigation

Cpl. McIntyre and I used a [REDACTED] total station to record the data and points of evidence that were utilized to produce the diagram attached to this narrative. With regards to the accuracy of the measurements obtained with the total station, a fixed reference prism was established. The first shot taken with the total station was to that fixed reference prism. The distance recorded was 16.757'. The last shot taken was to the fixed reference prism. The distance recorded was 16.757'.

Two tire marks were mapped in the gravel road ([REDACTED]) near [REDACTED]. I was unable to reconcile the marks and believe that they most likely were not related to this crash.



A tire mark from the right rear tire of Vehicle #1 was located on [REDACTED]. The mark started 7' 4" from [REDACTED].