

1. Task Number 130402HCC2551		2. Investigator's ID 9091		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2013 02 02	5. Date Initiated YR MO DAY 2013 04 05		
6. Synopsis of Accident or Complaint UPC A 50 year old man was traveling in the dark on a private trail in wet icy conditions when he lost control of his UTV. The UTV overturned landing on the victim. The victim died of his injuries at the scene. The victim was not wearing any safety equipment. Cause of death was ruled as heart attack secondary to traumatic asphyxia.				<u>MFR/PRVLBR NOTIFIED</u> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>66</i> ; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>1/16/14 lc</i>
7. Location (Home, School, etc) 2 - FARM		8. City SEYMOUR		9. State MO
10A. First Product 5044 - UTILITY VEHICLES	10B. Trade/Brand Name VIN [REDACTED]		10C. Model Number RANGER 800 XP	
10D. Manufacturer Name and Address POLARIS 1225 NORTH COUNTY ROAD 18 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 50	14. Sex 1 - Male	15. Disposition 8 - Death	16. Injury Diagnosis 65 - Anoxia	
17. Body Part(s) Involved 85 - ALL OF BODY	18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 3 - Other	20. Time Spent (Operational / Travel) 6.00 / 2.00	
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 04/29/2013	26. Reviewed By 8929		27. Regional Office Director Frank J. Nava	
28. Distribution John C. Topping; Sarah Garland; Tanya L. Topka			29. Source Document Number X1320770A	

SUMMARY OF FINDINGS

This IDI was prompted by a news article submitted to the CPSC describing the death of a 50 year old man who was involved in an ATV accident.

According to official records, police officials were called to the incident location on 2/2/2013 around 0107 hrs; it is reported that the accident took place around 0015 hrs. The incident location was an off-road trail located on a private ranch property, which the victim worked on. The accident took place at night in unlit light conditions. The path being traveled on had a straight alignment with a downhill grade. The trail surface was wet with ice/frost. The weather conditions were cloudy with freezing temperatures.

According to friends of the victim, two individuals had gone out to look for the victim when he did not return after going out to close the gates to the off road ranch for the night. The owner of the off road ranch stated that he last spoke with the victim around 2300 hrs on 2/1/2013, when he asked the victim to go out and close the gates for the night. The friends stated that they found the victim, unresponsive, lying on the ground with the UTV (State Police report the vehicle as an ATV) overturned on top of him. The friends rolled the UTV off the victim and called 911 (the time was 0107 hrs on 2/2/2013). EMS personnel arrived on scene and advised that the victim was dead on arrival and the coroner was called to the scene. The girlfriend of the victim stated that the victim had been drinking that evening; therefore a blood sample was obtained for testing.

According to police officials, the victim was traveling down a steep decline in wet and icy surface conditions. The victim lost control and the ATV (UTV) overturned; landing on top of the victim. Probable contributing circumstances to the accident include the victim traveling too fast for conditions and possible alcohol use.

Upon examination of the victim by the coroner; the coroner documented that the victim had a laceration to the chin and abrasions to the anterior chest and knee. It is the opinion of the coroner that the victim's death was due to cardio-pulmonary arrest, secondary to traumatic asphyxia as a result to the UTV accident. The manner of death was classified as accidental. The victim's Ethyl Alcohol level was .098%. No safety devices were used by the victim. The victim was the only occupant on the UTV.

No autopsy was conducted and no scene photographs were taken.

PRODUCT IDENTIFICATION

2012 Polaris Ranger 800 XP – black and white in color

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

4 wheel UTV

IDI 130402HCC2551
Page 2 of 2

SAMPLES COLLECTED

None

MANUFACTURER CONTACT INFORMATION

None

ATTACHMENTS

- 1) Missouri State Highway Patrol Report
- 2) Webster County Coroner's Report
- 3) ATVD

1 GENERAL CRASH INFORMATION		AGENCY NAME AND OR:	
SPACE USED FOR BARCODE		MISSOURI STATE HIGHWAY PATROL MOMHPDD00	

LEFT THE SCENE OR VEHIC	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY (NO INJURY)	NO KILLED	REPORT CASE INCIDENT NUMBER
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	100066452

NO. VEH INV	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST AT SCENE
1	02/02/2010	0015	02/02/2010	0107	02/02/2010	0140	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVING	DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLES
	<input type="checkbox"/> Dr <input checked="" type="checkbox"/> Roadway	<input checked="" type="checkbox"/> Overlapping <input type="checkbox"/> Following <input type="checkbox"/> Frontal <input type="checkbox"/> Rear <input type="checkbox"/> Side <input type="checkbox"/> Other	<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side

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 No Yes

1b. A person transported for medical attention OR No Yes

1c. A vehicle towed due to disabling damage No Yes

2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:

2a. A truck or cargo van with GVW (GROSS VEHICLE WEIGHT) of more than 10,000 lbs. OR No Yes

2b. A motor vehicle with seating for 9 or more including driver OR No Yes

2c. A vehicle with a hazardous materials placard No Yes

7B. PHOTOGRAPH TAKEN BY WHOM

Yes No

7C. RECONSTRUCTION BY WHOM

Yes No

8. LOCATION

COUNTY: WEBSTER MUNICIPALITY: NON-CITY OR UNINCORPORATED

BELT ZONE: 10 D

GPS COORDINATES (DD MM SS S FORMAT): LAT: N37 04 59.3 LONG: W92 44 12.7

ON: PPATV TRAIL AT 6722 STATE HWY K

RDWY DIR: NA

DISTANCE FROM: 0.3 Miles

LOCATION: SOUTH OF ROUTE K

SPEED LIMIT: NA

ROAD MAINTAINED BY: State County Municipal Private Property Other

TRAFFICWAY: One-Way Two-Way - Not Divided Two-Way Divided - unprotected Median Other

ROAD ALIGNMENT: Straight Curve Unknown (Explain)

ROAD PROFILE: Level Downhill Dip Uphill Humped Unknown (Explain)

INTERSECTION TYPE: TIA

ROAD CONDITION: Wet Ice Frost Mud - Dirt Mowcut Water Other (Explain)

ROAD SURFACE: Concrete Asphalt Multi-Surface

WEATHER CONDITION: Cloudy Rain Snow Freezing Temp. Fog/Mist Other (Explain)

LIGHT CONDITION: Daylight Dark-Limited Dark-Unlighted Dark-Unknown Lighting Other (Explain) Unknown (Explain)

9. DAMAGE TO PROPERTY OTHER THAN VEHICLES: True

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE

NAME: _____ ADDRESS: Street City State Zip _____ PHONE NUMBER: _____

10. WITNESS

Name listed here Additional Witnesses in Narrative

NAME: _____ ADDRESS: Street City State Zip _____ PHONE NUMBER: _____

11. PEDESTRIAN Yes No

NO. (NAME Last, First MI & ADDRESS - Street City State Zip) _____ PHONE NUMBER: _____

DATE OF BIRTH: _____ SEX: _____

STRUCK BY VEH: _____

TRANS. PORT: _____ SAFETY DEVICES: _____

CROSSING ROAD: Yes No

OTHER ACTIONS: Getting in or out of vehicle Working in traffic Other (Explain)

PROBABLE CONTRIBUTING CIRCUMSTANCES: None

INSTRUMENTAL FACTORS: Yes No Unknown

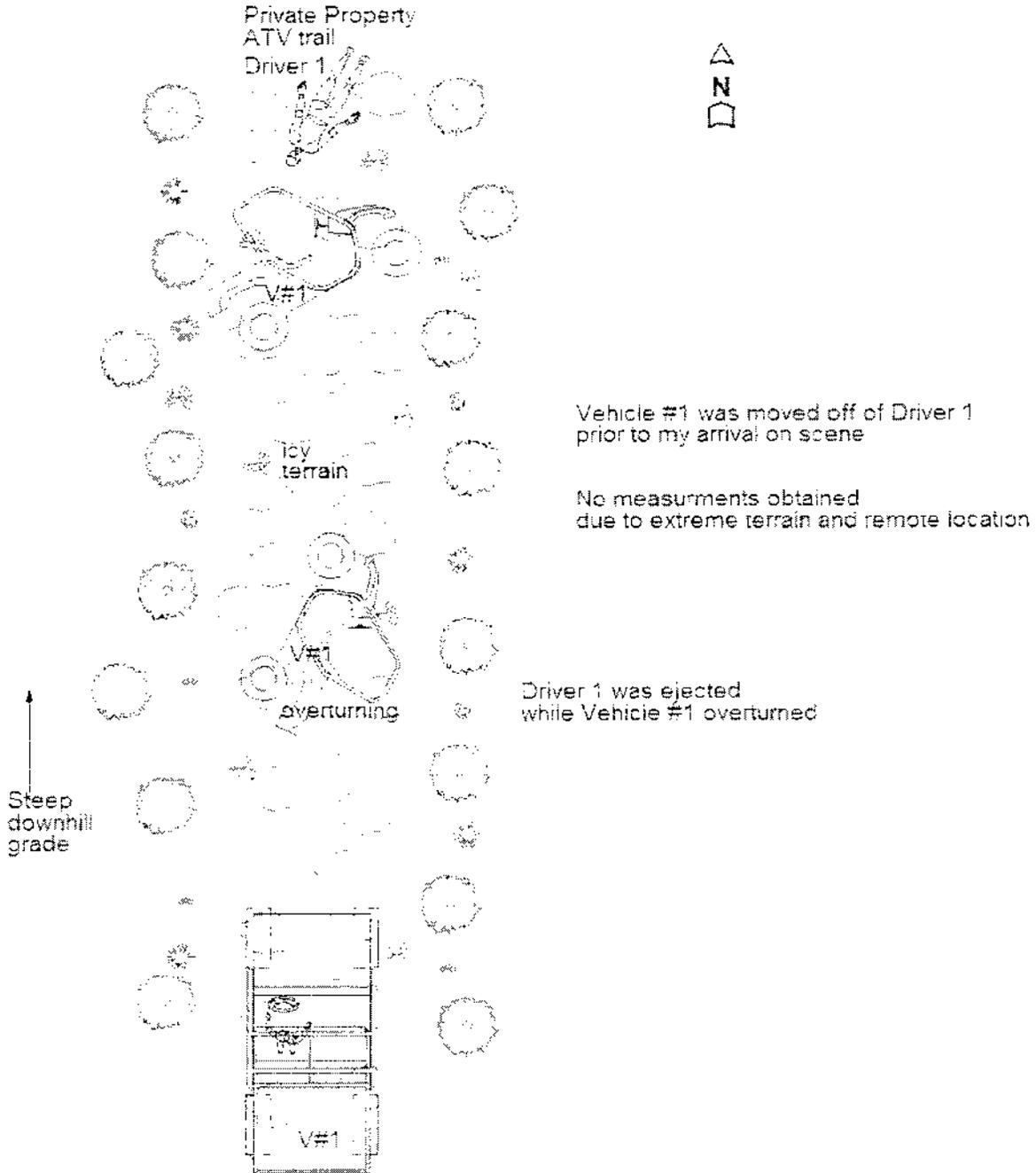
130402HCC2551
Exhibit 1
Page 1 of 4

6. COLLISION DIAGRAM

Compass Direction Before Crash Event: (Circle One)

V1 NESW V2 NESW V3 NESW V4 NESW V5 NESW V6 NESW

INDICATE NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

130402HCC2551
Exhibit 1
Page 2 of 4

Webster County Coroner's Office

Michael P. Taylor, Coroner
P.O. Box 218
Marshfield, MISSOURI 65706
417-859-3911 wc720@mchsl.com

Coroner Summary Report

Case # 13-0017	Coroner's Office Investigators	1 Michael Taylor	2
		3	4
Name of Deceased (b) (3) Exemption		Age 50 Years	DOB (b) (3) Exem
		Sex Male	Race White
Address of Deceased (b) (3) Exemption 3 for 25(c)		City	State Zip
Date of Death 2/2/2013	Time of Death 2:33 AM	Location of Death 5722 State Highway K	
Agency Reported To Webster County 911	Person Reporting Death Victoria	Person Certifying Death Michael Taylor	
NOK Name (b) (3) Exemption 3 for 25(c)	NOK Address	NOK Phone	
Identified By (b) (3) Exemption 3 for 25(c)		How Identified Friend	
Deceased Employer (b) (3) Exe		Funeral Home Holeman Howe	
Autopsy Requested? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Autopsy Performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Where Autopsy Performed	Doctor Performing Autopsy
Cause of Death Cardio-Pulmonary Arrest Traumatic Asphyxia ATV Accident		Manner of Death Accidental	Mechanism of Death

Case Summary

130402HCC2551 Exhibit 2 Page 1 of 3

Webster County Coroner's Office

Michael P. Taylor, Coroner
 P.O. Box 218
 Marshfield, MISSOURI 65706
 417-859-3911 wc720@mchsi.com

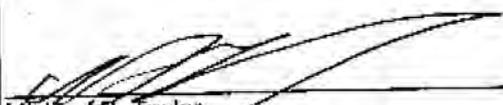
Coroner Summary Report

On 02/02/2013 The Webster County Coroners Office was requested to 5722 State Highway K in Seymour MO. for a fatal ATV accident. On my arrival I found the decedent located down a steep hill side on a ATV trail lying near his Polaris Ranger UTV that had apparently overturned and landed upon and trapping the Decedent underneath. The Decedents friend [REDACTED] stated that the decedent had been moved by [REDACTED] who had located the accident after going out to look for him when he did not return from closing gates for the night at the off road ranch for which the decedent worked, Mr. [REDACTED] stated that Mr. [REDACTED] and another individual rolled the UTV off of the Decedent to attempt to render care and called 911, Mr. [REDACTED] was not available for interview. Mr. [REDACTED] (owner of the off road ranch) stated that he last spoke with the Decedent at approximately 2300 on 02/01/2013 when he asked him to close the gates around the ranch and then was found by Mr. [REDACTED] at approximately 0030. Cox EMS was on-scene and advised that the Decedent was DOA and no resuscitation efforts had been made. No immediate family members were present and the Decedents girlfriend was not able to talk to us upon arrival, therefore Holeman-Howe Funeral Home was requested per the Coroners office to respond to the scene to recover the body until which time next of kin could be notified. Later upon speaking to the decedents girlfriend she advised that she was the Decedents DPOA and would be notifying the Decedents parent tonight.

No evidence of foul play was noted at the scene, however alcohol may have been a contributing factor as the Decedents girlfriend advised that the Decedent had been drinking alcohol this evening, blood samples were drawn and sent to the MSHP lab in Springfield MO. (See Attached Report)

Upon examination of the decedent at the Funeral Home it was noted that the decedent had an approximate 1.5" laceration to the chin, and abrasions to the anterior chest and knee(-crepitus) no further injuries were noted.

It is my opinion that the death of [REDACTED] was due to Cardio-Pulmonary Arrest secondary to Traumatic asphyxia as a result of a ATV Accident. The manner of death was accidental.


 Michael P. Taylor
 Webster County Coroner

130402HCC2551
 Exhibit 2
 Page 2 of 3

Lab Number: 0382420



Missouri State Highway Patrol
Crime Laboratory Division
An ASCLD/LAB Accredited Laboratory



D Lab Toxicology
Certified Report

Agency: Webster County Coroner
Incident: Accident (Fatal)
Investigating Officer: Coroner M Taylor
Subjects Involved: **10/31 Exempt** - victim

Lab Number: 0382420
Agency Case #:
Date of Incident: 02/02/2013
County of Incident: Webster

Item 1.1 blood

Volatiles by gas chromatography:
ethyl alcohol 0.098%

Item 1.1 has been destroyed at the request of Webster County Coroner Michael Taylor.

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
Lydia Fisher

Date of Report
03/07/2013

DHSS Type 1 Permit #120014 Expires 08/25/2014



130402HCC2551
Exhibit 2
Page 3 of 3

IDI 130402HCC2551

RESPONDENTS

Missouri State Highway Patrol

Webster County Coroner's Office

Michael Taylor, coroner

PO Box 218

Marshfield, MO 65706

417-859-3911

Wc720@mchsi.com

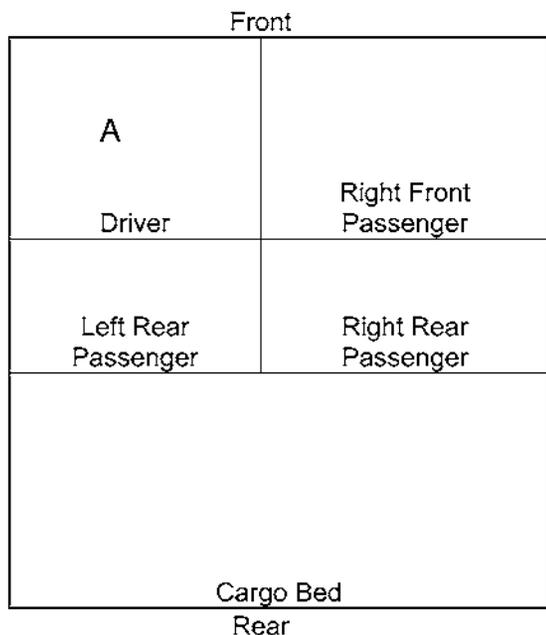
IDI 130402HCC2551

RESPONDENTS

Utility Vehicle Data Record Sheet

IDI #: 130402HCC2551

Exhibit #: 3



The Utility Vehicle

A:	Age: 50	Height:	
	Gender: Male	Weight:	
	Helmet (Y/N): N	Seatbelt (Y/N): N	
	Killed/Injured/Neither/Unknown: Killed		
	Injury Description: CARDIO-PULMONARY ARREST		
	Did vehicle land on victim: Yes		
	Ejected (Either partially or fully): FULLY		

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

B:	Age:	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.

The information in this report was based on information received by the coroner's office. The sheriff's department did not respond and contact with the victim's next-of-kin was not successful.

On Monday, February 28, 2013, in Jefferson County, McCalla, AL, the weather condition was clear and the temperature was 48 degrees when the victim, a 23-year-old male, 71 inches tall, and weighing 135 pounds, was operating a new 4-wheeled utility vehicle in a field with his brother, a 19-year-old male passenger. They were not wearing helmets or seatbelts.

The driver attempted to make a tight turn, lost control and caused the vehicle to flip over. The victim was trapped underneath the vehicle and the brother was thrown free. The brother was unable to lift the vehicle away from the victim, so he left and sought for help.

The brother returned with help and the vehicle was lifted off the victim. He was fatally injured. His cause of death was extensive blunt force trauma.

Product: 4-wheeled utility vehicle

Manufacturer: Polaris

1225 North County Road 18

MINNEAPOLIS, MN 55441

Brand/Model: Polaris 800 RZR

Year/VIN: 2013/unknown

Description: red in color

Condition/Modification: unknown

ATTACHMENTS:

1. Coroner's Report.
2. Missing Document, sheriff's report.
3. UTV Data Record Sheet.
4. Contact Information.

13-0335

(b)(3);CPSA Section 25(c)

RECEIPT OF THE DECEASED: The deceased is received in a white body bag to which is affixed a tag which is marked with the inscription "Harold Rose; WM 24; 2/28/13; 1745; Perryman; Johnson; RMB; 13-335". The aforementioned body bag is opened to reveal the appearance of the deceased. The appearance of the deceased as he is received is documented photographically.

DESCRIPTION OF CLOTHING: The deceased is wearing a tan long sleeve overcoat with brown trim around the distal cuffs, and side and rear aspects of the lower part of the garment. This garment has a green inner lining and a hood. The hood is not positioned upward over the decedent's head. The zipper on the anterior closure margin is completely unzipped. This garment has an obliquely oriented front right lower side pocket which contains a black "Mechanix Wear" brand glove for the right hand with red and white trim. The garment also has an identical appearing obliquely oriented left lower side pocket which contains a "Mechanix Wear" brand glove for the left hand. The latter pocket also contains an "American Adventure" insurance card with the telephone number listed as "888-930-3680". Examination of the garment reveals dense red blood stains on the inner and outer upper hood aspects of the garment in addition to dense blood stains extending down the back part of the garment and other irregular blood stains on other parts of the garment. This garment has a recent tear on its right rear aspect. Several bits of tan vegetation type material are also observed on this garment in addition to tan areas of apparent mud staining. This garment is otherwise unremarkable.

On the inner aspect of the aforementioned garment the deceased is wearing a green short sleeve t-shirt with a "crew neck". The front left upper aspect of the garment has a logo print which is marked with a printed inscription comprising the notation "Chute Em Up Parasail; Dolphin Cruises Parachuting; Orange Beach, AL; 251-981-7673". Examination of this garment reveals a larger identical appearing logo print with lettering on the rear part of the garment. Examination of this garment reveals a few irregular areas of blood staining in addition to a few bits of tan vegetation type matter. This garment is otherwise unremarkable.

The deceased is also wearing a pair of blue long denim jeans. The zipper on the "fly" is zipped all the way up and an anterior waist margin button is buttoned in placed and does not appear to be partially avulsed loose. A black belt extends through the belt loop aspects of the garment which is buckled into the closed position. This garment has a right side pocket which contains a nickel in addition to a right side inner watch pocket which is empty, and a left side pocket which is also empty. The garment also has a left rear pocket and a right rear pocket, both of which are empty. Examination of this garment reveals several irregular areas of blood staining. A few bits of tan vegetation type matter are also observed. This garment is otherwise unremarkable.

On the inner aspect of the latter garment the deceased is wearing a pair of gray jockey style undershorts with a gray elastic waist margin which is marked with numerous gray printed

13-0335

(b)(3);CPSA Section 25(c)

inscriptions comprising the notation "Hanes". This garment is unremarkable.

The deceased is also wearing a pair of brown high top "Caterpillar" brand boots with light tan stitching trim. The boots are marked by old scuff areas. They are otherwise unremarkable.

On the inner aspects of the boots the deceased is wearing a pair of white low cut athletic style socks with gray trim on the heel and toe of each sock, and a red printed inscription adjacent to the inferior toe on each sock comprising the notation "Hanes". The socks are dingy, but otherwise unremarkable.

The appearances of the aforementioned overcoat in addition to the blue denim jeans are documented photographically.

EXTERNAL EXAMINATION: The body is that of a white male with a height of 71 inches and a weight of 135 pounds. Several professional appearing tattoos are observed on the deceased, the locations and descriptions of which are documented on the body diagram. Examination of the head reveals the deceased to have short black slightly curly hair which has a longest estimated length approximating .25 inch. The deceased has a full beard in addition to an imperial. Examination of the eyes reveals the deceased to have brown irises. The eyes are otherwise unremarkable. Notably, no petechial conjunctival or scleral areas of hemorrhage are observed. Examination of the nose and mouth reveal small amounts of blood in place within the nose and mouth. The deceased exhibits good oral hygiene. The deceased has a plug of chewing tobacco in his mouth. The nose and mouth are not otherwise remarkable. Blood is in place within both external auditory canals. When water is hosed into the nose it exits both external auditory canals. The head is not otherwise remarkable. Examination of the neck reveals an area of patterned abrasion which extends across the anterior and anterior right aspects of the neck which corresponds to an imprint of part of the collar of the jacket. An area of irregular abrasion with vertically oriented striae is present on the left lateral and posterior lateral aspects of the upper neck. Another area of abrasion without striae is present in the posterior left upper aspect of the neck adjacent to the latter abrasion just posterior to the left external ear with a few areas of abrasion of the left external ear and adjacent scalp. A posterior vertically oriented midline incision is made from the back of the skull area downward to the lower cervical vertebral area. A fracture/dislocation is observed in the area of the base of the skull-C₁ with a wide gap through which the spinal cord can be visualized and palpated. Recent hemorrhage is observed around the latter area. The neck is not otherwise remarkable. Examination of the chest and abdominal areas reveals four cardiac pasties in locations documented on the body diagram. The chest and abdomen are not otherwise remarkable. Body cavity taps do not reveal the presence of apparent abnormal accumulations of fluid within the hemithoraces or peritoneum. Examination of the external genitalia reveals the deceased to be a circumcised male. The external genitalia are not otherwise unremarkable. Notably, no injuries are observed. The anus is not remarkable.

13-0335

(b)(3) CPSA Section 25(e)

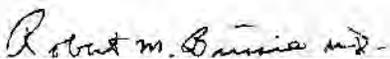
Notably, no injuries are observed. Examination of the lower extremities reveals a few areas of recent abrasion and contusion in locations and distributions documented photographically and on the body diagram. The lower extremities are otherwise unremarkable. Notably, no recent or subacute needle puncture marks or needle track marks are observed. Examination of the upper extremities reveals trivial scars which do not overlie veins. Examination of the dorsal aspects of the left and right hands reveals a few areas of recent abrasion and contusion. The upper extremities are otherwise unremarkable. Notably, no recent or subacute needle puncture marks or needle track marks are observed. Examination of the back reveals an area of recent abrasion on the posterior upper aspect of the right shoulder area. Posterior fixed lividity is observed. The deceased is in full rigor mortis.

The appearances of all external aspects of the decedent's body are documented photographically.

Head and chest x-rays are taken which reveal skull fracturing in addition to pneumocephaly and an apparent air embolus.

CAUSE OF DEATH: Extensive blunt force trauma secondary to motor vehicle accident.

MANNER OF DEATH: Accident.



Robert M. Brissie, M.D.
Chief Coroner/Medical Examiner
Of Jefferson County

RMB/jd/dm/cy

CORONER REPORT

JEFFERSON COUNTY CORONER / MEDICAL EXAMINER'S OFFICE

Jurisdiction Assumed **To CGH Yes** Division **Bessemer Incident** Case # **2013-0335**
Called by **Jefferson County Sheriff's Office** Date **2/28/2013** Time **1530** Scene **Yes** Arrival time **1616**
Family notified **Yes** Name **Harold Ray Rose** Relationship **father** Date **2/28/2013** Time
Death certificate to be signed by **Robert M. Brissie**

Decedent Information:

Decedent name **First Harold Middle Ray Last Rose Jr.**
First Middle Last
Age **23** Race **W** Sex **M** Date of Birth **10/24/1989** SSN # **[REDACTED]**
Home address **(b)(6)** Zip **35022** Occupation

Next of Kin:

Name **(b)(6)** relationship **father** Phone H: **(b)(6)**
Address **(b)(6)** Al. Zip **35022** Alt. telephone **(b)(6)**
(b)(6) *MOTHER* **(b)(6)**
wy 49 Braxton, Ms

Particulars of Death:

Last seen alive **3909 Lindsey Loop Rd. Bessemer, Al.** Zip **35022** Date **2/28/2013** Time **1506**
Place of injury **3909 Lindsey Loop Rd. Bessemer, Al.** Zip **35022** Date **2/28/2013** Time
Place found **3909 Lindsey Loop Rd. Bessemer, Al.** Zip **35022** Date **2/28/2013** Time **1500**
Place of death **3909 Lindsey Loop Rd. Bessemer, Al.** Zip **35022** Date **2/28/2013** Time **1518**
Pronounced by **McAdory Fire and Rescue** Means of death **mvs (single)** On the job **No**

Police agency **Jefferson County Sheriff's Office** Agency case # **20139864**
Officer **Bickerstaff** Technician **Miller** Detective

Evidence

Property

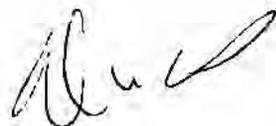
Identified: **Yes** Date Time
Identified by **Jefferson County SO/NOK** Identified where **Scene** 2/28/2013

Condition of Decedent and Premises:

Rigor Livor Body temp Medical record #
Condition of premises **outside**

Disposition of Decedent: *Peoples chapel*
Disposition *Mixon/Garden* Per Relationship **Father**
Decedent released by *Mixon/Garden* Security Date **3-1-13** Time **11:13**

Remarks:



CORONER NARRATIVE page 5 of 7**JEFFERSON COUNTY CORONER / MEDICAL EXAMINER'S OFFICE**

page 1

Particulars Surrounding Death**Deputy Coroner:** Derrick Perryman**Case #** 2013-0335

The JCCO and McAdory Fire and Rescue responded to the (b)(6) on a person who had fallen of an ATV while riding in an open field at approximately 1506 hours. When they arrived on the scene, they observed the decedent lay supine next to a "red 4 wheel 2013 Polaris 800 RZR" unresponsive. Shortly thereafter, the decedent was pronounced at approximately 1518 hours. Jurisdiction was assumed and the decedent was brought to Cooper Green Morgue by Steele City Transport for examination.

According to the JCCO, the decedent had just bought, and brought home the ATV and had been riding it with his younger brother for the past two hours. The brother stated that while riding, the decedent started into a tight right turn when the vehicle turned over onto it's driver's side. When the vehicle turned over, both the decedent and his brother were thrown from the vehicle. The brother was thrown free, but the decedent became trapped underneath the vehicle. The decedent's head was turned on it's left side, wedged between the driver's side roof and the ground. The younger brother could not lift the vehicle himself, so he went and got help. Once he returned with help, the vehicle was lifted off the decedent. The decedent nor his brother were wearing their seat belts.

Medical History:

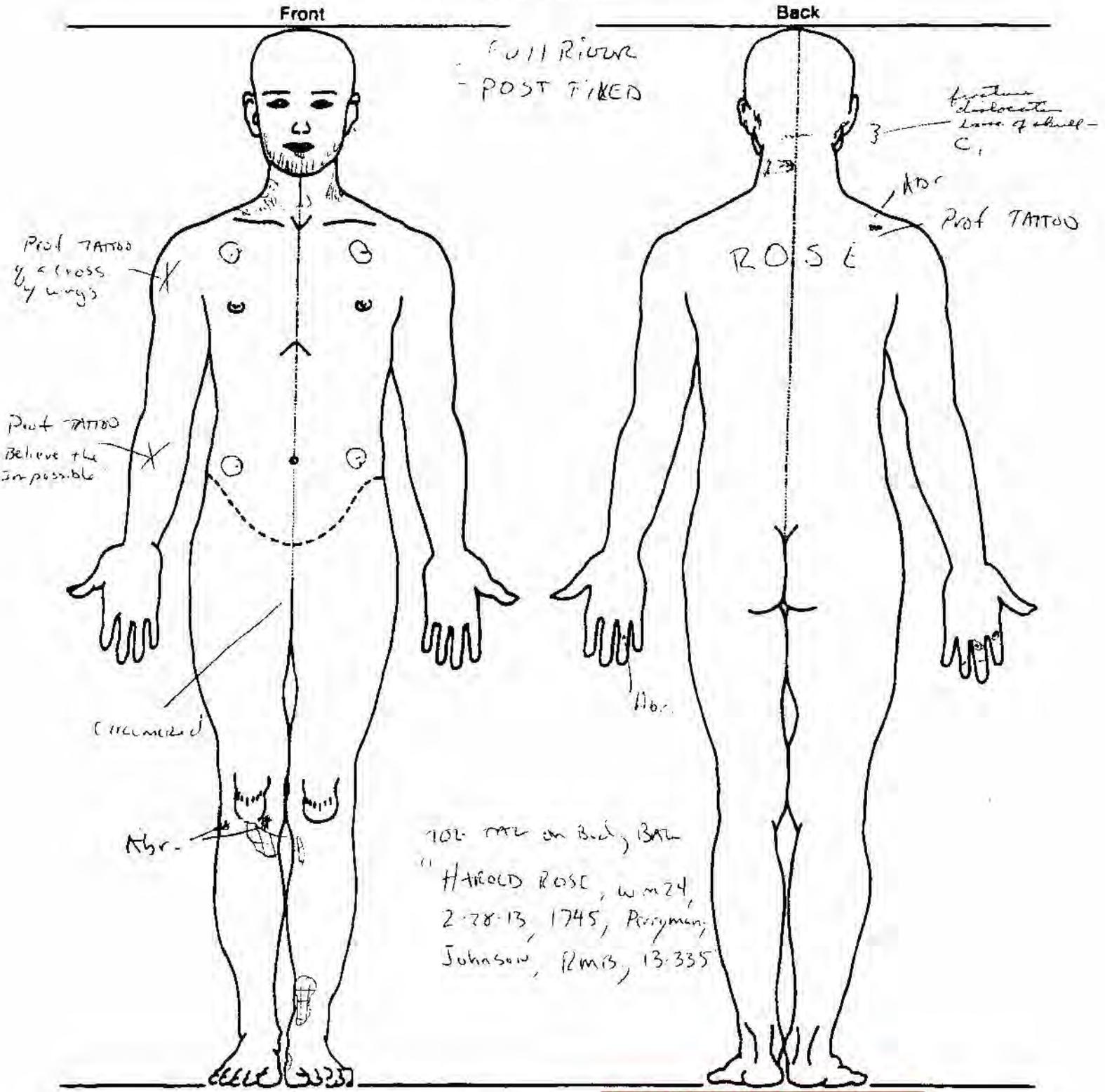
The decedent's father stated that the decedent had no known medical or drug problems.

Scene Examination:

The decedent was laying supine on the ground next to a red ATV covered with a blue blanket. When the blanket was removed, there was blood on the decedent's face and blood on the ground around the decedent's head. On the driver's side roof area of the ATV, were red stains that is believed to be blood. The decedent was wearing a green shirt, brown jacket, blue jeans with a black belt, and a pair of brown boots.

**JEFFERSON COUNTY CORONER/
MEDICAL EXAMINER OFFICE**

BODY DIAGRAM



Decedent's Height 71 inches
Weight 135 pounds

Name (b)(3):CPSA Section 25(c) (13 335)
Examined By R. M. [Signature] Date 3-1-13

UAB The University of Alabama at Birmingham
Department of Pathology
Division of Forensic Pathology
Toxicology Section

TOXICOLOGICAL ANALYSIS REPORT

NAME (b)(3):CPSA Section 25(c) Case No. 13-335

RECEIVED FROM: Jefferson County Medical Examiner Dr. Brissie

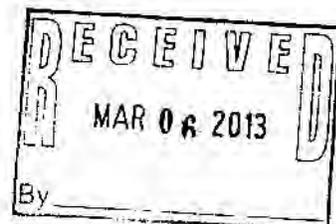
RECEIPT DATE: 3/4/13 REPORT DATE: 3/6/13

SPECIMEN	ANALYSIS	METHOD	RESULTS*
Blood	Ethanol	GC	ND
Urine	DA	EMIT	NDD

- DA = Drugs of abuse (Amphetamine, Barbiturates, Benzodiazepines, Cocaine M (Cocaine Metabolite), Opiates, Propoxyphene, Tricyclic Antidepressants, Methadone)
- NA = Not analyzed
- ND = Not detected
- NDD = No drugs detected
- P = Present, not quantified
- QNS = Quantity not sufficient for analysis
- *Units = Alcohol and Volatiles, gm/dL; Blood, mg/L; and Tissue, mg/kg.



C.A. Robinson, Ph.D., DNBCC
Director, Forensic Toxicology





U.S. Consumer Product Safety Commission

Task Number: 130402HCC2555

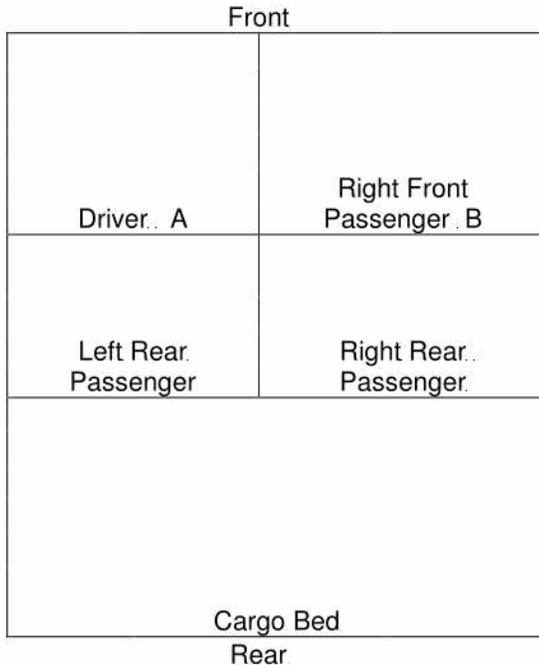
Date: 7/5/13

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. _____
3. _____
4. _____
5. _____
6. _____

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 23	Height: 71
	Gender: male	Weight: 135
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: killed	
	Injury Description: extensive blunt force trauma secondary to motor vehicle accident	
	Did vehicle land on driver A: Yes	
	Ejected (Either partially or fully): No	

B:	Age: 19	Height: unknown
	Gender: M	Weight: unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: neither	
	Injury Description: none	
	Did vehicle land on victim: no	
	Ejected (Either partially or fully): fully	

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

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

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

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

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

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

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

CONTACT INFORMATION:

Contacted on 4/16/13

Jefferson County Sheriff
2200 8th Avenue N
Birmingham, AL 35203
(205) 325-5700

Jefferson County Coroner
1515 6th Avenue South
Birmingham, AL 35233
(205) 930-3603

This investigation was initiated from a death certificate. This incident involved a twenty one year old female who was the driver of a four-wheeled utility vehicle (UTV) that turned over, partially ejecting the victim, and the vehicle came to rest on the victim causing massive injuries to the neck and trunk area. The victim was pronounced deceased at a local medical center. The death certificate listed the cause of death to be blunt force trauma to neck and trunk. All information for this investigation was obtained from the Coroner's report and local highway patrol incident report.

The victim was a twenty one year old female (DOB: ██████████, date of incident: 02/10/2013, DOD: 02/10/2013), her height was 5'2"" and her weight was 180 pounds. There is no statement of the victim's prior medical conditions or illnesses.

It is unknown with whom the victim resided. The incident occurred on a private dirt road. It is unknown who is the owner of the road. The road was approximately 12 feet in width with a grass shoulder. The road was described by the highway patrol as being inundated with potholes and depressions creating a rough, uneven roadway. According to the highway patrol report, rain had fallen earlier in the week and the road had several depressions in the roadway that were flooded with water creating muddy roadway conditions. Historical weather conditions at the time of the incident were clear.

There were four adult individuals riding in a single UTV. The driver was the victim who died of her injuries. The three passengers (ages 22, 25 and 29) complained of various injuries because of the accident. Two were transported to the local medical center and one indicated they would seek own aid. The highway patrol report does not indicate the relationship between the passengers and the victim, although it does state there were friends and family members at the scene. Two of the passengers had the same address as the victim.

The UTV was owned by the victim's family and retained by the victim's family following the incident. A telephone conversation with the victim's brother indicated the victim had driven the UTV twice before. She had no safety classes or training for driving the UTV. Additionally neither the driver nor the passengers wore helmets or utilized the seatbelts in the UTV. This was confirmed in the highway patrol report that indicated visual inspection was conducted including the

130402HCC3577

“lap and shoulder harnesses which appeared to be retracted and not in use at the time of the collision. Helmets were not worn by any occupant of the vehicle at the time of the collision.”

The Coroner’s report indicates evidence of drugs and/or medication use by the victim.

According to the highway patrol report, on 2/10/2013, at approximately 5:30 PM, the victim was driving on the private dirt road at a speed estimated by a passenger of 60-70 miles per hour. The passenger stated the victim drove over a puddle of water in the road causing the driver to lose control of the vehicle. The vehicle traveled to the left, off the dirt road and into a grass/brush field, where it rolled over at least three times, before coming to rest on its side. The driver/victim was trapped under the vehicle.

The report indicated the front passenger was not thrown from the vehicle, the rear passenger behind the driver/victim was thrown from the vehicle and the third passenger could not recall any details of the incident.

A witness present at the time of the accident indicated she was standing with friends and family near their vehicles located a few hundred feet from the collision scene. The witness indicated she happened to look up and observed the vehicle rolling over several times. The witness could not provide any further details on the collision. ...

The driver died at the local medical center of the accident from neck and trunk injuries due to blunt impact from the UTV vehicle landing on the victim and then being pinned to the field.

PRODUCT INFORMATION

The product is a four-wheel utility vehicle (UTV), 2012, Polaris Ranger RZR 800. The manufacturer of the vehicle is **Polaris Industries Inc.**, 2100 Hwy 55, Medina MN 55340. The VIN number is [REDACTED] and the license plate is [REDACTED]. The color of the vehicle is black and white and seats four. The vehicle is equipped with lap and shoulder harnesses for each seat.

The incident UTV has a roll bar roof, no doors and no windshield. It is unknown when the UTV was purchased, where the UTV was purchased, how much was paid for the UTV, and who purchased the UTV. It is not known if the UTV had aftermarket modifications, or any maintenance information on the vehicle.

The UTV was owned by the victim's family and retained by the victim's family following the incident. The driver nor the passengers wore helmets or utilized the seatbelts in the UTV.

Model Specifications:

Engine Type 4-Stroke Twin Cylinder Displacement 760cc

Wheelbase 103.0" (261.6 cm)

Dry Weight 1,255 lbs. (569.3 kg)

Overall Vehicle Size (L x W x H)

130 x 60.5 x 75" (330.2 x 153.7 x 190.5 cm)

Ground Clearance 11.5" (29.2 cm)

Fuel Capacity 7.25 gal (27.4 L)

Bed Box Dimensions (L x W x H) 22 x 42 x 6.5" (56 x 107 x 16.5 cm)

Front/Rear Rack or Box Capacity 300 lb (136.1 kg)

Payload Capacity 900 lb (408.2 kg)

Hitch Towing Rating 1,500 lb (680.4 kg)

EXHIBITS

1. Contact Information, 1 page
2. Labeled Photo, 1 page
3. C.H.P. Report, 10 pages
4. Coroner's Report, 11 pages
5. DRS # 91, Utility Vehicles (UTV), 1 page

CONTACTS

CHP BAKERSFIELD

4040 Buck Owens Blvd.

Bakersfield 93308-4930

Phone: 661-864-4444

Fax: 661-327-0704

Case #: [REDACTED]

Attn: [REDACTED]

4-3-2013: Requested CHP report and scene photos.

Coroner's Office

Kern County Coroner's Office

1832 Flower Street

Bakersfield, CA. 93305

Fax: 661-868-0147

Phone: (661) 868-0100

Case File:

Attn: Records Keeper: [REDACTED]

4-3-2013: Requested copy of Coroner's report and scene photographs. Coroner's Deputy advised there were no scene photos taken by the Coroner's staff.

4-9-2013: Second request. Advised that file is not yet complete, may be two more weeks but request was placed in case file.

Next of Kin

[REDACTED] – Adult Brother

[REDACTED]

Phone: [REDACTED]

Cell Phone: [REDACTED]

4-3-2013: Spoke with adult brother regarding this UTV death investigation. NOK advised the victim was not wearing a seatbelt or helmet. Alcohol or drugs were not involved in the UTV incident.



Photo 1: Taken by CHP, labeled by CPSC investigator. Incident UTV equipped with lap and shoulder harnesses.

SPECIAL CONDITIONS PRIVATE PROPERTY FATAL		NUMBER INJURED 3	HIT & RUN FELONY <input type="checkbox"/>	CITY UNINCORPORATED	JUDICIAL DISTRICT NO. KERN - DELANO		LOCAL REPORT NUMBER [REDACTED]			
NUMBER KILLED 1		HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY KERN	REPORTING DISTRICT		BEAT 902	DAY OF WEEK SUNDAY	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LOCATION	COLLISION OCCURRED ON: PRIVATE DIRT ROAD			MO 02/10/2013	DAY	YEAR	TIME (2400) 1520	NCIC # [REDACTED]	OFFICER I.D. 016767	
	MILEPOST INFORMATION: .1 MILE(S) EAST OF [REDACTED]			GPS COORDINATES LATITUDE		LONGITUDE		PHOTOGRAPHS BY: <input type="checkbox"/> NONE SGT. ZUNIGA #13015		
	<input type="checkbox"/> AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: .4 MILE(S) NORTH OF [REDACTED] AVENUE			STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
PARTY 1	DRIVER'S LICENSE NUMBER [REDACTED]	STATE CA	CLASS C	AIR BAG P	SAFETY EQUIP. H	VEH. YEAR 2012	MAKE / MODEL / COLOR POLARIS RANGER RZR 800	LICENSE NUMBER [REDACTED]	STATE CA	
DRIVER <input checked="" type="checkbox"/>	NAME(FIRST, MIDDLE, LAST) [REDACTED]					BLK/WHI				
PEDES- TRIAN <input type="checkbox"/>	STREET ADDRESS [REDACTED]					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP [REDACTED]					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
BICY- CLIST <input type="checkbox"/>	SEX F	HAIR BRN	EYES BRN	HEIGHT 5-2	WEIGHT 180	BIRTHDATE MO [REDACTED] DAY [REDACTED] YEAR [REDACTED]	RACE H	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER		
OTHER <input type="checkbox"/>	HOME PHONE [REDACTED]		BUSINESS PHONE NONE			RELEASED TO FAMILY MEMBER				
INSURANCE CARRIER N/A		POLICY NUMBER			VEHICLE IDENTIFICATION NUMBER: [REDACTED]					
DIR OF TRAVEL S		ON STREET OR HIGHWAY PRIVATE DIRT ROAD			SPEED LIMIT		VEHICLE TYPE 06			
CA		DOT			DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> ROLL-OVER					
CAL-T		TCP/PSC			SHADE IN DAMAGED AREA 					
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER <input type="checkbox"/>	NAME(FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
PEDES- TRIAN <input type="checkbox"/>	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICY- CLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE		
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:				
INSURANCE CARRIER		POLICY NUMBER			VEHICLE TYPE					
DIR OF TRAVEL		ON STREET OR HIGHWAY			SPEED LIMIT		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
CA		DOT			SHADE IN DAMAGED AREA					
CAL-T		TCP/PSC			MC/MX					
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER <input type="checkbox"/>	NAME(FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER				
PEDES- TRIAN <input type="checkbox"/>	STREET ADDRESS HQ + CR + Coroner + Misc					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER				
BICY- CLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE		
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:				
INSURANCE CARRIER		POLICY NUMBER			VEHICLE TYPE					
DIR OF TRAVEL		ON STREET OR HIGHWAY			SPEED LIMIT		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER			
CA		DOT			SHADE IN DAMAGED AREA					
CAL-T		TCP/PSC			MC/MX					
PREPARER'S NAME JOE BALDOZ 016767			DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME J. BAILEY			DATE REVIEWED 2/19/13	

DATE OF COLLISION (MO. DAY YEAR) 02/10/2013	TIME(2400) 1520	NCIC # [REDACTED]	OFFICER I.D. 016767	NUMBER [REDACTED]
OWNER'S NAME		OWNER ADDRESS		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY DAMAGE DESCRIPTION OF DAMAGE				

SEATING POSITION <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR. OCC TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	SAFETY EQUIPMENT OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE M / C BICYCLE HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES	AIR BAG B - UNKNOWN L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
--	---	---	---

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1 2 3			SPECIAL INFORMATION	1 2 3			MOVEMENT PRECEDING COLLISION
		1	2	3		1	2	3	
A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING* UNSAFE SPEED	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE			X	B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*			X	D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
	TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H				H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE
X A CLEAR	E HIT OBJECT				J				J CHANGING LANES
B CLOUDY	F OVERTURNED				K				K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
D SNOWING	H OTHER*				M				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.					N				N XING INTO OPPOSING LANE
F OTHER*	MOTOR VEHICLE INVOLVED WITH				O				O PARKED
G WIND	X A NON - COLLISION								P MERGING
	B PEDESTRIAN								Q TRAVELING WRONG WAY
LIGHTING	C OTHER MOTOR VEHICLE				OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				R OTHER*
X A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY			1	A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
B DUSK - DAWN	E PARKED MOTOR VEHICLE				B VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
C DARK - STREET LIGHTS	F TRAIN				C VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
D DARK - NO STREET LIGHTS	G BICYCLE				D				
E DARK - STREET LIGHTS NOT FUNCTIONING*	H ANIMAL								
ROADWAY SURFACE	I FIXED OBJECT								
A DRY	J OTHER OBJECT				E VISION OBSCUREMENT				A HAD NOT BEEN DRINKING
B WET					F INATTENTION*				B HBD - UNDER INFLUENCE
C SNOWY - ICY					G STOP & GO TRAFFIC				C HBD - NOT UNDER INFLUENCE*
X D SLIPPERY (MUDDY, OILY, ETC.)					H ENTERING / LEAVING RAMP				D HBD - IMPAIRMENT UNKNOWN*
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTIONS				I PREVIOUS COLLISION				E UNDER DRUG INFLUENCE*
X A HOLES, DEEP RUT*	X A NO PEDESTRIANS INVOLVED				J UNFAMILIAR WITH ROAD				F IMPAIRMENT - PHYSICAL*
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK - AT INTERSECTION				K DEFECTIVE VEH. EQUIP: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				G IMPAIRMENT NOT KNOWN
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				L UNINVOLVED VEHICLE				H NOT APPLICABLE
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				M OTHER*: UNSAFE TURNING				I SLEEPY / FATIGUED*
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER				N NONE APPARENT				
F FLOODED*	F NOT IN ROAD			X	O RUNAWAY VEHICLE				
X G OTHER*: DIRT ROAD	G APPROACHING / LEAVING SCHOOL BUS								
H NO UNUSUAL CONDITIONS									

SKETCH

SEE PAGE #4

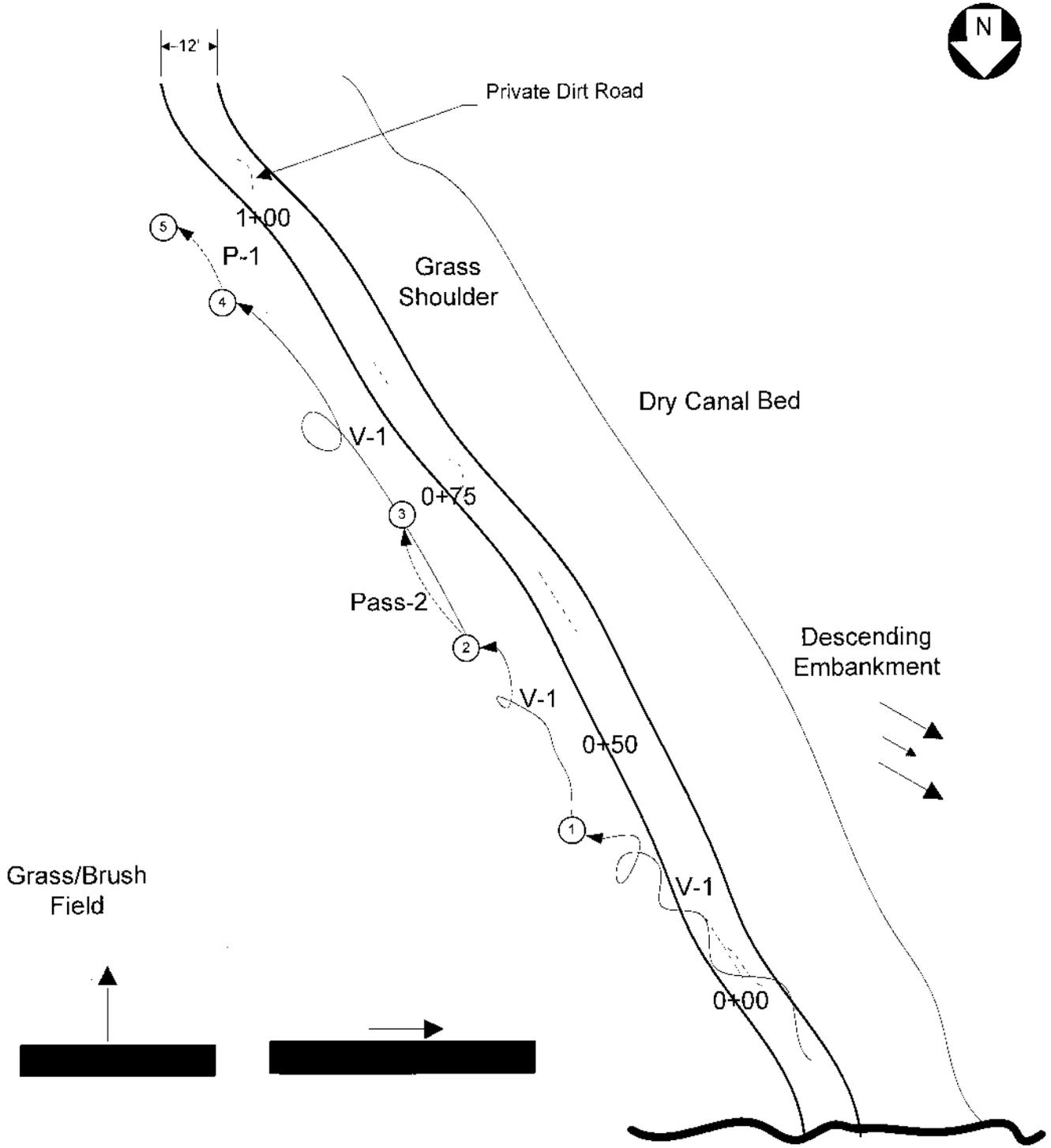
INDICATE NORTH

MISCELLANEOUS

DATE OF COLLISION (MO. DAY YEAR) 02/10/2013				TIME(2400) 1520		OFFICER I.D. 016767		NUMBER									
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS	PED.	BICYCLIST	OTHER					
<input type="checkbox"/> #	<input type="checkbox"/>	21	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	P	II	1
NAME / D.O.B. / ADDRESS														TELEPHONE			
(INJURED ONLY) TRANSPORTED BY: DELANO AMBULANCE														TAKEN TO: DELANO REGIONAL MEDICAL CENTER			
DESCRIBE INJURIES: BLUNT FORCE TRAUMA RESULTING IN CARDIAC ARREST, PRONOUNCED DECEASED BY [REDACTED] AT 1654 HOURS (CORONER'S CASE # [REDACTED]).																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	22	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	P	G	0
NAME / D.O.B. / ADDRESS														TELEPHONE			
(INJURED ONLY) TRANSPORTED BY: NOT TRANSPORTED														TAKEN TO: WILL SEEK OWN AID			
DESCRIBE INJURIES: COMPLAINT OF PAIN TO HER NECK AND BACK.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	25	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	4	P	H	1
NAME / D.O.B. / ADDRESS														TELEPHONE			
(INJURED ONLY) TRANSPORTED BY: DELANO AMBULANCE														TAKEN TO: KERN MEDICAL CENTER			
DESCRIBE INJURIES: ABRASIONS ON HIS SHOULDERS AND CHEST. COMPLAINT OF PAIN TO HIS NECK, BACK, AND RIGHT SHOULDER.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>	29	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	6	P	II	2
NAME / D.O.B. / ADDRESS														TELEPHONE			
(INJURED ONLY) TRANSPORTED BY: DELANO AMBULANCE														TAKEN TO: KERN MEDICAL CENTER			
DESCRIBE INJURIES: LACERATIONS ON HEAD AND FACE. COMPLAINT OF PAIN TO HIS NECK AND BACK.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input checked="" type="checkbox"/> # 1	<input type="checkbox"/>	25	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS														TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:														TAKEN TO:			
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS														TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:														TAKEN TO:			
DESCRIBE INJURIES:																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME JOE BALDOZ				I.D. NUMBER 016767		MO. DAY YEAR 02/10/2013		REVIEWER'S NAME				MO. DAY YEAR					

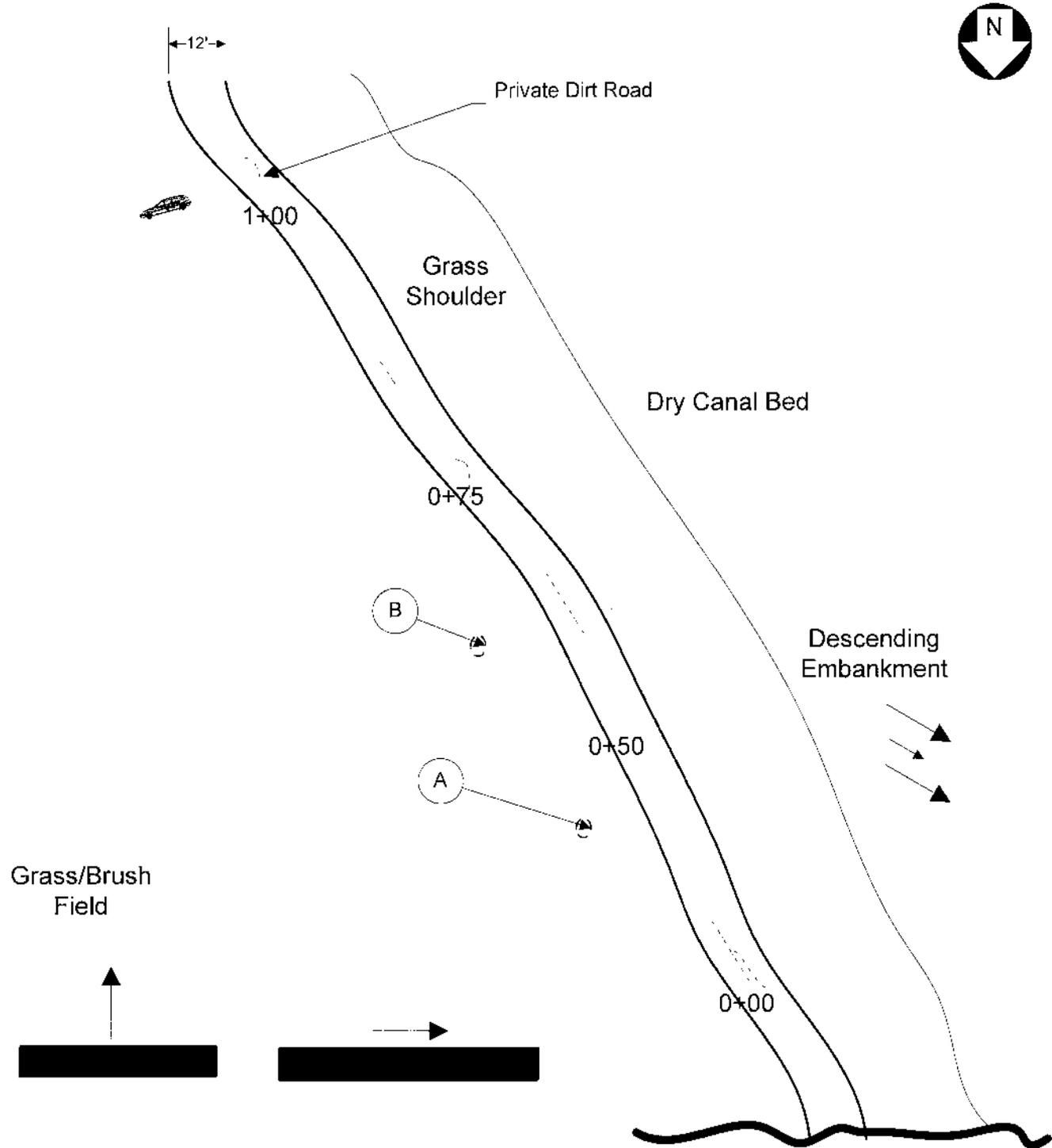
SKETCH

DATE OF COLLISION 02-10-2013	TIME (2400) 1520	NCIC NUMBER [REDACTED]	OFFICER I.D. 16767	NUMBER
---------------------------------	---------------------	---------------------------	-----------------------	--------



DRAWN BY BALDOZ	I.D. NUMBER 16767	MO. DAY YR. 02-11-2013	REVIEWER'S NAME	MO. DAY YR.
--------------------	----------------------	---------------------------	-----------------	-------------

DATE OF COLLISION 02-10-2013	TIME (2400) 1520	NCIC NUMBER [REDACTED]	OFFICER I.D. 16767	NUMBER
---------------------------------	---------------------	---------------------------	-----------------------	--------



DRAWN BY BALDOZ	I.D. NUMBER 16767	MO. DAY YR. 02-11-2013	REVIEWER'S NAME	MO. DAY YR.
--------------------	----------------------	---------------------------	-----------------	-------------

NARRATIVE/SUPPLEMENTAL

PAGE

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
02-10-2013	1520		16767	

1 FACTUAL DIAGRAM LEGEND:

2
3 A station line was established along the east road edge line of a private dirt road located
4 northeast of the intersection of [REDACTED] and [REDACTED]. Station 0+00 was located
5 approximately .1 miles east of [REDACTED] and .4 miles north of [REDACTED]. The
6 station line increases as you proceed south. All measurements were taken to the east of the
7 station line.

**8
9 VEHICLE POINTS OF REST:**

10
11 V-1's right front tire was located 9' east of station 1+04.
12 V-1's right rear tire was located 4' east of station 1+07.

**13
14 PHYSICAL EVIDENCE DESCRIPTION:**

15
16 A.) Gouge mark, approximately 2' in diameter (in grass/brush field).
17 B.) Gouge mark, approximately 3' in diameter (in grass/brush field).

**18
19 PHYSICAL EVIDENCE LOCATION:**

20
21 A.) The center of the gouge mark was located 6' east of station 0+40.
22 B.) The center of the gouge mark was located 6' east of station 0+63.

23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
BALDOZ	16767	02-10-2013		

NARRATIVE/SUPPLEMENTAL

PAGE

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
02-10-2013	1520	[REDACTED]	16767

FACTS**NOTIFICATION:**

This collision occurred on Sunday, February 10, 2013, at approximately 1520 hours, on a private dirt road located northeast of the intersection of [REDACTED] and [REDACTED]. This is a privately owned roadway in an unincorporated area of Kern County. The time of this collision was estimated based upon statements and the initial call to C.H.P. dispatch.

At 1524 hours, I received a radio call from C.H.P. Bakersfield Communication Center of a traffic collision involving an off road vehicle, with an ambulance en route. I responded from [REDACTED] and [REDACTED] and arrived on scene at approximately 1545 hours. All times, speeds, and measurements are approximations. All measurements were obtained by vehicle odometer, rollmeter and visual estimation.

SCENE DESCRIPTION:

This collision occurred on a dirt road located east of [REDACTED] and north of [REDACTED]. The private dirt road allows travel to be conducted in northwesterly and southeasterly directions. The private dirt road is approximately 12 feet in width and is inundated with potholes and depressions creating a rough, uneven roadway. To the east of the private dirt road is a large grass/brush field. To the west of the private dirt road is a grass shoulder followed by a descending embankment and a dry canal bed. Approximately 50 feet north of the north roadway edge of [REDACTED] there is a decrepit barbed wire fence, which runs east and west. The fence has an opening near the intersection of [REDACTED] and [REDACTED] and eventually disappears as it continues east. Its purpose is intended to limit the access to the grass/brush field. The weather at the time of collision was clear, but due to rainfall from earlier in the week, several of the depressions in the roadway were flooded with water, creating muddy roadway conditions.

PARTIES:

Party #1 (P-1) ([REDACTED]), was observed unconscious at the scene, being tended to by emergency personnel. P-1 was identified by Passenger #1 ([REDACTED]), Passenger #2 ([REDACTED]) and family members at the scene. A driver's license check on P-1 was conducted by name and date of birth, which confirmed her identity (C.D.L. [REDACTED]). P-1 sustained blunt force trauma leading to cardiac arrest as a result of this collision and was transported to Delano Regional Medical Center by Delano Ambulance. P-1 subsequently passed away due to her injuries and was pronounced deceased by Dr. [REDACTED] at 1654 hours at Delano Regional Medical Center (Coroner's Case # [REDACTED]).

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
BALDOZ	16767	02-10-2013		

NARRATIVE/SUPPLEMENTAL

PAGE

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
02-10-2013	1520	[REDACTED]	16767	

1 Vehicle #1 (V-1)(Polaris, Ranger RZR 800), was located on its right side facing a northeasterly
 2 direction in the grass/brush field located east of the private dirt road upon C.H.P. arrival. V-1
 3 sustained rollover damage including a compressed roll cage, and a detached hood cover. A
 4 visual inspection of V-1's safety equipment was conducted including lap and shoulder harnesses,
 5 which appeared to be retracted and not in use at the time of the collision. Helmets were not worn
 6 by any occupant of V-1 at the time of the collision.

7

PHYSICAL EVIDENCE:

9

10 A.) Gouge mark, approximately 2' in diameter (in grass/brush field).

11 B.) Gouge mark, approximately 3' in diameter (in grass/brush field).

12

OTHER FACTUAL INFORMATION:

14

15 Sergeant Zuniga #15015 was the scene supervisor and took pictures of the traffic collision scene.

16

17 Officer Kasinger #18805, assisted with gathering measurements of the scene and gathering
 18 passenger and witness statements/information.

19

20 V-1 was released to P-1's brother ([REDACTED]).

21

STATEMENTS:

23

24 A statement was not gathered from Party #1 (P-1)([REDACTED]).

25

26 Passenger #1 (Pass-1)([REDACTED]) was contacted at the scene and stated in essence, she
 27 was sitting in the right front seat of V-1 as P-1 drove V-1 southbound on the private dirt road.

28 Pass-1 related V-1 was traveling approximately 65-70 mph, when P-1 drove over a puddle of
 29 water in the road, causing P-1 to lose control of V-1. V-1 traveled to the left off of the dirt road

30 and into the grass/brush field, where it rolled over at least three times, before coming to rest on
 31 its side. After the collision, Pass-1 related while still sitting in V-1, she heard Passenger #2

32 (Pass-2) who was already outside of V-1, shouting. Pass-1 then realized P-1 was unconscious
 33 with her legs trapped underneath V-1. Pass-1, Pass-2, Pass-3 along with other family members

34 were able to move V-1 enough to pull P-1 out from underneath V-1. Pass-1 and other family

35 members then stood by with P-1 for emergency personnel arrival. Pass-1 related she was

36 wearing her seatbelt at the time of the collision, but was unsure whether anyone else in V-1 wore
 37 their seatbelts.

38

39

40

41

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
BALDOZ	16767	02-10-2013		

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
02-10-2013	1520	[REDACTED]	16767	

1 Passenger #2 (Pass-2)([REDACTED]) was contacted at the scene by Officer Kasinger #18805
2 and stated in essence, he was sitting in the left rear seat of V-1 as P-1 drove V-1 southbound on
3 the dirt road. As P-1 drove V-1 southbound, P-1 lost control of V-1, causing V-1 to rollover.
4 Pass-2 was ejected from V-1 as it rolled and believes he went unconscious momentarily. Pass-2
5 was unsure how fast V-1 was traveling at the time of the collision and related he was not wearing
6 his seatbelt. After the collision, Pass-2 assisted with moving P-1 away from V-1, but could not
7 recall any further details from the collision.

8
9 Passenger #3 (Pass-3)([REDACTED]) was contacted at the scene by Officer Kasinger #18805,
10 but was unable to recall any information from the traffic collision.

11
12 Witness #1 (W-1)([REDACTED]) was contacted at the scene by Officer Kasinger #18805,
13 and stated in essence she was standing with friends and family near their vehicles located a few
14 hundred feet north of the collision scene. W-1 happened to look up toward the south and
15 observed V-1 rolling over several times. W-1 could not provide any further details on the
16 collision.

OPINIONS AND CONCLUSIONS:

SUMMARY:

17
18
19
20
21
22 P-1 was driving V-1 in a southeasterly direction on a private dirt road located northeast of the
23 intersection of [REDACTED] and [REDACTED] at approximately 55-60 mph. P-1 drove
24 over a muddy depression in the roadway, causing V-1's tires to lose traction with the dirt road.
25 P-1 lost control of V-1 and turned V-1's steering wheel to the left causing V-1 to travel off of the
26 dirt road and into the grass/brush field. V-1 continued to travel in a southeasterly direction in the
27 grass/brush field, where it rolled over multiple times, ejecting P-1 and Pass-2, before coming to
28 rest on its right side facing a northeasterly direction, on top of P-1. Pass-1 remained in V-1 along
29 with Pass-3, who was partially ejected. After the collision, P-1 was moved from underneath V-1
30 by V-1's passengers and family members at the scene prior to emergency personnel arrival. P-1
31 was transported to Delano Regional Medical Center, where she subsequently succumbed to her
32 injuries.

NARRATIVE/SUPPLEMENTAL

PAGE

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
02-10-2013	1520		16767	

1 AREA OF IMPACT (A.O.I.):

2

3 A.O.I. #1 (V-1's Rollover) was located 6' east of station 0+40.

4

5 A.O.I. #2 (V-1's Rollover) was located 6' east of station 0+60.

6

7 A.O.I. #3 (Pass-2 vs Ground) was located 5' east of station 0+75.

8

9 A.O.I. #4 (V-1's Rollover) was located 6' east of station 0+96.

10

11 A.O.I. #5 (P-1 vs Ground) was located 6' east of station 1+00.

12

13 CAUSE:

14

15 Due to this collision occurring on private property, no specific vehicle code section applies.

16 P-1 caused this collision by driving V-1 at an unsafe speed on a private dirt road, which

17 consisted of potholes and depressions along with muddy conditions. An associated factor in this

18 collision is unsafe turning movement. By turning V-1's steering wheel to the left, P-1 caused

19 V-1 to veer off of the dirt road and travel onto the grass/brush field, where it rolled over several

20 times. The A.O.I.'s and cause were based on statements, physical evidence and vehicle damage.

21

22 RECOMMENDATIONS:

23

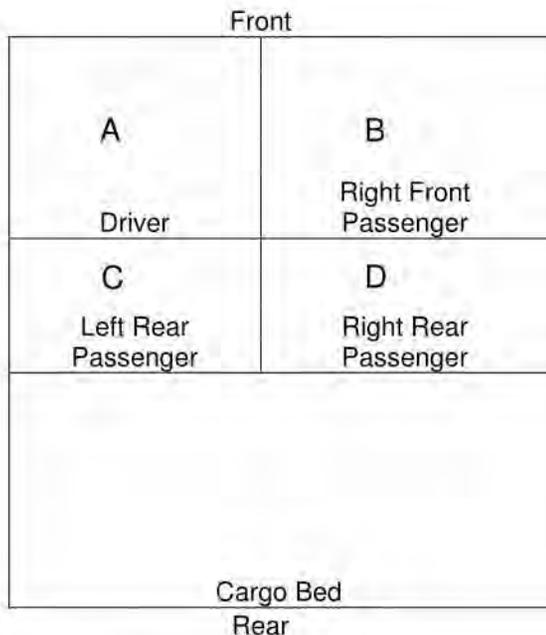
24 None.

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
BALDOZ	16767	02-10-2013		

Utility Vehicle Data Record Sheet

IDI #: 130402HCC3577

Exhibit #: 5



The Utility Vehicle

A:	Age: 21	Height: 5'2"
	Gender: F	Weight: 180
	Helmet (Y/N): N Seatbelt (Y/N): N	
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Blunt Force Trauma	
	Did vehicle land on victim: Yes	
	Ejected (Either partially or fully): Partially	

D:	Age: 29	Height: Unk.
	Gender: M	Weight: UNK.
	Helmet (Y/N): N Seatbelt (Y/N): N	
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: Complaint of pain	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): Fully	

B:	Age: 22	Height: Unk.
	Gender: F	Weight: UNK.
	Helmet (Y/N): N Seatbelt (Y/N): N	
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: Complaint of pain	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): Fully	

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

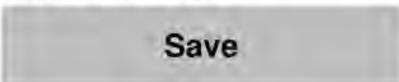
C:	Age: 25	Height: Unk.
	Gender: M	Weight: UNK.
	Helmet (Y/N): N Seatbelt (Y/N): N	
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: Complaint of pain	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): Fully	

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

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

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

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



This In-Depth Investigation (IDI) was initiated based upon an article found in an online search concerning a fatality involving an Utility Vehicle (UTV). The following information was obtained through the investigating officials.

Victim #1 was a 12 year old female. Victim #1 was a passenger.

Victim #2 is a 16 year old female. Victim #2 was the driver of the UTV.

It is unknown if the victims were wearing helmets at the time of the incident.

On 4/7/2013, both victims were riding on a UTV. Victim #2 drove the UTV off of the road to the right and then steered to the left to get back on the road, but victim #2 overcorrected and caused the UTV to roll on its side, landing on victim#1. It is unknown what injuries victim #2 suffered.

Product Identification:

The product involved in this In-Depth Investigation was an Utility Vehicle (UTV).

No further information was obtained.

Exhibits:

- (1) State Patrol Record (not a complete report)
- (2) Coroner's letter
- (3) Missing Documents Form
- (4) UTV data record sheet

130409HWE0001

Contacts:

Pike County Coroner
703 Hambley Blvd
Pikeville, KY 41501

Contact was initiated to obtain a copy of the coroner's autopsy report.
An autopsy was not performed, but final report was sent to the State Police.
Will not be released until case is closed by the State Patrol

Kentucky State Police
919 Versailles Rd
Frankford, KY 40601

Contact was initiated to obtain a copy of the investigation and photographs.
State police only submitted the first and second page their report.
Case is still open.

When case closes the report will be forwarded along with the coroner's findings to CPSC.

KYIBRS REPORT

KSP RECORDS

JUVENILE

COMMONWEALTH OF KENTUCKY

ADMINISTRATIVE	AGENCY ORI/NAME KSP0900 KY STATE POLICE, POST 09				INCIDENT NUMBER KY 09-13-0391				
	INCIDENT DATE/TIME 04/07/2013 15:51 TO 04/07/2013 15:51		EXACT/ESTIMATE ESTIMATE	REPORT DATE 04/07/2013	RECEIVED 15:51	DISPATCHED 15:57	ARRIVED 16:11	CLEARED 18:05	
	REPORTED BY: CALLER, UNKNOWN						HOW REPORTED		
	LICENSE/ID STATE:		LICENSE/ID NUMBER:				PHONE		
	ADDRESS:								
	CITY:		STATE: KY	ZIP CODE:		PHONE NUMBER:			
	EXACT LOCATION OF OFFENSE	ADDRESS: [REDACTED]						SECTOR NO:	
		CITY: PIKEVILLE				STATE: KY	ZIP CODE: 41501		
		COUNTY: PIKE		LATITUDE	[REDACTED]	35.315 MIN	LONGITUDE	[REDACTED]	32.315 MIN
OFFENSE DATA	SEQUENCE # 1 OF 1	LOCATION TYPE: HIGHWAY/ROAD/ALLEY (INCLUDES STREET)			TYPE WEAPON/FORCE INVOLVED		CRIMINAL ACTIVITY/GANG IFO		
	OFFENSE DESCRIPTION: DEATH INVESTIGATION								
	OFFENSE CODE: 03009	ASCF CODE: 0	KRS CODE: *** **	CLASS:	DEGREE: 0	COUNTS: 1			
	BIAS MOTIVATION: NONE (NO BIAS)		METHOD ENTRY:		NUMBER PREMISES:				
	SCHOOL NAME:				SCHOOL TYPE:		CAMPUS?		
	OFFENDER SUSPECTED OF USING: NOT APPLICABLE				COURT ORDER TYPE:				
	SEQUENCE # OF 	LOCATION TYPE:			TYPE WEAPON/FORCE INVOLVED		CRIMINAL ACTIVITY/GANG IFO		
	OFFENSE DESCRIPTION:								
	OFFENSE CODE:	ASCF CODE:	KRS CODE:	CLASS:	DEGREE:	COUNTS:			
	BIAS MOTIVATION:		METHOD ENTRY:		NUMBER PREMISES:				
SCHOOL NAME:				SCHOOL TYPE:		CAMPUS?			
OFFENDER SUSPECTED OF USING:				COURT ORDER TYPE:					
SEQUENCE # OF 	LOCATION TYPE:			TYPE WEAPON/FORCE INVOLVED		CRIMINAL ACTIVITY/GANG IFO			
OFFENSE DESCRIPTION:									
OFFENSE CODE:	ASCF CODE:	KRS CODE:	CLASS:	DEGREE:	COUNTS:				
BIAS MOTIVATION:		METHOD ENTRY:		NUMBER PREMISES:					
SCHOOL NAME:				SCHOOL TYPE:		CAMPUS?			
OFFENDER SUSPECTED OF USING:				COURT ORDER TYPE:					
PROPERTY DATA	SEQ #	PROPERTY DESCRIPTION	TYPE OF LOSS	VALUE	RECVRD VALUE	REC. COND.	DATE RECOVERED		
	PROPERTY DESCRIPTION								
	OWNER APPLIED NUMBER				SERIAL NUMBER				
	MAKE				MODEL		OWNER		
	SEQ #	PROPERTY DESCRIPTION	TYPE OF LOSS	VALUE	RECVRD VALUE	REC. COND.	DATE RECOVERED		
	PROPERTY DESCRIPTION								
	OWNER APPLIED NUMBER				SERIAL NUMBER				
	MAKE				MODEL		OWNER		
	TOTAL STOLEN VALUE:	\$0.00	TOTAL RECOVERED VALUE:	\$0.00	TOTAL VEHICLES STOLEN:	0	TOTAL VEHICLES RECOVERED:	0	
	INCIDENT STATUS: OPEN	CLOSED DATE:	CLEARANCE TYPE:	CLEARED EXCEPTIONALLY:		EX. CLEARANCE DATE:	JCR REPORTING FOR OTHER AGENCY: YES <input type="checkbox"/>		
REPORTING OFFICER: N HALE		UNIT/BADGE NUMBER: 1103		REVIEWED BY: G LAFFERTY		TIME SPENT: 4 HOURS			

JUVENILE

KYIBRS REPORT COMMONWEALTH OF KENTUCKY

KSP RECORDS

VICTIM DATA	VICTIM SEQUENCE 1 of 1		VICTIM NAME					PHONE		
	LICENSE/ID STATE:		LICENSE/ID NUMBER:							
	Address Unknown <input type="checkbox"/> ADDRESS:							VICTIM TYPE: INDIVID		
	CITY: PIKEVILLE			STATE: KY		ZIP CODE: 41501		KY RESIDENT: RESIDENT		
	DATE OF BIRTH	SSN	HEIGHT	WEIGHT	EYE COLOR		HAIR COLOR			
	GENDER FEMALE		RACE WHITE			ETHNIC ORIGIN NOT HISPANIC		PEACE OFFICER? YES <input type="checkbox"/>		
	NBR	OFFENDER #	VICTIM RELATIONSHIP TO OFFENDER: VICTIM WAS		NBR	OFFENDER #	VICTIM RELATIONSHIP TO OFFENDER: VICTIM WAS			
							INJURY TYPE			
	VICTIM OF OFFENSE(S) 03009			AGG ASSAULT/HOMICIDE CIRC			ADDTL JUSTIFIABLE HOMICIDE CIRC			
	LEOKA ASSIGNMENT				LEOKA ACTIVITY					
SUSPECT/ARRESTEE DATA	SUSPECT SEQ. # of		NAME:					ARRESTED? ARREST DATE		
	LICENSE/ID STATE:		LICENSE/ID NUMBER:							
	ADDRESS						DATE OF BIRTH:		PHONE:	KY RESIDENT:
	CITY:			STATE:		ZIP CODE:				
	SSN	SEX	RACE		ETHNIC ORIGIN	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	
	ARRESTEE SEQ. # of	MULTIPLE ARREST IND.		ARREST TYPE		RELATED CITATION NUMBERS				
						1	4	8		
	ARRESTEE ARMED WITH				2	5	7			
					3	6	9			
	SUSPECT SEQ. # of		NAME:					ARRESTED? ARREST DATE		
LICENSE/ID STATE:		LICENSE/ID NUMBER:								
ADDRESS						DATE OF BIRTH:		PHONE:	KY RESIDENT:	
CITY:			STATE:		ZIP CODE:					
SSN	SEX	RACE		ETHNIC ORIGIN	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR		
ARRESTEE SEQ. # of	MULTIPLE ARREST IND.		ARREST TYPE		RELATED CITATION NUMBERS					
					1	4	7			
ARRESTEE ARMED WITH				2	5	8				
				3	6	9				
WITNESS SEQUENCE of		WITNESS NAME					PHONE			
LICENSE/ID STATE:		LICENSE/ID NUMBER:								
ADDRESS:						DATE OF BIRTH:				
CITY:			STATE:		ZIP CODE:		SSN:			

Office of Pike County Coroner
703 Hambley Blvd. - Pikeville, Ky. 41501



ZEB HAMPTON
Deputy Coroner

606-437-6228

June 27, 2013

Re: [REDACTED]
Date of death: April 7, 2013
Place of death [REDACTED], Pikeville, Kentucky 41501
Toxicology perform
No autopsy performed

Greetings,

This letter is in response to your request dated June 26, 2013. I responded to this incident arriving at the scene at 1645. Kentucky State Police officers Ayers and Hale and ambulance personnel were present. Reportedly to me by these personnel, [REDACTED] was riding as passenger in the Yamaha Rhino with her sister who was operating the vehicle. They were on a two lane paved road when the operator ran off the road on the right, overcorrected, and ended up on the opposite side of the road, off the pavement, traveling in the opposite direction, with the vehicle over turned onto its right side. [REDACTED] 's upper trunk and head were reportedly under the side of the overturned ATV and the ground. Upon my arrival [REDACTED] had been removed from the accident scene by EMS and passer byers with the intention of helping her. I did draw blood to have toxicology performed. The toxicology showed that she did not have any drugs in her system.

The accident investigation report can be obtained through the Kentucky State Police Post 9.

Thank you

Zeb Hampton
Deputy coroner

06/27/2013 2:46PM (GMT-04:00)



U.S. Consumer Product Safety Commission

Task Number: 130409HWE0001

Date: 7/12/2013

Status of Missing Document(s)

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

1. Kentucky State Police Report

2. Coroner's Report

3. _____

4. _____

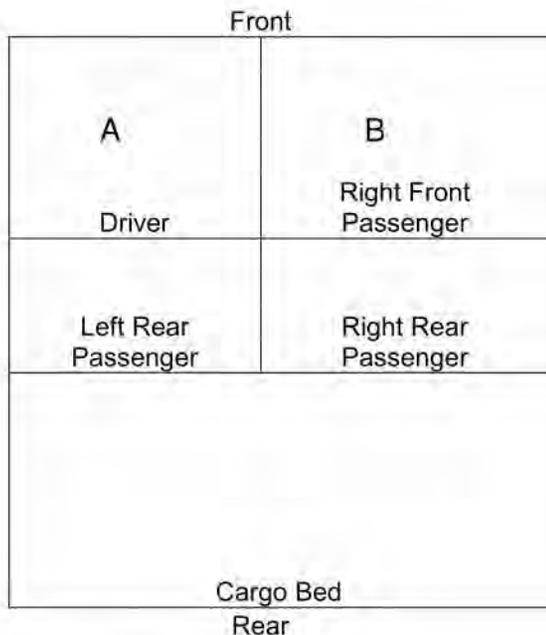
5. _____

6. _____

Utility Vehicle Data Record Sheet

IDI #: 130409HWE0001

Exhibit #: 4



The Utility Vehicle

A:	Age: 16	Height: Unk
	Gender: F	Weight: Unk
	Helmet (Y/N): Unk Seatbelt (Y/N): Unk	
	Killed/Injured/Neither/Unknown: Unknown	
	Injury Description:	
	Did vehicle land on victim: Unknown	
	Ejected (Either partially or fully): YES	

B:	Age: 12	Height: Unk
	Gender: F	Weight: UNK
	Helmet (Y/N): UNK Seatbelt (Y/N): UNK	
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Head Injury	
	Did vehicle land on victim: Yes	
	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):	

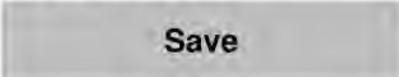
E:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N): Seatbelt (Y/N):	
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

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.



This investigation was initiated based upon a news article that indicated a 43-year old male died after an ATV overturned and pinned him underneath. The article also indicated that a 40-year old male passenger was ejected during the incident and he was taken to a local hospital for treatment. This investigation was initiated on April 11, 2013.

According to the police report (see Exhibit B), on April 5, 2013 at approximately 23:45 hours, a 43-YOM driver and a 40-YOM passenger were traveling a public street and drove across a parking area onto a sloped median located between the parking area and public street. As the driver approached a tree located in the median near the public street, he attempted to avoid the tree and rolled the vehicle. The passenger was ejected from the vehicle and the driver's head was pinned underneath the vehicle's roll cage.

The police report indicates that neither rider was wearing a helmet and that seatbelts were not being used. The report also indicates that the driver of the vehicle was intoxicated at the time of the incident. The driver was pronounced deceased on-scene at 01:15 hours on April 6, 2013.

This investigator requested the autopsy report (driver) from the medical examiner and the medical records (passenger) from the hospital; however, at the time of this report the information has not been provided. An addendum to this report will be submitted when the information becomes available.

This investigator used an online VIN decoder to further identify the vehicle (see Exhibit C) and found that the vehicle is actually a recreational off-highway vehicle (ROV). After identifying the vehicle, the owner's manual was found online and a copy is included in this report (see Exhibit D).

No other information.

PRODUCT IDENTIFICATION:

Type:	RECREATIONAL OFF-HIGHWAY VEHICLE (ROV)
Brand:	POLARIS
Model:	RGR-12, RZR XP 900 EFI
Year:	2012
VIN:	4XAJT87A7CB432982
Manufacturer:	POLARIS INDUSTRIES, INC.
Retailer:	UNKNOWN

ATTACHMENTS :

Exhibit A - Identity of Respondents
Exhibit B - Police Report
Exhibit C - Online VIN Decoder
Exhibit D - Owner's Manual
Exhibit E - Missing Documents Form
Exhibit F - UTV Data Record Sheet

IDENTITY OF RESPONDENTS:

Grayson County Sheriff's Office
-Records
200 S. Crockett
Sherman, TX 75090
Tel: (903) 813-4408
Fax: (903) 868-2977

Texas Department of Transportation
-Crash Records Section
Dewitt C. Greer State Hwy Bldg.
125 E. 11th Street
Austin, TX 78701
Tel: (512) 463-8585

NO RESPONSE:

Dallas County Medical Examiner
5230 Medical Center Drive
Dallas, TX 75235
Tel: (214) 920-5900

Texoma Medical Center
5016 S. US Hwy 75
Denison, TX 75020
Tel: (903) 416-4000

#130411HWE0001
Exhibit B
Page 1 of 4

SCHOOL BUS RAILROAD MAB SUPPLEMENT ACTIVE SCHOOL ZONE

Total Num. Units 1 Total Num. Prans. 2 TxDOT 13213340.1 Crash ID /2013118944

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)
Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call (512) 486-5780
Refer to Attached Code Sheet for Numbered Fields

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

IDENTIFICATION & LOCATION

VEHICLE, DRIVER, & PERSONS

VEHICLE, DRIVER, & PERSONS

*Crash Date (MM/DD/YYYY) 04/05/2013 *Crash Time (24HRMM) 2345 Case ID Local Use

*County Name GRAYSON *City Name Outside City Limit

In your opinion, did this crash result in at least \$1,000 damage to any one person's property? Yes No Latitude (decimal degrees) 33.82287 Longitude (decimal degrees) 096.70392

ROAD ON WHICH CRASH OCCURRED
*1 Rdwy. Sys. CR *Hwy. Num. 2 2 Rdwy. Part 1 Block Num. 3 3 Street Prefix Watercrest *Street Name Watercrest 4 Street Suffix DR

Crash Occurred on a Private Drive or Road/Private Property/Parking Lot Toll Road/Toll Lane Speed Limit 60 Const. Zone Yes No Workers Present Yes No Street Desc.

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER
At Int. Yes No 1 Rdwy. Sys. CR Hwy. Num. 2 2 Rdwy. Part g Block Num. 3 3 Street Prefix Rustic Ridge Street Name Rustic Ridge 4 Street Suffix RD

Distance from Int. or Ref. Marker 417 FT MI 3 Dir. from Int. or Ref. Marker g Reference Marker Street Desc. RRR Num.

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State LP Num. VIN 4XAJT87A7CB432982

Veh. Year 2012 6 Veh. Color WHI Veh. Make POLARIS Veh. Model POLARIS ALL TERRAIN 7 Body Style 98 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. (b)(6) 9 DL Class CM 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) 07/24/1969

Address (Street, City, State, ZIP) (b)(6)

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	(b)(3):CPSA Section 25(c), (b)(6)	K	43	W	1	3	96	97	97	N	98		98	99	99
2	2	3		C	40	W	1	2	96	97	97	N					

Owner Lessee Owner/Lessee Name & Address (b)(6)

Proof of Fin. Resp. Yes No Expired Exempt 26 Fin. Resp. Type 209 Fin. Resp. Name Texoma Wrecker 27 Vehicle Damage Rating 1 3 "R & T" = 0 27 Vehicle Damage Rating 2 0 Vehicle Inventoried Yes No

Fin. Resp. Phone Num. 209 East Bond Denison, TX 75020 Towed By Texoma Wrecker Towed To 209 East Bond Denison, TX 75020

Unit Num. 1 5 Unit Desc. 1 Parked Vehicle Hit and Run LP State LP Num. VIN

Veh. Year 2012 6 Veh. Color WHI Veh. Make POLARIS Veh. Model POLARIS ALL TERRAIN 7 Body Style 98 Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type 1 DL/ID State TX DL/ID Num. (b)(6) 9 DL Class CM 10 CDL End. 96 11 DL Rest. 96 DOB (MM/DD/YYYY) 07/24/1969

Address (Street, City, State, ZIP) (b)(6)

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

Owner Lessee Owner/Lessee Name & Address

Proof of Fin. Resp. Yes No Expired Exempt 28 Fin. Resp. Type 209 Fin. Resp. Name Texoma Wrecker 27 Vehicle Damage Rating 1 3 "R & T" = 0 27 Vehicle Damage Rating 2 0 Vehicle Inventoried Yes No

Fin. Resp. Phone Num. 209 East Bond Denison, TX 75020 Towed By Texoma Wrecker Towed To 209 East Bond Denison, TX 75020

Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.

#130411HWE0001
Exhibit B
Page 2 of 4

Taken To		Taken By		Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
County M.E. Office Dallas, TX		American Funeral Services		04/06/2013	0115
1	2	Texoma Medical Center Denison, TX		Denison Fire Department	

Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

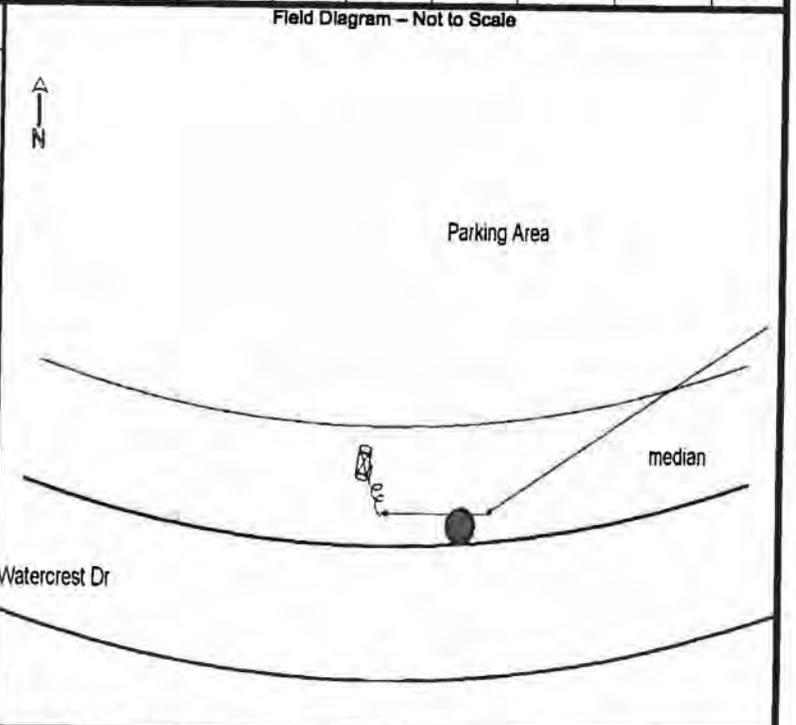
Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

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

38 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions						
Unit Num.	Contributing	May Have Contrib.		Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
1	67	41				1	3	97	1	4	1	96

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

Unit #1 was west bound on Watercrest Drive. Unit #1 drove across the parking area onto the sloped median between Watercrest and the marina parking lot. As unit #1 approached a tree near Watercrest, the driver took evasive action to the right, traveled a short distance attempting to recover but rolled over, ejecting the passenger and trapping the driver's head underneath the roll cage of unit #1. Driver of unit #1 was intoxicated. Driver of unit #1 was sent to the Dallas ME office for autopsy, results are pending. Unit #1 was an all terrain vehicle.



Time Notified (24HRMM)	0017	How Notified Dispatched	Time Arrived (24HR:MM)	0032	Report Date (MM/DD/YYYY)	04/08/2013	
Invest. <input type="checkbox"/> Yes	Investigator Name (Printed)	Fortenberry, James M		ID Num.	8316		
Comp. <input checked="" type="checkbox"/> No	*Agency				DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS		
ORI Num.					District/Area		
				H P 1 D 0 2			

IDENTIFICATION AND LOCATION	IH = Interstate US = US Highway SH = State Highway FM = Farm to Market RR = Ranch Road RM = Ranch to Market BI = Business Interstate BU = Business US BS = Business State BF = Business FM SL = State Loop TL = Toll Road	AL = Alternate SP = Spur CR = County Road PR = Park Road PV = Private Road RC = Recreational Road LR = Local Road/Street (Street, Road, Ave., Blvd., Pl., Trl., Beach, Alley, Boat Ramp, etc.)	2. Roadway Part 1 = Main/Proper Lane 2 = Service/Frontage Road 3 = Entrance/On Ramp 4 = Exit/Off Ramp 5 = Connector/Flyover 98 = Other (Explain in Narrative)	3. Street Prefix Direction from Int. or Ref. Marker N = North NE = Northeast E = East SE = Southeast S = South SW = Southwest W = West NW = Northwest	4. Street Suffix RD = Road ST = Street DR = Drive AVE = Avenue BLVD = Boulevard PKWY = Parkway LN = Lane FWY = Freeway HWY = Highway WAY = Way TRL = Trail LOOP = Loop	EXPY = Expressway CT = Court CIR = Circle PL = Place PARK = Park CV = Cove
------------------------------------	--	--	--	--	---	---

5. Unit Description 1 = Motor Vehicle 2 = Trail 3 = Pedalcyclist 4 = Pedestrian 5 = Motorized Conveyance 6 = Towed/Trailer 7 = Non-Contact 98 = Other (Explain in Narrative)	6. Vehicle Color BGE = Beige BLK = Black BLU = Blue BRZ = Bronze BRO = Brown CAM = Camouflage CPR = Copper GLD = Gold GRY = Gray GRN = Green MAR = Maroon MUL = Multicolored ONG = Orange PNK = Pink PLE = Purple REZ = Red SIL = Silver TAN = Tan TEA = Teal (green) TRQ = Turquoise (blue) WHI = White YEL = Yellow 98 = Other (Explain in Narrative)	7. Body Style P2 = Passenger Car, 2-Door P4 = Passenger Car, 4-Door PK = Pickup AM = Ambulance BU = Bus SB = Yellow School Bus FE = Farm Equipment FT = Fire Truck MC = Motorcycle SV = Sport Utility Vehicle PC = Police Car/Truck PM = Police Motorcycle TL = Trailer, Semi-Trailer, or Pole Trailer TR = Truck TT = Truck Tractor VN = Van 98 = Other (Explain in Narrative) 99 = Unknown	8. Driver License/ID Type 1 = Driver License 2 = Commercial Driver Lic. 3 = Occupational 4 = ID Card 5 = Unlicensed 98 = Other 99 = Unknown
---	---	---	---

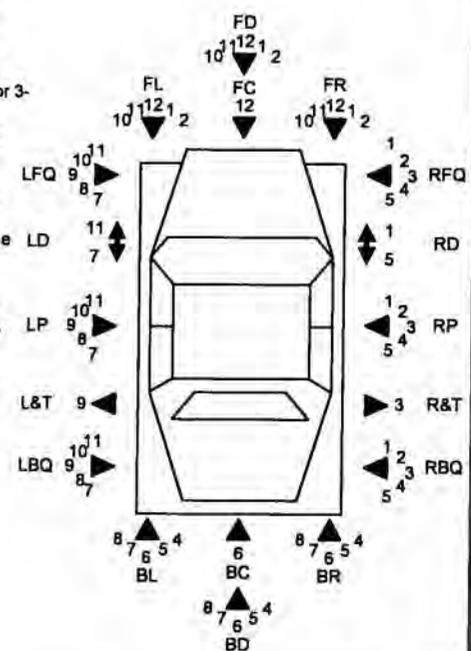
9. Driver License Class A = Class A AM = Class A and M B = Class B BM = Class B and M C = Class C CM = Class C and M M = Class M 5 = Unlicensed 98 = Other/Out of State 99 = Unknown	10. Commercial Driver License Endorsements H = Hazardous Materials N = Tank Vehicles P = Passengers S = School Bus T = Double/Triple Trailer X = Tank Vehicle with HazMat 5 = Unlicensed 96 = None 98 = Other/Out of State 99 = Unknown	11. Driver License Restrictions A = With Corrective Lenses B = LOFS Age 21 or Over C = Daytime Only D = Not to Exceed 45 MPH E = No Expressway Driving F = Must Hold Valid Learner Lic. to MM/DD/YY G = TRC 545.424 Applies until MM/DD/YY H = Vehicle Not to Exceed 26,000 lbs-GVWR I = Motorcycle Not to Exceed 250 CC J = Licensed Motorcycle Operator Age 21 or Over in Sight K = Moped L = Vehicle w/o Air Brakes - Applies to Vehicles Requiring CDL M = CDL Intrastate Commerce Only N = Ignition Interlock Required O = Occ./Essent. Need DL-No CMV-See Court Order P = Stated on License Q = LOFS 21 or Over Vehicle Above Class B R = LOFS 21 or Over Vehicle Above Class C S = Outside Rear View Mirror or Hearing Aid T = Automatic Transmission U = Applicable Prosthetic Devices V = Applicable Vehicle Devices W = Power Steering X = Vehicle Not to Exceed Class C Y = Valid TX Vision or Limb Waiver Req'd. Z = Valid Fed. Vision or Limb Waiver Req'd. 5 = Unlicensed 96 = None 98 = Other/Out of State 99 = Unknown
---	--	---

12. Person Type 1 = Driver 2 = Passenger/Occupant 3 = Pedalcyclist 4 = Pedestrian 5 = Driver of Motorcycle Type Vehicle 6 = Passenger/Occupant on Motorcycle Type Vehicle 98 = Other (Explain in Narrative) 99 = Unknown	13. Seat Position 1 = Front Left 2 = Front Center 3 = Front Right 4 = Second Seat Left 5 = Second Seat Center 6 = Second Seat Right 7 = Third Seat Left 8 = Third Seat Center 9 = Third Seat Right 10 = Cargo Area 11 = Outside Vehicle 13 = Other in Vehicle 14 = Passenger in Bus 16 = Pedestrian, Pedalcyclist, or Motorized Conveyance 98 = Other (Explain in Narrative) 99 = Unknown	14. Injury Severity A = Incapacitating Injury B = Non-Incapacitating Injury C = Possible Injury K = Killed N = Not Injured 99 = Unknown	15. Ethnicity W = White B = Black H = Hispanic A = Asian I = Amer. Indian/ Alaskan Native 98 = Other 99 = Unknown	16. Sex 1 = Male 2 = Female 99 = Unknown	17. Elected 1 = No 2 = Yes 3 = Yes, Partial 97 = Not Applicable 99 = Unknown
---	--	--	--	--	--

18. Restraint Used 1 = Shoulder and Lap Belt 2 = Shoulder Belt Only 3 = Lap Belt Only 4 = Child Seat, Facing Forward 5 = Child Seat, Facing Rear 6 = Child Seat, Unknown 7 = Child Booster Seat 96 = None 97 = Not Applicable 98 = Other (Explain in Narrative) 99 = Unknown	19. Airbag 1 = Not Deployed 2 = Deployed, Front 3 = Deployed, Side 4 = Deployed, Rear 5 = Deployed, Multiple 97 = Not Applicable 99 = Unknown	27. Vehicle Damage Rating In most cases, enter in the format XX-ABC-Y, where XX is the Direction of Force (1-12), ABC is the Damage Description 2- or 3-letter code), and Y is the Damage Severity (0-7). In special cases, use: VB-1 = vehicle bumped, NOT due to collision VB-7 = vehicle catches fire due to the collision TP-0 = top damage only VX-0 = undercarriage damage only MC-1 = motorcycle, moped, scooter, etc. NA = Not Applicable (Farm Tractor, etc.)
--	---	---

20. Helmet Use 1 = Not Worn 2 = Worn, Damaged 3 = Worn, Not Damaged 4 = Worn, Unk. Damage 97 = Not Applicable 99 = Unknown if Worn	21. Solicitation Y = Solicit N = No Solicit	22. Alcohol Specimen Type 1 = Breath 2 = Blood 3 = Urine 4 = Refused 96 = None 98 = Other (Explain in Narrative)	23. Drug Specimen Type 2 = Blood 3 = Urine 4 = Refused 96 = None 98 = Other (Explain in Narrative)	24. Drug Test Result 1 = Positive 2 = Negative 97 = Not Applicable 99 = Unknown	25. Drug Category 2 = CNS Depressants 3 = CNS Stimulants 4 = Hallucinogens 6 = Narcotic Analgesics 7 = Inhalants 8 = Cannabis 10 = Disassociative Anesthetics 11 = Multiple Drugs (Explain in Narrative) 97 = Not Applicable 98 = Other Drugs (Explain in Narrative) 99 = Unknown
---	--	---	--	--	---

26. Financial Responsibility Type 1 = Liability Insurance Policy 2 = Proof of Liability Insurance 3 = Insurance Binder 4 = Surety Bond 5 = Certificate of Deposit with Comptroller 6 = Certificate of Deposit with County Judge 7 = Certificate of Self-Insurance



COMMERCIAL MOTOR VEHICLE	28. Carrier ID Type 1 = US DOT 2 = TxDOT 3 = ICC/MC 96 = None 98 = Other (Explain in Narrative)	30. Roadway Access 1 = Full Access Control 2 = Partial Access Control 3 = No Access Control	31. Vehicle Type 1 = Passenger Car 2 = Light Truck 3 = Bus (9-15) 4 = Bus (>15) 5 = Single Unit Truck 2 Axles 6 Tires 6 = Single Unit Truck 3 or More Axles 7 = Truck Trailer 8 = Truck Tractor (Bobtail) 9 = Tractor/Semi Trailer 10 = Tractor/Double Trailer 11 = Tractor/Triple Trailer 98 = Other (Explain in Narrative) 99 = Unknown Heavy Truck	32. Hazardous Material Class Number 1 = Explosives 2 = Gases 3 = Flammable Liquids 4 = Flammable Solids 5 = Oxidizers and Organic Peroxides 6 = Toxic Materials and Infectious Substances 7 = Radioactive Materials 8 = Corrosive Materials 9 = Miscellaneous Dangerous Goods
	33. Cargo Body Style 1 = Bus (9-15) 2 = Bus (>15) 3 = Van/Enclosed Box 4 = Cargo Tank 5 = Flatbed 6 = Dump 7 = Concrete Mixer 8 = Auto Transporter 9 = Garbage Refuse 10 = Grain Chips Gravel 11 = Pole 13 = Intermodal 14 = Logging 15 = Vehicle Towing Another Vehicle 97 = Not Applicable 98 = Other (Explain in Narrative)	34. Trailer Type 1 = Full Trailer 2 = Semi-Trailer 3 = Pole Trailer		
FACTORS AND CONDITIONS	35. Sequence of Events 1 = Non-Collision: Ran Off Road 2 = Non-Collision: Jackknife 3 = Non-Collision: Overturn Rollover 4 = Non-Collision: Downhill Runaway 5 = Non-Collision: Cargo Loss Or Shift 6 = Non-Collision: Explosion Or Fire 7 = Non-Collision: Separation of Units 8 = Non-Collision: Cross Median/Centerline 9 = Non-Collision: Equipment Failure 10 = Non-Collision: Other 11 = Non-Collision: Unknown 12 = Collision Involving Pedestrian 13 = Collision Involving Motor Vehicle in Transport 14 = Collision Involving Parked Motor Vehicle 15 = Collision Involving Train 16 = Collision Involving Pedalcycle 17 = Collision Involving Animal 18 = Collision Involving Fixed Object 19 = Collision With Work Zone Maintenance Equipment 20 = Collision With Other Movable Object 21 = Collision With Unknown Movable Object 98 = Other (Explain in Narrative)			
	36. Factors and Conditions 1 = Animal on Road - Domestic 2 = Animal on Road - Wild 3 = Backed without Safety 4 = Changed Lane when Unsafe 14 = Disabled in Traffic Lane 15 = Disregard Stop and Go Signal 16 = Disregard Stop Sign or Light 17 = Disregard Turn Marks at Intersection 18 = Disregard Warning Sign at Construction 19 = Distraction in Vehicle 20 = Driver Inattention 21 = Drove Without Headlights 22 = Failed to Control Speed 23 = Failed to Drive in Single Lane 24 = Failed to Give Half of Roadway 25 = Failed to Heed Warning Sign 26 = Failed to Pass to Left Safely 27 = Failed to Pass to Right Safely 28 = Failed to Signal or Gave Wrong Signal 29 = Failed to Stop at Proper Place 30 = Failed to Stop for School Bus 31 = Failed to Stop for Train 32 = Failed to Yield ROW - Emergency Vehicle 33 = Failed to Yield ROW - Open Intersection 34 = Failed to Yield ROW - Private Drive 35 = Failed to Yield ROW - Stop Sign 36 = Failed to Yield ROW - To Pedestrian 37 = Failed to Yield ROW - Turning Left 38 = Failed to Yield ROW - Turn on Red 39 = Failed to Yield ROW - Yield Sign 40 = Fatigued or Asleep 41 = Faulty Evasive Action 42 = Fire in Vehicle 43 = Fleeing or Evading Police 44 = Followed Too Closely 45 = Had Been Drinking 46 = Handicapped Driver (Explain in Narrative) 47 = Ill (Explain in Narrative) 48 = Impaired Visibility (Explain in Narrative) 49 = Improper Start from Parked Position 50 = Load Not Secured 51 = Opened Door Into Traffic Lane 52 = Oversized Vehicle or Load 53 = Overtake and Pass Insufficient Clearance 54 = Parked and Failed to Set Brakes 55 = Parked in Traffic Lane 56 = Parked without Lights 57 = Passed in No Passing Lane 58 = Passed on Right Shoulder 59 = Pedestrian FTYROW to Vehicle 60 = Unsafe Speed 61 = Speeding - (Over Limit) 62 = Taking Medication (Explain in Narrative) 63 = Turned Improperly - Cut Corner on Left 64 = Turned Improperly - Wide Right 65 = Turned Improperly - Wrong Lane 66 = Turned when Unsafe 67 = Under Influence - Alcohol 68 = Under Influence - Drug 69 = Wrong Side - Approach or Intersection 70 = Wrong Side - Not Passing 71 = Wrong Way - One Way Road 72 = Cell/Mobile Phone Use 73 = Road Rage 98 = Other (Explain in Narrative)			
FACTORS AND CONDITIONS	37. Vehicle Defects 5 = Defective or No Headlamps 6 = Defective or No Stop Lamps 7 = Defective or No Tail Lamps 8 = Defective or No Turn Signal Lamps 9 = Defective or No Trailer Brakes 10 = Defective or No Vehicle Brakes 11 = Defective Steering Mechanism 12 = Defective or Slick Tires 13 = Defective Trailer Hitch 98 = Other (Explain in Narrative)	38. Weather Condition 1 = Clear 2 = Cloudy 3 = Rain 4 = Sleet/Hail 5 = Snow 6 = Fog 7 = Blowing Sand/Snow 8 = Severe Crosswinds 98 = Other (Explain in Narrative) 99 = Unknown	39. Light Condition 1 = Daylight 2 = Dark, Not Lighted 3 = Dark, Lighted 4 = Dark, Unknown Lighting 5 = Dawn 6 = Dusk 98 = Other (Explain in Narrative) 99 = Unknown	40. Entering Roads 2 = Three Entering Roads - T 3 = Three Entering Roads - Y 4 = Four Entering Roads 5 = Five Entering Roads 6 = Six Entering Roads 7 = Traffic Circle 8 = Cloverleaf 97 = Not Applicable 98 = Other (Explain in Narrative)
	41. Roadway Type 1 = Two-Way, Not Divided 2 = Two-Way, Divided, Unprotected Median 3 = Two-Way, Divided, Protected Median 4 = One-Way 98 = Other (Explain in Narrative)	42. Roadway Alignment 1 = Straight, Level 2 = Straight, Grade 3 = Straight, Hillcrest 4 = Curve, Level 5 = Curve, Grade 6 = Curve, Hillcrest 98 = Other (Explain in Narrative) 99 = Unknown	43. Surface Condition 1 = Dry 2 = Wet 3 = Standing Water 4 = Snow 5 = Slush 6 = Ice 7 = Sand, Mud, Dirt 98 = Other (Explain in Narrative) 99 = Unknown	44. Traffic Control 2 = Inoperative (Explain in Narrative) 3 = Officer 4 = Flagman 5 = Signal Light 6 = Flashing Red Light 7 = Flashing Yellow Light 8 = Stop Sign 9 = Yield Sign 10 = Warning Sign 11 = Center Stripe/Divider 12 = No Passing Zone 13 = RR Gate/Signal 15 = Crosswalk 16 = Bike Lane 17 = Marked Lanes 18 = Signal Light With Red Light Running Camera 96 = None 98 = Other (Explain in Narrative)

#130411HWE0001
Exhibit C
Page 1 of 1



Your results for VIN number
4XAJT87A7CB432982
RGR-12, RZR XP, 900 EFI, WHITE

[Search or Select Another Vehicle](#)

YOUR INFO VEHICLE INFO MANUALS & GUIDES SAFETY & SERVICE BULLETINS

Vehicle Identification Number	4XAJT87A7CB432982
Model Year	2012
Model Number	R12JT87AW
Model Description	RGR-12, RZR XP, 900 EFI, WHITE
Engine Serial Number	0120446001796
Purchased Date	08/25/2011
Warranty End Date	02/25/2012
Extended Warranty	N
Dealer Name	BRINSON POWERSPORTS

[FIND A DEALER](#)



[INTRODUCING THE NEW RANGER XP 900](#)



[INTRODUCING THE NEW SCRAMBLER 850](#)



[SEE SPECIAL OFFERS](#)



- POLARIS SITES**
- [POLARIS HOME](#)
 - [SNOWMOBILES HOME](#)
 - [VICTORY MOTORCYCLES](#)
 - [INDIAN MOTORCYCLE](#)
 - [POLARIS DEFENSE](#)
 - [GLOBAL ELECTRIC MOTORCARS](#)

- EXPERIENCE**
- [PARTNERS](#)
 - [FORUMS](#)

- SHOPPING TOOLS**
- [CHOOSE A MODEL](#)
 - [BUILD A MODEL](#)
 - [GET A QUOTE](#)
 - [FIND A DEALER](#)
 - [SPECIAL OFFERS](#)
 - [2013 BROCHURE](#)
 - [APPAREL AND ACCESSORIES CATALOG](#)
 - [PARTS CATALOG](#)
 - [OWNERS MANUALS](#)
 - [VEHICLE INFORMATION](#)

- CONNECT**
- [YOUTUBE](#)
 - [FACEBOOK](#)

#130411HWE0001
Exhibit D
Page 1 of 139

POLARIS[®]
The Way Out.



RANGER **RZR XP™ 900**

Owner's Manual
for Maintenance and Safety

⚠ WARNING

Read, understand, and follow all of the instructions and safety precautions in this manual and on all product labels.

Failure to follow the safety precautions could result in serious injury or death.

⚠ WARNING

The engine exhaust from this product contains chemicals known to the State of California to cause cancer, birth defects or other reproductive harm.



The text is printed on 100% recycled
with 40% post-consumer waste (PCW).

WARNING

Improper vehicle use can result in SEVERE INJURY or DEATH

NEVER Operate:

- without first viewing safety video and quick start guide.
- with more than one passenger.
- on hills steeper than 15 degrees.
- on public roads.
- on paved surfaces - pavement may seriously affect handling and control.
- with non-Polaris approved accessories - they may seriously affect stability.

ALWAYS:

- keep hands and feet inside vehicle. Use the cab nets.
- reduce speed and use extra caution when carrying a passenger.
- operate slowly in reverse - avoid sharp turns or sudden braking.
- make sure passenger reads and understands all safety labels.
- avoid branches or other hazards that could enter vehicle.



ALWAYS USE AN APPROVED HELMET AND PROTECTIVE GEAR FOR OPERATOR AND PASSENGER. NEVER USE ON PUBLIC ROADS. NEVER USE WITH DRUGS OR ALCOHOL.

READ OWNER'S MANUAL. FOLLOW ALL INSTRUCTIONS AND WARNINGS.



POLARIS
The Way Out.

For your nearest Polaris dealer,
call 1-800-POLARIS
or visit www.polarisindustries.com
Polaris Sales Inc.
2100 Hwy. 55
Medina, MN 55340
Phone 1-888-704-5290
Part No. 9923500 Rev 01
Printed in USA



WELCOME

Thank you for purchasing a POLARIS vehicle, and welcome to our world-wide family of POLARIS owners. We proudly produce an exciting line of utility and recreational products.

- Snowmobiles
- All-terrain vehicles (ATVs)
- *RANGER*® utility vehicles
- Victory Motorcycles®
- Low Emission Vehicles (LEVs)

We believe POLARIS sets a standard of excellence for all utility and recreational vehicles manufactured in the world today. Many years of experience have gone into the engineering, design, and development of your POLARIS vehicle, making it the finest machine we've ever produced.

For safe and enjoyable operation of your vehicle, be sure to follow the instructions and recommendations in this owner's manual. Visit the Recreational Off-Highway Vehicle Association website (rohva.org) and take the free on-line training course.

Your owner's manual contains instructions for minor maintenance, but information about major repairs is outlined in the POLARIS Service Manual and should be performed only by a factory certified Master Service Dealer® (MSD) Technician.

Your POLARIS dealer knows your vehicle best and is interested in your total satisfaction. Be sure to return to your dealership for all of your service needs during, and after, the warranty period.

We also take great pride in our complete line of apparel, parts and accessories, available through our online store at www.purepolaris.com. Have your accessories and clothing delivered right to your door!



POLARIS
The Way Out.®

POLARIS, THE WAY OUT, *RANGER* and *RANGER RZR* are registered trademarks of POLARIS Industries Inc.

RANGER RZR XP is a trademark of POLARIS Industries Inc.

Copyright 2011 POLARIS Sales Inc. All information contained within this publication is based on the latest product information at the time of publication. Due to constant improvements in the design and quality of production components, some minor discrepancies may result between the actual vehicle and the information presented in this publication. Depictions and/or procedures in this publication are intended for reference use only. No liability can be accepted for omissions or inaccuracies. Any reprinting or reuse of the depictions and/or procedures contained within, whether whole or in part, is expressly prohibited.

The original instructions for this vehicle are in English. Other languages are provided as translations of the original instructions.

Printed in U.S.A.

2012 *RANGER RZR XP 900* Owner's Manual

P/N 9923500

TABLE OF CONTENTS

Introduction	4
Safety	7
Features and Controls	25
Operation	46
Emission Control Systems	64
Maintenance	65
Specifications	114
POLARIS Products	116
Troubleshooting	117
Warranty	121
Maintenance Log	129
Index	132

INTRODUCTION

The following signal words and symbols appear throughout this manual and on your vehicle. Your safety is involved when these words and symbols are used. Become familiar with their meanings before reading the manual.



The safety alert symbol indicates a potential personal injury hazard.

WARNING

A **WARNING** indicates a hazardous situation which, if not avoided, may result in death or serious injury.

CAUTION

A **CAUTION** indicates a hazardous situation which, if not avoided, may result in minor or moderate injury.

NOTICE

A **NOTICE** indicates a situation that may result in property damage.



The Prohibition Safety Sign indicates an action **NOT** to take in order to avoid a hazard.



The Mandatory Action Sign indicates an action that **NEEDS** to be taken to avoid a hazard.

WARNING

Failure to heed the warnings and safety precautions contained in this manual can result in severe injury or death. Your POLARIS vehicle is not a toy and can be hazardous to operate. This vehicle handles differently than cars, trucks or other off-road vehicles. A collision or rollover can occur quickly, even during routine maneuvers like turning, or driving on hills or over obstacles, if you fail to take proper precautions.

- Read this owner's manual. Understand all safety warnings, precautions and operating procedures before operating the vehicle. Keep this manual with the vehicle.
- Visit the Recreational Off-Highway Vehicle Association website (rohva.org) and take the free on-line training course.
- Complete the New Operator Driving Procedures outlined on pages 52-53. Never allow a guest to operate this vehicle until the guest has completed the New Operator Driving Procedures.
- This vehicle is an **ADULT VEHICLE ONLY**. Operation is prohibited for anyone under 16 years of age or anyone without a valid driver's license.

European Vibration and Noise

The driver-perceived noise and hand/arm and whole body vibration levels of this machinery is measured per prEN 15997.

The operating conditions of the machinery during testing:

The vehicles were in like-new condition. The environment was controlled as indicated by the test procedure(s).

The uncertainty of vibration exposure measurement is dependent on many factors, including:

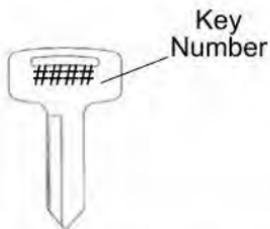
- Instrument and calibration uncertainty
- Variations in the machine such as wear of components
- Variation of machine operators such as experience or physique
- Ability of the worker to reproduce typical work during measurements
- Environmental factors such as ambient noise or temperature

INTRODUCTION

Identification Numbers

Fill in the owner's identification numbers and key number in the spaces provided. Remove the spare key and store it in a safe place. An ignition key can be duplicated only by ordering a POLARIS key blank (using your key number) and mating it with one of your existing keys. The ignition switch must be replaced if all keys are lost.

Vehicle Identification Number



Engine Serial Number

Vehicle Model Number: _____

Vehicle Identification Number: _____

Engine Serial Number: _____

Key Number _____

Equipment Modifications

Your POLARIS vehicle is designed to provide safe operation when used as directed. Modifications to your vehicle may negatively impact vehicle stability. Failure of critical machine components may result from operation with any modifications, especially those that increase speed or power. This vehicle may become less stable at speeds higher than those for which it is designed. Loss of control may occur at higher speeds.

Do not install on a POLARIS vehicle any equipment that may increase the speed or power of the vehicle, or make any other modifications to the vehicle for these purposes. Any modifications to the original equipment of the vehicle create a substantial safety hazard and increase the risk of bodily injury.

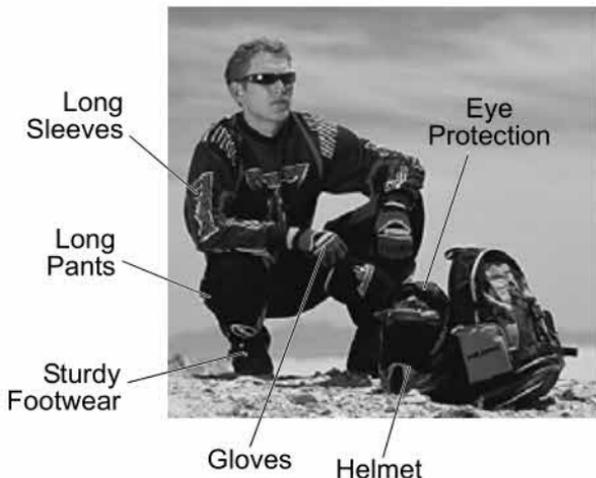
The warranty on your POLARIS vehicle is terminated if any equipment has been added to the vehicle, or if any modifications have been made to the vehicle, that increase its speed or power.

The addition of certain accessories, including (but not limited to) mowers, blades, tires, sprayers, or large racks, may change the handling characteristics of the vehicle. Use only POLARIS-approved accessories, and familiarize yourself with their function and effect on the vehicle.

SAFETY

Safe Riding Gear

Always wear appropriate clothing when riding a POLARIS vehicle. Wear protective clothing for comfort and to reduce the chance of injury.

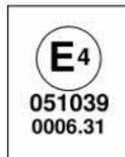


Helmet

Wearing a helmet can prevent a severe head injury. Whenever riding this POLARIS vehicle, always wear a helmet that meets or exceeds established safety standards.

Approved helmets in the USA and Canada bear a U.S. Department of Transportation (DOT) label.

Approved helmets in Europe, Asia and Oceania bear the ECE 22.05 label. The ECE mark consists of a circle surrounding the letter E, followed by the distinguishing number of the country which has granted approval. The approval number and serial number will also be displayed on the label.



Safe Riding Gear

Eye Protection

Do not depend on eyeglasses or sunglasses for eye protection. Whenever riding a POLARIS vehicle, always wear shatterproof goggles or use a shatterproof helmet face shield. POLARIS recommends wearing approved Personal Protective Equipment (PPE) bearing markings such as VESC 8, V-8, Z87.1, or CE. Make sure protective eye wear is kept clean.

Gloves

Wear gloves for comfort and for protection from sun, cold weather and other elements.

Boots

Wear sturdy footwear. Do not ride a POLARIS vehicle with bare feet.

Clothing

Wear long sleeves and long pants to protect arms and legs.

SAFETY

Safety Warnings

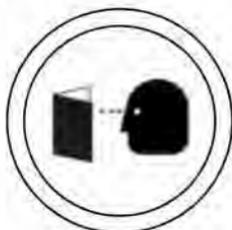
WARNING

Failure to operate this vehicle properly can result in a collision, loss of control, accident or overturn, which may result in serious injury or death. Heed all safety warnings outlined in this section of the owner's manual. See the OPERATION section of the owner's manual for proper operating procedures.

Operating Without Instruction

Operating this vehicle without proper instruction increases the risk of an accident. The operator must understand how to operate the vehicle properly in different situations and on different types of terrain. Take a training course and complete the New Operator Driving Procedures outlined on pages 52-53.

All operators must read and understand the owner's manual and all warning and instruction labels before operating the vehicle. Never allow a guest to operate this vehicle until the guest has completed the New Operator Driving Procedures outlined on pages 52-53.



Operator Restrictions/Age Restrictions

This vehicle is an ADULT VEHICLE ONLY. Operation is prohibited for anyone under 16 years of age or anyone without a valid driver's license.

Never operate with a passenger under the age of 12. Make sure any passenger is tall enough to comfortably and safely reach the hand hold and place both feet on the floor.

Accessories

Non-approved accessories may seriously affect vehicle stability. Using accessories not approved by POLARIS for use on this vehicle could cause loss of control or an accident. Never operate with accessories not approved by POLARIS for use on this vehicle.

Using Alcohol or Drugs

Riding in this vehicle after consuming alcohol or drugs could adversely affect operator judgment, reaction time, balance and perception.

Never consume alcohol or drugs before or while operating or riding in this vehicle.



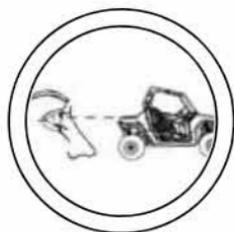
Safety Warnings

Failure to Inspect Before Operating

Failure to inspect and verify that the vehicle is in safe operating condition before operating increases the risk of an accident.

Always inspect the vehicle before each use to make sure it's in safe operating condition.

Always follow the inspection and maintenance procedures and schedules described in the owner's manual.



Protective Apparel

Riding in this vehicle without wearing an approved helmet and protective eyewear increases the risk of a serious injuries in the event of an accident.

Operator and passenger must always wear an approved helmet that fits properly and eye protection (goggles or face shield).



Seat Belts

Riding in this vehicle without wearing the seat belt increases the risk of serious injury in the event of an accident or sudden stop. Riders *must* wear seat belts at all times. Seat belts reduce the severity of injury in the event of a sudden stop or accident. Always make sure the seat belts are secured for both the operator and passenger before riding.

Cab Nets

Riding in this vehicle without using the cab nets increases the risk of serious injury or death in the event of an accident or overturn. Always use the cab nets while riding in this vehicle.

Always keep hands and feet inside the vehicle at all times.

SAFETY

Safety Warnings

Carrying Multiple Passengers

Never carry a passenger until you have operated this vehicle for at least two hours and have completed the New Operator Driving Procedures outlined on pages 52-53.

A passenger must always be seated in a passenger seat with seat belt secured. Carrying more than one passenger in this vehicle can affect the operator's ability to steer and operate the controls, which increases the risk of loss of control and accident or overturn. Never carry more than one passenger in this vehicle.



Operating With a Load on the Vehicle

The weight of both cargo and passengers impacts vehicle operation. For your safety and the safety of others, carefully consider how your vehicle is loaded and how to safely operate the vehicle. Follow the instructions in this manual for loading, tire pressure, gear selection and speed.

- **Do not exceed vehicle weight capacities.** The vehicle's maximum weight capacity is listed in the specifications section of this manual and on a label on the vehicle. When more passenger weight is added, cargo weight may need to be reduced accordingly.
- The recommended tire pressures are listed in the specifications section of this manual and on a label on the vehicle.

Always follow these guidelines:

Under ANY of these conditions:	Do ALL of these steps:
Passenger and/or cargo exceeds half the maximum weight capacity	1. Slow down. 2. Verify tire pressure. 3. Use extra caution when operating.
Operating in rough terrain	
Operating over obstacles	
Climbing an incline	
Towing	

Safety Warnings

Passengers in the Cargo Box

Carrying a passenger in the cargo box could result in a fall from the vehicle or contact with moving components. Never allow a passenger to ride in the cargo box. A passenger must always be seated in the passenger seat with seat belt secured.



Operating on Pavement

Operating this vehicle on paved surfaces (including sidewalks, paths, parking lots, and driveways) may seriously affect handling and control of the vehicle, and may cause the vehicle to go out of control. This vehicle's tires are designed for off-road use only, not for use on pavement.

Avoid operating the vehicle on pavement. If you must operate on a paved surface, travel slowly and do not make sudden turns or stops.

Operating on Public Roads

Operating this vehicle on public streets, roads or highways could result in a collision with another vehicle.

Never operate this vehicle on any public street, road or highway, including dirt and gravel roads.

In many areas it's illegal to operate vehicles of this type on public streets, roads and highways.



Operating at Excessive Speeds

Operating this vehicle at excessive speeds increases the operator's risk of losing control.

Always operate at a speed that's appropriate for the terrain, the visibility and operating conditions, your skills and your passenger's skills.



SAFETY

Safety Warnings

Turning Improperly

Turning improperly could cause loss of traction, loss of control, accident or overturn. Always follow proper procedures for turning as described in the owner's manual.

Avoid sharp turns. Never turn while applying heavy throttle. Never make abrupt steering maneuvers. Practice turning at slow speeds before attempting to turn at faster speeds.

Physical Control of the Vehicle

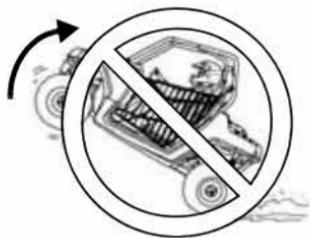
Removing hands from the steering wheel or hand hold or removing feet from the floor while riding increases the risk of loss of control and accident or overturn.

The operator should always keep both hands on the steering wheel during operation. A passenger should always be seated in the passenger seat with seat belt secured, with both feet on the floor and with both hands securely grasping the passenger hand hold.

Always keep hands and feet inside the vehicle at all times.

Jumps and Stunts

Exhibition driving increases the risk of an accident or overturn. **DO NOT** do power slides, "donuts", jumps or other driving stunts. Avoid exhibition driving.



Descending Hills Improperly

Improperly descending a hill could cause loss of control or overturn. Always follow proper procedures for traveling down hills as described in the owner's manual.

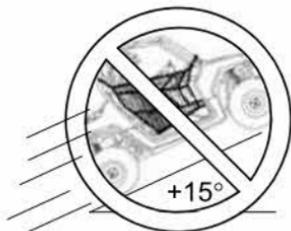
- Always descend a hill with the transmission in forward gear. Never descend a hill with the transmission in neutral.
- Always check the terrain carefully before descending a hill.
- Never travel down a hill at high speed.
- Avoid traveling down a hill at an angle, which would cause the vehicle to lean sharply to one side. Travel straight downhill.



Safety Warnings

Improper Hill Climbing

Improper hill climbing could cause loss of control or overturn. Use extreme caution when operating on hills. Always follow proper procedures for hill climbing as described in the owner's manual. See page 56.



Crossing Hillside

Driving on a sidehill is not recommended. Improper procedure could cause loss of control or overturn. Avoid crossing the side of any hill unless absolutely necessary.

If crossing a hillside is unavoidable, always follow proper procedures as described in the owner's manual. See page 57.

Stalling While Climbing a Hill

Stalling or rolling backwards while climbing a hill could cause an overturn. Maintain a steady speed when climbing a hill.

If you lose all forward speed:

Apply the brakes gradually until the vehicle is fully stopped. Place the transmission in reverse and slowly allow the vehicle to roll straight downhill while applying light brake pressure to control speed.



Operating in Unfamiliar Terrain

Failure to use extra caution when operating on unfamiliar terrain could result in an accident or overturn.

Unfamiliar terrain may contain hidden rocks, bumps, or holes that could cause loss of control or overturn.

Travel slowly and use extra caution when operating on unfamiliar terrain. Always be alert to changing terrain conditions.



Shifting Properly in Reverse

Improperly operating in reverse could result in a collision with an obstacle or person. Always follow proper operating procedures as outlined in this manual. See page 60.

Before shifting into reverse gear, always check for obstacles or people behind the vehicle. When it's safe to proceed, back slowly.



Improper Tire Maintenance

Operating this vehicle with improper tires or with improper or uneven tire pressure could cause loss of control, accident or overturn.

Always use the size and type of tires specified for your vehicle. Always maintain proper tire pressure as described in the owner's manual and on safety labels.

Operating on Slippery Terrain

Operating on excessively rough, slippery or loose terrain could cause loss of traction, loss of control, accident or overturn.

Do not operate on excessively rough, slippery or loose terrain. Always use extra caution on rough, slippery or loose terrain.



Safety Warnings

Operating Over Obstacles

Improperly operating over obstacles could cause loss of control or overturn.

Before operating in a new area, check for obstacles. Never attempt to operate over large obstacles such as rocks or fallen trees. Always follow the proper procedures outlined in this manual when operating over obstacles.



Skidding or Sliding

Skidding or sliding can cause loss of control or overturn (if tires regain traction unexpectedly). Always follow proper procedures for operating on slippery surfaces as described in the owner's manual.

When operating on slippery surfaces such as ice or loose gravel, reduce speed and use extra caution to reduce the chance of skidding or sliding.

Do not operate on excessively slippery surfaces.

Operating Through Water

Operating through deep or fast-flowing water can cause loss of traction, loss of control, overturn or accident. Never operate in fast-flowing water or in water that exceeds the recommended maximum depth.

Always follow proper procedures for operating in water as described in the owner's manual.

Wet brakes may have reduced stopping ability. After leaving water, test the brakes. Apply them lightly several times while driving slowly. The friction will help dry out the pads.



SAFETY

Safety Warnings

Improper Cargo Loading

Overloading the vehicle or carrying cargo improperly may cause changes in stability and handling, which could cause loss of control or an accident.

- Always follow the instructions in the owner's manual for carrying cargo.
- Never exceed the stated load capacity for this vehicle.
- Cargo should be properly distributed and securely attached.
- Reduce speed when carrying cargo. Allow a greater distance for braking.



Operating on Frozen Bodies of Water

Severe injury or death can result if the vehicle and/or the operator fall through the ice. Never operate the vehicle on a frozen body of water unless you have first verified that the ice is sufficiently thick to support the weight and moving force of the vehicle, you and your passenger, and your cargo, together with any other vehicles in your party. Always check with local authorities and residents to confirm ice conditions and thickness over your entire route. Vehicle operators assume all risk associated with ice conditions on frozen bodies of water.



Operating a Damaged Vehicle

Operating a damaged vehicle can result in an accident with serious injury or death. After any overturn or accident, have a qualified service dealer inspect the entire vehicle for possible damage, including (but not limited to) brakes, throttle and steering systems.

Safety Warnings

Handling Gasoline

Gasoline is highly flammable and is explosive under certain conditions. Always exercise extreme caution whenever handling gasoline.

- Always stop the engine when refueling.
- Always refuel outdoors or in a well ventilated area.
- Remove flammable material containers from the box before filling.
- Do not smoke or allow open flames or sparks in or near the refueling area or where gasoline is stored.
- Never refuel while a person is in the vehicle.
- Do not over fill the tank. Do not fill the tank neck.
- If gasoline spills on your skin or clothing, immediately wash it off with soap and water and change clothing.

Refueling

Always turn off the engine before refueling. Make sure the refueling area is well ventilated and free of any source of flame or sparks. Gasoline is extremely flammable.

Remove flammable material containers from the box before filling.

Exposure to Exhaust

Engine exhaust fumes are poisonous and can cause loss of consciousness or death in a short time. Never start the engine or let it run in an enclosed area.

Operate this vehicle only outdoors or in well-ventilated areas.

Hot Exhaust Systems

Exhaust system components are very hot during and after use of the vehicle. Hot components can cause burns and fire. Do not touch hot exhaust system components. Always keep combustible materials away from the exhaust system. Use caution when traveling through tall grass, especially dry grass.

Unauthorized Use of the Vehicle

Leaving the keys in the ignition can lead to unauthorized use of the vehicle, which could result in an accident or overturn. Always remove the ignition key when the vehicle is not in use.

**FOR MORE INFORMATION ABOUT SAFETY
call POLARIS at 1-800-342-3764.**

SAFETY

Safety Labels and Locations

Warning labels have been placed on the vehicle for your protection. Read and follow the instructions of the labels on the vehicle carefully. If any of the labels depicted in this manual differ from the labels on your vehicle, always read and follow the instructions of the *labels on the vehicle*.

If an informational or graphic label becomes illegible or comes off, contact your POLARIS dealer to purchase a replacement. Replacement *safety* labels are provided by POLARIS at no charge. The part number is printed on the label.

Load/Passenger/Tire Pressure Warning

WARNING

- Passengers can be thrown off. This can cause serious injury or death.
- Never carry passengers in cargo box.

WARNING

IMPROPER TIRE PRESSURE OR OVERLOADING CAN CAUSE LOSS OF CONTROL RESULTING IN SERIOUS INJURY OR DEATH.

- Reduce speed and allow greater distance for braking when carrying cargo.
- Overloading or carrying tall, off-center, or unsecured loads will increase your risk of losing control. Loads should be centered and carried as low as possible in box.
- For stability on rough or hilly terrain, reduce speed and cargo.
- Be careful if load extends over the side of the box.

Load/Passenger/Tire Pressure Warning



RANGER RZR	RZR	RZR 4	RZR XP
MAXIMUM CARGO BOX LOAD	300 lbs. (136 kg)	300 lbs. (136 kg)	300 lbs. (136 kg)
TIRE PRESSURE IN PSI (KPa)	FRONT 8 (55) REAR 8 (55)	FRONT 10 (69) REAR 12 (83)	FRONT 12 (83) REAR 14 (97)
MAXIMUM WEIGHT CAPACITY INCLUDES WEIGHT OF OPERATOR, PASSENGER, CARGO AND ACCESSORIES	740 lbs. (336 kg)	900 lbs. (408 kg)	740 lbs. (336 kg)

Read Operation and Maintenance Manual for more detailed loading information.

7177691

Safety Labels and Locations



Passenger
Safety
Warning

Passenger Safety Warning

WARNING

NEVER CARRY A PASSENGER UNDER AGE 12
 NEVER CARRY MORE THAN ONE PASSENGER
 NEVER RIDE AFTER USING DRUGS OR ALCOHOL

To reduce the risk of SEVERE INJURY or DEATH,
 NEVER carry a passenger under age 12 or too small to
 firmly plant feet on the floor and securely grasp hand hold.

THE PASSENGER MUST ALWAYS:

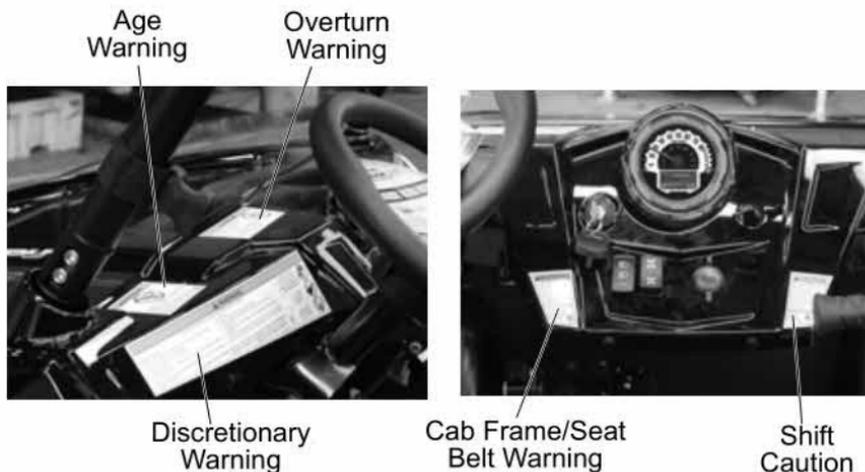
- wear seat belt.
- use an approved helmet and protective gear.
- securely grasp hand hold and plant feet firmly on the floor.
- tell operator to slow down or stop if uncomfortable - get off and walk if conditions require.
- keep hands and feet inside vehicle at all times.
- watch for branches, brush, and other hazards that could enter vehicle.



7175102

SAFETY

Safety Labels and Locations



Cab Frame/Seat Belt Warning

WARNING

- ALWAYS WEAR YOUR SEAT BELT and make sure passenger wears seat belt.
- ALWAYS SECURE CAB NETS.
- VEHICLE OVERTURN could cause severe injury or death.

Shift Caution

CAUTION

To avoid transmission damage, shift only when vehicle is stationary and at idle. When vehicle is stopped, place shift in the parked position.

APPLY BRAKE TO START

7174843

Safety Labels and Locations

Age Warning

WARNING

Operating this vehicle if you are under the age of 16 increases your chance of severe injury or death.

NEVER operate this vehicle if you are under age 16 or without a valid driver's license.



Overturn Warning

WARNING

Improper operation can cause this vehicle to overturn and lead to serious injury or death.

This vehicle handles differently than cars, trucks or other off-road vehicles. In order to avoid overturns:

- avoid sharp turns.
- never turn while applying heavy throttle.
- never make abrupt steering maneuvers.
- operate at speeds appropriate for your skills, the conditions and the terrain.
- DO NOT do power slides, "donuts", jumps or other driving stunts.



7175105

Belt Debris Warning

WARNING

Improper service or maintenance of this PVT system can result in vehicle damage, SEVERE INJURY or DEATH.

Always look for and remove debris inside and around the clutch and vent system when replacing the belt.

Read owner's manual or see authorized POLARIS dealer.

7177469

SAFETY

Safety Labels and Locations

Discretionary Warning

WARNING

Improper vehicle use can result in SEVERE INJURY or DEATH

NEVER operate:

- without first viewing safety video and quick start guide.
- with more than one passenger.
- on hills steeper than 15 degrees.
- on public roads.
- on paved surfaces - pavement may seriously affect handling and control.
- with non-POLARIS approved accessories - they may seriously affect stability.

ALWAYS:

- keep hands and feet inside vehicle. Use the cab nets.
- reduce speed and use extra caution when carrying a passenger.
- operate slowly in reverse - avoid sharp turns or sudden braking.
- make sure passenger reads and understands all safety labels.
- watch for branches or other hazards that could enter vehicle.

ALWAYS USE AN APPROVED HELMET AND PROTECTIVE GEAR FOR OPERATOR AND PASSENGER

NEVER USE ON PUBLIC ROADS

NEVER USE WITH DRUGS OR ALCOHOL

LOCATE AND READ OWNER'S MANUAL. FOLLOW ALL INSTRUCTIONS AND WARNINGS. IF OWNER'S MANUAL IS MISSING, CONTACT A POLARIS DEALER FOR A REPLACEMENT.



Discretionary Warning



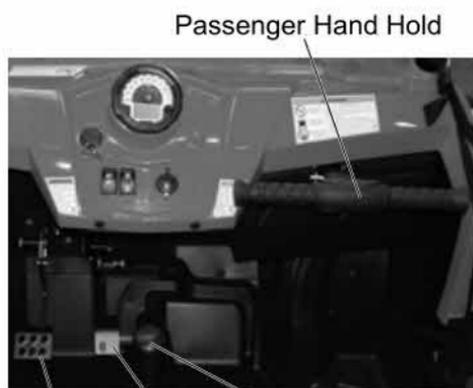
7175104

FEATURES AND CONTROLS

Component Locations



Cargo Box Tie-Down Points



Passenger Hand Hold

Throttle Pedal

Brake Pedal

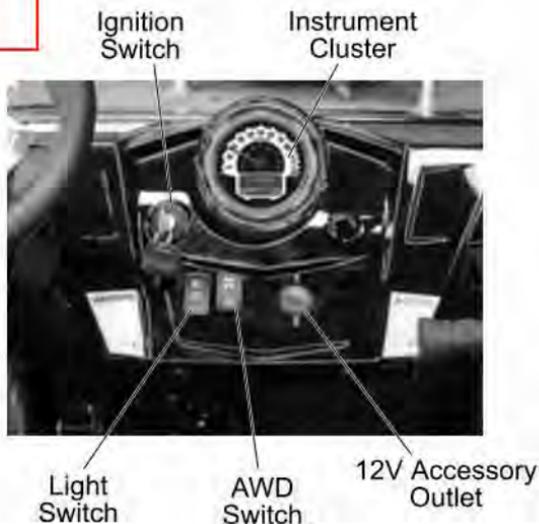
Gear Selector

FEATURES AND CONTROLS

#130411HWE0001

Exhibit D

Page 30 of 139



Auxiliary Outlet

The vehicle is equipped with a 12-volt accessory outlet on the dash. Use the outlet to power an auxiliary light or other optional accessories or lights. For service, the dash outlet connection is under the dash.

Ignition Switch

The ignition switch is a three-position, key-operated switch. Use the ignition switch to start the engine. See page 50 for starting procedures.

The key can be removed from the switch when it is in the OFF position.

OFF	The engine is off. Electrical circuits are off, except accessory 12V.
ON	Electrical circuits are on. Electrical equipment can be used.
START	Turn the key to the START position to engage the electric starter. The key returns to the ON position when released.

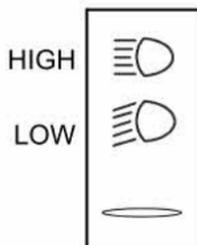
FEATURES AND CONTROLS

Switches

Headlight Switch

Use the headlight switch to turn the lights on and off and to change the lights from high beam to low beam. The ignition switch must be in the ON position to operate the headlights.

Press the top of the rocker switch toward the dash to place the headlights on high beam. Move the rocker switch to the center position to place the headlights on low beam. Press the bottom of the rocker switch to turn off the headlights.



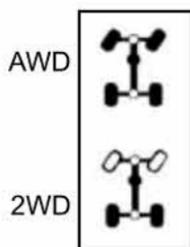
All Wheel Drive (AWD) Switch

The AWD Switch has two positions:

- All Wheel Drive (AWD)
- Two Wheel Drive (2WD).

Press the top of the rocker switch to engage All Wheel Drive. Press the bottom of the switch to operate in two wheel drive.

See page 36 for AWD operating instructions.



FEATURES AND CONTROLS

Seats

Before operating the vehicle, always push down on all seat backs to ensure the latches are secure.

Seat Adjustments

Loosen (do not remove) the four screws located on the seat bottom. Slide the seat forward or rearward to the desired position. Tighten the screws to 4 ft. lbs. (5.4 Nm). Do not overtighten.

Seat Removal

1. Pull up on the seat latch lever located under the rear edge of the seat.
2. Tilt the seat forward.
3. Lift the seat upward to remove it from the vehicle.
4. Reverse this procedure to reinstall the seat. Make sure the seat tabs at the front edge of the seat slide under the seat retainer bar.
5. Press down firmly at the rear of the seat to engage the rear latch.



Front Seat Retainer

Seat Latch

Steering Wheel

The steering wheel can be tilted upward or downward for rider preference.

Lift and hold the steering wheel adjustment lever while moving the steering wheel upward or downward. Release the lever when the steering wheel is at the desired position.



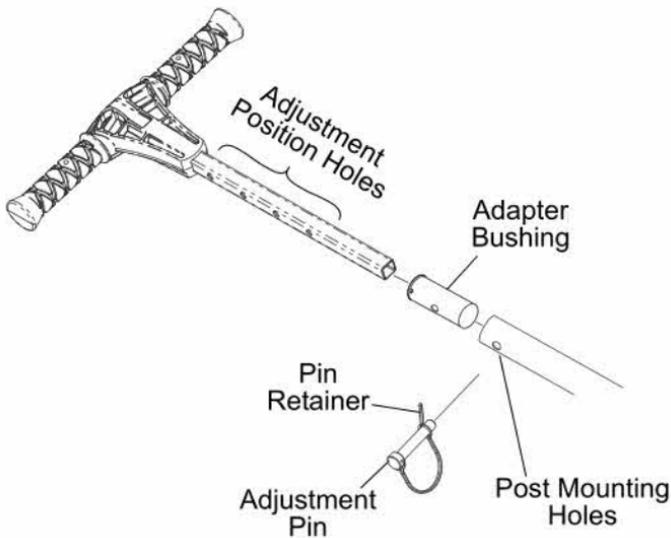
Adjustment Lever

FEATURES AND CONTROLS

Passenger Hand Hold

Always adjust the hand hold to a comfortable position for your passenger before operating. Make sure the adjustment pin and retainer are securely installed after making adjustments.

1. Remove the retainer from the end of the adjustment pin.
2. Remove the pin from the post.
3. Slide the post inward or outward to the desired position.
4. Reinstall the pin through the post mounting hole, adapter bushing hole, both post adjustment holes and lastly through the remaining bushing hole and post mounting hole.
5. Reinstall the retainer to the pin.



FEATURES AND CONTROLS

Hood

Remove the hood to access the radiator pressure cap and coolant overflow bottle.

1. Turn the hood fasteners 1/4 turn.
2. Grasp the upper hood edge and pull upward to disengage the fasteners.
3. Pivot the hood forward and lift upward to disengage the lower hood hooks.
4. Lift the hood away from the vehicle.

Hood Fasteners



Pressure Cap
Overflow Bottle



FEATURES AND CONTROLS

Service Access Panels

Engine Access Panel

The engine access panel is located behind the seats on the frame of the vehicle. Remove the seats and remove the access panel to reach some serviceable engine components.



Oil Tank Access Panel

The oil tank access panel is located in the forward left corner of the cargo box. Remove the panel to check and add oil.



Oil Tank Access Panel

Cargo Box Access Panel

The cargo box access panel is located on the floor of the cargo box. Remove the panel to access the spark plugs and air filter.



Cargo Box Access Panel

FEATURES AND CONTROLS

Fuel Cap

The fuel tank filler cap is located on the right-hand side of the vehicle near the passenger seat. When refueling, always use either leaded or unleaded gasoline with a minimum pump octane number of 87 R+M/2 octane. *Do not use fuel with ethanol content greater than 10 percent, such as E-85 fuel.*

Remove flammable material containers from the box before filling.



Cab Nets

All RZR models are equipped with cab nets, which may differ slightly in appearance from those shown.

Riding in this vehicle without using the cab nets increases the risk of serious injury or death in the event of an accident or overturn. Cab nets must be used by operator and passenger at all times. Make sure all latches are secure before operating the vehicle.

Always inspect cab nets for tightness, wear and damage before each use of the vehicle. Use the strap adjusters to tighten any loose straps. Promptly replace worn or damaged cab nets with new cab nets, available from your authorized POLARIS dealer.



FEATURES AND CONTROLS

Seat Belts

This POLARIS vehicle is equipped with three-point lap and diagonal seat belts for all riders. Always make sure the seat belts are secured for the operator and passenger before riding.

To wear the seat belt properly, follow this procedure:

1. Pull the seat belt latch downward and across your chest toward the buckle at the inner edge of the seat. The belt should fit snugly across your hips and diagonally across your chest. Make sure the belt is not twisted.
2. Push the latch plate into the buckle until it clicks.
3. Release the strap, it will self-tighten.
4. Press the red release latch on the buckle to release the seat belt.

Seat Belt Inspection

Inspect all seat belts for proper operation before each use of the vehicle.

1. Push the latch plate into the buckle until it clicks. The latch plate must slide smoothly into the buckle. A click indicates that it's securely latched.
2. Push the red release latch in the middle of the buckle to make sure it releases freely.
3. Pull each seat belt completely out and inspect the full length for any damage, including cuts, wear, fraying or stiffness. If any damage is found, or if the seat belt does not operate properly, have the seat belt system checked and/or replaced by an authorized POLARIS dealer.
4. To clean dirt or debris from the seat belts, sponge the straps with mild soap and water. Do not use bleach, dye or household detergents. Rinse the entire length of the belt webbing. Use a garden hose to flush out the retractor and latch housings regularly.

FEATURES AND CONTROLS

Gear Selector

P: Park

R: Reverse

N: Neutral

L: Low Gear

H: High Gear

To change gears, stop the vehicle, and with the engine idling, move the lever to the desired gear. Do not attempt to shift gears with engine speed above idle or while the vehicle is moving.



Gear Selector

Tip: Maintaining shift linkage adjustment is important to assure proper transmission function. See your dealer if you experience any shifting problems.

NOTICE: Do not attempt to shift the transmission while the vehicle is moving or damage to the transmission could result. Always shift when the vehicle is stationary and the engine is at idle.

Using Low Range

Always shift into low gear for any of the following conditions.

- Operating in rough terrain or over obstacles
- Loading the vehicle onto a trailer
- Towing heavy loads

FEATURES AND CONTROLS

Brake Pedal

Depress the brake pedal to slow or stop the vehicle. Apply the brakes while starting the engine.

Throttle Pedal

Push the pedal down to increase engine speed. Spring pressure returns the pedal to the rest position when released. Always check that the throttle pedal returns normally before starting the engine.



Brake Pedal

Throttle Pedal

Rollover Protective Structure (ROPS)

The Rollover Protective Structure (ROPS) on this vehicle meets OSHA 1928.53 rollover performance requirements. Always have your authorized POLARIS dealer thoroughly inspect the ROPS if it ever becomes damaged in any way.

No device can assure occupant protection in the event of a rollover. Always follow all safe operating practices outlined in this manual to avoid vehicle rollover.

WARNING! Vehicle rollover could cause severe injury or death. Always avoid operating in a manner that could result in vehicle rollover.



ROPS Label

#130411HWE0001

Exhibit D

Page 40 of 139

FEATURES AND CONTROLS

Active (AWD) System

The system is controlled by the AWD switch. When the switch is on 2X4, the vehicle is in two-wheel drive at all times. When the switch is on AWD, the vehicle is in all wheel drive and the 4X4 indicator in the instrument cluster will be on.

When in AWD, the demand drive unit will automatically engage any time the rear wheels lose traction. When the rear wheels regain traction, the demand drive unit will automatically disengage.

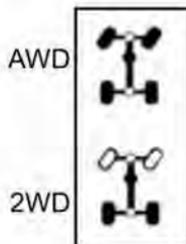
There is no limit to the length of time the vehicle may remain in AWD.

Engaging AWD

The AWD switch may be turned on or off while the vehicle is moving. Initially, the vehicle's electronic system will not enable the AWD until the engine RPM is below 3100. Once enabled, the AWD remains enabled until the AWD switch is turned off. If the switch is turned off while the demand drive unit is moving, it will not disengage until the rear wheels regain traction.

Engage the AWD switch before getting into conditions where front wheel drive may be needed. If the rear wheels are spinning, release the throttle before switching to AWD.

NOTICE: Switching to AWD while the rear wheels are spinning or slipping may cause severe drive shaft and gearcase damage. Always switch to AWD while the rear wheels have traction or are at rest.

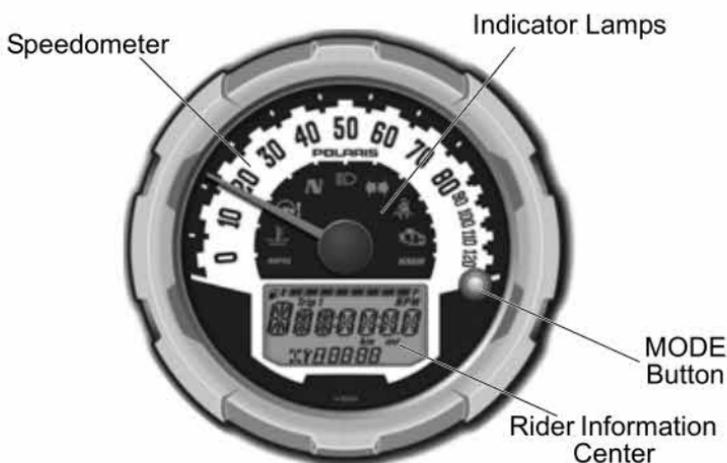


FEATURES AND CONTROLS

Instrument Cluster

NOTICE: High water pressure may damage components. Wash the vehicle by hand or with a garden hose using mild soap.

Certain products, including insect repellents and chemicals, will damage the speedometer lens and other plastic surfaces. Do not use alcohol to clean the instrument cluster. Do not allow insect sprays to contact the lens. Immediately clean off any gasoline that splashes on the instrument cluster.



Speedometer

The speedometer displays vehicle speed in either miles per hour (MPH) or kilometers per hour (km/h). See page 41.

Mode Button

Use the MODE button to toggle through mode options. See page 41 for operation of the modes.

FEATURES AND CONTROLS

Instrument Cluster

Indicator Lamps

Lamp	Indicates	Condition
	Vehicle Speed	When standard mode is selected, speed displays in miles per hour.
		When metric mode is selected, speed displays in kilometers per hour.
	Over Temperature	This lamp illuminates to indicate an overheated engine. If the indicator flashes, the overheating condition remains, and the system will automatically reduce engine power.
	Neutral	This lamp illuminates when the transmission is in neutral and the ignition key is in the ON position.
	High Beam	This lamp illuminates when the headlamp switch is set to high beam.
	Helmet/Seat Belt	This lamp flashes for several seconds when the key is turned to the ON position. The lamp is a reminder to the operator to ensure all riders are wearing helmets and seat belts before operating.
	Check Engine	This indicator appears if an EFI-related fault occurs. Do not operate the vehicle if this warning appears. Serious engine damage could result. See your dealer.

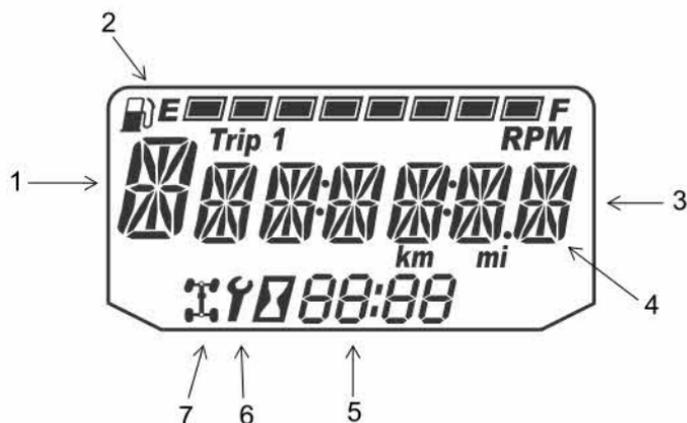
FEATURES AND CONTROLS

Instrument Cluster

Rider Information Center

The rider information center is located in the instrument cluster. All segments will light up for one second at start-up. If the instrument cluster fails to illuminate, a battery over-voltage may have occurred and the instrument cluster may have shut off to protect the electronic speedometer. If this occurs, take the vehicle to your POLARIS dealer for proper diagnosis.

The information center is set to display standard units of measurement and a 12-hour clock at the factory. To change to metric and/or a 24-hour clock, see page 42.



- 1. Gear Indicator** - This indicator displays gear shifter position.
 - H = High Gear
 - L = Low Gear
 - N = Neutral
 - R = Reverse Gear
 - P = Park
 - = Gear Signal Error (or shifter between gears)

FEATURES AND CONTROLS

Instrument Cluster

Rider Information Center

2. **Fuel Gauge** - The segments of the fuel gauge show the level of fuel in the fuel tank. When the last segment clears, a low fuel warning is activated. All segments including the fuel icon will flash. Refuel immediately.

Tip: If the fuel icon fails to display, an open or short circuit has occurred in the fuel sensor circuit. See your dealer.

3. **Information Display Area** - This area displays odometer, trip meter, engine hour meter and programmable service hour interval.
4. **Under / Over Voltage** - This warning usually indicates that the vehicle is operating at an RPM too low to keep the battery charged. It may also occur when the engine is at idle and high electrical load (lights, cooling fan, accessories) is applied. Drive at a higher RPM or recharge the battery to clear the warning.
5. **Clock** - The clock displays time in a 12-hour or 24-hour format. See page 42 for resetting instructions.
6. **Service Indicator** - A flashing wrench symbol alerts the operator that the preset service interval has been reached. The vehicle should be brought to your dealer for scheduled maintenance. See page 42 for resetting instructions.
7. **4X4 Indicator** - This indicator illuminates when the 4X4 system is engaged (switch is on 4X4).

FEATURES AND CONTROLS

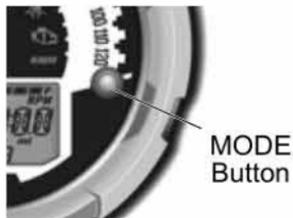
Instrument Cluster

Rider Information Center

Use the MODE button to toggle through the information area options.

Display Units (Standard/Metric)

The display can be changed to show either standard or metric units of measurement for each of the following settings.



Tip: To exit the set-up mode, turn the key off. Wait 5 seconds, then turn the key on. The gauge display the mode that was displayed prior to setting the units.

	Standard Display	Metric Display
Distance	Miles	Kilometers
Fuel	U.S. Gallons	Liters, Imperial Gallons
Temperature	Fahrenheit	Celsius
Time	12-Hour Clock	24-Hour Clock

1. Turn the key to the OFF position.
2. Press and *hold* the MODE button while turning the key to the ON position.
3. When the display flashes the distance setting, tap the MODE button to advance to the desired setting.
4. Press and *hold* the MODE button to save the setting and advance to the next display option.
5. Repeat the procedure to change remaining display settings.

FEATURES AND CONTROLS

Instrument Cluster

Rider Information Center

Clock Mode

Tip: The clock must be reset any time the battery has been disconnected or discharged.

1. Turn the key to the ON position. Use the MODE button to toggle to the odometer display.
2. Press and *hold* the MODE button until the hour segment flashes. Release the button.
3. With the segment flashing, tap the MODE button to advance to the desired setting.
4. Press and *hold* the MODE button until the next segment flashes. Release the button.
5. Repeat steps 3-4 twice to set the 10-minute and 1-minute segments. After completing the 1-minute segment, step 4 will save the new settings and exit the clock mode.
6. Turn the key to the OFF position.

FEATURES AND CONTROLS

Instrument Cluster

Rider Information Center

Odometer Mode

The odometer records and displays the distance traveled by the vehicle.

Trip Meter Mode

The trip meter records the distance traveled by the vehicle if reset before each trip. To reset, select the trip meter mode. Press and hold the MODE button until the meter resets to zero. In the Rider Information Center, the trip meter display contains a decimal point, but the odometer displays without a decimal point.

Hour Meter Mode

This mode logs the total hours the engine has been in operation.

Engine Temperature Mode

This mode displays current temperature of the coolant.

Tachometer Mode

The engine RPM is displayed digitally.

Tip: Small fluctuations in the RPM from day to day may be normal because of changes in humidity, temperature and elevation.

FEATURES AND CONTROLS

Instrument Cluster

Rider Information Center

Programmable Service Interval

When the hours of engine operation equal the programmed service interval setting, the wrench icon will flash for 5 seconds each time the engine is started. When this feature is enabled, it provides a convenient reminder to perform routine maintenance. The service interval is programmed at 50 hours at the factory. Use the following procedure to change the service interval.

1. Press the MODE button until remaining service hours display.
2. Press and hold the MODE button.
3. When the service hours flash, press and release the MODE button to advance the hours to the desired setting (including OFF). Press and hold the MODE button to set the new service hour interval.

Diagnostic Display Mode

The EFI diagnostic display mode is for informational purposes only. Please see your POLARIS dealer for all major repairs.

The diagnostic mode is accessible only when the check engine warning indicator activates after the key has been turned on. Leave the key on if you want to view the active code (failure code).

The diagnostic mode becomes inaccessible if the key is turned off and on and the warning indicator is no longer active. This allows the determination of persistent as well as intermittent faults.

Inactive codes are stored in the history of the unit.

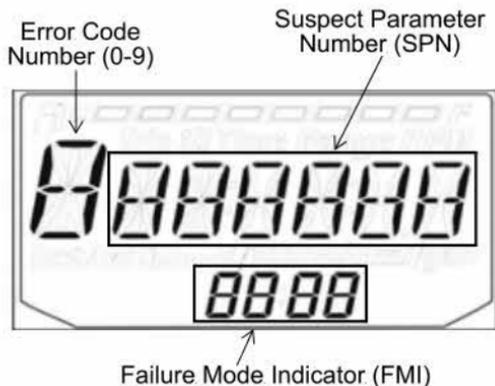
FEATURES AND CONTROLS

Instrument Cluster Rider Information Center

Engine Error Codes

The error screen displays only when the CHECK ENGINE light is on or when it goes on and off during one ignition cycle. Error codes are not stored. When the key is turned OFF, the code and message is lost, but will reappear if the fault reoccurs after restarting the engine.

If the CHECK ENGINE light illuminates, retrieve the error codes from the display.



1. If the error codes are not displayed, use the MODE button to toggle until “Ck ENG” displays on the main line of the display.
2. Press and hold the MODE button to enter the diagnostics code menu.
3. Record the three numbers displayed in the gear position, clock and odometer displays.
4. Press the MODE button to advance to the next error code.
5. Press and hold the MODE button to exit the diagnostics code menu.
6. See an authorized POLARIS dealer for code details and diagnosis.

vehicle properly can result in a collision, loss of control, accident or overturn, which may result in serious injury or death. Read and understand all safety warnings outlined in the safety section of this owner's manual.

Vehicle Break-in Period

The break-in period for your new POLARIS vehicle is the first 25 hours of operation, or the time it takes to use the first two tanks full of gasoline. No single action on your part is as important as a proper break-in period. Careful treatment of a new engine and drive components will result in more efficient performance and longer life for these components. Perform the following procedures carefully.

NOTICE: Excessive heat build-up during the first three hours of operation will damage close-fitted engine parts and drive components. Do not operate at full throttle or high speeds during the first three hours of use.

Use of any oils other than those recommended by POLARIS may cause serious engine damage. We recommend the use of POLARIS Premium 4 Synthetic Oil for your 4-cycle engine.

Vehicle Break-in Period

Engine and Drivetrain Break-in

1. Fill the fuel tank with gasoline. See page 32. Always exercise extreme caution whenever handling gasoline.
2. Check the oil level. See page 73. Add the recommended oil as needed to maintain the oil level in the safe operating range.
3. Complete the New Operator Driving Procedures outlined on pages 52-53.
4. Avoid aggressive use of the brakes. See Brake System Break-in on page 47.
5. Vary throttle positions. Do not operate at sustained idle.
6. Perform regular checks on fluid levels, controls and areas outlined on the daily pre-ride inspection checklist. See page 48.
7. Carry only light loads.
8. During the break-in period, change both the oil and the filter at 25 hours or one month.

Brake System Break-in

Apply only moderate braking force for the first 50 stops. Aggressive or overly forceful braking when the brake system is new could damage brake pads and rotors.

PVT Break-in (Clutches/Belt)

A proper break-in of the clutches and drive belt will ensure a longer life and better performance. Break in the clutches and belt by operating at slower speeds during the break-in period as recommended. Carry only light loads. Avoid aggressive acceleration and high speed operation during the break-in period.

If a belt fails, always clean any debris from the duct and from the engine compartment.

OPERATION

Pre-Ride Inspection

Failure to inspect and verify that the vehicle is in safe operating condition before operating increases the risk of an accident. Always inspect the vehicle before each use to make sure it's in safe operating condition.

Item	Remarks	Page
Brake system/pedal travel	Ensure proper operation	35 95
Brake fluid	Ensure proper level	96
Front suspension	Inspect, lubricate if necessary	70
Rear suspension	Inspect, lubricate if necessary	70
Steering	Ensure free operation	104
Tires	Inspect condition and pressure	20 99
Wheels/fasteners	Inspect, ensure fastener tightness	99
Frame nuts, bolts, fasteners	Inspect, ensure tightness	-
Fuel and oil	Ensure proper levels	40 73
Coolant level	Ensure proper level	85-86
Coolant hoses	Inspect for leaks	-
Throttle	Ensure proper operation	94
Indicator lights/switches	Ensure proper operation	26-27
Engine intake pre-filter	Inspect, clean	90
PVT intake pre-filter	Inspect, clean	90
Headlamp	Check operation	-
Brake light/tail lamp	Check operation, apply POLARIS dielectric grease when lamp is replaced	101
Seat Latches	Push down on both seat backs to ensure the latches are secure	28
Seat Belts	Check length of belt for damage, check latches for proper operation	33
Cab Nets	Check for wear or damage, ensure proper installation	32

Safe Operation Practices

1. Visit the Recreational Off-Highway Vehicle Association website (rohva.org) and take the free on-line training course. Complete the New Operator Driving Procedures outlined on pages 52-53.
2. Do not allow anyone under 16 years of age or without a valid driver's license to operate this vehicle.
3. Never operate with a passenger under the age of 12. Never carry more than one passenger in this vehicle. Never allow a passenger to ride in the cargo box.
4. Engine exhaust fumes are poisonous. Never start the engine or let it run in an enclosed area.
5. Never operate with accessories not approved by POLARIS for use on this vehicle.
6. Operate this vehicle off-road only. Never operate the vehicle on pavement or on any public street, road or highway, including dirt and gravel roads.
7. Drive in a manner appropriate for your skills and operating conditions. Never operate at excessive speeds. Never attempt wheelies, jumps, or other stunts. Keep both hands on the steering wheel during operation.
8. Never consume alcohol or drugs before or while operating this vehicle.
9. Always use the size and type of tires specified for your vehicle. Always maintain proper tire pressure.
10. Never operate a damaged vehicle. After any overturn or accident, have a qualified service dealer inspect the entire machine for possible damage.
11. Never operate the vehicle on a frozen body of water unless you have first verified that the ice is sufficiently thick to support the weight and moving force of the vehicle, you and your passenger, and your cargo, together with any other vehicles in your party.
12. Do not touch hot exhaust system components. Always keep combustible materials away from the exhaust system.
13. Always remove the ignition key when the vehicle is not in use to prevent unauthorized use.

OPERATION

Starting the Engine

1. Position the vehicle on a level surface outdoors or in a well-ventilated area.
2. Sit in the driver's seat and fasten the seat belt. Secure the cab nets.
3. Place the transmission in PARK.
4. Apply the brakes. Do not press the throttle pedal while starting the engine.
5. Turn the ignition key past the ON/RUN position to START. Engage the starter for a maximum of five seconds. Release the key when the engine starts.
6. If the engine does not start within five seconds, return the ignition switch to the OFF position and wait five seconds. Repeat steps 5 and 6 until the engine starts.
7. Vary the engine RPM slightly with the throttle to aid in warm up until the engine idles smoothly.

NOTICE: Operating the vehicle immediately after starting could cause engine damage. Allow the engine to warm up for several minutes before operating the vehicle.

Stopping the Engine

1. Release the throttle pedal completely and brake to a complete stop.
2. Place the transmission in PARK.
3. Turn the engine off.

Braking

1. Release the throttle pedal completely. (When the throttle pedal is released completely and engine speed slows to near idle, the vehicle has no engine braking.)
2. Press on the brake pedal evenly and firmly. Practice starting and stopping (using the brakes) until you're familiar with the controls.

Parking the Vehicle

1. Stop the vehicle on a level surface. When parking inside a garage or other structure, be sure that the structure is well ventilated and that the vehicle is not close to any source of flame or sparks, including any appliance with pilot lights.
2. Place the transmission in PARK.
3. Turn the engine off.
4. Remove the ignition key to prevent unauthorized use.

Know Your Riding Area/Tread Lightly

Familiarize yourself with all laws and regulations concerning the operation of this vehicle in your area. Respect the environment in which you ride your vehicle. Find out where the designated riding areas are by contacting your POLARIS dealer, a local riding club, or local officials.

Help keep our trails open for recreational vehicle use. As an off-road enthusiast, you represent the sport and can set a good example (or a poor example) for others to follow. Tread lightly. Operate with respect for the terrain, avoid littering, and always stay on the designated trails.

Trail Etiquette

Always practice good etiquette when riding. Allow a safe distance between your vehicle and other vehicles operating in the same area. Communicate to oncoming operators by signaling the number of vehicles in your group. When stopping, move your vehicle to the edge of the trail as far as possible to allow others to pass safely.

OPERATION

New Operator Driving Procedures



1. Read and understand the owner's manual and all warning and instruction labels before operating this vehicle.
2. Visit the Recreational Off-Highway Vehicle Association website (rohva.org) and take the free on-line training course.
3. Perform the pre-ride inspection. See page 48.
4. Wear an approved helmet that fits properly and eye protection (goggles or face shield).
5. Do not carry a passenger until you have at least two hours of driving experience with this vehicle.
6. Do not carry cargo during this period.
7. Select an open area that allows room to familiarize yourself with vehicle operation and handling.
8. Sit in the driver's seat and fasten the seat belt.
9. Always use the cab nets while riding in this vehicle.
10. Place the transmission in **PARK**.
11. Start the engine.

New Operator Driving Procedures

12. Apply the brakes and shift into low gear.
13. Check your surroundings and determine your path of travel.
14. Keeping both hands on the steering wheel, slowly release the brakes and depress the throttle with your right foot to begin driving.
15. Drive slowly at first. On level surfaces, practice starting, stopping, turning, maneuvering, using the throttle and brakes and driving in reverse. Learn how the vehicle handles when making both left and right turns at a slow speed.
16. Increase speed only after mastering all maneuvers at a slow speed.
17. After you become skilled at making turns and begin to operate at faster speeds, follow these precautions:
 - Avoid sharp turns.
 - Never turn while applying heavy throttle.
 - Never make abrupt steering maneuvers.
 - Operate at speeds appropriate for your skills, the conditions and the terrain.
 - DO NOT do power slides, “donuts”, jumps or other driving stunts.

OPERATION

Driving with a Passenger

1. Complete the New Operator Driving Procedures outlined on pages 52-53.
2. Perform the pre-ride inspection. See page 48.
3. Do not carry more than one passenger in this vehicle. Additional passengers can affect the operator's ability to steer and operate the controls.
4. Make sure the passenger is at least 12 years of age and is tall enough to comfortably and safely sit in the passenger seat with the seat belt secured, put both feet on the floor and grasp the hand hold.
5. Make sure the passenger is wearing appropriate riding gear, including an approved helmet and eye protection. See page 8.
6. Make sure the passenger secures the seat belt.
7. Make sure all cab nets are properly secured.
8. Allow a passenger to ride only in the passenger seat.
9. Slow down. Always travel at a speed appropriate for your skills, your passenger's skills and operating conditions. Avoid unexpected or aggressive maneuvers that could cause discomfort or injury to a passenger.
10. Vehicle handling may change with a passenger and/or cargo on board. Allow more time and distance for braking.
11. Always follow all operating guidelines as outlined on safety labels and in this manual.



Driving on Slippery Surfaces

⚠ WARNING

Skidding or sliding can cause loss of control or overturn (if tires regain traction unexpectedly). When operating on slippery surfaces such as ice or loose gravel, reduce speed and use extra caution to reduce the chance of skidding or sliding out of control. Do not operate on excessively slippery surfaces.

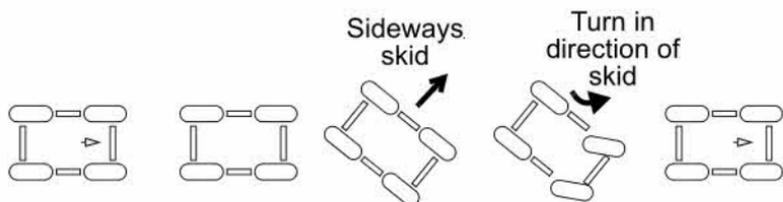
When driving on slippery surfaces such as wet trails, loose gravel, or ice, be alert for the possibility of skidding and sliding.

Follow these precautions when encountering slippery conditions:

1. Slow down before entering slippery areas.
2. Maintain a high level of alertness, reading the trail and avoiding quick, sharp turns, which can cause skids.
3. Engage all-wheel drive before wheels begin to lose traction.

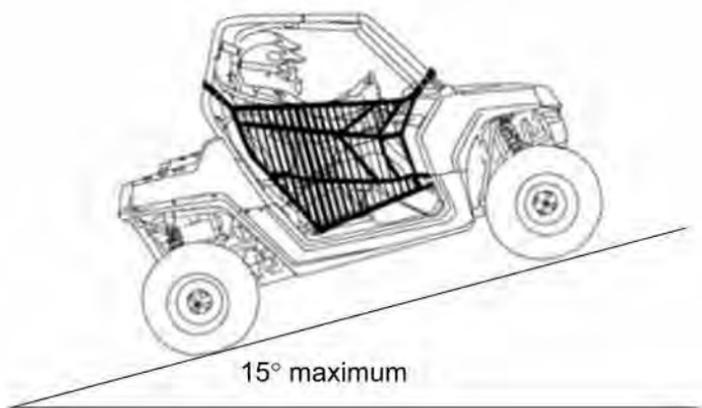
NOTICE: Severe damage to the drive train may occur if the AWD is engaged while the wheels are spinning. Always allow the wheels to stop spinning before engaging AWD.

4. Correct a skid by turning the steering wheel in the direction of the skid. *Never apply the brakes during a skid.*



uphill, follow these precautions:

1. Always check the terrain carefully before ascending a hill.
2. Avoid steep hills (15° maximum). If ascending a steeper grade is unavoidable, engage all-wheel drive before ascending.
3. Drive straight uphill.
4. Never climb hills with excessively slippery or loose surfaces.
5. Proceed at a steady rate of speed and throttle opening. Never open the throttle suddenly.
6. Avoid unnecessary changes in speed or direction.
7. Never go over the crest of a hill at high speed. An obstacle, a sharp drop, or another vehicle or person could be on the other side of the hill.
8. If the vehicle stalls while climbing a hill, apply the brakes. Place the transmission in reverse and slowly allow the vehicle to roll straight downhill while applying light brake pressure to control speed.



Driving on a Sidehill (Sidehilling)

Driving on a sidehill is not recommended. Improper procedure could cause loss of control or overturn. Avoid crossing the side of any hill unless absolutely necessary.

If crossing a hill is *unavoidable*, follow these precautions:

1. Engage all-wheel drive.
2. Drive slowly and use extreme caution.
3. If the vehicle begins to overturn, or if it feels as if it may overturn, *immediately* turn downhill.
4. Avoid obstacles and changes in terrain that may lower or raise one side of the vehicle or cause the vehicle to slide.
5. If the vehicle begins to slide downhill, immediately turn downhill to stop the slide, or stop the vehicle and maneuver slowly and carefully until the vehicle can be driven straight downhill.

Driving Downhill

Whenever descending a hill, follow these precautions:

1. Avoid steep hills (15° maximum).
2. Slow down. Never travel down a hill at high speed.
3. Always check the terrain carefully before descending a hill.
4. Always descend a hill with the transmission in forward gear. *Never descend a hill with the transmission in neutral.*
5. Avoid traveling down a hill at an angle, which would cause the vehicle to lean sharply to one side. Travel straight downhill.
6. Apply the brakes *lightly* to aid in slowing.

OPERATION

Driving Through Water

Your vehicle can operate through water with a maximum recommended depth equal to floor level. Follow these precautions when operating through water:

1. Determine water depth and current before entering water.
2. Choose a crossing where the water level is lowest and where both banks have gradual inclines. Never operate in water that exceeds the maximum recommended depth.



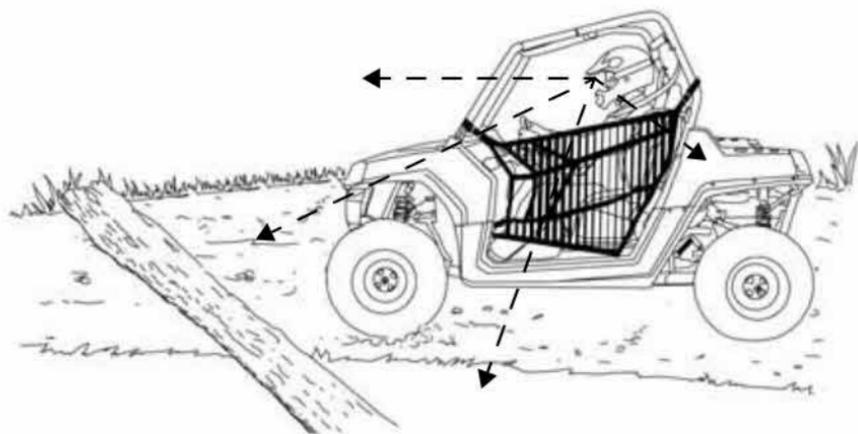
WARNING! The large tires on your vehicle may cause the vehicle to float in deep or fast-flowing water, which could result in loss of traction, loss of control, overturn or accident.

3. Wet brakes may have reduced stopping ability. After leaving water, test the brakes. Apply them lightly several times while driving slowly. The friction will help dry out the pads.

NOTICE: Major engine damage can result if the vehicle is not thoroughly inspected after operation in water. Perform the services outlined in the maintenance chart. See page 65. Give special attention to engine oil, transmission oil, demand drive fluid, rear gearcase oil, and all grease fittings.

If your vehicle becomes immersed or is operated in water that exceeds the floor level, take it to your dealer for service *before starting the engine*. If it's impossible to bring the vehicle to your dealer before starting the engine, perform the service outlined on page 103, and take the vehicle to your dealer at the first opportunity.

Driving Over Obstacles

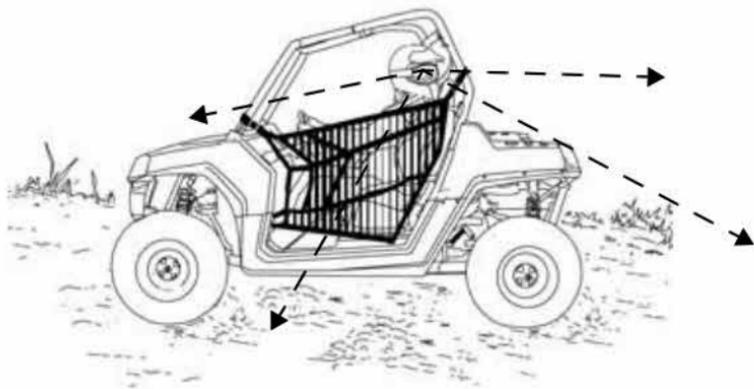


Follow these precautions when operating over obstacles:

1. Always check for obstacles before operating in a new area.
2. Look ahead and learn to read the terrain. Be constantly alert for hazards such as logs, rocks and low hanging branches.
3. Travel slowly and use extra caution when operating on unfamiliar terrain. Not all obstacles are immediately visible.
4. Avoid operating over large obstacles such as rocks and fallen trees. If unavoidable, use extreme caution and operate slowly.
5. Always have a passenger dismount and move away from the vehicle before operating over an obstacle that could cause an overturn.

OPERATION

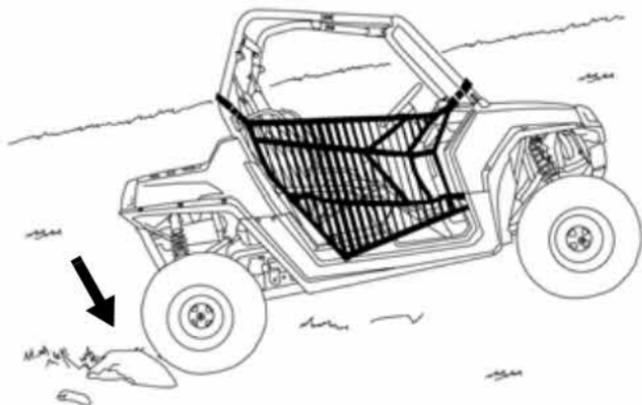
Driving in Reverse



Follow these precautions when operating in reverse:

1. Always check for obstacles or people behind the vehicle.
2. Apply the throttle *lightly*. Never open the throttle suddenly.
3. Back slowly.
4. Apply the brakes *lightly* for stopping.
5. Avoid making sharp turns.

Parking on an Incline



A rolling vehicle can result in serious injury. Avoid parking on an incline. If parking on an incline is *unavoidable*, follow these precautions:

1. Place the transmission in PARK.
2. Turn the engine off.
3. Block the rear wheels on the downhill side, or park the vehicle in a sidehill position instead.

OPERATION

Hauling Cargo

WARNING

Overloading the vehicle or carrying cargo improperly can alter vehicle handling and may cause loss of control or brake instability. Always follow these precautions when hauling cargo:

Never exceed the stated load capacity for this vehicle.

REDUCE SPEED AND ALLOW GREATER DISTANCES FOR BRAKING WHEN HAULING CARGO.

NEVER EXCEED THE MAXIMUM WEIGHT CAPACITY of the vehicle. When determining the weight you are adding to the vehicle, include the weight of the operator, passenger, accessories and loads in the rack or box. The combined weight of these items must not exceed the maximum weight capacity.

Always load the cargo box with the load as far forward and as low as possible.

When operating over rough or hilly terrain, reduce speed and cargo to maintain stable driving conditions.

Always operate the vehicle with extreme care when hauling cargo. Slow down and drive in the lowest gear available.

SECURE ALL LOADS BEFORE OPERATING. Unsecured loads can create unstable operating conditions, which could result in loss of control of the vehicle.

OPERATE ONLY WITH STABLE AND SAFELY ARRANGED LOADS. When handling off-centered loads that cannot be centered, securely fasten the load and operate with extra caution. \

HEAVY LOADS CAN CAUSE BRAKING AND CONTROL PROBLEMS. Use extreme caution when applying brakes with a loaded vehicle. Avoid terrain or situations that may require backing downhill.

USE EXTREME CAUTION when operating with loads that extend over the rack sides. Stability and maneuverability may be adversely affected, causing the vehicle to overturn.

DO NOT TRAVEL FASTER THAN THE RECOMMENDED SPEEDS. Vehicle should never exceed 10 MPH (16 km/h) while cornering or while ascending or descending a hill.

Carrying a passenger in the cargo box could result in a fall from the vehicle or contact with moving components. Never allow a passenger to ride in the cargo box. A passenger must always be seated in the passenger seat with seat belt secured.



Hauling Cargo

Your POLARIS vehicle has been designed to carry a specific capacity. Reduce speed and allow a greater distance for braking when carrying cargo.

Loads should be centered and carried as low as possible in the box. For stability on rough or hilly terrain, reduce both speed and cargo. Exercise caution if the cargo load extends over the side of the box.

Always read and understand the load distribution warnings listed on warning labels and in this manual. Never exceed the maximum capacities specified for your vehicle. See page 114.

Belt Life

To extend belt life, use low gear when hauling a heavy load at less than 7 MPH (11 km/h) for extended periods and when operating uphill at a slow speed.

EMISSION CONTROL SYSTEMS

Noise Emission Control System

Do not modify the engine, intake or exhaust components, as doing so may affect compliance with U.S.A. EPA noise control requirements (40 CFR 205) and local noise level requirements.

Operation on Public Lands in the U.S.A.

Your POLARIS vehicle has a spark arrester that was tested and qualified to be in accordance with the USFS standard 5100-1C. Federal law requires that this spark arrester be installed and functional when the vehicle is operated on public lands.

Operation of off-road vehicles on public lands in the U.S.A. is regulated by 43 CFR 420. Violations are subject to monetary penalties. Federal regulations can be viewed online at www.gpoaccess.gov/ecfr/.

Crankcase Emission Control System

This engine is equipped with a closed crankcase system. Blow-by gases are forced back to the combustion chamber by the intake system. All exhaust gases exit through the exhaust system.

Exhaust Emission Control System

Exhaust emissions are controlled by engine design. An electronic fuel injection (EFI) system controls fuel delivery. The engine and EFI components are set at the factory for optimal performance and are not adjustable.

The emissions label is located on the lower frame behind the driver's seat.

Electromagnetic Interference

This spark ignition system complies with Canadian ICES-002.

This vehicle complies with the EMC requirements of European directives 97/24/EC and 2004/108/EC.

Non-ionizing Radiation: This vehicle emits some electromagnetic energy. People with active or non-active implantable medical devices (such as heart monitoring or controlling devices) should review the limitations of their device and the applicable electromagnetic standards and directives that apply to this vehicle.

Periodic Maintenance Chart

Careful periodic maintenance will help keep your vehicle in the safest, most reliable condition. Inspection, adjustment and lubrication of important components are explained in the periodic maintenance chart.

Inspect, clean, lubricate, adjust and replace parts as necessary. When inspection reveals the need for replacement parts, use genuine POLARIS parts available from your POLARIS dealer.

Record maintenance and service in the Maintenance Log beginning on page 129.

Service and adjustments are important for proper vehicle operation. If you're not familiar with safe service and adjustment procedures, have a qualified dealer perform these operations.

Maintenance intervals in the following chart are based upon average riding conditions and an average vehicle speed of approximately 10 MPH (16 km/h). Vehicles subjected to severe use must be inspected and serviced more frequently.

Severe Use Definition

- Frequent immersion in mud, water or sand
- Racing or race-style high RPM use
- Prolonged low speed, heavy load operation
- Extended idle
- Frequent short trip operation in cold weather (engine frequently does not operate long enough to reach full operating temperature)

Pay special attention to the oil level. A rise in oil level during cold weather can indicate contaminants collecting in the oil sump or crankcase. Change oil immediately if the oil level begins to rise. Monitor the oil level, and if it continues to rise, discontinue use and determine the cause or see your dealer.

#130411HWE0001

Exhibit D

Page 70 of 139

MAINTENANCE

Maintenance Chart

Chart Key

▶ Perform these operations more often for vehicles subjected to severe use.

E Emission-related service (Failure to conduct this maintenance will not void the emissions warranty but may affect emissions.)

■ Have an authorized POLARIS dealer perform these services.

WARNING! Improperly performing the procedures marked with a ■ could result in component failure and lead to serious injury or death. Have an authorized POLARIS dealer perform these services.

MAINTENANCE

Periodic Maintenance Chart

Perform all services at whichever maintenance interval is reached first.

Item	Maintenance Interval (whichever comes first)			Remarks
	Hours	Calendar	Miles (Km)	
Steering	-	Pre-Ride	-	Make adjustments as needed. See Pre-Ride Checklist on page 48.
Front suspension	-	Pre-Ride	-	
Rear suspension	-	Pre-Ride	-	
Tires	-	Pre-Ride	-	
Brake fluid level	-	Pre-Ride	-	
Brake pedal travel				
Brake system	-	Pre-Ride	-	
Wheels/fasteners	-	Pre-Ride	-	
Frame fasteners	-	Pre-Ride	-	
Engine oil level	-	Pre-Ride	-	
E Engine intake pre-filter	-	Daily	-	Inspect; clean often
PVT intake pre-filter	-	Daily	-	Inspect; clean often
Coolant	-	Daily	-	Check coolant level
Headlight/taillight	-	Daily	-	Check operation; apply dielectric grease if replacing
▶ ■ Brake pad wear	10 H	Monthly	100 (160)	Inspect periodically
▶ Engine oil change (break-in)	25 H	1 M	-	Perform a break-in oil and filter change at one month
▶ E Air filter	25 H	Monthly	250 (400)	Inspect; replace as needed
Battery	25 H	Monthly	250 (400)	Check terminals; clean; test
▶ Front gearcase (demand drive) fluid	25 H	Monthly	250 (400)	Inspect level; add if needed
▶ Transmission (main gearcase) oil	25 H	Monthly	250 (400)	Inspect level; add if needed
▶ E Engine breather filter (if equipped)	25 H	Monthly	150 (250)	Inspect; replace if necessary

▶ Perform these procedures more often for vehicles subjected to severe use.

E Emission-Related Service

■ Have an authorized POLARIS dealer perform these services.

MAINTENANCE

Periodic Maintenance Chart

	Item	Maintenance Interval (whichever comes first)			Remarks
		Hours	Calendar	Miles (Km)	
▶	General lubrication	50 H	3 M	500 (800)	Lubricate all fittings, pivots, cables, etc.
■ E	Throttle cable	50 H	6 M	300 (500)	Inspect; see dealer for service
E	Throttle body air intake ducts/flange	50 H	6 M	300 (500)	Inspect duct for proper sealing/air leaks
▶	Engine oil change	50 H	6 M	1000 (1600)	Perform a break-in oil change at one month
▶	Oil filter change	50 H	6 M	1000 (1600)	Replace with oil change
	Shift Linkage	50 H	6 M	500 (800)	Inspect, adjust
▶	Front Suspension	50 H	6 M	500 (800)	Lubricate
▶	Rear Suspension	50 H	6 M	500 (800)	Lubricate
	Cooling system (if applicable)	50 H	6 M	500 (800)	Inspect coolant strength seasonally; pressure test system yearly
▶	Front gearcase (demand drive) fluid	-	12 M	2500 (4000)	Change fluid
▶	Transmission (main gearcase) oil	-	12 M	2500 (4000)	Change fluid
■ E	Fuel system	100 H	12 M	1000 (1600)	Check for leaks at tank cap, lines, filter, pump, throttle body
▶ E	Spark plugs	100 H	12 M	1000 (1600)	Inspect; replace as needed, torque to specification

▶ Perform these procedures more often for vehicles subjected to severe use.

E Emission-Related Service

■ Have an authorized POLARIS dealer perform these services.

Periodic Maintenance Chart

Item	Maintenance Interval (whichever comes first)			Remarks
	Hours	Calendar	Miles (Km)	
▶ Radiator (if equipped)	100 H	12 M	1000 (1600)	Inspect; clean external surfaces
▶ Cooling Hoses	100 H	12 M	1000 (1600)	Inspect for leaks
▶ Engine mounts	100 H	12 M	1000 (1600)	Inspect
Exhaust muffler/ pipe	100 H	12 M	1000 (1600)	Inspect
■ Ignition timing	100 H	12 M	1000 (1600)	Inspect
▶ Wiring	100 H	12 M	1000 (1600)	Inspect for wear, routing, security; apply dielectric grease to connectors subjected to water, mud, etc.
■ Clutches (drive and driven)	100 H	12 M	1000 (1600)	Inspect; clean; replace worn parts
Drive belt	100 H	12 M	1000 (1600)	Inspect; replace as needed
■ Front wheel bearings	100 H	12 M	1000 (1600)	Inspect; replace as needed
▶ Coolant	-	24 M	-	Replace coolant
■ Brake fluid	200 H	24 M	2000 (3200)	Change every two years
Spark arrester	200 H	24 M	2000 (3200)	Clean out
Valve lash	200 H	-	2000 (3200)	Check; adjust as needed
▶ Spark plugs	500 H	36 M	5000 (8000)	Replace, torque to specification
■ Toe adjustment		-		Inspect periodically; adjust when parts are replaced
Headlight aim		-		Adjust as needed

▶ Perform these procedures more often for vehicles subjected to severe use.

E Emission-Related Service

■ Have an authorized POLARIS dealer perform these services

MAINTENANCE

Lubrication Recommendations

Check and lubricate all components at the intervals outlined in the Periodic Maintenance Chart beginning on page 65, or more often under severe use, such as wet or dusty conditions. Items not listed in the chart should be lubricated at the general lubrication interval.

Item	Lube	Method
Engine Oil	PS-4 PLUS Synthetic Engine Oil	Add to proper level on dipstick. See page 73.
Brake Fluid	DOT 4	Maintain level between fill lines. See page 96.
Transmission Oil (Main Gearcase)	Premium AGL Synthetic Gearcase Lube	See page 76.
Front Gearcase Fluid (Demand Drive)	Demand Drive Plus Fluid	See page 78.
Prop Shaft	POLARIS Premium U-Joint Lube	Grease middle and rear fittings.
Front Control Arm Pivot Bushings	POLARIS Premium all Season Grease or grease conforming to NLGI No. 2	Grease 3 fittings on each side of the vehicle.
Stabilizer Bar Bushings	POLARIS Premium all Season Grease or grease conforming to NLGI No. 2	Grease 2 fittings through the access holes located directly below the seat backs.

Middle Prop Shaft
Grease Fitting



Fitting Access
(as viewed from top with
center floor panel removed)

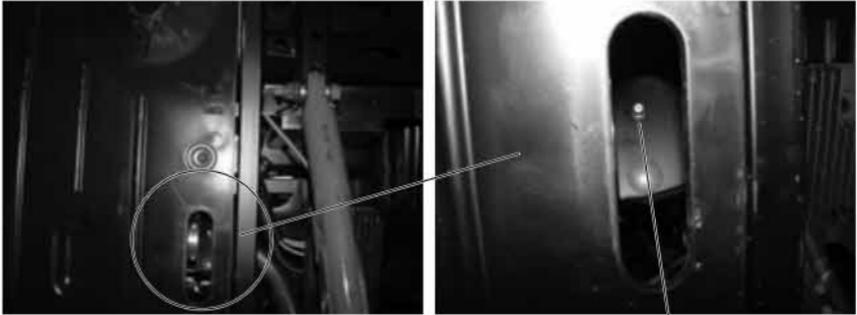


Rear Prop Shaft
Grease Fitting

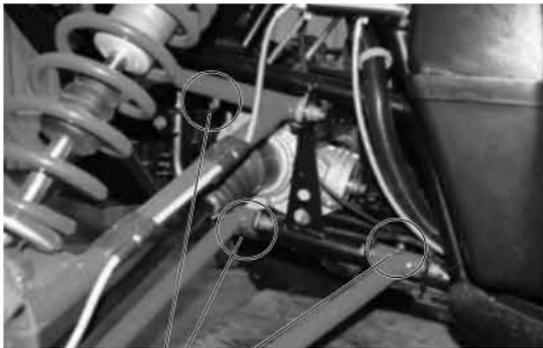
MAINTENANCE

Lubrication Recommendations

View of Driver's Side From Bottom of Vehicle



Grease Stabilizer Bar Bushings
(one on each side of vehicle)



Front Control Arm Pivot
Bushings (3 per side)

MAINTENANCE

Engine Oil

Oil Recommendations

POLARIS recommends the use of POLARIS PS-4 PLUS Synthetic engine oil.

WARNING! Vehicle operation with insufficient, deteriorated, or contaminated engine oil will cause accelerated wear and may result in engine seizure, accident, and injury. Always perform the maintenance procedures as outlined in the Periodic Maintenance Chart.

Oil may need to be changed more frequently if POLARIS PS-4 PLUS Synthetic engine oil is not used. Follow the manufacturer's recommendations for ambient temperature operation. See page 116 for the part numbers of POLARIS products.

NOTICE: Mixing brands or using a non-recommended oil may cause serious engine damage. Always use the recommended oil. Never substitute or mix oil brands.

Engine Oil

Always check and change the oil at the intervals outlined in the Periodic Maintenance Chart beginning on page 65. Always use the recommended engine oil.

Oil Check

Always check the oil when the engine is cold. If the engine is hot when the oil is checked, the level will appear to be overfull.

Access the oil tank dipstick through the oil tank access panel in the left forward corner of the cargo box.

1. Position the vehicle on a level surface.
2. Place the transmission in PARK.
3. Start the engine and allow it to idle for 30 seconds.
4. Stop the engine and wait 15 seconds before removing the dipstick.
5. Open the oil tank access panel. Remove the dipstick from the oil tank. Wipe it dry with a clean cloth.
6. Reinstall the dipstick completely. Remove the dipstick and check the oil level.
7. Add the recommended oil as needed. Maintain the oil level between the minimum and maximum marks on the dipstick. Do not overfill.
8. Reinstall the dipstick.



MAINTENANCE

Engine Oil

Oil and Filter Change

Always change the oil and filter at the intervals outlined in the Periodic Maintenance Chart beginning on page 65. Always change the oil filter whenever changing oil.

The oil tank drain plug is on the bottom of the oil tank. Access the drain plug through the left rear wheel well.

The crankcase drain plug is located on the bottom of the crankcase.

Access the drain plug through the access hole under the crankcase.

1. Position the vehicle on a level surface. Place the transmission in PARK.
2. Clean the areas around the oil tank and crankcase drain plugs.

CAUTION! Hot oil can cause burns to skin. Do not allow hot oil to contact skin.

3. Place a drain pan under the oil tank and remove the drain plug. Allow the oil to drain completely.
4. Place a drain pan under the engine crankcase and remove the drain plug. Allow the oil to drain completely.

Oil Tank Drain Plug

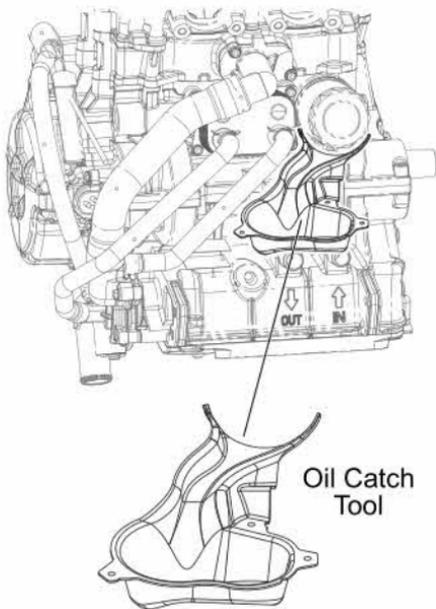


Crankcase
Drain Plug

Access
Hole

Engine Oil Oil and Filter Change

5. Locate the oil catch tool in the tool kit. Position the oil catch tool below the oil filter to catch spills when the filter is removed.
6. Using an oil filter wrench, turn the filter counter-clockwise to remove it.
7. Using a clean dry cloth, clean the filter sealing surface on the crankcase.
8. Lubricate the o-ring on the new filter with a film of fresh engine oil. Check to make sure the o-ring is in good condition.
9. Install the new filter and turn by hand until the filter gasket contacts the sealing surface, then turn and additional 1/2 turn.
10. Reinstall the oil tank and crankcase drain plugs. Torque both drain plugs to 12 ft. lbs. (16 Nm).
11. Remove the dipstick and fill the oil tank with 3.5 quarts (3.3 l) of recommended oil.
12. Start the engine and allow it to idle for 30 seconds.
13. Stop the engine and wait 15 seconds before removing the dipstick.
14. Remove the dipstick from the oil tank. Wipe it dry with a clean cloth.
15. Reinstall the dipstick completely. Remove the dipstick and check the oil level.
16. Add oil as necessary to bring the level to the upper mark on the dipstick. Do not overfill.
17. Reinstall the dipstick.
18. Dispose of used filter and oil properly.



(Main Gearcase)

Change the fluid at the intervals outlined in the Periodic Maintenance Chart beginning on page 65. Refer to the Gearcase Specifications Chart on page 80 for recommended lubricants, capacities and torque specifications.

Fluid Check

The fill plug is located on the rear of the gearcase. Maintain the fluid level at the bottom of the fill plug hole.



Fill Plug

1. Position the vehicle on a level surface.
2. Remove the fill plug.
3. Check the fluid level.
4. Add the recommended fluid to the bottom of the fill plug hole. Do not overfill.
5. Reinstall the fill plug. Torque to specification.

Transmission (Main Gearcase)

Fluid Change

The drain plug is located on the bottom of the gearcase. Access the drain plug through the drain hole in the skid plate.

1. Remove the fill plug.
2. Place a drain pan under the drain plug.
3. Remove the drain plug. Allow the fluid to drain completely.
4. Clean the drain plug.
5. Reinstall the drain plug with a new o-ring. Torque to specification.
6. Add the recommended fluid to the bottom of the fill plug hole. Do not overfill.
7. Reinstall the fill plug. Torque to specification.
8. Check for leaks. Discard used fluid properly.



Drain Plug
(bottom view)

MAINTENANCE

Demand Drive Unit (Front Gearcase)

Always check and change the fluid at the intervals outlined in the Periodic Maintenance Chart beginning on page 65. Refer to the Gearcase Specifications Chart on page 80 for recommended lubricants, capacities and torque specifications.

Fluid Check

The fill plug is located on the bottom right side of the demand drive unit. Maintain the fluid level even with the bottom thread of the fill plug hole.

1. Position the vehicle on a level surface.
2. Remove the fill plug. Check the fluid level.
3. Add the recommended fluid to the bottom thread of the fill plug hole.
4. Reinstall the fill plug. Torque to specification.



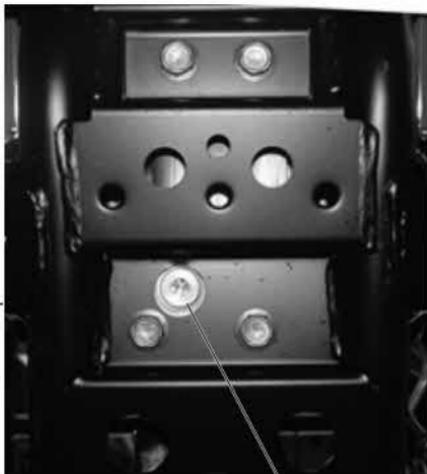
Fill Plug

Demand Drive Unit (Front Gearcase)

Fluid Change

The drain plug is located on the bottom of the gearcase.

1. Remove the fill plug.
2. Place a drain pan under the drain plug.
3. Remove the drain plug. Allow the fluid to drain completely.
4. Clean the drain plug. If the o-ring is damaged, install a new o-ring.
5. Reinstall the drain plug. Torque to specification.
6. Add the recommended fluid to the bottom thread of the fill plug hole.
7. Reinstall the fill plug. Torque to specification.
8. Check for leaks. Discard used fluid properly.



Drain Plug
(bottom view)

MAINTENANCE

Gearcases

Gearcase Specification Chart

Use of other fluids may result in improper operation of components. See page 116 for the part numbers of POLARIS products.

Gearcase	Lubricant	Capacity	Fill Plug Torque	Drain Plug Torque
Transmission (Main Gearcase)	Premium AGL Synthetic Gearcase Fluid	44 oz. (1300 ml)	10-14 ft. lbs. (14-19 Nm)	10-14 ft. lbs. (14-19 Nm)
Demand Drive Unit (Front Gearcase)	Demand Drive Plus Fluid	6.75 oz. (200 ml)	10-14 ft. lbs. (14-19 Nm)	10-14 ft. lbs. (14-19 Nm)

Spark Plugs

Spark Plug Gap/Torque

Electrode Gap	Spark Plug Torque
0.7-0.8 mm	10 ft. lbs. (13.5 Nm)

NOTICE: Using non-recommended spark plugs can result in serious engine damage. Always use POLARIS-recommended spark plugs. Refer to the specifications section beginning on page 114.

Spark plug condition is indicative of engine operation. The spark plug firing end condition should be read after the engine is warmed up and the vehicle is driven at higher speeds. Immediately check the spark plug for correct color. See page 81.

CAUTION! A hot exhaust system and engine can cause burns. Wear protective gloves when removing a spark plug for inspection.

Spark Plugs

Spark Plug Removal and Replacement

1. Remove the cargo box access panel.
2. Clean the area around the spark plugs before removing the plugs.
3. Remove the spark plug caps.
4. Using the spark plug wrench provided in the tool kit, remove the plugs by rotating them counter-clockwise.
5. Reverse the procedure for spark plug installation. Torque to specification. See page 80.



Spark Plug Condition

Normal Plug

The normal insulator tip is gray, tan or light brown. There will be few combustion deposits. The electrodes are not burned or eroded. This indicates the proper type and heat range for the engine and the service.

Tip: The tip should not be white. A white insulator tip indicates overheating, caused by use of an improper spark plug or incorrect throttle body adjustments.

Wet Fouled Plug

The wet fouled insulator tip is black. A damp oil film covers the firing end. There may be a carbon layer over the entire nose. Generally, the electrodes are not worn. Fouling may be caused by excessive oil or by frequent short trips, especially in cold weather.

MAINTENANCE

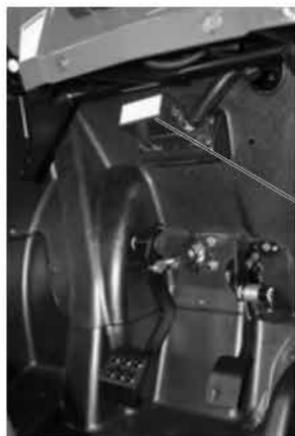
Fuses

If the engine stops or will not start, or if you experience other electrical failures, a fuse may need replacement. Locate and correct any short circuits that may have caused the blown fuse, then replace the fuse.

Main Fuse	Feature Supported
20A	Lights: Headlights, Taillights
10A	Drive: AWD
20A	Accessory: Winch Switch, 12V Power Receptacle
10A	Fuel Pump
20A	Electronic Engine Control, Starting
Power Fuse	Feature Supported
30A	Engine Control
30A	Lights, Drive, Accessories

The main fuse box is located under the dash, above the brake and throttle pedals. Spare fuses are provided in the fuse box.

The power fuse box is located under the driver's seat. Remove the engine access panel to access the fuse box.



Main
Fuse
Box



Power
Fuse
Box

Fuses

Main Fuse Box

1. Lift up on the two fuse box tabs.
2. Slide the fuse box slightly toward the right side of the vehicle to disengage it from the mount.
3. Remove the fuse box cover.
4. Remove the suspect fuse from the fuse panel. If the fuse is blown, install a new fuse with the same amperage rating.
5. Reinstall the fuse box cover. Reinstall the fuse box over the mount and slide it toward the left to engage the tabs. Be sure the fuse box is securely mounted.



Step 1 - Lift tabs



Step 3 - Cover removed

MAINTENANCE

Cooling System

The engine coolant level is maintained by the recovery system. The recovery system components are the overflow bottle, radiator vent fitting, radiator pressure cap and connecting hose.

As coolant operating temperature increases, the expanding (heated) excess coolant is forced out of the radiator, past the pressure cap, and into the overflow bottle. As engine coolant temperature decreases, the contracting (cooled) coolant is drawn back up from the tank, past the pressure cap, and into the radiator.

Tip: Some coolant level drop on new vehicles is normal as the system is purging itself of trapped air. Observe coolant levels and maintain as recommended by adding coolant to the overflow bottle.

Adding or Changing Coolant

To ensure that the coolant maintains its ability to protect the engine, we recommend that the system be completely drained every two years and a fresh mixture of antifreeze and water added. See page 85 for changing procedure.

POLARIS recommends the use of POLARIS Premium 60/40 anti-freeze/coolant or a 50/50 mixture of high quality aluminum compatible anti-freeze/coolant and distilled water. POLARIS Premium 60/40 is already premixed and ready to use. Do not dilute with water. See page 116 for the part numbers of POLARIS products.

Tip: Always follow the manufacturer's mixing recommendations for the freeze protection required in your area.

Any time the cooling system has been drained for maintenance or repair, replace the coolant.

Radiator and Cooling Fan

Always check and clean the screen and radiator fins at the intervals outlined in the Periodic Maintenance Chart beginning on page 65. Do not obstruct or deflect air flow through the radiator by installing unauthorized accessories in front of the radiator or behind the cooling fan. Interference with the radiator air flow can lead to overheating and consequent engine damage.

NOTICE: Washing the vehicle with a high-pressure hose could damage the radiator fins and impair the radiator's effectiveness. Using a high-pressure system is not recommended.

Cooling System

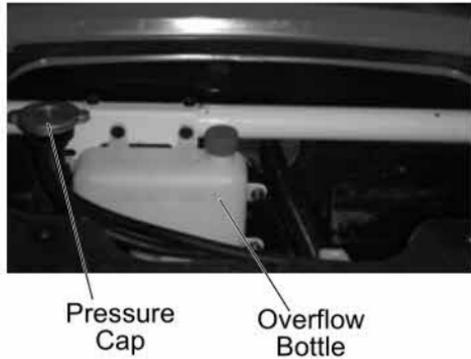
Radiator Coolant Level/Changing Coolant

This procedure is required only if the cooling system has been drained for maintenance and/or repair. If the overflow bottle has run dry, the level in the radiator should also be inspected.

CAUTION! Escaping steam can cause burns. Never remove the pressure cap while the engine is warm or hot. Always allow the engine to cool before removing the pressure cap.

1. Remove the hood. See page 30.
2. Slowly remove the radiator pressure cap.
3. View the coolant level through the opening.
4. Use a funnel and slowly add coolant as needed.
5. Before reinstalling the pressure cap, bleed the system of trapped air. Remove the engine access panel behind the seats and use a flat-blade screwdriver to turn the bleed screw slightly, allowing the air to escape. Slowly add additional coolant to the radiator until air no longer escapes and only coolant flows from the bleed hole, then tighten the bleed screw.
6. Reinstall the pressure cap.

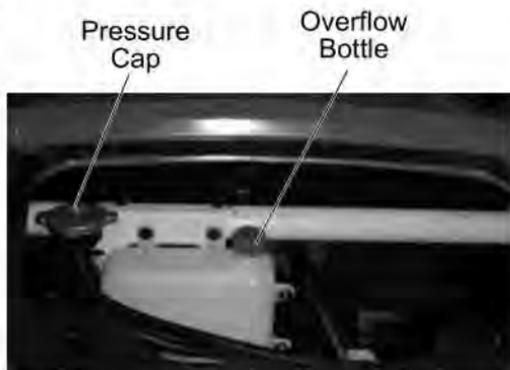
Tip: Use of a non-standard pressure cap will not allow the recovery system to function properly. See your dealer for the correct replacement part.



Coolant Level

Always check and change the coolant at the intervals outlined in the Periodic Maintenance Chart beginning on page 65. Maintain the coolant level between the minimum and maximum marks on the bottle (when the fluid is cool). If the overflow bottle has run dry, the level in the radiator should also be inspected.

1. Position the vehicle on a level surface.
2. Remove the hood. See page 30.
3. View the coolant level in the overflow bottle.
4. Remove the cap and use a funnel to add coolant as needed to maintain the level between the two marks.
5. Reinstall the cap.



Tip: If coolant must be added often, or if the overflow bottle runs completely dry, there may be a leak in the system. Have the cooling system inspected by your POLARIS dealer.

MAINTENANCE

POLARIS Variable Transmission (PVT) System

WARNING

Failure to comply with the instructions in this warning can result in severe injury or death.

Do not modify any component of the PVT system. Doing so may reduce its strength so that a failure may occur at a high speed. The PVT system has been precision balanced. Any modification will cause the system to be out of balance, creating vibration and additional loads on components.

The PVT system rotates at high speeds, creating large amounts of force on clutch components. Extensive engineering and testing has been conducted to ensure the safety of this product. However, as the owner, you have the following responsibilities to make sure this system remains safe:

- Always follow all recommended maintenance procedures. Always look for and remove debris inside and around the clutch and vent system when replacing the belt.
- See your dealer as recommended in the owner's manual and on safety labels.
- This PVT system is intended for use on POLARIS products only. Do not install it in any other product.
- Always make sure the PVT housing is securely in place during operation.

MAINTENANCE

POLARIS Variable Transmission (PVT) System Belt Replacement/Debris Removal

If a belt fails, always clean any debris from the duct and from the clutch and engine compartments when replacing the belt.

WARNING! Failure to remove ALL debris when replacing the belt could result in vehicle damage and severe injury or death.

1. Remove the engine access cover and thoroughly clean all debris from the aluminum debris basket and from the engine compartment.
2. Remove the clutch cover screws and open the clutch cover. (It does not have to be removed from the vehicle.) Remove all debris wrapped in and around the PVT system.

Tip: Use the shock/clutch tool from the tool kit to slightly open the sheaves to aid in debris removal and belt installation.

(Continued on next page)



Debris Basket



Remove ALL Debris



Insert hooked end of tool.



Apply force to opposite end of tool to spread sheaves.

MAINTENANCE

POLARIS Variable Transmission (PVT) System Belt Replacement/Debris Removal

3. Remove all debris from the entire clutch air duct passage.
4. Check for signs of damage to seals on the transmission and engine. See your dealer promptly for service if any seals appear to be damaged.

Tip: Belt slip is responsible for creating excessive heat that destroys belts, wears clutch components and causes outer clutch covers to fail. Switch to low range while operating at slower speeds to extend the life of the PVT components (belt, cover, etc.).



Clutch Air Duct

PVT Drying

There may be some instances when water is accidentally ingested into the PVT system. Use the following instructions to dry it out before operating.

1. Remove the clutch cover drain plug.
2. Allow the water to drain. Reinstall the drain plug.
3. Place the transmission in PARK. Apply the brakes.
4. Start the engine.
5. Apply varying throttle for 10-15 seconds to expel the moisture and air-dry the belt and clutches. Do not hold the throttle wide open for more than 10 seconds.
6. Allow the engine RPM to settle to idle speed. Apply the brakes. Shift the transmission to the lowest available range.
7. Test for belt slippage. If the belt slips, repeat the process.
8. Take the vehicle to your dealer for service as soon as possible.

MAINTENANCE

Filter Systems

Fuel Tank Vent Filter

If the engine sputters, the inline fuel tank vent filter may be clogged. Do not attempt to clean the filter. Replace the filter with a new filter.

1. Remove the driver's seat.

Tip: Note the direction of the arrow on the filter before removing it.

2. Remove the filter and install the new filter. Make sure the direction of the arrow is the same as noted before filter removal.
3. Reinstall the seat.

Fuel Tank Vent Filter



Intake Pre-Filters

The engine intake pre-filter is located on the left side of the cargo box. The PVT intake pre-filter is located on the right side of the cargo box.

Inspect the pre-filters before each use of the vehicle.

Remove the pre-filters and use compressed air to clean them frequently to ensure adequate air flow.

PVT Intake Pre-Filter



Filter Systems

Air Filter

Always change the air filter at the intervals outlined in the Periodic Maintenance Chart beginning on page 65.

1. Remove the cargo box access panel.
2. Loosen the air box cover wing nuts and rotate the bolts away from the cover.
3. Release the cover latches.
4. Pull the cover rearward far enough to remove the air filter.
5. Inspect the air box for oil or water deposits. Wipe away any deposits with a clean cloth.
6. Install a new filter if needed. Do not attempt to clean the air filter.
7. Close the air box cover and tighten the wing nuts securely.

Wing Nuts/Bolts



Cover Latches



Air Filter

MAINTENANCE

Spark Arrester

WARNING

Failure to heed the following warnings while servicing the spark arrester could result in serious injury or death.

Do not perform clean-out immediately after the engine has been run, as the exhaust system becomes very hot. Serious burns could result from contact with the exhaust components. Allow components to cool sufficiently before proceeding.

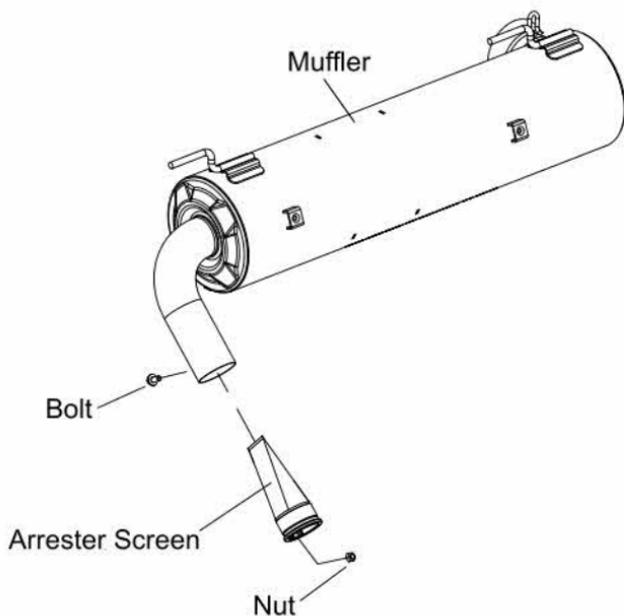
Wear eye protection and gloves.

Never run the engine in an enclosed area. Exhaust contains poisonous carbon monoxide gas that can cause loss of consciousness or death in a very short time.

Spark Arrester

Periodically clean the spark arrester to remove accumulated carbon.

1. Remove the arrester retaining bolt and nut.
2. Remove the arrester from the end of the muffler.
3. Use a non-synthetic brush to clean the arrester screen. A synthetic brush may melt if components are warm. If necessary, blow debris from the screen with compressed air.
4. Inspect the screen for wear and damage. Replace a worn or damaged screen.
5. Reinstall the arrester. Torque bolt to 9-11 ft. lbs. (12-15 Nm).



MAINTENANCE

Throttle System

WARNING

Failure to check or maintain proper operation of the throttle system can result in an accident and lead to serious injury or death if the throttle pedal sticks during operation.

Never start or operate this vehicle if it has a sticking or improperly operating throttle pedal.

Immediately contact your dealer for service if throttle problems arise.

Always check the pedal for free movement and return before starting the engine and occasionally during operation.

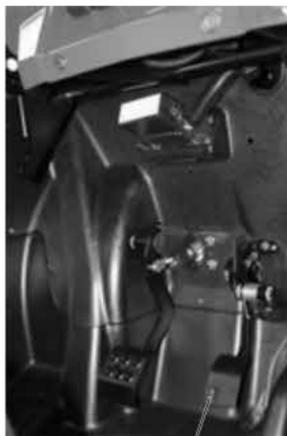
Throttle Freeplay

If the throttle pedal has excessive play due to cable stretch or misadjustment, it will cause a delay in throttle response, especially at low engine speed. The throttle may also not open fully.

If the throttle pedal has no freeplay, the throttle may be hard to control, and the idle speed may be erratic. If engine idle speed is not satisfactory, please see your POLARIS dealer for adjustment.

Throttle Body/Idle RPM

Idle RPM is preset by the manufacturer. If the engine idle speed is not satisfactory, please see your POLARIS dealer for adjustment.



Throttle Pedal

Brakes

The front and rear brakes are hydraulic disc type brakes activated by the brake pedal. See page 35.

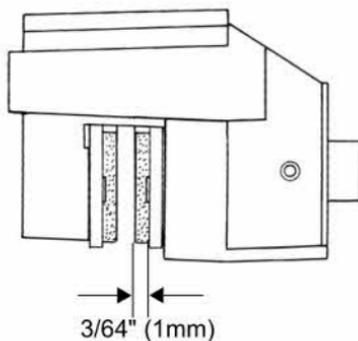
Always check brake pedal travel and the brake fluid reservoir level before each use of the vehicle. When applied, the brake pedal should feel firm. Any sponginess would indicate a possible fluid leak or low brake fluid level, which must be corrected before riding. See page 96 for brake fluid information.

If you discover any irregularities in brake system operation, including excessive pedal travel, contact your dealer for proper diagnosis and repairs.

WARNING! Operating the vehicle with a spongy brake pedal can result in loss of braking, which could cause an accident resulting in severe injury or death. Never operate the vehicle with a spongy-feeling brake pedal.

Brake Inspection

1. Check the brake system for fluid leaks.
2. Check the brake pedal for excessive travel or a spongy feel.
3. Check the friction pads for wear, damage and looseness.
4. Inspect the brake pad wear surface for excessive wear.
5. Change pads when worn to 3/64" (1 mm).



Inspect the level of the brake fluid before each operation. If the fluid level is low add DOT 4 brake fluid only. See page 116 for the part numbers of POLARIS products.

WARNING! After opening a bottle of brake fluid, always discard any unused portion. Never store or use a partial bottle. Brake fluid is hygroscopic, meaning it rapidly absorbs moisture from the air. The moisture causes the boiling temperature of the brake fluid to drop, which can lead to early brake fade and the possibility of accident or severe injury.

Change the brake fluid every two years and any time the fluid becomes contaminated, the fluid level is below the minimum, or if the type and brand of the fluid in the reservoir are unknown. Access the brake fluid reservoir through the left front wheel well.

1. Position the vehicle on a level surface.
2. Place the transmission in PARK.
3. View the brake fluid level in the reservoir. The level should be between the maximum and minimum level lines.



Maximum
Minimum

4. If the fluid level is lower than the lower level line, add brake fluid to the upper line.
5. Apply the brake forcefully for a few seconds and check for fluid leakage around the fittings.

Suspension Settings

Front/Rear Spring Preload

The factory setting is appropriate for nearly all riding conditions. If desired, the suspension may be adjusted to maintain vehicle clearance height when carrying loads. Use the shock/clutch tool from the tool kit to aid in making suspension adjustments. Elevate the vehicle slightly for easier adjustment.



Preload Setting Measurement

Factory Preload Settings	
Premium Front	7.625" (193.7 mm)
Premium Rear	3.625" (92.1 mm)

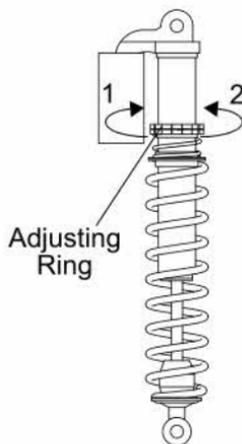
Follow these guidelines if you make adjustments to this suspension.

- Always return the suspension to the factory setting after the load is removed from the vehicle. The increased suspension height will negatively impact vehicle stability when operating without a load.
- Always apply the same adjustment setting to *all four wheels*.
- Do not increase the spring preload by more than one inch (25.4 mm) over the factory setting.

1. Elevate the vehicle to allow the suspension to fully extend.
2. Loosen the jam nut and back it away from the adjusting ring.
3. Turn the adjusting ring to the left (1) to increase preload for a stiffer ride. Turn the adjusting ring to the right (2) to decrease preload for a softer ride.

WARNING! Uneven adjustment may cause poor handling of the vehicle, which could result in an accident. Always adjust both the left and right spring preloads equally or have your POLARIS dealer perform the adjustments.

4. Tighten the jam nut firmly against the adjuster ring.



MAINTENANCE

Suspension Settings

Front/Rear Shock Compression

The compression damping clicker knob is located on top of the shock reservoir. When the knob is turned clockwise until it stops, the damping is in the fully closed position.

1. Turn the clicker clockwise to increase compression damping.
2. Turn the clicker counter-clockwise to decrease compression damping.

Setting	Compression Damping
Softest	20 clicks from closed
Factory	10 clicks from closed
Firmest	2 clicks from closed

Decrease Increase



Tires

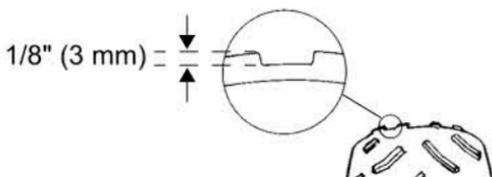
⚠ WARNING

Operating your vehicle with worn tires will increase the possibility of skidding, loss of control and an accident, which could result in serious injury or death. Always replace tires when the tread depth measures 1/8" (3 mm) or less.

Improper tire inflation or the use of non-standard size or type of tires may adversely affect vehicle handling, which could result in vehicle damage or personal injury. Always maintain proper tire pressure. When replacing tires, always use original equipment size and type.

Tire Tread Depth

Always replace tires when tread depth is worn to 1/8" (3 mm) or less.



Axle and Wheel Nut Torque Specifications

Inspect the following items occasionally for tightness, and if they've been loosened for maintenance service. *Do not lubricate the stud or the lug nut.*

Lug Nut (Aluminum Wheels)		Front and Rear	30 ft. lbs. (41 Nm) PLUS 1/4 TURN
Hub Retaining Nut		Front and Rear	80 ft. lbs. (108 Nm)

MAINTENANCE

Tires

Wheel Removal

1. Position the vehicle on a level surface.
2. Place the transmission in PARK. Stop the engine.
3. Loosen the wheel nuts slightly.
4. Elevate the side of the vehicle by placing a suitable stand under the frame.
5. Remove the wheel nuts and washers. Remove the wheel.

Wheel Installation

1. Place the transmission in PARK.
2. Place the wheel in the correct position on the wheel hub. Be sure the valve stem is toward the outside and rotation arrows on the tire point toward forward rotation.

WARNING! Improperly installed wheels can adversely affect tire wear and vehicle handling, which can result in serious injury or death. Always ensure that all nuts are torqued to specification. Do not service axle nuts that have a cotter pin installed. See your POLARIS dealer.

3. Attach the wheel nuts and washers and finger tighten.
4. Carefully lower the vehicle to the ground.
5. Torque the wheel nuts to specification. See page 99.

Right Rear Wheel
(type varies by model)



Forward
Rotation

Valve Stem

Lights

Headlight and taillight lenses become dirty during normal operation. Clean all lights frequently to ensure a clear field of vision as well as visibility to other vehicles.

Brake Lights

When the brake pedal is depressed, the brake light comes on. Check the brake light before each ride.

1. Turn the ignition switch to the ON position.
2. Apply the brakes. The brake light should come on after about 10 mm (0.4 in.) of pedal travel. If the light doesn't come on, check the bulb.

Headlight Replacement

If a headlight becomes damaged or inoperable, the entire headlight assembly must be replaced.



Headlight Rear View

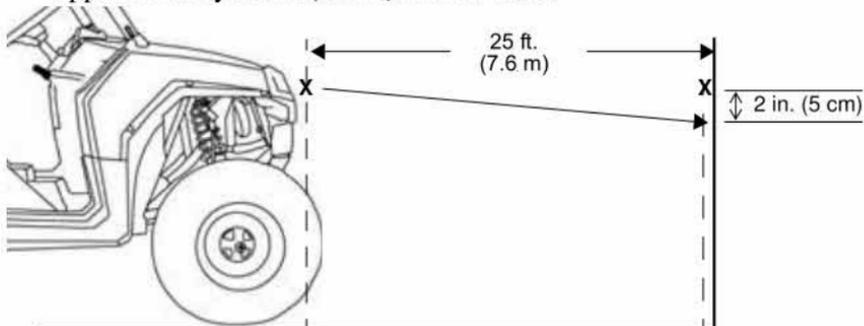
MAINTENANCE

Lights

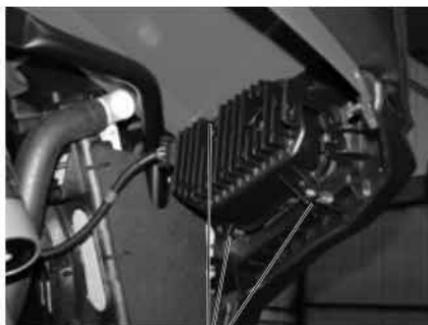
Headlight Beam Adjustment

The headlight beam can be adjusted slightly upward or downward and to the left or right.

1. Position the vehicle on a level surface. The headlight should be approximately 25 ft. (7.6 m) from a wall.



2. Place the transmission in PARK.
3. Measure the distance from the floor to the center of the headlight and make a mark on the wall at the same height.
4. Apply the brakes. Start the engine. Turn the headlights to high beam.
5. Include the weight of a rider on the seat while performing this step. Observe the headlight aim. As a starting point, the most intense part of the headlight beam should be 2 inches (5 cm) below the mark on the wall. Adjust to operator preference.
6. Tighten or loosen the three (3) headlight screws to adjust the beam upward or downward or to the left or right.



Adjustment
Screws

Vehicle Immersion

NOTICE: If your vehicle becomes immersed, major engine damage can result if the machine is not thoroughly inspected. Take the vehicle to your dealer before starting the engine.

If it's impossible to take your vehicle to a dealer before starting it, follow the steps outlined below.

1. Move the vehicle to dry land.
2. Check the air box. If water is present, dry the air box and replace the filter with a new filter.
3. Dry the spark plug wells with a clean cloth, then remove the spark plugs.
4. Turn the engine over several times.
5. Dry the spark plugs and reinstall them, or install new plugs.
6. Attempt to start the engine. If necessary, repeat the drying procedure.
7. Take the vehicle to your dealer for service as soon as possible, whether you succeed in starting it or not.
8. If water has been ingested into the PVT follow the procedure on page 89 for drying.

MAINTENANCE

Steering Wheel Inspection

Check the steering wheel for specified freeplay and smooth operation at the intervals outlined in the Periodic Maintenance Chart beginning on page 65.

1. Position the vehicle on level ground.
2. Lightly turn the steering wheel left and right.
3. There should be 0.8-1.0" (20-25 mm) of freeplay.
4. If there is excessive freeplay or strange noises, or if the steering feels rough or "catchy," have the steering system inspected by an authorized POLARIS dealer.

Battery

WARNING

Improperly connecting or disconnecting battery cables can result in an explosion and cause serious injury or death. When removing the battery, always disconnect the negative (black) cable first. When reinstalling the battery, always connect the negative (black) cable last.

Your vehicle has a sealed battery, which requires little maintenance. Always keep battery terminals and connections free of corrosion. If cleaning is necessary, remove the corrosion with a stiff wire brush. Wash with a solution of one tablespoon baking soda and one cup water. Rinse well with tap water and dry off with clean shop towels. Coat the terminals with dielectric grease or petroleum jelly.

Battery Removal

1. Remove the driver's seat. See page 28.
2. Disconnect the black (negative) battery cable first.
3. Disconnect the red (positive) battery cable last.
4. Remove the battery hold-down strap.
5. Lift the battery out of the vehicle.

Using a new battery that has not been fully charged can damage the battery and result in a shorter life. It can also hinder vehicle performance. Follow the battery charging instructions on page 107 before installing the battery.

1. Ensure that the battery is fully charged.
2. Place the battery in the battery holder.
3. Coat the terminals with dielectric grease or petroleum jelly.
4. Secure the battery hold-down strap.
5. Connect and tighten the red (positive) cable first.
6. Connect and tighten the black (negative) cable last.
7. Verify that cables are properly routed.
8. Reinstall the driver's seat.

Battery Storage

Whenever the vehicle is not used for a period of three months or more, recharge the battery about once a month to make up for normal self-discharge (see page 107), or use a POLARIS Battery Tender, which can be left connected during the storage period. Battery Tender will automatically charge the battery if voltage drops below a pre-determined point. See page 116 for the part numbers of POLARIS products.

During the storage period, park the vehicle out of the sun in a cool, dry place or remove the battery and store it in a cool, dry place.

Battery

Battery Charging

The following battery charging instructions apply only to the installation of a sealed battery. Read all instructions before proceeding with the installation of this battery.

The sealed battery is already filled with electrolyte and has been sealed and *fully charged* at the factory. *Never* pry the sealing strip off or add any other fluid to this battery.

A sealed battery must always be maintained with a full charge. Since the battery is sealed and the sealing strip cannot be removed, you must use a voltmeter or multimeter to measure DC voltage.

WARNING! An overheated battery may explode, causing severe injury or death. Always watch charging times carefully. Stop charging if the battery becomes very warm to the touch. Allow it to cool before resuming charging.

For a refresh charge, follow all instructions carefully.

1. The battery should be disconnected from a load or charger for at least two hours before checking voltage. Check the battery voltage with a voltmeter or multimeter. A fully charged battery will register 12.8 V or higher.
2. If the voltage is less than 12.8 volts, recharge the battery at 1.2 amps or less until battery voltage is 12.8 or greater.
3. When using an automatic charger, refer to the charger manufacturer's instructions for recharging. When using a constant current charger, use the guidelines on the next page for recharging.

MAINTENANCE

Battery

Battery Charging

Always verify battery condition before and 1-2 hours after the end of charging.

State of Charge	Voltage	Action	Charge Time (Using constant current charger @ standard amps specified on top of battery)
100%	12.8-13.0 volts	None, check at 3 mos. from date of manufacture	None required
75%-100%	12.5-12.8 volts	May need slight charge, if no charge given, check in 3 months	3-6 hours
50%-75%	12.0-12.5 volts	Needs charge	5-11 hours
25%-50%	11.5-12.0 volts	Needs charge	At least 13 hours, verify state of charge
0%-25%	11.5 volts or less	Needs charge with desulfating charger	At least 20 hours

Cleaning and Storage

Washing the Vehicle

Keeping your POLARIS vehicle clean will not only improve its appearance but it can also extend the life of various components.

NOTICE: Water in the PVT system could cause the drive belt to become wet and slip in the clutches. Always avoid spraying water directly toward any intake pre-filters.

High water pressure may damage components. POLARIS recommends washing the vehicle by hand or with a garden hose, using mild soap.

Certain products, including insect repellents and chemicals, will damage plastic surfaces. Do not allow these types of products to contact the vehicle.

PVT Intake Pre-Filter



The best and safest way to clean your POLARIS vehicle is with a garden hose and a pail of mild soap and water.

1. Use a professional-type washing cloth, cleaning the upper body first and the lower parts last.
2. Rinse with clean water frequently.
3. Dry surfaces with a chamois to prevent water spots.

Washing Tips

- Avoid the use of harsh cleaners, which can scratch the finish.
- Do not use a power washer to clean the vehicle.
- Do not use medium to heavy duty compounds on the finish.
- Always use clean cloths and pads for cleaning and polishing. Old or reused cloths and pads may contain dirt particles that will scratch the finish.

MAINTENANCE

Cleaning and Storage

Washing the Vehicle

If a high pressure water system is used for cleaning (not recommended), exercise extreme caution. The water may damage components and could remove paint and labels. Avoid directing the water stream at the following items:

- Wheel bearings
- Radiator
- Transmission seals
- Brakes
- Cab and body panels
- Labels and decals
- Electrical components and wiring
- Air intake components

If warning and safety labels are damaged, contact your POLARIS dealer for free replacement.

Grease all zerk fittings immediately after washing. Allow the engine to run for a while to evaporate any water that may have entered the engine or exhaust system.

Polishing the Vehicle

POLARIS recommends the use of common household aerosol furniture polish for polishing the finish on your POLARIS vehicle. Follow the instructions on the container.

Polishing Tips

- Avoid the use of automotive products, some of which can scratch the finish of your vehicle.
- Always use clean cloths and pads for cleaning and polishing. Old or reused cloths and pads may contain dirt particles that will scratch the finish.

Cleaning and Storage

Storage Tips

NOTICE: Starting the engine during the storage period will disturb the protective film created by fogging and damage could occur. Never start the engine during the storage period.

Clean the Exterior

Make any necessary repairs and clean the vehicle as recommended. See page 109.

Stabilize the Fuel

1. Fill the fuel tank.
2. Add POLARIS Carbon Clean Fuel Treatment or POLARIS Fuel Stabilizer. Follow the instructions on the container for the recommended amount. Carbon Clean removes water from fuel systems, stabilizes fuel and removes carbon deposits from pistons, rings, valves and exhaust systems.
3. Allow the engine to run for 15-20 minutes to allow the stabilizer to disperse through the entire fuel delivery system.

Oil and Filter

Change the oil and filter. See page 74.

Air Filter / Air Box

Replace the air filter. See page 91. Clean the air box. Drain the sediment tube.

Fluid Levels

Inspect the fluid levels. Add or change fluids as recommended in the Periodic Maintenance Chart beginning on page 65.

- Demand drive fluid (front gearcase)
- Rear gearcase fluid (if equipped)
- Transmission fluid
- Brake fluid (change every two years and any time the fluid looks dark or contaminated)
- Coolant (test strength/fill)

MAINTENANCE

Cleaning and Storage

Storage Tips

Inspect and Lubricate

Inspect all cables and lubricate all areas of the vehicle as recommended in the Periodic Maintenance Chart beginning on page 65.

Fog the Engine

1. Treat the fuel system with POLARIS Carbon Clean. Follow the instructions on the container. Start the engine. Allow it to idle for several minutes so the Carbon Clean reaches the injectors. Stop the engine.
2. Remove the spark plugs and add 2-3 tablespoons of engine oil. To access the plug holes, use a section of clear 1/4" hose and a small plastic squeeze bottle filled with the pre-measured amount of oil. *Do this carefully! If you miss the plug holes, oil will drain from the spark plug cavities into the hole at the front of the cylinder head, and appear to be an oil leak.*
3. Reinstall the spark plugs. Torque to specification. See page 81.
4. Apply dielectric grease to the inside of each spark plug cap. *Do not reinstall the caps onto the plugs at this step.*
5. Turn the engine over several times. Oil will be forced in and around the piston rings and ring lands, coating the cylinder with a protective film of fresh oil.
6. If POLARIS fuel system additive is not used, fuel tank, fuel lines, and injectors should be completely drained of gasoline.
7. Reinstall the spark plug caps to the spark plugs.

Battery Maintenance

See pages 106-108 for storage and charging procedures.

Storage Area/Covers

Be sure the storage area is well ventilated. Cover the vehicle with a genuine POLARIS cover. Do not use plastic or coated materials. They do not allow enough ventilation to prevent condensation, and may promote corrosion and oxidation.

Cleaning and Storage Removal from Storage

1. Charge the battery if necessary.
2. Make sure the spark plug is tight.
3. Fill the fuel tank with fuel.
4. Check all the points listed in the Daily Pre-Ride Inspection section on page 48. Tightness of the bolts, nuts and other fasteners should be checked by an authorized POLARIS dealer.
5. Lubricate at the intervals outlined in the Periodic Maintenance Chart beginning on page 65.

WARNING! Engine exhaust contains poisonous carbon monoxide and can cause loss of consciousness or death. Never run an engine in an enclosed area.

Transporting the Vehicle

Follow these procedures when transporting the vehicle.

1. Place the transmission in PARK. Stop the engine.
2. Remove the key to prevent loss during transporting.
3. Secure the fuel cap and seats.
4. Always tie the frame of the POLARIS vehicle to the transporting unit securely with suitable straps or rope. Do not attach tie straps to the front control arm bolt pockets.

Front Tie-Down Points
(one on each side)



Rear Tie-Down Points



SPECIFICATIONS

RANGER RZR XP 900

Gross Vehicle Weight	1930 lbs. (875 kg)
Dry Weight	1190 lbs. (540 kg)
Rear Cargo Box Capacity	300 lbs. (136 kg)
Maximum Weight Capacity (Payload)	740 lbs. (336.4 kg) (including riders, cargo and accessories)
Fuel Capacity	7.75 gal. (29 l)
Engine Oil Capacity	3.5 qts. (3.3 l)
Coolant Capacity	4.9 qts. (4.6 l)
Demand Drive Fluid Capacity	6.75 oz. (200 ml)
Transmission Oil Capacity	44 oz. (1300 ml)
Overall Length/Width/Height	108.4/64/73 in. (275/162.5/185.4 cm)
Wheelbase	81.4 in. (206.8 cm)
Ground Clearance	13 in. (33 cm)
Engine	4-Stroke DOHC Twin Cylinder
Displacement	875 cc
Bore x Stroke	93mm x 64.4mm
Alternator Output	720 W @ 3000 RPM
Compression Ratio	10.5:1
Starting System	Electric
Fuel System	Electronic fuel injection
Ignition System	ECU
Spark Plug / Gap	RG4YCX / 0.7-0.8 mm
Front Suspension	Independent double a-arm with 13.5 in. (34.3 cm) travel
Rear Suspension	Independent trailing arms with 14 in. (35.5 cm) travel

SPECIFICATIONS

RANGER RZR XP 900

Lubrication System	Dry Sump
Driving System Type	Automatic POLARIS Variable Transmission
Shift Type	Dual Range P/R/N/L/H
Gear Reduction - Low	6.45:1
Gear Reduction - Reverse	5.776:1
Gear Reduction - High	3.037:1
Drive Ratio - Front	3.82:1
Drive Ratio - Final	3.53:1
Tire Size - Front	27x9-12
Tire Size - Rear	27x11-12
Tire Pressure - Front	12 psi (82.7 KPa)
Tire Pressure - Rear	14 psi (96.5 KPa)
Brakes, Front/Rear	Foot Activated, 4-wheel hydraulic disc
Headlights	2 dual beam, 6-LED cluster, 40w High / 27w Low
Taillights	2 single beam, 5w
Brake Lights	2 single beam, 5w
Instrument Cluster	LCD
Auxiliary DC Outlet	12V

Clutching

Please see your POLARIS dealer for clutching specifications.

POLARIS PRODUCTS

Description

Engine Lubricant	
2870791	Fogging Oil (12 oz./355 ml Aerosol)
2876244	PS-4 PLUS Synthetic Engine Oil (qt./95 l)
2876245	PS-4 PLUS Synthetic Engine Oil (gal./3.8 l)
Gearcase / Transmission Lubricants	
2878068	AGL PLUS Transmission Fluid (qt./95 l)
2878069	AGL PLUS Transmission Fluid (gal./3.8 l)
2871653	Premium ATV Angle Drive Fluid (8 oz./237 ml)
2872276	Premium ATV Angle Drive Fluid (2.5 gal./9.5 l)
2870465	Pump for Gallon (3.8 l) Jug
2877922	Demand Drive Plus Fluid (qt./95 l)
2877923	Demand Drive Plus Fluid (gal./3.8 l)
Coolant	
2871323	60/40 Coolant (gal./3.8 l)
2871534	60/40 Coolant (qt./95 l)
Grease / Specialized Lubricants	
2871312	Grease Gun Kit, Premium All Season
2871322	Premium All Season Grease (3 oz./89 ml cartridge)
2871423	Premium All Season Grease (14 oz./414 ml cartridge)
2871460	Starter Drive Grease
2871515	Premium U-Joint Lube (3 oz./89 ml cartridge)
2871551	Premium U-Joint Lube (14 oz./414 ml cartridge)
2871329	Dielectric Grease (Nyogel™)
Additives / Miscellaneous	
2871326	Carbon Clean Plus
2870652	Fuel Stabilizer
2872189	DOT 4 Brake Fluid
2871956	Loctite™ 565 Thread Sealant
2859044	POLARIS Battery Tender™ Charger

TROUBLESHOOTING

Drive Belt Wear/Burn

Possible Cause	Solution
Driving onto a pickup or tall trailer in high range	Use low range during loading.
Starting out going up a steep incline	Use low range. See warnings on page 56.
Driving at low RPM or ground speed (3-7 MPH/ 5-11 km/h)	Drive at a higher speed or use low range more frequently. See page 34.
Insufficient warm-up at low ambient temperatures	Warm the engine at least 5 minutes. With the transmission in neutral, advance the throttle to about 1/8 throttle in short bursts, 5 to 7 times. The belt will become more flexible and prevent belt burning.
Slow/easy clutch engagement	Use the throttle quickly and effectively.
Hauling heavy cargo/ pushing at low RPM/low ground speed	Use low range only.
Utility use/plowing	Use low range only.
Stuck in mud or snow	Shift the transmission to low range and carefully use fast, aggressive throttle application to engage clutch. WARNING! Excessive throttle may cause loss of control and vehicle overturn.
Climbing over large objects from a stopped position	Shift the transmission to low range and carefully use fast, brief, aggressive throttle application to engage clutch. WARNING! Excessive throttle may cause loss of control and vehicle overturn.
Belt slippage from water or snow ingestion into the PVT system	Dry out the PVT (see page 89). Prevent water from entering the PVT outlet duct (see page 109). Inspect clutch seals for damage if repeated leaking occurs.
Clutch malfunction	See your dealer.
Poor engine performance	Check for fouled plugs or foreign material in gas tank or fuel lines. See your dealer.
Slippage from failure to warm up belt	Always warm up the belt by operating below 30 MPH (48 km/h) for one mile (1.5 km) and for 5 miles (8 km) or more when temperature is below freezing.
Wrong or missing belt	Install the recommended belt.
Improper break-in	Always break in a new belt and/or clutch. See page 46.
Failed belt	Remove the belt and clean away any debris from the clutch box, clutch duct and engine compartment. Install a new belt. WARNING! Failure to remove ALL debris when replacing the belt could result in vehicle damage and severe injury or death. See page 88.

TROUBLESHOOTING

Engine Doesn't Turn Over

Possible Cause	Solution
Low battery voltage	Recharge the battery to 12.8 VDC
Loose battery connections	Check all connections and tighten
Loose solenoid connections	Check all connections and tighten
Loose electronic control box connections	Inspect, clean, reinstall connectors
Mechanical failure	See your dealer

Engine Turns Over, Fails to Start

Possible Cause	Solution
Out of fuel	Refuel
Clogged fuel filter	See your dealer
Water is present in fuel	Drain the fuel system and refuel
Old or non-recommended fuel	Replace with fresh recommended fuel
Fouled or defective spark plugs	Inspect plugs and replace if necessary
No spark to spark plug	Inspect plugs and replace if necessary
Water or fuel in crankcase	Immediately see your dealer
Low battery voltage	Recharge the battery to 12.8 VDC
Loose ignition connections	Check all connections and tighten
Mechanical failure	See your dealer

Engine Backfires

Possible Cause	Solution
Out of fuel	Refuel
Weak spark from spark plug	Inspect, clean and/or replace spark plugs
Incorrect spark plug gap or heat range	Set gap to specs or replace plugs
Old or non-recommended fuel	Replace with fresh recommended fuel
Incorrectly installed spark plug wires	See your dealer
Incorrect ignition timing	See your dealer
Loose ignition connections	Check all connections and tighten
Water present in fuel	Replace with fresh recommended fuel
Exhaust leak	Check all connections
Mechanical failure	See your dealer

TROUBLESHOOTING

Engine Pings or Knocks

Possible Cause	Solution
Poor quality or low octane fuel	Replace with recommended fuel
Incorrect ignition timing	See your dealer
Incorrect spark plug gap or heat range	Set gap to specs or replace plugs

Engine Runs Irregularly, Stalls or Misfires

Possible Cause	Solution
Fouled or defective spark plugs	Inspect, clean and/or replace spark plugs
Worn or defective spark plug wires	See your dealer
Incorrect spark plug gap or heat range	Set gap to specs or replace plugs
Loose ignition connections	Check all connections and tighten
Water present in fuel	Replace with new fuel
Low battery voltage	Recharge battery to 12.8 VDC
Kinked or plugged fuel tank vent line or filter	Inspect and replace
Kinked idle air control lines	Inspect; rotate lines to remove kink
Incorrect fuel	Replace with recommended fuel
Clogged air filter	Inspect and clean or replace
Other mechanical failure	See your dealer

Possible Lean Fuel Cause	Solution
Low or contaminated fuel	Add or change fuel, clean the fuel system
Low octane fuel	Replace with recommended fuel
Clogged fuel filter	See your dealer
Low fuel pressure	See your dealer

TROUBLESHOOTING

Engine Stops or Loses Power

Possible Cause	Solution
Out of fuel	Refuel
Kinked or plugged fuel tank vent line or filter	Inspect and replace
Water is present in fuel	Replace with new fuel
Fouled or defective spark plugs	Inspect, clean and/or replace spark plug
Worn or defective spark plug wires	See your dealer
Incorrect spark plug gap or heat range	Set gap to specs or replace plug
Loose ignition connections	Check all connections and tighten
Low battery voltage	Recharge the battery to 12.8 VDC
Incorrect fuel	Replace with fresh recommended fuel
Clogged air filter	Inspect and clean or replace
Other mechanical failure	See your dealer
Overheated engine	Clean radiator screen and core, clean engine exterior, check coolant level, see your dealer if condition persists

WARRANTY

LIMITED WARRANTY

POLARIS Sales Inc., 2100 Highway 55, Medina, MN 55340, gives a SIX MONTH LIMITED WARRANTY on all components of your POLARIS vehicle against defects in material or workmanship. This warranty covers the parts and labor charges for repair or replacement of defective parts which are covered by this warranty. This warranty begins on the date of purchase. This warranty is transferable to another consumer during the warranty period through a POLARIS dealer.

REGISTRATION

At the time of sale, the Warranty Registration Form must be completed by your dealer and submitted to POLARIS within ten days. Upon receipt of this registration, POLARIS will record the registration for warranty. No verification of registration will be sent to the purchaser as the copy of the Warranty Registration Form will be the warranty entitlement. If you have not signed the original registration and received the customer copy, please contact your dealer immediately. **NO WARRANTY COVERAGE WILL BE ALLOWED UNLESS YOUR VEHICLE IS REGISTERED WITH POLARIS.**

Initial dealer preparation and set-up of your vehicle is very important in ensuring trouble-free operation. Purchasing a machine in the crate or without proper dealer set-up will void your warranty coverage.

WARRANTY

WARRANTY COVERAGE AND EXCLUSIONS: LIMITATIONS OF WARRANTIES AND REMEDIES

The POLARIS limited warranty excludes any failures that are not caused by a defect in material or workmanship. This warranty does not cover accidental damage, normal wear and tear, abuse or improper handling. This warranty also does not cover any vehicle that has been altered structurally, modified, neglected, improperly maintained, used for racing, or used for purposes other than for which it was manufactured, or for any damages which occur during trailer transit or as a result of unauthorized service or the use of unauthorized parts. In addition, this warranty does not cover physical damage to paint or finish, stress cracks, tearing or puncturing of upholstery material, corrosion, or defects in parts, components or the vehicle due to fire, explosions or any other cause beyond POLARIS' control.

Warranty does not apply to parts exposed to friction surfaces, stresses, environmental conditions and/or contamination for which they were not designed or not intended, including but not limited to the following items:

- Wheels and tires
- Suspension components
- Brake components
- Seat components
- Clutches and components
- Steering components
- Batteries
- Light bulbs/Sealed beam lamps
- Finished and unfinished surfaces
- Carburetor/Throttle body components
- Engine components
- Drive belts
- Hydraulic components
- Circuit breakers/Fuses
- Electronic components

Warranty applies to the product only and does not allow for coverage of personal loss. Some items are considered "consumable," meaning they are considered part of normal maintenance or part of completing an effective repair. The following items are excluded from warranty coverage in the event of a warranty claim:

- Spark Plugs
- Filters
- Fuel
- Sealants
- Hotel fees
- Towing charges
- Mileage
- Rentals/Loss of product use
- Lubricants such as oil, grease, etc.
- Batteries (unless defective)
- Cosmetic damage/repair
- Coolants
- Meals
- Shipping/ handling fees
- Product pick-up/delivery
- Loss of vacation/personal time

WARRANTY

LIMITATIONS OF WARRANTIES AND REMEDIES

This warranty also excludes failures resulting from improper lubrication; improper engine timing; improper fuel; surface imperfections caused by external stress, heat, cold or contamination; operator error or abuse; improper component alignment, tension, adjustment or altitude compensation; failure due to snow, water, dirt or other foreign substance ingestion/contamination; improper maintenance; modified components; use of aftermarket components resulting in failure; unauthorized repairs; repairs made after the warranty period expires or by an unauthorized repair center; use of the product in competition or for commercial purposes. Warranty will not apply to any product which has been damaged by abuse, accident, fire or any other casualty not determined a defect of materials or workmanship.

This warranty does not cover the use of unauthorized lubricants, chemicals, or fuels that are not compatible with the vehicle. The exclusive remedy for breach of this warranty shall be, at POLARIS' exclusive option, repair or replacement of any defective materials, or components or products. THE REMEDIES SET FORTH IN THIS WARRANTY ARE THE ONLY REMEDIES AVAILABLE TO ANY PERSON FOR BREACH OF THIS WARRANTY. POLARIS SHALL HAVE NO LIABILITY TO ANY PERSON FOR INCIDENTAL, CONSEQUENTIAL OR SPECIAL DAMAGES OF ANY DESCRIPTION, WHETHER ARISING OUT OF EXPRESS OR IMPLIED WARRANTY OR ANY OTHER CONTRACT, NEGLIGENCE, OR OTHER TORT OR OTHERWISE. THIS EXCLUSION OF CONSEQUENTIAL, INCIDENTAL, AND SPECIAL DAMAGES IS INDEPENDENT FROM AND SHALL SURVIVE ANY FINDING THAT THE EXCLUSIVE REMEDY FAILED OF ITS ESSENTIAL PURPOSE. Some states do not permit the exclusion or limitation of incidental or consequential damages or implied warranties, so the above limitations or exclusions may not apply to you if inconsistent with controlling state law.

ALL IMPLIED WARRANTIES (INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE) ARE LIMITED IN DURATION TO THE ABOVE SIX MONTH WARRANTY PERIOD. POLARIS FURTHER DISCLAIMS ALL EXPRESS WARRANTIES NOT STATED IN THIS WARRANTY. Some states do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply to you if inconsistent with controlling state law.

WARRANTY

HOW TO OBTAIN WARRANTY SERVICE

If your vehicle requires warranty service, you must take it to a POLARIS Servicing Dealer. When requesting warranty service you must present your copy of the Warranty Registration form to the dealer. (THE COST OF TRANSPORTATION TO AND FROM THE DEALER IS YOUR RESPONSIBILITY). POLARIS suggests that you use your original selling dealer; however, you may use any POLARIS Servicing Dealer to perform warranty service.

Please work with your dealer to resolve any warranty issues. Should your dealer require any additional assistance they will contact the appropriate person at POLARIS.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

If any of the above terms are void because of state or federal law, all other warranty terms will remain in effect.

Lubricants

1. Mixing oil brands or using non-recommended oil may cause engine damage. We recommend the use of POLARIS engine oil.
2. Damage resulting from the use of non-recommended lubricants may not be covered by warranty.

SPARK ARRESTER

POLARIS warrants that the spark arrester in this vehicle will meet the efficiency requirements of USFS standard 5100-1C for at least 1000 hours when subjected to normal use and when maintenance and installation are in accordance with POLARIS recommendations.

Exported Vehicles

EXCEPT WHERE SPECIFICALLY REQUIRED BY LAW, THERE IS NO WARRANTY OR SERVICE BULLETIN COVERAGE ON THIS VEHICLE IF IT IS SOLD OUTSIDE THE COUNTRY OF THE SELLING DEALER'S AUTHORIZED LOCATION.

This policy does not apply to vehicles that have received authorization for export from POLARIS Industries. Dealers may not give authorization for export. You should consult an authorized dealer to determine this vehicle's warranty or service bulletin coverage if you have any questions.

This policy does not apply to vehicles registered to government officials or military personnel on assignment outside the country of the selling dealer's authorized location.

This policy does not apply to Safety Bulletins.

How to Get Service

In the Country where your vehicle was purchased:

Warranty or Service Bulletin repairs must be done by an authorized POLARIS dealer. If you move or are traveling within the country where your vehicle was purchased, Warranty or Service Bulletin repairs may be requested from any authorized POLARIS dealer who sells the same line as your vehicle.

Outside the Country where your vehicle was purchased:

If you are traveling temporarily outside the country where your vehicle was purchased, you should take your vehicle to an authorized POLARIS dealer. You must show the dealer photo identification from the country of the selling dealer's authorized location as proof of residence. Upon residence verification, the servicing dealer will be authorized to perform the warranty repair.

If You Move:

If you move to another country, be sure to contact POLARIS Customer Assistance and the customs department of the destination country before you move. Vehicles importation rules vary considerably from country to country. You may be required to present documentation of your move to POLARIS Industries in order to continue your warranty coverage. You may also be required to obtain documentation from POLARIS Industries in order to register your vehicle in your new country. You should warranty register your vehicle at a local POLARIS dealer in your new country immediately after you move to continue your warranty coverage and to ensure that you receive safety information and notices regarding your vehicle.

#130411HWE0001
Exhibit D
Page 130 of 139

WARRANTY
Private Party:

If you purchase a POLARIS product from a private citizen, to be kept and used outside of the country in which the vehicle was originally purchased, all warranty coverage will be denied. You must nonetheless warranty register your vehicle under your name and address with a local POLARIS dealer in your country to ensure that you receive safety information and notices regarding your vehicle.

Notice

If your vehicle is registered outside of the country where it was purchased, and you have not followed the procedure set out above, your vehicle will no longer be eligible for warranty or service bulletin coverage of any kind, other than *safety* bulletins. (Vehicles registered to Government officials or military personnel on assignment outside of the country where the vehicle was purchased will continue to be covered by the basic warranty.)

For questions call POLARIS Customer Assistance:

United States: 1-888-704-5290

Canada: 1-204-925-7100

WARRANTY

U.S.A. EPA Emissions Limited Warranty

This emissions limited warranty is in addition to the POLARIS standard limited warranty for your vehicle. POLARIS Industries Inc. warrants that at the time it is first purchased, this emissions-certified vehicle is designed, built and equipped so it conforms with applicable U.S. Environmental Protection Agency emission regulations. POLARIS warrants that the vehicle is free from defects in materials and workmanship that would cause it to fail to meet these regulations.

The warranty period for this emissions-certified vehicle starts on the date the vehicle is first purchased and continues for a period of 500 hours of engine operation, 5000 kilometers (3100 miles) of vehicle travel, or 30 calendar months from the date of purchase, whichever comes first.

This emissions limited warranty covers components whose failure increases the vehicle's regulated emissions, and it covers components of systems whose only purpose is to control emissions. Repairing or replacing other components not covered by this warranty is the responsibility of the vehicle owner. This emissions limited warranty does not cover components whose failure does not increase the vehicle's regulated emissions.

For exhaust emissions, emission-related components include any engine parts related to the following systems:

- Air-induction system
- Fuel system
- Ignition system
- Exhaust gas recirculation systems

The following parts are also considered emission-related components for exhaust emissions:

- Aftertreatment devices
- Crankcase ventilation valves
- Sensors
- Electronic control units

The following parts are considered emission-related components for evaporative emissions:

- Fuel Tank
- Fuel Cap
- Fuel Line
- Fuel Line Fittings
- Clamps*
- Pressure Relief Valves*
- Control Valves*
- Control Solenoids*
- Electronic Controls*
- Vacuum Control Diaphragms*
- Control Cables*
- Control Linkages*
- Purge Valves
- Vapor Hoses
- Liquid/Vapor Separator
- Carbon Canister
- Canister Mounting Brackets
- Carburetor Purge Port Connector

*As related to the evaporative emission control system.

WARRANTY

U.S.A. EPA Emissions Limited Warranty

The exclusive remedy for breach of this limited warranty shall be, at the exclusive option of POLARIS, repair or replacement of any defective materials, components or products. THE REMEDIES SET FORTH IN THIS LIMITED WARRANTY ARE THE ONLY REMEDIES AVAILABLE TO ANY PERSON FOR BREACH OF THIS WARRANTY. POLARIS SHALL HAVE NO LIABILITY TO ANY PERSON FOR INCIDENTAL, CONSEQUENTIAL OR SPECIAL DAMAGES OF ANY DESCRIPTION, WHETHER ARISING OUT OF EXPRESS OR IMPLIED WARRANTY OR ANY OTHER CONTRACT, NEGLIGENCE OR OTHER TORT OR OTHERWISE. THIS EXCLUSION OF CONSEQUENTIAL, INCIDENTAL, AND SPECIAL DAMAGES IS INDEPENDENT FROM AND SHALL SURVIVE ANY FINDING THAT THE EXCLUSIVE REMEDY FAILED OF ITS ESSENTIAL PURPOSE.

ALL IMPLIED WARRANTIES (INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE) ARE LIMITED IN DURATION TO THE WARRANTY PERIOD DESCRIBED HEREIN. POLARIS DISCLAIMS ALL EXPRESS WARRANTIES NOT STATED IN THIS WARRANTY. Some states do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply if it is inconsistent with the controlling state law.

This limited warranty excludes failures not caused by a defect in material or workmanship. This limited warranty does not cover damage due to accidents, abuse or improper handling, maintenance or use. This limited warranty also does not cover any engine that has been structurally altered, or when the vehicle has been used in racing competition. This limited warranty also does not cover physical damage, corrosion or defects caused by fire, explosions or other similar causes beyond the control of POLARIS.

Owners are responsible for performing the scheduled maintenance identified in the owner's manual. POLARIS may deny warranty claims for failures that have been caused by the owner's or operator's improper maintenance or use, by accidents for which POLARIS has no responsibility, or by acts of God.

Any qualified repair shop or person may maintain, replace, or repair the emission control devices or systems on your vehicle. POLARIS recommends that you contact an authorized POLARIS dealer to perform any service that may be necessary for your vehicle. POLARIS also recommends that you use only Pure POLARIS parts. It is a potential violation of the Clean Air Act if a part supplied by an aftermarket parts manufacturer reduces the effectiveness of the vehicle's emission controls. Tampering with emission controls is prohibited by federal law.

If you have any questions regarding your warranty rights and responsibilities, please contact the POLARIS Warranty Department at 1-888-704-5290.

INDEX

A

Access Panels for Service	
Cargo Box	31
Engine	31
Oil Tank	31
Accessory Outlet	26
Adjustment	
Hand Hold	29
Seat	28
Steering Wheel	28
Age Restrictions	10
Air Filter	91
Air Filter Cleaning	91
All Wheel Drive Switch	27
All Wheel Drive System	36
Arrestor, Spark, Warning	92-93
Auxiliary Outlet	26
AWD Switch	27, 36
AWD System	36
Axle Nut Torque	99

B

Battery	105-108
Charging	107-108
Installation	106
Removal	105
Storage	106
Before Riding	48
Belt Burning	117
Belt Debris Removal	88-89
Belt Life	63
Belt Replacement	88-89
Belt Wear	117
Belts, Seat	33
Boots	9
Brake Fluid	96
Brake Inspection	95
Brake Lights	101
Brake Pedal	35
Brake System Break-in	47
Brakes	95-96
Braking	50
Break-In Period	46-47
Burning Belts	117

C

Cab Nets	32
Cap, Fuel	32
Cargo	62-63
Cargo Box Access Panel	31
Changing Gears	34
Chart, Periodic Maintenance	65-69
Check Engine Indicator	45
Cleaning and Storage	109-113
Cleaning the Air Filter	91
Cleaning the Exhaust System	93
Cleaning the Spark Arrestor	93
Clothing	9
Clutching	115
Component Locations	25
Condition, Spark Plugs	81
Coolant Level, Overflow Bottle	86
Coolant Level, Radiator	85
Coolant, Adding	84
Coolant, Changing	84-85
Coolant, Replacing	85
Cooling Fan	84
Cooling System	85-86
Cooling System Operation	84
Cover for Storage	112
Crankcase Emission Control System	64

D

Demand Drive Fluid	78-79
Display Units, Standard/Metric	41
Drive Belt Wear	117
Drivetrain Break-In	47
Driving Downhill	57
Driving in Reverse	60
Driving on a Sidehill	57
Driving on Slippery Surfaces	55
Driving Over Obstacles	59
Driving Procedures	52-53
Driving Through Water	58
Driving Uphill	56
Driving with a Passenger	54
Driving, After Driving in Water	89
Drying the Transmission	89

E

Electromagnetic Interference	64
Emission Control, Crankcase	64
Emission Control, Exhaust	64
Emission Control, Noise	64
Emissions Limited Warranty	127-128
Engaging AWD	36
Engine Access Panel	31
Engine Break-In	47
Engine Fogging	112
Engine Idle Speed	94
Engine Intake Pre-Filter	90
Engine Oil	72-75
Engine Starting	50
Engine Stopping	50
Equipment Modifications	7
Error Codes, Engine	45
Etiquette, Trail Riding	51
Exhaust Cleaning	93
Exhaust Emission Control System	64
Exhaust System Warning	92-93
Eye Protection	9

F

Fan, Cooling	84
Filter	
Air Filter	91
Fuel Tank Vent Filter	90
Filter Care During Storage	111
Filter Cleaning, Air	91
Filter Systems	90-91
Fluid	
Demand Drive	78-79
Engine Oil	72-75
Front Gearcase	78-79
Main Gearcase	76-77
Transmission	76-77
Fluid Change	
Demand Drive	79
Engine Oil	74-75
Front Gearcase	79
Main Gearcase	77
Transmission	77
Fluid Check	
Demand Drive	78
Engine Oil	73
Front Gearcase	78
Main Gearcase	76
Transmission	76

F

Fluid Levels During Storage	111
Fluid Recommendations, Gearcase	80
Fluid, Brake	96
Fogging the Engine	112
Fouled Plugs	81
Freeplay, Steering Wheel	104
Freeplay, Throttle	94
Fuel Cap	32
Fuel Safety	19
Fuel Stabilizer	111
Fuel Tank Filler Cap	32
Fuel Tank Vent Filter	90
Fuses	82-83

G

Gap, Spark Plug	80
Gasoline Handling	19
Gear Selector	34
Gearcase Capacities	80
Gearcase Oil	
Demand Drive	78-79
Front	78-79
Main	76-77
Gearcase Specifications	80
Gearcases	76-80
Demand Drive	78-79
Front Gearcase	78-79
Main Gearcase	76-77
Specification Chart	80
Transmission	76-77
Gears, Shifting	34
Gloves	9

H

Hand Hold, Passenger	29
Hauling a Load	62-63
Hauling Cargo	62-63
Headlight Replacement	101
Headlight Switch	27
Helmet	8
Hood Removal	30

I

Idle Speed	94
Ignition Switch	26
Indicator Lamps	38

INDEX

I

Inspection, Axle Nuts	99
Inspection, Brakes	95
Inspection, Pre-Ride	48
Inspection, Steering Wheel	104
Inspection, Wheel Nuts	99
Installation, Battery	106
Installation, Wheels	100
Instrument Cluster	37-45
Interference, Electromagnetic	64

K

Key, Periodic Maintenance Chart ..	66
------------------------------------	----

L

Lights	101-102
Brake Lights	101
Headlight Beam Adjustment ..	102
Headlight Replacement	101
Headlight Switch	27
Low Beam Adjustment	102
Lubricant Part Numbers	116
Lubrication for Storage	112
Lubrication Recommendations ..	70-71

M

Maintenance, Periodic	65-69
Metric Display	41
Mode Button	37

N

Nets, Cab	32
New Operator Procedures	52-53
Noise Emission Control System ..	64

O

Obstacles	59
Oil	
Demand Drive	78-79
Engine	72-75
Front Gearcase	78-79
Main Gearcase	76-77
Transmission	76-77
Oil and Filter Care for Storage ..	111

O

Oil Change	
Demand Drive	79
Engine	74-75
Front Gearcase	79
Main Gearcase	77
Transmission	77
Oil Check	
Demand Drive	78
Engine Oil	73
Front Gearcase	78
Main Gearcase	76
Transmission	76
Oil Recommendations	72
Oil Tank Access Panel	31
Operation on Public Lands	64
Operation, Cooling System	84
Operation, Transmission	87-89
Operator Restrictions	10
Overflow Bottle Coolant Level	86

P

Parking on an Incline	61
Parking the Vehicle	51
Passenger Hand Hold Adjustment ..	29
Periodic Maintenance Chart	65-69
Plug Condition	81
Plug Gap	80
Plug Torque	80
Plug, Accessory	26
Plugs, Fouled	81
Plugs, Spark	80-81
Polaris Products	116
Polishing the Vehicle	110
Pre-Filters, Intake	90
Pre-Ride Inspection	48
Public Lands	64
PVT Break-In	47
PVT Drying	89
PVT Intake Pre-Filter	90
PVT System Operation	87-89
PVT, Cleaning Debris	88-89

.....	84
Radiator Coolant Level.....	85
Removal, Battery.....	105
Removal, Seat.....	28
Removal, Wheels.....	100
Removing the Vehicle from Storage.....	113
Restrictions, Age.....	10
Reverse.....	60
Rider Information Center.....	39-45
Riding Area.....	51
Riding Gear.....	8-9
RPM, Idle, Throttle Body.....	94

S

Safe Operation Practices.....	49
Safety Labels.....	20-24
Safety Symbols.....	4
Safety Training, ROHVA... 1, 5, 49, 52	
Safety Warnings.....	10-19
Seat Adjustment.....	28
Seat Belts.....	33
Seat Removal.....	28
Selector, Gear.....	34
Service Access Panels.....	31
Severe Use Definition.....	65
Shifting Gears.....	34
Shock Compression.....	98
Signal Words.....	4
Spark Arrestor Cleaning.....	93
Spark Arrestor Warning.....	92-93
Spark Plug Condition.....	81
Spark Plug Gap.....	80
Spark Plug Removal.....	81
Spark Plug Torque.....	80
Spark Plugs.....	80-81
Spark Plugs, Fouled.....	81
Specifications.....	114-115
Specifications, Gearcase.....	80
Speed, Idle.....	94
Speedometer.....	37
Spring Preload.....	97
Stabilizing the Fuel.....	111
Starting the Engine.....	50
Steering Wheel Adjustment.....	28
Steering Wheel Inspection.....	104
Stopping the Engine.....	50

S

Storage.....	109-113
Storage and Inspection.....	112
Storage and Lubrication.....	112
Storage Area.....	112
Storage, Battery.....	106
Storage, Covers.....	112
Storage, Fluid Levels.....	111
Storage, Oil and Filter.....	111
Storage, Removal.....	113
Suspension Settings.....	97-98
Switches.....	26-27
AWD Switch.....	27, 36
Ignition.....	26
Mode Button.....	37

T

Tachometer.....	43
Throttle Freeplay.....	94
Throttle Pedal.....	35
Throttle System.....	94
Tire Tread Depth.....	99
Tires.....	99-100
Torque, Axle Nuts.....	99
Torque, Spark Plug.....	80
Torque, Wheel Nut.....	99
Trail Etiquette.....	51
Transmission Oil.....	76-77
Transmission Operation.....	87-89
Transmission, Drying.....	89
Transporting the Vehicle.....	113
Tread Depth, Tire.....	99
Tread Lightly.....	51

V

Vehicle Identification Numbers.....	6
Vehicle Immersion.....	103
Vehicle Transport.....	113

W

Warning Symbols.....	4
Washing the Vehicle.....	109-110
Water, Immersion of Vehicle.....	103
Wear, Drive Belt.....	117
Wheel Installation.....	100
Wheel Nut Torque.....	99
Wheel Removal.....	100



U.S. Consumer Product Safety Commission

Task Number: #130411HWE0001

Date: May 30, 2013

Status of Missing Document(s)

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

1. Autopsy - Dallas County Medical Examiner / Dallas, TX added on 8/6/13
2. Medical Records - Texoma Medical Center / Denison, TX added on 8/6/13
3. _____
4. _____
5. _____
6. _____



UNITED STATES CONSUMER PRODUCT SAFETY COMMISSION
BETHESDA, MD 20814

July 8, 2013

Memorandum for: Sidney Englander, Supervisory Investigator

From: Patrick George, Investigator #2931

Subject: #130411HWE0001 / ROV

On 7/5/13 this investigator received the autopsy report of the victim and the medical records of the passenger in the mail.

ATTACHMENT:

Addendum 1 - Autopsy
Addendum 2 - Medical Records



SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS

Office of the Medical Examiner
Autopsy Report



COPY
DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES

Case: IFS-13-06054 - CC

Decedent: (b) 43 years White Male (b) (6)

Date of Death: 04/05/2013 (Actual)

Time of Death: 11:48 PM (Found)

Examination Performed: 04/06/2013 10:50 AM

ORGAN WEIGHTS:

Brain: 1,560 g	Right Lung: 690 g	Right Kidney: 150 g
Heart: 460 g	Left Lung: 520 g	Left Kidney: 160 g
Liver: 2,020 g	Spleen: 170 g	

This autopsy is performed at the request of Larry Atherton, Justice of the Peace, Precinct 1, Grayson 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 gray-blue sneakers, white socks, black track pants, a blue T-shirt (cut away), and a gray long-sleeved sweater (cut away). No jewelry is present. 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 43 years. The body weighs 214 pounds and is 69 inches long. There is good preservation in the absence of embalming. The body is warm, rigor is fully-developed, and there is well-developed, blanching posterior lividity.

The scalp hair is gray, short and wavy. There is a short gray mustache and a short gray goatee. An average amount of body hair is in a normal distribution. The irides are blue and the corneae are slightly cloudy. The ears, nose and lips are unremarkable. The teeth are natural and in good condition.

The chest is symmetrical and the abdomen is mildly protuberant. The external genitalia, anus and perineum are unremarkable. The penis appears uncircumcised. The extremities are well-developed. The back is unremarkable.

IDENTIFYING MARKS AND SCARS

A 1-3/4 inch scar is on the lower right abdomen. A 1-1/4 inch scar is on the anterior right lower leg.



EVIDENCE OF THERAPY

Electrocardiogram leads are on the trunk and the extremities. A cervical collar is around the neck.

EVIDENCE OF INJURY

1. Evidence of asphyxia:

There are florid petechiae of the bilateral palpebral conjunctivae. There are scattered petechiae of the skin of the upper eyelids. There are scattered petechiae of the upper buccal mucosa. There is moderate congestion of the neck. By internal examination, there are scattered petechiae of the laryngeal mucosa.

2. Blunt force injuries of the head and neck:

A patchy red abrasion on the lateral left cheek is 1-3/4 x 1-1/8 inches. An obliquely-oriented, 1-1/8 inch (length) partial-thickness laceration, extending 1/8 inch deep, is on the right temporal scalp and is 1 inch posterior to the superior attachment of the right ear and 3-1/2 inches from the top of the head. The right temporal scalp, behind the right ear, has an inverted, L-shaped 1/2 x 3/8 inch, partial-thickness laceration extending 1/8 inch deep that is 5/8 inch posterior to the superior attachment of the right ear and approximately 4-1/4 inches from the top of the head. A dark red abrasion on the helix of the right ear is 3/8 x 1/8 inch.

A 2-3/4 x 2 inch contusion is on the reflected right occipital scalp. There are no skull fractures. There are no epidural, subdural or subarachnoid hemorrhages. There are no injuries of the brain.

A 2-1/4 x 2 inch red dried abrasion is on the lateral left neck. There are no internal injuries of the neck.

3. Blunt force injuries of the trunk:

There are no external injuries of the trunk.

The right second through eighth ribs are fractured posteriorly, at multiple sites. There is diffuse posterior right chest wall hemorrhage extending from the first through tenth ribs.

There is a 40 mL right hemothorax.

The viscera are free of injuries.

4. Blunt force injuries of the extremities:

A 1/8 inch healing abrasion is on the posterior left fourth finger. Two yellow dried abrasions on the posterior right hand are 1/8 inch each.

There is palpable crepitus of the right and left shoulders. The right lower extremity appears externally rotated and shortened.

No fractures of the extremities are palpated.



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: The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed.

CARDIOVASCULAR SYSTEM: The intimal surface of the abdominal aorta shows mild atherosclerosis. The aorta and its major branches and the great veins are normally distributed. The pulmonary arteries contain no thromboemboli. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. 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. The left ventricle thickness is up to 1.5 cm and the right ventricle thickness is up to 0.5 cm.

RESPIRATORY SYSTEM: See EVIDENCE OF INJURY. The upper airway is not obstructed. The laryngeal mucosa is smooth. The pleural surfaces are smooth and glistening. Frothy, blood-tinged mucus is in the bronchi. Sectioning of the lungs discloses a dark red, mildly congested and mildly edematous parenchyma.

HEPATOBIILIARY SYSTEM: The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 5 mL of green bile, with no calculi.

GASTROINTESTINAL SYSTEM: The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains approximately 100 mL of thick tan material with scattered food particles. 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 surgically absent. 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. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains approximately 270 mL of pale yellow urine. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable externally and on sectioning.

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

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, pelvis, and vertebral column have no fractures. The diaphragm is intact.





#130411HWE0001
Addendum 1
Page 4 of 5

(b) (3)

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, femoral - gray top tube
- 004-005: Blood, femoral - 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 (004-001)

Alcohols/Acetone (GC)

0.226 g/100mL ethanol (004-002)

Alkaline Quantitation (GC, GC/MS)

negative (004-001)

Vitreous

Alcohols/Acetone (GC)

0.210 g/100mL ethanol (004-007)





#130411HWE0001
Addendum 1
Page 5 of 5

(b)
(3):

FINDINGS:

1. Mechanical asphyxia combined with blunt force injuries:
 - a. Reported history the decedent's all-terrain vehicle (ATV) went off the road, rolled multiple times, and pinned him underneath.
 - b. Petechiae of the conjunctivae, upper eyelids, buccal mucosa, and laryngeal mucosa.
 - c. Well-demarcated congestion of the neck.
 - d. Fractures, right second through eighth ribs.
 - e. Hemorrhage, posterior right chest wall.
 - f. 40 ml right hemothorax.
 - g. Contusion, abrasions and lacerations of the head and neck.

2. Cardiac hypertrophy (450 grams), with left ventricle hypertrophy.

CONCLUSIONS:

Based on the case history and autopsy findings, it is our opinion that (b)(3):CPSA Section 25(a) Jr., a 43-year-old white male, died as a result of mechanical asphyxia combined with blunt force injuries.

MANNER OF DEATH: Accident

05/13/2013

Allison Edgecombe, M.D.
Pathologist

05/24/2013

Jill Urban, M.D.
Medical Examiner

05/28/2013

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





Patient Registration

Visit ID	ADMIT DATE/TIME	DSCHG DT/TM	TYPE		RM/BD	DOB	AGE	NAT	AC				
0003693136	04/06/2013 01:47		E EMERGENCY ROOM		ED04-01	04/26/1972	40Y	US	SBLAND				
MED RECD NO.	ADVANCED DIRECTIVES	RELIG	SRC	FC	M/S	SEX	VET	RACE	LANG	OCCUR CODE	DATE/TIME		
000386089	NO ACC PT DECLINED INI OR	V	EMR	H	S	M		1	EN	05	04/06/2013 01:47		
NAME & ADDRESS				PHONE		EMPLOYER NAME AND ADDRESS				PHONE			
(b) (6)				(b) (6)									
IRVING, TX 75062													
PRESENTING COMPLAINT						Admitting Physician:							
ATV ACCIDENT # 2						(b)(3):CPSA Section 25(c)							
Attending Physician:						OTH REL. / FRIEND NM & ADDR							
RELATIVE NAME AND ADDRESS				PHONE		RELATION							
GUARANTOR NAME AND ADDRESS				PHONE		SOC. SEC NO.		GUARANTOR EMPLOYER NM & ADDR				PHONE	
FOERSTER, JON PAUL 3421 B-CARCLIFF COURT S IRVING, TX 75062				(214)960 9723									
INSURANCE	Primary Ins. Name		Carrier Code	Group Number		Certificate #	Insured		REL				
	UNITED-HEALTHCARE EXCEPT OPTIONS PFD PO BO 7-0800 ATLANTA GA 30374 0800 (877)842-3210		220	8P1273		921226063	FOERSTER, JON PAUL		SELF				
	Secondary Ins. Name		Carrier Code	Group Number		Certificate #	Insured		REL				
Tertiary Ins. Name		Carrier Code	Group Number		Certificate #	Insured		REL					

DIAGNOSIS CODES:

0000386089-0003693136
 0000386089-0003693136

<0000386089*
 -0000386089*

MR. Vol.

Medical Record No.

1:58
 Texoma Medical Center
 5015 South US Hwy 75
 Denison, Texas 75020 903-416-4270

Final Cumulative Report

Patient Name: (b) (3):Exemptio
 Visit ID: 0003693136 MR#: 0000386089 DOB: 04/26/1972 Age 40Y
 Admit Phys: (b)(3):CPSA Sex: Male
 Ordering Phys: Section 25(c)
 Location: EDW/WAIT/18 E EMERGENCY ROOM

***** GENERAL CHEMISTRY *****

Collected	04/06/2013	02 16	REF RANGE-UNITS
NA	145		137-145 mmol/L
K	3.7		3.6-5.0 mmol/L
CL	104		98-107 mmol/L
CO2	24		22-31 mmol/L
AGAP	20.1		5.0-22.0
GLU	102		65-110 mg/dL
BUN	16.0		7.0-21.0 mg/dL
CREAT BL	1.0		0.6-1.3 mg/dL
BUN/CREA	15.4		7.0-22.0
CALCIUM	8.6		8.4-10.5 mg/dL

***** HEMATOLOGY *****

Collected	04/06/2013	02 16	REF RANGE-UNITS
WBC	18.5	H	4.0-10.0 K/uL
RBC	4.27	L	4.30-5.70 M/uL
HGB	13.6		12.0-18.0 gm/dL
HCT	39.6	L	42.0-52.0 %
MCV	92.5		80.0-94.0 fL
MCH	31.9	H	27.0-31.0 pg
MCHC	34.5		32.0-36.0 gm/dL
RDW-CV	12.9		11.5-14.5 %
PLT	244		130-450 K/uL
MPV	9.1		7.4-10.4 fL
GRAN %	92.1	H	42.0-75.0 %
LYMPH %	10.80	L	20.50-51.10 %
MONO %	6.52		1.70-9.30 %
EOS %	0.17		0.00-7.00 %
BASO %	0.38		0.00-2.00 %
GRAN #	15.20	H	1.50-6.50 K/uL
LYMPH #	2.00		1.00-4.00 K/uL
MONO #	1.21	H	0.00-1.00 K/uL

Continued On Next Page...

Patient Name: FOERSTER, JON PAUL

Visit ID: 0003693136 Med Rec No: 0000386089 Discharge date 04/06/2013 02 15 00

Location: EDW/WAIT/18

Legend: L=Low, H=High, C=Critical, * =Abnormal, ° = Corrected, P = Preliminary, D=Delta

01:58

Texoma Medical Center
5016 South US Hwy 75
Denison, Texas 75020 803-416-4270

Final Cumulative Report

Patient Name: (b) (3):Exemption

Visit ID: 0003693136 MR#: 0000386089 DOB: 04/26/1972 Age: 40Y

Admitt Phys: (b)(3):CPSA Sex: Male

Ordering Phys: Section 25(c)

Location: EDW/WAIT/18 E EMERGENCY ROOM

***** HEMATOLOGY *****

Collected	04/06/2013	02:16	REF RANGE UNITS
EOS #	0.03		0.00-0.70 K/uL
BASO #	0.07		0.00-0.20 K/uL

Patient Name: FOERSTER, JON PAUL

Visit ID: 0003693136 Med Rec No: 0000386089 Discharge date: 04/06/2013 02:15:00

Location: EDW/WAIT/18 Legend: L=Low, H=High, C=Critical, * =Abnormal, ^ = Corrected, P = Preliminary, D=Delta

Texoma Medical Center

5016 US Hwy 75 South
Denison, Texas 75020
(903) 416-4284

Result Status: *Final*

X-Ray #: 0000386089

Patient:

(b)(3):CPSA Section 25(c)

Birth: 04/26/1972

Sex: M

Service Date: 04/06/2013 02:10
Medical Record #: 0000386089
Visit ID Number: 0003693136
Patient Type: E EMERGENCY ROOM
Location: ED ZONE 2 EXT 2100 QVED-44
Service: CT CHEST W CONTRAST

REQSEQ: 1033107
Ordering: HANSEN, GREGORY P.
Admitting: HANSEN, GREGORY P.
Attending: HANSEN, GREGORY P.
Reading: HAMMETT MD, BRADLEY K.

Special Instructions:

Clinical Indication: ATV ACCIDENT

CT CHEST WITH CONTRAST:

HISTORY: ATV accident. Pain.

TECHNIQUE: CT of the chest with contrast. Coronal and sagittal reformatted images. No prior study for comparison.

FINDINGS: No evidence of focal pulmonary infiltrate, pleural effusion or pneumothorax. No acute displaced fracture is demonstrated. No pathologically enlarged lymph nodes are demonstrated. Streak artifact obscures the thyroid gland. Visualized soft tissues of the chest wall are unremarkable. No endobronchial lesion is demonstrated. The heart and great vessels are unremarkable. The visualized upper abdominal organs are unremarkable.

IMPRESSION:

1. No CT evidence of an acute thoracic abnormality.
2. Report was provided by teleradiology at the time of exam.

All Results are Preliminary until Electronically Signed

1194/601469/ da/DT: 04/06/2013 09:21:11CDT / TT: 04/06/2013 10:44:33CDT / JobID: 8384613/ DocID: 9129631/Dictated By: BRADLEY HAMMETT, MD

CC:

This document was electronically signed by BRADLEY HAMMETT, MD on 04/06/2013 16:25:51CDT.

Texoma Medical Center

5016 US Hwy 75 South
Denison, Texas 75020
(903) 416-4284

Result Status: ***Final***

Patient (b) (3): Exemption 3
for 25(c), (b) (6) L

Birth: (b) (6)

X-Ray #: 0000386089
Sex: M

Received in Paragon By (b)(3): CPSA Section 25(c)
Date: 04/06/2013 16:27

Texoma Medical Center

5016 US Hwy 75 South
Denison, Texas 75020
(903) 416-4284

Result Status: *Final*

Patient: (b) (3) : Exemption 3
for 25 (c), (b) (6)

X-Ray #: 0000386089
Birth: 04/26/1972 Sex: M

Service Date: 04/06/2013 02:10
Medical Record #: 0000386089
Visit ID Number: 0003693136
Patient Type: E EMERGENCY ROOM
Location: ED-ZONE 2 EXT 2100 QVED-44
Service: CT HEAD WO CONTRAST

REQSEQ: 1033105
Ordering: (b)(3):CPSA Section 25
Admitting: (c)
Attending:
Reading:

Special Instructions:

Clinical Indication: ATV ACCIDENT

CT HEAD WITHOUT CONTRAST:
HISTORY: ATV accident, Pam.

FINDINGS: No evidence of acute intracranial hemorrhage. No intracranial mass or mass effect is demonstrated. The ventricles and basilar cisterns are within normal limits. No areas of lobar edema are demonstrated. The visualized intracranial vascular structures are unremarkable for the patient's age. The visualized paranasal sinuses are grossly clear. The visualized orbits are unremarkable. The visualized petrous temporal bones are unremarkable. No evidence of displaced skull fracture.

IMPRESSION:

- 1. No CT evidence of an acute intracranial process or displaced skull fracture.
- 2. Report was provided by teleradiology at the time of the exam.

All Results are Preliminary until Electronically Signed

1194/601469/ da/DT: 04/06/2013 09:23:26CDT / TT: 04/06/2013 10:46:15CDT/ JobID:
8384623/ DocID: 9129646/Dictated By: (b)(3):CPSA Section 25(MD

CC:

This document was electronically signed by (b)(3):CPSA Section 25 MD on
04/06/2013 16:25:55CDT .

Received in Paragon By: (b)(3):CPSA Section 25(c)
Date: 04/06/2013 16:27

Confidentiality Notice: This facsimile transmission is intended only for the individual or entity designated above. If you have received this facsimile in error, please notify the Radiology Department by telephone at 903.416.4284. A facsimile erroneously transmitted to your e-mail or immediately returned to Texoma Medical Center, 5016 South U.S. Hwy 75, Denison, Texas 75020, or if sender grants authorization, destroyed.

Texoma Medical Center

5016 US Hwy 75 South
Denison, Texas 75020
(903) 416-4284

Result Status: ***Final***

X-Ray #: 0000386089

Patient: (b) (3): Exemption 3
for 25(c), (b) (6)

Birth: 04/26/1972 Sex: M

Service Date: 04/06/2013 02:10
Medical Record #: 0000386089
Visit ID Number: 0003693136
Patient Type: E EMERGENCY ROOM
Location: ED ZONE 2 EXT 2100 OVED-44
Service: CT SPINE CERVICAL W/O
CONTRAST

REQSEQ: 1033106
Ordering: (b)(3):CPSA Section 25
Admitting: (c)
Attending:
Reading:

Special Instructions:

Clinical Indication: ATV ACCIDENT

CT CERVICAL SPINE WITHOUT CONTRAST:

HISTORY: ATV accident. Pain. .

COMPARISON: No prior study for comparison.

FINDINGS: The visualized lung apices are grossly clear. A 7 mm rounded hypodensity in the right thyroid lobe near the isthmus on axial image #65. Thyroid ultrasound is recommended for further characterization. Small cervical lymph nodes are noted. No pathologically enlarged lymph nodes are demonstrated. There is straightening of the normal cervical lordosis. Preservation of vertebral body heights. Mild disk space narrowing at C3-C4. Moderate narrowing at C5-C6 and C6-C7 with moderate-sized anterior and posterior disk osteophyte complexes. There are mild facet degenerative changes of the mid to lower cervical spine on the right. No evidence of an acute fracture or dislocation. Small posterior disk osteophyte complex at C3-C4 is noted as well. Assessment of the intraspinal soft tissues is limited with CT. If there is clinical need to assess for cord abnormality or central canal or neural foraminal stenosis, MRI follow up could be considered. There does appear to be mild bony neural foraminal stenosis on the left at the C5-C6 and C6-C7 levels secondary to the above described osteophytes.

IMPRESSION:

1. No evidence of acute fracture or dislocation of cervical spine.
2. A 7 mm right thyroid lobe cyst versus nodule. Nonemergent thyroid ultrasound is recommended for further characterization.
3. Degenerative changes of the cervical spine as described above.
4. Report was provided by teleradiology at the time of exam.

All Results are Preliminary until Electronically Signed

1194/601469/ da/DT: 04/06/2013 09:27:49CDT / TT: 04/06/2013 10:50:56CDT/ JobID:

Confidentiality Notice: This facsimile transmission is intended only for the individual or entity designated above. If you have received this facsimile in error, please notify the Radiology Department by telephone at 903-416-4284. A facsimile erroneously transmitted to you should be immediately returned to Texoma Medical Center, 5016 South U. S. Hwy 75, Denison, Texas 75020, or, if sender grants authorization, destroyed.

Texoma Medical Center

5016 US Hwy 75 South
Denison, Texas 75020
(903) 416-4284

Result Status: *Final*

X-Ray #: 0000386089

Patient: (b) (3):Exemption 3
for 25(c), (b) (6)

Birth: (b)(6)

Sex: M

8384644/ DocID: 9129667/Dictated By: (b)(3):CPSA Section 25(c)

CC:

This document was electronically signed by (b)(3):CPSA Section 25, MD on
04/06/2013 16:26:03CDT .

Received in Paragon By: (b)(3):CPSA Section 25(c)
Date: 04/06/2013 16:27

Texoma Medical Center

5016 US Hwy 75 South
Denison, Texas 75020
(903) 416-4284

Result Status: *Final*

X-Ray #: 0000386089
Sex: M

Patient: (b) (3) :Exemption 3 for 25(c), (b) (6)

Service Date: 04/06/2013 02:10
Medical Record #: 0000586089
Visit ID Number: 0003693136
Patient Type: E EMERGENCY ROOM
Location: ED ZONE 2 EXT 2100 OVED-44
Service: XR CHEST 1 VIEW (AP OR PA)

REQSEQ: 1033102

Ordering: (b)(3):CPSA Section 25(c)
Admitting:
Attending:
Reading:

Special Instructions:

Clinical Indication: ATV ACCIDENT

AP CHEST:

HISTORY: ATV accident. Pain.

FINDINGS: AP chest radiograph without prior for comparison. The cardiomediastinal silhouette and pulmonary vasculature are within normal limits. No focal pulmonary infiltrate, moderate or large pleural effusion, or pneumothorax is demonstrated. The visualized osseous structures are within normal limits for the patient's age. Mild degenerative changes of the acromioclavicular joints are noted.

IMPRESSION:

No evidence of acute cardiopulmonary disease or displaced fracture.

All Results are Preliminary until Electronically Signed

1194/601475/ sru/DT: 04/06/2013 09:40:43CDT / TT: 04/06/2013 11:02:31CDT/ JobID:
8384712/ DocID: 9129722/Dictated By: (b)(3):CPSA Section 25(c)

CC:

This document was electronically signed by (b)(3):CPSA Section 25(c), MD on
04/06/2013 16:26:27CDT.

Received in Paragon By: (b)(3):CPSA Section 25(c)

Date: 04/06/2013 16:28

Texoma Medical Center

5016 US Hwy 75 South
Denison, Texas 75020
(903) 416-4284

Result Status: *Final*

X-Ray #: 0000386089
Sex: M

Patient: (b) (3):Exemption 3 for 25(c), (b) (6)

Service Date: 04/06/2013 02:10
Medical Record #: 0000386089
Visit ID Number: 0003693136
Patient Type: E EMERGENCY ROOM
Location: ED ZONE 2 EXT 2100 QVED-44
Service: XR KNEE 2V (R/L HML)
(RIGHT)

REQSEQ: 1033104

Ordering: (b)(3):CPSA Section 25(c)
Admitting:
Attending:
Reading:

Special Instructions:

Clinical Indication: ATV ACCIDENT

RIGHT KNEE, TWO VIEWS:
HISTORY: Pain,

FINDINGS: Two views of the right knee without prior for comparison. No acute bone or joint abnormality is demonstrated. No focal soft tissue abnormality is demonstrated. No destructive bone lesion is demonstrated.

IMPRESSION:

No evidence of acute fracture or dislocation.

All Results are Preliminary until Electronically Signed

1194/601469/ da/DT: 04/06/2013 09:38:09CDT / TT: 04/06/2013 10:55:49CDT/ JobID:
8384701/ DocID: 9129690/Dictated By: (b)(3):CPSA Section 25(c)

CC:

This document was electronically signed by (b)(3):CPSA Section 25 MD on
04/06/2013 16:26:08CDT .

Received in Paragon By: (b)(3):CPSA Section 25(c)

Date: 04/06/2013 16:27

Texoma Medical Center

5016 US Hwy 75 South
Denison, Texas 75020
(903) 416-4284

Result Status: *Final*

Patient: (b) (3) :Exemption 3 for 25(c), (b) (6) X-Ray #: 0000386089
Sex: M

Service Date: 04/06/2013 02:10
Medical Record #: 0000386089
Visit ID Number: 0003693136
Patient Type: E EMERGENCY ROOM
Location: ED ZONE 2 EXT 2100 OVED-44
Service: XR SHOULDER 2V (ROL FINE)
(RT)

REQSEQ: 1033103

Ordering: (b)(3):CPSA Section 25
Admitting: (c)
Attending:
Reading:

Special Instructions:

Clinical Indication: ATV ACCIDENT

RIGHT SHOULDER, TWO VIEWS:

HISTORY: Pain.

FINDINGS: Two views of the right shoulder without prior for comparison. Limited correlation to the CT chest from the same day. Bony alignment is normal. No fracture or dislocation. Clavicle intact. Adjacent ribs intact. Mild cystic change and sclerosis of the greater tuberosity can be seen in patients with rotator cuff disease.

IMPRESSION:

1. No evidence of acute fracture or dislocation.
2. Nonspecific changes of the greater tuberosity, which can be seen in patients with rotator cuff disease.

This exam is flagged for follow up and the report has been faxed to 903-416-2306.

All Results are Preliminary until Electronically Signed

1194/601469/ da/DT: 04/06/2013 09:39:51 CDT / TT: 04/06/2013 10:58:21 CDT / JobID: 8384710/ DocID: 9129703/Dictated By: (b)(3):CPSA Section 25(c)

CC:

This document was electronically signed by (b)(3):CPSA Section 25(c) on 04/06/2013 16:26:21 CDT .

Confidentiality Notice: This facsimile transmission is intended only for the individual or entity designated above. If you have received this facsimile in error, please notify the Radiology Department by telephone at 903-416-4284. A facsimile erroneously transmitted to you should be immediately returned to Texoma Medical Center, 5016 South U.S. Hwy 75, Denison, Texas 75020, or if sender grants authorization, destroyed.

Texoma Medical Center

5016 US Hwy 75 South
Denison, Texas 75020
(903) 416-4284

Result Status: *Final*

Patient: (b) (3):Exemption 3 for 25
(c), (b) (6) Birth: 04/26/1972 X-Ray #: 0000386089 Sex: M

Received in Paragon By: (b)(3):CPSA Section 25(c)
Date: 04/06/2013 16:27



ETOH
BS 125
Trauma Alert
0121

(b) (3): Exemption 3 for
25(c), (b) (6)



EMS PRE-HOSPITAL REPORT FORM

Date: _____ Time: 0120 ETA: _____

EMS Service: Denison Can you transmit an EKG? Yes No

Patient Name: _____ Age: M Sex: 39

Chief Complaint: ATV accident - driver deceased -
OR
Mechanism of Injury: HA, CL, (R) shoulder pt does not remember anything -
pain

Extrication required: _____

ACTIVATION: TRAUMA STROKE STEMI CHEST PAIN
called 0121

Treatments:
IV/IO 18 Gauge / Location _____ Fluid given: _____

O2 and route _____ N/C NRB CPAP BVM ETT

Breathing treatments: _____

Medications and Routes: _____

Current Vital Signs:

BP 148/84 Pulse 120 RR _____ SaO2 _____ ETCO2 _____

ECG and Interpretation: Sinus

Patient's Physician if known: _____

Room assignment given: _____

Name of Nurse taking the call: _____
(Print Name)

Phone number for dispatch of the EMS Service. () _____

This document is an official part of the Patient Medical Record.



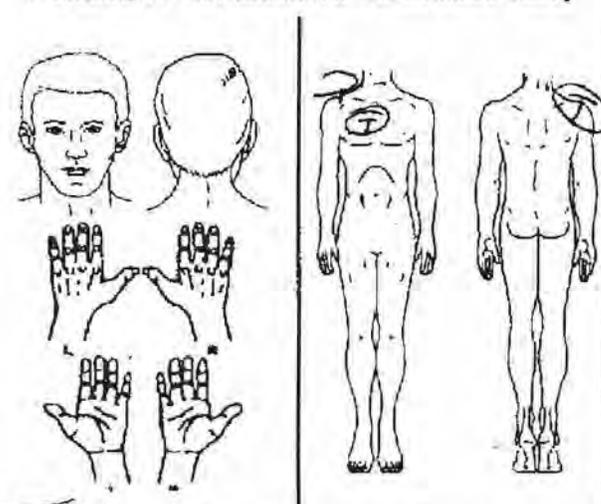
1ER

4

(b) (3): Exemption 3 for 25
 (c), (b) (6)



ED PHYSICIAN TRAUMA RECORD

Assessment Time: <u>0152</u> Injury time: _____ LVVS reviewed _____		Injury Details	
Trauma Type: <input type="checkbox"/> Blunt <input type="checkbox"/> Penetrating <input type="checkbox"/> Burn: Thermal / Chemical		<u># presents to ER CP & R shoulder</u>	
MOI / Cause: <input type="checkbox"/> MV <input type="checkbox"/> MC <input checked="" type="checkbox"/> ATV <input type="checkbox"/> Auto/Ped <input type="checkbox"/> Bike <input type="checkbox"/> Boating <input type="checkbox"/> Animal		<u>Rain slip on ATV accident</u>	
<input type="checkbox"/> Fall: <input type="checkbox"/> SLF <input type="checkbox"/> _____ ft <input type="checkbox"/> Assault <input type="checkbox"/> Firearm <input type="checkbox"/> Machinery <input type="checkbox"/> Other		<u>LAC, ETOH</u>	
Protection: Restraints <input type="checkbox"/> 3-point <input type="checkbox"/> Lap belt <input type="checkbox"/> Child <input type="checkbox"/> Airbag <input type="checkbox"/> Helmet <input type="checkbox"/> Other		<u>Helmet, seatbelt,</u>	
Scene Precautions: <input type="checkbox"/> Exit spinal package <input checked="" type="checkbox"/> Back board <input checked="" type="checkbox"/> C-collar			
Pain _____ (1-10) Location <u>Chest, Neck</u> Descript. <input type="checkbox"/> Sharp <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Throbbing		Duration <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent	
MENTAL STATUS	<input checked="" type="checkbox"/> Alert Oriented x 2 <u>4</u> <input type="checkbox"/> Confused <input type="checkbox"/> Dazed <input type="checkbox"/> Disoriented	ABDOMEN / GU	<input checked="" type="checkbox"/> Non-tender Tenderness: RUQ RLQ LUQ LLQ
	<input checked="" type="checkbox"/> Memory intact <input type="checkbox"/> No memory of event <input type="checkbox"/> Lucid interval		<input type="checkbox"/> Non-distended Diffuse Epigastric Suprapubic
	<input type="checkbox"/> No distress <input type="checkbox"/> Anxious <input type="checkbox"/> Restless <input type="checkbox"/> Agitated		<input type="checkbox"/> No guarding <input type="checkbox"/> Guarding <input type="checkbox"/> Nauseated
	<u>JGCS 15</u> <input type="checkbox"/> ETOH <input type="checkbox"/> Sedated		<input type="checkbox"/> Normal bowel sounds <input type="checkbox"/> Distended <input type="checkbox"/> Rigid
	<input type="checkbox"/> RTS _____ <input type="checkbox"/> Lethargic <input type="checkbox"/> Oblunded <input type="checkbox"/> Unresponsive		<input type="checkbox"/> Normal rectal tone <input type="checkbox"/> Abn rectal tone <input type="checkbox"/> Palpable mass
	<u>Loss of consciousness</u> <input type="checkbox"/> Yes of _____ Duration		<input checked="" type="checkbox"/> Stable pelvis <input type="checkbox"/> Blood at meatus <input type="checkbox"/> Hematuria
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> With neuro deficit <input type="checkbox"/> W/O neuro deficit		<input type="checkbox"/> Normal GU <input type="checkbox"/> Seatbelt sign
HEAD & NECK	<input checked="" type="checkbox"/> Airway patent <input type="checkbox"/> Maxillofacial trauma <input type="checkbox"/> With airway obst	INTEGUMENT	<input type="checkbox"/> Abrasion/s <input type="checkbox"/> Contusion/s <input type="checkbox"/> Crepitation <input checked="" type="checkbox"/> See diagram
	<input checked="" type="checkbox"/> PERRL Pupils: <input type="checkbox"/> Asymmetric <input type="checkbox"/> Constrict <input type="checkbox"/> Dilated		_____ cm Laceration to _____
	<input checked="" type="checkbox"/> EOM- <input type="checkbox"/> EOM entrapment <input type="checkbox"/> Periorbital ecchym		_____ cm Laceration to _____
	<input checked="" type="checkbox"/> ENT exam WNL <input type="checkbox"/> Mastoid hematoma <input type="checkbox"/> Hemotympanum		<input type="checkbox"/> Avulsion to _____ () Minor () Major () Total
	<input type="checkbox"/> Neck non tender <input type="checkbox"/> CSF Rhinorrhea <input type="checkbox"/> CSF Otorrhea		<input type="checkbox"/> Penetrating injury to: _____ depth _____ cm
	<input type="checkbox"/> Trachea midline <input type="checkbox"/> Tracheal deviation <input type="checkbox"/> Epistaxis		<input type="checkbox"/> Injury with total blood loss <input type="checkbox"/> < 20% by volume <input type="checkbox"/> > 20% by volume
			Burns: 1 st _____ % 2 nd _____ % 3 rd _____ % TBSA _____ %
			Inhalation injury: <input type="checkbox"/> No deposits <input type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Severe
NEURO-MUSC	<input type="checkbox"/> CN 2-12 (as tested) intact Speech <input type="checkbox"/> Clear <input type="checkbox"/> Slurred <input type="checkbox"/> Garbled	A = Abrasion; B = Burn; C = Contusion; E = Ecchymosis L = Laceration; T = Tenderness; PT = Point Tenderness; PW = Puncture Wound S = Swelling	
	<input checked="" type="checkbox"/> Motor function intact Reflexes: <input type="checkbox"/> Diminished <input type="checkbox"/> Absent		
	<input checked="" type="checkbox"/> Sensory function intact <input type="checkbox"/> Weakness <input type="checkbox"/> Paresis <input type="checkbox"/> Paralysis		
	<input type="checkbox"/> Full ROM all major groups <input type="checkbox"/> Decorticate <input type="checkbox"/> Decerebrate <input type="checkbox"/> Flaccid		
	<input checked="" type="checkbox"/> Peripheral pulses intact <input type="checkbox"/> Incomplete SCS <input type="checkbox"/> Complete SCS		
	<input checked="" type="checkbox"/> Normal color/temp <input type="checkbox"/> Deformity <input type="checkbox"/> Edema <input type="checkbox"/> Limited move		
	Location: <u>R shoulder T</u>		
CHEST	<input type="checkbox"/> Good air exchange BS <input type="checkbox"/> Diminished R L Upper Lower		
	<input checked="" type="checkbox"/> Heart tones normal <input type="checkbox"/> Absent R L Upper Lower		
	<input type="checkbox"/> No tenderness <input type="checkbox"/> Muffled heart tones		
	<input checked="" type="checkbox"/> Normal excursion <input type="checkbox"/> Tenderness _____		
	<input type="checkbox"/> Paradoxical movement <input type="checkbox"/> Splinting		
	<input type="checkbox"/> Palpable Fx _____		

Physical exam incomplete due to critical condition of patient

Written by Scribe Feely
 acting as scribe for Dr. Hansa





ED PHYSICIAN TRAUMA RECORD

Sims, Sr

(b) (3): Exemption 3 for 25 (c), (b) (6)

Additional information obtained from: Old records Family Caretaker PCP EMS Other:

PAST MEDICAL HISTORY <u>GERD</u> <input type="checkbox"/> None		FAMILY HISTORY <input type="checkbox"/> None		SOCIAL HISTORY <input type="checkbox"/> None		ALLERGIES & MEDICATIONS <input type="checkbox"/> None	
HTN CAD CHF CVA PTCA CABG DM Cancer Lipids Stones Appy Chole COPD Asthma Depres Anxiety Alzh HV	CHF Stroke CAD Lung Liver Kidney HTN DM <u>Wife</u> Cancer	Smoking ETOH Illicit drugs Lives with <u>Parent Family</u> Lives in <u>Home</u> Homeless Nursing Assisted Care Status: <u>Single</u> Married Divorced Widowed	Alcohol Abuse Nursing Assisted Care		See Nurses Notes (Med) See Nurses Notes (All)		<u>None</u>

REVIEW OF SYSTEMS							
<input type="checkbox"/> All systems begin w/ except as noted							
<input type="checkbox"/> Unable to fully assess due to <input type="checkbox"/> Altered LOC <input type="checkbox"/> P/Condition <input type="checkbox"/> Other							
ENT		Eyes		Ears		Nose	
Ears Pain Bleeding Drainage Ringing Hearing Loss Nose Bleeding Congestion Discharge		Blurred vision Double vision Discharge Itching Pain Redness Photophobia		Tinnitus Deafness		Epistaxis	
HEENT		HEENT		HEENT		HEENT	
Headache Dizziness Seizure Right/Left Numbness Weak Speech problem Tremor Fainting Problems walking None		Chest pain Left arm pain Diaphoresis DDE PHD Orthopnea Syncope Edema Palpitations Dizzy spells		Cough SOB Wheeze Hemoptysis Dyspnea		Easy bruising/bleeding Lymphadenopathy	
GI		GI		GI		GI	
Abdominal Pain Nausea Vomiting Diarrhea Melena Hematemesis Hematochezia		Hives Itching Frequent infections		Weight Gain/Loss Excessive Thirst Hunger Urination		Headache Dizziness Seizure Right/Left Numbness Weak Speech problem Tremor Fainting Problems walking None	
Musculoskeletal		Musculoskeletal		Musculoskeletal		Musculoskeletal	
Pain Swelling Right Left Neck Chest/Wall Ribs Back Shoulder Arm Elbow Forearm Wrist Hand		Dysuria Hematuria Frequency Flank pain Incontinence Male Discharge Penile sore Testicle Pain Swelling Female Pelvic pain Uterus/Painful Pregnant Vaginal discharge		Rash Ulcerations Erythema Eruptions			

TESTING <u>normal except:</u>				MEDICAL DECISION MAKING			
WBC	GLU	PH	INR	Differential Diagnosis			
RBC	Na	PCO2	PT	Reevaluation Time: <u>402</u> Condition: <input checked="" type="checkbox"/> Improved <input type="checkbox"/> Unchanged <input type="checkbox"/> Worsened			
HGB	K	PO2	P/T	Reevaluation Time: _____ Condition: <input type="checkbox"/> Improved <input type="checkbox"/> Unchanged <input type="checkbox"/> Worsened			
HCT	CL	HCO3	<input type="checkbox"/> Currently on anticoagulants	Reevaluation Time: _____ Condition: <input type="checkbox"/> Improved <input type="checkbox"/> Unchanged <input type="checkbox"/> Worsened			
PLT	CO2	BE		Critical Care Time: _____ minutes <input type="checkbox"/> 30-74 minutes <input type="checkbox"/> 75-104 minutes			
ETOH	BUN/Cr	O2 sat		(Critical Care time does NOT include time for separately billed procedures)			
Urine <input type="checkbox"/> Normal <input type="checkbox"/> Blood <input type="checkbox"/> WBC/Leuks	HCG <input type="checkbox"/> Pos <input type="checkbox"/> Neg	Tox		<input type="checkbox"/> See Procedure Note/ Critical Care Note			
<input type="checkbox"/> EKG <input type="checkbox"/> Rhythm strip Rate: _____ Axis: _____ Read by <input type="checkbox"/> Self <input type="checkbox"/> Cardio							
<input type="checkbox"/> NSR <input type="checkbox"/> SB <input type="checkbox"/> PAC <input type="checkbox"/> AIB <input type="checkbox"/> PVC <input type="checkbox"/> VT <input type="checkbox"/> Vfib <input type="checkbox"/> Ectopy <input type="checkbox"/> Ischemia							

IMAGING		IMPRESSIONS	
<u>CT chest @ @ 402</u> <u>CT C-spine @ @ 402</u>		Based on my analysis of the history, physical exam and data, I believe the diagnosis is <u>Shoulder sprain</u> <u>Cervical sprain</u>	

CONSULTATIONS:		DISPOSITION	
Physician Name:	Notification Time	Decision Time <u>404</u>	Condition: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Stable <input type="checkbox"/> Critical
		<input type="checkbox"/> Admit to Dr. _____	Consult Dr. _____
		<input type="checkbox"/> Transfer to Dr. _____	Hospital: _____ Via: _____
NOTES		<input checked="" type="checkbox"/> Discharge <input type="checkbox"/> Expired	
		<input type="checkbox"/> AMA despite discussion of potential consequences of leaving w/o treatment completion	
		Instructions / RX <u>Norco / Plexon</u>	

Diagnosis-specific d/c instructions given to patient/other

Patient understands discharge follow up and return instructions MD/DO signature [Signature] Time _____ Date 4/6/11



(b) (3): Exemption 3 for 25
 (c), (b) (6)

EMERGENCY SERVICES NURSING RECORD

Pre hospital treatment by EMS: Denison FD

Mechanism mph unknown
 MVC Motorcycle Helmet None
 Driver Passenger Front Passenger Rear Restrained
 Compartment intrusion: mod (8'-10') or Severe (>10')
 Extricated min Rollover Ejected
 Airbag deployed Auto/ped
 GSW Blunt Assault Stab Fall ft
 Bum

Intubated w/ Size Nasal Oral
 IV Solution Gauge RFA Site
 IV Solution Gauge Site
 Oxygen L per Cannula/Mask
 Other
 C-spine Backboard C-collar

Stroke Times/Goals
 To CT (15 min)
 Neurologist paged (10 min)
 Neurologist return call (5 min)
 Neurologist
 Last meal @

Critical Results: Lab EKG Other Reported to Time
 PLACED ON: Time and initial EKG Monitor BP Monitor Continuous Pulse Oximeter Warning: Warm Blankets Bair Hugger

0140 to scene 4 s/p ATV rollover - driver NOA @ scene. Stated no seatbelt, no helmet, ATV hit power pole - ATIS
 0150 removed, no - locked mand, c-collar remains in place - MD to bed for assessment - ATIS
 0215 (updated) pt on care plan. Pt called girlfriend & she will be on way up for Dallas tonight. Pt repetitive in comments & tearful. - ATIS
 0240 No neurologist CT & X-rays - ATIS
 0250 return for intubation - ATIS
 0300 Report to Jill, RN - ATIS
 0430 DIC inst given. Pt verbalized understanding. Saline lock D/d in tact. slings placed to (B) arm - gr

Time	Procedure	Comments	Time	Procedure	Comments
	ET		0215	Lab Drawn	By ED staff
	Chest Tube			FAST	
	NG/OG			CT/Nurse	
PRN	IV #1	16 RFA		CT/out Nurse	MD order
	IV #2			Other	

BLOOD CULTURES x 2: Date: Time:
 Patient / Family verbalized understanding of discharge instructions: teaching on pain control

Time	Temp	P	R	BP	E	V	M	O2 Sat	Amt O2	Start TIME	Medication	Dose	Route	Site	End Time	In	Out	Pain (1-10)	Initials
0215	99.4	100	16	133/62	4	5	6	100	2L	0205	NS	16	IV	1					ATIS
0315		100	16	134/67	4	5	6	94	RA	0206	Zofran	8mg	PO	1					ATIS
0410	99.4	100	16	134/63	4	5	6	94	RA	0207	Dilaudid	1mg	SLIP	1				7	ATIS
										0410	Dilaudid	1mg	SLIP						gr

Total Intake: IV: 1000 Blood: 0 Oral: 0 Total Output: Urine: 800 NG: 0 Chest Tube: 0
 Primary Nurse: ATIS Date/Time: 0155 Other: Date/Time: DC Nurse: Date/Time:



(b) (3): Exemption 3 for
25 (c), (b) (6)

EMERGENCY SERVICES NURSING RECORD

CODE Trauma Trauma ALERT Called time: 0121 N/A ERMD

Time of injury: 0100 Patient Arrival time: 0140 Name: Hansen
 EMS Service: DFD Times: 0125 Called: Arrival:

Communication: English Spanish Other Interpreter Name:
 Risk precautions: Bed locked in low position Side rails up Call light Family at bedside Yellow band on patient If restrained use flowsheet

HEENT/Resp: No Apparent Problem
 A-Airway Patent Trachea Midline
 B-Breathing Spontaneous/WNL
 Labored Shallow
 Assisted with BVM
 O2 at _____ via _____
 Breath Sounds Clear
 Diminished _____ Rt _____ Lt
 Absent _____ R: _____ Lt
 Adventitious Sounds:
 _____ Rt _____ Lt
 Paradoxical Movement of Chest: _____ Rt _____ Lt
 Retractions Accessory Muscles Use
 Cough
 Productive Non-productive
 Other: _____

CVS: No Apparent Problem
 C-Circulation
 Warm Cool Hot Cyanotic
 Dry Moist Pink Pale
 Flushed
 Chest Pain: _____ (0-10)
 Dull Sharp Burning
 Pressure With Inspiration
 Constant Intermittent
 Capillary Refill: less than 2 sec
 greater than 2 sec
 Extremity Pulses: Present
 Other: _____
 Edema Site: _____
 Jugular Vein Distension
 Cardiac Monitor Rhythm:
 Pulse OX % on _____ O2
 BP Monitor - See Attached Strips
 Other: _____

Neuro (Deficits): No Apparent Problem
 Awake
 AVPU: Alert Verbal Pain Unresponsive
 Unresponsive Cooperative
 Uncooperative Comatose
 Oriented X Disoriented
 Person Place Time Events
 Unable to Remember Accident
 Unable to Repeat Information Relayed
 PERLA
 Seizure Type: _____
 Hand Grasp Equiv:
 Stronger on: _____ Rt _____ Lt
 Deficits
 C/O Pain:
 Headache Dizziness
 Photophobia
 Other: _____

PsychoSocial (in last 6 months)
 Info given by patient Other:
 Do you have thoughts of harming yourself? Y N
 Harming others? Y N
 Do you have a plan? Y N
 Access to any lethal means such as guns, weapons or medications? Y N
 If yes to harming self or others, initiate mental health consult. BHC
 MHMP
 Hx of depression, anxiety or mood swings?
 Y N
 Family / Peer suicide Y N
 Who & When: _____
 Significant loss Y N
 Job / Divorce / Health
 Death of: _____
 Do you see a counselor or psychiatrist? Y N

Pediatric: Not Applicable **Diet:**
 Behavior: Appropriate for Age Inconsolable Agitated Lethargic
 Fontanel Normal Sunken Bulging
 Gestational Age at Birth _____ weeks Birth Weight: _____

R O S
GUGU: No Apparent Problem
 Abdomen WNL Bowel Sounds
 Distended Absent
 Soft Diminished
 Non-tender Present
 Tender _____ Quad
 Pain
 Dull Sharp Burning
 Cramping
 Nausea
 Vomiting x _____ Color _____
 Diarrhea x _____ Color _____
 Last BM _____ Color _____
 Voiding Normal Color: _____
 Increased Frequency
 Urgency
 Painful Urination
 Hematuria
 Discharge: Color _____ Amount _____
 Rectum: _____
 LMP _____ FHT _____
 Gravida _____ Para _____ AB _____
 Other: _____

Musculo-Skeletal/Integument: No Apparent Problem **Eyes / ENT**
 D - Deformity **Acuity L R**
 C - Contusion
 A - Abrasion
 P - Pain
 PW - Penetrating Wound
 B - Burn
 L - Laceration
 S - Swelling
 T - Tenderness
 I - Instability
 C - Crepitus
 FB - Foreign Body
 R - Rash

Burns (document above)

Adult	Child
18% Front	18%
18% Back	18%
18% Leg (each)	14%
9% Arm (each)	8%
9% Head	18%
1% Genitals	

Nutritional Status

Yes	No
<input type="checkbox"/> Evidence of failure to thrive	<input type="checkbox"/>
<input type="checkbox"/> New onset Diabetes	<input type="checkbox"/>
<input type="checkbox"/> Less than 16 years old and pregnant	<input type="checkbox"/>
<input type="checkbox"/> Breast feeding with evidence of poor nutrition	<input type="checkbox"/>
<input type="checkbox"/> Non healing wound with poor nutrition	<input type="checkbox"/>
<input type="checkbox"/> Evidence of severe malnutrition	<input type="checkbox"/>

Modified Morse Fall Scale

History of Falling	N / Hepatic Lock
<input type="checkbox"/> 25 Yes	<input type="checkbox"/> 20 Yes
<input type="checkbox"/> 20 No	<input type="checkbox"/> 3 No
Secondary Diagnosis	Medication Status
<input type="checkbox"/> 5 Yes	<input checked="" type="checkbox"/> 25 Yes
<input type="checkbox"/> 0 No	<input type="checkbox"/> 10 No

Mental Status

<input type="checkbox"/> 15 Forgets limitations
<input type="checkbox"/> 0 Oriented to own ability

Use of Ambulatory Aids

<input type="checkbox"/> 30 Furniture
<input type="checkbox"/> 15 Crutches / Walker / Car
<input type="checkbox"/> 0 None, bedrest, wheelchair, nurse

Gait Walk or Impaired Fall Risk

<input type="checkbox"/> 20 Impaired
<input type="checkbox"/> 10 Weak
<input type="checkbox"/> 0 Normal, bedrest, immobile

OPEN EYES (E)
 Infant or Adult
 Spontaneous 5 Coos 5 Oriented
 3 To Speech 4 Irritable Cry 4 Confused
 2 Pain 3 Cries Pain 3 Inappropriate
 1 None 2 Moans-Grunt 2 Incomprehensible
 1 None 1 None

VERBAL (V)
 Infant Adult

NDTOR (M)
 Infant Adult
 6 Spontaneous 6 Obey
 5 Localize Pain 5 Localize Pain
 4 Withdraws 4 Withdraws
 3 Abnorm Flex 3 Abnorm Flex
 2 Abnorm Exten 2 Abnorm Exten
 1 None 1 None

Revised Trauma Score

GCS	SBP	RESP
13-15 = 4	>89 = 4	10-29 = 4
9-12 = 3	76-89 = 3	>29 = 3
6-8 = 2	50-75 = 2	6-8 = 2
4-5 = 1	1-49 = 1	1-5 = 1
3 = 0	0 = 0	0 = 0

Total Points = 12

Total Score: 50 or greater = Fall Risk
 Pupil Size R=reactive U=unreactive
 Time (0200) Size right R
 Size left R

Primary Nurse: A. S. B. Date / Time: 6/14/13



(b) (3): Exemption 3 for 25 (c), (b) (6)

RN TRIAGE NOTE

- L. Mercer RN

Time: 0140 Trauma: Alert Code NA Chest Pain

STEMI Stroke FSBS

Chief Complaint: ATV roll over HA, R shoulder pain
 Onset/LKN ambulatory on scene
 Allergies: NKDA Red Allergy Bracelet Placed

Info given by: Patient EMS Other: _____
 ED Visit in last 72 hours? Yes No When? _____
 Primary Language English Spanish Other: _____

Primary Doctor: [Signature] ESI Triage Level: 1 2 3 4 5 Room: 4

Time	TEMP	BP	HR	RR	Pain	O ₂ SAT	AMT O ₂	GCS	Initials
0145	99.5	144/77	108	18	5	97	RA	15	LM

LNMP: Hysterectomy Menopause Pregnant EDC Grav Para
 VACCINATIONS: Up to Date Unknown TETANUS: < 5 years > 5 years Unknown
 ARRIVED VIA: Ambulatory Wheelchair EMS Police Custody Other:

No Meds Medication List Attached Anticoagulants: _____
 Height: 61 Stated Measured Other: _____
 Weight: 185 Stated Scale Other: _____

Past Medical History: No significant History Angina Asthma CAD CHF COPD Diabetes HTN MI Seizure Stroke / TIA Other: _____
 Past Surgical History: No significant History Adenoidectomy Appendectomy CABG Gall Bladder Ocular Tonsillectomy Other: Sinus

Respiratory Effort: Unlabored Labored Nasal Flaring Grunting Retractions: _____
 Skin Color: Normal Pink Pale Dusky Other: _____
 Skin Temp: Warm Cool Dry Moist Other: _____
 Cap Refill: < 2 sec 2 sec 2-4 sec > 4 sec Other: _____
 Lung Sounds: Clear Coarse Wheezes Rales Rhonchi Not Assessed Right Left Other: _____
 Abdomen: Soft Firm Flat Full Distended Not Assessed Other: _____
 Bowel Sounds: Active Hypoactive Absent Not Assessed Other: _____
 Pulses: +4 Bounding +3 Palpable +2 Thready +1 Doppler 0 Absent Peripheral Central Other: _____

Social History: Denies all use Smoker _____ Packs per day ETOH Use Other: _____
 Learning Barriers: None Cognitive Cultural Language Physical Other

Pediatric Assessment (Less than 18 years of age)
 Fontanelle (<6 months of age): Normal Sunken Full Patient Crying (tears present)
 Anterior Posterior Other
 Apical Heart Rate (<6 months of age): _____ (listen for 60 seconds)
 Head Circumference (<24 months of age): _____ (in centimeters)

Personal Safety
 Do you feel safe in your current environment? Y N
 Is anyone threatening you or making you feel unsafe? Y N
 Note: _____

Recent Exposure to Infectious Diseases - TB, Flu, Other
 Travel Outside of the Country Cross-contamination Diaper
 History of Tuberculosis (TB)
 Tuberculosis Assessment (Initiate reverse isolation if 2 or more present)
 Cough > 3 weeks Recent weight loss > 10 pounds Fever Night Sweats
 Coughing up Blood
 Interventions
 Moved to Room 17 N95 placed on PT (TB) Surgical Mask placed on PT (Flu)

Learning
 What method do you learn by best?
 Reading Listening Demonstration
 Disposition: MDC Location RM# _____ AMA Transfer Mode: Walk W/C Stretcher Crutches
 Discharged in Care Of: Self Parent Spouse Other _____
 Documented Pain Management Understanding: Yes No N/A

Triage Nurse: [Signature] Date / Time: 0140 Nurse: [Signature] Date / Time: 0140 Discharge Nurse: [Signature] Date / Time: 0140



1ER



(b) (3): Exemption 3 for 25
 (c), (b) (6)

EMERGENCY DEPARTMENT PHYSICIAN ORDERS

Allergies: NKA HT: _____ WT: _____

Date Ordered: _____ Delegated Order Set: Yes | No

Time Ordered MD	Time Received Unit Clerk	Time Ordered MD	Time Received Unit Clerk	Time Ordered MD	Time Received Unit Clerk
ER ORDER SETS		GC-Chlamydia Probe/Wet Prep		Humerus L R Bil	
	Cardiac Work-up	Blood Cultures times 2		Elbow L R Bil	
	Stroke Work-up	Arterial Blood Gases		Forearm L R Bil	
	Trauma Panel	Type & Screen		Wrist L R Bil	
LAB ORDERS		Crossmatch units		Hand L R Bil	
<u>LAB</u>	<u>CBC w/DIFF auto</u>	ETOH		Hip L R Bil	
<u>DRAW</u>	<u>Basic Metabolic Panel</u>	Tox / Screen - Urine / Blood		Pelvis	
	Comp. Metabolic Panel	Dilantin		Femur L R Bil	
	Bedside Blood Glucose	Digoxin		<u>Knee L R Bil</u>	<u>LB 0207</u>
	Cardiac Profile	Salicylate Level		Tib/Fib L R Bil	
	EKG	Acetaminophen Level		Ankle L R Bil	
	PT/INR	Foley Catheter		Foot L R Bil	
	PTT	RADIOLOGY ORDERS		Toe(s)	
	D-Dimer	<u>CXR 2v 1v</u>	<u>LB 0207</u>	<u>CT Head w/o IV</u>	<u>LB 0207</u>
	B-np	Acute Abdominal Series		CT Abd/Pelvis with oral contrast	
	Amylase	Abd: 2v		<u>CT - Cervical Spine</u>	<u>LB 0207</u>
	Lipase	Kidney(s), Ureter(s), Bladder		CT - Lumbar Spine	
	Liver Function Tests	C-spine 1v 3v com		CT - Thoracic Spine	
	Retic	T-spine		<u>CT Chest w/o IV</u>	<u>LB 0207</u>
	Sed Rate	L-spine 1v 3v com		CTA Chest Head Neck Abd Aorta w/urofls	
	UHCG	Facial Bones		Ultrasound Abd GB	
	HCG Qual Serum	Mandible		Ultrasound Pelvis/TV	
	HCG Quant Serum	Skull		Ultrasound Prag Eval/TV	
	Rhesus Factor (Rh)	Ribs: L R Bil		Ultrasound Fast Scan	
	UA s/Micro / Cath	Finger(s)		Ultrasound Testicle	
	Urine C&S / Cath	<u>Shoulder L R Bil</u>	<u>LB 0207</u>	VQ Scan	

Reason for exam: _____

Orders:

Time	Initials	Time	Initials
<u>Delegated</u>	<u>T H W X</u>	<u>Delegated</u>	<u>T H W X</u>
<u>Noted</u>	<u>8/11/11</u>	<u>Shy</u>	<u>8/11/11</u>
<u>NS</u>	<u>Bolus</u>	<u>Shy</u>	<u>8/11/11</u>

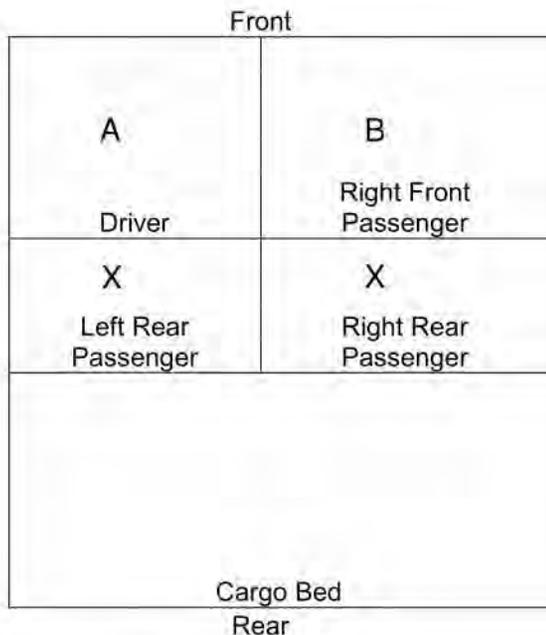
Physician Signature: _____ Date: _____ Time: _____



Utility Vehicle Data Record Sheet

IDI #: 130411HWE0001

Exhibit #: F



The Utility Vehicle

A:	Age: 43	Height: unknown
	Gender: male	Weight: unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Head trauma	
	Did vehicle land on victim: Yes	
	Ejected (Either partially or fully): Yes	

B:	Age: 40	Height: unknown
	Gender: male	Weight: unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: Unknown	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): 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):	

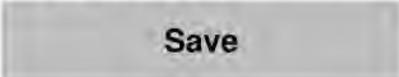
E:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

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.



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

An online news story (source document) reported that a 33-year-old male died early in the morning, on Saturday, April 13, 2013. They reported both county sheriff's deputies and medical crews were sent to the scene after an ATV accident was reported. Later this model of ATV was determined to be an UTV.

They reported that officers found the man pinned under the UTV and he was then removed and transported to a nearby hospital where he was pronounced deceased. They reported that the accident was still under investigation but the cause appeared to be that the UTV operator may have over corrected as he was coming off a gravel road and onto a paved roadway. They also reported that he was partially ejected and seat belts were not in use.

I visited the State Medical Examiner's office and collected their reports (exhibit 1). The death certificate lists the manner of death as accident and the cause of death as traumatic head injury. They describe the how the injury occurred as "ATV rollover, pinned by roll bar."

In their report (exhibit 2) they described the incident:

The decedent was found by his wife pinned under the roll bar of the UTV. He would drive it down in the morning to meet his logging crew and leave it at the bottom. His wife met him in town and was returning late, so he was let out of her vehicle so he could drive the UTV back to the residence. He was to be following her up the hill but when he didn't show up, she went back down and found him with the UTV upside down and the roll bar across his head and neck. She called 911 and EMS personnel removed the vehicle finding the decedent unresponsive. CPR was initiated and continued to the emergency department where resuscitative efforts were ceased.

I found an on-line obituary for the 33-year-old male who died in this incident (exhibit 5). It reports he was survived by his wife and three young sons, ages 9, 7 and 2-years old.

The medical examiner's reports (exhibit 2) also describe the conditions at the scene and what was determined to have occurred during this incident:

The site of the crash is a single lane roadway near a state highway junction. The first section of the roadway is paved and then becomes gravel. The decedent appeared to have lost control and rolled at the site where the roadway transitions from pavement to gravel. They found him pinned under the roll bar of the vehicle which was lying across his head and neck. There were several opened containers of (brand) beer cans lying on the roadway.

They described (exhibit 2) the 33-year-old victim as:

He weighed 150 pounds and was 68 inches tall. He had a strong odor of alcohol. His injuries included a large 10 cm intermittent laceration over his mid-left frontal and parietal scalp and that his head was asymmetrical with deformity palpated over his left frontal and parietal skull with a 2 cm oval shaped abrasion over his right mid-mandible with bruising and swelling that extended over his jaw and down over his right neck and clavicle. No other injury or trauma was noted on the body.

They reported (exhibit 2) his toxicology results included an ethanol amount of 0.21 g/dl.

I contacted the County Sheriff's department and requested their report and photos and they were later provided (exhibits 3 and 4). This report (exhibit 3) identified the make and model of the UTV involved but it did not contain the VIN for the incident unit. The vehicle odometer reading was also not available.

The photos (exhibit 4) show this to be a two-passenger UTV with a large attached open trunk area. It was equipped with a roll bar.

They report (exhibit 3) that upon the officer's arrival at 1:43 am, he observed the victim's wife was hysterically running around. He also found that she had blood on her hands and legs. He observed the first responders attempting CPR and that the victim's head appeared to be misshaped and a large amount of blood had run down the hill from where the victim was laying down.

They also reported (exhibit 3) that they later researched the dry weight of the UTV involved and found that it was 1270 pounds and that it had a top speed of 50 MPH in two wheel drive mode. They suspected the speed of the vehicle and alcohol contributed to this crash.

They reported the UTV appeared to be in relatively good condition and that the seat belts were in the retracted position and did not appear to be used often because of the dirt and road grime on them.

I later interviewed the Investigating Police Officer who reported that he had been the first responder to the scene and attempted CPR prior to the arrival of the medical crew. He provided additional information. He confirmed the victim was not wearing a helmet nor using the seatbelt or any other safety equipment while operating this vehicle.

He reported that the victim was most likely highly skilled in the use of the UTV because he was a professional heavy equipment operator and he used the UTV on a routine basis around his large ranch. He also confirmed that the weather conditions that night were dry and that it was dark (middle of the night) with limited lighting that was provided by the vehicle and a flashlight they found at the scene of the accident.

He also confirmed that the family no longer owned the incident UTV. He said that it was operational and that it had been sold after this incident. He stated that no license to operate this vehicle is needed in this state while it is operated on private property which in this case was owned by the victim.

He requested that no further contact be attempted to the next of kin, who witnessed this incident, due to the difficult circumstances involving this incident. No further attempt was made. This assignment was not completed on-site, as requested due to this limitation and also the large distance to the incident location.

PRODUCT IDENTIFICATION:

UTV (Product Code 5044)
Type: Side by Side
Model: "Teryx"
Color: Red

130419HCC3623

VIN: Unknown

Brand: Kawasaki

Manufacturer: Kawasaki Motor Company, 9950 Jeronimo Road,
Irvine, CA 92618

Retailer: Unknown

SAMPLES COLLECTED: None

ATTACHMENTS:

Exhibit 1 - Description of Respondents

Exhibit 2 - Medical Examiner's Report *gzenwfgf/"eqphkfgpvkc+

Exhibit 3 - County Sheriff's Report *gzenwfgf/"eqphkfgpvkc+

**Exhibit 4 - 5 Photographs (provided by County Sheriff's
Department)**

Exhibit 5 - Obituary

Exhibit 6 - UTV Data Record Sheet



130419HCC3623

Exhibit 1

DESCRIPTION OF RESPONDENTS:

ATTN: [REDACTED], Oregon State Police, Medical Examiner Division, 13309 SE 84th Ave. Suite 100, Clackamas, OR 97015, On-Site Visit 6/3/2013

[REDACTED], RECORDS & CONCEALED HANDGUN LICENSING
Coos County Sheriff's Office, 250 N. Baxter ~ Courthouse, Coquille, Oregon 97423
Office (541) 396-7802, Fax (541) 396-1025, [REDACTED]@co.coos.or.us Initial contact
5/22/2013

Sgt. Toby W. Floyd, Coos County Sheriff's Office, 250 N. Baxter Street, Coquille, OR 97423, (541) 396-7814, (541) 396-1025 (Fax), Initial contact 5/28/2013











130419HCC3623
Exhibit 4, 2 of 3



Mc

A

Fo



[Redacted text block]

[\(0\) Comments](#)



A celebration of life service will be held for [Redacted], 33, of Myrtle Point at 1 p.m. Saturday, April 20, at the [Redacted], in Myrtle Point with Pastor [Redacted] officiating. Graveside services will follow at the [Redacted]. Family and friends are invited to attend a reception to be held at the church immediately following the graveside services.

[Redacted] was born [Redacted], in Coos Bay, to [Redacted] and [Redacted] [Redacted]. He was raised and educated in Myrtle Point. He died April 13, 2013, from injuries he received from an ATV accident on the family farm.

[Redacted] was united in marriage to [Redacted]. They celebrated 10 years of life together and have three young sons.

130419HCC3623
Exhibit 4, 3 of 3

He worked in the logging industry where he enjoyed being in the great outdoors, most recently for [REDACTED]. [REDACTED] also helped out on the farm.

Fe

Among his personal interests he loved spending time with his family, going camping and fishing, as well as gold digging and playing with his metal detector. He had a serious love of being a cowboy and riding the four-wheelers.

[REDACTED] is survived by his wife, [REDACTED] and three young sons, [REDACTED] (9), [REDACTED] (7) and [REDACTED] (2) of Coquille; his parents, [REDACTED] and [REDACTED] of Coquille; sister and brother-in-law, [REDACTED] and [REDACTED] and their children, [REDACTED] and [REDACTED]; brother and sister-in-law, [REDACTED] and [REDACTED] and their children, [REDACTED] and [REDACTED]; in-laws, [REDACTED] and [REDACTED], [REDACTED] and [REDACTED], and [REDACTED] and [REDACTED]; and several nieces and nephews.

[REDACTED] was preceded in death by his brother, [REDACTED]; maternal grandparents, [REDACTED] and [REDACTED]; paternal grandparents, [REDACTED] and [REDACTED]; and uncle, [REDACTED].

The family suggests that remembrances may be contributions made to the [REDACTED] [REDACTED] at the [REDACTED].

Services entrusted to [REDACTED]-Myrtle Point, [REDACTED].

Visit

Tags [REDACTED]

View (0) Comments

More Obituaries Stories

[REDACTED]
[Death notices](#)

[REDACTED]

[REDACTED]
[Death notice](#)

Recommendations

[2 die as car, pickup crash at intersection](#) [REDACTED]
Link - Homepage)

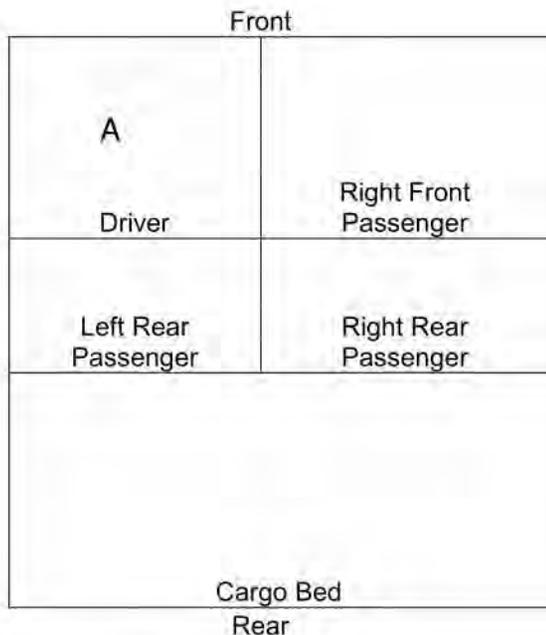
[Panel: US should let nature cull wild horse herds](#)
[REDACTED] Homepage)

[10 Insanely Overpaid Public Employees](#) [REDACTED]
[REDACTED]

Utility Vehicle Data Record Sheet

IDI #: 130419HCC3623

Exhibit #: 6



The Utility Vehicle

A:	Age: 33	Height: 68"
	Gender: M	Weight: 150 lbs
	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	

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):	

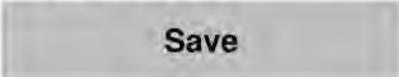
E:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

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.



IDI 130508HWE0001

Page 1 of 2

SUMMARY OF FINDINGS

This IDI was prompted by a news article submitted to the CPSC describing an ATV accident in which a 14 year old girl was fatally injured. The product involved in the accident was reported as an ATV; however, the incident unit is actually a UTV.

According to official reports, on 5/7/2013 around 1945 hours, the victim (14y/o) was driving a UTV with her 2 sisters riding as passengers. The 5 y/o sister was riding in the front center position and the 12 y/o sister was riding in the front right position of the UTV.

The UTV was traveling down a 2 lane gravel county road around 40 mph. The driver lost control and began to skid. The UTV overturned in the roadway and continued to overturn as it traveled off the right side of the roadway. The UTV impacted a fence and came to rest on its side. All 3 occupants were ejected. The UTV came to rest on top of the driver. The driver was pronounced deceased at the scene by the county coroner. The other 2 occupants were not treated for any injuries.

The road being traveled on was a 2-way county roadway with a gravel surface, straight alignment and downhill profile. Road conditions were dry with clear weather conditions during daylight hours. No safety devices were being used by the occupants.

A request was made for the coroner's report; however, has not been received to date. Should the report be obtained at a future date it will be submitted in an addendum to the IDI.

PRODUCT IDENTIFICATION

2011 Artic Cat Prowler HDX 700

Camouflage in color

VIN: [REDACTED]

SAMPLES COLLECTED

None

MANUFACTURER CONTACT INFORMATION

None

ATTACHMENTS

- 1) UTV Data Record Sheet
- 2) Missouri State Highway Patrol report
- 3) Web information on UTV
- 4) Missing Document Form (Ray County Coroner report)

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND ORI MISSOURI STATE HIGHWAY PATROL MOMHPAA00 R3915619
---	--

LEFT THE SCENE DRIVER NO	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY NO	INJURED	NO KILLED	REPORT / CASE / INCIDENT NUMBER
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE
1	05/07/2013	1945	05/07/2013	2018	05/07/2013	2028	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

ROADWAY	NON-COLLISION	COLLISION INVOLVING	DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE
<input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	<input checked="" type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<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 <input type="checkbox"/> Other (Explain) <input type="checkbox"/> 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/GCWR 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	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NOT APPLICABLE	<input type="checkbox"/> Investigating Agency
RECONSTRUCTION	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NOT APPLICABLE	<input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)
RAY	NON-CITY OR UNINCORPORATED	05	A	LAT [REDACTED] LONG [REDACTED]

ON	RDWY DIR	DISTANCE FROM	LOCATION	INTERSECTING
[REDACTED]	W	0 - 4 Miles	<input checked="" type="checkbox"/> Before	CRD DOCKERY RD.

TRAFFICWAY	ROAD ALIGNMENT
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way Not Divided <input type="checkbox"/> Two-Way Not Divided Continuous Center Turn Lane <input type="checkbox"/> Two-Way Divided Unprotected Median <input type="checkbox"/> Two-Way Divided Positive Median Barrier <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)

INTERSECTION TYPE	ROAD CONDITION
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Slush <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Standing Water <input type="checkbox"/> Moving Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Other (Explain)

ROAD SURFACE	WEATHER CONDITION
<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)	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain)

LIGHT CONDITION

Daylight Dark-Lighted Dark-Unlighted Dark-Unknown Lighting Other (Explain) Unknown (Explain)

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES None

LIST OWNER'S NAME & ADDRESS	DESCRIPTION OF PROPERTY AND DAMAGE
[REDACTED]	RICHMOND, MO 64085; Phone [REDACTED] FENCE; FENCE POLE AND SOME STRETCHED WIRE

4 - WITNESS None Identified Additional Witnesses in Narrative

NAME	ADDRESS (Street City State Zip)	PHONE NUMBER

5 - PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MoDOT 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"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median <input type="checkbox"/> Crossing Island <input type="checkbox"/> Unknown

CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO
<input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	<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	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

130508HWE001
 Exhibit 2
 Page 1 of 4

6. COLLISION DIAGRAM

Compass Direction Before Crash Event(s) (Circle One)

V1 NES **⊙** U

V2 NESW U

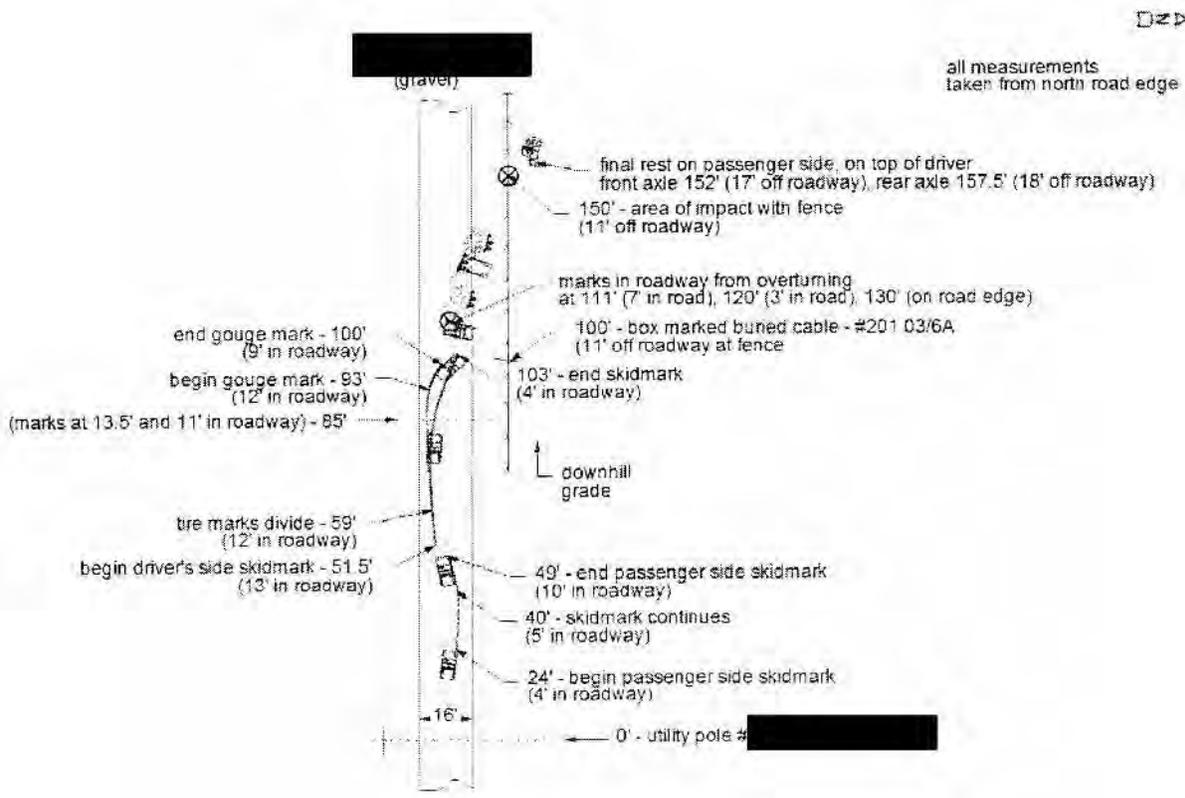
V3 NESW U

V4 NESW U

V5 NESW U

V6 NESW U

INDICATE NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

130508HWE001
Exhibit 2
Page 2 of 4

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [REDACTED] PHONE NUMBER [REDACTED]

DRIVER LICENSE / ID NUMBER STATE LIC STATUS Valid Expired Susp / Res / Denied Disqual CDL Canceled / Oth Invalid Unknown

LIC TYPE Operator Class Permit Unknown (Explain) MC Only MC Endorsement Yes No NA Unknown (Explain)

DATE OF BIRTH SEAT LOC IIIJ TRANS-PORT EJECT-ION AIR BAG SAFETY DEVICES VISION OBSTRUCTED Not Obstructed Windshield Load on Veh Trees / Brush Building Embankment Sign Hillcrest Parked Veh Moving Veh Stopped Veh Glare Other (Explain) Unknown (Explain)

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY NONE PHONE NO (Optional) POLICY NUMBER NA Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [REDACTED] PHONE NUMBER [REDACTED] SAD

YEAR MAKE MODEL COLOR VEH TYPE TOTAL NO OF OCC

2011 ARCTIC CAT PROWLER HDX 700 CAM NA 1 3

LICENSE - PLATE NO STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE

NA NA NA [REDACTED] Yes No Yes No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage TOWED BY Unknown NA

INITIAL IMPACT NO: 2 1 3 4 5 6 7 18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 14 15 16 17 20 - Burned 24 - Other (Explain) 11 12 13 10 9 21 - Towed Unit

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance

Passenger Car Van (< 9 W/Driver) Passenger Van (9+ W/Driver) Sport Utility Vehicle Limousine (7-8 W/Driver) Limousine (9-15 W/Driver) Motorized Bicycle Pedalcycle To / From School

Small Bus (9-15 W/Driver) Large Bus (16+ W/Driver) School Bus Intercity Transit / Commuter Charter / Tour Other

Motorcycle ATV 2 Wh 3 Wh 4 Wh 5 Wh / More Unknown

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) (Does not apply to Truck Tractors) Truck Tractor With No Units Truck Tractor With One Unit Truck Tractor With Two Units Truck Tractor With Three Units

GVW / GCWV RATING (Not Licensee Weights) (Groups: Cargo Vans, All Trucks, Truck Tractors, or HAZ Mat Picked Up Only) Less than or equal to 10,000 lbs 10,001 - 25,000 lbs Greater than 25,000 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 Unknown 1 7 22 20 36 ANIMAL CODE(S) FIXED OBJECT CODE(S) 24 ALCOHOL USE Yes Unk No NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

Vehicle Defects (Explain) 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 (Not 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 Yes No Unknown

TRAFFIC CONTROL None Unknown Electric Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain)

Wokers Present Yes No Unknown 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

7F. OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	IIIJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
[REDACTED]	[REDACTED]	F	FC	5	1	4	1	2	SAD
SAME AS DRIVER	[REDACTED]	F	FC	5	1	4	1	2	SAD
[REDACTED]	[REDACTED]	F	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 CIV 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 Interstate Carrier Not in Commerce - Government Vehicle Not in Commerce - Other Vehicle (MC / MAY ICC NO) USDOT NO

NON-COMMERCIAL Interstate Carrier Not in Commerce - Rental Vehicle

CARGO BODY TYPE Enclosed Box Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Intermodal Container NA (No Cargo Body) Other Unknown

HAZARDOUS MATERIALS FLACARD DISPLAYED 4-DIGIT NO CLASS HM CARGO PRESENT HM CARGO RELEASED HAZARDOUS MATERIAL NAME

130508HWE001
Exhibit 2
Page 3 of 4

SEAT LOCATION		INJURY		TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known	FR SR TR	1. Fatal	(For Medical Treatment)	1. None / NA	8. Deployed - Combination	1. None	10. Booster Seat
E - Pedalcycle	FC SC TC	2. Disabling		2. Not Deployed	9. Deployment Unknown	2. Not Used	11. Child Restraint - Forward Facing
M - Motorcycle	FL SL TL	3. Evident - Not Disabling		3. Partially	10. Deployment Unknown	3. Shoulder Belt Only	12. Child Restraint - Rear Facing
CP - Commercial Passenger		4. Probable - Not Apparent	1. No	4. Totaly	U. Air Bag Presence Unknown	4. Lap Belt Only	13. Other Helmet
OE - Occupant - Enclosed Load Area		5. None Apparent	2. EMS	U. Unknown	5. Deployed - Front	5. Shoulder and Lap Belt	14. Reflective Clothing
OU - Occupant - Unenclosed Load Area			3. Other		6. Deployed - Side	7. DOT Compliant MC Helmet	15. Other
RC - Rali Crew			U. Unknown		7. Deployed - Curtain	8. No Helmet	16. Use Unknown
SV - Other (Explain in Narrative)			N. NA		8. Deployed - Other (Knee, Air Belt, etc.)		17. Not Applicable
NA - 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 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. Overtun / 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. Fell/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)	25. Culvert	32. Building	38. Bridge Rail	44. Well
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. Fordift		7. Other (Explain)

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

NARRATIVE
 THIS COLLISION OCCURRED AS VEHICLE #1 WAS TRAVELING WESTBOUND ON [REDACTED] IN RAY COUNTY. VEHICLE #1 SKIDDED IN THE ROADWAY AND OVERTURNED ON THE ROADWAY. VEHICLE #1 CONTINUED OVERTURNING AS IT TRAVELED OFF THE RIGHT SIDE OF THE ROADWAY. VEHICLE #1 IMPACTED WITH A FENCE BEFORE COMING TO REST ON ITS SIDE. ALL THREE OCCUPANTS OF THE VEHICLE WERE EJECTED, AND THE VEHICLE CAME TO FINAL REST ON TOP OF THE DRIVER. THE DRIVER WAS PRONOUNCED DEAD AT THE SCENE OF THE COLLISION AND THE PARENTS OF BOTH OF THE TWO OCCUPANTS REFUSED ANY MEDICAL ATTENTION FOR BOTH OF THOSE INDIVIDUALS.

PASSENGER OF VEHICLE 1 STATEMENT
 OCCUPANT [REDACTED] STATED VEHICLE #1 STARTED TO SWERVE AND FLIPPED GOING OVER A FENCE.

PASSENGER OF VEHICLE 1 STATEMENT
 PASSENGER [REDACTED] STATED VEHICLE #1 WAS TRAVELING APPROXIMATELY 40 MILES PER HOUR WHEN THE DRIVER LOST CONTROL AND SKIDDED OVERTURNING AND TRAVELING THROUGH A FENCE BEFORE LANDING ON TOP OF DRIVER #1.

DRIVER OF VEHICLE 1 FATALITY AND TRANSPORTATION INFO
 PRONOUNCED BY DEPUTY CORONER PAT SLUSHER AT LOCATION SCENE OF COLLISION DATE/TIME 05/07/2013 2123 NEXT OF KIN NOTIFIED YES
 DISPOSITION OF BODY TAKEN TO [REDACTED] RICHMOND, MISSOURI 64085

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
TPR C. MOELLER	662	05	A
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
SGT N. RODENBERG	882	LT S. SHIPERS	50

130508HWE001
 Exhibit 2
 Page 4 of 4

PROWLER 700 HDX

The All-New Prowler 700 HDX

The all-new 2011 Arctic Cat Prowler 700 HDX Side-By-Side has been designed from the ground up, starting with the 85" wheelbase that provides an industry-leading ride capable of a 1,500-lb. payload.

The Prowler HDX has several new defining features to make your work more pleasurable. The all-new 2-in-1 cargo box, with 1,000-lb. box capacity and multiple tie-down options, is a hauler's dream. It's wide enough to house a wooden pallet, and whether you need box sides or a flatbed to contain it, the HDX can transform in a matter of minutes with detachable bed sides.

The cab of the Prowler HDX has been redesigned with comfort and space in mind. A 40/20/40 seat delivers comfortable, sculpted seating for three occupants. The dashboard houses a fresh digital gauge package with an all-new dash-mounted shifter that has Park, Low, High, Neutral and Reverse.

Electronic Power Steering — new to the Prowler HDX for 2011 — and a 5-position tilt steering column enhance the HDX's Industry Leading handling. Arctic Cat's Variable Assist EPS allows steering assistance to the HDX before it even starts to move at idle. This is a huge benefit to conserving the riders input energy when in 4WD, especially when the differential lock is engaged. Arctic Cat EPS reduces the torque necessary to steer the HDX when changing direction with loaded cargo box or navigating tough obstacles like rocks, deep mud or logs.

The torquey, 700 H1 engine with

Electronic Fuel Injection puts power to the ground via the front and rear suspensions. Fully independent, double-A-arm front and rear designs have 10" of suspension travel and 10" of ground clearance.

Fox FLOAT® Air Assist shocks complete the HDX suspension, combining FLOAT Air Technology with a coil-over spring for increased load capability. Under heavy load conditions the FLOAT Air Assist allows the vehicle's load requirement to be easily adjusted by simply adding air pressure to the FLOAT air chamber. During normal conditions the coil takes over as the main spring.

LEADING FEATURES

- 695cc, SOHC, single-cylinder, liquid-cooled engine with EFI
- 1,000-lb. box payload capacity
- 1,500-lb. payload capacity
- 2,000-lb. towing capacity
- 2-in. front and rear receiver hitches
- 5-position Tilt Steering — lever activated for easier entry/departure and leg room
- 3-Point Seat belts
- ROPS Certified Rollover Protection System

ALL-NEW FOR 2011

- All-new chassis with 85" wheelbase. (10" longer than 700 XTX) for improved ride and hauling capabilities, but retains same 118" overall vehicle length.
- Electronic Power Steering with Variable Assist and 5-position tilt steering
- Redesigned cab with 40/20/40 sculpted seating for three occupants
- 41"L x 55"W x 10"D tilting cargo box with 1,000-lb. cargo capacity, multiple tie-down areas and detachable bedsides
- 30 percent more cargo box volume than the competition
- Spacious left-and right-side wheel well storage compartments
- Park-In-Gear feature with dashboard-mounted shifter
- Fox FLOAT Air-Assist shocks provide Industry Leading ride and hauling
- 14-in. aluminum wheels rated for Heavy-Duty hauling

COLORS

Tungsten Metallic and Advantage Timber Camo

130508HWE0001
Exhibit 3
Page 1 of 2

CONTACT: Kale Wainer (763) 354-1799, kwainer@arcticcatinc.com
<http://media.arcticcat.com>

2011 ARCTIC CAT PRESS RELEASE





PROWLER 700 HDX

ENGINE DISPLACEMENT (CC)	695
ENGINE TYPE	SOHC, 4-stroke, 4-valve w/EFI
BORE & STROKE (MM)	102x85
COOLING SYSTEM	Liquid with fan
TRANSMISSION	Automatic CVT with EBS, Hi/Lo Range & Reverse
DRIVE SYSTEM	2/4 WD + Electric Diff Lock
OVERALL WIDTH (IN./CM)	60/152.4
OVERALL HEIGHT (IN./CM)	76.5/194.3
OVERALL LENGTH (IN./CM)	129/327.7
WHEELBASE (IN./CM)	85/215.9
SUSPENSION TRAVEL FRONT (IN./CM)	10/25.4
SUSPENSION TRAVEL REAR (IN./CM)	10/25.4
GROUND CLEARANCE (IN./CM)	10/25.4
SUSPENSION TYPE - FRONT	Double A-Arm
SUSPENSION TYPE - REAR	Double A-Arm
FRONT BRAKES	Hydraulic Disc
REAR SERVICE BRAKE	Hydraulic Disc

TIRE FRONT	26x9-14
TIRE REAR	26x11-14
FUEL CAPACITY (GAL./LITERS)	8.2/31
RACK/BOX STORAGE CAPACITY - REAR (LBS./KG)	1000/454.5
UNDERHOOD CAPACITY (LBS./KG)	25/11.34
TOWING CAPACITY (LBS./KG)	1500/681.82
ALTERNATOR CAPACITY (AMPS)	25
SPEEDOMETER	Analog
ODOMETER	Digital
DRY WEIGHT (LBS./KG)	1363/619.55
MINIMUM OPERATOR AGE	16
AVAILABLE COLORS	Tungsten Metallic Paint and Camo
SPECIAL FEATURES	FOX Float Coil-Over Shocks, 3-Passenger Seat, Transformable Rear Cargo Box, Power Steering with Tilt Steering, Dashboard Shift Lever with Park, Side Storage Compartments, Aluminum Wheels

SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE

130508HWE0001
Exhibit 3
Page 2 of 2





U.S. Consumer Product Safety Commission

Task Number: 130508HWE0001

Date: 6/21/2013

Status of Missing Document(s)

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

1. Ray County Coroner's Report
2. _____
3. _____
4. _____
5. _____
6. _____

130508HWE0001
Exhibit 4

IDI 130508HWE0001

RESPONDENTS

Missouri State Highway Patrol

Ray County Coroner's Office

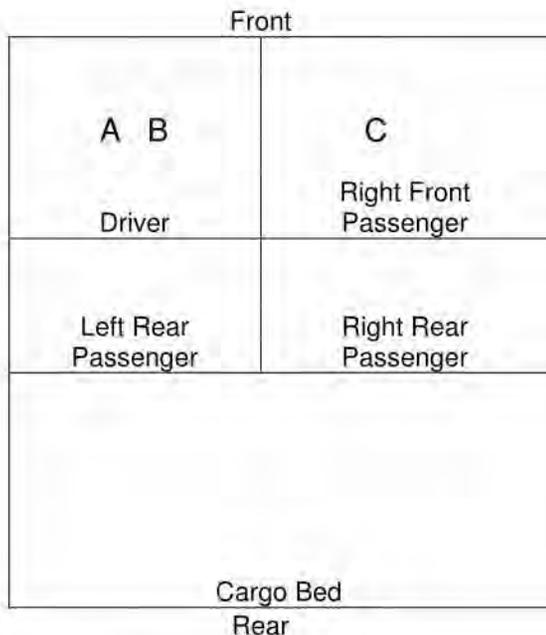

PO Box 271

Excelsior Springs, MO 64024

Utility Vehicle Data Record Sheet

IDI #: 130508HWE0001

Exhibit #: 1



The Utility Vehicle

A:	Age: 14	Height:	
	Gender: F	Weight:	
	Helmet (Y/N): N	Seatbelt (Y/N): N	
	Killed/Injured/Neither/Unknown: Killed		
	Injury Description:		
	Did vehicle land on victim: Yes		
	Ejected (Either partially or fully): Tully		

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

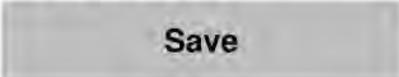
C:	Age: 12	Height:	
	Gender: F	Weight:	
	Helmet (Y/N): N	Seatbelt (Y/N): N	
	Killed/Injured/Neither/Unknown: Neither		
	Injury Description:		
	Did vehicle land on victim: no		
	Ejected (Either partially or fully): Tully		

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 #130515HCC2643

A 15yo female died from blunt force trauma to the neck and head after experiencing a rollover while operating a utility vehicle (UTV). The victim was the UTV operator and had attended the all-terrain vehicle (ATV) course. Neither seat belts nor helmets were utilized by the operator or passenger. The roll-over was the result of excessive high speed and inexperienced operator. Alcohol was not a factor in the accident.

NARRATIVE

This in-depth investigation (IDI) was conducted as a follow-up to a press release reporting the death of a 16yo female from an ATV crash in Duluth MN. The Victim was operating a 2005 Polaris Ranger 700 with a 17yo female passenger on a public gravel road in Northland Township near Duluth MN at approximately 1602 hours on 5/8/13.

The St Louis County Sheriff's office estimated that the subject UTV was traveling at approximately 30-50 miles per hour on her grandfather's Polaris Ranger (see Exhibit 1 – Minnesota Recreational Vehicle Accident Form). The Sheriff's investigation concluded that the Victim begun to fishtail, lost control of the UTV, entered the ditch where the vehicle rolled, ejecting the two passengers and pinning the Victim beneath the vehicle. Witnesses stated that the vehicle's roll bar was resting on the Victim's neck until the vehicle was lifted off her and the Victim was moved (see Exhibit 2 – St Louis County Sheriff's Office Police Report).

The passenger stated that neither she nor the operator was wearing seat belts or helmets at the time of the incident. The Sheriff's office report states that the weather was cloudy but dry at the time of the incident.

The St Louis County Medical Examiner's office stated that an autopsy was not conducted but did verify the victim's cause of death was a fractured neck and blunt force trauma to the head.

PRODUCT IDENTIFICATION

The incident UTV is a 2005 Polaris Ranger 700, VIN [REDACTED] which has a 700cc engine and was manufactured by POLARIS INDUSTRIES INC., 2100 Highway 55, Medina MN 55340; telephone 1-888-704-5290.

SAMPLE COLLECTION

No samples were collected as part of this investigation.

Exhibits

1. Minnesota Recreational Vehicle Accident Form (14 Pages)
2. St Louis County Sheriff's Office Police Report (11 Pages)
3. ATV/UTV Data Record Collection Sheet

Class II

13A-0001

W

4

S - Snowmobile 6 - 6 wheel ATV
 3 - 3 wheel ATV M - Off road motorcycle
 4 - 4 wheel ATV V - Off road vehicle

Minnesota
 Recreational Vehicle Accident
 Report Form

Accident Type
 F = Fatal
 N = Personal Injury
 P = Property Damage

Date: 05/08/2013 Time: 1612 AM PM County or County Number: St. Louis Phone Number: 218 355-1494 Agency: St. Louis County Sheriff

Name of Person or Investigating Officer Completing Report: Deputy Brandon Siljard

Address of Person or Investigating Officer (No. & Street, RFD, Box No., City, Zip Code): 2030 N Arlington Ave Duluth, MN 55811

Machine # 1

Operator's Name (First, Middle, Last): [Redacted] Date of Birth MM/DD/YY: [Redacted] Age: 15 Sex: F

Address (No. & Street, RFD, Box No., City, Zip Code): [Redacted] Did operator complete the Dept. of Natural Resources Safety Training? Yes/No: Yes

Owner's Full Name (First, Middle, Last) (if other than operator): [Redacted] Operator's Experience: D - 1 day W - week 1 - 1 year 5 - 5 years 10 - 10 years +: 1

Hours spent riding the day of the accident?: 1

Make: Polaris Model: Ranger Engine Size: 700 CCs Year of Machine: 2005 Estimated Repair Cost: \$1500.00 Ownership: O - owned R - rented B - borrowed F - family machine S - stolen: F

Registration No.: [Redacted] Exp. Date: 2007 State: MN Estimated Speed: 30-50 MPH Was operator familiar with the area? Yes/No: Yes Carbide Wear Rods Yes or No: N

Operator Alcohol Use: No PBT Used: N Chem Test: No BAC: NA Any violations? Yes or No: No Explain: Violated laws are by party Track Studs Yes or No: No

Any legal action? Yes or No: No Explain: Not at this time If Yes: Number of studs in track: NA

Machine # 2

Operator's Name (First, Middle, Last): [Redacted] Date of Birth MM/DD/YY: [Redacted] Age: [Redacted] Sex: [Redacted]

Address (No. & Street, RFD, Box No., City, Zip Code): [Redacted] Did operator complete the Dept. of Natural Resources Safety Training? Yes/No: [Redacted]

Owner's Full Name (First, Middle, Last) (if other than operator): [Redacted] Operator's Experience: D - 1 day W - week 1 - 1 year 5 - 5 years 10 - 10 years +: [Redacted]

Owner's Address: [Redacted] Hours spent riding the day of the accident?: [Redacted]

Make: [Redacted] Model: [Redacted] Engine Size: [Redacted] CCs Year of Machine: [Redacted] Estimated Repair Cost: [Redacted] Ownership: O - owned R - rented B - borrowed F - family machine S - stolen: [Redacted]

Registration No.: [Redacted] Exp. Date: [Redacted] State: [Redacted] Estimated Speed: [Redacted] MPH Was operator familiar with the area? Yes/No: [Redacted] Carbide Wear Rods Yes or No: [Redacted]

Operator Alcohol Use: [Redacted] PBT Used: [Redacted] Chem Test: [Redacted] BAC: [Redacted] Any violations? Yes or No: [Redacted] Explain: [Redacted] Track Studs Yes or No: [Redacted]

Any legal action? Yes or No: [Redacted] Explain: [Redacted] If Yes: Number of studs in track: [Redacted]

Position
 1 - Operator 2 - Passenger 3 - Pedestrian
 4 - Other (Explain)

Casualty
 F - Fatal
 N - Injury

	Injured Name (First Middle Last)	DOB	Age	Sex	Casualty
A	1	[Redacted]	15	F	F
B	2	[Redacted]	16	F	N
C					
D					

The operator or an officer investigating an accident resulting in injury requiring medical attention or hospitalization or death of a person or total damage of \$500.00 or more to the machine (\$300.00 for ORV) shall forward within 10 business days to:

MN DNR Enforcement
 Safety Training
 15011 Hwy. 115
 Little Falls MN 56345

(9/03)

Type of Terrain

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

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

2

Weather

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

2

Type of Accident

1 - Struck fixed object (what) _____
 2 - Machine Rollover
 3 - Broke through ice
 4 - Barbed wire or fence
 5 - Operator injured in mechanism
 6 - Collision with train

7 - Machine-car collision
 8 - Equipment malfunction
 9 - Struck guy wire or cable
 10 - Machine-machine collision
 11 - Operator thrown from machine
 12 - Passenger thrown from machine
 13 - Passenger thrown from device being towed

14 - Clothing caught in machine
 15 - Other (describe) _____
 16 - Excessive speed
 17 - Loss of control
 18 - Pedestrian

2

Injuries, person # 1 (Mark all that apply)

1 Soft tissue
 2 Fracture
 3 Lacerations
 4 Other unknown head and neck trauma

(Place number of injury type at location of injuries on figure)
 Hospital St. Mary's Duluth
 Admitted Transferred Ground Air

Injuries, person # 2 (Mark all that apply)

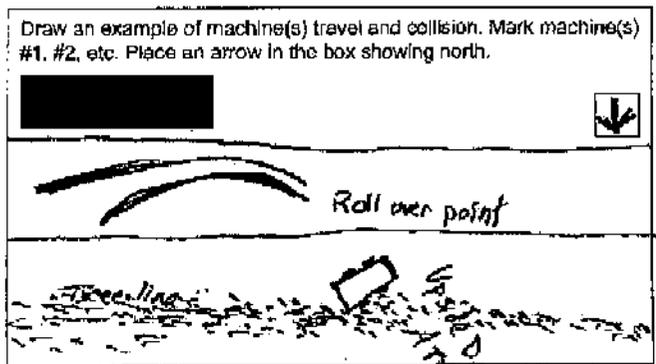
1 Soft tissue
 2 Fracture
 3 Lacerations
 4 Other _____

(Place number of injury type at location of injuries on figure)
 Hospital St. Luizes Duluth
 Admitted Transferred Ground Air

Witness: Name	Address	Phone
		()
		()
		()
		()

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

_____ was operating the ATV when she lost control causing the rollover. The ATV was a class II ATV and neither rider was wearing the seatbelts provided or helmets. _____ had the rollbar of the ATV pinned on her neck. CPR provided to _____ on scene who was air lifted to the hospital where she later died. Speed and operator in experience are believed to both be causes. See attached report for further.



Is this a supplement to a previous report?

PS-07093-04 (11-99)

MINNESOTA DEPARTMENT OF PUBLIC SAFETY FATALITY REPORT

Page 1 of

(In conjunction with National Highway Traffic Safety Administration Fatal Accident Reporting System)

SEE INSTRUCTIONS ON REVERSE.

A ACCIDENT INFORMATION

Accident Date 05/08/2013	Accident Time 1600	Time Police Notified 1612	Time Ambulance Notified 1612
Contributing Weather? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, What Kind?		Contributing Road Condition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, What Kind?	
SPECIAL JURISDICTION: <input checked="" type="checkbox"/> No special Jurisdiction <input type="checkbox"/> Campus		If present, traffic controls functioning: <input type="checkbox"/> None Present <input checked="" type="checkbox"/> Present	
<input type="checkbox"/> Indian Reservation <input type="checkbox"/> Military <input type="checkbox"/> National Park <input type="checkbox"/> Other	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Not at all	Time Ambulance Arrived at Scene 1645	
Divider Type <input type="checkbox"/> Median W/Barrier <input type="checkbox"/> Median No Barrier <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> None		Road Surface Type <input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Brick/Block <input type="checkbox"/> Dirt <input checked="" type="checkbox"/> Gravel	

B UNIT INFORMATION

UNIT NO. 1 - VEHICLE 1

Vehicle Make/Model Polaris Ranger	PERSON INFORMATION (By Seat Position)									
Rollover <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	1	2	3	4	5	6	7	8	9	Other
Jackknife <input type="checkbox"/> 1st Event <input type="checkbox"/> Subsequent <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	ALCOHOL Test Taken? (Y/N) or UNK		N	N						
Travel Speed 30-50 (MPH)	Test Type? Blood, Urine, Etc. (B/U)									
Towing a Trailer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Test Results? (BAC)									
Special Use <input checked="" type="checkbox"/> No <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Bus <input type="checkbox"/> Unknown	DRUGS/ CODES Test Taken? (Y/N) or UNK		N	N						
<input type="checkbox"/> Military <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Firetruck	Test Type? Blood, Urine									
Emergency Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Test Results? (SEE CODES)									
Avoidance Maneuver <input type="checkbox"/> Braking <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> None	EJECTED THROUGH: F = FRONT S = SIDE		S	S						
Violations Charged <input checked="" type="checkbox"/> None <input type="checkbox"/> Alcohol/Drugs <input type="checkbox"/> Speed <input type="checkbox"/> Susp/Rev.	W = Windshield D = Door Etc. or NA		NA	NA						
<input type="checkbox"/> Reckless <input type="checkbox"/> Other Move-Viol. <input type="checkbox"/> Non Move-Viol. <input type="checkbox"/> Viol.-Type Unknown/Other <input type="checkbox"/> Unknown	INJURED WHILE WORKING (Check Worker's Comp.) (Y/N) or UNK		N	N						
Truck/Bus Type <input type="checkbox"/> Cab Over Engine <input type="checkbox"/> Cab Behind Engine <input checked="" type="checkbox"/> NA	SHOULDER BELT USE (Y/N)		N	N						
CIRCLE FIRST POINT OF IMPACT FRONT  REAR										
CIRCLE WORST POINT OF IMPACT FRONT  REAR										

UNIT NO. 2 - VEHICLE 2 PEDESTRIAN BIKE

Vehicle Make/Model	PERSON INFORMATION (By Seat Position)									
Rollover <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	1	2	3	4	5	6	7	8	9	Other
Jackknife <input type="checkbox"/> 1st Event <input type="checkbox"/> Subsequent <input type="checkbox"/> NO <input type="checkbox"/> N/A	ALCOHOL Test Taken? (Y/N) or UNK									
Travel Speed (MPH)	Test Type? Blood, Urine, Etc. (B/U)									
Towing a Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Test Results? (BAC)									
Special Use <input type="checkbox"/> No <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Bus <input type="checkbox"/> Unknown	DRUGS/ CODES Test Taken? (Y/N) or UNK									
<input type="checkbox"/> Military <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Firetruck	Test Type? Blood, Urine									
Emergency Use <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Test Results? (SEE CODES)									
Avoidance Maneuver <input type="checkbox"/> Braking <input type="checkbox"/> Steering <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> None	EJECTED THROUGH: F = FRONT S = SIDE									
Violations Charged <input type="checkbox"/> None <input type="checkbox"/> Alcohol/Drugs <input type="checkbox"/> Speed <input type="checkbox"/> Susp/Rev.	W = Windshield D = Door Etc. or NA									
<input type="checkbox"/> Reckless <input type="checkbox"/> Other Move-Viol. <input type="checkbox"/> Non Move-Viol. <input type="checkbox"/> Viol.-Type Unknown/Other <input type="checkbox"/> Unknown	INJURED WHILE WORKING (Check Worker's Comp.) (Y/N) or UNK									
Truck/Bus Type <input type="checkbox"/> Cab Over Engine <input type="checkbox"/> Cab Behind Engine <input type="checkbox"/> NA	SHOULDER BELT USE (Y/N)									
CIRCLE FIRST POINT OF IMPACT FRONT  REAR										
CIRCLE WORST POINT OF IMPACT FRONT  REAR										

- OVER -

05/13/2013 14:32
01022

St. Louis County Sheriff's Office - Duluth Office POLICE REPORT

Page 1 of 3
Version 1.2.7

REPORTED DATE: 05/08/2013 REPORTED TIME: 16:12 ICR#: 13088543

Statute/Ordinance: N/A MOC: 9411 Fatal, Moped and ATV
 Occurrence Start Date: 05/08/2013 Time: 16:12 Officer: [REDACTED] 05312
 Status: Offense Level: Not Apply
 Address: [REDACTED] Location:
 Township: [REDACTED] Patrol Area: 10DU Grid: [REDACTED]
 Assisting Agencies: Companion Cases:
 SO St. Louis County Sheriff's Office
 MSX Unknown Miscellaneous

===== PARTY INVOLVEMENT =====

Fatality: [REDACTED] DOB [REDACTED] Race: W Sex: F
 Address: [REDACTED] Location:
 Phone: [REDACTED] PSN: 2 Adu/Juv A
 POB: Hair: BLN Eye: BLU Hgt: 5 07 Wgt: 130 Bld:

ISN	PT	Statute	Description	MOC	Description	Disposition	Citation #
1	FA	N/A	Fatal, Moped and AT	9411	Fatal, Moped and ATV	Pending	

Reporting Party [REDACTED] DOB [REDACTED] Race: W Sex: M
 Address: [REDACTED] Location:
 Phone: [REDACTED] PSN: 1 Adu/Juv A
 POB: Hair: BRO Eye: BLU Hgt: 5 07 Wgt: 150 Bld:

ISN	PT	Statute	Description	MOC	Description	Disposition	Citation #
1	RP	N/A	Fatal, Moped and AT	9411	Fatal, Moped and ATV	Pending	

Registered Own [REDACTED] DOB [REDACTED] Race: W Sex: M
 Address: [REDACTED] Location:
 Phone: [REDACTED] PSN: 6 Adu/Juv A
 POB: Hair: BRO Eye: BRO Hgt: 5 11 Wgt: 190 Bld:

ISN	PT	Statute	Description	MOC	Description	Disposition	Citation #
1	RO	N/A	Fatal, Moped and AT	9411	Fatal, Moped and ATV	Pending	

Passenger: [REDACTED] DOB [REDACTED] Race: W Sex: F
 Address: [REDACTED] Location:
 Phone: [REDACTED] PSN: 3 Adu/Juv A
 POB: Hair: RED Eye: BLU Hgt: 5 04 Wgt: 128 Bld:

ISN	PT	Statute	Description	MOC	Description	Disposition	Citation #
1	PS	N/A	Fatal, Moped and AT	9411	Fatal, Moped and ATV	Pending	

Mentioned: [REDACTED] DOB [REDACTED] Race: W Sex: F
 Address: [REDACTED] Location:
 Phone: [REDACTED] PSN: 4 Adu/Juv A
 POB: Hair: Eye: BRO Hgt: 5 05 Wgt: 150 Bld:

ISN	PT	Statute	Description	MOC	Description	Disposition	Citation #
1	ME	N/A	Fatal, Moped and AT	9411	Fatal, Moped and ATV	Pending	

Copy To : Co. Att. _____ City Att. _____ Juv. Att. _____ Court _____ Other _____

05/18/2013 14:32
01022

St. Louis County Sheriff's Office - Duluth Office

Page 2 of 3
Version 1.2.7

POLICE REPORT

REPORTED DATE: 05/08/2013 REPORTED TIME: 16:12 ICR#: 13088543

.....

Mentioned: [REDACTED] DOB: [REDACTED] Race: W Sex: M

Address: [REDACTED] Location:

Phone: PSN: 5 Adu/Juv A

POB: Hair: BRO Eye: BLU Hgt: 6 02 Wgt: 165 Bld:

ISN	PT	Statute	Description	MOC	Description	Disposition	Citation #
1	ME	N/A	Fatal, Moped and AT	9411	Fatal, Moped and ATV	Pending	

.....

===== PROPERTY =====

Item Number: E1

Property Type: E Disp: ERO Cat: A Article: ATV Brand: Model:

VIN: [REDACTED]

Year: 2005 Make: Polaris Model: Style:

License Number: [REDACTED] State: MN

Description: 2005 POLARIS 700 RANGER ATV

Qty Stolen: Value Stolen:

Qty Recovered: Value Recovered:

PSN	Type	Name
2	FA	[REDACTED]
3	PS	[REDACTED]
6	RO	[REDACTED]

.....

Item Number: E2

Property Type: E Disp: ERO Cat: Y Article: KEY Brand: Model:

Serial:

Description: KEYS TO ITEM #1 2005 POLARIS 700 RANGER

Qty Stolen: Value Stolen:

Qty Recovered: Value Recovered:

PSN	Type	Name
-----	------	------

.....

===== NARRATIVE =====

Report# 1

St. Louis County Sheriff's Office
Duluth Office

Reported Date: 05/08/2013 Time: 16:12 Case No.: [REDACTED]

Code: N/A Crime: Fatal, Moped and ATV

Class: 9411 Occurrence Date: 05/08/2013

Location: [REDACTED]

===== NARRATIVE =====

Deputies responded with fire responders and the St. Louis County Rescue Squad to the call of an ATV crash with injuries. While on scene, deputies and a first responder conducted CPR on [REDACTED] until she was transported by Life Flight III to St. Mary's. [REDACTED] later died at the hospital. [REDACTED], who was the passenger, suffered minor injuries and was transported by Gold Cross. See narrative for further.

Copy To: Co. Att. _____ City Att. _____ Juv. Att. _____ Court _____ Other _____

05/13/2013 14:32
01022

St. Louis County Sheriff's Office - Duluth Office
POLICE REPORT

Page 3 of 3
Version 1.2.7

REPORTED DATE: 05/08/2013 REPORTED TIME: 16:12 ICR#: 13088543

Deputy [REDACTED]

kas: 05/13/13

Report# : 1	Officer: 05312	Date: 05/08/2013	
	Typed by: 01022	Date: 05/13/2013	Time: 14:24
	Approved by: 01022	Date: 05/13/2013	

Copy To: Co. Att. _____ City Att. _____ Juv. Att. _____ Court _____ Other _____

05/13/2013 14:32
01022

St. Louis County Sheriff's Office - Duluth Office
POLICE REPORT - Supplemental

Page 1 of 5
Version 1.2.7

REPORTED DATE: 05/08/2013 REPORTED TIME: 16:12 ICR#: 13088543

Report# 2

St. Louis County Sheriff's Office
Duluth Office
Reported Date: 05/08/2013 Time: 16:16 Case No.: 13088543
Code: Crime:
Class: Occurrence Date:
Location: [REDACTED], , ,

===== SUPPLEMENTAL REPORT =====

Fatal ATV crash 05/08/2013 Deputy [REDACTED] #5312

Involved Parties:
Reporting Party [REDACTED] DOB: [REDACTED]

Victim/Operator [REDACTED] DOB: [REDACTED]

Father: [REDACTED]

Mother: [REDACTED]

Victim/Passenger [REDACTED]

Parents: [REDACTED]

ATV Owner [REDACTED]

Details: On May 8, 2013, at approximately 1612 hours, St. Louis County Dispatch informed me

Copy To: Co. Att. _____ City Att. _____ Juv. Att. _____ Court _____ Other _____

05/18/2013 14:32
01022

St. Louis County Sheriff's Office - Duluth Office

Page 2 of 5
Version 1.2.7

POLICE REPORT - Supplemental

REPORTED DATE: 05/08/2013 REPORTED TIME: 16:12 ICR#: 13088543

of an ATV accident with injuries near the [redacted] in unorganized township [redacted] My squad and the St. Louis County Rescue Squad was enroute, when Deputy [redacted] Sgt. [redacted] and Deputy [redacted] informed St. Louis County Dispatch they were nearby the address on their way back to the north district from training. All three units also responded to the crash with injuries.

The initial report was by the victim's father. The victim, later identified as [redacted], who was also the operator of the ATV, was the reported injured party. [redacted] father, identified as [redacted], was calling in stating he was on his way to the crash and had received a second hand report that his daughter was injured. We were also informed, while enroute, a roll bar from the class two style ATV was pinning [redacted] down by her neck. While enroute, I advised St. Louis County Dispatch to make sure air medical services had been contacted and were enroute, if possible.

At approximately 1624 hours, Sgt. [redacted] Deputy [redacted] and Deputy [redacted] arrived on scene and advised CPR was currently in progress on [redacted]. I was informed by Sgt. [redacted] later on that [redacted] was administering CPR when they arrived, which was taken over by themselves and a First Responder who arrived on scene later.

At approximately 1639 hours, myself and the St. Louis County Rescue Squad responding units arrived on scene. St. Louis County Rescue Squad units took control over creating a landing zone approximately one mile from the crash site.

When I arrived on scene, Sgt. [redacted] was administering CPR to [redacted] with the assistance of Deputy [redacted] Deputy Officer was completing an initial investigation on the crash site and speaking to the passenger of the ATV, as well as both [redacted] parents, who were on scene.

At approximately 1641 hours, St. Louis County advised air medical was landing at the landing zone down the road. At this time, there was not an ambulance on scene and only myself, the other sheriff office staff, and a first responder. We did have a backboard, which was placed under [redacted] and she was secured to it. First responders on scene, as well as St. Louis County Rescue Squad, assisted with this procedure. I commandeered [redacted] pickup truck from him, informing him we were going to use it to transport [redacted]. I turned the vehicle over to a St. Louis County Rescue Squad member, who drove the vehicle. Myself, Deputy [redacted] and a St. Louis County Rescue Squad member loaded [redacted] into the back of the pickup truck, where I continued CPR on her. I continued administering CPR until we arrived at the landing zone of the helicopter, where [redacted] was unloaded and moved to the ground. Once on the ground, I continued CPR on [redacted] while a St. Louis County Rescue Squad member operated the air mask that had been placed onto [redacted] I continued CPR on [redacted] until air medical staff were able to replace manual CPR repetitions with a CPR machine that completed compressions, instead of a human completing those compressions. CPR was continued by the instrument, as well as other medical procedures, until air medical staff informed other individuals on scene they had received a heartbeat on [redacted] again.

At that time, [redacted] was placed into the helicopter, where she was transported to St. Mary's Hospital in Duluth.

Copy To: Co. Att. _____ City Att. _____ Juv. Att. _____ Court _____ Other _____

05/13/2013 14:32
01022

St. Louis County Sheriff's Office - Duluth Office

Page 3 of 5
Version 1.2.7

POLICE REPORT - Supplemental

REPORTED DATE: 05/08/2013 REPORTED TIME: 16:12 ICR#: 13088543

At that time, I returned to the crash scene with [redacted] truck. I was accompanied by Deputy [redacted] and a first responder. I met [redacted] and his wife on the way out and informed them what hospital their daughter was being taken to. I informed [redacted] his pickup truck would be returned to his house with the keys left above the visor. That task was completed by members of the St. Louis County Rescue Squad shortly after.

Once back on the crash scene, myself and other deputies on scene came to the determination it appeared [redacted] lost control of the ATV while traveling at a high rate of speed, causing it to spin out and eventually roll over. I did speak to the passenger before she was transported by Gold Cross Ambulance. The passenger was identified as [redacted] I asked [redacted] briefly if she could tell me what happened. She informed me all she could remember was they were traveling very fast and they started to fishtail. [redacted] informed me after starting to fishtail, they lost control rolling over. [redacted] informed me that both herself and [redacted] were ejected from the ATV. I asked [redacted] if they were wearing seatbelts, which were inside of the class two ATV and she informed me neither of them were. [redacted] informed me she did not believe the seatbelts worked in the equipment. Neither [redacted] were wearing helmets at the time of the incident. I had been informed by [redacted] father that she had taken an ATV operator's course provided by the Department of Natural Resources. I was informed by [redacted] she thought the cause of the crash was the speed the ATV was traveling. After investigating the crash scene, it is more than likely speed being a predominant factor in the crash mixed with the combination of driver inexperience. [redacted] was transported with minor injuries to St. Luke's Hospital.

Sgt. [redacted] of the Sheriff's Office also completed photos while on scene. For further details, please refer to photographs taken by Sgt. [redacted] as well as his photograph log.

Deputy Officer also completed an initial investigation and interviews on the crash. Please refer to his report or any other reports by Sgt. [redacted] or Deputy [redacted] for further details.

Troy's Amoco out of Proctor was contacted to tow the ATV and flip it back right side up. While waiting for the tow to arrive, registration on the ATV came back as a 1997 [redacted] [redacted] That registration number was [redacted] At that time, myself and Deputy [redacted] knew that something was not right on the registration, seeing the machine was a Polaris Ranger Model 700. After the tow was on scene, the VIN was located under the hood and the VIN on the Polaris Ranger did not match the registration number. After some research, it was found the VIN came back to the 700 Polaris Ranger with Minnesota ATV plate [redacted] Neither plate number had come back stolen, but the correct plate that was supposed to be displayed on the Polaris Ranger came back with a 2007 expiration. At that time, it was of my opinion someone had placed a separate plate on the Polaris Ranger, showing current registration so the ATV could be operated, when in fact, the registration that was supposed to be displayed, expired in 2007. At that time, I decided it was best to tow the vehicle and have it held back in Duluth for further investigation.

After the vehicle was removed by Troy's Amoco, it was towed back and held for further investigation.

I cleared the scene at approximately 1818 hours. At approximately 1852 hours, I arrived at St. Mary's Hospital, where I spoke to the medical staff. I was informed by medical staff on scene that [redacted] was in critical condition and at that time they did not have a very

Copy To: Co. Att. _____ City Att. _____ Juv. Att. _____ Court _____ Other _____

05/13/2013 14:32
01022

St. Louis County Sheriff's Office - Duluth Office
POLICE REPORT - Supplemental

Page 4 of 5
Version 1.2.7

REPORTED DATE: 05/08/2013 REPORTED TIME: 16:12 ICR#: 13088543

positive outlook. I spoke briefly to [REDACTED] at the hospital. [REDACTED] had been informed the same news that I had. [REDACTED] informed me he was unsure at that time if his daughter would make it through the evening. I expressed my condolences to [REDACTED] and his family and offered any assistance I could. I did answer some brief questions that [REDACTED] and his family had and left them with my business card and informed them to contact me if they needed any further assistance from the Sheriff's Office. [REDACTED] extended his gratitude to myself and other first responders on scene.

At approximately 1905 hours, I arrived at St. Luke's Hospital in the City of Duluth. St. Luke's Hospital is where [REDACTED] was transported to. At that time, I made contact with [REDACTED] parents, who had been contacted previously and informed of the crash. I gave [REDACTED] parents an update on the situation of the crash and spoke briefly to [REDACTED] about the crash. [REDACTED] again gave me the same account that she had given me on scene and I spoke briefly to her about contacting 911. Through investigation on scene and speaking to [REDACTED] it appeared that after the crash, [REDACTED] used her cell phone to contact [REDACTED] mother. After doing that, she attempted to move the ATV off the top of [REDACTED] The ATV being too heavy for [REDACTED] to move, she waited until [REDACTED] mother was on scene and they were able to use a come along hoist to hoist the ATV up and remove [REDACTED] out from under it. During [REDACTED] mother's time enroute to the crash site from their residence, 911 had still not been contacted. [REDACTED] after contacting [REDACTED] mother, had also not contacted 911. At some point in time while on scene, [REDACTED] mother contacted [REDACTED] father, who also started enroute to the scene of the crash. [REDACTED] while enroute to the crash, then contacted 911, which was the initial call at 1612 hours. After speaking to [REDACTED] it was estimated there was a 10 to 15 minute lag time between the crash happening and 911 being contacted. It is believed the ATV rollover bar was on top of [REDACTED] for up to 10 minutes before it was able to be lifted and she was removed from under it. [REDACTED] estimated the first law enforcement arrived on scene approximately 20 minutes after the crash occurred.

I also left the [REDACTED] family with my card and informed them to contact me if they have any questions or needed anything.

After completing my shift for the evening, I was contacted by Deputy [REDACTED], who informed me the St. Louis County Medical Examiner's Office in need of information on the call.

It should also be noted Sgt. [REDACTED] did complete the initial press release on the incident after the crash.

At approximately 2230, I contacted the St. Louis County Medical Examiner's Office, who informed me that at 2105 hours, [REDACTED] had been pronounced dead at the hospital. I clarified questions the medical examiner's office had on events of the crash.

The next morning during my routine shift, I completed and updated a press release on the status of patients from the crash. I did so after contacting the [REDACTED] families to inform them that would be done. While contacting the [REDACTED] family, I answered several questions they had, as well as the [REDACTED] family. Contact was also made with [REDACTED] School, who had been informed of the crash, but had not been informed of details yet. I answered the questions I could with the principal of [REDACTED] School.

Copy To: Co. Att. _____ City Att. _____ Juv. Att. _____ Court _____ Other _____

05/13/2013 14:32
01022

St. Louis County Sheriff's Office - Duluth Office
POLICE REPORT - Supplemental

Page 5 of 5
Version 1.2.7

REPORTED DATE: 05/08/2013 REPORTED TIME: 16:12 ICR#: 13088543

I was informed the previous evening by [redacted] were very close friends and had been for a very long time. Both females attended [redacted] school together in the 10th grade.

Submitted with this report is also the State of Minnesota DNR Recreational Vehicle Accident Report.

Throughout my shift on May 9th, I was contacted by a male identified as [redacted] DOB [redacted]. [redacted] informed me he was the uncle to [redacted] and the ATV they were operating was his. [redacted] informed me the ATV had been his father's who passed away and his father had never transferred the original title to his name. [redacted] informed me he is executor of the estate in his father's will and the ATV at this time is owned by him. I confirmed the registration on the ATV now, that was not the correct registration, did come back to [redacted] daughter. [redacted] informed me he was unsure why the registration was improperly placed on the machine, but informed me his daughter had been taking care of the machines at their cabin and may have accidentally placed that plate on that ATV. I informed [redacted] I would allow the vehicle to be released to him now, seeing I was now able to figure out why it was displaying improper registration and the ATV was not stolen. I informed [redacted] I would have the ATV transported to the St. Louis County Sheriff's Office impound lot, where it would be held for them until they were able to come and get it. [redacted] did inform me he was unsure of when that would be, seeing the recent events with his family. I informed [redacted] I understood the ATV would be the last thing on his mind at this time and it would be safe at the Sheriff's impound lot until his family was ready to come and get it.

I did contact Troy's Amoco, who transported the ATV back to the Sheriff's impound lot.

End of report.

Deputy [redacted] #5312
05/10/2013: kr

Report#: 2	Officer: 05312	Date: 05/09/2013	
	Typed by: 01061	Date: 05/10/2013	Time: 10:46
	Approved by: 01061	Date:	

Copy To : Co. Att. _____ City Att. _____ Juv. Att. _____ Court _____ Other _____

05/13/2013 14:32
01022

St. Louis County Sheriff's Office - Duluth Office
POLICE REPORT - Supplemental

Page 1 of 2
Version 1.2.7

REPORTED DATE: 05/08/2013 REPORTED TIME: 16:12 ICR#: 13088543

Report# 3

St. Louis County Sheriff's office
Duluth Office

Reported Date: 05/08/2013 Time: 16:16 Case No.: 13088543

Code: Crime:

Class: Occurrence Date:

Location: [REDACTED] 103, , , ,

===== SUPPLEMENTAL REPORT =====

Personal Injury Crash 05/08/2013 Sgt. [REDACTED] #5228

Details: On 05/08/2013 at approximately 1612 hours I, Sgt. [REDACTED] of the St. Louis County Sheriff's Office, was traveling back from the Duluth area to the Range when I overheard dispatch give Deputy [REDACTED] a personal injury crash on an ATV in Northland Township. As it happened Deputy [REDACTED], Deputy [REDACTED] and I were only a few miles from the crash location and responded to the scene. At approximately 1623 hours we arrived at the location. We followed the reporting party, who was later identified as [REDACTED] up to the crash site. We were approximately 2.5 miles down the [REDACTED] or in the [REDACTED] block of the [REDACTED]

When I approached the accident scene I observed a side-by-side ATV that appeared to be standing on its tailgate end with the front end stuck up in a tree. There was a female who was lying on her back, her face was blue in color and [REDACTED] had started CPR seconds prior to us arriving. Deputy [REDACTED] and I immediately took over CPR from [REDACTED] but prior to that we had dragged the unresponsive female, later identified as [REDACTED] out from underneath the side-by-side ATV. Deputy [REDACTED] and I continued CPR efforts while Deputy [REDACTED] officer began gathering information from [REDACTED] his wife [REDACTED] who was also on scene, in addition to a female passenger who was involved in the crash and was identified as [REDACTED]

Shortly after beginning CPR a Northland First Responder arrived on scene with an AED and also an oxygen bottle. The Northland First Responder, in addition to who was believed to be a Grand Lake fire member, began with a neck collar, administering the oxygen while Deputy [REDACTED] and I traded out doing chest compressions. During the course of performing first aid I was able to learn from both the mother, [REDACTED] and father, [REDACTED] that it was their daughter [REDACTED] whom we were attending to. They stated they were driving a family member's side-by-side Polaris Ranger and had left their house at the end of the [REDACTED] to [REDACTED] at approximately 1515 hours with [REDACTED] to go for a ride. It was unclear to me how exactly [REDACTED] was contacted; however, [REDACTED] responded to the scene of the crash and when she arrived she had found [REDACTED] face down with the roll bar of the ATV on the back of her neck. [REDACTED] attempted to use a pickup truck that she had driven to the scene to pull the ATV off of her daughter; however, when she exited the vehicle in haste it was not in park but reverse. The pickup truck then rolled backwards a short distance down the [REDACTED] where it went into a ditch and became stuck. [REDACTED] indicated it was at this time she found a come along in either the truck or ATV and was able to use that by wrapping it around a tree that the ATV was hung up in and the roll bar itself and was able to raise the ATV high enough to slide her daughter out from underneath and it was seconds later that her husband and law

Copy To: Co. Att. _____ City Att. _____ Juv. Att. _____ Court _____ Other _____

05/13/2013 14:32
01022

St. Louis County Sheriff's Office - Duluth Office
POLICE REPORT - Supplemental

Page 2 of 2
Version 1.2.7

REPORTED DATE: 05/08/2013 REPORTED TIME: 16:12 ICR#: 13088543

enforcement officers arrived on scene.

After Deputy [REDACTED] arrived on scene he assisted in getting [REDACTED] onto a backboard and with the aid of a first responder and I believe a rescue squad member, put [REDACTED] in the back of [REDACTED] pickup truck and they continued CPR efforts while they transported her to the landing zone further down the [REDACTED] where she was eventually life flighted to St. Mary's Hospital.

Once the victim had cleared I began taking photographs of the crash scene. I was also able to speak with [REDACTED] further, who obviously were distraught over the injuries to their daughter. Deputy Officer [REDACTED] and I were able to assist them in getting the pickup truck out of the ditch that [REDACTED] had driven to the scene and they began their drive back home where they had a nine year old who was by himself at the time.

At approximately 1752 hours I cleared the scene. The photos have been downloaded to Shield and a photo log was completed.

End of report.

Sgt. [REDACTED] #5228

5/10/13:dj

Report# : 3	Officer: 05228	Date: 05/08/2013	
	Typed by: 01040	Date: 05/10/2013	Time: 13:49
	Approved by: 01040	Date: 05/10/2013	

Copy To : Co. Att. _____ City Att. _____ Juv. Att. _____ Court _____ Other _____

06/25/2013 11:17
01061

St. Louis County Sheriff's Office - Duluth Office

Page 1 of 3
Version 1.2.7

POLICE REPORT

REPORTED DATE: 05/08/2013 REPORTED TIME: 16:12 ICR#: 13088543

Statute/Ordinance: N/A MOC: 9411 Fatal, Moped and ATV
Occurrence Start Date: 05/08/2013 Time: 16:12 Officer: [REDACTED] 05312
Status: Offense Level: Not Apply
Address: [REDACTED] Location:
Township: UNORG 53-16 MAP 54 Patrol Area: 10DU Grid: [REDACTED]
Assisting Agencies: Companion Cases:
SO St. Louis County Sheriff's Office
MSX Unknown Miscellaneous

=====**PARTY INVOLVEMENT**=====

Fatality: [REDACTED] DOB [REDACTED] Race: W Sex: F
[REDACTED] Location:
Phone: PSN: 2 Adu/Juv A
POB: Hair: BLN Eye: BLU Hgt: 5 07 Wgt: 130 Bld:
ISN PT Statute Description MOC Description Disposition Citation #
1 FA N/A Fatal, Moped and AT 9411 Fatal, Moped and ATV Pending

Reporting Party [REDACTED] DOB [REDACTED] Race: W Sex: M
[REDACTED] Location:
Phone: PSN: 1 Adu/Juv A
POB: Hair: BRO Eye: BLU Hgt: 5 07 Wgt: 150 Bld:
ISN PT Statute Description MOC Description Disposition Citation #
1 RP N/A Fatal, Moped and AT 9411 Fatal, Moped and ATV Pending

Registered Own [REDACTED] DOB [REDACTED] Race: W Sex: M
[REDACTED] Location:
Phone: PSN: 6 Adu/Juv A
POB: Hair: BRO Eye: BRO Hgt: 5 11 Wgt: 190 Bld:
ISN PT Statute Description MOC Description Disposition Citation #
1 RO N/A Fatal, Moped and AT 9411 Fatal, Moped and ATV Pending

Passeng [REDACTED] DOB [REDACTED] Race: W Sex: F
[REDACTED] Location:
Phone: PSN: 3 Adu/Juv A
POB: Hair: RED Eye: BLU Hgt: 5 04 Wgt: 128 Bld:
ISN PT Statute Description MOC Description Disposition Citation #
1 PS N/A Fatal, Moped and AT 9411 Fatal, Moped and ATV Pending

Mention [REDACTED] DOB [REDACTED] Race: W Sex: F
[REDACTED] Location:
Phone: PSN: 4 Adu/Juv A
POB: Hair: Eye: BRO Hgt: 5 05 Wgt: 150 Bld:
ISN PT Statute Description MOC Description Disposition Citation #
1 ME N/A Fatal, Moped and AT 9411 Fatal, Moped and ATV Pending

Copy To : Co. Att. _____ City Att. _____ Juv. Att. _____ Court _____ Other _____

06/25/2013 11:17
01061

St. Louis County Sheriff's Office - Duluth Office

Page 2 of 3
Version 1.2.7

POLICE REPORT

REPORTED DATE: 05/08/2013 REPORTED TIME: 16:12 ICR#: 13088543

.....
Mentioned [REDACTED] DOB [REDACTED] Race: W Sex: M
 Address: [REDACTED] Location:
 Phone: [REDACTED] PSN: 5 Adu/Juv A
 POB: Hair: BRO Eye: BLU Hgt: 6 02 Wgt: 165 Bld:
 ISN PT Statute Description MOC Description Disposition Citation #
 1 ME N/A Fatal, Moped and AT 9411 Fatal, Moped and ATV Pending

===== PROPERTY =====

Item Number: E1
 Property Type: E Disp: ERO Cat: A Article: ATV Brand: Model:
 VIN: [REDACTED]
 Year: 2005 Make: Polaris Model: Style:
 License Number: [REDACTED] State: MN
 Description: 2005 POLARIS 700 RANGER ATV
 Qty Stolen: Value Stolen:
 Qty Recovered: Value Recovered:
 PSN Type Name
 2 FA [REDACTED]
 3 PS [REDACTED]
 6 RO [REDACTED]

Item Number: E2
 Property Type: E Disp: ERO Cat: Y Article: KEY Brand: Model:
 Serial:
 Description: KEYS TO ITEM #1 2005 POLARIS 700 RANGER
 Qty Stolen: Value Stolen:
 Qty Recovered: Value Recovered:
 PSN Type Name

===== NARRATIVE =====

Report# 1
 St. Louis County Sheriff's Office
 Duluth Office
 Reported Date: 05/08/2013 Time: 16:12 Case No.: 13088543
 Code: N/A Crime: Fatal, Moped and ATV
 Class: 9411 Occurrence Date: 05/08/2013
 Location: [REDACTED] CANYON, MN, , 55717

===== NARRATIVE =====

Deputies responded with fire responders and the St. Louis County Rescue Squad to the call of an ATV crash with injuries. while on scene, deputies and a first responder conducted CPR on [REDACTED] until she was transported by Life Flight III to St. Mary's. [REDACTED] later died at the hospital. [REDACTED] who was the passenger, suffered minor injures and was transported by Gold Cross. See narrative for further.

Copy To: Co. Att. _____ City Att. _____ Juv. Att. _____ Court _____ Other _____

06/25/2013 11:17
01061

St. Louis County Sheriff's Office - Duluth Office

Page 3 of 3
Version 1.2.7

POLICE REPORT

REPORTED DATE: 05/08/2013

REPORTED TIME: 16:12 ICR#: **13088543**

Deputy



kas: 05/13/13

Report# : 1

Officer: 05312

Date: 05/08/2013

Typed by: 01022

Date: 05/13/2013

Time: 14:24

Approved by: 01022

Date: 05/13/2013

Details: On May 8, 2013, at approximately 1612 hours, St. Louis County Dispatch informed me of an ATV accident with injuries near the [REDACTED] block of [REDACTED] in unorganized township 53-16. My squad and the St. Louis County Rescue Squad was enroute, when Deputy [REDACTED] Sgt. [REDACTED] and Deputy Officer [REDACTED] informed St. Louis County Dispatch they were nearby the address on their way back to the north district from training. All three units also responded to the crash with injuries.

The initial report was by the victim's father. The victim, later identified as [REDACTED] [REDACTED] who was also the operator of the ATV, was the reported injured party. [REDACTED] father, identified as [REDACTED], was calling in stating he was on his way to the crash and had received a second hand report that his daughter was injured. We were also informed, while enroute, a roll bar from the class two style ATV was pinning [REDACTED] down by her neck. While enroute, I advised St. Louis County Dispatch to make sure air medical services had been contacted and were enroute, if possible.

At approximately 1624 hours, Sgt. [REDACTED] Deputy Officer [REDACTED] and Deputy [REDACTED] arrived on scene and advised CPR was currently in progress on [REDACTED]. I was informed by Sgt. [REDACTED] later on that [REDACTED] was administering CPR when they arrived, which was taken over by themselves and a First Responder who arrived on scene later.

At approximately 1639 hours, myself and the St. Louis County Rescue Squad responding units arrived on scene. St. Louis County Rescue Squad units took control over creating a landing zone approximately one mile from the crash site.

When I arrived on scene, Sgt. [REDACTED] was administering CPR to [REDACTED] with the assistance of Deputy [REDACTED]. Deputy Officer [REDACTED] was completing an initial investigation on the crash site and speaking to the passenger of the ATV, as well as both [REDACTED] [REDACTED] parents, who were on scene.

At approximately 1641 hours, St. Louis County advised air medical was landing at the landing zone down the road. At this time, there was not an ambulance on scene and only myself, the other sheriff office staff, and a first responder. We did have a backboard, which was placed under [REDACTED] and she was secured to it. First responders on scene, as well as St. Louis County Rescue Squad, assisted with this procedure. I commandeered [REDACTED] pickup truck from him, informing him we were going to use it to transport [REDACTED]. I turned the vehicle over to a St. Louis County Rescue Squad member, who drove the vehicle. Myself, Deputy [REDACTED] and a St. Louis County Rescue Squad member loaded [REDACTED] into the back of the pickup truck, where I continued CPR on her. I continued administering CPR until we arrived at the landing zone of the helicopter, where [REDACTED] was unloaded and moved to the ground. Once on the ground, I continued CPR on [REDACTED] while a St. Louis County Rescue Squad member operated the air mask that had been placed onto [REDACTED]. I continued CPR on [REDACTED] until air medical staff were able to replace manual CPR repetitions with a CPR machine that completed compressions,

instead of a human completing those compressions. CPR was continued by the instrument, as well as other medical procedures, until air medical staff informed other individuals on scene they had received a heartbeat on [REDACTED] again.

At that time, [REDACTED] was placed into the helicopter, where she was transported to St. Mary's Hospital in Duluth.

At that time, I returned to the crash scene with [REDACTED] truck. I was accompanied by Deputy [REDACTED] and a first responder. I met [REDACTED] and his wife on the way out and informed them what hospital their daughter was being taken to. I informed [REDACTED] his pickup truck would be returned to his house with the keys left above the visor. That task was completed by members of the St. Louis County Rescue Squad shortly after.

Once back on the crash scene, myself and other deputies on scene came to the determination it appeared [REDACTED] lost control of the ATV while traveling at a high rate of speed, causing it to spin out and eventually roll over. I did speak to the passenger before she was transported by Gold Cross Ambulance. The passenger was identified as [REDACTED]. I asked [REDACTED] briefly if she could tell me what happened. She informed me all she could remember was they were traveling very fast and they started to fishtail. [REDACTED] informed me after starting to fishtail, they lost control rolling over. [REDACTED] informed me that both herself and [REDACTED] were ejected from the ATV. I asked [REDACTED] if they were wearing seatbelts, which were inside of the class two ATV and she informed me neither of them were. [REDACTED] informed me she did not believe the seatbelts worked in the equipment. Neither [REDACTED] or [REDACTED] were wearing helmets at the time of the incident. I had been informed by [REDACTED] father that she had taken an ATV operator's course provided by the Department of Natural Resources. I was informed by [REDACTED] she thought the cause of the crash was the speed the ATV was traveling. After investigating the crash scene, it is more than likely speed being a predominant factor in the crash mixed with the combination of driver inexperience. [REDACTED] was transported with minor injuries to St. Luke's Hospital.

Sgt. [REDACTED] of the Sheriff's Office also completed photos while on scene. For further details, please refer to photographs taken by Sgt. [REDACTED] as well as his photograph log.

Deputy Officer also completed an initial investigation and interviews on the crash. Please refer to his report or any other reports by Sgt. [REDACTED] or Deputy [REDACTED] for further details.

Troy's Amoco out of Proctor was contacted to tow the ATV and flip it back right side up. While waiting for the tow to arrive, registration on the ATV came back as a 1997 [REDACTED]. That registration number was [REDACTED]. At that time, myself and Deputy Officer knew that something was not right on the registration, seeing the machine was a Polaris Ranger Model 700. After the tow was on scene, the VIN was located under

the hood and the VIN on the Polaris Ranger did not match the registration number. After some research, it was found the VIN came back to the 700 Polaris Ranger with Minnesota ATV plate [REDACTED]. Neither plate number had come back stolen, but the correct plate that was supposed to be displayed on the Polaris Ranger came back with a 2007 expiration. At that time, it was of my opinion someone had placed a separate plate on the Polaris Ranger, showing current registration so the ATV could be operated, when in fact, the registration that was supposed to be displayed, expired in 2007. At that time, I decided it was best to tow the vehicle and have it held back in Duluth for further investigation.

After the vehicle was removed by Troy's Amoco, it was towed back and held for further investigation.

I cleared the scene at approximately 1818 hours. At approximately 1852 hours, I arrived at St. Mary's Hospital, where I spoke to the medical staff. I was informed by medical staff on scene that [REDACTED] was in critical condition and at that time they did not have a very positive outlook. I spoke briefly to [REDACTED] at the hospital. [REDACTED] had been informed the same news that I had. [REDACTED] informed me he was unsure at that time if his daughter would make it through the evening. I expressed my condolences to [REDACTED] and his family and offered any assistance I could. I did answer some brief questions that [REDACTED] and his family had and left them with my business card and informed them to contact me if they needed any further assistance from the Sheriff's Office. [REDACTED] extended his gratitude to myself and other first responders on scene.

At approximately 1905 hours, I arrived at St. Luke's Hospital in the City of Duluth. St. Luke's Hospital is where [REDACTED] was transported to. At that time, I made contact with [REDACTED]'s parents, who had been contacted previously and informed of the crash. I gave [REDACTED] parents an update on the situation of the crash and spoke briefly to [REDACTED] about the crash. [REDACTED] again gave me the same account that she had given me on scene and I spoke briefly to her about contacting 911. Through investigation on scene and speaking to [REDACTED] it appeared that after the crash, [REDACTED] used her cell phone to contact [REDACTED]'s mother. After doing that, she attempted to move the ATV off the top of [REDACTED]. The ATV being too heavy for [REDACTED] to move, she waited until [REDACTED] mother was on scene and they were able to use a come along hoist to hoist the ATV up and remove [REDACTED] out from under it. During [REDACTED] mother's time enroute to the crash site from their residence, 911 had still not been contacted. [REDACTED] after contacting [REDACTED] mother, had also not contacted 911. At some point in time while on scene, [REDACTED] mother contacted [REDACTED] father, who also started enroute to the scene of the crash. [REDACTED], while enroute to the crash, then contacted 911, which was the initial call at 1612 hours. After speaking to [REDACTED] it was estimated there was a 10 to 15 minute lag time between the crash happening and 911 being contacted. It is believed the ATV rollover bar was on top of [REDACTED] for up to 10 minutes before it was able to be lifted and she was

removed from under it. [REDACTED] estimated the first law enforcement arrived on scene approximately 20 minutes after the crash occurred.

I also left the [REDACTED] family with my card and informed them to contact me if they have any questions or needed anything.

After completing my shift for the evening, I was contacted by Deputy [REDACTED], who informed me the St. Louis County Medical Examiner's Office in need of information on the call.

It should also be noted Sgt. [REDACTED] did complete the initial press release on the incident after the crash.

At approximately 2230, I contacted the St. Louis County Medical Examiner's Office, who informed me that at 2105 hours, [REDACTED] had been pronounced dead at the hospital. I clarified questions the medical examiner's office had on events of the crash.

The next morning during my routine shift, I completed and updated a press release on the status of patients from the crash. I did so after contacting the [REDACTED] families to inform them that would be done. While contacting the [REDACTED] family, I answered several questions they had, as well as the [REDACTED] family. Contact was also made with [REDACTED] School, who had been informed of the crash, but had not been informed of details yet. I answered the questions I could with the principal of [REDACTED] School.

I was informed the previous evening by [REDACTED] that [REDACTED] were very close friends and had been for a very long time. Both females attended [REDACTED] School together in the 10th grade.

Submitted with this report is also the State of Minnesota DNR Recreational Vehicle Accident Report.

Throughout my shift on May 9th, I was contacted by a male identified as [REDACTED] [REDACTED] DOB [REDACTED] [REDACTED] informed me he was the uncle to [REDACTED] and the ATV they were operating was his. [REDACTED] informed me the ATV had been his father's who passed away and his father had never transferred the original title to his name. [REDACTED] informed me he is executor of the estate in his father's will and the ATV at this time is owned by him. I confirmed the registration on the ATV now, that was not the correct registration, did come back to [REDACTED] daughter. [REDACTED] informed me he was unsure why the registration was improperly placed on the machine, but informed me his daughter had been taking care of the machines at their cabin and may have accidentally placed that plate on that ATV. I informed [REDACTED] I would allow the vehicle to be released to him now, seeing I was now able to figure out why it was displaying improper registration and the ATV was not stolen. I informed [REDACTED] I would have the ATV transported to the St. Louis County Sheriff's Office impound lot, where it would be held for them until they were able to come and get it. [REDACTED] did inform me he was

unsure of when that would be, seeing the recent events with his family. I informed [REDACTED] understood the ATV would be the last thing on his mind at this time and it would be safe at the Sheriff's impound lot until his family was ready to come and get it.

I did contact Troy's Amoco, who transported the ATV back to the Sheriff's impound lot.

End of report.

Deputy [REDACTED]
05/10/2013: kr

tree that the ATV was hung up in and the roll bar itself and was able to raise the ATV high enough to slide her daughter out from underneath and it was seconds later that her husband and law enforcement officers arrived on scene.

After Deputy [REDACTED] arrived on scene he assisted in getting [REDACTED] onto a backboard and with the aid of a first responder and I believe a rescue squad member, put [REDACTED] in the back of [REDACTED] pickup truck and they continued CPR efforts while they transported her to the landing zone further down the [REDACTED] where she was eventually life flighted to St. Mary's Hospital.

Once the victim had cleared I began taking photographs of the crash scene. I was also able to speak with [REDACTED] further, who obviously were distraught over the injuries to their daughter. Deputy Officer and I were able to assist them in getting the pickup truck out of the ditch that [REDACTED] had driven to the scene and they began their drive back home where they had a nine year old who was by himself at the time.

At approximately 1752 hours I cleared the scene. The photos have been downloaded to Shield and a photo log was completed.

End of report.

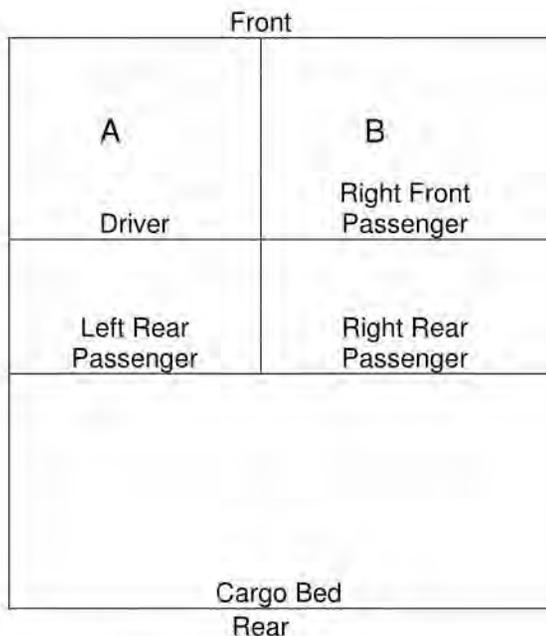
Sgt. [REDACTED]

5/10/13:dj

Utility Vehicle Data Record Sheet

IDI #: 130515HCC2643

Exhibit #: 3



The Utility Vehicle

A:	Age: 15	Height: 67"
	Gender: F	Weight: 130
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: FRACTURED NECK	
	Did vehicle land on victim: Yes	
	Ejected (Either partially or fully): FULLY	

B:	Age: 16	Height: 64"
	Gender: F	Weight: 128
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: INJURED	
	Injury Description: MINOR	
	Did vehicle land on victim: NO	
	Ejected (Either partially or fully): FULLY	

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

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

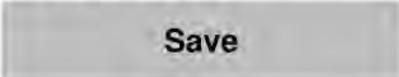
E:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

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

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

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

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



NOTE: This investigation originated from a news article. There were two deaths in this incident. Victim 1 was a 6-year-old male. Victim 2 was a 9-year-old male.

Attempts to obtain information pertaining to this incident from local officials were unsuccessful, as this is an ongoing investigation.

Attempts to contact the victims' next of kin were also unsuccessful.

The information contained in this report was obtained from an additional news article about the incident (Attachment 2, Pages 1-8).

Information pertaining to weather on the incident date and the day preceding the incident was obtained from Weather Underground (Attachment 3, Pages 1-11).

The product involved in this incident is a side-by-side utility vehicle (UTV) with four wheels (Attachment 2, Page 2). The UTV is equipped with seat belts for both the operator and the front seat and back seat passengers (Attachment 2, Page 2). The driver and all passengers are reported to have been wearing seatbelts when the incident occurred (Attachment 2, Page 2).

The incident UTV belongs to the father of the victims. It is unknown whether he purchased the UTV new or used. The place and date of purchase are also unknown.

It is unknown whether the owner had made any modifications to the UTV since its purchase.

Victim 1 is a 6-year-old male, who was riding in the front seat of the vehicle. His height and weight are unknown. Victim 1 is not believed to have been under the influence of any alcohol, drugs, or medication at the time of the incident. Nor is he known to have had any pre-existing physical or mental condition that might have contributed to the incident.

Victim 2 is a 9-year-old male, who was riding in the front seat of the vehicle. His height and weight are unknown. Victim 2 is not believed to have been under the influence of any alcohol, drugs, or medication at the time of the incident. Nor is he known to have had any pre-existing physical or mental condition that might have contributed to the incident.

Around 3:00 p.m. on May 18, 2013, two adult males and four children were riding a side-by-side UTV across a gravel and concrete crossing of a stream (Attachment 2, Page 2). They were all reportedly wearing seatbelts, although it appears that they were not wearing helmets (Attachment 2, Page 2).

The rate of speed at which the UTV was traveling is unknown.

While crossing the stream, high water caused by recent rainfall in the area caused the UTV to float momentarily, then to begin drifting downstream (Attachment 2, Page 2).

When the UTV stabilized for a moment, the driver began unbuckling the passengers in an attempt to rescue them (Attachment 2, Page 2).

The driver removed the 8-year-old male from the back seat of the vehicle and was attempting to remove the 9-year-old male from the front seat when the current dislodged the vehicle, causing it to flip end-over-end and head further downstream (Attachment 2, Page 2).

The adult male passenger and the 16-year-old female were thrown from the UTV when it flipped, but the 9-year-old male and the 4-year-old male passengers in the front seat were submerged (Attachment 2, Page 2).

A witness was able to drag the 16-year-old female out of the stream a little further downstream (Attachment 2, Page 2). After rescuing her, the witness left on an ATV to get help (Attachment 2, Page 2).

The driver of the UTV reportedly ran along the stream bed searching for the two victims for about twenty minutes before first responders arrived to help (Attachment 2, Page 2). His search efforts were hindered by the fact that items from the cargo bed of the UTV were floating in the water (Attachment 2, Page 2).

When police and other emergency responders arrived, they began searching for the two victims as well (Attachment 2, Page 2).

Police took the driver of the UTV to a local hospital for a blood alcohol test, but it is unknown whether or not the test was actually administered (Attachment 2, Pages 2-3).

Searchers found the body of Victim 1 downstream on the afternoon of May 19, 2013 (Attachment 2, Page 4). The coroner ruled the cause of death for Victim 1 to be freshwater drowning (Attachment 2, Page 4).

A volunteer found the body of Victim 2 around 5:00 p.m. on May 21, 2013 (Attachment 2, Page 4). Because the volunteer moved the body, the location at which Victim 2 was discovered is not known (Attachment 2, Page 4). The coroner ruled the cause of death for Victim 2 as undetermined, pending outcome of an autopsy to be performed by the State Medical Examiner's Office (Attachment 2, Page 4).

The 16-year-old female received a broken ankle in the incident (Attachment 2, Page 2). The extent of injuries received by the two adult males and the 9-year-old male is unknown.

The amount of damage to the UTV is also unknown.

CONTACT WITH RETAILER AND MANUFACTURER:

It is not known whether the family of the victims has attempted to contact the retailer or manufacturer of the UTV involved in the incident.

PRODUCT IDENTIFICATION:

The product involved in this incident is a 4-wheeled **Polaris Ranger Crew** side-by-side utility vehicle (Attachment 2, Page 2). No further information could be obtained for the incident product.

Information about the manufacturer of the incident vehicle is listed below:

Polaris Inc.
1225 Hwy 169 N.
Minneapolis, MN 55441.

It is unknown whether the owner had experienced any problems with the UTV prior to the incident.

SAMPLE:

None collected.

ATTACHMENTS:

- Attachment 1 – Contact Sheet
- Attachment 2 – Second News Article with additional information
- Attachment 3 – Weather Information – obtained from www.wunderground.com
- Attachment 4 – Missing Documents Form
- Attachment 5 - Utility Vehicle Data Record Sheet

List of Contacts

Name: Records
Title: Records Administrator
Address: Columbus Fire Department
205 7th Street South
Columbus, MS 39701
Phone: 662-329-5121
Fax: 662 329-5127
Interviewed: Report and photographs were requested on June 11, 2013.
Second request made July 11, 2013.

Neither report nor photographs were received.

Name: [REDACTED]
Title: Records Administrator
Address: Columbus Police Department
1501 Main St
Columbus, MS 39701
Phone: 662- 244-3523
E-mail: [REDACTED]
Interviewed: Report and photographs were requested on June 11, 2013.
Second request made July 11, 2013.

Neither report nor photographs were received.

Name: Greg Merchant
Title: Lowndes County Coroner
Address: PO Box 2342
Columbus 39702
Phone: 662-327-5197 (Work)
[REDACTED] (Cell)
Fax: 662-329-5748
E-mail: [REDACTED]
Interviewed: Report and photos were requested on June 11, 2013.
Second request made July 11, 2013.

Neither report nor photographs were received.

Name: [REDACTED]
Title: Next of Kin
Address: [REDACTED]
Phone: Unknown

Interviewed: Attempts to contact NOK were unsuccessful.
No phone number – no response to letter.

ADDITIONAL INFORMATION WAS OBTAINED FROM A NEWS ARTICLE

[REDACTED]

This article is included as Attachment 2

- [Contact Us](#)
- [Subscribe](#)
- [Advertise](#)
- [Classified](#)
- [Comics](#)
- [Staff](#)
- [Community Events](#)

Search...

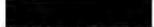
True to Columbus



- [Community»](#)
- [Featured](#)
- [Accidents»](#)
- [Obituaries](#)
- [Opinion»](#)
- [Crime»](#)
- [Entertainment»](#)
- [Politics](#)
- [Videos](#)
- [News](#)



By

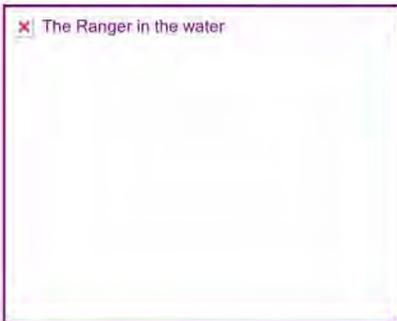


– May 27, 2013 **Posted in:** [Accidents](#), [Columbus](#), [Community](#), [Featured](#), [Lowndes County](#), [New Hope](#), [News](#), [Wreck](#)

BY



(This article consists of a great deal of information gathered on scene, as well as information directly from the Columbus Police Department. Further, I spoke with a close family friend of the [redacted] who provided specific details about the incident at the hospital that only someone present could have known. The amount of rumor and conjecture in both social and traditional media regarding the incident was astonishing. I have done my best to clarify as many issues as I could, while attempting to treat both the family's and the authority's versions of the events with equal respect-[redacted] Publisher)



The Ranger in the water

A New Hope family is dealing with unimaginable grief after a weekend ATV accident on [redacted] in East Columbus led to the tragic drowning of their two young sons.

May 17, 2013

Weather History for Columbus AFB, MS

Friday, May 17, 2013

Friday, May 17, 2013

« Previous Day

May

17

2013

View

Next Day »

Daily

Weekly

Monthly

Custom

	Actual	Average	Record
Temperature			
Mean Temperature	70 °F	-	-
Max Temperature	73 °F	80 °F	89 °F (1998)
Min Temperature	67 °F	59 °F	43 °F (2011)
Cooling Degree Days	5		
Growing Degree Days	20 (Base 50)		
Moisture			
Dew Point	69 °F		
Average Humidity	98		
Maximum Humidity	100		
Minimum Humidity	87		
Precipitation			
Precipitation	0.79 in	-	- ()
Sea Level Pressure			
Sea Level Pressure	29.97 in		
Wind			
Wind Speed	3 mph (SSE)		
Max Wind Speed	15 mph		
Max Gust Speed	-		
Visibility	7 miles		
Events	Fog, Rain, Thunderstorm		

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

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

T = Trace of Precipitation, MM = Missing Value

Source: NWS Daily Summary

Seasonal Weather Averages



U.S. Consumer Product Safety Commission

Task Number: 130528HCC2666

Date: 07/12/2013

Status of Missing Document(s)

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

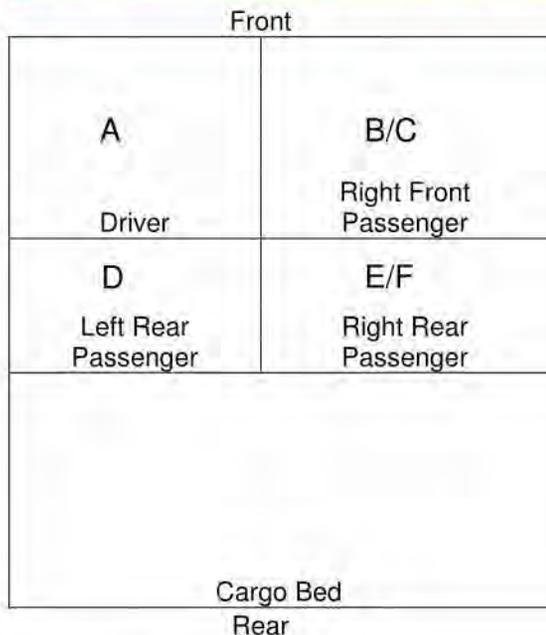
1. Fire and Police Reports and Photos
2. Coroner's Report
3. _____
4. _____
5. _____
6. _____

Passengers D, E, and F were all in the rear seat of the vehicle - exact positions are unknown.

Utility Vehicle Data Record Sheet

IDI #: 130528HCC2666

Exhibit #: 5



The Utility Vehicle

A:	Age: unk	Height: unknown
	Gender: M	Weight: unknown
	Helmet (Y/N): N	Seatbelt (Y/N): Y
	Killed/Injured/Neither/Unknown: Neither	
	Injury Description:	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): NO	

B:	Age: 6	Height: Unknown
	Gender: M	Weight: UNKNOWN
	Helmet (Y/N): N	Seatbelt (Y/N): Y
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Drowning	
	Did vehicle land on victim: unknown	
	Ejected (Either partially or fully): Yes	

C:	Age: 9	Height: Unknown
	Gender: M	Weight: Unknown
	Helmet (Y/N): N	Seatbelt (Y/N): Y
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Undetermined	
	Did vehicle land on victim: Unknown	
	Ejected (Either partially or fully): YES	

D:	Age: Unk	Height: unknown
	Gender: M	Weight: UNKNOWN
	Helmet (Y/N): N	Seatbelt (Y/N): Y
	Killed/Injured/Neither/Unknown: Neither	
	Injury Description:	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): YES	

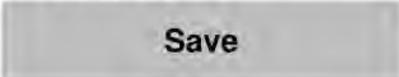
E:	Age: 9	Height: unknown
	Gender: M	Weight: unknown
	Helmet (Y/N): N	Seatbelt (Y/N): Y
	Killed/Injured/Neither/Unknown: Neither	
	Injury Description:	
	Did vehicle land on victim: NO	
	Ejected (Either partially or fully): No	

F:	Age: 16	Height: unknown
	Gender: F	Weight: unknown
	Helmet (Y/N): N	Seatbelt (Y/N): Y
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: broken ankle	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): YES	

*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 130605HCC1847		2. Investigator's ID 9075		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2013 06 01	5. Date Initiated YR MO DAY 2013 06 07		
6. Synopsis of Accident or Complaint UPC unknown A 23 year old non-helmeted, non-restrained male operator of a UTV died when his UTV toppled off a dilapidated wood railroad bridge and fell some 14 feet into a creek. A restrained female passenger sustained minor to moderate injuries and was transported to the hospital. The male was expelled and pinned under the UTV and the female managed to elevate his head above water and then went for help. The male was pronounced dead at the scene and the ME report indicates that he died from skull fractures due to blunt force trauma.				
7. Location (Home, School, etc) 7 - INDUSTRIAL PLACE		8. City JOHNSTOWN		9. State PA
10A. First Product 5044 - UTILITY VEHICLES		10B. Trade/Brand Name POLARIS RANGER RZR		10C. Model Number RANGER - VIN UN
10D. Manufacturer Name and Address POLARIS 1225 NORTH COUNTY ROAD 18 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 23	14. Sex 1 - Male	15. Disposition 8 - Death		16. Injury Diagnosis 62 - Intern. Org. Inj.
17. Body Part(s) Involved 75 - HEAD	18. Respondent 3 - 2nd Hand Info Only	19. Type of Investigation 2 - Telephone		20. Time Spent (Operational / Travel) 8.00 / 0.00
21. Attachment(s) 9 - Multiple Attachments		22. Case Source 05 - Newspaper		23. Sample Collection Number
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 07/16/2013	26. Reviewed By 2147		27. Regional Office Director Dennis R. Blasius	
28. Distribution Sarah Garland; Tanya L. Topka			29. Source Document Number X1360025A	

130605HCC1847

The investigation of this incident was initiated as a result of a local newspaper article. It should be noted that the investigative police report, photographs and medical examiners report were requested. The ME report was obtained but the police report has yet to have been obtained. Police officials as a result of protocol were unable to convey the necessary information until the report was officially provided to this Investigator by their headquarters.

As a result of the limited information this document and its content are in abbreviated form.

A 23 year old male was pronounced dead at the scene of the incident. A female (age unknown) suffered minor to moderate injuries and was transported to the hospital and has since recovered. The ME's report indicates the male died from a skull fracture and blunt force trauma sustained in the UTV accident.

At the time of the incident the 23 year old male was operating a 4 wheel utility type vehicle which contained two separate bucket type front seats. The UTV was equipped with a roll bar, rubber doorway netting/strapping and what appears to be a 3 seat belt.

Information obtained from officials and the media reports is as follows;

Reportedly the operator was traveling on an old railroad bed and attempted to cross what was described as an old dilapidated wooden railroad bridge which was suspended 14 feet above a creek. While traveling on the wooden bridge surface the female indicated that the operator attempted to circumvent a hole in the bridge surface and ran over the side of the bridge toppling into the water. According to reports the unrestrained operator was expelled from the UTV which landed on top of him. The restrained female informed officials that she was able to move the victim's head above the surface of the water and went for help.

There is currently very minimal and/or no information available regarding the following requested UTV investigative guideline questions: #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15 and #16.

No further information is available at this time.

PRODUCT IDENTIFICATION:

Information indicates that the product involved in this incident was a **Polaris** Ranger RZR side by side 4 wheel utility type vehicle with two bucket style seats, roll bar and safety style 3 point harness.

No further information is available.

EXHIBITS:

Attachment #1: US CPSC Missing Document form. (1)

Attachment #2: Cambria County ME report. (2)

Attachment#3: Contact Sheet (1)

130605HCC1847

Attachment #4: Utility Vehicle Data Sheet (1)



U.S. Consumer Product Safety Commission

Task Number: 130605HCC1847

Date: 07/15/2013

Status of Missing Document(s)

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

1. PSP traffic crash report and photographs.
2. _____
3. _____
4. _____
5. _____
6. _____

130605HCC1847 Attachment #2 (page 1 of 2)

OFFICE OF THE CORONER

Cambria County, Pennsylvania

Dennis J Kwiatkowski, Coroner

110 Franklin Street, Suite 500

Johnstown, PA 15901

Telephone (814) 535-8222

Fax (814) 539-9057

Coroner's Summary Report

Incident Number [REDACTED]

Decedent ID.

DEMOGRAPHIC INFORMATION							
Decedent Name	[REDACTED]			Next of Kin	[REDACTED]		
Address	[REDACTED] Road			Relationship	Mother		
C/S/Zip	[REDACTED] 15942			Address	[REDACTED]		
Municipality	Jackson Township			C/S/Zip	Mineral Point, PA 15942		
Date of Birth	[REDACTED]	Age	23 years	Primary Phone	[REDACTED]		
SSN	[REDACTED]	Sex	Male	Other Phone			
Marital Status	Never Married	Race	White				
DATES / TIMES				LOCATION			
Incident Date	06/01/2013	Time	10:15 PM	Of Incident	[REDACTED]		
Found Date	06/01/2013	Time	11:34 PM	Municipality	Cambria Township		
Coroner Notified Date	06/01/2013	Time	10:43 PM	County	Cambria		
Coroner Arrived Date	06/01/2013	Time	11:22 PM	Of Death	Other		
Pronounced Date	06/01/2013	Time	11:34 PM	Facility or Address	[REDACTED]		
Date of Death	06/01/2013	Time	11:34 PM	County	Cambria		
CAUSE / MANNER OF DEATH							
Primary Cause	Skull Fractures						
Due To	Blunt Force Trauma						
Due To	All-Terrain-Vehicle Accident						
Due To							
Manner of Death	Accidental						
Physicians	[REDACTED]						
Autopsy Date	06/02/2013	Injury at work	No	Core Temp			
Location	Conemaugh Valley Memorial Hospital	Transportation Injury	Yes	Rectal Temp			
Pathologist	[REDACTED]			Ambient Temp			
Organ/Tissue Donor	No			BAC	.08 %		
Procurement Org							
PRIMARY LAW ENFORCEMENT AGENCY							
Agency	PSP - Ebensburg						
Officer	Trooper Ken Durbin			Incident Number	[REDACTED]		
FUNERAL HOME							
Name	[REDACTED]			Phone	[REDACTED]		
Address	[REDACTED]						
INVESTIGATOR INFORMATION							
Investigator	Jeffrey Lees			Title	[REDACTED]		

130605HCC1847 Attachment #2 (page 2 of 2)

Incident Number: [REDACTED]

Decedent ID:

INCIDENT NARRATIVE**DECEDENT NARRATIVE**

Viewed the deceased [REDACTED] on June 1, 2013, at the scene of an All-Terrain Vehicle Accident in Cambria Township, after being [REDACTED] by the Cambria County 911 Center. I spoke with [REDACTED] of the Pennsylvania State Police who said [REDACTED] was an unrestrained driver of an ATV traveling south on [REDACTED] when he attempted to cross an abandoned bridge owned by [REDACTED]. The vehicle struck a large hole in the bridge and overturned. The vehicle went off the side of the bridge and fell approximately fourteen feet into [REDACTED]. [REDACTED] who was not wearing a helmet, was pinned beneath the vehicle.

I photographed and processed the scene along with the Pennsylvania State Police. I spoke with [REDACTED] who was an occupant in the vehicle with [REDACTED] who said they were traveling back a dirt road when [REDACTED] attempted to avoid hitting the hole in the bridge. [REDACTED] said the vehicle went over the side of the bridge and fell into the water. [REDACTED] said she got [REDACTED] head out of the water and then went for help. I spoke with the family who said [REDACTED] was at a birthday party when he took the vehicle for a ride.

An autopsy was conducted by [REDACTED] on June 2, 2013, which confirmed [REDACTED] died from skull fractures from blunt force trauma due to the All-Terrain Vehicle Accident.

Based on the investigation, the manner of death was ruled accidental with the cause of death taken from the autopsy. I advised family of the above and released [REDACTED] to the [REDACTED] Funeral Home.

130605HCC1847

Attachment #3

Contact Sheet

Cambria County (PA) Coroner: Jeff Lees and Stacey.

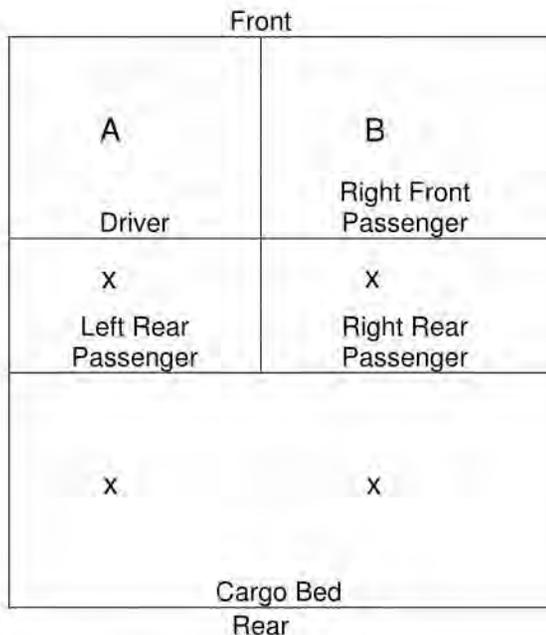
PSP Ebensburg Detachment- Trooper Ken Durbin

06/07/2013, 07/12/2013 and 07/15/2013.

Utility Vehicle Data Record Sheet

IDI #: 130605HCC1847

Exhibit #: 4



The Utility Vehicle

A:	Age: 23	Height: Unk
	Gender: Male	Weight: Unk
	Helmet (Y/N): n	Seatbelt (Y/N): n
	Killed/Injured/Neither/Unknown: killed	
	Injury Description: skull fracture trauma	
	Did vehicle land on victim: yes pinned und	
	Ejected (Either partially or fully): FULLY	

B:	Age: 00	Height: Unk
	Gender: Female	Weight: UNK
	Helmet (Y/N): unK	Seatbelt (Y/N): Y
	Killed/Injured/Neither/Unknown: INJURED	
	Injury Description: minor/moderate	
	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):	

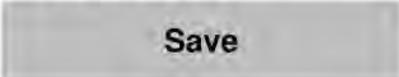
E:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

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.



The information in this report was based on information received by the sheriff department and the Georgia Bureau of Investigation. Contact with the victim's next-of-kin was not successful.

On Saturday May 25, 2013, in Putnam County, Eatonton, GA, the weather condition was clear and the temperature was 80 degrees when the victim, a 38-year-old male, 68 inches tall and weighing 250 pounds, was operating a 4-wheeled utility vehicle on a road and was not wearing a helmet or seatbelt.

The driver lost control negotiating a curve and caused the vehicle to flip over on him. He was fatally injured. His cause of death was blunt impact chest injuries.

Product: 4-wheeled utility vehicle

Manufacturer: Polaris

1225 North County Road 18

MINNEAPOLIS, MN 55441

Brand/Model: Polaris Ranger

Year/VIN: 2005/ [REDACTED]

Description: green in color

Condition/Modification: unknown

ATTACHMENTS:

1. Incident Report.
2. Georgia Bureau of Investigation Report.*Eqphkfgpvkcn/"Gzenwfgf+
3. Missing Document, photo of the utility vehicle.
4. UTV Data Record Sheet.
5. Contact Information.

AGENCY ID
GA1170000

PUBLIC COPY
ORIGINAL REPORT

CASE NUMBER

Statute	INCIDENT TYPE	CNT	GOC UCR CODE	UCR DESCRIPTION
	PRIVATE PROPERTY ACCIDENT W/FATALITY	1	9999	NOT REPORTED:NOT INCLUDED WITH UCR
	DEATH INVESTIGATION	1	9999	NOT REPORTED:NOT INCLUDED WITH UCR

LOCATION DESCRIPTION AND ADDRESS	ZONE	PREMISE TYPE
EATONTON, GA 31024		HIGHWAY CONVENIENCE STORE COMMERCIAL SCHOOL/CAMPUS
INCIDENT DATE TIME DATE TIME	STRANGER TO STRANGER	SYG STATION BANK RESIDENCE ALL OTHERS
05/24/2013 1715 TO 05/25/2013 1310	YES NO <input checked="" type="checkbox"/> UNK	WEAPON TYPE
DAY OF THE WEEK (INCIDENT)	DISCOVERED BY	WEATHER CONDITIONS
SUN MON TUE WED THU <input checked="" type="checkbox"/> FRI SAT UNK	Officer On Patrol Reporting Party Private Security Alarm <input checked="" type="checkbox"/> Complainant	GUN KNIFE HANDS/FISTS, ETC. OTHER UNKNOWN

PROPERTY TOTALS	01 - VEHICLES	02 - CURRENCY, NOTES, ETC	03 - JEWELRY, PREC METALS	04 - FURS	THEFT / RECV	GOVT PROP
	STOLEN RECOVERED					
	05 - CLOTHING	06 - OFFICE EQUIP.	07 - TV, RADIO, ETC.	08 - HOUSEHOLD GOODS		
	STOLEN RECOVERED					
	09 - FIREARMS	10 - CONSUMABLE GOODS	11 - LIVESTOCK	12 - OTHER	TOTALS	THEFT DATE
	STOLEN RECOVERED					RECOVERY DATE

DID INVESTIGATION INDICATE THAT THIS INCIDENT WAS DRUG-RELATED? IF YES, PLEASE INDICATE THE TYPE OF DRUG(S) USED BY OFFENDER	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DID INVESTIGATION INDICATE THAT INCIDENT WAS GANG RELATED?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DRUG 1	DRUG 2	DRUG 3	DRUG 4
DRUG 5	DRUG 6	DRUG 7	DRUG 8
DRUG 9	DRUG 10	NAME OF GANG:	

OCA	ENTRY	CANCEL	CLEARANCE	CASE STATUS						
PERSON	WARRANT	VEHICLE	ARTICLE	BOAT	GUN	ACTIVE <input checked="" type="checkbox"/>	CLEARED BY ARREST <input type="checkbox"/>	EX CLEARED <input type="checkbox"/>	UNFOUNDED <input type="checkbox"/>	INACTIVE <input type="checkbox"/>

ARREST AT OR NEAR OFFENSE SCENE	YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL NUMBER ARRESTED	DATE OF REPORT	ADULT	JUVENILE
EVIDENCE COLLECTED?	PHOTOS TAKEN?	FOLLOW UP - PATROL?	05/25/2013		
PRINTS TAKEN?	COMPLAINT UNFOUNDED?	FOLLOW UP - DETECTIVES		CLEARANCE DATE	CASE STATUS
BIO/DNA EVIDENCE?	WILLING TO PROSECUTE?	RESPONSE CODE			ACTIVE
REPORTING OFFICER	149	JEFFREY DUNCAN SR	REVIEWED BY		
APPROVING OFFICER	146	ANTHONY FRAZIER JR	REVIEWED DATE		
APPROVED DATE	05/23/2013		DIVISION ASSIGNED		
			ASSIGNED DATE		
			INVESTIGATOR ASSIGNED		
			ASSIGNED DATE		

PUTNAM CO. SHERIFF'S OFFICE INCIDENT REPORT

Attachment 1 - 130605HCC2679

page 2 of 3

CASE NUMBER

AGENCY ID
GA117D000

PERSONS

COMPLAINANT VICTIM WITNESS OFFENDER PRIMARY AGGRESSOR JUVENILE RAPE VICTIM

NAME [REDACTED] TYPE [REDACTED]
 ADDRESS [REDACTED] EMP. [REDACTED]
 CITY [REDACTED] ST [REDACTED] ZIP [REDACTED] SCHOOL [REDACTED]
 EMAIL [REDACTED]
 SSN [REDACTED] RACE W HEIGHT [REDACTED] HAIR [REDACTED] PHONE [REDACTED]
 DOB [REDACTED] AGE 38 SEX M WEIGHT [REDACTED] EYES [REDACTED] CELL [REDACTED]
 MISSING DEAD/UNIDENTIFIED UNKNOWN RETURNED WANTED SUSPECT WARRANT ARRESTED

OFF. DATE/TIME [REDACTED] ARR. AGENCY [REDACTED] ORI [REDACTED]
 ARREST DATE [REDACTED] ARREST TIME [REDACTED] ARREST / AT NEAR OFFENDER TRACK NO. [REDACTED] GCIC CLASS. NO. [REDACTED]

CHARGES

PERSONS

COMPLAINANT VICTIM WITNESS OFFENDER PRIMARY AGGRESSOR JUVENILE RAPE VICTIM

NAME [REDACTED] TYPE EMPLOYEE
 ADDRESS [REDACTED] EMP. [REDACTED]
 CITY [REDACTED] ST [REDACTED] ZIP [REDACTED] SCHOOL [REDACTED]
 EMAIL [REDACTED]
 SSN [REDACTED] RACE W HEIGHT [REDACTED] HAIR [REDACTED] PHONE [REDACTED]
 DOB [REDACTED] AGE 47 SEX M WEIGHT [REDACTED] EYES [REDACTED] CELL [REDACTED]
 MISSING DEAD/UNIDENTIFIED UNKNOWN RETURNED WANTED SUSPECT WARRANT ARRESTED

OFF. DATE/TIME [REDACTED] ARR. AGENCY [REDACTED] ORI [REDACTED]
 ARREST DATE [REDACTED] ARREST TIME [REDACTED] ARREST / AT NEAR OFFENDER TRACK NO. [REDACTED] GCIC CLASS. NO. [REDACTED]

CHARGES

VEHICLES

VEHICLE Abandoned Stolen Local Recovered Local Wrecker Left at Scene
 Complainant's Stolen Foreign Recovered Foreign Driven Away Unknown
 Suspect's Offender's Victim's
 Recovery Location [REDACTED] Wrecker Service [REDACTED] Lot Name [REDACTED]

DISPOSITION Crime Lab Private Lot
 Storage Impound Lot Unknown

Year 2005 Misc. Description [REDACTED] Insured By [REDACTED] LISTED TO [REDACTED]
 Make POLARIS Body Style [REDACTED] St. [REDACTED] Policy No. [REDACTED] Last [REDACTED]
 Model RANGER License No. [REDACTED] Year [REDACTED] First [REDACTED]
 Color GRN License Type [REDACTED] Value [REDACTED] Middle [REDACTED]

PROFILE DETAILS

AGENCY ID
GA1170000

page 3 of 3
 CASE NUMBER

NARRATIVE

Seq. No. 1

Narrative Type
 NARRATIVE

Reporting Officer 3
 149 JEFFREY DUNCAN SR

Statement Date Time
 05/26/2013

On 05/25/2013 a single ATV accident was reported at [REDACTED]. The driver of the ATV, [REDACTED], died as a results of injuries sustained in the accident.

An on scene investigation showed [REDACTED] apparently lost control of the ATV while negotiating a curve.

A private property accident report was completed to document the accident (see private property accident report [REDACTED]). Photographs were taken of the scene and victim was sent to the GBI Crime Lab.

Coroner Gary McEihenney notified victim's next of kin.

Written statement was obtained from complainant.



U.S. Consumer Product Safety Commission

Task Number: 130605HCC2679

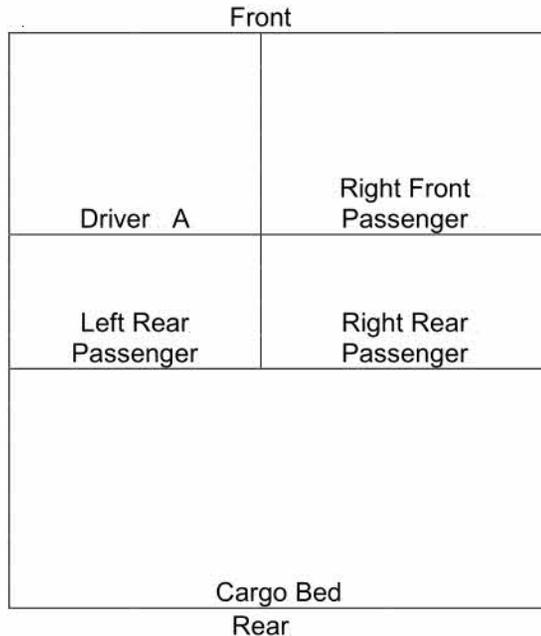
Date: 9/5/13

Status of Missing Document(s)

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

1. photo, 4-wheeled utility vehicle
2. _____
3. _____
4. _____
5. _____
6. _____

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 38	Height: 68 inches tall
	Gender: male	Weight: 250 lbs
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: killed	
	Injury Description: blunt chest injury	
	Did vehicle land on driver A: yes	
	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.

CONTACT INFORMATION:

Contacted on 8/14/13

Putnam County Sheriff
PO Box 3637
Eatonton, GA 31024
(706) 485-8557

Georgia Bureau of Investigation
PO Box 370808
Decatur, GA 30037
(404) 270-8527

This investigation was initiated from a news article. Information in this investigative report was obtained from the responding law enforcement agency and the responding coroner. Attempts to interview the owner of the involved utility vehicle were unsuccessful.

The victim is a 36-year-old male. His height and weight were not available. Alcohol is suspected to be a factor in this incident. However, at the time this report was written, the toxicology report was not available. It will be forwarded in an addendum when it is received.

On May 26, 2013, at approximately 1:15am, the victim was driving a utility vehicle on a black-top road. Reportedly he was enroute to pick up his cousin who was at another residence in the area. He was not wearing a seat belt or a helmet. No information was available on the type of seat belt located in the vehicle. No information was available on the miles/km or hours the involved vehicle had been used. No information was available on the victim's experience with the utility vehicle. (Attempts to contact the owner of the vehicle were unsuccessful.)

According to the investigating officer's report, the victim was traveling westbound on the black top road. The posted speed on the road was 35mph. The officer estimated that the utility vehicle was traveling at an estimated speed of 30mph. The victim failed to negotiate a curve in the road. The responding officer's report states, "The vehicle exited the roadway to the right traveling approximately 63 feet before reentering the roadway. After reentering the roadway, the vehicle crossed the center portion of the roadway, when the driver apparently steered to the right again. This action caused the center of gravity to change toward the left side of the vehicle and the downward pressure on the left front tire caused the tire to separate the seal of the tire from the rim. The rim dug into the pavement causing a gouge mark approximately 8.5 feet, prior to vehicle 1 exiting the roadway for a second time. Vehicle 1 entered the ditch, where the left front rim dug into the ground causing the vehicle to roll over. The driver of vehicle 1 was ejected, with the vehicle coming to rest on top of the driver. Upon my arrival, vehicle 1 was resting on the passenger side facing east. Vehicle 1 had been removed from the driver by a passing motorist. ***". A copy of the officer's report was obtained and is attached as Exhibit #2. There were no witnesses to the accident.

The victim's death was pronounced at the scene. An autopsy was not performed. A copy of the coroner's report was obtained and is attached as Exhibit #4. The victim's cause of death was a fracture of the cervical vertebrae.

PRODUCT IDENTIFICATION

TYPE: Utility vehicle

BRAND: POLARIS

MODEL NAME: RANGER 800XP

VIN: [REDACTED]

DATE MANUFACTURED: Unknown

DATE OF PURCHASE: Unknown

130606HCC3705

PLACE OF PURCHASE: Unknown

COST: Unknown

AFTER MARKET MODIFICATIONS: Unknown

ATTACHMENTS

- 1) Identity of Respondents (1 Page)
- 2) LA State Police Crash Report (5 Pages)
- 3) LA State Police Supplemental Report (1 Page)
- 4) Coroner's Report (1 Page)
- 5) Missing Document (1 Page)
- 6) Utility Vehicle Data Record Sheet (1 Page)

TOTAL NUMBER OF VEHICLES INVOLVED **1**

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT

DATE OF CRASH: 05262013 TIME (0000): 0110 DISTRICT: [] TROOP: E PAGE #: 01

PARISH: [] PARISH CODE: 13

CITY OR TOWN: [] CITY CODE: []

CRASH OCCURRED ON:
 A. INTERSTATE
 B. U.S. HWY
 C. STATE HWY
 D. PARISH ROAD
 E. CITY STREET
 F. OFF ROAD/
 PRIVATE PROPERTY
 G. TOLL ROAD

HIGHWAY #: [] MILEPOST: [] ROADWAY NAME: []

DISTANCE: 7.3 MILES FEET MILES FEET

STREET/HIGHWAY: [] AT INTERSECTION NOT AT INTERSECTION

STREET/HIGHWAY: [] AT INTERSECTION NOT AT INTERSECTION

WORK ZONE HIT & RUN
 PUBLIC PROPERTY DAMAGE PHOTOS MADE
 RR TRAIN INVOLVED FATALITY
 PED INJURY

WRITE APPROPRIATE LETTER IN BLOCK

CONTRIBUTING FACTORS AND CONDITIONS

ROAD SURFACE (ONE PER COLUMN) <input checked="" type="checkbox"/> A DRY <input type="checkbox"/> B WET <input type="checkbox"/> C SNOW/SLUSH <input type="checkbox"/> D ICE <input type="checkbox"/> E CONTAMINANT (SAND, MUD, DIRT, OIL, ETC.) <input type="checkbox"/> Y UNKNOWN	ROADWAY CONDITIONS <input checked="" type="checkbox"/> A A. NO ABNORMALITIES B. SHOULDER ABNORMALITY C. HOLES D. DEEP RUTS E. BUMPS F. LOOSE SURFACE MATERIAL G. CONSTRUCTION, REPAIR H. OVERHEAD CLEARANCE LIMITED I. CONSTRUCTION - NO WARNING J. PREVIOUS CRASH K. WATER ON ROADWAY L. ANIMAL IN ROADWAY M. OBJECT IN ROADWAY Z. OTHER	TYPE OF ROADWAY <input checked="" type="checkbox"/> B A. ONE-WAY ROAD B. TWO-WAY ROAD WITH NO PHYSICAL SEPARATION C. TWO-WAY ROAD WITH A PHYSICAL SEPARATION D. TWO-WAY ROAD WITH A PHYSICAL BARRIER Y. UNKNOWN Z. OTHER	ALIGNMENT <input checked="" type="checkbox"/> F A. STRAIGHT-LEVEL B. STRAIGHT-LEVEL ELEVATED C. CURVE-LEVEL D. CURVE-LEVEL ELEVATED E. ON GRADE-STRAIGHT F. ON GRADE-CURVE G. HILLCREST-STRAIGHT H. HILLCREST-CURVE I. DIP HUMP-STRAIGHT J. DIP HUMP-CURVE Y. UNKNOWN Z. OTHER	PRIMARY FACTOR <input checked="" type="checkbox"/> A SECONDARY FACTOR <input checked="" type="checkbox"/> B A. VIOLATIONS B. MOVEMENT PRIOR TO CRASH C. VISION OBSCUREMENTS D. CONDITION OF DRIVER E. VEHICLE CONDITIONS F. ROAD SURFACE G. ROADWAY CONDITION H. LIGHTING I. WEATHER J. TRAFFIC CONTROL K. KIND OF LOCATION L. CONDITION OF PEDESTRIAN M. PEDESTRIAN ACTIONS
WEATHER <input checked="" type="checkbox"/> A A. CLEAR B. CLOUDY C. RAIN D. FOG/SMOKE E. SLEET/HAIR F. SNOW G. SEVERE CROSSWIND H. BLOWING SAND, SOIL, DIRT, SNOW Y. UNKNOWN Z. OTHER	KIND OF LOCATION <input checked="" type="checkbox"/> E A. MANUFACTURING OR INDUSTRIAL B. BUSINESS CONTINUOUS C. BUSINESS, MIXED RESIDENTIAL D. RESIDENTIAL DISTRICT E. RESIDENTIAL SCATTERED F. SCHOOL OR PLAYGROUND G. OPEN COUNTRY Z. OTHER	RELATION TO ROADWAY <input checked="" type="checkbox"/> E A. ON ROADWAY B. SHOULDER C. MEDIAN D. BEYOND SHOULDER - LEFT E. BEYOND SHOULDER - RIGHT F. BEYOND RIGHT OF WAY G. GORE Y. UNKNOWN Z. OTHER	ACCESS CONTROL <input checked="" type="checkbox"/> A A. NO CONTROL (UNLIMITED ACCESS TO ROADWAY) B. PARTIAL CONTROL LIMITED ACCESS TO ROADWAY C. FULL CONTROL (ONLY RAMP ENTRANCE & EXIT) Y. UNKNOWN Z. OTHER	LIGHTING <input checked="" type="checkbox"/> B A. DAYLIGHT B. DARK - NO STREET LIGHTS C. DARK - CONTINUOUS STREET LIGHT D. DARK - STREET LIGHT AT INTERSECTION ONLY E. DUSK F. DAWN Y. UNKNOWN Z. OTHER

VEHICLE CONFIGURATION							CARGO BODY TYPE			
A PASSENGER CAR	D A, B, C, OR S WITH TRAILER	G OFF-ROAD VEHICLE	J BUS W/SEATS FOR 9-15 OCCUPANTS	M SINGLE UNIT TRUCK W/ 3 AXLES OR MORE	Q TRACTOR SEMI-TRAILER	T FARM EQUIPMENT	A BUS	D FLATBED	G AUTO TRANSPORTER	J HOPPER
B LT. TRUCK (P.U., ETC.)	E MOTORCYCLE	H EMERGENCY VEHICLE IN USE	K BUS W/SEATS FOR 16 OR MORE OCC.	N TRUCK/TRAILER	R TRUCK DOUBLE	V MOTOR HOME	B VAN/ENCLOSED BOX	E DUMP TRUCK/TRAILER	H LOG TRUCK/TRAILER	K POLE TRAILER
C VAN	F PEDALCYCLE	I SCHOOL BUS	L SINGLE UNIT TRUCK W/ 2 AXLES	P TRUCK/TRACTOR	S SUV	Z OTHER	C CARGO TANK	F CONCRETE MIXER	I GARBAGE/REFUSE	X NO CARGO BODY
										Z OTHER

EMERGENCY SERVICES AMBULANCE 0119 0151 0245

AMBULANCE SERVICE: Northeast Ambulance

RESCUE UNIT []

FIRE DEPARTMENT []

INVESTIGATING AGENCY: LADPS

NAME OF AGENCY: []

TIME OF NOTIFICATION: 0115

TIME OF ARRIVAL: 0138

TIME ALL LANES OPENED: 0110

INVESTIGATION COMPLETE: Y

INVESTIGATING POLICE AGENCY: A

DATE REPORT COMPLETED: 05262013

Justin Green *SGT Justin T. Green 1574*

INVESTIGATING OFFICER'S NAME (PRINT): Justin Green

BADGE #: 1574

SUPERVISOR'S INITIALS OR BADGE#: jeevans2

COMPUTER NUMBER

STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
VEHICLE/PEDESTRIAN

1 VEH # OR PEDESTRIAN

PAGE # 2

CONF G CARGO BODY TYPE X see page 1 for selections YEAR 2010 MAKE POLARIS MODEL RANGER # DOORS 2 # AXLES 2 # TIRES 4

V.I.N. [REDACTED] VEHICLE TOWED B A. YES B. NO C. LEFT AT SCENE REMOVED BY OWNER

LICENSE PLATE 2013 LA [REDACTED] TYPE OFF ROAD GVWR/GCWR [REDACTED] REASON TOWED A. VEHICLE DAMAGE B. DRIVER ARRESTED C. INSURANCE VIOLATION Z. OTHER

TRAILER DESCRIPTION [REDACTED] LICENSE PLATE [REDACTED]

VEHICLE CLASSIFICATION COMMERCIAL/BUSINESS VEHICLE GOVERNMENT VEHICLE PERSONAL VEHICLE X

COMPLETE INFORMATION BELOW IF THIS VEHICLE IS BEING USED FOR COMMERCE/BUSINESS, & HAS A GVWR/GCWR IN EXCESS OF 10,000 LBS., OR HAS A HAZMAT PLACARD, OR IS A BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER. US DOT # _____

CARRIER NAME _____ MC/MX ("ICC") # _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

INTERSTATE CARRIER Y/ N TRANSPORTING HAZARDOUS MATERIAL Y/ N CLASS _____ ID# _____ PLACARDS DISPLAYED Y/ N HAZ MAT RELEASED Y/ N

NAME (LAST, FIRST, MI) OF DRIVER PEDESTRIAN [REDACTED]

DATE OF BIRTH [REDACTED]

POS- TION	EJEC- TION	TRAP- EXTRI- CATED	AIR BAG	OC- CUP- PROT SYS	SEX	RACE	AGE	INJURY

STREET ADDRESS [REDACTED] TELEPHONE # [REDACTED]
CITY [REDACTED] STATE LA ZIP 71342

STATE LA CLASS E ENDORSEMENTS [REDACTED] DRIVER'S LICENSE NUMBER [REDACTED] INSTRUCTED TO EXCHANGE INFORMATION? Y/ N NAME OF FACILITY _____

TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN B

PEDESTRIAN ONLY UPPER BODY CLOTHING LIGHT DARK LOWER BODY CLOTHING LIGHT DARK SEX RACE AGE INJURY CODE

OWNER'S NAME (LAST, FIRST, MI OR COMPANY NAME) Same as Driver [REDACTED] TELEPHONE # [REDACTED]

STREET ADDRESS [REDACTED] CITY [REDACTED] STATE LA ZIP 71334

INSURANCE CO. NAME _____ (NOT AGENCY NAME) POLICY NUMBER _____ EXPIRATION DATE _____

AGENT'S NAME/ADDRESS _____ PHONE # _____

OCCUPANT'S NAME (LAST, FIRST, MI) [REDACTED]

POS- TION	EJEC- TION	TRAP- EXTRI- CATED	AIR BAG	OC- CUP- PROT SYS	SEX	RACE	AGE	INJURY

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN

NAME OF FACILITY _____

OCCUPANT'S NAME (LAST, FIRST, MI) [REDACTED]

POS- TION	EJEC- TION	TRAP- EXTRI- CATED	AIR BAG	OC- CUP- PROT SYS	SEX	RACE	AGE	INJURY

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ TRANSPORTED TO MEDICAL FACILITY A. YES C. REFUSED AID B. NO Y. UNKNOWN

NAME OF FACILITY _____

CODES					
SEATING POSITION	EJECTION	TRAPPED OR EXTRICATED	AIRBAG	OCCUPANT PROTECTION SYSTEM USED	INJURY
A - FRONT SEAT-LEFT SIDE (MOTORCYCLE DRIVER)	J - SLEEPER SECTION OF CAB (TRUCK)	A - NOT TRAPPED	A - DEPLOYED	A - NONE USED-VEHICLE OCCUPANT	A - FATAL
B - FRONT SEAT-MIDDLE	K - PASSENGER IN OTHER ENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	B - TOTALLY EJECTED	B - NON DEPLOYED	B - SHOULDER BELT ONLY USED	B - INCAPACITATING/SEVERE
C - FRONT SEAT-RIGHT SIDE	L - PASSENGER IN OTHER UNENCLOSED PASSENGER OR CARGO AREA (NON-TRAILING UNIT)	C - PARTIALLY EJECTED	C - NON-DEPLOYED/SWITCH OFF	C - LAP BELT ONLY USED	C - NON-INCAPACITATING/MODERATE
D - SECOND SEAT-LEFT SIDE (MOTORCYCLE PASSENGER)	M - PASSENGER ON TRAIN OR STREETCAR	Y - UNKNOWN	D - NOT APPLICABLE	D - SHOULDER AND LAP BELT USED	D - POSSIBLE/COMPLAINT
E - SECOND SEAT-MIDDLE	N - TRAILING UNIT		Y - UNKNOWN	E - CHILD SAFETY SEAT IMPROPERLY USED	E - NO INJURY
F - SECOND SEAT-RIGHT SIDE	O - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)			F - CHILD SAFETY SEAT USED	
G - THIRD ROW-LEFT SIDE (MOTORCYCLE PASSENGER)	Y - UNKNOWN			G - HELMET USED	
H - THIRD ROW-MIDDLE				Y - RESTRAINT USE UNKNOWN	
I - THIRD ROW-RIGHT SIDE					

WRITE APPROPRIATE LETTER IN BLOCK

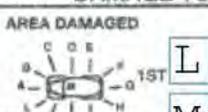
CONTRIBUTING FACTORS AND CONDITIONS

Veh # 1

<p>VISION OBSCUREMENTS N</p> <p>A. RAIN, SNOW, ETC. ON WINDSHIELD B. WINDSHIELD OTHERWISE OBSCURED C. VISION OBSCURED BY LOAD D. TREES, BUSHES, ETC. E. BUILDING F. EMBANKMENT G. SIGN BOARDS H. HILLCREST I. PARKED VEHICLES J. MOVING VEHICLES K. BLINDED BY HEADLIGHTS L. BLINDED BY SUNGLARE M. DISTRACTED BY NEON LIGHTS IN FIELD OF VIEW N. NO OBSCUREMENTS Y. UNKNOWN Z. OTHER</p>	<p>CONDITION OF DRIVER/PED Y</p> <p>A. NORMAL B. INATTENTIVE C. DISTRACTED D. ILLNESS E. FATIGUED F. APPARENTLY ASLEEP/BLACKOUT G. DRINKING ALCOHOL - IMPAIRED H. DRINKING ALCOHOL - NOT IMPAIRED I. DRUG USE - IMPAIRED J. DRUG USE - NOT IMPAIRED K. PHYSICAL IMPAIRMENT (EYES, EAR, LIMB) Y. UNKNOWN Z. OTHER</p> <p>DRIVER DISTRACTION Y</p> <p>A. CELL PHONE B. OTHER ELECTRONIC DEVICE (PAGER, PALM PILOT, NAVIGATION DEVICE, ETC.) C. OTHER INSIDE THE VEHICLE D. OTHER OUTSIDE THE VEHICLE E. NOT DISTRACTED Y. UNKNOWN</p>	<p>SEQUENCE OF EVENTS/HARMFUL EVENTS</p> <p>NON COLLISION A. OVERTURN/ROLLOVER B. FIRE/EXPLOSION C. IMMERSION D. JACKKNIFE E. CARGO/EQUIPMENT LOSS OR SHIFT F. FELL/JUMPED FROM MOTOR VEHICLE G. THROWN OR FALLING OBJECT H. EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC.) I. SEPARATION OF UNITS IN TRANSPORT J. RAN OFF ROAD RIGHT K. RAN OFF ROAD LEFT L. CROSSED MEDIAN/CENTERLINE M. DOWNHILL RUNAWAY N. OTHER NON-COLLISION</p> <p>COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT O. PEDESTRIAN P. PEDALCYCLE Q. RAILWAY VEHICLE (TRAIN, ENGINE) R. ANIMAL</p> <p>COLLISION WITH FIXED OBJECT S. MOTOR VEHICLE IN TRANSPORT T. PARKED MOTOR VEHICLE U. STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY MOTOR VEHICLE V. WORK ZONE/MAINTENANCE EQUIPMENT W. OTHER NON-FIXED OBJECT</p> <p>COLLISION WITH FIXED OBJECT X. IMPACT ATTENUATOR/CRASH CUSHION Y. BRIDGE OVERHEAD STRUCTURE Z. BRIDGE PIER OR SUPPORT AA. BRIDGE RAIL BB. CULVERT CC. CURB DD. DITCH EE. EMBANKMENT FF. GUARDRAIL FACE GG. GUARDRAIL END HH. CONCRETE TRAFFIC BARRIER II. OTHER TRAFFIC BARRIER JJ. TREE (STANDING) KK. UTILITY POLE/LIGHT SUPPORT</p> <p>LL. TRAFFIC SIGN SUPPORT MM. TRAFFIC SIGNAL SUPPORT NN. OTHER POST, POLE, OR SUPPORT OO. FENCE PP. MAILBOX QQ. OTHER FIXED OBJECT (WALL, BUILDING, TUNNEL, ETC.) YY. UNKNOWN</p> <p>1st J 2nd L 3rd J 4th A</p> <p>MOST HARMFUL EVENT A</p>
<p>VIOLATION S</p> <p>A. EXCEEDING STATED SPEED LIMIT B. EXCEEDING SAFE SPEED LIMIT C. FAILURE TO YIELD D. FOLLOWING TOO CLOSELY E. DRIVING LEFT OF CENTER F. CUTTING IN, IMPROPER PASSING G. FAILURE TO SIGNAL H. MADE WIDE RIGHT TURN I. CUT CORNER ON LEFT TURN J. TURNED FROM WRONG LANE K. OTHER IMPROPER TURNING L. DISREGARDED TRAFFIC CONTROL M. IMPROPER STARTING N. IMPROPER PARKING O. FAILED TO SET OUT FLAGS, FLARES P. FAILED TO DIM HEADLIGHTS Q. VEHICLE CONDITION R. DRIVER CONDITION S. CARELESS OPERATION T. IMPROPER BACKING U. NO VIOLATIONS Y. UNKNOWN Z. OTHER</p>	<p>REASON FOR MOVEMENT L</p> <p>A. TO AVOID OTHER VEHICLE B. TO AVOID PEDESTRIAN C. TO AVOID ANIMAL D. TO AVOID OTHER OBJECT E. PASSING F. VEHICLE OUT OF CONTROL, NOT PASSING G. VEHICLE OUT OF CONTROL, PASSING H. FOR TRAFFIC CONTROL I. DUE TO CONGESTION J. DUE TO PRIOR CRASH (COLLISION) K. DUE TO DRIVER CONDITION L. DUE TO DRIVER VIOLATION M. DUE TO VEHICLE CONDITION (FAILURE) N. DUE TO PAVEMENT CONDITION O. HIGH WIND P. NORMAL MOVEMENT Y. UNKNOWN Z. OTHER</p>	<p>MOVEMENT PRIOR TO CRASH G</p> <p>A. STOPPED B. PROCEEDING STRAIGHT AHEAD C. TRAVELING WRONG WAY D. BACKING E. CROSSED MEDIAN INTO OPPOSING LANE F. CROSSED CENTER LINE INTO OPPOSING LANE G. RAN OFF ROAD (NOT WHILE MAKING TURN AT INTERSECTION) H. CHANGING LANES ON MULTI-LANE ROAD I. MAKING LEFT TURN J. MAKING RIGHT TURN</p> <p>K. STOPPED PREPARING TO, OR MAKING U-TURN L. MAKING TURN, DIRECTION UNKNOWN M. STOPPED, PREPARING TO TURN LEFT N. STOPPED, PREPARING TO TURN RIGHT O. SLOWING TO MAKE LEFT TURN P. SLOWING TO MAKE RIGHT TURN Q. SLOWING TO STOP R. PROPERLY PARKED S. PARKING MANEUVER</p> <p>T. ENTERING TRAFFIC FROM SHOULDER U. ENTERING TRAFFIC FROM MEDIAN V. ENTERING TRAFFIC FROM PARKING LANE W. ENTERING TRAFFIC FROM PRIVATE LANE OR DRIVEWAY X. ENTERING FREEWAY FROM ON RAMP Y. LEAVING FREEWAY VIA OFF RAMP Z. OTHER OR UNKNOWN</p>
<p>TRAFFIC CONTROL V</p> <p>A. STOP SIGN B. YIELD SIGN C. RED SIGNAL ON D. YELLOW SIGNAL ON E. GREEN SIGNAL ON F. GREEN TURN ARROW ON G. RIGHT TURN ON RED H. LIGHT PHASE UNKNOWN I. FLASHING YELLOW J. FLASHING RED K. OFFICER, FLAGMAN L. RR CROSSING, SIGN M. RR CROSSING, SIGNAL N. RR CROSSING, NO CONTROL O. WARNING SIGN (SCHOOL, ETC.) P. SCHOOL FLASHING SPEED SIGN Q. YELLOW NO PASSING LINE R. WHITE DASHED LINE S. YELLOW DASHED LINE T. BIKE LANE U. CROSSWALK V. NO CONTROL Y. UNKNOWN Z. OTHER</p>	<p>PEDESTRIAN ACTIONS </p> <p>A. CROSSING, ENTERING ROAD AT INTERSECTION B. CROSSING, ENTERING ROAD NOT AT INTERSECTION C. WALKING IN ROAD - WITH TRAFFIC D. WALKING IN ROAD - AGAINST TRAFFIC E. SLEEPING IN ROADWAY F. STANDING IN ROADWAY G. GETTING ON OR OFF OTHER VEHICLE H. PUSHING, WORKING ON VEHICLE IN ROAD I. OTHER WORKING IN ROADWAY J. PLAYING IN ROADWAY K. NOT IN ROADWAY Y. UNKNOWN Z. OTHER</p>	<p>VEHICLE CONDITION K</p> <p>A. DEFECTIVE BRAKES B. DEFECTIVE HEADLIGHTS C. DEFECTIVE REAR LIGHTS D. DEFECTIVE SIGNAL LIGHTS E. ALL LIGHTS OUT F. DEFECTIVE STEERING G. TIRE FAILURE H. WORN OR SMOOTH TIRES I. ENGINE FAILURE J. DEFECTIVE SUSPENSION K. NO DEFECTS OBSERVED Y. UNKNOWN Z. OTHER</p> <p>VEHICLE LIGHTING A</p> <p>A. HEADLIGHTS ON B. HEADLIGHTS OFF C. DAYTIME RUNNING LIGHTS Y. UNKNOWN</p> <p>TRAFFIC CONTROL CONDITIONS E</p> <p>A. CONTROLS FUNCTIONING B. CONTROLS NOT FUNCTIONING C. CONTROLS OBSCURED D. LANE MARKING UNCLEAR OR DEFECTIVE E. NO CONTROLS Y. UNKNOWN</p>
		<p>ALCOHOL/DRUG INVOLVEMENT B</p> <p>ALCOHOL/DRUGS SUSPECTED B</p> <p>A. NEITHER ALCOHOL NOR DRUGS B. YES-ALCOHOL C. YES-DRUGS D. YES-ALCOHOL AND DRUGS Y. UNKNOWN</p> <p>ALCOHOL C</p> <p>A. TEST REFUSED B. NO TEST GIVEN C. TEST GIVEN, RESULTS PENDING % D. TEST GIVEN, BAC %</p> <p>DRUGS A</p> <p>A. TEST NOT GIVEN B. TEST GIVEN, RESULTS PENDING C. TEST REFUSED D. DRUGS REPORTED (SPECIFY IN NARRATIVE)</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">AFFIX BLOOD ALCOHOL KIT LABEL HERE [REDACTED] (OR ENTER BLOOD ALCOHOL KIT NUMBER)</p>

DIRECTION BEFORE CRASH		FINAL LOCATION OF VEHICLES	DISTANCE TRAVELED AFTER IMPACT	SPEED		SKIDMARK DATA (FEET)			
HEADED	ON HIGHWAY, STREET OR DRIVE			EST.	POSTED	FR	FL	RR	RL
[REDACTED]	[REDACTED]	OFF ROADWAY	10	30	35	000	0000	0000	0000

DAMAGE TO VEHICLE

AREA DAMAGED	EXTENT OF DEFORMITY
 <p>1ST L 2ND M 3RD </p>	<p>A- NONE B- VERY MINOR C- MINOR D- MINOR/MODERATE E- MODERATE F- MODERATE/SEVERE G- SEVERE H- VERY SEVERE Y- UNKNOWN</p> <p>1ST D 2ND D 3RD </p>

CITATIONS

NOTICE OF INSURANCE VIOLATION

JTG
INVESTIGATING OFFICER'S INITIALS

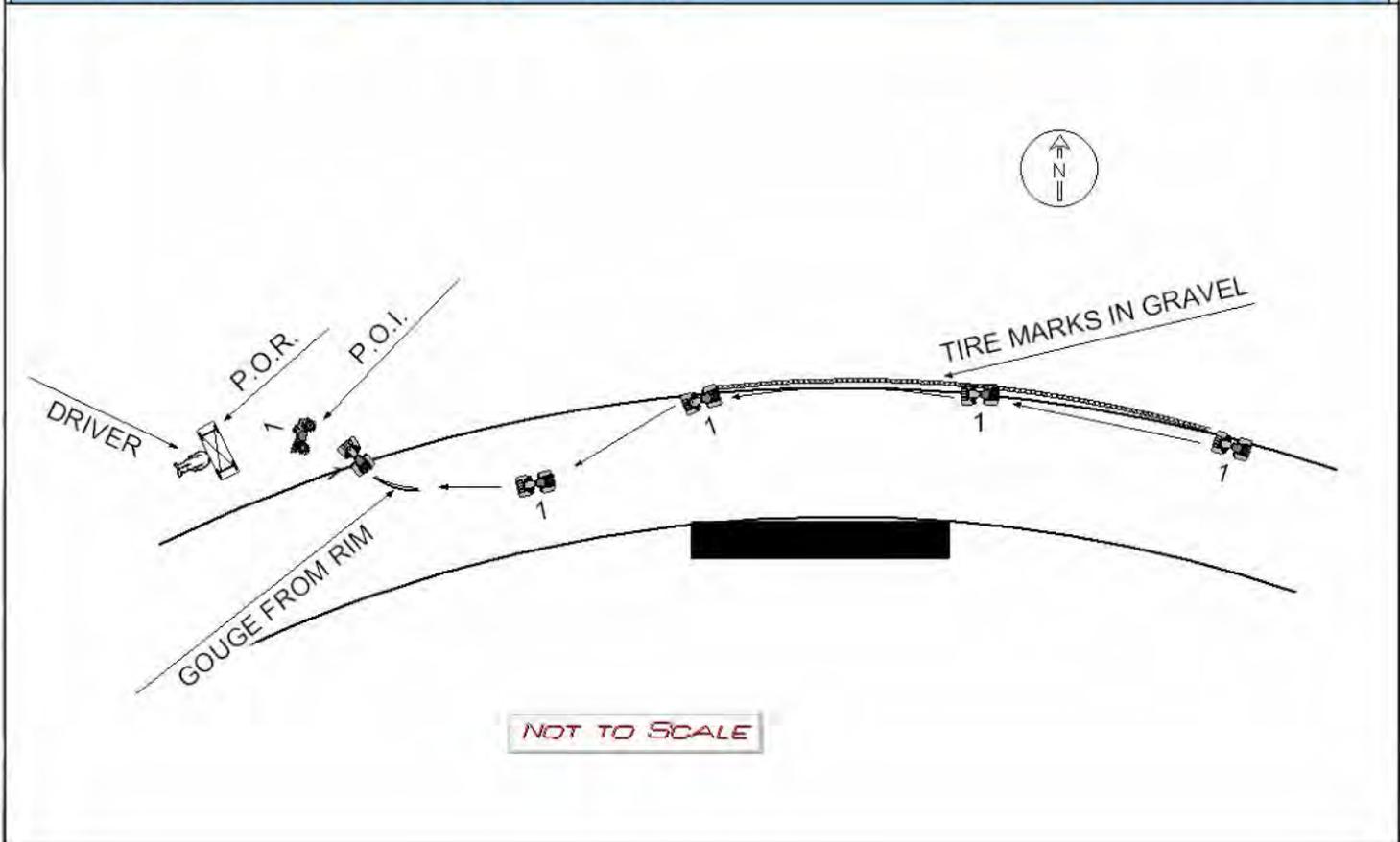
OFFICER'S NARRATIVE: DESCRIBE ANY UNUSUAL CIRCUMSTANCES ASSOCIATED WITH CRASH, INCLUDING OFFICER'S OBSERVATIONS AND OPINIONS. INCLUDE WITNESS NAMES, ADDRESSES, PHONE NUMBERS, ETC.

IF NECESSARY, INDICATE DAMAGE TO PUBLIC OR PRIVATE PROPERTY (WITH OWNER'S NAME & ADDRESS) AT THE END OF THE NARRATIVE.

REFER TO EACH BY VEHICLE NUMBER # [REDACTED]

[SEE NARRATIVE PAGE]

NON-COLLISION WITH MOTOR VEHICLE A	REAR END B	HEAD-ON C	RIGHT ANGLE D	LEFT TURN E	LEFT TURN F	LEFT TURN G	MANNER OF COLLISION A
RIGHT TURN H	RIGHT TURN I	SIDESWIPE SAME J	SIDESWIPE OPPOSITE K	OTHER Z			



Narrative for [REDACTED]

Page: 5

Vehicle 1 was westbound on [REDACTED] Road when the driver failed to negotiate a curve. The vehicle exited the roadway to the right traveling approximately 63 feet before reentering the roadway. After reentering the roadway, the vehicle crossed the center portion of the roadway, when the driver apparently steered to the right again. This action caused the center of gravity to change toward the left side of the vehicle and the downward pressure on the left front tire caused the tire to separate the seal of the tire from the rim. The rim dug into the pavement causing a gouge mark approximately 8.5 feet, prior to vehicle 1 exiting the roadway for a second time. Vehicle 1 entered into the ditch, where the left front rim dug into the ground causing the vehicle to roll over. The driver of vehicle 1 was ejected, with the vehicle coming to rest on top of the driver. Upon my arrival, vehicle 1 was resting on the passenger side facing east. Vehicle 1 had been removed from the driver by a passing motorist.

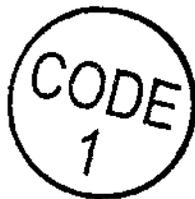
Northeast Ambulance service arrived on scene a short time later and confirmed there were no vital signs on the driver. Catahoula Parish Coroner Raymond Rouse arrived on scene at 0151 hours and pronounced driver 1 deceased. Driver 1 was identified as [REDACTED] of [REDACTED]. Northeast Ambulance transported driver 1 to [REDACTED] Funeral Home in Jonesville, La, where a blood sample was secured. [REDACTED] (EMT) secured the sample at 0348 hours and released the sample to Lieutenant Roy W McDonald. McDonald witnessed the drawing of the blood sample. The blood sample was later transported to the North Louisiana Crime Lab in Alexandria, La for analysis.

I spoke with [REDACTED], of [REDACTED], [REDACTED], who was on scene upon my arrival. She identified herself as the driver's aunt and next of kin. [REDACTED] later made contact with the rest of the driver 1's family by phone and notified them of his death. The driver's wife [REDACTED] and the driver's father [REDACTED] were both notified by [REDACTED].

[REDACTED] Road is a blacktop parish roadway with no center line. The roadway has unimproved shoulders with no visible drop off at the edge of the roadway. The width of the roadway where vehicle 1 originally exited the roadway and reentered the roadway was approximately 11 feet. The width of the roadway where vehicle 1 exited the roadway the second time was approximately 10 feet. The posted speed limit for this roadway was 35 mile per hour.

[REDACTED]									
------------	--	--	--	--	--	--	--	--	--

06



STATE OF LOUISIANA
UNIFORM MOTOR VEHICLE TRAFFIC CRASH REPORT
TIRE INFORMATION SUPPLEMENTAL

VEHICLE # <u>1</u>	TREAD DEPTH	AIR PRESSURE	COMMENTS
1.) Left Front:	<u>25 32nds</u>	<u>0 PSI</u>	<u>FLAT FROM CRASH</u>
2.) Right Front:	<u>23 32nds</u>	<u>0 PSI</u>	<u>FLAT FROM CRASH</u>
3.) Right Rear:	<u>21 32nds</u>	<u>Less than 10 psi</u>	<u>Gauge starts at 10 psi, would not register</u>
4.) Left Rear:	<u>22 32nds</u>	<u>Less than 10 psi</u>	<u>Gauge starts at 10 psi, would not register</u>

VEHICLE # _____	TREAD DEPTH	AIR PRESSURE	COMMENTS
1.) Left Front:	_____	_____	_____
2.) Right Front:	_____	_____	_____
3.) Right Rear:	_____	_____	_____
4.) Left Rear:	_____	_____	_____

INFORMATION OBTAINED BY: M/T JUSTIN T. GREEN

INVESTIGATING OFFICER'S INITIALS JTG

Task No. 130606HCC3705

Date: July 17, 2013

STATUS OF MISSING DOCUMENT (S)

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

1. Toxicology Report

2. _____

3. _____

4. _____

5. _____

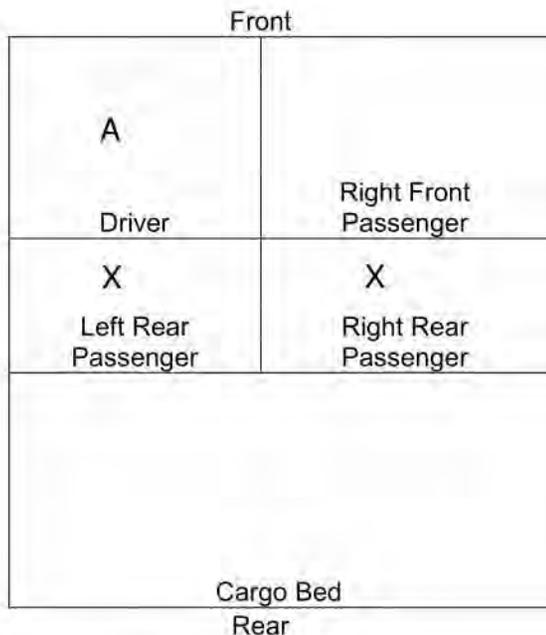
Date: 07/17/2013 **Investigator No:** 9096

Regional office: 8400 **Supervisor No:** 8631

Utility Vehicle Data Record Sheet

IDI #: 130606HCC3705

Exhibit #: 6



The Utility Vehicle

A:	Age: 36	Height: Unknown
	Gender: Male	Weight: Unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Cervical Fracture	
	Did vehicle land on victim: Yes	
	Ejected (Either partially or fully): Fully	

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

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

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

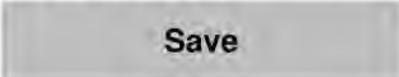
E:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

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

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

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

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



130612HCC2686

This investigation was initiated through a news article in which it was reported that two 26 year old adults were injured and a 3 year old child died as a result of injuries sustained in a utility vehicle (UTV) accident. Information for this report was obtained from the police report. The coroner's report was requested for this investigation, but it had not been completed and could not be obtained. Attempts to reach the victim's family were unsuccessful.

On June 1, 2013, law enforcement officials responded to the scene of a fatal collision involving a single utility vehicle. According to interviews conducted by the police, the victim's father was driving the UTV, his mother was in the passenger seat, and the victim was seated on his father's lap. The victim was reportedly operating the steering wheel and his father was operating the foot controls. The UTV began to travel off the right side of the road, and either the victim or his father overcorrected the steering to the left, which sent the vehicle sliding out of control in a counterclockwise direction. The vehicle overturned, ejecting all of the occupants, and when the vehicle landed, the roll bar was across the victim's chest. All of the occupants were transported to the hospital, where the victim was pronounced. The severity of the adults' injuries was not known.

According to the police report, the accident happened at approximately 6:35 p.m. and it was still daylight. The weather was clear. The road was described as a two-way, undivided gravel road that was dry. The vehicle was negotiating a downhill curve when the incident occurred. None of the occupants were using any safety devices.

PRODUCT IDENTIFICATION

The product involved in this incident was a utility vehicle, manufactured by Polaris Industries. The UTV was a 2012 Polaris Ranger, white and black in color, VIN [REDACTED]. A search of the vehicle's VIN indicates that the vehicle was a RGR-12, 800XP, model #R12TH76AK.

ATTACHMENTS

1. Copy of Missouri State Highway Patrol Report.
2. Missing Document Form: Washington County Coroner's Report.
3. UTV Data Record Sheet.

MISSOURI UNIFORM CRASH REPORT

1 - GENERAL CRASH INFORMATION		AGENCY NAME AND ORI	
SPACE USED FOR BARCODE		MISSOURI STATE HIGHWAY PATROL MOMHPCC00 R3657528	

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	PROPERTY DAMAGE ONLY NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE
1	06/01/2013	1835	06/01/2013	1849	06/01/2013

CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE	
	<input checked="" type="checkbox"/> On <input type="checkbox"/> Off	<input checked="" type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	<input type="checkbox"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<input type="checkbox"/> 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	<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) <input type="checkbox"/> 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

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.

No - No commercial vehicle fields need completion.
 Yes - Go to number 2 → Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM	AVAILABLE FROM
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM	AVAILABLE FROM
NOT APPLICABLE		<input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)	
WASHINGTON	NON-CITY OR UNINCORPORATED	14	C	LAT	LONG

ON	RDWY DIR	DISTANCE FROM	LOCATION	INTERSECTING
	E	0 . 6 Miles	<input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At	RTW
SPEED LIMIT	ROAD MAINTAINED BY			SPEED LIMIT
50	<input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			NA S NA

TRAFFICWAY	ROAD ALIGNMENT	ROAD PROFILE
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Divided, Unprotected Median <input type="checkbox"/> Two-Way, Divided, Protected Median Barrier	<input type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	<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	ROAD CONDITION	WEATHER CONDITION
<input type="checkbox"/> 4-way Intersection <input type="checkbox"/> T-Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain) <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Other (Explain)	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES None

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. MoDOT County Municipality

4 - WITNESS None Identified Additional Witnesses in Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER

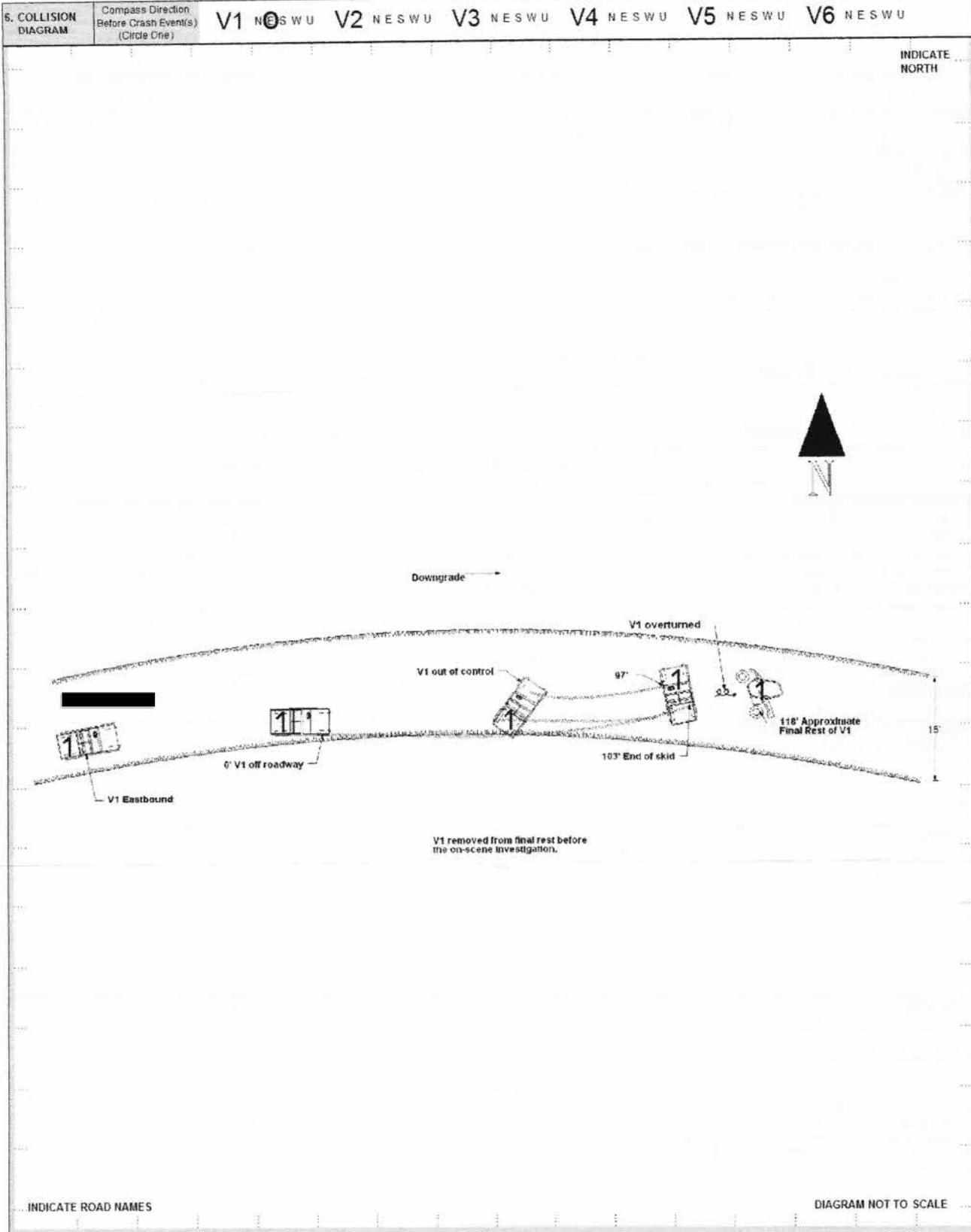
5 - PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MoDOT Worker Other Trafficway Worker Other Pedestrian

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"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown

CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO
<input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<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"/> 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	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive	<input type="checkbox"/> None <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown



Page Not Used

REPORT # [REDACTED]

PAGE 3 OF 4

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PHONE NUMBER

DRIVER LICENSE / ID NUMBER STATE LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown

DATE OF BIRTH SEX SEAT LOC INJ TRANS-PORT EJEC-TION AIR BAG SAFETY DEVICES VISION OBSTRUCTED

PROOF OF INSURANCE INSURANCE COMPANY PHONE NO. (Optional) POLICY NUMBER

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

LICENSE - PLATE NO. STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE

VEHICLE DAMAGE (Mark all damaged areas) TOWED BY INITIAL IMPACT NO.

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance

EMERGENCY VEHICLE INVOLVEMENT CONTRIBUTING TRAFFIC CONDITIONS

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES ALCOHOL USE

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES

7E. WORK ZONE TRAFFIC CONTROL CONTROL MALFUNCTIONING/ INOPERATIVE / MISSING

7F. OCCUPANTS - NAME (Last, First, MI) DATE OF BIRTH SEX SEAT LOC INJ TRANS-PORT EJEC-TION AIR BAG SAFETY DEVICES PHONE NUMBER

7G. COMMERCIAL MOTOR VEHICLE

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 - Rental Vehicle

CARGO BODY TYPE Enclosed Box Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Intermodal Container Chassis

HAZARDOUS MATERIALS PLACARD DISPLAYED 4-DIGIT NO. CLASS HM CARGO PRESENT HM CARGO RELEASED HAZARDOUS MATERIAL NAME

8 - CODES										
SEAT LOCATION		FR SR TR FC SC TC FL SL TL	INJURY	TRANSPORTED (For Medical Treatment)	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			1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	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 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	
VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (**) require additional coding)										
1. Going Straight 2. Overtaking 3. Making Right Turn 4. Right Turn on Red 5. Making Left Turn 6. Making U-Turn 7. Skidding / Sliding 8. Slowing / Stopping 9. Start In Traffic		10. Start From Parked 11. Backing 12. Stopped In Traffic 13. Parked 14. Changing Lanes 15. Avoiding 16. Cross Median 17. Cross Center Of Road 18. Cross Road		19. Airborne 20. Ran Off Roadway - Right 21. Ran Off Roadway - Left 22. Overturn / Rollover 23. Fire / Explosion 24. Immersion 25. Jackknife 26. Cargo Loss / Shift 27. Equipment Failure		28. Separation Of Units 29. Returned To Roadway 30. Collision Inv. Pedestrian 31. Collision Inv. Bicycle/Pedalcycle 32. Collision Inv. Railway Veh. 33. Collision Inv. Animal (**) 34. Collision Inv. MV in Transport 35. Collision Inv. Parked MV 36. Collision Inv. Fixed Object (**)		37. Collision Inv. Other Object (Explain) 38. Other Non-collision 39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane 40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation 41. Collision Inv. Working MV 42. Downhill Runaway 43. Fell/Jumped From MV		44. Thrown/Falling Object 45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV 46. Ran Off Roadway - Other (Explain) 47. Cross Separator
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) 21. Embankment / Driveway / Ground / Rock Bluff 22. Guardrail Face 23. Utility Pole 24. Fence 25. Street Light Support		26. Culvert 27. Highway Traffic Sign Post / Support 28. Bridge Pier / Abutment / Support 29. Curb 30. Mail Box 31. Concrete Traffic Barrier		32. Building 33. Traffic Signal Support 34. Impact Attenuator / Crash Cushion 35. Fire Hydrant 36. Other (Explain) 37. Bridge Parapet End		38. Bridge Rail 39. Guardrail End 40. Other Traffic Barrier 41. Overhead Sign Support 42. Ditch 43. Other Post / Pole / Support		44. Wall 45. Cable Barrier 46. Bridge Overhead Structure 47. Overhead Line / Cable U. Unknown		
DISTRACTED / INATTENTIVE CODES										
1. External Distraction 2. Passengers 3. Stereo / Audio / Video Equipment 4. Navigation Device		5. Communication Device - Hand-held 6. Communication Device - Hands Free 7. Communication Device - Texting / E-mailing 8. Communication Device - Web Browsing		9. Eating / Drinking 10. Reading 11. Tobacco Use 12. Grooming		13. Computer Equipment/ Electronic Games / etc. 14. Adjusting Vehicle Controls 15. Other (Explain)				
VEHICLE TYPE CODES										
1. Motor Vehicle In Transport 2. Parked Motor Vehicle		3. Working Motor Vehicle 4. Pedalcycle		5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes U. Unknown						
OTHER VEHICLE CODES										
1. Riding Mower / Garden Tractor 2. Golf Cart		3. Snowmobile 4. Forklift		5. Animal Drawn Vehicle / Animal Ridden For Transportation				6. Low Speed Vehicle 7. Other (Explain)		
9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)										
<p>NARRATIVE</p> <p>ACCORDING TO STATEMENTS TAKEN AND EVIDENCE OBTAINED, VEHICLE 1 WAS TRAVELING EASTBOUND ON [REDACTED] THE DRIVER OF VEHICLE 1, [REDACTED] WAS OPERATING THE STEERING OF VEHICLE 1 AND SEATED ON [REDACTED] LAP PASSENGER [REDACTED] WAS ALSO SITTING IN THE FRONT LEFT SEAT POSITION AND WAS OPERATING THE FOOT CONTROLS. VEHICLE 1 BEGAN TO TRAVEL OFF THE SOUTH SIDE OF [REDACTED] IT IS UNCLEAR IF PASSENGER [REDACTED] OR DRIVER AIDEN WHITEHEAD OVERCORRECTED STEERING TO THE LEFT, WHICH SENT VEHICLE 1 SLIDING OUT OF CONTROL. VEHICLE 1 SLID IN A COUNTERCLOCKWISE DIRECTION AND OVERTURNED, EJECTING ALL OCCUPANTS. VEHICLE 1 WAS REMOVED FROM FINAL REST BEFORE THE ON-SCENE INVESTIGATION.</p> <p>[REDACTED] PASSENGER OF VEHICLE 1 STATEMENT</p> <p>"I LET [REDACTED] DRIVE. HE WAS SITTING ON MY LAP. WE RAN OFF THE ROAD AND WE OVERTURNED."</p> <p>[REDACTED] WITNESS 1 STATEMENT</p> <p>"WE WERE ON OUR WAY BACK TO THE TRUCK AND SOMETHING HAPPENED. THERE WAS AN OVER CORRECTION AND THE POLARIS OVERTURNED. WHEN THE POLARIS LANDED, THE ROLL BAR WAS ACROSS [REDACTED] CHEST."</p> <p>[REDACTED] WITNESS 2 STATEMENT</p> <p>[REDACTED] WAS ON DAD'S LAP DRIVING. [REDACTED] MUST HAVE JERKED THE WHEEL."</p> <p>[REDACTED] DRIVER OF VEHICLE 1 FATALITY AND TRANSPORTATION INFO</p> <p>PRONOUNCED BY: DR. [REDACTED] AT LOCATION: WASHINGTON COUNTY MEMORIAL HOSPITAL DATE/TIME: 06/01/2013 1941 NEXT OF KIN NOTIFIED: YES DISPOSITION OF BODY: WASHINGTON COUNTY MORGUE TRANSPORTED BY: WASHINGTON COUNTY AMBULANCE DISTRICT TRANSPORTED TO: WASHINGTON COUNTY MEMORIAL HOSPITAL</p> <p>[REDACTED] PASSENGER OF VEHICLE 1 TRANSPORTATION INFO</p> <p>TRANSPORTED BY: STEELVILLE AMBULANCE DISTRICT TRANSPORTED TO: WASHINGTON COUNTY MEMORIAL HOSPITAL</p> <p>[REDACTED] PASSENGER OF VEHICLE 1 TRANSPORTATION INFO</p> <p>TRANSPORTED BY: WASHINGTON COUNTY AMBULANCE DISTRICT TRANSPORTED TO: WASHINGTON COUNTY MEMORIAL HOSPITAL</p>										
10. REPORTING AND REVIEWING OFFICER INFORMATION										
REPORTING OFFICER NAME TPR N. JANNIN				DSN / BADGE NO. 453		BEAT / ZONE 14		TROOP / DISTRICT / PRECINCT C		
REVIEWING OFFICER NAME CPL D. REED				DSN / BADGE NO. 988		REVIEWING OFFICER 2 NAME LT J. PRUIETT		DSN / BADGE NO. 95		



U.S. Consumer Product Safety Commission

Task Number: 130612HCC2686

Date: 7/25/2013

Status of Missing Document(s)

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

1. Washington County Coroner's Report.
2. _____
3. _____
4. _____
5. _____
6. _____



COPY

U.S. CONSUMER PRODUCT SAFETY COMMISSION

St. Louis Field Office

• Fax: 1-866-689-7091 •

• @cpsc.gov

June 26, 2013

Washington County Coroner's Office

301 East High St.
Potosi, MO 63664

Dear Coroner DeClue:

The U. S. Consumer Product Safety Commission is an agency of the Federal Government charged with the mandate to protect consumers from unreasonable risks of injury or death associated with products used in homes, schools and recreational areas. 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. The CPSC uses the information it gathers to determine whether or not safety standard(s) regarding consumer products are sufficient or whether they can be improved upon to potentially save lives.

We learned through a news article of a fatal ATV accident that occurred on or about **June 1, 2013** in Washington County. According to the article, **3 year old** died at Washington County Memorial Hospital as a result of injuries sustained in the accident.

We are extremely interested in product-related incidents; especially those involving ATV's.

As part of my investigation I would like to obtain a copy of your **coroner's report** and **autopsy** on the above-referenced incident. I am especially interested in any information you can provide about the ATV involved, such as year, make, model and VIN. Any information you can provide in this incident would be greatly appreciated.

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,

Product Safety Investigator



COPY

U. S. CONSUMER PRODUCT SAFETY COMMISSION

ST. LOUIS FIELD OFFICE

[REDACTED] • [REDACTED] • [REDACTED] • Fax: 1-866-689-7091 • [REDACTED]@cpsc.gov

July 15, 2013

Mr. and Mrs. [REDACTED]
[REDACTED]
Granite City, IL 62040

Dear Mr. and Mrs. [REDACTED]:

My name is [REDACTED] and I am a Product Safety Investigator with the U.S. Consumer Product Safety Commission (CPSC). CPSC is a regulatory agency of the Federal government that is tasked with protecting the public against unreasonable risks of injuries and deaths associated with consumer products. I am writing to you today in the hopes that you would be willing to speak to me regarding your recent utility vehicle accident and tragic loss. CPSC actively investigates accidents involving consumer products.

First, let me say how sorry I am to hear of the loss of your son. I cannot imagine the heart-ache you must feel. The only reason I am able to write to you today and ask for your assistance is because the information you provide may help prevent future similar occurrences.

If you are willing to speak with me, I would like to obtain any information you can provide regarding the accident, including the circumstances leading up to and surrounding the incident, as well as the manufacturer and model of the utility vehicle involved. Detailed information regarding the consumer product involved will greatly assist the CPSC in its investigation. The CPSC uses the information it gathers to determine whether or not safety standard(s) regarding consumer products are sufficient or whether they can be improved upon to potentially save lives.

Please contact me at your earliest convenience if you are willing to assist me with my investigation. I can be reached at [REDACTED] from 7:30 a.m. to 5:00 p.m., Monday through Friday. If you do not wish to speak with me regarding your loss, I understand and please accept my sincere condolences.

Sincerely,

[REDACTED]
Product Safety Investigator
U.S. Consumer Product Safety Commission

CONTACTS:

Missouri State Highway Patrol
Traffic Records Division
P.O. Box 568
Jefferson City, MP 65102
Initiated 6/26/12, Received report 7/15/13

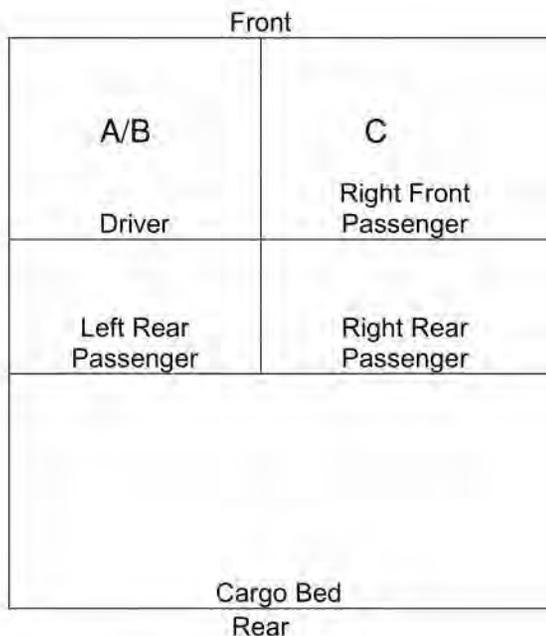
Washington County Coroner's Office
301 East High St.
Potosi, MO 63664
Tele #573-438-2105, Contacted 7/18/13

Mr. and Mrs. [REDACTED]
[REDACTED]

Utility Vehicle Data Record Sheet

IDI #: 130612HCC2686

Exhibit #: 3



The Utility Vehicle

A:	Age: 3	Height:
	Gender: M	Weight:
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: UNKNOWN	
	Did vehicle land on victim: Yes	
	Ejected (Either partially or fully): YES FULLY	

B:	Age: 26	Height:
	Gender: M	Weight:
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: INJURED	
	Injury Description: Unknown	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): Yes fully	

C:	Age: 26	Height:
	Gender: F	Weight:
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: INJURED	
	Injury Description: Unknown	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): YES 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):	

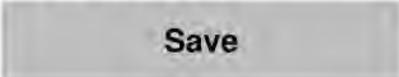
E:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

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.



130617HCC1865

The investigation of this incident was initiated as a result of a local news article. It should be noted that both the sheriff's department report and photographs (SEE: Attachment #1) and medical examiner's report (SEE: Attachment #2) were requested and obtained. The Sheriff's Department photographs are of poor quality and no others are available. This Investigator, on numerous occasions, left messages for the Sheriff's Deputy who investigated the incident. He has yet to respond.

As a result of the limited information available, the report is in abbreviated form.

The 33 year old male operator was pronounced dead at the scene of the incident. According to official documents, the victim was not wearing his seat belt nor was he wearing a protective type helmet at the time of the incident.

The product identified was a 2013 4 X 4 utility vehicle (UTV), which according to the manufacturer's specifications, was equipped with roll bars and a rear cargo box. The UTV had two bucket style seats with 3 point style seat belts. Both the passenger and driver side passenger compartment entry openings were equipped with composite style door barriers.

It is unknown if the UTV was subject to any aftermarket modifications.

At the time of the incident the 33 year old male was operating the four wheel utility type vehicle on a familiar asphalt covered state road leading to his home.

Information obtained from the documents and the media reports is as follows:

Weather conditions were cloudy, dark and dry.

The male victim had been attending a party prior to the incident. The victim's wife indicated to authorities that he had been drinking. Authorities documented alcohol as a contributing factor to this incident.

Reportedly, the victim was traveling from the party back to his home at the time of the incident. Authorities stated that the victim was attempting to make a right hand turn and lost control of the UTV. The UTV traveled off of the left side of the road and struck a tree. The UTV apparently stayed upright and spun around traveling up an embankment, at which time the victim was expelled. Officials documented that the UTV spun around again and came to rest adjacent to the victim.

It is unknown if the UTV rolled and/or turned over.

Authorities first on the scene noted the victim suffered massive head trauma. The victim was pronounced at the scene of the incident. Authorities indicated that they noted blood and tissue matter on the interior roof of the UTV relative to the head trauma the victim displayed.

There was no information regarding the victim's familiarity with the UTV, training and/or his experience of operation. There was no information indicating if the UTV's headlights were in use or not.

130617HCC1865

There is currently very minimal and/or no information available regarding the following requested UTV investigative guideline questions: #1, #2, #3, #4, #5, #8, #9, #10, #11, #13, #14, #15 and #16.

An internet search by this Investigator provided a product specification information sheet, which is listed as Attachment #3 of this document.

No further information is available at this time.

PRODUCT IDENTIFICATION:

The product was identified as a 2013 **John Deere** RSX 850i 4 X 4 utility vehicle, which according to the manufacturer's specifications, was equipped with roll bars and a rear cargo box. The UTV had two bucket style seats with 3 point style seat belts. Both the passenger and driver side passenger compartment entry openings were equipped with composite style door barriers. The VIN# is as follows; 1M0850TSJCM010867.

According to the crash report the victim was the owner of the UTV.

There was no information available regarding the place and/or date of purchase of the UTV.

No further information is available.

EXHIBITS:

Attachment #1: Sheriff's Department traffic crash report with photographs. (10)

Attachment #2: WV Medical Examiners report. (10)

Attachment #3: UTV internet advertisement specification sheet. (3)

Attachment #4: Contact Sheet (1)

Attachment #5: UTV Data Sheet (1)



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-c
Revised: 02/2007

Crash Data

130617HCC1865 Attachment #1 (page 1 of 10)

Crash Record Number

Reporting Agency's Record Number: 13-14

Page 1 of 9

of Vehicles Involved: 1 # of Non-Motorists Involved: 0 # of Fatal Injuries: 1 # of A B or C Injuries: 0

Date / Time of Crash: 5/18/2013 / 2230 Date / Time Crash Reported: 5/18/2013 / 2240 Time of Arrival: 2301

County: TUCKER Municipality or Place of Crash: GPS Coordinates: 0 0

Highway Class: Interstate US WV
 County/HARP City Street State Park / Forest Road Not Applicable Spur North East Truck Route Other
 Private Road Private Property/Off-Roadway Other Alternate Ramp South West Toll

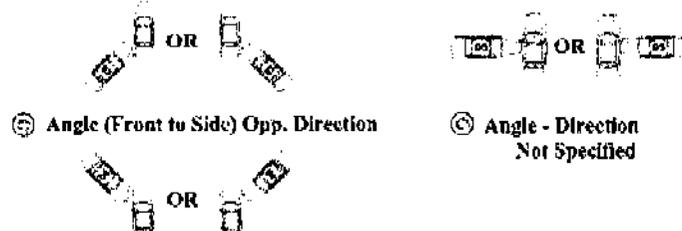
Route: 072 / Milepost: Ramp: Street:

Other Description of Location: APPROXIMATELY 1.2 MILE NORTH OF W Intersecting Street:

Relation to Junction / Junction Type:
 Non-Junction Junction, Non-Interchange Area Junction, Interchange Area
 Intersection Thru Roadway
 Intersection-Related Merge/Diverge Area
 Interstate to Interstate Intersection
 Railroad Grade Crossing #: Intersection-Related
 Median Crossover-Related Entrance / Exit Ramp
 Business or Residential Driveway/Alley Access Other Part of Interchange
 Other Non-Interchange

Intersection Type:
 4-Way Intersection
 T Intersection
 Y Intersection
 Intersection as Part of Interchange
 Traffic Circle / Roundabout
 5-Point or More

Manner of Collision:
 Single Vehicle Crash
 Rear End
 Head-On
 Sideswipe, Same Direction
 Sideswipe, Opposite Direction
 Rear-to-Side
 Rear-to-Rear
 Angle (Front to Side) Same Direction
 Angle (Front to Side) Opp. Direction
 Right Angle
 Angle - Direction Not Specified



Environmental Contributing Circumstances (Select Up to 3):
 None
 Weather Conditions
 Physical Obstruction(s)
 Glare
 Animal(s) in Roadway
Type:
 Other:

Weather (Select Up to 2):
 Clear Rain Blowing Snow Other
 Cloudy Sleet, Hail, or Freezing Rain Severe Crosswinds
 Fog, Smog, Smoke Snow Blowing Sand, Soil, Dirt

Lighting:
 Daylight Dawn
 Dark - Lighted Dusk
 Dark - Not Lighted Other

Roadway Surface Condition:
 Dry Slush Mud, Dirt, Gravel, Sand
 Wet Ice / Frost
 Snow Water (Standing / Moving)

Location of First Harmful Event:
 On Roadway Roadside In Parking Lane or Zone Outside of Right-of-Way
 Shoulder Core Off Roadway, Location Unknown
 Median Separator Unknown

Roadway Surface Type:
 Asphalt Concrete Gravel Dirt Brick Other:

First Harmful Event:
 Overturn / Rollover
 Fire / Explosion
 Immersion
 Jackknife
 Cargo / Equipment Loss or Shift
 Fell / Jumped from Motor Veh
 Thrown or Falling Object
 Other Non-Collision

COLLISION WITH:
 Pedestrian
 Pedalcycle
 Railway Vehicle
 Animal
 Motor Vehicle in Transport
 Parked Motor Vehicle
 Work Zone / Maintenance Equip
 Other Non-Fixed Object
 Impact Attenuator / Crash Cushion
 Bridge Overhead Structure
 Bridge Pier or Support
 Bridge Rail
 Culvert
 Curb
 Ditch
 Embankment
 Guardrail Face
 Guardrail End
 Cable Median Barrier
 Concrete Traffic Barrier
 Other Traffic Barrier
 Tree (Standing)
 Utility Pole/Light Support
 Traffic Sign Support
 Traffic Signal Support
 Other Post, Pole, or Support
 Fence
 Mailbox
 Other Fixed Object

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-veh
Revised: 02/2007

Vehicle Data

JUL-12-2013 13:03

From: 304+478+4819

Page: 5/22



Crash Record Number: _____ Vehicle Number: 01 Reporting Agency's Record Number: 13-14 Page 4 of 9

Vehicle Type: Motor Veh in Transport Parked Motor Veh / Trailer Working Veh / Equipment Hit and Run: No, Did Not Leave Scene Yes, Driver Left Scene Yes, Car and Driver Left Scene Driver Presence at Time of Crash: Driver Operated Vehicle Driverless Vehicle

Owner's Name(s): _____

Address: _____

City _____ State _____ Zip Code _____ Home Phone _____ Other Phone _____

Make: JOHN DEERE Model: RSX 8501 Model Year: 2013 Body Type: ALL TERRAIN VEHIC Color: GREEN Registration Status: Properly Registered Improperly Registered No Registration Required Proof of Liability Insurance: Yes No Ins. Co: _____ Policy No: _____ Exp Date: _____

VIN: 1M0850TSJCM010867 Plate Class: _____ License Plate Number: _____ State: WV Reg Year: _____

Special Function of Motor Vehicle: None Used as School Bus Used as Other Bus Police Ambulance Fire Truck Courtesy Patrol Taxi Military Used as an Emergency Vehicle: No Yes Vehicle Used as a Bus: Public School Bus Private School Bus Scheduled Service Bus Commuter Bus Shuttle Bus Modified for Personal/Private Use Four Bus Church Bus Vehicle Impact Role: Striking Struck Single Vehicle Both Ins. Agent Name or Phone: _____

Direction of Travel Before Crash: Northbound Eastbound Not on Road Southbound Westbound Unknown Applicable Speed Limit (MPH): _____ Roadway Description: Two-Way, Not Divided Two-Way, Not Divided w/ Cont. Left Turn Lane Two-Way, Divided, Unprotected Median Two-Way, Divided, with Median Barrier One-Way Roadway Total Lanes in Roadway: _____ For Undivided Highways: Count Total Lanes in Both Directions. (Excluding Designated Turn Lanes) For Divided Highways: Count Only Lanes in Direction Vehicle was Traveling Prior to Crash. 2

Traffic Control Device Type: None Person (Flagger, etc.) Traffic Control Signal Flashing Overhead Signal Stop Sign Yield Sign School Zone Signs Warning Signs Railroad Crossing Device Other Horizontal Alignment: Straight Curve Left Curve Right Vertical Alignment: Level Hillcrest Uphill Downhill Sag (Bottom) Veh Travel Speed (MPH): _____

Traffic Control Functioning Property: Yes No Underride / Override: No Underride or Override Underride, Compartment Intrusion Underride, No Compartment Intrusion Underride, Compartment Intrusion Unknown Override, Motor Vehicle in Transport Override, Other Motor Vehicle

Vehicle Maneuver / Action: Essentially Straight Ahead Backing Changing Lanes Overtaking / Passing Parked Turning Right Turning Left Making U-Turn Slowing Stopped in Traffic Leaving Traffic Lane Entering Traffic Lane Negotiating a Curve Other Crash Avoidance Maneuver: None Evident or Reported Braking - Skidmarks Evident Braking - Driver Stated Braking - Other Evidence Steering - Evidence or Stated Steering and Braking Other Contributing Circumstances, Motor Vehicle (Select up to 2): None Brakes Wipers Steering Power Train Mirrors Suspension Tires Wheels Lights (Head, Signal, Tail, etc.) Windows Truck Coupling/Trailer Hitch/Safety Chains Other

Extent of Damage: No Damage Minor Damage Functional Damage Disabling Damage GVWR or CCWR: Less Than or Equal To 10,000lbs 10,001 - 26,000lbs More Than 26,000lbs Number of Axles: 02 Total / Max Occupants of Veh: 0 1 / 0 2

Deploying Hazardous Materials Placard: No Yes Occurrence of Fire: No Fire Yes, Vehicle Caught Fire Modified Vehicle: No Yes Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: No Yes Manner, in which Vehicle was Removed from Scene: Driven Towed Due to Damage Towed Due to Driver Condition Left at Scene Towed to: NELSON'S TOWING Towed by: NELSON'S TOWING

07/12/2013 3:09PM (GMT-04:00)

Crash Record Number:

Vehicle Number: 01

Reporting Agency's Record Number: 13-14

Page 5 of 9

Crash Events:

- 01 Overturn / Rollover
- 02 Fire / Explosion
- 03 Immersion
- 04 Jackknife
- 05 Cargo/Equipment Loss or Shift
- 06 Equipment Failure
- 07 Separation of Units
- 08 Ran Off Road Right
- 09 Ran Off Road Left

- 10 Cross Median / Centerline
- 11 Downhill Runaway
- 12 Fell / Jumped from Motor Vehicle
- 13 Thrown or Falling Object
- 14 Other Non-Collision
- COLLISION WITH:
- 15 Pedestrian
- 16 Motorcycle
- 17 Railroad Vehicle
- 18 Animal

- 19 Motor Vehicle in Transport
- 20 Parked Motor Vehicle
- 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh
- 22 Work Zone / Maintenance Equip
- 23 Other Non-Fixed Object
- 24 Impact Attenuator / Crash Cushion
- 25 Bridge/Overhead Structure
- 26 Bridge Pier or Support
- 27 Bridge Rail
- 28 Culvert

- 29 Curb
- 30 Ditch
- 31 Embankment
- 32 Guardrail Face
- 33 Guardrail End
- 34 Cable Median Barrier
- 35 Concrete Barrier
- 36 Other Traffic Barrier
- 37 Tree (Standing)
- 38 Utility Pole / Light Support

- 39 Traffic Sign Support
- 40 Traffic Signal Support
- 41 Other Post, Pole, or Support
- 42 Fence
- 43 Mailbox
- 44 Other Fixed Object

Sequence of Events:
09 | 37 | 31

Most Harmful Event: 37

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

Single Unit Vehicle
 Motorcycle
 ATV
 Pass. Veh, Towing Unit
 Bus
 Tractor Trailer

13 Top
 13 Top
 13 Top
 13 Top
 13 Top

14 Undercarriage
 14 Undercarriage
 14 Undercarriage
 14 Undercarriage
 14 Undercarriage

Using the Numbers from the Diagram Above, Identify the Following:

Area of Initial Impact: 10 Most Damaged Area: 10

Number of Trailing Units: 0

Trailing Unit #1: Same as Power Unit Carrier / Owner's Name: |

Address: _____ Phone: _____

VIN	Plate Class	License Plate Number	City	State	Zip Code	Year	Make	Model	Model Year	Body Type

Trailing Unit #2: Same as Power Unit Carrier / Owner's Name: |

Address: _____ Phone: _____

VIN	Plate Class	License Plate Number	City	State	Zip Code	Year	Make	Model	Model Year	Body Type

Trailing Unit #3: Same as Power Unit Carrier / Owner's Name: |

Address: _____ Phone: _____

VIN	Plate Class	License Plate Number	City	State	Zip Code	Year	Make	Model	Model Year	Body Type

Property Damaged Other Than Vehicles:

- None
- Work Zone / Maintenance Equipment
- Impact Attenuator / Crash Cushion
- Bridge / Tunnel
- Culvert
- Guardrail
- Concrete Barrier
- Cable Median Barrier
- Other Traffic Barrier
- Utility Pole / Light Support #: _____
- Traffic Sign Support
- Traffic Signal Support
- Other Post, Pole or Support
- Fence
- Mailbox
- Other Fixed Object TREE

Damaged Property Owner(s):

- WVDOT Private
- City Utility Company
- Other: _____

Damaged Property Location:

- On Pavement
- Right Side of Road
- Left Side of Road

Driver Data

Crash Record Number: Vehicle Number (from Vehicle Data Page) 01 Page 6 of 8

Reporting Agency's Record Number: 13-14 130617HCC1865 Attachment #1 (page 6 of 10)

Driver's Name: Last First Middle Suffix

Address: Same as Vch Owner City State Zip Code

Home Phone: Other Phone:

Driving License:

License Type: Not Licensed, Driving License, Instruction Permit, GDL Level 1-3, CDL Instruction Permit, Motorcycle Instruction Permit, Motorcycle Only, CDL Class: A, B, C, Issuing State, Lic. Number, Date of Birth

License Restrictions: (Select All that Apply) None, Corrective Lenses, Mechanical Devices, Prosthetic Aid, Automatic Transmission, Outside Mirror, Limit to Daylight Only, Limit to Employment, Must Be Accompanied by Adult, Limited - Other, CDL Intrastate Only, Motor Vehicles w/o Air Brakes, Military Vehicles Only, Except Class A Bus, Except Class A and Class B Bus, Except Tractor - Trailer, Farm Waiver, Other, Endorsements: (Select Up to 5) None, T - Double/Triple Trailers, P - Passenger Vehicle, S - School Bus, N - Tank Vehicle, H - Hazardous Materials, X - Combined Tank / Haz. Materials, F - Motorcycle (WV Only), Other - Non-WV Licenses Only, Status: Valid, Expired, Suspended, Revoked, Probation, Surrendered, Valid/Interlock, Fraudulent

Driver Condition at Time of Crash:

Apparently Normal, Emotional, Ill, Fell Asleep, Fainted, Fatigued, Under the Influence of Medication/Alcohol/Drugs, Other

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

None, Ran Off Road, Failed to Yield Right of Way, Disregarded Traffic Signs, Ran Red Light, Disregarded Other Road Markings, Exceeded Posted Speed Limit, Drove Too Fast For Conditions, Improper Turn, Improper Backing, Improper Passing, Wrong Side or Wrong Way, Followed Too Closely, Failed to Keep in Proper Lane, Operated Veh in Erratic, Reckless, or Careless Manner, Operated Veh in Aggressive Manner, Swerved or Avoided, Over Correcting / Over Steering, Other Improper Action

Driver Use of Alcohol Suspected:

Alcohol Use Suspected: No, Yes, Unknown, Alcohol Test Given: Test Given, None Given, Test Refused, Type of Alcohol Test Given (Select Up to 2): Blood, Breath, Urine, Serum, Field, Other, PBT Results: Pass, Fail, BAC Results: Pending, Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected: No, Yes, Unknown, Drug Test Given: Test Given, None Given, Test Refused, Unknown if Tested, Type of Drug Test Given: Blood, DRE, Serum, Urine, Other, Drug Test Results (Check All that Apply): None, Amphetamine, Pending, Marijuana, PCP, Cocaine, Other Controlled Substance, Opiate, Other Drug

Driver Distracted By: Not Distracted, Electronic Communication Device, Other Electronic Device, Other Inside Vehicle, Other Outside Vehicle

Reporting Agency's Record Number: 13-14 130617HCC1865 Attachment #1 (page 7 of 10)

Known or Suspected Violation(s) by Driver:

No Violations

Reckless/Careless/Hit and Run Type Offenses

Negligent Homicide

Reckless Driving; Driving to Endanger; Negligent Driving

Inattentive, Careless, Improper Driving

Fleeing or Eluding Law Enforcement

Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic

Hit and Run, Failure to Stop After Accident

Serious Violation Resulting in Death

Impairment Offenses

Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit

Driving While Impaired

Driving Under Influence of Controlled Substance

Driving Under Influence of Non-Controlled Substance

Drinking While Operating

Illegal Possession of Alcohol or Drugs

Driving with Detectable Alcohol (C.D.L. or Under 21 Years of Age)

Refusal to Submit to Chemical Test

Speed Related Offenses

Failure to Maintain Control of Vehicle

Racing

Speeding (Above Speed Limit)

Speed Greater than Reasonable and Prudent

Exceeding Special Limit

Driving too Slowly

Rules of the Road - Traffic Signs and Signals

Failure to Stop for Red Signal

Failure to Stop for Flashing Red Signal

Violation of Turn on Red

Failure to Obey Flashing Signal (Yellow or Red)

Failure to Obey Signal, Generally

Violation of RR Grade Crossing Device or Regulations

Failure to Obey Stop Sign

Failure to Obey Yield Sign

Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

Unsafe or Prohibited Lane Change

Improper Use of Lane

Certain Traffic to Use Right Lane

Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

Driving Wrong Way on One-Way Road

Driving on Left, Wrong Side of Road, Generally

Improper, Unsafe Passing

Passing on Right (Drive Off of Pavement to Pass)

Passed Stopped School Bus

Failure to Give Way When Overtaken

Following Too Closely

Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

Turn in Violation of Traffic Control

Improper Method and Position of Turn

Failure to Signal for Turn or Stop

Failure to Yield to Emergency Vehicle

Failure to Yield, Generally

Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

Driving While License Suspended or Revoked

Other Driver License Restrictions

Commercial Driver Violations

Vehicle Registration Violations

Failure to Carry Insurance Card

Driving Uninsured Vehicle

Non-Moving Violations, Generally

Equipment

Lamp Violations

Brake Violations

Failure to Require Restraint Use

Motorcycle Equipment Violations

Violation of Hazardous Cargo Regulations

Size, Weight, Load Violations

Equipment Violations, Generally

Other Violations

Parking

Theft, Unauthorized Use of Motor Vehicle

Driving Where Prohibited

Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
			<input type="checkbox"/>

STATEMENT OF DRIVER:
 NO STATEMENT TAKEN DUE TO DRIVER CONDITION.



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-pas
Revised: 02/2007

Driver and Vehicle Passenger Data

Crash Record Number:

Reporting Agency's Record Number: 13-14

Page 8 of 9

130617HCC1865 Attachment #1 (page 8 of 10)

Indiv #	Name					Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Seating Position			Occupant Protection		
	Last	First	Middle Init.	Suffix	Type								Row	Seat	Other	Type Used	Proper Use	App. Helmet
01	[REDACTED]					01	01		[REDACTED]	033	M	K	1	1		01		

Occupant Type Codes:

- 01 Driver
- 02 Passenger
- 03 Occupant of Motor Veh Not in Transport
- 04 Unknown Vehicle Passenger

Injury Status Codes:

- K Killed
- O No Injury

A Incapacitating Injury

- B Non-Incapacitating Injury
- C Possible Injury

M Medical Condition

- Non-Crash Related
- Death or Injury

Type of Occupant Protection System Used Codes:

- 01 None Used
- 02 Shoulder and Lap Belt Used
- 03 Shoulder Belt Only Used
- 04 Lap Belt Only Used
- 05 Child Restraint System - Forward Facing
- 06 Child Restraint System - Rear Facing

- 07 Booster Seat
- 08 Helmet Used
- 09 Restraint Used - Type Unknown
- 10 Other
- 11 Unable to Determine - Due to Vehicle Damage

Seating Position Codes:

- | | | |
|-------------|-------------|------------------------------------|
| ROW | SEAT | OTHER |
| 1 Front | 1 Left | 1 Skipper Section of Cab |
| 2 Second | 2 Middle | 2 Other Enclosed Cargo Area |
| 3 Third | 3 Right | 3 Unenclosed Cargo Area |
| 4 Fourth | 4 Other | 4 Trailing Unit |
| 5 Other Row | 5 Unknown | 5 Riding on Motor Vehicle Exterior |
| 6 Unknown | | 6 Unknown |

Gender:

- M Male
- F Female

Proper Use of Occupant Protection:

- 01 Used Properly
- 02 Used Improperly
- 03 Unknown

DOT Approved Helmet:

- 01 Yes
- 02 No
- 03 Unknown

Indiv # from Above	Air-bag	Trapped Extricated	Ejected	Ejection Path	Medical Transport By	Responding EMS Agency ID #	EMS Response Run Number	Receiving Facility Name	Notified Time	Scene Time	Hospital Time	Date of Death	Time of Death	Place of Death
01	07	01	03	01	02							05/18/2013	2230	01

Airbag Deployed Codes:

- | | |
|--|---------------------------------------|
| DEPLOYED (This Seat): | NOT DEPLOYED (This Seat): |
| 01 Front | 05 Available, Didn't Deploy |
| 02 Side | 06 Available, Turned Off |
| 03 Other | 07 None Installed |
| 04 Multiple Directions (Front and Side) | 08 Previously Deployed - Not Replaced |
| 10 Unable to Determine - Due to Vehicle Damage | 09 Disabled or Removed |

Trapped / Extricated Codes:

- 01 Not Trapped
- 02 Trapped / Extricated
- 03 Unknown

Ejection Codes:

- 01 Not Ejected
- 02 Ejected, Partially
- 03 Ejected, Totally
- 04 Unknown

Ejection Path:

- | | | |
|---------------------------|--------------------------------------|-----------------|
| 01 Thru Side Door Opening | 05 Thru Back Door / Tailgate Opening | 08 Other Path |
| 02 Thru Side Window | 06 Thru Roof Opening | 09 Unknown Path |
| 03 Thru Windshield | 07 Thru Convertible (Top Up) Roof | |
| 04 Thru Back Window | | |

Medically Transported By:

- 01 Not Transported
- 02 EMS
- 03 Law Enforcement
- 04 Refused
- 05 Other
- 06 Unknown

Place of Victim's Death:

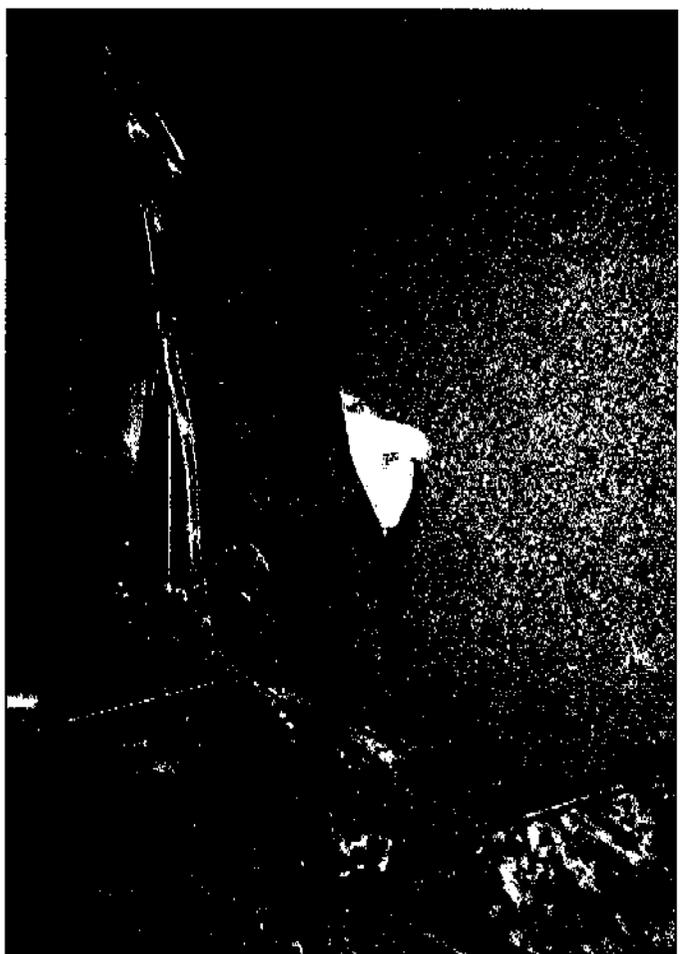
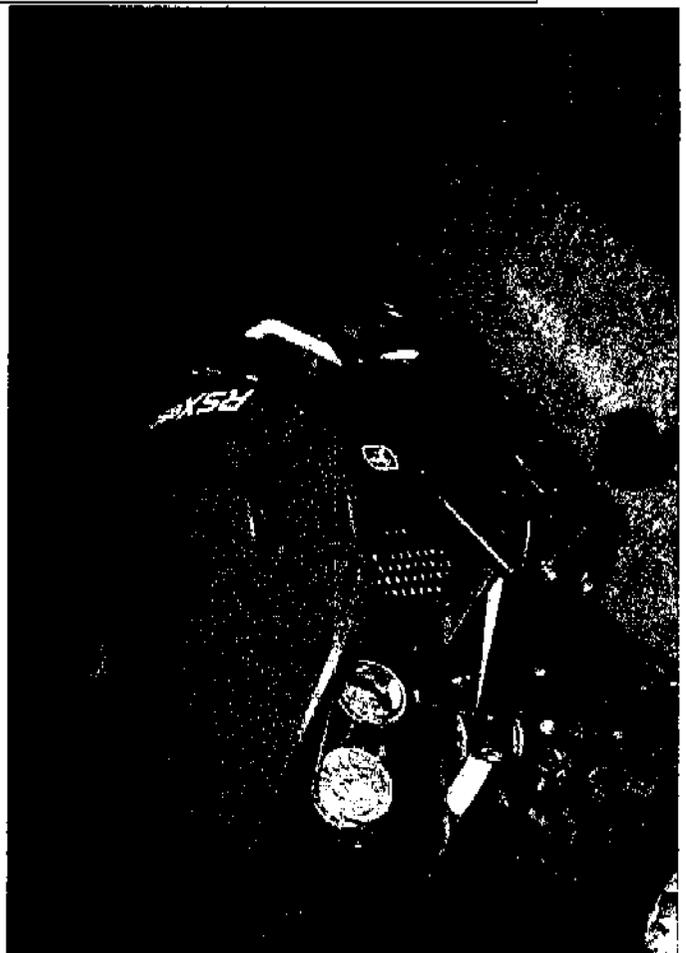
- 01 At Scene
- 02 En Route
- 03 At Medical Facility
- 04 Home
- 05 Other

Page: 9/22

From: 304+478+4819

JUL-12-2013 15:05

07/12/2013 3:09PM (GMT-04:00)



130617HCC1865 Attachment#2 (page 1 of 10)

MEDICAL EXAMINER'S/CORONER'S REPORT FORM

To report a case by telephone, call (toll free) 1-800-638-8095. Say "THIS IS A MECAP REPORT." You will then be placed in contact with the MECAP Project Manager, who will ask for the information below. Or send by FAX to (301)504-0038.

Date of Incident: 5-18-13 Date of Death: 5-18-13

Type of Consumer Product Involved: UTV

Manufacturer, Model, Brand Name and Serial No. of Product: N/A

Is Product available for examination? Yes X No If Yes, Where?

Cause of Death: Multiple Traumatic Injuries

Location of Incident. City: Davis, WV Date: 5-18-13

Brief Description of incident sequence: Please indicate the Age, Sex and Race of victim(s):

Age: 33 Sex: M Race: White

See following 8 pages

Contact Information: Please include the name, address and telephone number of any state/local personnel who investigated the accident:

Tucker County Sheriff Department 304-478-2321 Deputy Chris Teyer

Medical Examiner's/Coroner's case no: N/A

Reporter's name: Jeanette Capocelalo Date reported: 5-31-13

Telephone number of office reporting the case: (304) 558-6920

Reporter's office address: OCME 619 Virginia Street, West Charleston, WV 25302

Medical Examiner's/Coroner's Name: Tracey Elza (Tucker County)

Chief Medical Examiner's Name (If Applicable): N/A

For Processing at CPSC: Report Received By:

Chief Medical Examiners Report () Copy for MECAP News () Regular MECAP ()

Document No.

* * * Communication Result Report (May. 31. 2013 2:42PM) * * *

3}

Date/Time: May. 31. 2013 2:39PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
9757	Memory TX	913015040038	P. 9	OK	

Reason for error

- E. 1) Hang up or line fall
- E. 2) Busy
- E. 3) No answer
- E. 4) No facsimile connection
- E. 5) Exceeded max. E-mail size

MEDICAL EXAMINER/CORONER'S REPORT FORM

To report a case by telephone, call (606) 478-2203. Say "THIS IS A MECAP REPORT." You will then be placed in contact with the MECAP Project Manager, who will ask for the information below. Or send by FAX to (301) 264-0931.

Date of Incident: 5-18-13 Date of Death: 5-18-13

Type of Container Product Involved: ITTY

Manufacturer, Model, Brand Name and Serial No. of Product: N/A

Is Product available for examination? Yes No If Yes, Where?

Cause of Death: Multiple Traumatic Injuries

Location of Incident: City: Davis, WV Date: 5-18-13

Write Description of Incident Experience. Please Indicate the Age, Sex and Race of Victim(s):

Age: M Sex: M Race: W/M

See following pages

Contact Information: Please provide the name, address and telephone number of any individual personnel who investigated the incident:

Tucker County Sheriff Department: 204-478-1371, Deputy Chris Coyer

Medical Examiner/Coroner's name: N/A

Reporter's name: Justice Caporale Date reported: 5-21-13

Telephone number of office reporting the case: (304) 558-6728

Reporter's office address: DCMC, 419 Virginia Street, West Charleston, WV 25302

Medical Examiner/Coroner's Name: Tracey Eba (Tucker County)

City/Medical Examiner's Name (If Applicable): N/A

File Processing at CPSC: Report Received By:

Chief Medical Knowledge Report () Copy for MECAP News () Register MECAP ()

Document No. _____

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH & HUMAN RESOURCES
OFFICE OF THE CHIEF MEDICAL EXAMINER
619 Virginia Street, West
Charleston, WV 25302
(304) 558-6921 - FAX (304) 558-9039

MAY 28 2013

OFFICE OF THE CHIEF
MEDICAL EXAMINER

- DEATH INVESTIGATION REPORT & T.O.D. EXAMINATION
- EXTERNAL EXAMINATION REPORT
- COMPLETION OF DEATH CERTIFICATE (Copy Attached)

CASE #: 13-2453

Security Seal Tab #: S10

FIE Investigator: J. Lewis
Date/Time: 05/19/13 0145 hrs.

County of Death: Tucker Date: 05/18/13
 County ME/C: Tracey Elza Notified by/Date/Time: 05/18/13 2300hrs - 911
 If Death Scene Visit: Name of Police Officer @ scene: Chris Teyer - TCSD
 Agency: TC SD Phone: 304-478-2321
 Other Agency Investigator: _____ Agency _____ Phone: _____

DECEASED ADDRESS	Occupation: <u>unknown</u> (Do not use retired)
	SSN: _____
	DOB: _____
Next of Kin	AGE: <u>33</u> SEX: <u>M</u> RACE: <u>C</u>
	Relationship: <u>Wife</u> Phone: _____

Date of Death: 05/18/13 @ 2230 m. Witness: _____
 Last Known Alive: _____ @ _____ m. By: _____
 Found Dead: 0 @ _____ m. By: _____
 Pronounced: 05/18/13 @ 2322 m. By: EMS

PLACE OF DEATH: DOA ER OR In PN Nursing Home At Home other Highway Found (died elsewhere)
 Street Address: Dry Fork Road - Rt. 725 - Approx 1 mile off Rt 32
 City/Town: Dorris, WV

You must complete items 1 - 5 below if any "Suspected Incidents" are checked

Suspected Incident(s): (check all that apply)	1. Date of Injury:	2. Time of Injury	3. Witnessed? (yes or no) By: <u>No</u>	4. Place of Injury (home, etc.) <u>highway</u>
<input type="checkbox"/> Electrocution <input type="checkbox"/> Fall <input type="checkbox"/> Firearm <input type="checkbox"/> Assault <input type="checkbox"/> Fire <input type="checkbox"/> Neglect <input type="checkbox"/> Tox/OD <input type="checkbox"/> Exposure <input type="checkbox"/> Drowning <input type="checkbox"/> Hanging <input type="checkbox"/> Suffocation <input checked="" type="checkbox"/> MVC <input type="checkbox"/> Positional asphyxia <input type="checkbox"/> Compression asphyxia <input type="checkbox"/> Other _____	<u>05/18/13</u>	<u>2230</u>		
	5. INJURY LOCATION ADDRESS: <input checked="" type="checkbox"/> Same as place of death			
	6. IF MVC: Restrained <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Airbag <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Helmet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Operator <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other <input checked="" type="checkbox"/> UTV - Side by Side			
	7. Work-related: <input type="checkbox"/> Describe: _____			

NAME: [REDACTED]

CASE #: 13-2453

CIRCUMSTANCES OF DEATH:

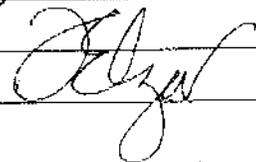
per law enforcement, FD-EMS:

Mr. [REDACTED] had been attending a party down the road and was returning home. He was the single passenger in an UTV side by side. He apparently came around a curve, lost control, struck the embankment, the UTV rolled over (2 multiple times) and he was ejected. Law Enforcement first on scene reported he was pulseless and apneic. Accident scene was near his parents home and they were there when first responders arrived. No ALS initiated due to noted massive head trauma. Multiple family members on scene. Wife, who is 6 mos pregnant, was at home. Family members notified here.

Extensive damage noted to UTV. Obvious signs of blood and tissue noted on interior roof of UTV where decedent's head struck prior to ejection.

Body transported to Gaves Memorial Hospital by T-EMS. External exam completed, consult with OCME, specimens obtained. Care transferred to ED Staff.

Body to be released to Hinkle Funeral Home per family's request.



Check here if supplemental information sheet used.

130617HCC1865 Attachment#2 (page 5 of 10)

NAME: [REDACTED]

CASE #: 13-2453 Page 3

LOCATION OF DECEDENT AT SCENE: (Describe specific location of body and immediate surroundings at scene)

laying prone on roadway beside 117V

Position found: [] supine [x] prone [] on right/left side [] other:

Describe surface under body: Roadway

HISTORY:

Primary Physician: Unknown Office Phone:

Other Physician: Office Phone:

Surgeries/Hospitalizations:

Illnesses/Allergies:

Psych:

Family/Social: Married

Other:

MEDICAL RECORDS: Requested/Received [] Yes [x] No Reviewed [] Yes [x] No Copy Attached [] Yes [x] No

Records available from: Phone:

Records available from: Phone:

IF RECORDS SENT: Please attach copy of OCME-19a.

MEDICATION/DRUGS - PLEASE LIST ON PAGE 4

130617HCC1865 Attachment#2 (page 6 of 10)

NAME: [Redacted]

CASE #: 13-2453 Page 5

TIME OF DEATH EXAMINATION

EXAMINATION:

Location: DMH Date/Time Started: 0200 Completed at: 0300

Witness: Ed Staff Witness: EMS

IDENTIFICATION: Confirmed: [X] Yes [] No

Method:

[X] Visual I.D. by whom: family

[] Photo I.D. [] WVDL [] Other Photo I.D.: Describe

Please submit I.D. document used

LIVIDITY: Appropriate for position [X] Yes [] No (explain)

[X] Marked [] Absent [X] Reduced [] Ill-Defined [] Patterned

Location: Posterior Color: lt. purple

Blanches: [X] Readily [] Sluggishly [] Fixed Lividity

RIGIDITY: Body posture appropriate for body position [] Yes [] No (explain)

Jaw [X] None [] Slight [] Moderate [] Full [] Marked/Muscular

Arms [X] None [] Slight [] Moderate [] Full [] Marked/Muscular

Legs [X] None [] Slight [] Moderate [] Full [] Marked/Muscular

Fingers [X] None [] Slight [] Moderate [] Full [] Marked/Muscular

[] Developing [] Receding Factors Affecting:

If rigor has been broken explain:

TEMPERATURES: [] indoor scene [X] outdoor scene

Torso temp: [] Cold (ambient) [X] cool [] warm [] Hot Time:

Rectal temp: Time: Ambient temp: 60.5 Time:

[] Focal heat source? (Describe type and location relative to body):

Ground temp, if applicable: Time: Water temp, if applicable: Time:

If outdoor scene: Weather [] Rainy [] Sunny [X] Cloudy [] Windy

130617HCC1865 Attachment#2 (page 7 of 10)

NAME: [Redacted]

CASE #: 13-2453

EXTERNAL EXAMINATION

(This Block should not be completed If Case Sent for Autopsy)

Development: [X] Normal [] Other _____ [X] Adult [] Adolescent [] Child [] Infant
BUILD: Average NUTRITIONAL STATUS: Good HT 6'1 WT 200 SEX M
RACE: C AGE: 33 Appears stated age? Yes

DOCUMENT ALL PHYSICAL EXAM FINDINGS ON BODY DIAGRAMS PROVIDED

(Scars/Marks/Tattoos/Therapy/Injury/Etc.)

DIAGRAMS SUBMITTED: [] No findings/No diagram submitted [X] Full Body A/P
[X] Head diagram, A/P [] Full Body, lateral
[] Head diagram, lateral and vertex [] Hand R & L
[] Neck, inferior view

TOXICOLOGY: Specimens Obtained: [X] Subclavian/Emoral Blood [X] Urine [X] Vitreous
Time Collected: 0200 hrs Date Collected: 05/19/13 [] Admission/Hospital Blood (# tubes _____)

PHOTOS REQUESTED: [] Yes [X] No TYPE: DIGITAL [] 35 [] POLAROID [] APS [] PHOTO # _____

Photo taken by: Dep. Teter Agency: PCSO Date/Time 05/19/13 0200 hrs

EVIDENCE COLLECTED FROM BODY: [X] None [] List _____

Collected by: _____ Agency: _____ Date/Time: _____

Submitted to: _____ Agency: _____ Date/Time: _____

CAUSE OF DEATH: Multiple Trauma 2° IITV Accident [] PENDING AUTOPSY

Other Significant Conditions: Side-by-side wallover, ejected

MANNER OF DEATH: [] Natural [X] Accident [] Suicide [] Homicide [] Pending

FOR BILLING PURPOSES - I attest that I performed the procedures indicated below:

- [X] Death Scene Visit/External exam of body/review of pertinent records/completed death certificate
[] Death Scene Visit/Partial exam of body/body submitted for autopsy
[] External exam of body/review of pertinent records/completed death certificate

This investigative report, including diagrams used, comprises 8 pages.

[Signature]
Medical Examiner/Coroner

130617HCC1865 Attachment#2 (page 8 of 10)

NAME: [REDACTED]

CASE #: 13-2453

CLOTHING AND VALUABLES

EXTERNAL CLOTHING: (List number and clothing color)

# <u>1</u> Slacks <u>Jeans</u>	# <u> </u> Hose <u> </u>	# <u> </u> Belt <u> </u>
# <u>1</u> Shirt <u>Gray</u>	# <u> </u> Panties <u> </u>	# <u> </u> Hat <u> </u>
# <u>2</u> Socks <u>White</u>	# <u> </u> Slop <u> </u>	# <u> </u> Gloves <u> </u>
# <u> </u> Undershirt <u> </u>	# <u> </u> Day shorts <u> </u>	# <u> </u> Scarf <u> </u>
# <u>1</u> Underwear <u>Green</u>	# <u> </u> Sweatpants <u> </u>	# <u> </u> Coat <u> </u>
# <u> </u> Tie <u> </u>	# <u> </u> Sweatshirt <u> </u>	# <u> </u> Dentures ↑↓ <u> </u>
# <u> </u> Sweater <u> </u>	# <u> </u> Pajamas ↑↓ <u> </u>	# <u> </u> Eyeglasses <u> </u>
# <u> </u> Dress/Skirt <u> </u>	# <u> </u> Nightgown <u> </u>	# <u>1</u> Cell Phone <u> </u>
# <u> </u> Thermals ↑↓ <u> </u>	# <u> </u> Robe <u> </u>	# <u> </u> Hospital gown <u> </u>
# <u> </u> Bra <u> </u>	# <u>2</u> Shoes (Boots) <u>Brown</u>	# <u> </u> Other <u> </u>

Currency: \$ Coins: \$ Credit Cards: Cash Cards

ADDITIONAL PERSONAL EFFECTS AND VALUABLES: Yes (If yes, list below) No

Wallet and Cell phone retrieved from pockets on scene by EMS, given to Deputy, then released to family.

DISPOSITION OF CLOTHING:

LEFT ON BODY GIVEN TO FUNERAL HOME SEE EVIDENCE, PG. 6
 GIVEN TO

DISPOSITION OF VALUABLES:

LEFT ON BODY GIVEN TO FUNERAL HOME SEE EVIDENCE, PG. 6
 GIVEN TO family

Person accepting custody of clothing / valuables

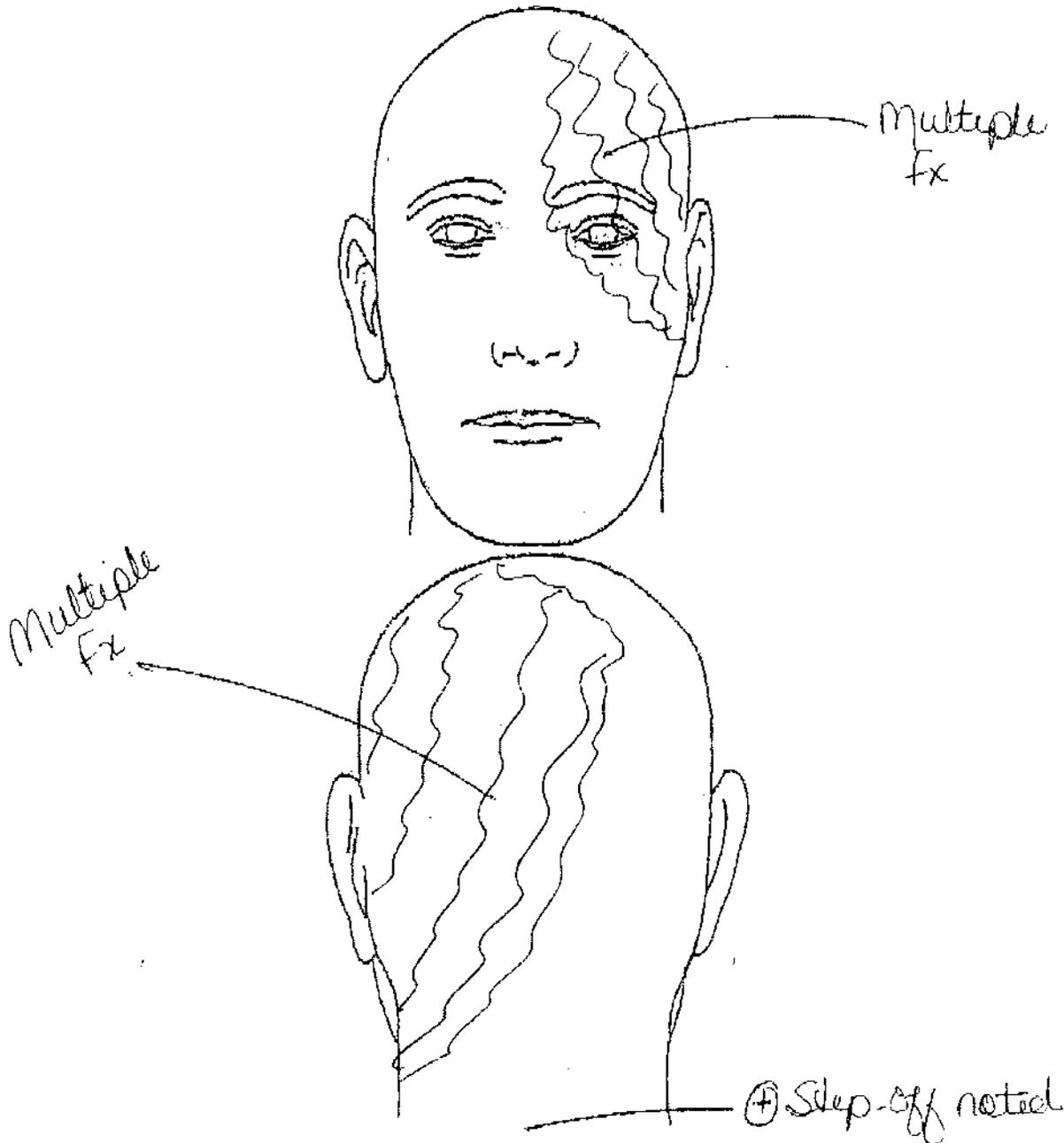
Signature: Agency: Date:

WITNESS: Date:

130617HCC1865 Attachment#2 (page 9 of 10)

Head, surface and skeletal anatomy, anterior and posterior views

Name: [Redacted] Age 33 Race C Sex M Date 05/18/13



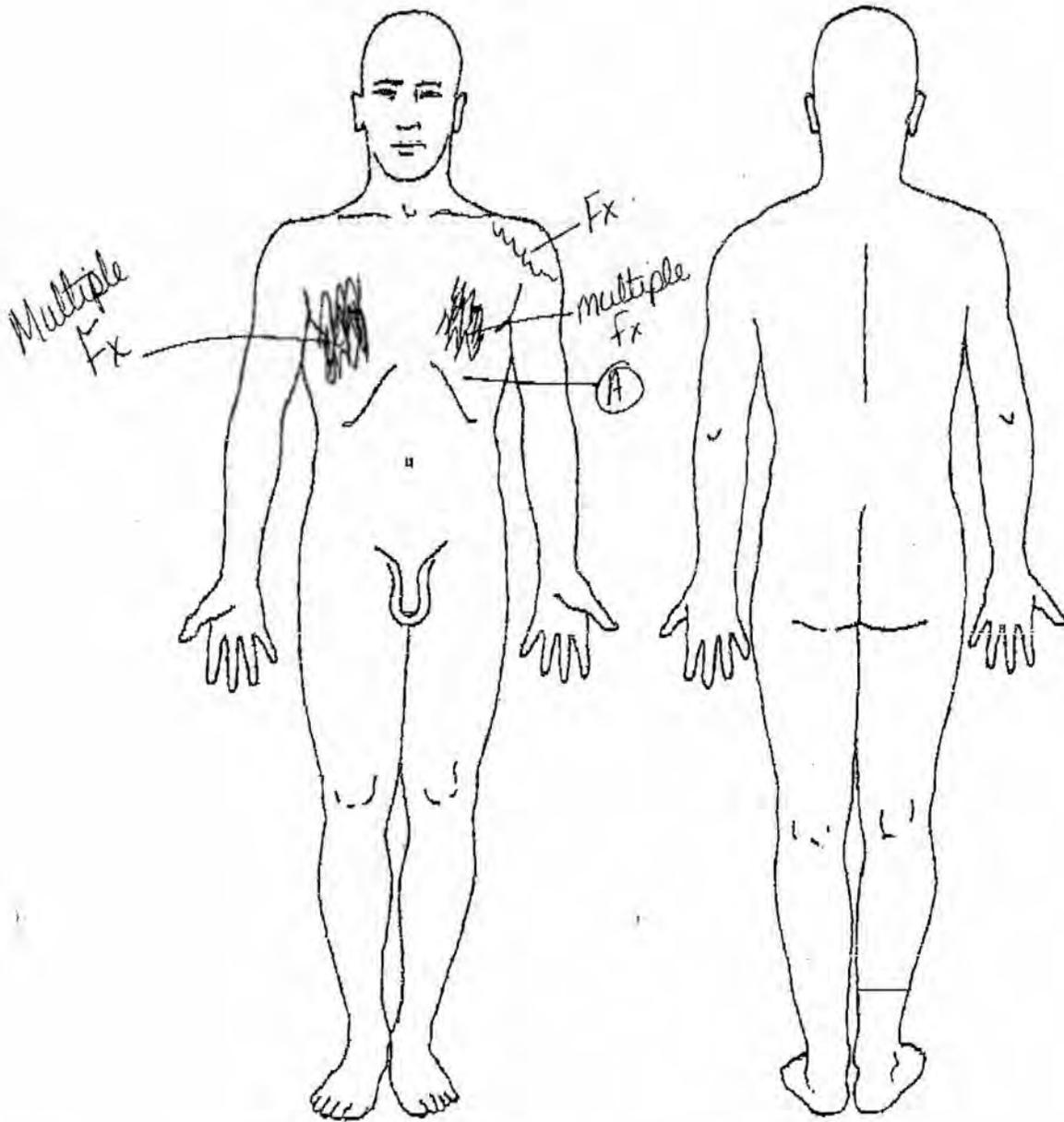
LEGEND TO SYMBOLS

- | | | |
|--|------------------------|--|
| Contusion (Bruise) - B | Cut - C | Cardiac Monitor Pad (ECG Electrode)-CM |
| Laceration - L | Scar - S | Esophageal Obturator Tube - EO |
| Abrasion - A | Tattoo - T | Needle Puncture - NP |
| Stab Wound - SW | Endotracheal Tube - ET | Nasogastric Tube - NGT |
| Fracture - F | Foley Catheter - FC | |
| Gunshot Wound - GSW (denote entrance or exit, if possible) | | |
| Shotgun Wound - SGW (denote entrance or exit, if possible) | | |

130617HCC1865 Attachment#2 (page 10 of 10)

Full body, male, anterior and posterior views (ventral and dorsal)

Name [Redacted]
Age 33 Race C Sex M Date 05/18/13
Left Right



LEGEND TO SYMBOLS

- | | | |
|--|------------------------|--|
| Contusion (Bruise) - B | Cut - C | Cardiac Monitor Pad (ECG Electrode)-CM |
| Laceration - L | Scar - S | Esophageal Obturator Tube - EO |
| Abrasion - A | Tattoo - T | Needle Puncture - NP |
| Stab Wound - SW | Endotracheal Tube - ET | Nasogastric Tube - NGT |
| Fracture - F | Foley Catheter - FC | |
| Gunshot Wound - GSW (denote entrance or exit, if possible) | | |
| Shotgun Wound - SGW (denote entrance or exit, if possible) | | |

130617HCC1865 Attachment#3 (page 1 of 3)

ATVriders.com

QUESTION...

Home | Forums | Articles | Reviews | Videos | Gallery | Wallpaper | Links | News | Interviews | Racing | Models | Donation | QOTM | Contact Us

THE ADVENTUROUS, ALL-POWERFUL **GATOR™ RSX850i** **ROLL OVER TO SEE IT IN ACTION** 

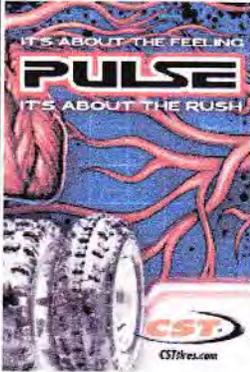


Site Sponsors

ATV / SxS Models

Site Sponsors

IT'S ABOUT THE FEELING
PULSE
IT'S ABOUT THE RUSH



CST
CSTires.com



JOHN DEERE



2013 John Deere Gator RSX 850i UTV - Specifications



2013 John Deere Gator RSX 850i UTV Specifications:

Engine and Electrical	
Type	4-cycle gas, Electronic Fuel Injection (EFI) - Closed Loop System
Cylinders/Valving	V-Twin, OHV
Horsepower*	62 (46.2 kw)
Displacement	839 cc
Maximum torque	57.5 (42.4 ft lbs) @ 4000 rpm
Cooling	system Liquid
Battery	340 CCA
Alternator	38 amp @ 7250 rpm, 13.5V - regulated
Lights	
Headlights	Four 27 watt halogen
On-demand true 4WD system	
Front Differential	Selectable Limited Slip and Full locking
Rear	Differential Locked (full-time)
Transmission Type	Enclosed and sealed Continuously Variable Transmission (CVT)
Ground speed, mph (km/h)	0-53 (0-85) Hi Forward, 0-30 (0-48) Lo Forward, 0-15 (0-24) Reverse
Transaxle	Two speed, oil bath
Front/Rear Brakes	Front/rear hydraulic disk
Park brake	Foot brake, mechanical actuation

VIRTUAL FLAT PROOF TIRE SYSTEM
ANY TERRAIN
ANY TIME
NO FLATS



TIREBALLS
1-877-TIREBAL

AdChoices [D]

[UTVs & Side by Sides](#)

[www.discountatvsdi...](#)
2013 Models- 30-50% Off Now 100% Inhouse Financing- Apply Now

[Super ATV - Free Shipping](#)

[www.superatv.com](#)
ATV & UTV Parts & Accessories. Low Sale Prices. Call Now to Order.

[Gator UTV Accessories](#)

[GearUp2Go.com/UTV](#)
Save Big On Gator UTV Accessories. Wide Variety In Stock - Free S&H!

[Blackline UTV snow plows](#)

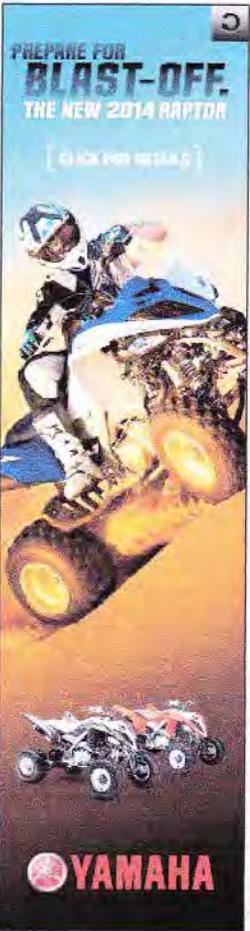
[www.blackline.us](#)
Patented ATV/UTV snow plow systems Versatile Pro Grade Hydraulics

[Side X Side Sports](#)

[www.SideBySideSp...](#)
Rhino - Prowler - Ranger - Mule UTV Superstore - Performance Mods

PREPARE FOR **BLAST-OFF.**
THE NEW 2014 RAPTOR

[CLICK FOR DETAILS]



YAMAHA

130617HCC1865 Attachment #3 (page 2 of 3)

Wheel Bearings	Sealed, double-row ball
Suspension and Steering	
Front Suspension	Independent; double A-arm with coil over shocks & anti-sway bar
Front Suspension Travel	9in. (229mm)
Rear Suspension	Independent; Semi-trailing double A-arm with coil over shocks & anti-sway bar
Rear Suspension Travel	9in. (229mm)
Turning radius	19.7 ft. (6.0 m)
Hitches	
Front and Rear	Optional 2-in receiver (front), Standard 2-in receiver (rear)
Roll-Over Protective Structure (ROPS)	
Tubular overhead structure	1.75 in (44.4 mm) steel tube
Seat belts	3-point seat belts
Certification	ISO 3471 and OSHA ROPS
Ground Clearance	
Ground Clearance	Front 10.3 in. (26.2 cm)
Under Foot Platform	10.3 in. (26.2 cm)
Dimensions	
Length	119 in. (302)
Width	56.5 (143.5)
Front/Rear-tread Centers	48in. (1220mm)/46 in. (1170mm)
Height (with OPS)	72 in. (183mm)
Wheelbase	77.8 (1975mm)
Weight (dry), lb. (kg)	1360 lb (617 kg)
Towing Capacity	1200 lb. (544 kg)
Payload Capacity	800 lb. (363kg)
Seating	Capacity 2
Cargo Box	
Material	Composite
Dimensions, in. (mm)	32.3L x 47.6W x 11.7D (82cm L x 120.9cm W x 29.7cm D)
Volume	8.9 cu. ft. (0.25)
Weight	400 lb. (181 kg)
Dump	2-sided - Manual release
Tailgate	1 handed release; Hinged at bottom; Removeable without tools
Tires, Front / Rear	
Maxxis Big Horn 2.0, Radial	26x8-14/26x10-14 (w/alloys) optional on base
Ancla MT (Mud Terrain)	25x8-12/25x10-12 (w/ steel)
Terrahawk AT (All Terrain)	n/a
Color	
Options	Green/Yellow, Olive/Black, Camo
Storage	
Front	Sealed oversized Glove Box, Under hood storage 1.82 ft ³ (0.052m ³)



JOHN DEERE

www.johndeere.com

130617HCC1865 Attachment #3 (page 3 of 3)

UTVs & Side by Sides

○ www.discountatvsdirect.com
2013 Models- 30-50% Off Now 100%
Inhouse Financing- Apply Now



AdChoices [D]

© 2013 ATVRiders.com. All Rights Reserved. [ATV Riders Forum](#) - [Message Board](#) - [Archive](#)

130617HCC1865

Contact Sheet

Attachment #4

Tucker County Sheriff's Department: Ruby in records and Deputy Teeter

US CPSC- R. Holcomb

06/19, 06/27, 07/11,07/12, 07/13 & 07/23/2013.

Estelle, Gerri

From: Tank Rita <TankRitaL@JohnDeere.com>
Sent: Monday, September 16, 2013 10:13 AM
To: Clearinghouse
Cc: Steenlage Keith E
Subject: EIR 130617HCC1865
Attachments: EIR 130617HCC1865.pdf

Rita Tank

Product Liability Paralegal

Deere & Company

Phone: (309) 765-4037

Fax: (309) 749-0085

Email: tankrital@JohnDeere.com

NOTICE: The following message (including attachments) is covered by the Electronic Communication Privacy Act, 18 U.S.C. sections 2510-2521, is CONFIDENTIAL and may also be protected by ATTORNEY-CLIENT OR OTHER PRIVILEGE. If you believe that it has been sent to you in error, do not read it. If you are not the intended recipient, you are hereby notified that any retention, dissemination, distribution, or copying of this communication is strictly prohibited. Please reply to the sender that you have received the message in error, then delete it. Thank you.



JOHN DEERE

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

Keith E. Steenlage
Assistant General Counsel

16 September 2013

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

VIA EMAIL

Re: Epidemiologic Investigation Report **130617HCC1865**

Dear Ms. Ramaswamy:

Deere & Company would like to comment on the above-referenced Epidemiologic Investigation Report, which was attached to your letter dated 30 August 2013.

This incident involves a fatality of a 33 year old passenger in an 850i Gator. The passenger was traveling on asphalt, when he lost control of the vehicle and struck a tree. Alcohol was involved in this incident, and the passenger was not wearing a helmet, nor his seat belt. Safety signs on the Gator and the Operator's Manual specifically state that seat belts and helmets must be worn. They also state clearly that the machine should not be operated while under the influence of alcohol.

The machine met or exceeded all applicable standards at the time it was manufactured. Deere denies there is any manufacturing or design defect with this 850i Gator.

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

Sincerely,

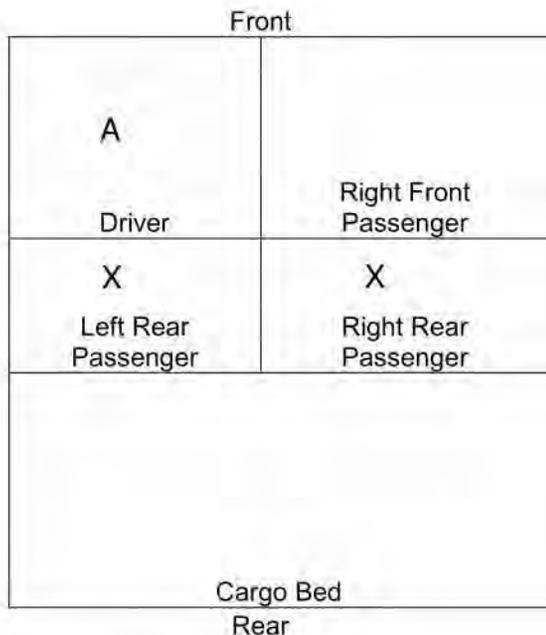
Keith E. Steenlage

cc: Derek D. Murphy

Utility Vehicle Data Record Sheet

IDI #: 130617HCC1865

Exhibit #: 5



The Utility Vehicle

A:	Age: 33	Height: 6'1"
	Gender: male	Weight: 200
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Multiple Trauma	
	Did vehicle land on victim: Unk	
	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):	

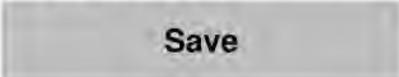
E:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

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.



IDI 130508HWE0001

Page 1 of 2

SUMMARY OF FINDINGS

This IDI was prompted by a news article submitted to the CPSC describing an ATV accident in which a 14 year old girl was fatally injured. The product involved in the accident was reported as an ATV; however, the incident unit is actually a UTV.

According to official reports, on 5/7/2013 around 1945 hours, the victim (14y/o) was driving a UTV with her 2 sisters riding as passengers. The 5 y/o sister was riding in the front center position and the 12 y/o sister was riding in the front right position of the UTV.

The UTV was traveling down a 2 lane gravel county road around 40 mph. The driver lost control and began to skid. The UTV overturned in the roadway and continued to overturn as it traveled off the right side of the roadway. The UTV impacted a fence and came to rest on its side. All 3 occupants were ejected. The UTV came to rest on top of the driver. The driver was pronounced deceased at the scene by the county coroner. The other 2 occupants were not treated for any injuries.

The road being traveled on was a 2-way county roadway with a gravel surface, straight alignment and downhill profile. Road conditions were dry with clear weather conditions during daylight hours. No safety devices were being used by the occupants.

A request was made for the coroner's report; however, has not been received to date. Should the report be obtained at a future date it will be submitted in an addendum to the IDI.

PRODUCT IDENTIFICATION

2011 Artic Cat Prowler HDX 700

Camouflage in color

VIN: [REDACTED]

SAMPLES COLLECTED

None

MANUFACTURER CONTACT INFORMATION

None

IDI 130508HWE0001

Page 2 of 2

ATTACHMENTS

- 1) UTV Data Record Sheet
- 2) Missouri State Highway Patrol report
- 3) Web information on UTV
- 4) Missing Document Form (Ray County Coroner report)

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND ORI MISSOURI STATE HIGHWAY PATROL MOMHPAA00 R3915619
---	--

LEFT THE SCENE DRIVER NO	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY NO	INJURED	NO KILLED	REPORT / CASE / INCIDENT NUMBER
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[REDACTED]

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST AT SCENE
1	05/07/2013	1945	05/07/2013	2018	05/07/2013	2028	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

ROADWAY	NON-COLLISION	COLLISION INVOLVING	DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE
<input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	<input checked="" type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<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 <input type="checkbox"/> Other (Explain) <input type="checkbox"/> 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	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NOT APPLICABLE	<input type="checkbox"/> Investigating Agency
RECONSTRUCTION	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NOT APPLICABLE	<input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)
RAY	NON-CITY OR UNINCORPORATED	05	A	LAT [REDACTED] LONG [REDACTED]

ON	RDWY DIR	DISTANCE FROM	LOCATION	INTERSECTING
[REDACTED]	W	0 - 4 Miles	<input checked="" type="checkbox"/> Before	CRD DOCKERY RD.

TRAFFICWAY	ROAD ALIGNMENT
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way Not Divided <input type="checkbox"/> Two-Way Not Divided Continuous Center Turn Lane <input type="checkbox"/> Two-Way Divided Unprotected Median <input type="checkbox"/> Two-Way Divided Positive Median Barrier <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)

INTERSECTION TYPE	ROAD CONDITION
<input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way intersection <input type="checkbox"/> T-intersection <input type="checkbox"/> Y-intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Slush <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Standing Water <input type="checkbox"/> Moving Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Other (Explain)

ROAD SURFACE	WEATHER CONDITION
<input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Brick <input checked="" type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain)

LIGHT CONDITION

Daylight Dark-Lighted Dark-Unlighted Dark-Unknown Lighting Other (Explain) Unknown (Explain)

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES None

LIST OWNER'S NAME & ADDRESS	DESCRIPTION OF PROPERTY AND DAMAGE
[REDACTED]	RICHMOND, MO 64085; Phone [REDACTED] FENCE; FENCE POLE AND SOME STRETCHED WIRE

4 - WITNESS None Identified Additional Witnesses in Narrative

NAME	ADDRESS (Street City State Zip)	PHONE NUMBER

5 - PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MoDOT 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"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median <input type="checkbox"/> Crossing Island <input type="checkbox"/> Unknown

CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO
<input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	<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 <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)	<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	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

130508HWE001
 Exhibit 2
 Page 1 of 4

6. COLLISION DIAGRAM

Compass Direction Before Crash Event(s) (Circle One)

V1 NES **⊙** U

V2 NESW U

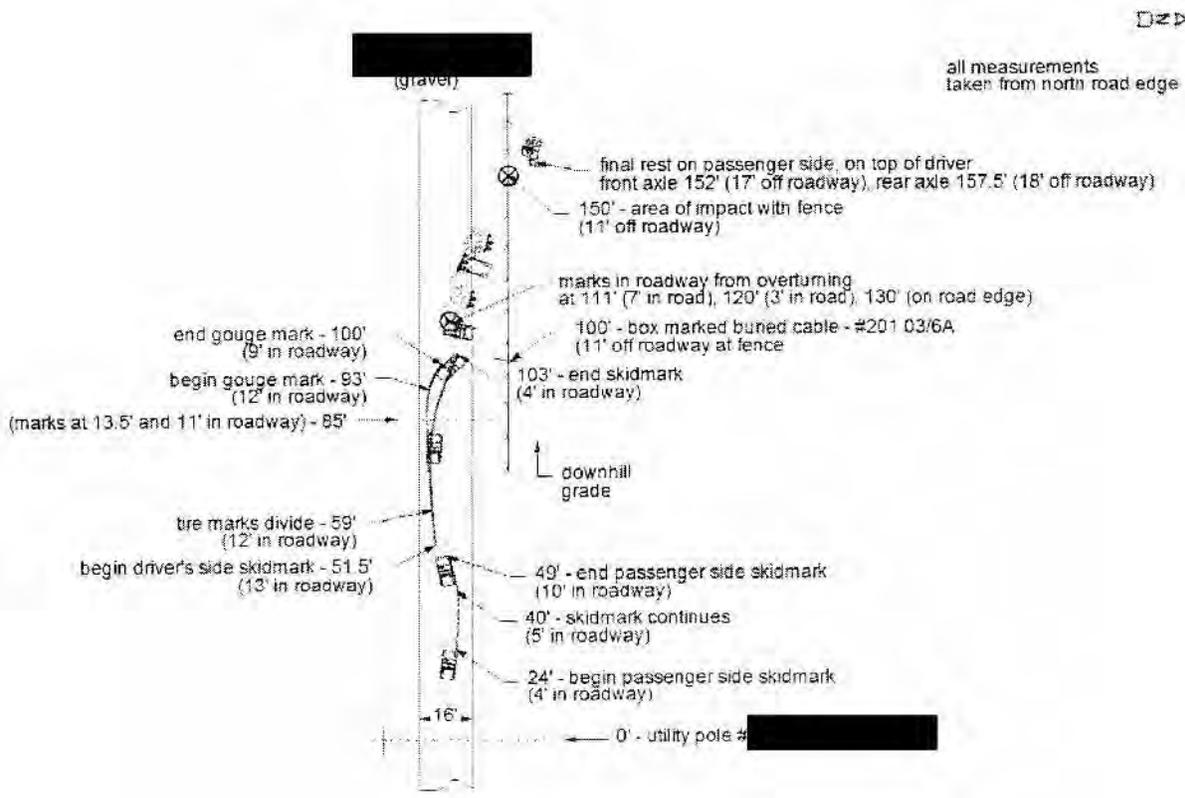
V3 NESW U

V4 NESW U

V5 NESW U

V6 NESW U

INDICATE NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

130508HWE001
 Exhibit 2
 Page 2 of 4

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [REDACTED] PHONE NUMBER [REDACTED]

DRIVER LICENSE / ID NUMBER STATE LIC STATUS Valid Expired Susp / Res / Denied Disqual CDL Canceled / Oth Invalid Unknown

LIC TYPE Operator Class Permit Unknown (Explain) MC Only MC Endorsement Yes No NA Unknown (Explain)

DATE OF BIRTH SEAT LOC IIIJ TRANS-PORT EJECT-ION AIR BAG SAFETY DEVICES VISION OBSTRUCTED Not Obstructed Windshield Load on Veh Trees / Brush Building Embankment Sign Hillcrest Parked Veh Moving Veh Stopped Veh Glare Other (Explain) Unknown (Explain)

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY NONE PHONE NO (Optional) POLICY NUMBER NA Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [REDACTED] PHONE NUMBER [REDACTED] SAD

YEAR MAKE MODEL COLOR VEH TYPE TOTAL NO OF OCC

2011 ARCTIC CAT PROWLER HDX 700 CAM NA 1 3

LICENSE - PLATE NO STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE

NA NA NA [REDACTED] Yes No Yes No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage TOWED BY Unknown NA

INITIAL IMPACT NO: 2 1 3 4 5 6 7 18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 14 15 16 17 20 - Burned 24 - Other (Explain) 11 12 13 10 9 21 - Towed Unit

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance

Passenger Car Van (< 9 W/Driver) Sport Utility Vehicle Limousine (7-8 W/Driver) Motorized Bicycle Pedalcycle To / From School

Small Bus (9-15 W/Driver) Large Bus (16+ W/Driver) School Bus Intercity Transit / Commuter Charter / Tour Other

Motorcycle ATV 2 Wh 3 Wh 4 Wh 5 Wh / More Unknown

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) (Does not apply to Truck Tractors) Truck Tractor With No Units Truck Tractor With One Unit Truck Tractor With Two Units Truck Tractor With Three Units

GVW / GCWV RATING (Not Licensee Weights) (Groups: Cargo Vans, All Trucks, Truck Tractors, or HAZMAT Picked-Up Only) Less than or equal to 10,000 lbs 10,001 - 25,000 lbs Greater than 25,000 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 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 Unknown 1 7 22 20 36 ANIMAL CODE(S) FIXED OBJECT CODE(S) 24 ALCOHOL USE Yes Unk No NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

Vehicle Defects (Explain) 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 (Not 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 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 Yes No Unknown

TRAFFIC CONTROL None Unknown Electric Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain)

CONTROL MALFUNCTIONING/ INOPERATIVE / MISSING Yes (Explain) No Unknown NA

7F. OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH	SEX	SEAT LOC	IIIJ	TRANS-PORT	EJECT-ION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
[REDACTED]	[REDACTED]	F	FC	5	1	4	1	2	SAD
[REDACTED]	[REDACTED]	F	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 CIV involvement criteria and vehicle meets one of the three criteria in part 2)

MOTOR CARRIER IDENTIFICATION (Leasee, etc) / NAME & ADDRESS (Street, City, State, Zip) [REDACTED] PHONE NUMBER [REDACTED] SAD

COMMERCIAL Interstate Carrier Not in Commerce - Government Vehicle Not in Commerce - Other Vehicle (MC / MAY ICC NO) USDOT NO

NON-COMMERCIAL Interstate Carrier Not in Commerce - Rental Vehicle

CARGO BODY TYPE Enclosed Box Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Intermodal Container Chassis NA (No Cargo Body) Other Unknown

HAZARDOUS MATERIALS Yes No Unknown

FLACARD DISPLAYED Yes No Unknown

4-DIGIT NO CLASS HM CARGO PRESENT Yes No Unknown HM CARGO RELEASED Yes No Unknown HAZARDOUS MATERIAL NAME

130508HWE001
Exhibit 2
Page 3 of 4

SEAT LOCATION		INJURY		TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known	FR SR TR	1. Fatal	(For Medical Treatment)	1. None / NA	1. None / NA	1. None	10. Booster Seat
E - Pedalcycle	FC SC TC	2. Disabling		2. Not Deployed	2. Not Deployed	2. Not Used	11. Child Restraint - Forward Facing
M - Motorcycle	FL SL TL	3. Evident - Not Disabling		3. Partially	3. Partially	3. Shoulder Belt Only	12. Child Restraint - Rear Facing
CP - Commercial Passenger		4. Probable - Not Apparent	1. No	4. Totaly	4. Totaly	4. Lap Belt Only	13. Other Helmet
OE - Occupant - Enclosed Load Area		5. None Apparent	2. EMS	U. Unknown	5. Deployed - Front	5. Shoulder and Lap Belt	14. Reflective Clothing
OU - Occupant - Unenclosed Load Area		U. Unknown	3. Other	U. Unknown	6. Deployed - Side	7. DOT Compliant MC Helmet	15. Other
RC - Rali Crew		N. NA	U. Unknown	U. Unknown	7. Deployed - Curtain	8. No Helmet	16. Use Unknown
SV - Other (Explain in Narrative)			N. NA		8. Deployed - Other (Knee, Air Belt, etc.)		17. Not Applicable
NA - 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 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. Overtun / 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. Fell/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)	25. Culvert	32. Building	38. Bridge Rail	44. Well
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. Fordift		7. Other (Explain)

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

NARRATIVE
 THIS COLLISION OCCURRED AS VEHICLE #1 WAS TRAVELING WESTBOUND ON [REDACTED] IN RAY COUNTY. VEHICLE #1 SKIDDED IN THE ROADWAY AND OVERTURNED ON THE ROADWAY. VEHICLE #1 CONTINUED OVERTURNING AS IT TRAVELED OFF THE RIGHT SIDE OF THE ROADWAY. VEHICLE #1 IMPACTED WITH A FENCE BEFORE COMING TO REST ON ITS SIDE. ALL THREE OCCUPANTS OF THE VEHICLE WERE EJECTED, AND THE VEHICLE CAME TO FINAL REST ON TOP OF THE DRIVER. THE DRIVER WAS PRONOUNCED DEAD AT THE SCENE OF THE COLLISION AND THE PARENTS OF BOTH OF THE TWO OCCUPANTS REFUSED ANY MEDICAL ATTENTION FOR BOTH OF THOSE INDIVIDUALS.

PASSENGER OF VEHICLE 1 STATEMENT
 OCCUPANT [REDACTED] STATED VEHICLE #1 STARTED TO SWERVE AND FLIPPED GOING OVER A FENCE.

PASSENGER OF VEHICLE 1 STATEMENT
 PASSENGER [REDACTED] STATED VEHICLE #1 WAS TRAVELING APPROXIMATELY 40 MILES PER HOUR WHEN THE DRIVER LOST CONTROL AND SKIDDED OVERTURNING AND TRAVELING THROUGH A FENCE BEFORE LANDING ON TOP OF DRIVER #1.

DRIVER OF VEHICLE 1 FATALITY AND TRANSPORTATION INFO
 PRONOUNCED BY DEPUTY CORONER PAT SLUSHER AT LOCATION SCENE OF COLLISION DATE/TIME 05/07/2013 2123 NEXT OF KIN NOTIFIED YES
 DISPOSITION OF BODY TAKEN TO [REDACTED] RICHMOND, MISSOURI 64085

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
TPR C. MOELLER	662	05	A
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
SGT N. RODENBERG	882	LT S. SHIPERS	50

130508HWE0001
 Exhibit 2
 Page 4 of 4

PROWLER 700 HDX

The All-New Prowler 700 HDX

The all-new 2011 Arctic Cat Prowler 700 HDX Side-By-Side has been designed from the ground up, starting with the 85" wheelbase that provides an industry-leading ride capable of a 1,500-lb. payload.

The Prowler HDX has several new defining features to make your work more pleasurable. The all-new 2-in-1 cargo box, with 1,000-lb. box capacity and multiple tie-down options, is a hauler's dream. It's wide enough to house a wooden pallet, and whether you need box sides or a flatbed to contain it, the HDX can transform in a matter of minutes with detachable bed sides.

The cab of the Prowler HDX has been redesigned with comfort and space in mind. A 40/20/40 seat delivers comfortable, sculpted seating for three occupants. The dashboard houses a fresh digital gauge package with an all-new dash-mounted shifter that has Park, Low, High, Neutral and Reverse.

Electronic Power Steering — new to the Prowler HDX for 2011 — and a 5-position tilt steering column enhance the HDX's Industry Leading handling. Arctic Cat's Variable Assist EPS allows steering assistance to the HDX before it even starts to move at idle. This is a huge benefit to conserving the riders input energy when in 4WD, especially when the differential lock is engaged. Arctic Cat EPS reduces the torque necessary to steer the HDX when changing direction with loaded cargo box or navigating tough obstacles like rocks, deep mud or logs.

The torquey, 700 H1 engine with

Electronic Fuel Injection puts power to the ground via the front and rear suspensions. Fully independent, double-A-arm front and rear designs have 10" of suspension travel and 10" of ground clearance.

Fox FLOAT® Air Assist shocks complete the HDX suspension, combining FLOAT Air Technology with a coil-over spring for increased load capability. Under heavy load conditions the FLOAT Air Assist allows the vehicle's load requirement to be easily adjusted by simply adding air pressure to the FLOAT air chamber. During normal conditions the coil takes over as the main spring.

LEADING FEATURES

- 695cc, SOHC, single-cylinder, liquid-cooled engine with EFI
- 1,000-lb. box payload capacity
- 1,500-lb. payload capacity
- 2,000-lb. towing capacity
- 2-in. front and rear receiver hitches
- 5-position Tilt Steering — lever activated for easier entry/departure and leg room
- 3-Point Seat belts
- ROPS Certified Rollover Protection System

ALL-NEW FOR 2011

- All-new chassis with 85" wheelbase. (10" longer than 700 XTX) for improved ride and hauling capabilities, but retains same 118" overall vehicle length.
- Electronic Power Steering with Variable Assist and 5-position tilt steering
- Redesigned cab with 40/20/40 sculpted seating for three occupants
- 41"L x 55"W x 10"D tilting cargo box with 1,000-lb. cargo capacity, multiple tie-down areas and detachable bedsides
- 30 percent more cargo box volume than the competition
- Spacious left-and right-side wheel well storage compartments
- Park-In-Gear feature with dashboard-mounted shifter
- Fox FLOAT Air-Assist shocks provide Industry Leading ride and hauling
- 14-in. aluminum wheels rated for Heavy-Duty hauling

COLORS

Tungsten Metallic and Advantage Timber Camo

130508HWE0001
Exhibit 3
Page 1 of 2

CONTACT: Kale Wainer (763) 354-1799, kwainer@arcticcatinc.com
<http://media.arcticcat.com>

2011 ARCTIC CAT PRESS RELEASE





PROWLER 700 HDX

ENGINE DISPLACEMENT (CC)	695
ENGINE TYPE	SOHC, 4-stroke, 4-valve w/EFI
BORE & STROKE (MM)	102x85
COOLING SYSTEM	Liquid with fan
TRANSMISSION	Automatic CVT with EBS, Hi/Lo Range & Reverse
DRIVE SYSTEM	2/4 WD + Electric Diff Lock
OVERALL WIDTH (IN./CM)	60/152.4
OVERALL HEIGHT (IN./CM)	76.5/194.3
OVERALL LENGTH (IN./CM)	129/327.7
WHEELBASE (IN./CM)	85/215.9
SUSPENSION TRAVEL FRONT (IN./CM)	10/25.4
SUSPENSION TRAVEL REAR (IN./CM)	10/25.4
GROUND CLEARANCE (IN./CM)	10/25.4
SUSPENSION TYPE - FRONT	Double A-Arm
SUSPENSION TYPE - REAR	Double A-Arm
FRONT BRAKES	Hydraulic Disc
REAR SERVICE BRAKE	Hydraulic Disc

TIRE FRONT	26x9-14
TIRE REAR	26x11-14
FUEL CAPACITY (GAL./LITERS)	8.2/31
RACK/BOX STORAGE CAPACITY - REAR (LBS./KG)	1000/454.5
UNDERHOOD CAPACITY (LBS./KG)	25/11.34
TOWING CAPACITY (LBS./KG)	1500/681.82
ALTERNATOR CAPACITY (AMPS)	25
SPEEDOMETER	Analog
ODOMETER	Digital
DRY WEIGHT (LBS./KG)	1363/619.55
MINIMUM OPERATOR AGE	16
AVAILABLE COLORS	Tungsten Metallic Paint and Camo
SPECIAL FEATURES	FOX Float Coil-Over Shocks, 3-Passenger Seat, Transformable Rear Cargo Box, Power Steering with Tilt Steering, Dashboard Shift Lever with Park, Side Storage Compartments, Aluminum Wheels

SPECIFICATIONS SUBJECT TO CHANGE WITHOUT NOTICE

130508HWE0001
Exhibit 3
Page 2 of 2



IDI 130508HWE0001

RESPONDENTS

Missouri State Highway Patrol

Ray County Coroner's Office

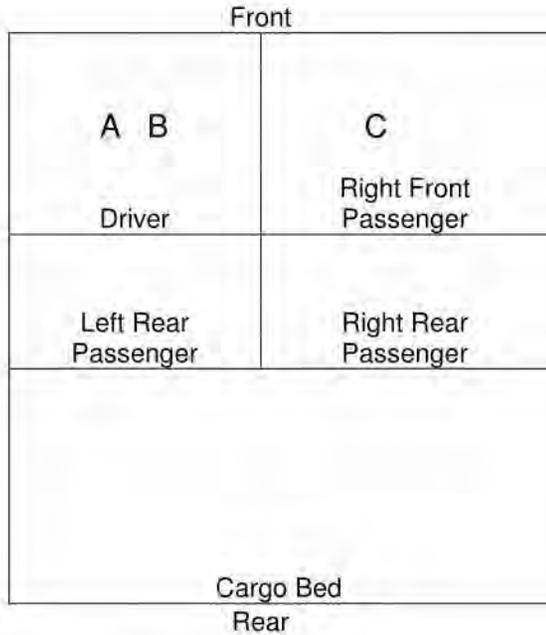

PO Box 271

Excelsior Springs, MO 64024

Utility Vehicle Data Record Sheet

IDI #: 130508HWE0001

Exhibit #: 1



The Utility Vehicle

A:	Age: 14	Height:	
	Gender: F	Weight:	
	Helmet (Y/N): N	Seatbelt (Y/N): N	
	Killed/Injured/Neither/Unknown: Killed		
	Injury Description:		
	Did vehicle land on victim: Yes		
	Ejected (Either partially or fully): Tully		

B:	Age: 5	Height:	
	Gender: F	Weight:	
	Helmet (Y/N): N	Seatbelt (Y/N): N	
	Killed/Injured/Neither/Unknown: Neither		
	Injury Description:		
	Did vehicle land on victim: no		
	Ejected (Either partially or fully): fully		

C:	Age: 12	Height:	
	Gender: F	Weight:	
	Helmet (Y/N): N	Seatbelt (Y/N): N	
	Killed/Injured/Neither/Unknown: Neither		
	Injury Description:		
	Did vehicle land on victim: no		
	Ejected (Either partially or fully): Tully		

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

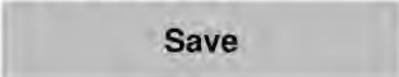
E:	Age:	Height:	
	Gender:	Weight:	
	Helmet (Y/N):	Seatbelt (Y/N):	
	Killed/Injured/Neither/Unknown:		
	Injury Description:		
	Did vehicle land on victim:		
	Ejected (Either partially or fully):		

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

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

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

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



The information in this report was based upon reports received from the highway patrol and the medical examiner's office. Contact with the victim's next-of-kin was not successful.

On Saturday, December 15, 2012, in Volusia County, Mims, FL, at 9:21 p.m., the weather condition was clear and the temperature was 68 degrees. The victim, a 47-year-old male, 70 inches tall, and weighing 241 pounds, was operating a 4-wheeled utility vehicle on a wet, sandy dirt road with a passenger in the right front seat. He was traveling at 28 miles per hour and was not wearing a helmet or a seatbelt.

While attempting to avoid a large puddle of water in the center of the roadway, he swerved towards the shoulder and lost control. He traveled off the roadway where he struck a palm tree and a mailbox. The utility vehicle continued to travel and rolled, ejected both the victim and his passenger to the road surface.

Someone called 911 while one of his friends rolled the victim over and started CPR. The fire department arrived at the scene and took over CPR. The victim was pronounced at the scene. His cause of death was blunt force chest injuries. His passenger sustained unspecified non-serious injuries.

Product: 4-wheeled utility vehicle

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

Brand/Mode

Year/VIN: [REDACTED]

Description: [REDACTED] color

Condition/Modification: unknown

ATTACHMENTS:

1. Police Report.
2. Medical Examiner's Report.
3. Missing Document, photo of the utility vehicle.
4. UTV Data Record Sheet.
5. Contact Information.

FLORIDA TRAFFIC CRASH REPORT

LONG FORM SHORT FORM UPDATE

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

Crash Date 12/15/2012	Time of Crash 9:47 PM	Date of Report 8/10/2013	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number	HSMV Crash Report Number
--------------------------	--------------------------	-----------------------------	--	------------------------------	--------------------------

CRASH IDENTIFIERS

County Code 6	City Code 46	County of Crash VOLUSIA	Place or City of Crash OAK HILL	Within City Limits NO	Reported Date/Time 12/15/2012 9:57 PM	Dispatched Date/Time 12/15/2012 10:18 PM
On Scene Date/Time 12/15/2012 11:34 PM	Cleared Scene Date/Time 12/16/2012 2:30 AM	Investigation Completed YES	Reason (if Investigation Not Complete)	Notified By LAW ENFORCEMENT AGENCY		

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway	At Street Address #	At Latitude	And Longitude
At Feet 513	Or Miles	Direction E	From Intersection With Street, Road, Highway
Road System Identifier LOCAL	Type of Shoulder UNPAVED	Type of Intersection NOT AT INTERSECTION	Or From Milepost Number

CRASH INFORMATION

Light Condition DARK-NOT LIGHTED	Weather Condition CLEAR	Roadway Surface Condition MUD, DIRT, GRAVEL	School Bus Related NO	Manner of Collision OTHER, EXPLAIN IN NARRATIVE
First Harmful Event Type COLLISION WITH FIXED OBJECT	First Harmful Event Detail TREE (STANDING)	First Harmful Event Location OFF ROADWAY	Within Interchange NO	First Harmful Event's Relation to Junction NON-JUNCTION
Contributing Circumstances: Road ROAD SURFACE CONDITION (WET, ICY, SNOW, SLUSH, ETC.)	Contributing Circumstances: Road	Contributing Circumstances: Road	Contributing Circumstances: Road	Contributing Circumstances: Road
Contributing Circumstances: Environment NONE	Contributing Circumstances: Environment	Contributing Circumstances: Environment	Contributing Circumstances: Environment	Contributing Circumstances: Environment
Work Zone Related NO	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone

VEHICLE

Vehicle # V01	Motor Vehicle Type MOTOR VEHICLE IN TRANSPORT	Hit & Run (by this vehicle) NO	License Number UK	State UK	Reg. Expires	Permanent Reg. NO	VIN
Year 2008	Make YAMAHA	Model RHINO	Style ATV	Color GRN	Extent of Damage DISABLING	Est. Damage 1,500	Towed Due to Damage YES
Insurance Company NONE	Insurance Policy Number NONE	Vehicle Removed By	Rotation ROTATION				

Name of Vehicle Owner	Business <input type="checkbox"/>	Current Address	City MIMS	State FL	Zip Code 32754	Phone Number(s)
Trailer License Number One	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make
Trailer License Number Two	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make

Vehicle Direction Traveling EAST	On Street, Road, Highway	At Est. Speed 28	Posted Speed 30	Total Lanes 2
-------------------------------------	--------------------------	---------------------	--------------------	------------------

CMV Configuration	Cargo Body Type	Area of Initial Impact	Most Damaged Area
Comm GWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)	<input type="checkbox"/> Undercarriage <input type="checkbox"/> Overtum <input type="checkbox"/> Windshield <input type="checkbox"/> Trailer
Haz Mat Release	Haz Mat Placard	Haz Mat Number	Haz Mat Class
Motor Carrier Name	US DOT Number	Motor Carrier Address	Address Other
Motor Carrier Address	Address Other	City	State Zip Code Phone Number

Comm/Non-Commercial	Vehicle Body Type ALL TERRAIN VEHICLE (ATV)	Vehicle Defects (one) NONE	Vehicle Defects (two)	Emergency Vehicle Use NO	Special Function of MV NO SPECIAL FUNCTION
---------------------	--	-------------------------------	-----------------------	-----------------------------	---

Vehicle Maneuver Action LEAVING TRAFFIC LANE	Trafficway TWO-WAY, NOT DIVIDED	Roadway Grade LEVEL	Roadway Alignment STRAIGHT	Most Harmful Event NON-COLLISION	Most Harmful Event Detail OVERTURN/ROLLOVER
Traffic Control Device for this Vehicle NO CONTROLS	First (1) Sequence of Events COLLISION WITH FIXED OBJECT TREE (STANDING)	Second (2) Sequence of Events COLLISION WITH FIXED OBJECT MAILBOX	Third (3) Sequence of Events NON-COLLISION OVERTURN/ROLLOVER	Fourth (4) Sequence of Events	

PERSON RECORD

# 1	Person Type DRIVER	Vehicle # Name V01	Injury Severity FATAL (WITHIN 30 DAYS)	Ejection EJECTED, TOTALLY	Driver ReExam NO
Date of Birth	Sex M	Condition at Time of Crash UNKNOWN	Address	Phone Number	

Driver License Number	State FL	Expires 04/17/2018	Type CLASS E / OPERATOR	Commercial Motor Vehicle Endorsements NO REQUIRED ENDORSEMENTS
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT	Air Bag Deployed NOT APPLICABLE	Helmet Use	Eye Protection NOT APPLICABLE	
Motor Vehicle Seating Position: Row FRONT	Motor Vehicle Seating Position: Seat LEFT	Motor Vehicle Seating Position: Other		

Driver Distracted By NOT DISTRACTED	Driver Vision Obstructions VISION NOT OBSCURED
Driver Actions at Time of Crash 1 (based on judgement of investigation officer): OPERATED MOTOR VEHICLE IN CARELESS OR NEGLIGENT MANNER	Driver Actions at Time of Crash 2 (based on judgement of investigation officer): SWERVED OR AVOIDED DUE TO WIND, SLIPPERY SURFACE, MOTOR VEHICLE, OBJECT, NON
Driver Actions at Time of Crash 3 (based on judgement of investigation officer): WRONG SIDE OR WRONG WAY	Driver Actions at Time of Crash 4 (based on judgement of investigation officer): RAN OFF ROADWAY

Suspected Alcohol Use YES	Alcohol Testec TEST GIVEN	Alcohol Test Type BLOOD	Alcohol Test Result COMPLETED	BAC 205	Suspected Drug Use UNKNOWN	Drug Testec TEST GIVEN	Drug Test Type BLOOD	Drug Test Result NEGATIVE
Source of Transport to Medical Facility NOT TRANSPORTED	EMS Agency Name or ID SEMINOLE CO FIRE RES	EMS Run Number FR2012122394	Medical Facility Transported To					

PERSON RECORD

Crash Date 12/15/2012	Time of Crash 9:47 PM	Date of Report 8/10/2013	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number [REDACTED]	OSMV Crash Report Number [REDACTED]
--------------------------	--------------------------	-----------------------------	--	--	--

# 2	Person Type PASSENGER	Vehicle # V01	Name [REDACTED]	Injury Severity INCAPACITATING	Ejection EJECTED, TOTALLY
Date of Birth [REDACTED]	Sex M	Address [REDACTED]		Phone Number [REDACTED]	
Restraint Systems NONE USED - MOTOR VEHICLE OCCUPANT			Air Bag Deployed NOT APPLICABLE	Helmet Use	Eye Protector NOT APPLICABLE
Motor Vehicle Seating Position: Row FRONT		Motor Vehicle Seating Position: Seat RIGHT		Motor Vehicle Seating Position: Other	
Source of Transport to Medical Facility EMS		EMS Agency Name or ID SEMINOLE CO FIRE RES	FMS Run Number [REDACTED]	Medical Facility Transported To PARRISH MEDICAL CENTER	

PERSON RECORD

# 3	Person Type PROPERTY OWNER	Name [REDACTED]	Address [REDACTED]	Phone Number [REDACTED]
--------	-------------------------------	--------------------	-----------------------	----------------------------

WITNESS RECORD

# 4	Name [REDACTED]	Address [REDACTED]	Phone Number [REDACTED]
--------	--------------------	-----------------------	----------------------------

NON VEHICLE PROPERTY DAMAGE

Property Damage (Other than Vehicle) MAILBOX	Fir. Damage NO	Business NO	Person# 3	[REDACTED]
---	-------------------	----------------	--------------	------------

NARRATIVE

ID Number 2609	Rank CORPORAL	Name A. W. MEYER	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 386-736-5350
-------------------	------------------	---------------------	-------------------	--	------------------------------

Vehicle One (V01), a gator type ATV was traveling east on [REDACTED]. Driver of V01, D01, attempted to avoid a large puddle within the center of the roadway. D01 took evasive action to the left. The left side of V01 traveled off the roadway and onto the grassy shoulder. The left front of V01 struck a palmetto type palm tree and a mailbox, which caused V01 to overturn onto its right side ejecting both D01 and the right front passenger. V01 came to final rest on its right side facing northeast. D01 was fatally injured on scene. D01 came to final rest within the westbound lane of the roadway with his head directed in a northwesterly direction. D01's passenger came to final rest within the westbound lane of the roadway just west of D01.

Manner of Collision- Vehicle versus tree and mailbox followed by vehicle overturning

D01, [REDACTED], date of birth: [REDACTED] expired on 12/15/12 at 10:10 PM. [REDACTED] was pronounced deceased on scene by Paramedic [REDACTED] with the Seminole County Fire Rescue / Engine 42.

Traffic Homicide Investigator: Corporal Jennifer B. Kibler

Traffic Homicide Case Number: FHP 712-08-058

On scene photos taken by: Corporal Jennifer B. Kibler

Daytime photos taken on 08/16/12 by: Corporal Jennifer B. Kibler

NARRATIVE

ID Number 1816	Rank CORPORAL	Name J.B. KIBLER	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 386-736-5350
-------------------	------------------	---------------------	-------------------	--	------------------------------

Pending further investigation.

NARRATIVE

ID Number 1816	Rank CORPORAL	Name J.B. KIBLER	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 386-736-5350
-------------------	------------------	---------------------	-------------------	--	------------------------------

Pending further investigation.

NARRATIVE

ID Number 1816	Rank CORPORAL	Name J.B. KIBLER	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 386-736-5350
-------------------	------------------	---------------------	-------------------	--	------------------------------

Pending further investigation.

NARRATIVE

ID Number 1816	Rank CORPORAL	Name J.B. KIBLER	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 386-736-5350
-------------------	------------------	---------------------	-------------------	--	------------------------------

Pending further investigation.

Crash Date 12/15/2012	Time of Crash 8:47 PM	Date of Report 8/10/2013	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number [REDACTED]	HSMV Crash Report Number [REDACTED]
--------------------------	--------------------------	-----------------------------	--	--	--

NARRATIVE

ID Number 1816	Rank CORPORAL	Name J.B. KIBLER	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 386-736-5350
-------------------	------------------	---------------------	-------------------	--	------------------------------

Pending further investigation.

NARRATIVE

ID Number 1816	Rank CORPORAL	Name J.B. KIBLER	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 386-736-5350
-------------------	------------------	---------------------	-------------------	--	------------------------------

Pending further investigation.

NARRATIVE

ID Number 1816	Rank CORPORAL	Name J.B. KIBLER	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 386-736-5350
-------------------	------------------	---------------------	-------------------	--	------------------------------

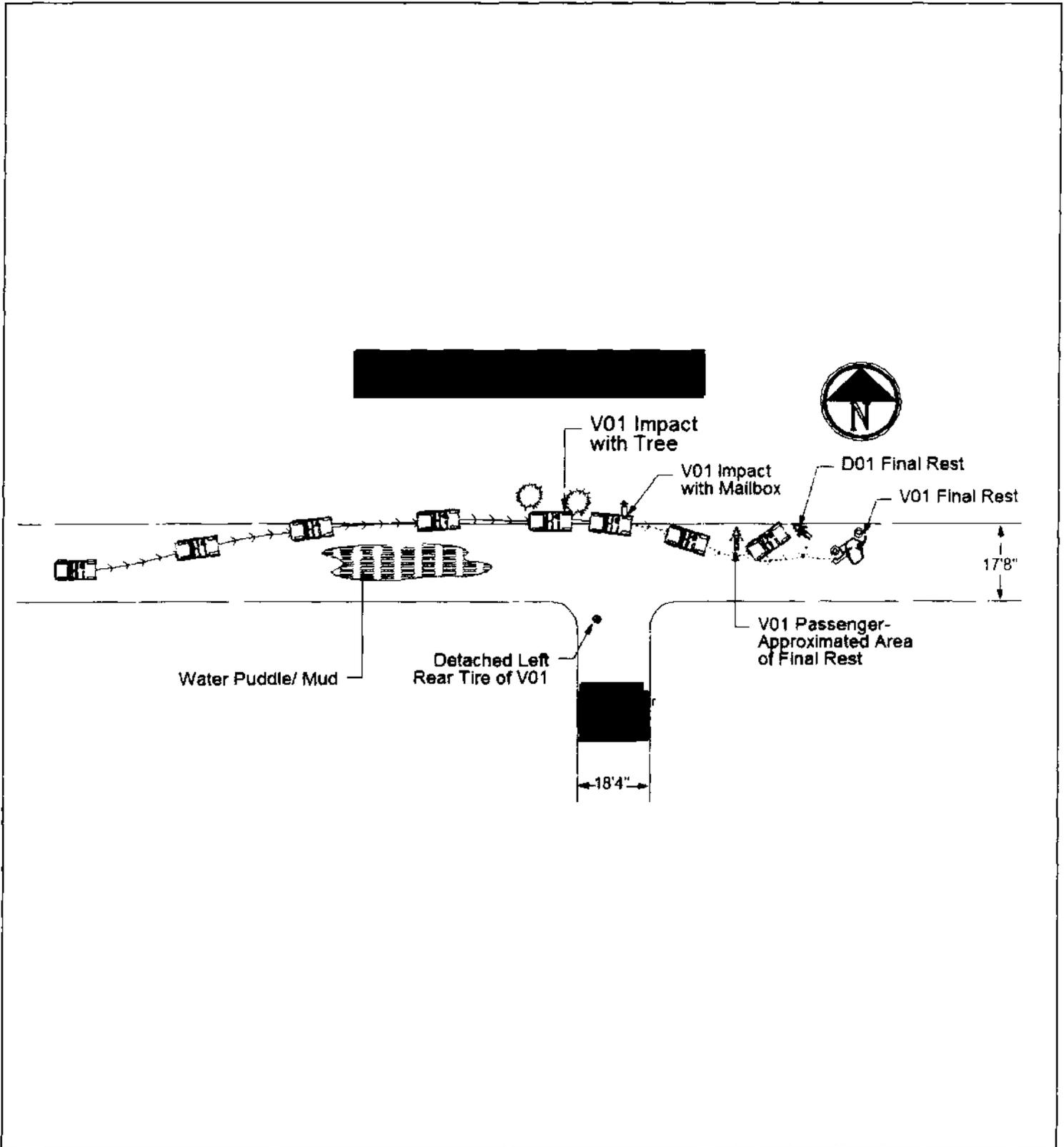
Pending further investigation.

REPORTING OFFICER

ID Number 1816	Rank CORPORAL	Name J.B. KIBLER	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 386-736-5350
-------------------	------------------	---------------------	-------------------	--	------------------------------

Crash Date 12/15/2012	Time of Crash 9:47 PM	Date of Report 8/10/2013	Reporting Agency FLORIDA HIGHWAY PATROL	Reporting Agency Case Number [REDACTED]	HSMV Crash Report Number [REDACTED]
--------------------------	--------------------------	-----------------------------	--	--	--

DIAGRAM OF CRASH



INVESTIGATIVE REPORT

ASSIGNMENT

On Saturday, December 15, 2012 at 10:23 PM, I was notified by the Orlando Regional Communications Center, of a traffic crash. I arrived on scene on December 15, 2012 at 11:54 PM.

CRASH ANALYSIS SUMMARY

██████████ is considered an east / west roadway. It is constructed as a dirt / sand type roadway. In the area of the crash ██████████ ██████████ is a two lane undivided roadway. The roadway is 17 feet 8 inches wide.

In the area of the crash, the roadway has a level grade and level superelevation. In order to obtain the coefficient of the roadway, drag sled FHP017 was utilized weighing 26 pounds. Five pulls of this drag sled in the direction of V-1's travel path gave an average pull of 13 pounds. I calculated the coefficient of friction for this roadway to be 0.50. In the area of the crash, the grass shoulder has a level grade and its superelevation is .06 percent with a downward slope to the south. In order to obtain the coefficient of the grass shoulder, drag sled FHP017 was utilized weighing 26 pounds. Five pulls of this drag sled in the direction of V-1's travel path gave an average pull of 15.2 pounds. I calculated the coefficient of friction for this grass shoulder to be 0.58.

There were no speed limit signs within the area, by Florida Statute 316.189 (2) (a) the maximum speed on any county-maintained road in any business or residence district is 30 miles per hour in the daytime or nighttime. The roadway and traffic control devices did not contribute to this crash. There are no streets lights present in the area of the crash.

Case Number: ██████████

Page 7

INVESTIGATIVE REPORT

D-1, [REDACTED] was a 47-year old male who held a valid Florida Class "E" type driver's license with no restrictions or endorsements. It is unknown if D-1 was distracted at the time of the crash. According to D-1's wife, [REDACTED], D-1 was familiar with V-1, the area and route. It is unknown the amount of sleep D-1 had the night before the crash. There were no visual obstructions contributing to this crash. D-1 sustained fatal injuries on scene. D-1's trip plan was known. D-1 was traveling from a friend's residence located at [REDACTED] Mims, Florida to his right front passenger's residence located at [REDACTED], Mims, Florida.

[REDACTED], D-1, date of birth [REDACTED] was pronounced deceased on scene by Paramedic Glenn Siracusa with Seminole County EMS / Engine 42 on 12/15/12 at 10:10 PM.

V-1 was a 2008 green in color, Yamaha Rhino ATV (All-terrain vehicle) type vehicle. V-1 was equipped with power assisted brakes. The front brakes and rear brakes were disc. V-1 was equipped with power steering. V-1 was equipped with a standard type transmission. V-1 was not equipped with a standard seat belt / shoulder harness occupant restraint system at the time of the crash.

Corporal Amanda Meyer conducted a digitally recorded interview with witness and mutual friend of D-1, [REDACTED] (13 years old), who was accompanied by his mother, [REDACTED]. Mr. [REDACTED] identified D-1 as [REDACTED], the operator of V-1. [REDACTED] identified D-1's right front passenger as [REDACTED]. [REDACTED] stated they had all left the same residence, located at [REDACTED]

Case Number: [REDACTED]

Page 8

INVESTIGATIVE REPORT

█████ s. █████ stated he was riding his dirt bike behind V-1. █████ stated D-1 was attempting to go around (to the left) of a large puddle located in the center of the roadway. █████ stated in doing so, V-1 traveled toward the westbound shoulder / ditch and lost control. █████ stated V-1 struck the palm tree and a mailbox, which subsequently caused V-1 to overturn. █████ stated D-1 had removed the seatbelts from V-1 prior to the crash in order to install new seats in V-1 or install a new roll cage on V-1. █████ added she observed D-1 consuming a couple of beers (█████) prior to the crash; however she added D-1 did not appear to be impaired.

In order to document the crash scene, it was necessary to establish a zero point and a reference line from which the scene measurements were obtained. A zero point was established on reference line, 33 feet 3 inches perpendicular to wooden utility power pole number: █████. A 300 foot tape measure was laid straight alongside the westbound roadway edge of █████ and utilized as the reference line. V-1 was traveling east on █████. D-1 attempted to avoid a large puddle within the center of the roadway. D-1 took evasive action to the left. The left side of V-1 traveled off the roadway and onto the grassy shoulder. The left side of V-1 struck a palmetto type palm tree and mailbox, which caused V-1 to overturn onto its right side ejecting both D-1 and the right front passenger. The area of collision between V-1 and the palmetto type palm tree was 78 feet east of the zero point and 3 feet 8 inches north of the reference line. After collision with the palmetto type palm tree and mailbox, V-1 travel approximately 63 feet in an easterly direction before overturning onto its right side. V-1's right rear tire came to final rest position 139 feet 7 inches east of the zero

Case Number: █████

Page 9

INVESTIGATIVE REPORT

point and 5 feet 10 inches south of the reference line. V-1's right front tire came to final rest position 144 feet 4 inches east of the zero point and 2 feet 1 inch south of the reference line.

While on scene [REDACTED] and I conducted a post collision vehicle inspection of V-1. V-1 appeared to have normal wear and tear to its body and sustained minimal damage as a result of this crash. V-1's left rear tire was detached from V-1. Blue transfer paint was located on V-1's leading left "A" pillar. This was relevant of its contact with the blue mailbox prior to overturning.

On December 16, 2012, I returned to the scene to obtain daytime photos.

On January 3, 2013, I received the Medical Examiner Case Report summary for the autopsy on [REDACTED], D-1. On December 17, 2012, Doctor Shiping Bao, M.D., Medical Examiner for District Seven and Twenty Four, performed an autopsy to determine to cause of death of [REDACTED]. He determined the cause of death to be, "Blunt Force Injuries of Chest". The manner of death was classified as an accident. Samples of blood and tissue were removed for post-mortem toxicology testing. D-1's Blood Alcohol Content (BAC) was: .205 and D-1's Comprehensive Drug Screen / Blood results revealed: "None Detected".

On January 8, 2013 I conducted a digitally recorded interview with D-1's right front passenger, [REDACTED]. [REDACTED] stated he does not recall much of the crash. [REDACTED] stated D-1 was giving him a ride home from their neighbor's residence, located at [REDACTED] Mims, Florida. [REDACTED] stated D-1 had consumed a couple of alcoholic beverages in his presence. [REDACTED] stated there were no other vehicles involved in this crash. [REDACTED] stated V-1's headlights were

Case Number: [REDACTED]

Page 10

INVESTIGATIVE REPORT

on. [REDACTED] stated the road was wet, but it was not raining. [REDACTED] stated there was a large puddle in the middle of the roadway. [REDACTED] stated D-1 swerved to the left to avoid the large puddle. [REDACTED] stated he doesn't believe they were going over 30 miles per hour at the time of the crash. [REDACTED] stated he really doesn't know what happened. [REDACTED] stated the last thing he remembers seeing is the palm tree and the next thing he knew he was laying on the ground. [REDACTED] sustained incapacitating injuries as a result of this crash.

By utilizing the minimum speed equation, the minimum speed calculated for V-1 was a minimum speed of 28.85 miles per hour.

There was no evidence of involvement by another vehicle or person to contribute to this crash.

Based upon the available physical evidence and background investigation, it is concluded: [REDACTED] D-1, was traveling east on [REDACTED]. By operating V-1, failing to slow and maintain control of V-1 when maneuvering around the large puddle, D-1 was not in compliance with all traffic laws at the time of the crash. D-1 did contribute to this crash, the incapacitating injuries to his right front passenger, [REDACTED] and his own untimely death.

D-1, was in violation of Florida Statute, **316.185 Special hazards**, which states: The fact that the speed of a vehicle is lower than the prescribed limits shall not relieve the driver from the duty to decrease speed when approaching and crossing an intersection, when approaching and going around a curve, when approaching a hill crest, when traveling upon any narrow or winding roadway, or when special hazards exist or may exist with respect to pedestrians or other traffic or by reason of weather or other

INVESTIGATIVE REPORT

roadway conditions, and speed shall be decreased as may be necessary to avoid colliding with any person, vehicle, or other conveyance on or entering the street in compliance with legal requirements and the duty of all persons to use due care. A violation of this section is a noncriminal traffic infraction, punishable as a moving violation as provided in chapter 318.

While in actual physical control of V-1, [REDACTED], D-1, was also under the influence of an alcoholic beverage, with a blood alcohol level of: 0.205, he was in violation of Florida Statute, **316.193, Driving under the influence**, which states: A person is guilty of the offense of driving under the influence and is subject to punishment as provided in subsection (2) if the person is driving or in actual physical control of a vehicle within this state and: (b) The person has a blood-alcohol level of 0.08 or more grams of alcohol per 100 milliliters of blood.

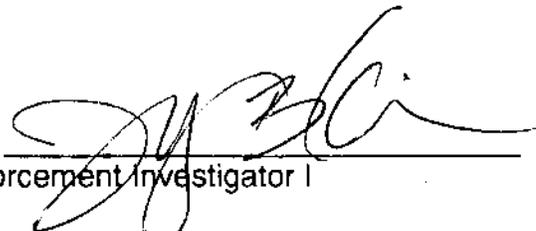
While driving under the influence and causing serious bodily injury to [REDACTED], [REDACTED], D-1, was in violation of Florida Statute, **319.193 (3)abc(2), Driving under the influence (DUI Serious Bodily Injury)**, which states: (3) Any person: (a) Who is in violation of subsection (1); (b) Who operates a vehicle; and (c) Who, by reason of such operation, causes or contributes to causing: (2) Serious bodily injury to another.

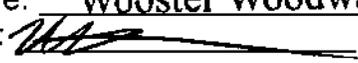
INVESTIGATIVE REPORT

CASE CLOSING STATUS

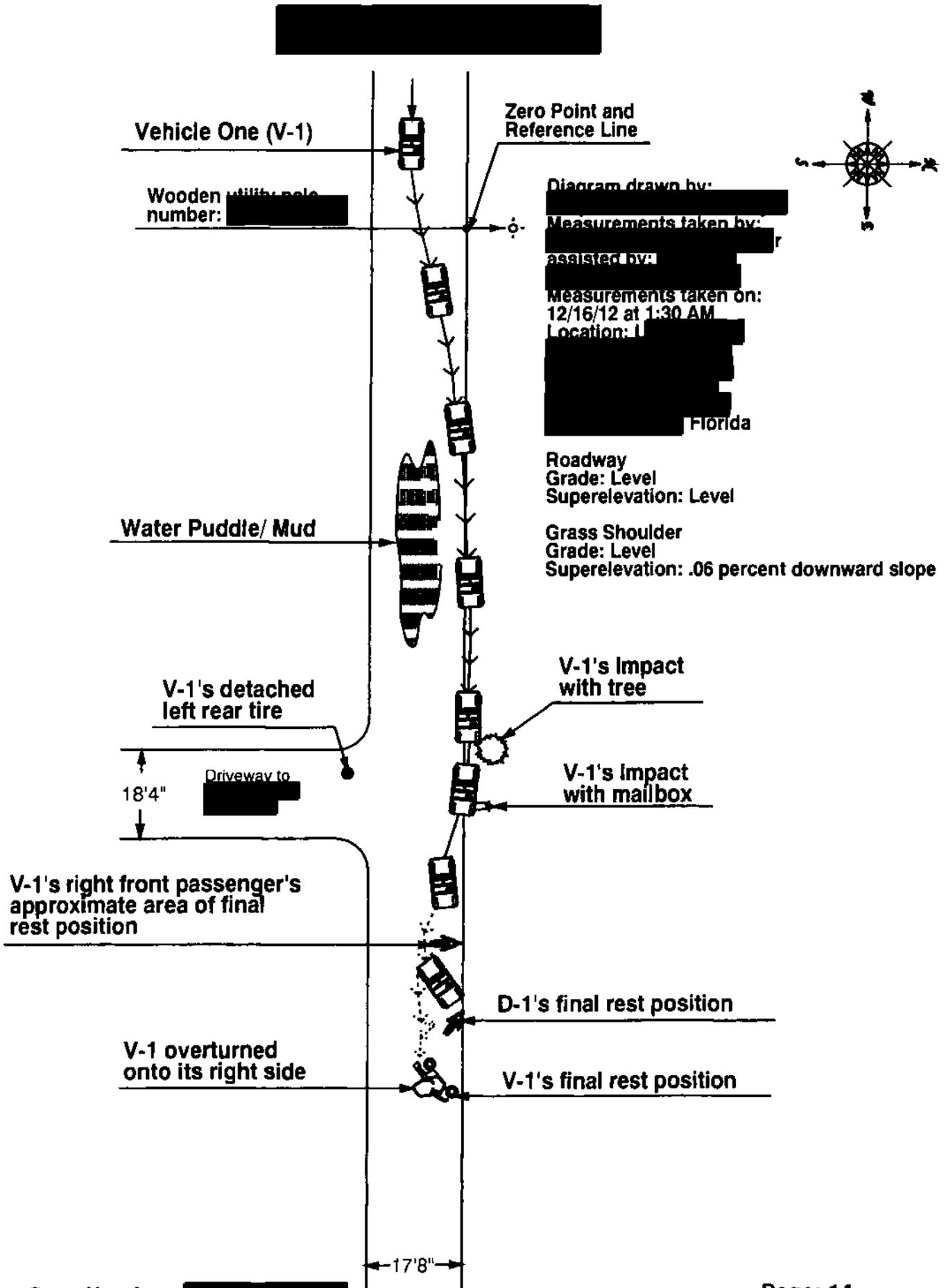
Exception: by Deceased Person.

The investigation is complete and no charges will be filed because the at-fault person expired as a result of the crash.

Corporal 
Law Enforcement Investigator I
Date:

Sworn and subscribed before me,
The undersigned authority on this the
9 day of August, 2013.
Print Name: Wooster Woodward
Signature: 

RECONSTRUCTION DIAGRAM



Office of the Medical Examiner, District 7 & 24

Medical Examiner Case Report

Year: 2012 **Number:** [REDACTED] **Date Reported:** 12/16/2012 12:05:00 AM
Notification By: Emergency Communications Center **ECS CAD #:** [REDACTED]
Investigative Agency/Jurisdiction: Florida Highway Patrol

Decedent: [REDACTED]
Age: 47 **Race:** White **Sex:** MALE
Date of Birth: [REDACTED] :
Method Of ID: Family and friends
Permanent Address: [REDACTED]
City: Mims **State:** FLORIDA **Zip:** 32754 **Country:** USA
Last Seen Alive: 12/15/2012 9:45:00 PM
By Whom: Friends
In Police Custody?: NO
Found?: NO
Date/Time of Death: 12/15/2012 10:10:00 PM
Place of Death: [REDACTED]
City of Death: Mims
County of Death: Volusia
Date of Injury: 12/15/2012 **Injured at Work?:** NO
Place of Injury: [REDACTED]
Next of Kin: [REDACTED]
Funeral Home: [REDACTED]

Investigating Agency: Florida Highway Patrol
Law Enforcement Case #: [REDACTED]
Investigator: [REDACTED]
M.E. Investigator: [REDACTED]
Autopsy?: Yes **Examination Date:** 12/17/2012 3:00:00 PM
Mode of Death: MVA/Driver
Cause of Death: Blunt Force Injuries of Chest
Other Significant Conditions:
Manner of Death: Accident
Doctor Signing DC: Shiping Bao, M.D.

Year: 2012 Number [REDACTED] Decedent: [REDACTED]

Case Summary:

ECC contacted [REDACTED] of an apparent death at the rear of [REDACTED] in Mims. Person of contact (POC) was FHP [REDACTED]. POC advised of a 47yoa W/M named [REDACTED] who had expired.

POC stated that [REDACTED] and a few friends and family were riding their 4-wheelers and Gator/4-wheel cart from one residence to another. [REDACTED] was driving the Gator with a passenger and attempted to avoid a mud hole/ditch. [REDACTED] swerved, lost control and struck a palm tree. The Gator overturned and [REDACTED] was ejected face down. Someone called 911 while one of the friends rolled him onto his back and started CPR. SCFD arrived on scene and took over CPR. [REDACTED] was pronounced at 2210 hours.

POC stated that it appeared that [REDACTED] had suffered head trauma and was positively identified by the friends and family. POC advised that [REDACTED] had an odor about him consistent with alcohol. The accident was witnessed by three other people and [REDACTED]'s passenger was not injured.

Based on the above information, jurisdiction was accepted and Livery was dispatched at approximately 0030 hours on 12/16/2012. TSM

Description	Volume	Specimen
Ethanol	BAC .205	Chest Blood

MEDICAL EXAMINER REPORT

Name	[REDACTED]	Medical Examiner #	12-07-678
Date of Birth	[REDACTED]	Date of Death	December 15, 2012
Age	47 Years	County	Volusia
Race	White	Date of Exam	December 17, 2012
Sex	Male	Time of Exam	1400 Hours

FINAL DIAGNOSES AND FINDINGS

- I. Blunt Force Injuries of the Chest
 - A. Abrasions on shoulders, chest and back
 - B. Extensive fractures of sternum, bilateral ribs and bilateral clavicles
 - C. Extensive lacerations of lungs and pericardial sac
 - D. Transection of ascending aorta and laceration of heart with hemorrhage

- II. Cardiomegaly (Heart Weight 600 Grams) with Left Ventricular Hypertrophy

- III. Severe Fatty Metamorphosis of Liver

Cause of Death: Blunt Force Injuries of Chest
Manner of Death: Accident
How incident occurred: Operator of Gator 4 wheel cart struck fixed object with ejection



Shiping Bao, M. D.
Associate Medical Examiner

Date: 01/30/13

XC: State Attorney's Office
Florida Highway Patrol



"Accredited by the National Association of Medical Examiners"

Name



ME #



**MEDICAL EXAMINER REPORT
REPORT OF AUTOPSY**

OFFICIALS PRESENT AT EXAMINATION

None.

EXTERNAL EXAMINATION

The body is viewed unclothed. The body is that of a normally developed, adult white male appearing the stated age of 47 years with a body length of 70 inches and body weight of 241 pounds. The body presents a medium build with average nutrition, normal hydration and good preservation. Rigor mortis is complete, and lividity is well developed and fixed on the posterior surfaces of the body. The body is cold to touch post refrigeration. Long brown hair covers the scalp. The face has a beard and mustache and is otherwise unremarkable. There is average body hair of adult-male-pattern distribution. The eyes are closed and have clear bulbar and palpebral conjunctivae. The irides are hazel with white sclerae. There are no cataracts or arcus present. The pupils are equal at 5 millimeters. The orbits appear normal. The nasal cavities are unremarkable with an intact septum. The oral cavity presents natural teeth with fair oral hygiene. The ears are unremarkable with no hemorrhage in the external auditory canals. The neck is rigid due to postmortem changes, and there are no palpable masses. The abdomen is moderately protuberant.

The upper and lower extremities are equal and symmetrical and present cyanotic nail beds without clubbing or edema. There are no fractures, deformities or amputations present. The external genitalia present descended testicles and an unremarkable penis. The back reveals dependent lividity with contact pallor. The buttocks are atraumatic, and the anus is intact. The integument is of normal color.

OTHER IDENTIFYING FEATURES

There are identification bands on the ankles.

There is a tattoo of a symbol with letters on the right arm.

EVIDENCE OF INJURY

Blunt Force Injuries of the Chest

- Area of 6 x 3 inch abrasion - right shoulder
- Area of 6 x 2 inch abrasion - left shoulder
- Area of 2½ x 1½ inch abrasion - chest
- Area of 6 x 5 inch abrasion - back
- Extensive fractures of sternum, bilateral ribs and bilateral clavicles
- Extensive lacerations of lungs and pericardial sac
- Transection of ascending aorta

Name



ME #



**MEDICAL EXAMINER REPORT
REPORT OF AUTOPSY**

- 3 centimeter laceration - left ventricle of heart
- Approximately 300 milliliters of blood - right pleural cavity

EVIDENCE OF RECENT MEDICAL TREATMENT

There are cardiac monitor pads on the chest and abdomen.

EVIDENCE OF ORGAN AND/OR TISSUE DONATION

None.

INTERNAL EXAMINATION: The following excludes any previously described injuries.

BODY CAVITIES

The peritoneum is congested, smooth, glistening and essentially dry; devoid of adhesions or effusion. There is no scoliosis, kyphosis or lordosis present.

The subcutaneous fat measures 4 centimeters and is normally distributed, moist and bright yellow. The musculature of the chest and abdominal area is of normal color and texture.

NECK AND TONGUE

The neck presents an intact hyoid bone as well as the thyroid and cricoid cartilages. The larynx has unremarkable vocal cords and folds that appear widely patent without foreign material. The epiglottis is a characteristic plate-like structure without edema, trauma or pathological lesions. Both the musculature and the vasculature of the anterior neck are unremarkable. The trachea and spine are in the midline, and present no traumatic injuries or pathological lesions. The tongue is unremarkable.

CARDIOVASCULAR SYSTEM

The heart is enlarged and weighs 600 grams (normal range 311 to 540 grams). The left ventricular wall is 1.8 centimeters and the right is 0.5 centimeters. The cardiac valves appear unremarkable. The coronary ostia are in the normal anatomical location leading into widely patent coronary arteries. Right dominant circulation is present. The endocardial surface is smooth without thrombi or inflammation. Sectioning of the myocardium presents no gross evidence of ischemic changes either of recent or remote origin.

Name



ME #



**MEDICAL EXAMINER REPORT
REPORT OF AUTOPSY**

RESPIRATORY SYSTEM

The lungs are collapsed and together weigh 760 grams. There are no gross pneumonic lesions or abnormal masses identified.

HEPATOBIILIARY SYSTEM

The liver weighs 2200 grams and presents a yellow-brown, smooth, glistening surface, consistent with fatty metamorphosis. On sectioning, the hepatic parenchyma is yellow-brown, homogeneous and congested. The unremarkable gallbladder contains approximately 15 milliliters of greenish bile. There is no cholecystitis or lithiasis. The biliary tree is patent. The pancreas presents a lobulated yellow cut surface without acute or chronic pancreatitis.

HEMOLYMPHATIC SYSTEM

The spleen weighs 250 grams and presents a gray-pink intact capsule and a dark red parenchyma. There is no lymphadenopathy. The thymus gland is involuted.

GASTROINTESTINAL SYSTEM

The esophagus is intact with normal gastroesophageal junctions and without erosions or varices. The stomach is also normal without gastritis or ulcers, and contains 20 milliliters of gastric fluid with no food particles. The loops of the small and large bowel appear grossly unremarkable. The appendix is unremarkable.

UROGENITAL SYSTEM

The kidneys weigh 160 grams each. On sectioning, the cortex presents a normal thickness above the medulla. The renal columns of Bertin extend between the well-demarcated pyramids and appear unremarkable. The medulla presents normal renal pyramids with unremarkable papillae. The pelvis is of normal size and is lined by gray glistening mucosa. There are no calculi. The renal arteries and veins are normal. The ureters are of normal caliber lying in their course within the retroperitoneum and drain into an unremarkable urinary bladder which contains approximately 200 milliliters of urine.

The external genitalia present an unremarkable penis without hypospadias, epispadias or phimosis. There are no infectious lesions or tumors noted. The descended testicles are of normal size encased within an intact and unremarkable scrotal sac. There are no abnormal masses or hernias on palpation. The prostate is of normal size and shape and sectioning presents two normal lateral lobes with a thin median lobe forming the floor of the unremarkable urethra. There are no gross pathological lesions.

**OFFICE OF THE MEDICAL EXAMINER
FLORIDA, DISTRICTS 7 & 24**

Name



ME #

**MEDICAL EXAMINER REPORT
REPORT OF AUTOPSY****ENDOCRINE SYSTEM**

The thyroid gland is of normal size and shape and presents two well-defined lobes with a connecting isthmus and a beefy-brown cut surface. There are no goitrous changes or adenomas present. The adrenal glands are of normal size and shape. Sectioning presents no gross pathological lesions.

MUSCULOSKELETAL SYSTEM

The pelvis and vertebral column have no recent fractures. The muscles are normally formed.

CENTRAL NERVOUS SYSTEM

The scalp is intact without contusions or lacerations. The calvarium is likewise intact without bony abnormalities or fractures. The brain weighs 1430 grams and presents moderate congestion of the leptomeninges. The overlying dura is intact and unremarkable. The cerebral hemispheres reveal a normal gyral pattern with moderate global edema. The brainstem and cerebelli are normal in appearance with no evidence of cerebellar tonsillar notching. The circle of Willis is patent and presents no evidence of thrombosis or berry aneurysm. Upon coronal sectioning of the brain, the ventricular system is symmetrical and contains clear cerebrospinal fluid. There are no space-occupying lesions present. The spinal cord is not examined.

MICROSCOPIC EXAMINATION: One slide examined on January 21, 2013.

HEART: Hypertrophy of myocardial fibers with chronic ischemia.

LUNGS: Collapse of tissues with focal hemorrhage.

LIVER: Severe fatty metamorphosis.

TOXICOLOGY: See separate report from NMS Laboratories.

SB

End of Report



U.S. Consumer Product Safety Commission

Task Number: 130703HCC1920

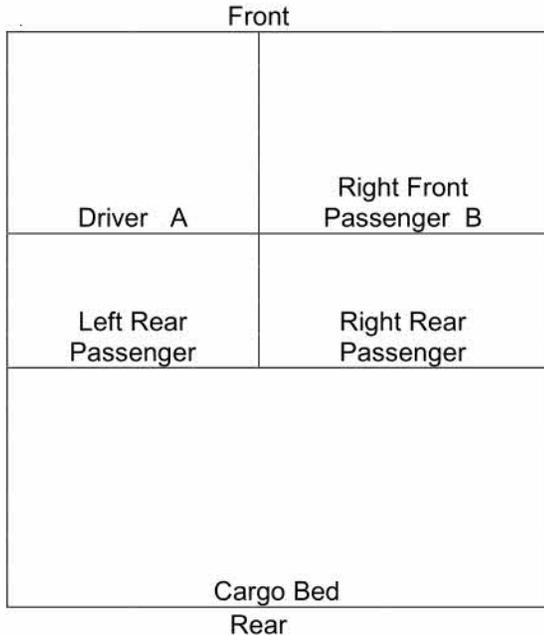
Date: 9/30/13

Status of Missing Document(s)

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

1. photo, 4-wheeled utility vehicle
2. _____
3. _____
4. _____
5. _____
6. _____

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age:47	Height: 70 inches
	Gender: male	Weight: 241 lbs
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: killed	
	Injury Description: blunt force chest injury	
	Did vehicle land on driver A: no	
	Ejected (Either partially or fully): yes	

B:	Age: 46	Height: unknown
	Gender: male	Weight: unknown
	Helmet (Y/N): n	Seatbelt (Y/N): n
	Killed/Injured/Neither/Unknown: injured	
	Injury Description: incapacitating	
	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.

CONTACT INFORMATION:

Contacted on 8/19/13

FL Highway Patrol
1551 E. Int'l Speedway Blvd
Deland, FL 32724
(386) 736-5350

District 7 Medical Examiner
1360 Indian Lake Road
Daytona Beach, FL 32124
(386) 258-4061

This investigation was initiated from a newspaper article. A **utility vehicle (UTV)** that can seat four people overturned in a creek while trying to cross it. The driver and the passengers were ejected. The two passengers made it successfully to shore. The driver was swept down the running creek. The driver was found deceased wedged under a log. The state troopers' reports were requested and received. The majority of information contained in this in-depth investigation was obtained from this source. The medical examiner's report was requested but had not yet been completed. Contact information for the occupants of the UTV was not provided. It is unknown if any of the men were skilled/trained in operating the UTV or any type of all-terrain vehicle.

The victim is a 57 year-old male. He was the driver of the UTV. There were two other adult males in the vehicle with the victim. Their ages are unknown. One was riding in the passenger seat. One was riding in the rear seat (exact location is unknown). Height, weight, and physical/mental conditions for the UTV occupants are unknown based on the current information available. It is not clear as to whether the occupants were wearing safety belts and/or helmets. No foul play was discovered or suspected by attending law enforcement. It is not believed that alcohol was involved. The three men in the UTV were accompanied by a fourth man driving his individual all-terrain vehicle.

The incident occurred in a very remote area of wilderness. There is no cell phone coverage. The weather was partly cloudy. The air temperature was less than 60 degrees F. The creek's water temperature is unknown. The creek was moderately turbid with visibility through the water of approximately 1.5 feet. The depth of the creek water was not reported.

In the morning hours of June 7, 2013, the three men drove a rented UTV (accompanied by the fourth man on his own ATV) and attempted to traverse a running creek to recover two all-terrain vehicles that had been left behind during the previous fall hunting season. The men had previously left the ATVs behind as the water level in the creek was too high for them to cross safely at the time. The men found a place to cross the running creek. Again, the water depth in the creek was not recorded. The man on his ATV remained on the bank as he watched the three men in the UTV start across the creek. Half-way across the creek the flowing water rolled the UTV over. The roof was ripped off of the vehicle and the three riders were ejected into the water. The passengers in the UTV immediately were able to make it to shore. The driver of the UTV (victim) was last seen floating down stream visibly trying to swim to shore.

The man on the ATV said he took off to find help. Two hours later he arrived at a lodge that had a telephone that he could use to call 911. At approximately 10:40am state troopers were notified of the incident. They drove 150 miles to the scene of the incident. At approximately 12:00pm a Blackhawk helicopter was dispatched to search the area. The helicopter picked up another state trooper to act as a spotter. Approximately 2:00pm the helicopter made it to the creek area and landed. At approximately 2:30pm a second helicopter (Air Force) arrived with persons to help search the area. The two UTV occupants that had made it immediately to shore were successfully rescued with no significant injuries. There was no sign of the driver (victim) of the UTV.

At approximately 3:00pm the victim was located in the creek, trapped under and log and submerged in the creek. He was dead. He had an injury to his left temple with was swollen and bloody. There also appeared to be an injury to his neck with some bleeding. No other signs of injury were observed. The body was recovered and flown to the state's medical examiner's office.

130703HCC3752

PRODUCT DESCRIPTION

The product is a utility vehicle described as a vehicle that holds four people. It is a Polaris Crew Cab Ranger. The color is red. No other information about the product is known. The product was a rented vehicle. No information provided as to the firm it was rented from.

ATTACHMENTS

- Exhibit "A" – Contact Sheet, 1 page
- Exhibit "B" – Trooper's Report, 6 pages
- Exhibit "C" – Missing Documents Form, 1 page
- Exhibit "D" – Data Record Sheet - UTV

130703HCC3752
Exhibit "A", 1 page

Contact Sheet

Alaska State Troopers
Department of Public Safety
Office of the Commissioner
5700 East Tudor Road
Anchorage, AK 99507
FAX: 907-269-4543

July 5, 2013 – CPSC investigator requested official report. No photographs were received.

Medical Examiner's Office
ATTN: Records
4500 S Boniface Parkway
Anchorage, AK 99507
FAX: 907-334-2216

July 5, 2013 – CPSC investigator requested official report.

130703HCC3752
Exhibit "B", 6 pages



Alaska Department of Public Safety

Incident Report

Incident: [REDACTED]

Incident Type: Other Non-Offense Incident [00NC]

Incident time: 06/07/2013 11:15 - 06/07/2013 18:02

Reported time: 06/07/2013 10:40

Incident location: [REDACTED] USA [REDACTED] (MILEPOST - [REDACTED]) (Beat/zone: HHJI)

Incident status: Closed by investigation

Summary: On 6/7/13, at approximately 1040 hrs, [REDACTED] reported to State Troopers via the [REDACTED] that a Polaris Crew Cab Ranger overturned in the [REDACTED] washing one of the occupants down stream and out of site and leaving two others stranded on the banks. He stated it took him nearly two hours to reach a phone. Helicopters from AST and RCC were dispatched. [REDACTED] and [REDACTED] were recovered free of injury and returned safely. Located in the [REDACTED] deceased was [REDACTED] NOK were notified and the body transported to Anchorage for examination. No foul play was discovered or suspected. No alcohol was involved. The four individuals were attempting to cross the [REDACTED] to recover ATV's left in the woods last fall when flood waters prevented their removal after hunting season.

Incident Activities/Offenses

- [999] Death Investigation - Natural
- [999] Drowning
- [999] Search and Rescue - SAR

Involved Persons

[REDACTED]

Classification: Located; Victim

Gender: Male

[REDACTED]

Classification: Located; Victim

Gender: Male

██████████ ██████████

Classification: NOK

Gender: Female

██████████ ██████████ **[DECEASED]**

Classification: Deceased

Gender: Male

██████████

Classification: Involved persons (other than above)

Gender:

██████████

Classification: Complainant

Gender: Male

Involved Property

- P13018540 / CD/DVD / Evidence / PHOTOS

Involved Addresses

- ██████████ Incident location / ██████████ ██████████ USA ██████████ (MILEPOST - ██████████
██████████) (Beat/zone: HHJ1)

Involved Officers

- Assisting officer / BITZ, C. / #CB60 / ADPS / Officer; State Trooper / AST ██████████ POST / #RAS5 SIMMONS, R.
- Assisting officer / POTTER, M. / #MJP1 / ADPS / Officer; State Trooper / AWT ██████████ POST / #JCR9 RODGERS, J.
- Assisting officer / SIMMONS, R. / #RAS5 / ADPS / Officer; Sergeant; State Trooper / AST ██████████ POST (0½ ██████████ ██████████, Bid: AST ██████████ / ██████████ JSA ██████████ AST POST) (Beat/zone: HHJA) / #LRP0 PISCOYA, L.
- Reporting unit / AST ██████████ POST / ADPS / Assignable
- Reporting officer / LANTZ, S. / #SRL0 / ADPS / Officer; State Trooper / AST ██████████ POST / #JDP2 PUGH, J.

Reports

General report

Author: #SRL0 LANTZ, S.

Report time: 06/12/2013
08:20

Narrative:

On 6/7/13, at approximately 1040 hrs, I was notified by dispatch of a Search and Rescue situation near [REDACTED] and the [REDACTED] off the [REDACTED]. Dispatch reported that [REDACTED] AST advised it to be across the boundry in Delta AST's Area.

Dispatch reported that [REDACTED] reported to State Troopers via the [REDACTED] Lodge that a Polaris Crew Cab Ranger with three occupants overturned in the [REDACTED] washing one of the occupants down stream and out of site and leaving two others stranded on the banks of [REDACTED]. Investigation found that the involved persons were [REDACTED] the complainants father in law, who washed down stream, along with [REDACTED] and [REDACTED] whom made it to shore but were stranded.

[REDACTED] reported it took him nearly two hours to reach a phone at the [REDACTED]. [REDACTED] reported his father in law appeared to be concious and swimming as he rounded the curve in the creek and went out of site. I requested dispatch notify comand and request Trp. Potter and Helo-2 respond for recovery efforts.

I responded to [REDACTED] Post to make further calls from a land line and request further resources for a ground and water search for the missing person. Lt. Piscoya contacted me and directed me to respond to the scene and asses the situation.

I traveled approximately 150 miles to the [REDACTED] where I met with the complainant. The complainant stated he and the other three were attempting to traverse the [REDACTED] to recovery to ATV's left behind by [REDACTED], his father in law, during hunting season last fall when the water was to high to cross. He stated they had rented a crew cab ranger and that [REDACTED], [REDACTED] and [REDACTED] were riding in it. He stated they found a place to cross and he waited on the bank for them to get across before he attempted to himself on an ATV. He stated they were about half way across when the river rolled the side by side. He stated the roof and was ripped off and the three occupants exited the Ranger. He stated [REDACTED] and [REDACTED] immediately made it to the shores and he could see [REDACTED] floating down stream visibly trying to swim for a shore. He stated he took off for help with the [REDACTED] lodge being the closest place with a phone. He had no further information to provide.

I was advised by dispatch when I found an area with radio coverage that RCC had dispatched a Blackhawk Helicopter to assist in the search and that Helo-2 was on scene. Dispatch further reported that Helo-2 had recovered the two stranded persons and the body of [REDACTED] now wedged under a log in the creek presumably drowned. Recovery efforts for his body were underway.

I arrived at a small dirt air strip at approximately mile 79 of the [REDACTED]. There I was met by Trp. Potter and Trp Bitz in Helo-2. They informed me that both persons were returned to the road and were traveling to the Lodge. They stated [REDACTED] was located wedged under a log and that the PJ's in the Blackhawk had recovered the remains and were transporting them to Anchorage for examination at the State Medical Examiners Office.

Trp. Potter stated that [REDACTED] was notified of his friends passing. I departed the air strip to return to the lodge to make further notifications of [REDACTED] passing to his son in law and asist with further family notifications if needed. When I arrived [REDACTED] had beat me there and notified [REDACTED] of [REDACTED] passing. [REDACTED] in turn had notified his wife, [REDACTED] daughter, and [REDACTED] wife [REDACTED]. They requested no further assistance with notifications from AST.

I departed the [REDACTED] to return to [REDACTED] post. I learned on the way that Lt. Piscoya had taken care of all notifications to the State Medical Examiners Office, Command, and Commisioners notifications.

I did not visit the scene. Trp. Potter and Bitz took photographs, GPS coordinates, and scene investigation. See their supplements for details.

No state funds were expended outside normal operations (ie: fuel and wages). No volunteers were requested, used, or reimbursed.

Supplementary report

Author: #MJP1 POTTER, M.

Report time:

Narrative:

On June 7th 2013 at approximately 1200 hours I was dispatched to fly the Robinson R44 helicopter, "Helo 2" from Fairbanks to [REDACTED] near the [REDACTED] to rescue a stranded man and search for a missing person. I was briefed by Dispatch that several people had fallen into [REDACTED] when their ATV rolled over as they were attempting to cross the creek. One of the passengers in the ATV made it to the far side of [REDACTED] k and was stranded there. Another passenger was last seen being swept downstream and attempting to swim to shore. The missing man was described as an adult white male wearing green rain gear and having gray hair. The incident occurred more than 1 hour before I was dispatched.

I knew from previous experience that [REDACTED] was difficult to navigate with an ATV, particularly when the water was high. I was familiar with the area, having conducted extensive search operations there the previous fall.

I loaded 28 gallons of extra fuel in Helo 2 and departed [REDACTED] at 1229 hours. Lt. Piscoya informed me via radio that several local residents would be in the area of [REDACTED] looking for the missing person. I stopped in [REDACTED] at 1330 hours to pick up Trooper Bitz as a spotter. I left 14 gallons of fuel in Cantwell to maintain the necessary gross weight to obtain the performance characteristics desired for the search operation at the density altitude we would be operating at.

We arrived at [REDACTED] at 1403 hours. Weather was partly cloudy with good ceilings. Temperature was 60 degrees F. Winds were approximately 5-10 knots from the north. [REDACTED] and the [REDACTED] were both high but had not flooded over their banks. [REDACTED] was moderately turbid, with visibility through the water approximately 1.5 feet.

We immediately observed a 4 seat UTV on its side in the river approximately 300 yards downstream from where the main trail crosses [REDACTED]. There were 2 men nearby. One of them gestured to me indicating he had not found anything there. We also observed a man on the far bank who waved at us and appeared to be wet, but in good health.

I dropped off Trooper Bitz and my remaining auxillary fuel at a small airfield adjacent to the [REDACTED] highway approximately 5 miles from [REDACTED]. I then returned to [REDACTED] and landed in a small clearing in the trees and contacted [REDACTED]. [REDACTED] was uninjured but his clothes were damp. He had silt and sand on his skin and in his clothes. [REDACTED] informed me that he was a passenger in the UTV when it overturned in the river. He swam to the beach where he remained until I arrived. He saw the driver of the UTV get swept downstream. He identified the driver as [REDACTED]. [REDACTED] asked if I would retrieve his belongings from the UTV. I informed him that I did not have time to do so, since I needed to look for [REDACTED]. As I took off from [REDACTED] at approximately 1430 hrs, an Air Force C130 and Pave Hawk helicopter arrived on scene and began conducting a search. I informed them of my progress and gave them a description of [REDACTED]. I transported [REDACTED] to the airfield where he had access to the party's vehicle and trailer. I picked up Trooper Bitz and we returned to the search area along [REDACTED].

For the next 30 minutes we searched the waters of [REDACTED] and the nearby terrain. The Air Force Helicopter was conducting a low altitude search of [REDACTED] as well as hoisting ppararescue jumpers to and from the ground. Their activity largely prohibited me from searching the area immediately below the overturned UTV, so we concentrated our efforts further downstream. At approximately 1500 hours the crew

of the pavehawk announced that they believed they had found [REDACTED]. They stated that he appeared to have "injuries incompatible with life". Both helicopters were able to land nearby and coordinate a plan to recover the body. I contacted dispatch in [REDACTED] via satellite telephone and informed them that the body had been located and the PJ's would attempt to recover it at my request. I then asked the PJ's to recover the body and transport it to Anchorage for the medical examiner. I marked the body's location with my GPS as [REDACTED].

2 PJ's donned dry suits and were lowered from their helicopter to the body which was trapped under a log and submerged in the river. They were able to free the body from the log and hoist it into the air. The body fell from the hoist cable from a height of approximately 10 feet on 2 occasions before they were able to secure it properly and move it to an area where it could be placed in a body bag. Trooper Bitz photographed the body and I was able to retrieve a wallet from the left rear pocket of the man's denim trousers. He had an Alaska Driver's license identifying him as [REDACTED]. The wallet was placed in the body bag with the body. The driver's license was given to one of the PJs. [REDACTED] was clothed in rubber raingear over cotton clothing. There was no breath or pulse and his body was cold. He had an injury to his left temple which was swollen and bloody. There also appeared to be an injury to his neck causing some bleeding. We found no other signs of injury. The body was in rigor mortis.

The PJ's stated that the injuries that we observed were there when they freed the body from beneath the log. Douthett's rain jacket was wrapped several times around the log and holding him beneath the surface.

We assisted the PJ's placing the body in a body bag. They loaded it aboard the pavehawk and returned to Anchorage at approximately 1630 hours.

I dropped Trooper Bitz near the remaining volunteer searchers and he contacted them and informed them of the results of the search. We then stopped at the airfield and informed Trooper Lantz of our results. I added fuel from the supply I brought before returning to [REDACTED]. We landed in [REDACTED] at 1730 hours and Trooper Bitz remained there. I again added fuel and then returned to Fairbanks, arriving at 1910 hours.

I used 8 hours of my time and 4.1 hours of Helicopter time. I used approximately 60 gallons of 100 octane low lead fuel.

Supplementary report

Author: #CBB0 BITZ, C.

Report time:

Narrative:

On 6-7-13 at approximately 1144 hours I was contacted by Sergeant Simmons and advised of a search and rescue situation near the [REDACTED] on the [REDACTED]. Sergeant Simmons informed me that an ATV had overturned while crossing a creek in the area and that one person was unaccounted for. Sergeant Simmons informed me that Trooper Potter was in route to [REDACTED] from [REDACTED] in Helo 2 to pick me up as a spotter.

At approximately 1330 hours Trooper Potter arrived in [REDACTED]. At approximately 1345 hours Trooper Potter and I departed [REDACTED] to the area of the search. Trooper Potter informed me that we would be searching in the area of [REDACTED].

We arrived in the search area at approximately 1403 hours and observed a side by side UTV on its side in Butte Creek below the trail crossing. On the opposite bank we observed a man who appeared to be stranded who was waving at us. Trooper Potter dropped me off at a nearby airstrip and returned to Butte Creek to pick up the stranded male. Trooper Potter transported the male back to the air strip.

Trooper Potter and I returned to the search area and by that time the Air Force Pave Hawk was in the search area concentrating on the area just below the overturned UTV. Trooper Potter and I concentrated on the lower area of [REDACTED] and its confluence with the Susitna River.

At approximately 1500 hours the crew aboard the Pave Hawk reported they had spotted a body lodged in a fallen tree in the creek. The crew reported the man appeared to have injuries incompatible with life.

Trooper Potter landed Helo 2 nearby. Trooper Potter requested that the PJ's recover the body if possible. Two PJ's were lowered from the Pave Hawk and were able to free the body from the tree. The Pave Hawk lifted the body from the creek and set him down a short distance away.

I took photographs as the Pave Hawk lifted the body from the creek. After the body was removed from the creek, Trooper Potter located the man's wallet. By looking at the man's Alaska Driver's license we were able to identify him as [REDACTED] ([REDACTED]). I took photographs as Trooper Potter removed [REDACTED] wallet. I also took several photographs of [REDACTED] body.

I observed [REDACTED] to be wearing green rain pants and a plaid shirt. [REDACTED] boots were missing but his socks were still on his feet. [REDACTED] right arm was stretched above his head and his left arm was a long his side. [REDACTED] body was stiff and cold to the touch. I observed [REDACTED] to have an injury below his left ear that was bleeding. [REDACTED] also had a swollen injury above his left eye.

I placed [REDACTED] wallet in his left shirt pocket and the PJ's assisted us in placing [REDACTED] body in a body bag. [REDACTED] ID was given to one of the PJ's and the PJ's then loaded [REDACTED] body onto the Pave Hawk for transportation back to Anchorage.

At approximately 1600 hours while Trooper Potter and I were flying from the area we saw a red UTV on the trail leaving the area. Trooper Potter landed nearby and I contacted the UTV. Two individuals on the UTV had responded from the [REDACTED] to help and the third male I identified as [REDACTED] (AK [REDACTED]). [REDACTED] informed me that he had been a passenger on the UTV with [REDACTED] told me they were attempting to cross [REDACTED] to recover some ATV's that [REDACTED] had left last year during hunting season. [REDACTED] informed me that he is a new pastor at [REDACTED] church and that [REDACTED] is an elder. [REDACTED] said [REDACTED] was trying to show him an outback experience. [REDACTED] informed me that he was riding in the front passenger seat of the UTV, [REDACTED] was driving, and [REDACTED] (AK [REDACTED]) was seated in the middle of the back seat. [REDACTED] said when they came to the creek [REDACTED] started driving up stream against the current on the shallow side of the creek. [REDACTED] stated that everything was fine until [REDACTED] turned the UTV against the current to cross the creek. [REDACTED] said the current caught them broad side and flipped the UTV. [REDACTED] said he was able to swim to the near shore and [REDACTED] swam to the far shore. [REDACTED] informed me that he saw [REDACTED] free of the UTV and being swept downstream. [REDACTED] said it looked like [REDACTED] head was above water and he was trying to swim.

I informed [REDACTED] that [REDACTED] had not survived and we had recovered his body.

At approximately 1730 hours Trooper Potter dropped me off back at the [REDACTED] Trooper Post.



U.S. Consumer Product Safety Commission

Task Number: 130703HCC3752

Date: 08/08/2013

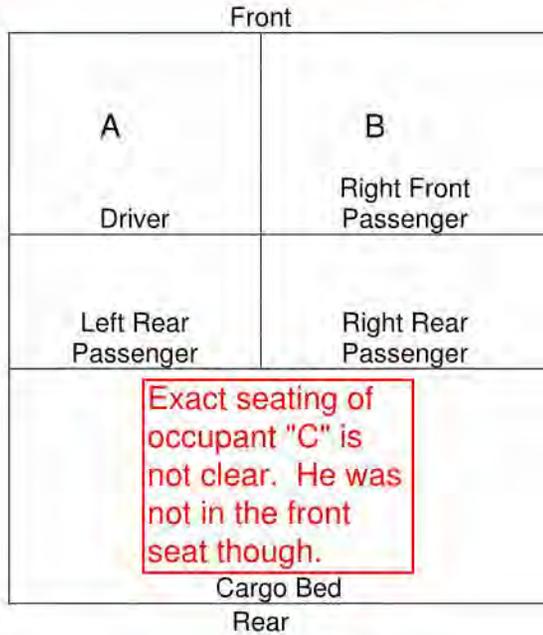
Status of Missing Document(s)

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

1. Medical Examiner's Reports
2. _____
3. _____
4. _____
5. _____
6. _____

Utility Vehicle Data Record Sheet

IDI #:
Exhibit #:



The Utility Vehicle

A:	Age: 57	Height: unknown	
	Gender: M	Weight: unknown	
	Helmet (Y/N): unk		Seatbelt (Y/N): unk
	Killed/Injured/Neither/Unknown: Killed		
	Injury Description: Head injury		
	Did vehicle land on victim: unknown		
	Ejected (Either partially or fully): Fully		

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

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

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

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

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

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

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

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

Save

1. Incident UTV was a 2007 Polaris Ranger with a 700 CC sized-engine. It was owned by the operator's father (operator, passengers, and victim were minors). The VIN is:

2. No aftermarket modifications were noted.

3. 3-point seatbelts were present but unknown if used by the driver or passengers-however there were four persons in the UTV and only three seatbelts. Victim was partially ejected from UTV when it struck an obstacle.

4. No odometer measurement available.

5 - 9. UTV DRS attached as Exhibit 1.

10. Incident occurred on the flat grass and dirt surface of a private farm. The incident occurred at approximately 4:44 PM on 7/6/13. The weather was clear and 82 degrees Fahrenheit.

11. No photos were made available.

12. The vehicle's speed at the time of the incident was unknown.

13. The UTV made contact with a pile of hay bales causing it to tip over; it is unknown whether the contact was intentional or not.

14. Unknown if driver was trying to turn away from the obstacle or not. Tire tracks in the area indicated the UTV had been making tight turns or "donuts" prior to the incident.

15. Upon making contact with the obstacle, the UTV tipped over onto its' passenger side.

16. The passenger was partially ejected out of the UTV. He was then struck by the UTV when it tipped over. The victim's head was reportedly pinned to the ground by the top post of the UTV cab.

17. No photographs provided.

Attachments

Exhibit 1 – UTV DRS

Exhibit 2 – Contact List

Exhibit 3 – DNR Report

Exhibit 4 – ME Report

Exhibit 5 – PD Report

Contact List

Victim: [REDACTED]
DOB: [REDACTED] 9 years old

VIN: [REDACTED]

WI Department of Natural Resources
PO Box 7921
Madison, WI 53707

Lafayette County Coroner
[REDACTED]
538 E Catherine St
Darlington, WI 53530

Lafayette County Sheriff's Department
138 W Catherine St
Darlington, WI 53530
608-776-4870

Mail To: ATV – Snowmobile Administrator
Bureau of Law Enforcement
Department of Natural Resources
PO Box 7921
Madison, WI 53707-7921

Officer Incident Report for: Snowmobile ATV UTV
Form 4100-203 (R 7/13) Page 1 of 4

DNR Use Only

CRASH INCIDENT CRITERIA

Number of Vehicles in Crash 1	Incident Date 07/06/2013	Day of Week Saturday	Time of Day 4:44 <input type="radio"/> am <input checked="" type="radio"/> pm	Date Notified 07/06/2013
City or Township [REDACTED]	Location of Incident: <input checked="" type="radio"/> Private Land <input type="radio"/> Public Road <input type="radio"/> Public Trail <input type="radio"/> Lake or Stream <input type="radio"/> Public Land <input type="radio"/> Hwy. Right-of-way <input type="radio"/> Private Trail <input type="radio"/> Route			
County Lafayette	State WI			

INCIDENT DETAILS

Type of Incident: (select all that apply) <input type="checkbox"/> Fell from moving snowmobile/ATV/UTV <input type="checkbox"/> Collision with fixed object <input type="checkbox"/> Collision with moving vehicle <input type="checkbox"/> Open water drowning <input checked="" type="checkbox"/> Snowmobile/ATV/UTV rolled over <input type="checkbox"/> Struck by snowmobile/ATV/UTV <input type="checkbox"/> Struck animal <input type="checkbox"/> Other _____	Activity at Time of Incident: <input checked="" type="radio"/> Recreational Riding <input type="radio"/> Farm related <input type="radio"/> Hunting/Fishing <input type="radio"/> Work Related <input type="radio"/> Other _____
--	---

Weather: (select all that apply) <input type="checkbox"/> Foggy - Mist <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input checked="" type="checkbox"/> Clear	Temperature 82 °F Visibility: Day <input checked="" type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor Night <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	Trail Condition: <input type="checkbox"/> Icy <input type="checkbox"/> Smooth <input type="checkbox"/> Rough <input type="checkbox"/> Muddy <input type="checkbox"/> Dry <input type="checkbox"/> Other _____	Road Condition: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow Covered <input type="checkbox"/> Icy <input type="checkbox"/> Gravel <input type="checkbox"/> Paved <input type="checkbox"/> Other _____
--	--	---	---

BRIEFLY DESCRIBE INCIDENT (Submit Diagrams / Reports as Attachments)

A 13 year old male was operating a UTV on private farm ground. The UTV had [REDACTED] and the family dog in the seating area of the UTV. Two other siblings, [REDACTED] were near by playing on the hay pile. The driver approached a larger pile of old hay and the UTV started to climb the pile. The investigation showed that the pile was soft under the UTV wheels and the UTV tipped onto its passenger side. When the UTV tipped, its roll bar landed on the head of the passenger, [REDACTED]. Though the corners report has not yet been submitted, it appears that the injury to head was enough to cause death.

WITNESSES (other than operators or injured persons)

Supplemental sheet attached

First, MI, Last Name	Address	Birthdate	Phone Number	Gender
				OM OF

VEHICLE: A

Officer Incident Report

Form 4100-203 (R 7/13) Page 2 of 4

OPERATOR INFORMATION

Operator Name (First, Middle, Last)				Phone Number	
Address			City Gratiot	State WI	ZIP Code 53541
Date of Birth	Age 13	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female		Operator Condition: <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Using Drugs <input type="checkbox"/> Physical Disability <input checked="" type="checkbox"/> Appeared Normal <input type="checkbox"/> Other: _____	
Completed Vehicle-Specific DNR Safety Training Course? <input type="radio"/> Yes - State _____ <input checked="" type="radio"/> No <input type="radio"/> Unknown			Blood Alcohol / Drug Test: <input type="checkbox"/> Intoximeter <input type="checkbox"/> Blood <input type="checkbox"/> Drugs Results _____ <input type="checkbox"/> Pending		
Operator Experience: <input type="radio"/> 0 - 100 Hours <input checked="" type="radio"/> Over 100 Hours		Eye Protection/Face Shield? <input type="radio"/> Yes <input checked="" type="radio"/> No	Wearing Helmet? <input type="radio"/> Yes <input checked="" type="radio"/> No	Seat Belt Used? <input type="radio"/> Yes <input checked="" type="radio"/> No	Statement Taken? <input type="radio"/> Yes <input checked="" type="radio"/> No
Cited for OWI? <input type="radio"/> Yes <input checked="" type="radio"/> No					

PASSENGER INFORMATION

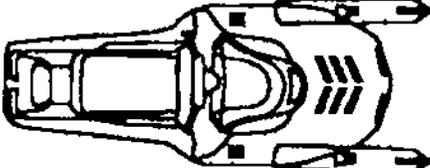
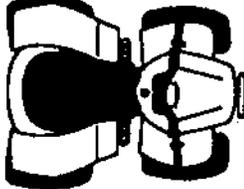
Passenger Name (First, Middle, Last)			Passenger Name (First, Middle, Last)		
Address			Address		
City		State WI	ZIP Code 53541	City	
Phone Number		Gender: <input checked="" type="radio"/> M <input type="radio"/> F		Phone Number	
Date of Birth		Age		Date of Birth	
Eye Protection/Face Shield? <input type="radio"/> Yes <input checked="" type="radio"/> No		Wearing Helmet? <input type="radio"/> Yes <input checked="" type="radio"/> No		Seat Belt Used? <input type="radio"/> Yes <input checked="" type="radio"/> No	

VEHICLE INFORMATION

Owner Name (First, Middle, Last)				Phone Number	
Address				City	State WI
Vehicle Type: <input type="radio"/> Snowmobile <input type="radio"/> 3 Wheel ATV <input type="radio"/> ATV <input checked="" type="radio"/> UTV <input type="radio"/> Other				Vehicle is: <input type="radio"/> Rented <input type="radio"/> Borrowed <input checked="" type="radio"/> Owned <input type="radio"/> _____	
Make Polaris	Model Ranger XP	Year 2007	Decal Number NONE	Exp. Date	State
Vehicle ID Number	Engine Size 700 CC	Studs/Chains Installed? <input type="radio"/> Yes <input checked="" type="radio"/> No	Estimated Speed MPH	Designed to Seat How Many? 3	

VEHICLE DAMAGE

Select all Damaged Areas:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly Describe Damage(s)
Appeared to be no damage to the machine. Seat came unlatched uncertain if the vehicle sustained damage to engine from running sitting on its side

VEHICLE: B

Officer Incident Report

Form 4100-203 (R 7/13)

Page 3 of 4

OPERATOR INFORMATION

Operator Name (First, Middle, Last)				Phone Number			
Address				City		State	ZIP Code
Date of Birth	Age	Gender: <input type="radio"/> Male <input type="radio"/> Female		Operator Condition:		Blood Alcohol / Drug Test:	
Completed Vehicle-Specific DNR Safety Training Course? <input type="radio"/> Yes - State _____ <input type="radio"/> No <input type="radio"/> Unknown				<input type="checkbox"/> Had Been Drinking	<input type="checkbox"/> Intoximeter	<input type="checkbox"/> Pending	
Operator Experience: <input type="radio"/> 0 - 100 Hours <input type="radio"/> Over 100 Hours				<input type="checkbox"/> Using Drugs	<input type="checkbox"/> Blood	Results	
Eye Protection/Face Shield? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A				<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Drugs		
Wearing Helmet? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A				Statement Taken? <input type="radio"/> Yes <input type="radio"/> No		Cited for OWI? <input type="radio"/> Yes <input type="radio"/> No	
Seat Belt Used? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A				Other: _____			

PASSENGER INFORMATION

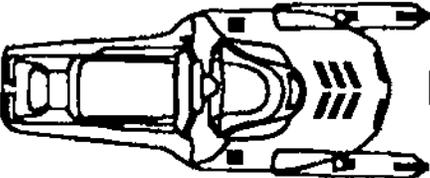
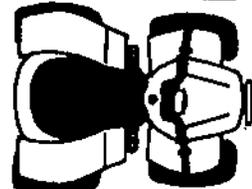
Passenger Name (First, Middle, Last)				Passenger Name (First, Middle, Last)				<input type="checkbox"/> Supplemental sheet attached			
Address				Address							
City		State	ZIP Code	City		State	ZIP Code				
Phone Number		Gender: <input type="radio"/> M <input type="radio"/> F		Phone Number		Gender: <input type="radio"/> M <input type="radio"/> F					
Date of Birth		Age	Eye Protection/Face Shield? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Date of Birth		Age	Eye Protection/Face Shield? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A				
			Wearing Helmet? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A				Wearing Helmet? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A				
			Seat Belt Used? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A				Seat Belt Used? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A				

VEHICLE INFORMATION

Owner Name (First, Middle, Last)				<input type="checkbox"/> Same as Operator				Phone Number			
Address				City		State	ZIP Code				
Vehicle Type: <input type="radio"/> Snowmobile <input type="radio"/> 3 Wheel ATV <input type="radio"/> ATV <input type="radio"/> UTV <input type="radio"/> Other _____											
Vehicle is: <input type="radio"/> Rented <input type="radio"/> Borrowed <input type="radio"/> Owned <input type="radio"/> _____											
Make		Model		Year	Decal Number		Exp. Date	State			
Vehicle ID Number			Engine Size CC	Studs/Chains Installed? <input type="radio"/> Yes <input type="radio"/> No		Estimated Speed MPH	Designed to Seat How Many?				

VEHICLE DAMAGE

Select all Damaged Areas:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Briefly Describe Damage(s)

Officer Incident Report

Form 4100-203 (R 7/13)

Page 4 of 4

INJURIES / DEATHS

Vehicle (A,B,C,etc.) A	Victim was: <input type="radio"/> Operator <input checked="" type="radio"/> Passenger <input type="radio"/> Other	Vehicle (A,B,C,etc.)	Victim was: <input type="radio"/> Operator <input type="radio"/> Passenger <input type="radio"/> Other	Vehicle (A,B,C,etc.)	Victim was: <input type="radio"/> Operator <input type="radio"/> Passenger <input type="radio"/> Other
If Other - Name (First, MI, Last)		If Other - Name (First, MI, Last)		If Other - Name (First, MI, Last)	
Address		Address		Address	
City	State	ZIP Code	City	State	ZIP Code
Phone Number	Gender: <input type="radio"/> M <input type="radio"/> F		Phone Number	Gender: <input type="radio"/> M <input type="radio"/> F	
Birthdate	Age		Birthdate	Age	
Injury Type: <input type="radio"/> Minor-No Permanent Injury <input type="radio"/> Major-Required Hospitalization <input checked="" type="radio"/> Fatal		Injury Type: <input type="radio"/> Minor-No Permanent Injury <input type="radio"/> Major-Required Hospitalization <input type="radio"/> Fatal		Injury Type: <input type="radio"/> Minor-No Permanent Injury <input type="radio"/> Major-Required Hospitalization <input type="radio"/> Fatal	
Description Head trauma.		Description		Description	

INFORMATION SOURCES

Other Investigating Agencies LAFAYETTE COUNTY SHERIFF'S DEPARTMENT	Other Agencies On Scene
---	-------------------------

ATTACHMENTS

****ATTACH ALL CASE ACTIVITY REPORTS & DIAGRAMS**

Narrative/Case Activity Report
 Coroner's Report
 Statements
 Were Photos Taken? Yes No
 Diagram of Incident
 Citation or Criminal Complaint
 Photographs
 By Whom Warden Jon King&LCSO
 BAC Report
 Other Agency Reports
 Other: _____

Enforcement Action Taken? (Attach Copy of Citation or Complaint)
 Yes No If Yes, Explain _____

VALIDATION

Primary Cause of Incident: Side hill operation	Secondary Cause of Incident: Operator lack of experieccc	Causes Based Upon: <input type="checkbox"/> Investigation & Operator Report <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Other _____
---	---	---

Report Prepared By - Print Full Name Nick Webster	Date 07/07/2013	Agency WI DNR	Phone Number (608) 482-2263
--	--------------------	------------------	--------------------------------

REVIEWED BY

Name	Date	Agency	Phone Number
Supervisor:			
Other:			
RSW:		WI DNR	
Other:		WI DNR	
Other:		WI DNR	

AMENDMENTS / ADDITIONS (RSW and Administrators Only)

Description	Warden	Date

LAFAYETTE COUNTY CORONER'S DEPT.
Virginia Douglas, Coroner
538 E. Catherine St.
Darlington, Wi. 53530

September 23, 2012

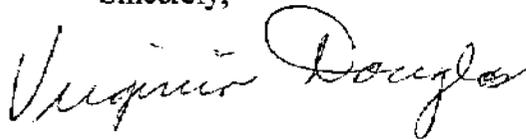
Dear Sir:

Enclosed is a copy of the Coroner's report regarding [REDACTED] page 9.

We were not ^{at} the scene of the accident as the report states. The Physician at the Monroe Clinic Emergency Department reported death to our department.

I called the Medical Records at the Monroe Clinic Hospital regarding a toxicology report That may have been done per the ER Personnel. I was informed that one had not been performed.

Sincerely,



Virginia Douglas,
Lafayette County Coroner

LAFAYETTE COUNTY CORONER'S DEPT.
Virginia Douglas, Coroner
538 E. Catherine St.
Darlington, Wi. 53530

July 6, 2012

I was informed per the Lafayette County Sheriff's Dept. regarding the death of a nine year old. The victim was at the Monroe Clinic Hospital. He had been taken there per the Warren Ambulance Service.

Richard Ruf, Chief Deputy Coroner responded to the Monroe Clinic Hospital regarding this incident.

The child was [REDACTED] He had been involved in a All terrain vehicle accident.
(See reports)

[REDACTED] had been pronounced deceased at 1725 per the Emergency Dept. Physician.

The injuries were obvious that caused [REDACTED] death, so an autopsy was not ordered.

The [REDACTED] Funeral Home in Warren, Ill. was in charge of the funeral arrangements.

Virginia Douglas
Virginia Douglas,
Lafayette Co. Coroner

LAFAYETTE COUNTY CORONER'S DEPT.

Virginia Douglas, Coroner
538 E. Catherine St.
Darlington, Wi. 53530

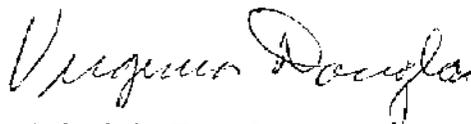
July 6, 2013

The Monroe Clinic Hospital called and requested a coroner to respond to ht emergency department regarding the death of a nine boy. The child was [REDACTED] and had been brought to the emergency dept. per the Warren Ill. Ambulance Service. He had been pronounced deceased per Dr. [REDACTED] ER Physician at 1725 p.m. on July 6, 2013. The Physician reported that there were obvious head lacerations, and severe head trauma, so an autopsy was not needed to find the cause of death.

We were informed that [REDACTED] age 9, had been riding in an all Terrain Vehicle with his siblings, [REDACTED] (driver) birth date: [REDACTED] [REDACTED] (birth date [REDACTED] and [REDACTED] (birth date [REDACTED] was riding in the passenger side in the front. Apparently the children were riding the UTV in a field and the driver either accidentally or intentionally struck a large bale (roll) of hay, which caused the UTV to over turn on the passenger side. [REDACTED] had been partially ejected from the passenger side and his head became trapped under the UTV and the ground. [REDACTED] recovered [REDACTED] from under the UTV and was carrying him back to the house. [REDACTED] father, Called 911. CPR was attempted, the Warren Ambulance arrived on the scene, continued CPR and transported [REDACTED] to the Monroe Clinic Emergency Dept.

This event occurred at [REDACTED]

This case was turned over to the Dept. of Natural Resources.



Virginia Douglas
Lafayette County Coroner

PAGE: 1
COPY FOR: RECORDS
TELEPHONE:608-776-4870

LAFAYETTE COUNTY SHERIFF
INCIDENT REPORT
138 W CATHERINE ST. PO BOX 148
DARLINGTON WI 53530 0148

2171-13
RUN TIME 12:59:08
RUN DATE-11/05/13

INCIDENT # - 2171-13 FILE CLASS-00000/ STATUS-CLOSED (INACTIVE)
CITY/TOWN - 19 -GRATIOT
LOCATION - [REDACTED]
OFFENSE - 5008 ATV ACCIDENT- FATALITY
MAIN BADGE - 1 -00014 ASST1: 1 -00751 ASST2: 1 -00006 ASST3: 1 -00015
REPORTED - 7/06/13 16:44
DISPATCHED - 7/06/13 16:44
ARRIVED - 7/06/13 16:50

COMPLAINANTS:

[REDACTED] RP 5008
SEX : M RACE : W
DATE OF BIRTH : [REDACTED] EYES : HAZ
HAIR : BRO HEIGHT : 5-10
WEIGHT : 185 DRIVERS LICENSE#: WI/[REDACTED]
SOC SEC # : [REDACTED] CELL NUMBER : [REDACTED]

911 CELLULAR SYSTEM RP 5008
MADISON, WI
HOME NUMBER : [REDACTED]

VICTIMS:

H [REDACTED] VI 5008
SEX : M RACE : W
DATE OF BIRTH : [REDACTED] HOME NUMBER : [REDACTED]

MISCELLANEOUS:

[REDACTED] PA 5008
SEX : F RACE : W
DATE OF BIRTH : [REDACTED] EYES : BLU
HAIR : RED HEIGHT : 5-10
WEIGHT : 135 DRIVERS LICENSE#: WI/[REDACTED]
SOC SEC # : [REDACTED] HOME NUMBER : [REDACTED]

WARREN AMBULANCE SERVICE MS 5008
MAIN ST WARREN, IL 61087

MONROE CLINIC AND HOSPITAL MS 5008
515 22ND AV MONROE, WI 53566
HOME NUMBER : 608-324-1160

JODAVIESS COUNTY SHERIFF DEPARTMENT MS 0049
330 1/2 N BENCH ST GALENA,
HOME NUMBER : 815-777-2141

WARREN POLICE DEPARTMENT MS 0049
ANSON ST WARREN, IL 61087
HOME NUMBER : 815-745-2418

GRATIOT FIRE DEPARTMENT MS 5008
5835 SHELDON ST GRATIOT, WI 53541

PAGE: 2
COPY FOR: RECORDS

LAFAYETTE COUNTY SHERIFF
INCIDENT REPORT
138 W CATHERINE ST. PO BOX 148
DARLINGTON WI 53530 0148

2171-13
RUN TIME 12:59:08
RUN DATE-11/05/13

TELEPHONE:608-776-4870

INCIDENT # - 2171-13 FILE CLASS-00000/ STATUS-CLOSED (INACTIVE)
CITY/TOWN - 19 -GRATIOT
LOCATION - [REDACTED]
OFFENSE - 5008 ATV ACCIDENT- FATALITY
MAIN BADGE - 1 -00014 ASST1: 1 -00751 ASST2: 1 -00006 ASST3: 1 -00015
REPORTED - 7/06/13 16:44
DISPATCHED - 7/06/13 16:44
ARRIVED - 7/06/13 16:50

MISCELLANEOUS CONT:

GRATIOT FIRST RESPONSE MS 5008
5815 SHELDON ST GRATIOT, WI 53541

[REDACTED] PA 5008

SEX : M RACE : W
DATE OF BIRTH : [REDACTED] EYES : HAZ
HAIR : BRO HEIGHT : 5-10
WEIGHT : [REDACTED] DRIVERS LICENSE#: WI/[REDACTED]
SOC SEC # : [REDACTED] HOME NUMBER : [REDACTED]

[REDACTED] DV 5008

SEX : M RACE : W
DATE OF BIRTH : [REDACTED] HOME NUMBER : [REDACTED]

[REDACTED] MS 5008

9542 SOUTH PRAIRIE RD GRATIOT, WI 53541

SEX : F RACE : W
DATE OF BIRTH : [REDACTED] HOME NUMBER : [REDACTED]

[REDACTED] MS 5008

SEX : M RACE : W
DATE OF BIRTH : [REDACTED] HOME NUMBER : [REDACTED]

[REDACTED] PV 5008

SEX : M RACE : W
DATE OF BIRTH : [REDACTED] HOME NUMBER : [REDACTED]

[REDACTED] HELICOPTER MS 5008

ROCKFORD, IL

HOME NUMBER : [REDACTED]

WISCONSIN DEPARTMENT OF NATURAL RESOURCES MS 5008

3448 STH 23 DODGEVILLE, WI 53533

HOME NUMBER : 608-935-1931

LAFAYETTE COUNTY CORONER MS 5008

[REDACTED] TOWING & RECOVERY [REDACTED] MS 5008

[REDACTED] DARLINGTON, WI 53530

PAGE: 3
COPY FOR: RECORDS

LAFAYETTE COUNTY SHERIFF
INCIDENT REPORT
138 W CATHERINE ST. PO BOX 148
DARLINGTON WI 53530 0148

2171-13
RUN TIME 12:59:08
RUN DATE-11/05/13

TELEPHONE:608-776-4870

INCIDENT # - 2171-13 FILE CLASS-00000/ STATUS-CLOSED (INACTIVE)
CITY/TOWN - 19 -GRATIOT
LOCATION - [REDACTED]
OFFENSE - 5008 ATV ACCIDENT- FATALITY
MAIN BADGE - 1 -00014 ASST1: 1 -00751 ASST2: 1 -00006 ASST3: 1 -00015
REPORTED - 7/06/13 16:44
DISPATCHED - 7/06/13 16:44
ARRIVED - 7/06/13 16:50

MISCELLANEOUS CONT:

HOME NUMBER : [REDACTED]

LAFAYETTE COUNTY CORONER

MS 5008

VEHICLES:

[REDACTED]

VE 5008

SEX : M RACE : W
DATE OF BIRTH : [REDACTED] EYES : HAZ
HAIR : [REDACTED] HEIGHT : 5-10
WEIGHT : [REDACTED] DRIVERS LICENSE#: WI/[REDACTED]
SOC SEC # : [REDACTED] HOME NUMBER : [REDACTED]
CELL NUMBER : [REDACTED]
LICENSE STATE : W YEAR OF VEHICLE : 07
MAKE OF VEHICLE : POLARIS MODEL : RANGER XP
STYLE : UTV COLOR : GREEN
VIN : [REDACTED] TOWED BY : [REDACTED] TOWING
OWNER/DRIVER : OWNER

NARRATIVE:

[REDACTED] called 911 to report that he needed the Warren Ambulance for injuries sustained in a UTV rollover. [REDACTED] stated that a 9 year-old boy was unconscious and he could not confirm whether or not he was breathing. [REDACTED] explained that the boy had been riding the UTV with his brother and it had rolled over. The boy's brother was carrying him back to the house. They took a car to meet him and placed the boy in the hatchback. Deputy Blosch dispatched Warren Ambulance, Gratiot Fire Department and First Response. I instructed Kerry who was there with [REDACTED] to lay the boy flat and assess for CPR. [REDACTED] knew CPR and I listened as she counted out her compressions and instructed [REDACTED] to give breaths. [REDACTED] explained that he was giving breaths and there was much blood coming from [REDACTED] nose. [REDACTED] stated that he had obvious head trauma and was not responding to CPR. I explained to [REDACTED] to continue CPR and to keep wiping the blood away so they could administer breaths. After a couple cycles of CPR, [REDACTED] began to lose her composure and Kerry explained to me that he was gone and the call was lost. Deputy Norder arrived on scene momentarily and assisted with CPR. I [REDACTED] was transported to the Monroe Clinic by Warren Ambulance. Deputy Norder passed along that [REDACTED] w [REDACTED] pronounced dead at the Monroe Clinic at 1723 hours. Sgt. Morrissey, Chief Deputy Reichling, Sheriff Pedley were notified. Warden Webster was notified and was out of the area. Warden Jon King responded to the scene. The coroner was notified. [REDACTED] Towing responded to the scene to recover the UTV.

PAGE: 4
COPY FOR: RECORDS
TELEPHONE: 608-776-4870

LAFAYETTE COUNTY SHERIFF
INCIDENT REPORT
138 W CATHERINE ST. PO BOX 148
DARLINGTON WI 53530 0148

2171-13
RUN TIME 12:59:08
RUN DATE-11/05/13

INCIDENT # - 2171-13 FILE CLASS-00000/ STATUS-CLOSED (INACTIVE)
CITY/TOWN - 19 -GRATIOT
LOCATION - [REDACTED]
OFFENSE - 5008 ATV ACCIDENT- FATALITY
MAIN BADGE - 1 -00014 ASST1: 1 -00751 ASST2: 1 -00006 ASST3: 1 -00015
REPORTED - 7/06/13 16:44
DISPATCHED - 7/06/13 16:44
ARRIVED - 7/06/13 16:50
NARRATIVE CONT:

See Supplemental Report. FKN014/dew740

See Supplemental Report. BLB751/dlf744

REPORTING OFFICER _____ DATE ___/___/___
TYPIST - TMB DEPUTY FRED K NORDER
REVIEWED BY _____ DATE ___/___/___

LAFAYETTE COUNTY SHERIFF'S DEPARTMENT
138 W. Catherine Street
Darlington, WI 53530

SUPPLEMENTAL REPORT

CASE NUMBER: C13-2171

DATE OF OFFENSE: Saturday, July 6, 2013

COMPLAINANT: [REDACTED] m/w [REDACTED]
ADDRESS: [REDACTED]

PLACE OF OCCURRENCE: [REDACTED]
OFFENSE: ATV crash, fatality

VICTIM/DECEASED:
D [REDACTED] m/w [REDACTED]
[REDACTED]

ATV OCCUPANTS:
B [REDACTED] m/w [REDACTED]
D [REDACTED]
B [REDACTED]
[REDACTED]

PARENTS:
[REDACTED] m/w [REDACTED]
[REDACTED] f/w [REDACTED]
[REDACTED]

- ASSISTING AGENCIES:
- Gratiot First Response
 - Gratiot Fire Department
 - Warren EMS
 - Warren Police Department-Officer Aaron Smith
 - Jo Daviess County Sheriff's Office-Deputy Michael Oellerich
 - [REDACTED] Helicopter
 - Monroe Clinic Hospital
 - Wisconsin Department of Natural Resources
 - Lafayette County Coroner's Office
 - [REDACTED] Towing-Scott Glendenning

LAFAYETTE COUNTY SHERIFF'S DEPARTMENT
138 W. Catherine Street
Darlington, WI 53530

SUPPLEMENTAL REPORT

ASSISTING DEPUTIES:

Deputy Brett Broge-Lafayette County Sheriff's Department
Sgt. Darrell Morrissey-Lafayette County Sheriff's Department
Deputy Michael Gorham-Lafayette County Sheriff's Department

ABBREVIATED ATV INFORMATION:

Polaris Ranger 700
Description: Green in color, side by side single cab with cargo box/bed

INITIAL REPORT

After receiving a report of an ATV crash, D [REDACTED] m/ [REDACTED] died as a result of injuries sustained when the ATV rolled onto its side.

SYNOPSIS:

On Saturday, July 06 2013, I, Deputy Brett Broge, was working as a Patrol Deputy for the Lafayette County Sheriff's Office. I was dressed in full duty uniform and was operating fully marked squad #07. The temperature was in the eighties with clear skies.

DISPATCH INFORMATION:

At approximately 1644 hours, I was advised by dispatch to respond to [REDACTED] for report of an ATV accident with severe injuries. I activated my emergency lights and siren and proceeded in emergency mode.

ARRIVAL ON SCENE:

At approximately 1655 hours I arrived on scene. When I arrived, Deputy Norder was stabilizing the victims head while another gentleman was doing CPR on the child. Shortly after I arrived, Warrens EMS arrived and took over treatment of the child.

Deputy Norder advised me to start taking photographs. As I was taking photographs, I noticed a large pool of blood and tissue in the box of the UTV. There was also a dog trapped in the cab of the UTV. With the help of Deputy Norder and Gratiot First Responders, we were able to lift the UTV and remove the dog.

Deputy Gorham arrived and relieved me from the scene at 1730 hours.

LAFAYETTE COUNTY SHERIFF'S DEPARTMENT
138 W. Catherine Street
Darlington, WI 53530

SUPPLEMENTAL REPORT

STATUS OF CASE

This case has been cleared and turned over to the Wisconsin Department of Natural Resources for review and follow up.

Brett L. Broge
Deputy Sheriff #751
Lafayette County Sheriff's Department

LAFAYETTE COUNTY SHERIFF'S DEPARTMENT
138 W. Catherine Street
Darlington, WI 53530

SUPPLEMENTAL REPORT

CASE NUMBER: C13-2171
DATE OF OFFENSE: Saturday, July 6, 2013

COMPLAINANT: [REDACTED] m/w [REDACTED]
ADDRESS: [REDACTED]

PLACE OF OCCURRENCE: [REDACTED]
OFFENSE: ATV crash, fatality

VICTIM/DECEASED:
D [REDACTED]
[REDACTED]
Gratiot, WI 53541

ATV OCCUPANTS:
B [REDACTED]
D [REDACTED]
B [REDACTED]
[REDACTED]

PARENTS:
[REDACTED] m/w [REDACTED]
[REDACTED] f/w [REDACTED]
[REDACTED]

- ASSISTING AGENCIES:
- Gratiot First Response
 - Gratiot Fire Department
 - Warren EMS
 - Warren Police Department-Officer Aaron Smith
 - Jo Daviess County Sheriff's Office-Deputy Michael Oellerich
 - [REDACTED] Helicopter
 - Monroe Clinic Hospital
 - Wisconsin Department of Natural Resources
 - Lafayette County Coroner's Office
 - [REDACTED] Fowing-Scott Glendenning

LAFAYETTE COUNTY SHERIFF'S DEPARTMENT
138 W. Catherine Street
Darlington, WI 53530

SUPPLEMENTAL REPORT

ASSISTING DEPUTIES:

Deputy Brett Broge-Lafayette County Sheriff's Department
Sgt. Darrell Morrissey-Lafayette County Sheriff's Department
Deputy Michael Gorham-Lafayette County Sheriff's Department

ABBREVIATED ATV INFORMATION:

Polaris Ranger 700
Description: Green in color, side by side single cab with cargo box/bed

INITIAL REPORT

After receiving a report of an ATV crash, I [REDACTED] [REDACTED] n/ [REDACTED] died as a result of injuries sustained when the ATV rolled onto its side.

DEPUTY NORDER'S REPORT

On Saturday, July 6, 2013 at approximately 1644 hours, I, Deputy Frederick K. Norder, had been dispatched to [REDACTED] for an ATV crash with injuries. I responded from the [REDACTED] in emergency mode, in fully marked squad #14, while wearing full duty uniform, both bearing Lafayette County Sheriff's Department and State of Wisconsin insignia.

ARRIVAL TO THE SCENE

At approximately 1650 hours, I arrived to the scene. I observed a dark blue [REDACTED] with Illinois registration and a flashing blue dash light pull into a field drive on the south side of the roadway, as well as a Warren Police Department squad car.

As I turned into the south side field drive, I also observed a teenaged male kneeling on the side of the roadway. The male had a large amount of blood on his person, he appeared to be upset, but did not appear to be injured.

I continued several yards into the driveway and observed a larger white male with no hair performing chest compressions on a child. The child, a white male, appeared to be approximately eight or nine years of age. The child was unconscious and very pale in color.

ACTION TAKEN

I obtained my defibrillator; however the Warren Officer, Aaron Smith, had already attached and activated his defibrillator. The defibrillator advised "no shock."

The male performing chest compressions appeared to be a first responder or emergency medical technician, of whom I assumed, was from Warren EMS. The male was performing adequate chest compressions, as I had stabilized the child's head. The child victim was later identified as D [REDACTED] H [REDACTED]

LAFAYETTE COUNTY SHERIFF'S DEPARTMENT
138 W. Catherine Street
Darlington, WI 53530

SUPPLEMENTAL REPORT

INITIAL OBSERVATIONS

While immobilizing D [REDACTED] head, I observed a deep laceration to his right forehead area, just above his eyebrow. It appeared that I [REDACTED] had deformity to the right side of his head. D [REDACTED] had vomited and he had blood and other matter discharging from his right ear, nose and mouth. In addition, it appeared that I [REDACTED] had urinated, as I could see his blue jean shorts were wet in the groin area. I observed little blood loss in the area where I [REDACTED] was laying.

As I stabilized I [REDACTED] head, I could feel with my right hand: a depression to the right side of I [REDACTED] head. I utilized caution not to push too hard to [REDACTED] head, as there was a definite gap between the surface of his skin and his skull due to his skull appearing to be depressed.

During compression only CPR, the defibrillator assessed [REDACTED] at least twice in my presence and no shock was advised during both assessments. As CPR continued, I could consistently feel a strong "clicking" or "popping" sensation coming from [REDACTED] neck or head, which I suspected was coming from either a neck or head fracture.

During CPR, I also requested Lafayette County Dispatch to urge Warren EMS to request a helicopter to respond, which was also a request from the male performing compressions. Shortly thereafter, I was advised the [REDACTED] helicopter was requested and was in flight. During our attempts to revive D [REDACTED], he had remained unconscious.

Deputy Brett Broge arrived at one point, as I requested him to photograph the scene. During CPR, I had not observed an ATV and was unaware of where the crash had occurred.

At one point during CPR, one of the brother's and [REDACTED] mother, [REDACTED] were near the feet of [REDACTED]. The brother was emotionally having a difficult time, as I asked [REDACTED] to take him away from [REDACTED]. To my knowledge, [REDACTED] had taken the children to the house, as the father, [REDACTED] remained nearby.

Warren EMS then arrived to the scene, as I turned over head immobilization to [REDACTED] of Warren EMS.

SCENE INVESTIGATION

I then met with Deputy Broge as he was completing photographs. I found that the ATV was several yards to the south of the road way. The ATV was a utility type Polaris Ranger and it was lying on its passenger side. The ATV was still idling and there was a yellow Labrador retriever trapped in the cab area of the ATV. The dog was not under the unit, but trapped in the void of the cab.

I was able to climb onto the cab area and shut off the ATV. Deputy Broge, myself and a couple of the female Gratiot First Responders lifted the ATV just enough to extricate the dog, which was uninjured. The dog had several spots of blood on it. While lifting the ATV, I noted that it was very heavy while lifting the roofline from the ground, of which I estimated the weight to be several hundred pounds.

While viewing the ATV and its positioning, it appeared the ATV had been driven southbound through the field. The operator either inadvertently or intentionally struck the northwest corner area of a pile of old large hay bales, which caused the ATV to overturn onto its passenger side.

Upon looking into the cab area as the ATV was on its side, I observed a large amount of blood on the ground at the upper front post of the cab and trapped in the frame of the cab. Preliminarily, it appeared [REDACTED] had been partially ejected from the passenger side of the cab and his head had likely become trapped between the front upper post of the ATV cab and the ground.

LAFAYETTE COUNTY SHERIFF'S DEPARTMENT

138 W. Catherine Street
Darlington, WI 53530

SUPPLEMENTAL REPORT

I observed blood on the driver's side cab, box and undercarriage, as well as inside the box. It appeared to me that when [REDACTED] was removed from the cab, whoever removed him had likely pulled him from the cab and sat him down on the upside of the overturned ATV momentarily during his removal.

As I viewed the scene, it appeared that there were tire marks in several areas of the field, indicating that someone had possibly been spinning tires and performing "donuts", possibly with the ATV, although none of the spin marks were near the crash site.

DESCRIPTION OF THE ATV

It should be noted that the ATV was a four-wheeled utility vehicle. The tires were studded, as the front tires were in poor condition and the rear tires appeared to be newer. The ATV had a regular cab with one bench seat in it, appearing as though it could seat a maximum of three people. There were seatbelts within the cab area and their use prior to the crash was unknown.

The cab was steel framed with a full windshield, roof and Plexiglas and steel guards for the rear window. There were no doors on the cab, although the brackets were present for the attachment of doors. The ATV was equipped with a utility box and tailgate, which appeared to have the capability to be tilted if needed. Within the cargo area, I observed a yellow colored steel bracket, of which its use was unknown.

ADDITIONAL INFORMATION

Upon determining the seriousness of [REDACTED] injuries, I had requested the Wisconsin Department of Natural Resources to assist in the investigation.

Initially, Lifeline helicopter had been activated and the Warren EMS was set to meet the helicopter in Lena, IL. At some point, Warren EMS had gone to the Monroe Clinic ER, as they had not met up with Lifeline to transfer [REDACTED].

At one point, after Sgt. Darrell Morrissey and Deputy Michael Gorham had arrived to the scene, I had called the Monroe Clinic ER to determine [REDACTED] condition. I was advised via a female at the ER that [REDACTED] was pronounced dead upon arrival to the ER, at approximately 1723 hours, of which I relayed to Sgt. Morrissey and Deputy Gorham for family notification.

Deputy Michael Oellerich of the Jo Daviess County Sheriff's Office had also arrived to assist. Deputy Oellerich assisted me by obtaining the names of the occupants of the ATV and the names of the parents. Deputy Oellerich obtained information that D [REDACTED] had been a passenger of the ATV and he was accompanied by his brothers [REDACTED] and [REDACTED] as well as his sister, [REDACTED]. Deputy Oellerich was advised that [REDACTED] had been the driver of the ATV during the crash. I had not spoken to the ATV occupants and therefore I had not been able to obtain their middle names.

I had requested the ATV to be impounded, as [REDACTED] of [REDACTED] towing had arrived and eventually transported the ATV to impound, which was accompanied by DNR Warden Jon King. Due to the ATV being on its side, I was unable to obtain the serial number or other registration information from the ATV.

Warden King had advised me that he would complete the crash report, as he requested me to complete my standard contact report.

At approximately 1840 hours, I cleared from the scene.

LAFAYETTE COUNTY SHERIFF'S DEPARTMENT
138 W. Catherine Street
Darlington, WI 53530

SUPPLEMENTAL REPORT

STATUS OF CASE

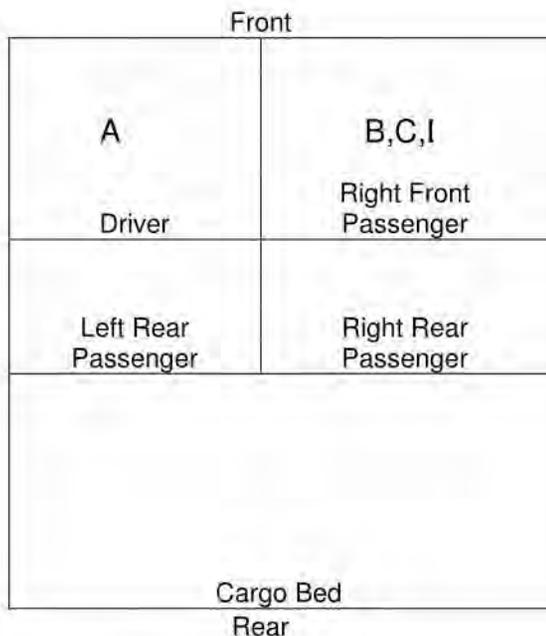
This case has been cleared and turned over to the Wisconsin Department of Natural Resources for review and follow up.

Frederick K. Norder
Deputy Sheriff #14
Lafayette County Sheriff's Department

Utility Vehicle Data Record Sheet

IDI #: 130708HWE0002

Exhibit #: 1



The Utility Vehicle

A:	Age: 13	Height:	
	Gender: M	Weight:	
	Helmet (Y/N): n	Seatbelt (Y/N): n	
	Killed/Injured/Neither/Unknown: neither		
	Injury Description:		
	Did vehicle land on victim: n		
	Ejected (Either partially or fully): n		

B:	Age: 9	Height:	
	Gender: M	Weight:	
	Helmet (Y/N): n	Seatbelt (Y/N): n	
	Killed/Injured/Neither/Unknown: Killed		
	Injury Description: head trauma		
	Did vehicle land on victim: yes		
	Ejected (Either partially or fully): partial		

C:	Age: 10	Height:	
	Gender: F	Weight:	
	Helmet (Y/N): n	Seatbelt (Y/N): n	
	Killed/Injured/Neither/Unknown: neither		
	Injury Description:		
	Did vehicle land on victim: n		
	Ejected (Either partially or fully): n		

D:	Age: 16	Height:	
	Gender: M	Weight:	
	Helmet (Y/N): n	Seatbelt (Y/N): n	
	Killed/Injured/Neither/Unknown: neither		
	Injury Description:		
	Did vehicle land on victim: n		
	Ejected (Either partially or fully): n		

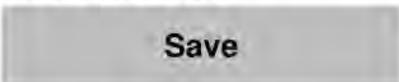
E:	Age:	Height:	
	Gender:	Weight:	
	Helmet (Y/N):	Seatbelt (Y/N):	
	Killed/Injured/Neither/Unknown:		
	Injury Description:		
	Did vehicle land on victim:		
	Ejected (Either partially or fully):		

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

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

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

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



This in-depth investigation was prompted by a MECAP report of the death of a 27 year-old woman who was driving alone in a UTV that rolled over very early in the morning in a pasture on private property. Since there were no witnesses to the incident, this investigation is based on the report of the local police, the report of the medical examiner's investigator and the forensic report done by state fish and game after the UTV had been thoroughly examined. Since statements were taken by the local police from those who were first on the scene after the incident occurred (and no one had witnessed the event), there were no interviews conducted for this investigation. The local police, the medical examiner's office and the state fish and game department all responded to telephone and letter inquiries seeking information and reports of the incident.

Statements taken from the property owners and the young woman's friends by local police describe the events of the last day of what had been described as a summer apprenticeship for the victim who was a veterinary student. (Exhibit 2) July 18, 2012 was characterized as an outing day that ended with a cookout and time spent in the early evening around a bonfire, and the victim and others who were present consumed beer in the afternoon and into the evening. Others in attendance stated that they thought the victim had consumed about four beers over the course of a six hour period. Her roommate stated the victim was not visibly drunk and had stopped consuming beer at about 9:30 p.m. All those who attended the cookout and bonfire returned to the property owner's home for the evening, and some went to bed while some stayed up to watch a movie. The victim went to her bedroom to pack in preparation for her departure the next day while her roommate went to watch a movie in another friend's room at about midnight. When the roommate returned to the bedroom she shared with the victim and went to sleep, the victim was still packing her belongings. Since no one observed - or accompanied - the victim when she drove the UTV out across the horse pasture in the very early morning, there is only speculation that she may have used the UTV because she had forgotten some shoes and the ear buds to her [REDACTED] that were later found at the site of the cookout and bonfire.

Sometime around 1:30 a.m. on July 19, 2012, the 27 year-old female who was the driver and sole occupant of the property owner's UTV, was killed when the vehicle rolled over onto the driver's side in a horse pasture. The victim had not buckled the seat belt and was found on her back with her right arm pinned under the vehicle's roll cage. She was discovered at approximately 1:45 a.m. when the lights on the vehicle were spotted in a field of the horse farm by one of the property owners. The young woman had no pulse, was not breathing, and her skin was cool and clammy to the touch when friends arrived at the scene. They called the local rescue, lifted the UTV off her, and began CPR and rescue breathing. The local rescue unit arrived, took over CPR and transported the victim to a local hospital where she was later pronounced dead. (Exhibit 5)

The local police department corporal, who responded to the incident, interviewed the friends of the victim in an attempt to reconstruct the events that transpired both before and after the incident. Police department photographs taken in the darkness of the early morning show a UTV with little or no apparent damage other than the driver's seat that had apparently been thrown clear of the vehicle in the incident. (It should be noted that the police corporal stated in a telephone conversation that the driver's seat was designed so that it could be removed, and it had not been found to be broken.) Police photos taken in the daylight in the police department impound lot serve to identify a vehicle in good condition with typical wear-and-tear for a work vehicle about 4 years old. The police corporal's investigation continued on the morning of July 19th, and the officer's report explained that the incident had occurred on level ground. His canvass in the area of the incident revealed a 22.5' straight skid mark in the horse pasture near where the incident occurred. His report stated that there was no noticeable damage to the UTV. The officer concluded that consumption of alcohol and driver inexperience in the use of the UTV may have contributed to what he characterized as an "accidental death."

Although representatives of the local rescue, police department and state police had all responded to the incident, the local police department corporal became the primary investigator on the scene. The

investigator from the state medical examiner's office, who arrived at the local hospital after the victim had been transported, conducted a brief examination of the victim to obtain a preliminary assessment of the injuries. When the corporal informed the investigator that he intended to submit a request for the victim's blood to be tested, the investigator stated that he would request the testing. Ultimately, no blood testing was ever completed.

The medical examiner's investigator submitted a report that described the victim's injuries as a broken left humerus and multiple broken ribs on the right anterior chest (Exhibit 3). The investigator told the local police corporal that the broken ribs may have been the cause of the victim's death. The ME's summary source document listed "Blunt impact injuries of the torso with multiple bilateral rib fractures, bilateral hemothoraxes and severe liver laceration" as the cause of death.

Product Information

The incident unit was identified in both the local police report and by the New Hampshire Fish & Game's OHRV Unit as a 2008 Kawasaki Tery X 750, 4 wheel-drive UTV made by the Kawasaki Motor Company of 9950 Jeronimo Road, Irvine, California 92618. (Exhibit 4) The UTV was described as a utility transport with a long wheel base designed to carry a driver and passenger, and it has a cargo body with a hydraulic lift for dumping a load. The vehicle is equipped with a roll bar over the passenger compartment area and with shoulder/waist seat belt restraints for both driver and passenger. The vehicle is red with black trim and is equipped with a 750 cc four stroke two cylinder liquid-cooled motor and a two speed automatic transmission. The UTV is equipped with front disc brakes and a [REDACTED] type front strut suspension and coil over shocks on the rear of the vehicle. The officer who did the forensic examination for the State of New Hampshire Fish and Game Department's Law Enforcement Division wrote in his report that he could find no evidence of any mechanical or hydraulic equipment damage that could have contributed to the incident. He stated that all systems were functioning as designed and properly at the time of the incident.

The UTV belonged to the owners of the horse farm where the incident occurred. (Exhibit 7) The vehicle's serial number is [REDACTED], and its New Hampshire decal registration number is [REDACTED]. The registration had expired on 6/2012. At the time of the incident the vehicle had an odometer that read 1311 miles, and its gauge showed 227.1 hours use (the trip meter showed a reading of 282 miles).

Attached is some promotional and informative literature from Kawasaki that provides additional detailed information on the Kawasaki Tery X 750 model UTV. (Exhibit 6)

Samples Collected:

None.

Attachments:

- Exhibit 1 - Contact List
- Exhibit 2 - Greenfield Police Department Report
- Exhibit 3 - Medical Examiner's Investigator's Report *Eqphkf gpvkr/Gzenwf gf +
- Exhibit 4 - New Hampshire Fish & Game - Law Enforcement Division's Forensic Report *Eqphkf gpvkr/Gzenwf gf +
- Exhibit 5 - Peterborough Fire Ambulance EMS Incident Report *Eqphkf gpvkr/Gzenwf gf +
- Exhibit 6 - Kawasaki Promotional Material and Product Information
- Exhibit 7 - News Account of the incident
- Exhibit 8 - Product History Search *Gzenwf gf +
- Exhibit 9 - Data Record Sheet

Contact List

Corporal Glenn Roberge
Greenfield Police Department
7 Sawmill Road
Greenfield, NH 03047
Tel. (603) 547-2525
Fax (603) 547-2544

Ms. [REDACTED]
Office of the Chief Medical Examiner in Concord, NH
246 Pleasant Street
Concord, NH 03301-2598
Tel. (603) 271-1235
Fax (603) 271-6308

Captain John Wimsatt, OHRV Division
New Hampshire Fish & Game Department
11 Hazen Drive
Concord New Hampshire
Tel. (603) 271-3421
Fax (603) 271-8859



GREENFIELD POLICE DEPARTMENT

7 Sawmill Road, PO Box 165

Greenfield, NH 03047

Phone: 603-547-2525

Fax: 603-547-2544

greenfieldnypolice@myfairpoint.net

8/30/13

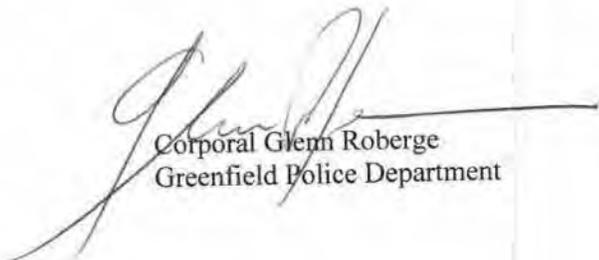
██████████
Product Safety Investigator/Northern New England

██████████
██████████

Dear Mr. ██████████,

Enclosed please find a copy of the UTV accident report. Please remit \$20.00 payable to the Town of Greenfield, Police Department.

If you have any further questions please call me at the number listed above.


Corporal Glenn Roberge
Greenfield Police Department

"Dedicated to the Safety and Security of Our Community"

GREENFIELD POLICE DEPARTMENT

Page	1		Case No.	12-0055	
Beat	Rpt Dist	Type:	Fatal Accident		Seq: 1
Crime / Incident (Primary, Secondary, Tertiary)		Attempt	Occurred	Date	Time
0802 Unattended Death		<input type="checkbox"/>	On or From	07/19/2012	01:30
		<input type="checkbox"/>	To	07/19/2012	Thu
		<input type="checkbox"/>	Reported	07/19/2012	01:30
					Thu

Location of Incident: [REDACTED] GREENFIELD, NH
 Cross Street: [REDACTED] County: HILLSB

Dispo	"V" = Victim	"RP" = Reporting Party	"W" = Witness	"S" = Suspect	"O" = Other									
V						Last, First, Middle (Firm if Business)	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
						[REDACTED]	A	F	27	505	125	BRO	BRO	(603)
Address						DOB	DL Number		State		Work Phone			
[REDACTED]						[REDACTED]	[REDACTED]		NH		(603)			
City, State, Zip Code						SSN	Local ID #	State #	FBI #	Cell Phone				
[REDACTED]										0				
RP						Last, First, Middle (Firm if Business)	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
						[REDACTED]	W	F	51	509	180	BRO	BLU	[REDACTED]
Address						DOB	DL Number		State		Work Phone			
[REDACTED]						[REDACTED]	[REDACTED]		NH		(603)			
City, State, Zip Code						SSN	Local ID #	State #	FBI #	Cell Phone				
[REDACTED]										[REDACTED]				
O						Last, First, Middle (Firm if Business)	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
						[REDACTED]	W	F	25	0	0			[REDACTED]
Address						DOB	DL Number		State		Work Phone			
[REDACTED]						[REDACTED]	[REDACTED]		NH		0			
City, State, Zip Code						SSN	Local ID #	State #	FBI #	Cell Phone				
[REDACTED]										0				
O						Last, First, Middle (Firm if Business)	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
						[REDACTED]	W	M	56	602	200	BRO	BLU	[REDACTED]
Address						DOB	DL Number		State		Work Phone			
[REDACTED]						[REDACTED]	[REDACTED]		NH		(603)			
City, State, Zip Code						SSN	Local ID #	State #	FBI #	Cell Phone				
[REDACTED]										0				

Synopsis :

Continuation Attached : <input checked="" type="checkbox"/>	Property List Attached : <input type="checkbox"/>	
UCR : 26	Press Release : <input type="checkbox"/>	Domestic Violence Case : <input type="checkbox"/>
Gang Related : N	Hate Crime : <input type="checkbox"/>	Victim Senior Citizen : <input type="checkbox"/>
Pursuit : <input type="checkbox"/>	Force Used : <input type="checkbox"/>	Child Abuse : <input type="checkbox"/>
County Code		Disposition : PEND
Agency ORI # NH0061800		Connecting Case #
CAD/CFS Event #		

Assigned To : Glenn A. Roberge Date : 07/19/2012

Officer ID : Glenn A. Roberge	GAR	Reviewed By : Glenn A. Roberge	Approved : [Signature]	Date : 07/19/2012
-------------------------------	-----	--------------------------------	------------------------	-------------------



GREENFIELD POLICE DEPARTMENT

Page 2

12-0055

Type: Fatal Accident

Seq: 1

Crime / Incident (Primary)
0802 Unattended Death

Attempt

Continuation Report

Dispo	"V" = Victim	"RP" = Reporting Party	"W" = Witness	"S" = Suspect	"O" = Other									
O						Last, First, Middle (Firm if Business)	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
						[REDACTED]	W	M	24	509	165	BLN	GRN	[REDACTED]
Address						DOB	DL Number			State	Work Phone			
[REDACTED]						[REDACTED]	[REDACTED]			NH	(603)			
City, State, Zip Code						SSN	Local ID #	State #	FBI #	Cell Phone				
[REDACTED]						[REDACTED]				[REDACTED]				
O						Last, First, Middle (Firm if Business)	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
						[REDACTED]	W	M	24	511	230	BLN	BLU	(603)
Address						DOB	DL Number			State	Work Phone			
[REDACTED]						[REDACTED]	[REDACTED]			NH	(603)			
City, State, Zip Code						SSN	Local ID #	State #	FBI #	Cell Phone				
[REDACTED]						[REDACTED]				0				
O						Last, First, Middle (Firm if Business)	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
						[REDACTED]	W	M	22	606	205	BLN	HAZ	[REDACTED]
Address						DOB	DL Number			State	Work Phone			
[REDACTED]						[REDACTED]	[REDACTED]			NH	(603)			
City, State, Zip Code						SSN	Local ID #	State #	FBI #	Cell Phone				
[REDACTED]						[REDACTED]				0				
						Last, First, Middle (Firm if Business)	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address						DOB	DL Number			State	Work Phone			
[REDACTED]						[REDACTED]	[REDACTED]							
City, State, Zip Code						SSN	Local ID #	State #	FBI #	Cell Phone				
[REDACTED]						[REDACTED]								
						Last, First, Middle (Firm if Business)	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address						DOB	DL Number			State	Work Phone			
[REDACTED]						[REDACTED]	[REDACTED]							
City, State, Zip Code						SSN	Local ID #	State #	FBI #	Cell Phone				
[REDACTED]						[REDACTED]								
						Last, First, Middle (Firm if Business)	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address						DOB	DL Number			State	Work Phone			
[REDACTED]						[REDACTED]	[REDACTED]							
City, State, Zip Code						SSN	Local ID #	State #	FBI #	Cell Phone				
[REDACTED]						[REDACTED]								
						Last, First, Middle (Firm if Business)	Race	Sex	Age	HT	WT	Hair	Eyes	Home Phone
Address						DOB	DL Number			State	Work Phone			
[REDACTED]						[REDACTED]	[REDACTED]							
City, State, Zip Code						SSN	Local ID #	State #	FBI #	Cell Phone				
[REDACTED]						[REDACTED]								

Officer ID : **Glenn A. Roberge**

GAR

Reviewed By : **Glenn A. Roberge**

Approved :

Date : **07/19/2012**



GREENFIELD POLICE DEPARTMENT							Page 3	Case No. 12-0055			
							Type: Fatal Accident		Seq: 1		
Crime / Incident (Primary) 0802 Unattended Death							Attempt <input type="checkbox"/>	Vehicle Report			
Vehicle License 6764	State NH	Year 0	Make KAWA	Model TERYKL	Body Type	Color	VIN				
Comments							<input type="checkbox"/> Stolen	<input checked="" type="checkbox"/> Stored	<input type="checkbox"/> Left at Scene	<input checked="" type="checkbox"/> Towed	<input type="checkbox"/> Burn/Strip
							<input type="checkbox"/> Recovered	<input checked="" type="checkbox"/> Impounded	<input type="checkbox"/> Released at Scene	PPD IMPOUN	
Registered Owner Name / Address [REDACTED]											
Vehicle License	State	Year	Make	Model	Body Type	Color	VIN				
Comments							<input type="checkbox"/> Stolen	<input type="checkbox"/> Stored	<input type="checkbox"/> Left at Scene	<input type="checkbox"/> Towed	<input type="checkbox"/> Burn/Strip
							<input type="checkbox"/> Recovered	<input type="checkbox"/> Impounded	<input type="checkbox"/> Released at Scene		
Registered Owner Name / Address											
Vehicle License	State	Year	Make	Model	Body Type	Color	VIN				
Comments							<input type="checkbox"/> Stolen	<input type="checkbox"/> Stored	<input type="checkbox"/> Left at Scene	<input type="checkbox"/> Towed	<input type="checkbox"/> Burn/Strip
							<input type="checkbox"/> Recovered	<input type="checkbox"/> Impounded	<input type="checkbox"/> Released at Scene		
Registered Owner Name / Address											
Vehicle License	State	Year	Make	Model	Body Type	Color	VIN				
Comments							<input type="checkbox"/> Stolen	<input type="checkbox"/> Stored	<input type="checkbox"/> Left at Scene	<input type="checkbox"/> Towed	<input type="checkbox"/> Burn/Strip
							<input type="checkbox"/> Recovered	<input type="checkbox"/> Impounded	<input type="checkbox"/> Released at Scene		
Registered Owner Name / Address											
Vehicle License	State	Year	Make	Model	Body Type	Color	VIN				
Comments							<input type="checkbox"/> Stolen	<input type="checkbox"/> Stored	<input type="checkbox"/> Left at Scene	<input type="checkbox"/> Towed	<input type="checkbox"/> Burn/Strip
							<input type="checkbox"/> Recovered	<input type="checkbox"/> Impounded	<input type="checkbox"/> Released at Scene		
Registered Owner Name / Address											
Vehicle License	State	Year	Make	Model	Body Type	Color	VIN				
Comments							<input type="checkbox"/> Stolen	<input type="checkbox"/> Stored	<input type="checkbox"/> Left at Scene	<input type="checkbox"/> Towed	<input type="checkbox"/> Burn/Strip
							<input type="checkbox"/> Recovered	<input type="checkbox"/> Impounded	<input type="checkbox"/> Released at Scene		
Registered Owner Name / Address											
Vehicle License	State	Year	Make	Model	Body Type	Color	VIN				
Comments							<input type="checkbox"/> Stolen	<input type="checkbox"/> Stored	<input type="checkbox"/> Left at Scene	<input type="checkbox"/> Towed	<input type="checkbox"/> Burn/Strip
							<input type="checkbox"/> Recovered	<input type="checkbox"/> Impounded	<input type="checkbox"/> Released at Scene		
Registered Owner Name / Address											
Vehicle License	State	Year	Make	Model	Body Type	Color	VIN				
Comments							<input type="checkbox"/> Stolen	<input type="checkbox"/> Stored	<input type="checkbox"/> Left at Scene	<input type="checkbox"/> Towed	<input type="checkbox"/> Burn/Strip
							<input type="checkbox"/> Recovered	<input type="checkbox"/> Impounded	<input type="checkbox"/> Released at Scene		
Registered Owner Name / Address											
Officer ID: Glenn A. Roberge	GAR					Reviewed By: Glenn A. Roberge	Approved: <i>[Signature]</i>	Date: 07/19/2012			



GREENFIELD POLICE DEPARTMENT	Page	4	Case No. 12-0055
	Crime / Incident (Primary) 0802 Unattended Death		Type: <i>Fatal Accident</i> Seq: 1
		Attempt <input type="checkbox"/>	Narrative Report

On 7/19/12 at approximately 0130 hours I,

Corporal Glenn Roberge
Greenfield Police Department

Was requested to respond to an all terrain vehicle accident at [REDACTED]

This is the residence of:

[REDACTED]
DOB: [REDACTED]
Greenfield, NEW Hampshire

And

[REDACTED]
DOB: [REDACTED]
Greenfield, New Hampshire

And

[REDACTED]
DOB [REDACTED]
Greenfield, New Hampshire

And

[REDACTED]
DOB [REDACTED]
Greenfield, New Hampshire

Also temporarily residing at this residence and present at the scene when I arrived are:

[REDACTED]
DOB [REDACTED] Apt. # [REDACTED]

And

Officer ID: Glenn A. Roberge	GAR	Reviewed By: Glenn A. Roberge	Approved: [Signature]	Date: 07/19/2012
-------------------------------------	------------	---	-----------------------	-------------------------



GREENFIELD POLICE DEPARTMENT	Page	5	Case No. 12-0055
	Crime / Incident (Primary) 0802 Unattended Death		Type: <i>Fatal Accident</i> Seq: 1
		Attempt <input type="checkbox"/>	Narrative Report

[REDACTED]
DOB [REDACTED]

All of the people listed above have provided written statements (see attached)

Upon my arrival at the accident scene I noted that there were several members of the Greenfield Fire/Rescue performing CPR on the victim one,

[REDACTED]
DOB [REDACTED]

The members of the Greenfield Rescue Department that were on scene were:

[REDACTED]
[REDACTED] IV

The vehicle is a,

2008 Kawasaki
Model- Tery X
VIN [REDACTED]

This vehicle is not currently registered as it is used only on the current owners property, that being [REDACTED] and [REDACTED]

In investigating how the accident occurred I spoke with all of the people listed.

All of the people stated that they had been at a bonfire and a cookout at [REDACTED] Road and that there were several other guests in attendance at the cookout.

In his written statement [REDACTED] stated that on 7/19/12 the days events began at approximately 0830 hours with [REDACTED] and [REDACTED] getting up and placing coolers and bottles of water around the [REDACTED] property for a event that would be occurring later that same day and that for the rest of the morning he was away from [REDACTED].

Officer ID: Glenn A. Roberge	GAR	Reviewed By: Glenn A. Roberge	Approved: [Signature]	Date: 07/19/2012
-------------------------------------	------------	--------------------------------------	-----------------------	-------------------------



GREENFIELD POLICE DEPARTMENT	Page	6	Case No: 12-0055
	Crime / Incident (Primary) 0802 Unattended Death		Type: <i>Fatal Accident</i> Seq: 1
		Attempt <input type="checkbox"/>	Narrative Report

further stated that he saw again around 1100 hours on 7/19/12 riding in a vehicle with and on an errand to the store for supplies.

then stated that he saw again around 1145 hours as they watched the "race around the property" which he likened to a triathlon event. then stated that he saw again leave the residence around 1200 hours when and left to go for a hike on a trail, later identified as the Trail on Road in Greenfield, New Hampshire.

further stated that he again saw at approximately 1500 hours when the group returned from the hike and the group spent the remaining hours of the afternoon having a cookout and swimming in the pond at the residence. further stated that after the cookout that there was a campfire again on the property and that during the campfire the group "drank beers throughout the evening".

further stated, " I didn't see drink more than 4 beers throughout the evening, about 6 hours".

stated further that, " We came in about 2330 hours and and I discussed her personal relationship with ". "We hugged and she didn't seem sad but content with just talking". then stated that he went to bed at 0010 hours.

stated that awakened him at 0134 hours because of the accident and that he was the last household member to arrive at the crash site.

In her written statement , who shared a bedroom with at the 's residence stated that on the morning of 7/18/12 woke up at 0830 hours and had breakfast at approximately 0830 hours with and .

At approximately 1030 hours , , , and went to the store. further stated that they returned at approximately 1130-1200 hours. further stated that at approximately 1300 hours herself, and left to go hiking. also stated that only herself and actually hiked and that remained in her vehicle.

then stated that herself, and returned to the farm (s residence) at about 1445-1500 hours. further stated, " From that time onward we along with their friend and several of 's relatives ate barbecue and swam in the pond and drank several alcoholic beverages.

Officer ID: Glenn A. Roberge	GAR	Reviewed By: Glenn A. Roberge	Approved: <i>[Signature]</i>	Date: 07/19/2012
-------------------------------------	------------	--------------------------------------	------------------------------	-------------------------



GREENFIELD POLICE DEPARTMENT	Page	7	LABE NO. 12-0055
	Crime / Incident (Primary) 0802 Unattended Death	Attempt	<input type="checkbox"/>
		Type: Fatal Accident	Seq: 1
Narrative Report			

further stated, " That we stopped drinking and came back to the house around 2300-2330 hours". " was not visibly drunk". "I believe she stopped drinking around 2130 hours". "None of us had more than just a few" (alcoholic beverages) .

then stated that when they got back to the house she and watched a movie and that returned to the room they shared to pack her belongings. further stated that she was unsure of the time but that she believed that to be at approximately 2400 hours.

then stated that she returned to the shared bedroom and feel asleep while was still packing and that she was awakened by saying that something was wrong. At that point stated that, " we ran to the truck and went to where she was".

then stated that the ATV flipped over on the drivers' side and was lying on the ground in the driver's side of the ATV.

then stated that called 911 as he was already on the scene. further stated that and began CPR on .

In the written statement from he stated that he was awakened by his mother (stating she saw lights in the field where there shouldn't be any.

then stated that he drove one of the trucks belonging to the family out to where he could see the ATV on its left side (drivers) and the family dog lying against the ATV. did not see until he was next to the vehicle he describes it as follows: () was unresponsive, I checked for pulse and resp. (respirations), but found none and her skin was cold".

then stated that he "leaned on the horn, to signal my mother, back at the house, I had no phone". "1 minute later my mother () and () had driven out" and I used ()'s () phone to call 911." "My father came out and assessed and began CPR, I was on the phone with 911". "My father performed CPR 10-15 minutes until the first responders arrived". "Prior to CPR my father and I flipped the ATV up right to gain access for CPR.

describes the crash scene as follows upon his arrival there:

"ATV flipped on left side, right arm pinned under roll cage, her () body was within roll cage and drivers seat was dislodged". "No seatbelt worn and () was lying on her back".

Officer ID: Glenn A. Roberge	GAR	Reviewed By: Glenn A. Roberge	Approved: <i>[Signature]</i>	Date: 07/19/2012
-------------------------------------	------------	--------------------------------------	------------------------------	-------------------------



GREENFIELD POLICE DEPARTMENT	Page 8	Case NO. 12-0055	Seq: 1
	Crime / Incident (Primary) 0802 Unattended Death	Type: Fatal Accident	
		Narrative Report	

In the written statement provided by [REDACTED] he stated that he went to watch a movie at approximately 2330 hours and then went to bed about 0130 hours and that at 0145 hours his mother [REDACTED] came into his room and said to him, "Go get [REDACTED] now". "So I jumped up and went to [REDACTED] ([REDACTED])." [REDACTED] further stated that, "I saw my dad ([REDACTED]) giving CPR."

[REDACTED] further stated, "That she ([REDACTED]) was acting funny all day". Then [REDACTED] stated, " We got done with an all day race. She did not do it at all".

[REDACTED] further stated, "Saw her when she was hiking [REDACTED] with [REDACTED] ([REDACTED]) having fun. But I felt something was wrong". "During movie she talked to [REDACTED] for a long time about [what] I have no idea". She ([REDACTED]) talked to [REDACTED] ([REDACTED]), [REDACTED]'s friend for a long time then I went to bed". "Her eyes were scared", About [what] I don't know".

When I pressed [REDACTED] for what he meant about [REDACTED]'s eyes looking scared he couldn't articulate what he meant. He just shrugged his shoulders and stated, "I don't know". I again inquired what he meant and again [REDACTED] stated he didn't know.

I then inquired if there was any chance [REDACTED] was torn about leaving the [REDACTED] residence and [REDACTED] and [REDACTED] stated, "Maybe".

In the written statement provided by [REDACTED] she stated that she woke up to check on bonfire, "And saw 3 sets of lights and was only expecting to see 2 sets", then [REDACTED] stated that she woke up her son [REDACTED] and sent him out to check on what was happening.

[REDACTED] drove out in one of the family trucks and "he started beeping horn".

[REDACTED] then stated that she ran downstairs waking up the girls in the basement and asked them to bring a cell phone and that something was wrong.

[REDACTED] further stated that initially she thought that it might be her husband [REDACTED] as he was not in bed when she woke up.

[REDACTED] then stated that she went to help her son ([REDACTED]), at the scene. Upon her arrival at the scene [REDACTED] describes what she saw as follows: that she saw [REDACTED] ([REDACTED]) and dog [REDACTED] inside ATV. [REDACTED] stated further "The ATV was turned onto drivers side".

[REDACTED] then stated that [REDACTED] ([REDACTED]) used her phone to call 911. [REDACTED] then went back to the house to wake everyone up. [REDACTED] then used her cell phone to call 911. [REDACTED] then informed me that she

Officer ID: Glenn A. Roberge	GAR	Reviewed By: Glenn A. Roberge	Approved: [Signature]	Date: 07/19/2012
-------------------------------------	------------	--------------------------------------	------------------------------	-------------------------



GREENFIELD POLICE DEPARTMENT	Page 9	CASE NO. 12-0055	Seq: 1
	Crime / Incident (Primary) 0802 Unattended Death	Type: Fatal Accident	
		Attempt <input type="checkbox"/>	Narrative Report

went to the end of the driveway to give responders directions to the scene. That was where I initially met with [REDACTED] on my arrival.

In the written statement provided by [REDACTED] he stated "That he was awakened a little after 0100 hours with news there had been an accident with [REDACTED] and that he rushed out to find our ATV on its side with [REDACTED] ([REDACTED] curled up on the ground with no part of the ATV on her". "I quickly assessed [REDACTED] and realized that she was not breathing and had no palpable pulse". "She ([REDACTED] was cool and clammy to the touch". "I immediately began CPR and rescue breathing". As I was continuing CPR our boys [REDACTED] and [REDACTED] lifted and righted the ATV".

[REDACTED] then stated that he performed CPR until the Greenfield Rescue arrived which was approximately 20 minutes.

This concludes the statements from the people that were on scene.

As stated at the beginning of the narrative the Greenfield Rescue Department was performing CPR upon my arrival at the scene. At some point [REDACTED] was transported to the Monadnock Community Hospital in Peterborough, New Hampshire. I remained on scene to take photographs of the scene and to attain the written statements.

While at the scene I requested an additional Police unit and,

Trooper First Class Kieran Fagan
New Hampshire State Police
Troop B
Bedford, New Hampshire

Responded to the incident.

I also called the Medical Examiners Office and spoke with one,

Richard McLaughlin
Assistant Deputy Medical Examiner

Informed me that he would be responding to the hospital and when I informed McLaughlin that I was going to request 2 blood draws at approximately 0345 hours, McLaughlin stated that I did not have to do that as he would do the blood draws.

Ultimately the blood draws were not performed as an autopsy was scheduled for 7/20/12 at 0900 hours. The autopsy is to be performed by Doctor [REDACTED] at the Concord Hospital.

I also requested that dispatch call the Hillsborough County Attorneys Office and

Officer ID: Glenn A. Roberge	GAR	Reviewed By: Glenn A. Roberge <i>[Signature]</i>	Approved:	Date: 07/19/2012
-------------------------------------	------------	--	-----------	----------------------------



GREENFIELD POLICE DEPARTMENT	Page 10	Case No. 12-0055
	Crime / Incident (Primary) 0802 Unattended Death	Type: Fatal Accident
Attempt <input type="checkbox"/>		Narrative Report

returned my call. I informed her of the situation and was instructed that if my investigation uncovered any thing suspicious I should notify her.

I requested that

Towing
 Francestown New Hampshire

Remove the ATV and bring it to the Peterborough Police Department impound lot.

I requested that Trooper First Class Fagan remain with the ATV for chain of custody. The ATV was placed into the Peterborough Police Department impound lot by

Officer Donald Abbott
 Peterborough Police Department

At the Monadnock Community Hospital,

Doctor saw and pronounced her dead. Doctor informed me upon my arrival at the hospital that he had attempted to call 's father one,

By telephone to inform him of the incident. Doctor attempted 5 times to call but each time he was only able to get 's voice mail. So Doctor left a message requesting that call the hospital.

I went through 's purse, which was subsequently inventoried and placed into the Greenfield Police Department Evidence Room in slot S-15 and attempted to find alternate phone number of family members but the number s that I found and attempted to contact went to voice mail and I did not leave any messages.

Richard McLaughlin arrived at the hospital and began his investigation and I remained with him the entire time. When he was finished he placed in a body bag and informed me that the seal number was .

McLaughlin stated that had a broken left humerus and that she had multiple broken ribs on her right chest and that this may be the cause of death.

I made contact with,

Lieutenant Craig Morrocco
 New Hampshire Fish and Game Department

Officer ID: Glenn A. Roberge	GAR	Reviewed By: Glenn A. Roberge	Approved: [Signature]	Date: 07/19/2012
------------------------------	-----	-------------------------------	-----------------------	------------------



**GREENFIELD
POLICE DEPARTMENT**

Page	11	Case No.	12-0055
		Type: Fatal Accident	Seq: 1
Crime / Incident (Primary)	Attempt	Narrative Report	
0802 Unattended Death	<input type="checkbox"/>		

And also with

Conservation Officer William Boudreau
New Hampshire Fish and Game Department

And informed them of the facts at that time and that I had begun the investigation. Lt. Morrocco stated that he would pick up the ATV later that morning and bring it to the New Hampshire Fish and Game Department Headquarters so that a forensic audit could be conducted on the ATV.

Once McLaughlin completed his investigation we both went and informed [REDACTED] and [REDACTED] that there was going to be an autopsy in Concord on 7/20/12.

McLaughlin then inquired if I knew of any funeral homes to do the transport of [REDACTED] to the Concord Hospital. I called [REDACTED] Funeral Home and spoke with one,

[REDACTED] Owner
[REDACTED] Funeral Home
Peterborough, New Hampshire

[REDACTED] informed me that he would pick up [REDACTED] after a funeral service at 1100 hours and bring [REDACTED] to the Concord Hospital.

At this time I cleared the hospital and went to the Peterborough Police Department to take more pictures of the ATV as it was now daytime.

I then went to the [REDACTED] farm to take pictures there during the day.

I met with [REDACTED] [REDACTED]'s the family and figured out that [REDACTED] had gotten on the ATV to retrieve something from the bonfire and structure area.

[REDACTED] informed me that she had found a pair of ear buds that apparently belonged to [REDACTED]'s [REDACTED] and also a pair of [REDACTED]'s shoes. Although [REDACTED] [REDACTED] was unsure if they were removed during the accident or another item that [REDACTED] went to retrieve.

I found some skid marks near the accident scene and measured them. The skid marks were approximately 22.5 feet long. I also took daytime photographs of the area where the swimming and Cookout took place. I noted several beer cans in the fire pit and also several more in a recycling bin.

The ATV did not receive any noticeable damage.

Officer ID: Glenn A. Roberge	GAR	Reviewed By: Glenn A. Roberge	Approved: [Signature]	Date: 07/19/2012
------------------------------	-----	----------------------------------	-----------------------	------------------



**GREENFIELD
POLICE DEPARTMENT**

Page

12

Case no.:

12-0055

Type: *Fatal Accident*

Seq:

1

Crime / Incident (Primary)
0802 Unattended Death

Attempt

Narrative Report

I then returned to the Greenfield Police Department to attempt to contact [REDACTED].

I made 5 telephone calls to the various divisions of the Las Angeles Police Department before I was able to locate, which division the [REDACTED] residence was in.

I then spoke with a,

Lieutenant Brian Welding
North Hollywood Police Station

Lt. Welding informed me that he would send someone out to the [REDACTED] residence immediately, which was done.

I am still waiting for the results of the autopsy and the toxicology report as of 1158 on 7/20/12

It is my opinion that driver inexperience and possibly alcohol played a factor in the crash and resultant death of [REDACTED].

Corporal Glenn Roberge
Greenfield Police Department

Officer ID: **Glenn A. Roberge**

GAR

Reviewed By:

Glenn A. Roberge

Approved:

Date:

07/19/2012



2	1	REPORT SUBMITTED BY 1. Operator 2. Law Enforcement 3. Medical Facility	NAME/OPERATOR/VICTIM		DATE OF INCIDENT 07/19/12			
2	2	LOCATION 1. Public Property 2. Private Property	Last █	First █	MI █			
7	3	TYPE TERRAIN 1. Trail – bare ground 2. Trail w/snow – groomed 3. Trail w/snow – not groomed 4. Frozen Body of Water 5. Road 6. Road Right-of-Way 7. Field/Lawn 8. Woods – no trail 9. Airport 10. Parking Lot 11. Sand Pit 12. Race Track 13. Railroad 14. Other	APPARENT CONTRIBUTING FACTORS HUMAN 1. Unsafe Speed 2. Alcoholic/Drug Involvement 3. Inattention 4. Inexperience 5. Reckless/Careless 6. Following too Close 7. Failed to Yield/Stop 8. Improper Turn 9. Operating on Road 10. Hit by Vehicle VEHICULAR 11. Stuck Throttle 12. Brake Defective 13. Other Vehicular ENVIRONMENTAL 14. Animal's Actions 15. Thin Ice 16. Obstruction/Debris 17. View Obstructed 18. Icy Trail		Veh1 ▶ 17	2		
1	4	TRAFFIC CONTROL 1. None 2. Signed Trail 3. Posted Hazard 4. Stop/Yield 5. Other			Veh1 ▶ 18	0		
1	4	TRAFFIC CONTROL 1. None 2. Signed Trail 3. Posted Hazard 4. Stop/Yield 5. Other			Veh2 ▶ 19	0		
1	4	TRAFFIC CONTROL 1. None 2. Signed Trail 3. Posted Hazard 4. Stop/Yield 5. Other			Veh2 ▶ 20	0		
4	5	LIGHT CONDITIONS 1. Daylight 2. Dusk/Dawn 3. Dark – area lighted 4. Dark – area unlighted			TYPE OF VEHICLE 1. Snowmobile 2. 3-Wheeled ATV 3. 4-Wheeled ATV 4. Trail Bike 5. Car or Truck 6. Tracked ATV 7. UTV 8. Other	Veh1 ▶ 21	7	
1	6	TRAIL CHARACTER 1. Straight and Level 2. Straight and Grade 3. Straight at Hillcrest 4. Curve and Level 5. Curve and Grade 6. Curve at Hillcrest 7. Crossing Bridge	IF A QUESTION DOES NOT APPLY, ENTER A DASH (-). IF AN ANSWER IS UNKNOWN, ENTER AN "X"		PRE-ACCIDENT VEHICLE ACTION 1. Going Straight Ahead 2. Making a turn 3. Stopped 4. Avoiding Object 5. Slowing or Stopping 6. Overtaking 7. Backing 8. Towing	Veh1 ▶ 23	1	
3	7	SURFACE CONDITION 1. Snow 2. Ice 3. Bare Ground 4. Pavement 5. Other	LOCATION OF MOST SEVERE PHYSICAL COMPLAINT 1. No Injury 2. Head 3. Neck 4. Arm 5. Hand 6. Trunk/Torso 7. Leg 8. Foot 9. Entire Body		OHRV SAFETY TRAINING OPERATOR #1 1. Yes 2. No 3. Unknown OHRV SAFETY TRAINING OPERATOR #2 1. Yes 2. No 3. Unknown	▶ 25	3	
1	8	WEATHER 1. Clear 2. Cloudy/Overcast 3. Rain 4. Snow 5. Sleet/Freezing Rain				▶ 26	0	
		WHICH VEHICLE OCCUPIED 1. Vehicle No. 1 2. Vehicle No. 2 P. Pedestrian O. Other			TYPE OF PHYSICAL COMPLAINT 1. No Injury 2. Amputation 3. Concussion 4. Internal 5. Bleeding 6. Fracture / Dislocation 7. Bruise 8. Burn 9. Other	TYPE OF ACCIDENT 1. Collision 2. Fell Off 3. Rollover 4. Fire/Explosion 5. Submersion 6. Ran Off Roadway Only	▶ 27	3
		POSITION IN/ON VEHICLE 1. Driver 2-3. Passengers 4. Riding / Hanging on Outside			VICTIM'S PHYSICAL/EMOTIONAL STATUS 1. Conscious 2. Semi-Conscious 3. Unconscious 4. Apparent Death	COLLISION TYPE 1. Snowmobile 2. ATV 3. Trail Bike 4. Car/Truck 5. Railroad Train 6. Maintenance Equipment 7. Pedestrian 8. Animal 9. Tree 10. Rock 11. Post/Pole 12. Guard Rail 13. Embankment/Ditch 14. Building/Structure 15. Fence/Gate 16. Other	▶ 28	16
		SAFETY EQUIPMENT USED 1. No Helmet 2. Helmet On 3. Helmet/Eye Protection						
		VEHICLE LIGHTING 1. Lights On 2. Light Not On 3. Not Equipped 4. Unknown						
		AGE						
1	1	1	1	27	6	4	4	
NAMES OF ALL INVOLVED – (IF DECEASED, GIVE DATE OF DEATH)								

New Hampshire Fish & Game Department
UNIFORM OHRV/SNOWMOBILE ACCIDENT REPORT

Within 5 days mail report to:

OHRV Division, N.H. Fish & Game Department, 11 Hazen Drive, Concord, N.H. 03301
 (603) 271-3129



USE TAB KEY TO NAVIGATE; BACK ARROW TO UNDO

215-A:28 215-C:48 Financial Responsibility and Conduct After an Accident.

The operator of an OHRV or snowmobile involved in an accident resulting in death or injury to a person or damage to property in excess of \$500, or the owner of said OHRV or snowmobile having knowledge of the accident, should the operator of same be incapacitated, shall report said accident immediately to the nearest police officer or nearest police station and shall file a report of the accident with the department of fish and game within 5 days on forms prescribed by the department of fish and game.

V. Any person who is knowingly involved in any accident involving personal injury with an OHRV or snowmobile shall report said accident to the nearest police officer or police station. A report of said accident shall be filed forthwith by said police officer or police station and the fish and game department.

COMPLETION OF THE ACCIDENT FORM: Follow the instructions for entering accident data.

ACCIDENT IDENTIFICATION - Page 1

The top line of the form should be completed as follows:
 complete date, day of week, time accident occurred with am or pm, total number of vehicles involved, total injured, total killed, time the officer investigated, did the officer go to the accident scene?, did any involved operators leave the scene?, does investigating agency have scene photos?

OPERATOR OWNER BLOCKS - Page 1

1. Print names in all entries -last, first, middle initial.
2. If operator, owner is at temporary or vacation address, list home address and phone.
3. If operator is also the owner, check the "Same as Operator" box within the owner name block. Leave address blank.
4. Enter vehicle information at bottom of this section.
5. If the registration is expired or invalid, make note within the accident description section.
6. Make sure that model of OHRV is entered.

ACCIDENT DIAGRAM - Page 1

Space is provided to draw an illustration. Place an arrow within the circle to indicate the direction of North. If no damage, check box for each vehicle involved.

LOCATION/ARREST INFORMATION - Page 1

Name/Type Area refers to: Trail number, highway number or street name and when it is possible; reference an accident location to a named or designated public roadway or GPS location, if known.
Ticket/Arrest- List any violations or warnings that participants are cited for.

TYPE TERRAIN - page 2

The key to whether area is a trail or woods, field, lawn, etc. is that a trail is an established route for the general public. A route between two or more properties utilized only by adjoining landowners should not be considered a trail.

TRAFFIC CONTROL - Page 2

A posted hazard would include steep grades, drop offs, bridge out, or other special hazards involved at location of the incident. If the trail is generally signed, but no special hazard was involved, then #2 should be entered.

TRAIL CHARACTER - Page 2

Applies to any area where incident occurred.

SURFACE CONDITION/WEATHER Page 2

Should relate to conditions at the scene of the actual incident at the time which it occurred.

APPARENT CONTRIBUTING FACTORS: - Page 2

There are two (2) boxes for indicators of two (2) vehicles involved. There should be at least one entry for each vehicle.

If a second indicator is not available, insert a "dash" for the vehicle in question. **DO NOT LEAVE ANY FIELD**

BLANK

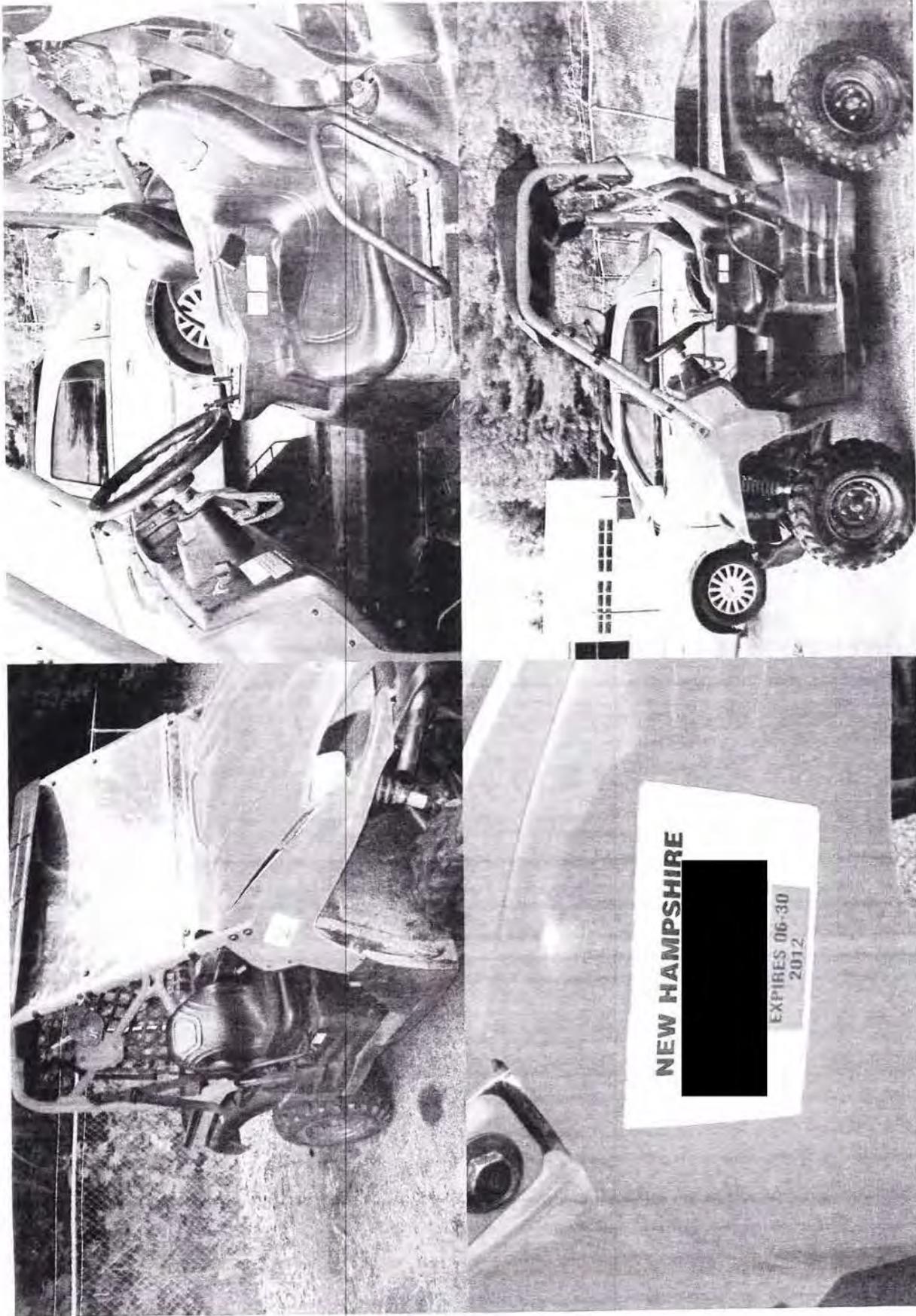
TYPE OF ACCIDENT AND COLLISION TYPE: - Page 2

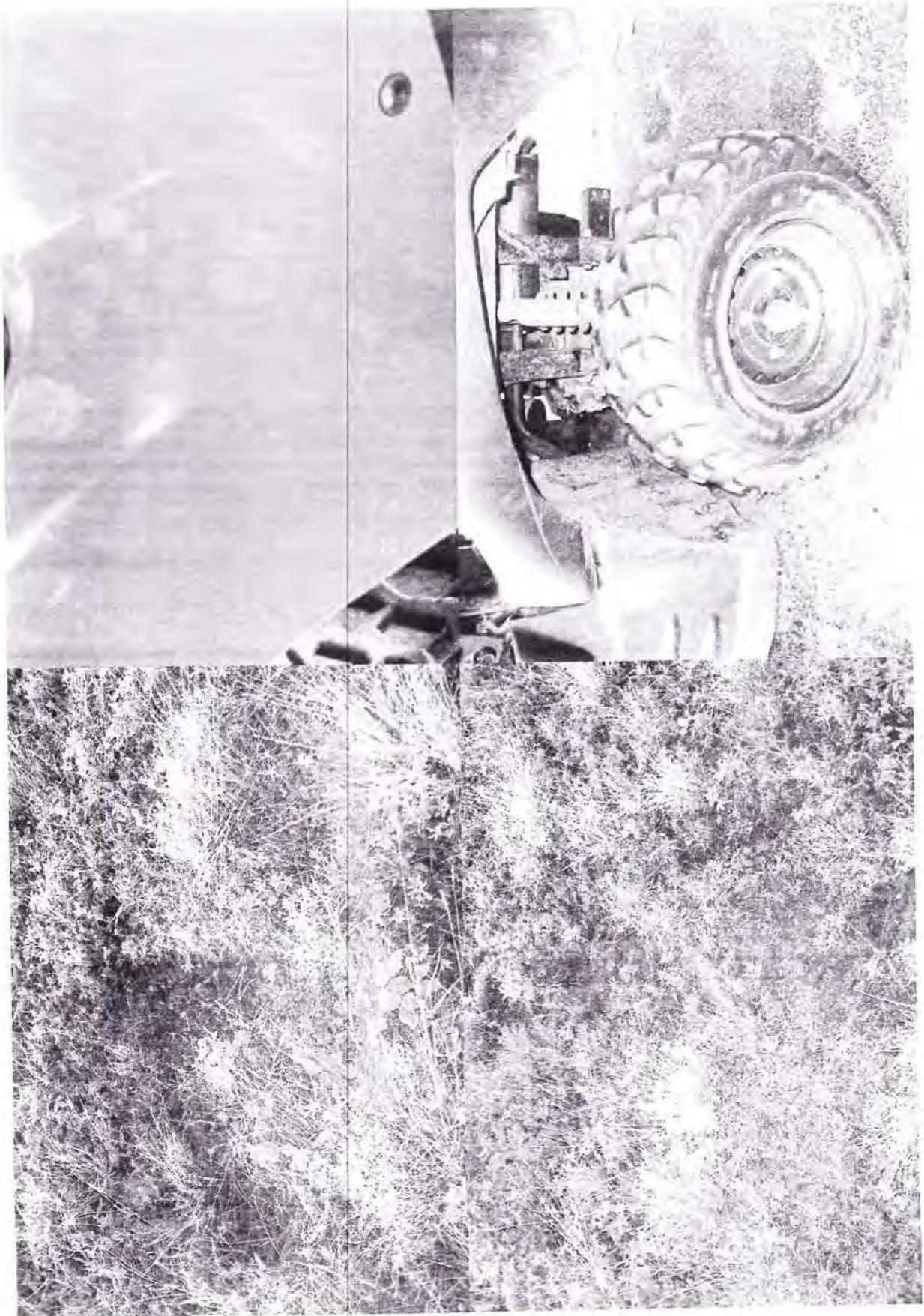
Indicate the most appropriate description in box #27 & 28.

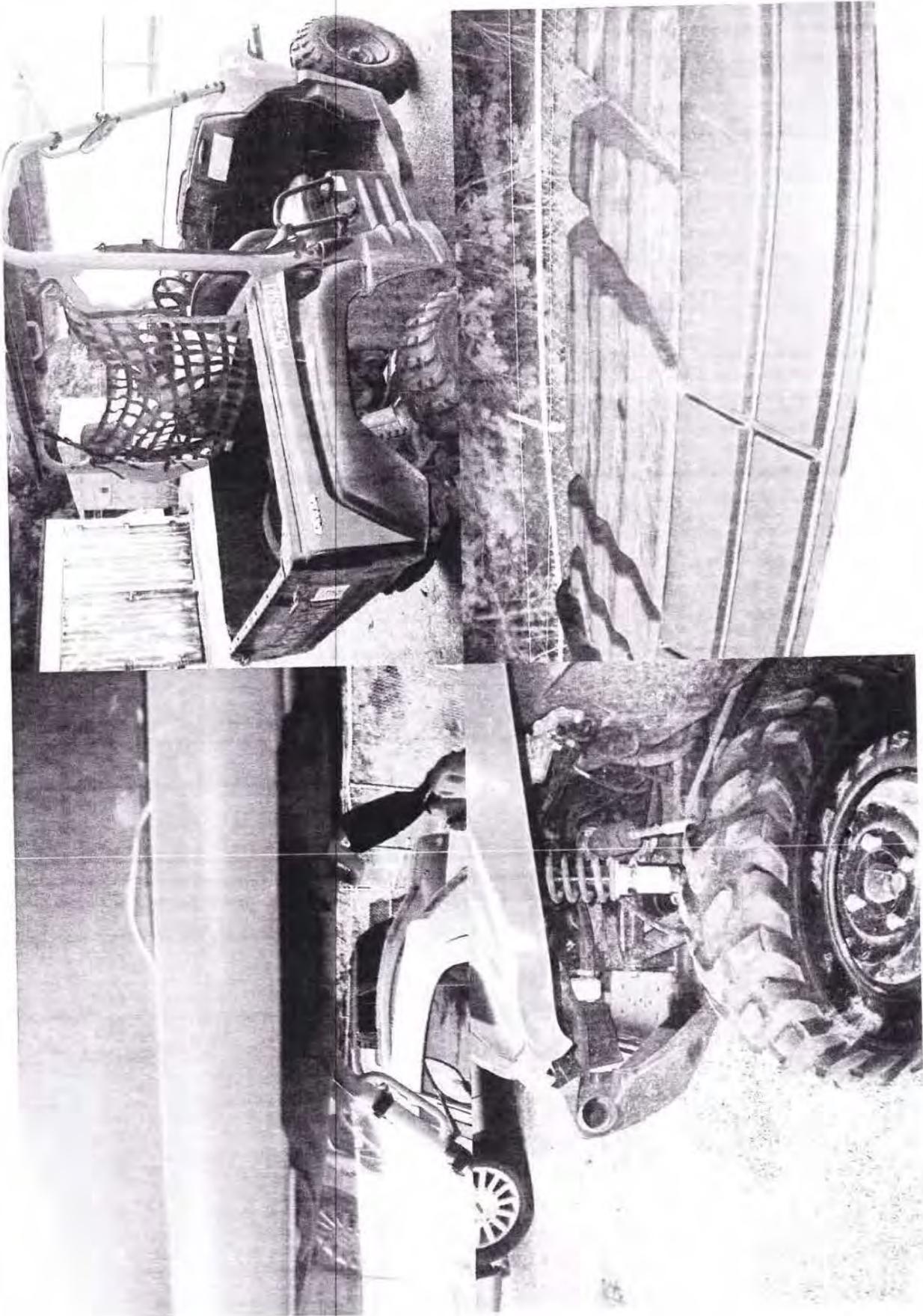
ALL INVOLVED DATA - Page 2

Must be filled out for all persons involved in the incident regardless of injury or no injury. A dash (-) should be entered when a category has no entry.

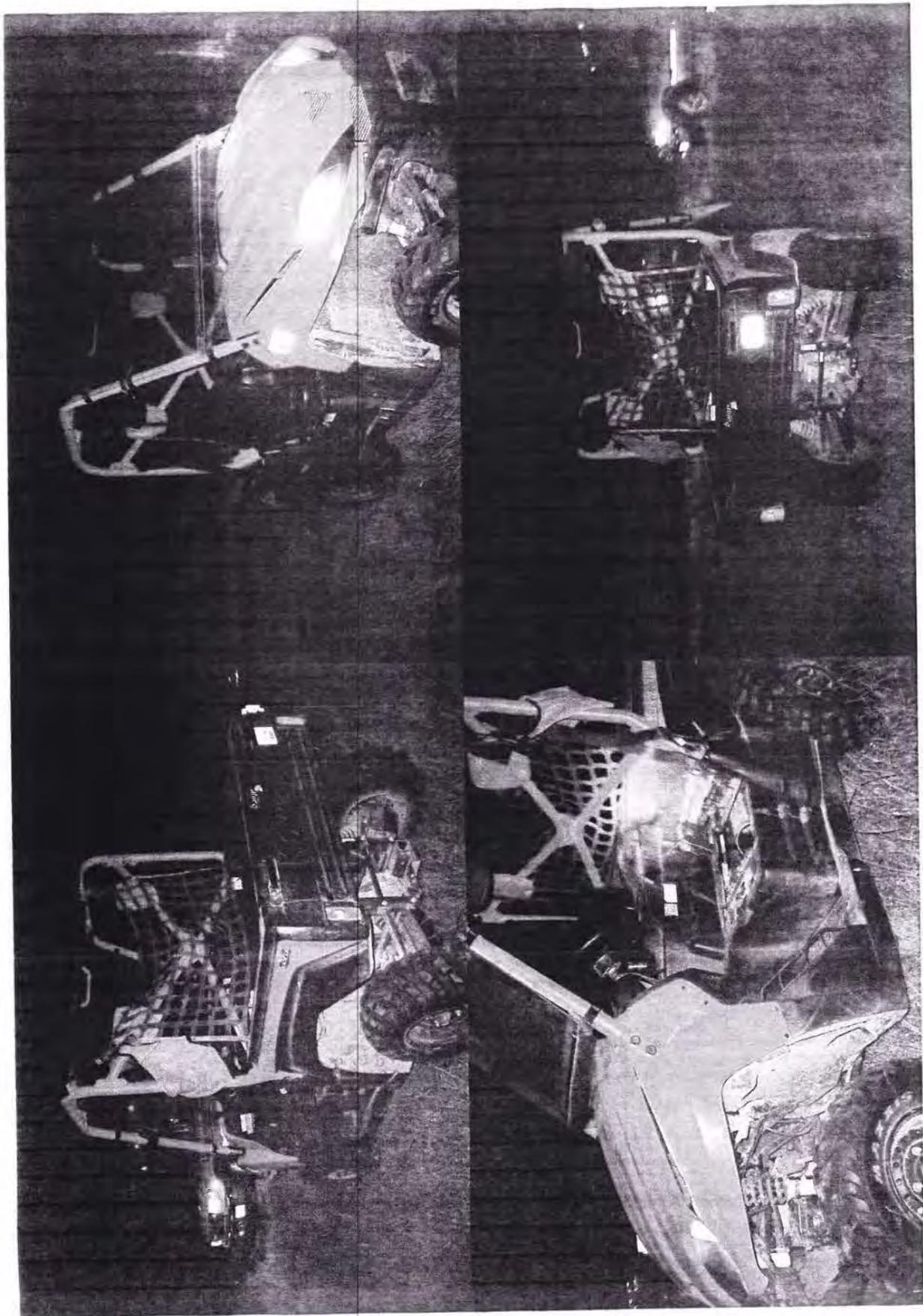
For injury columns, always list the most serious apparent injury.

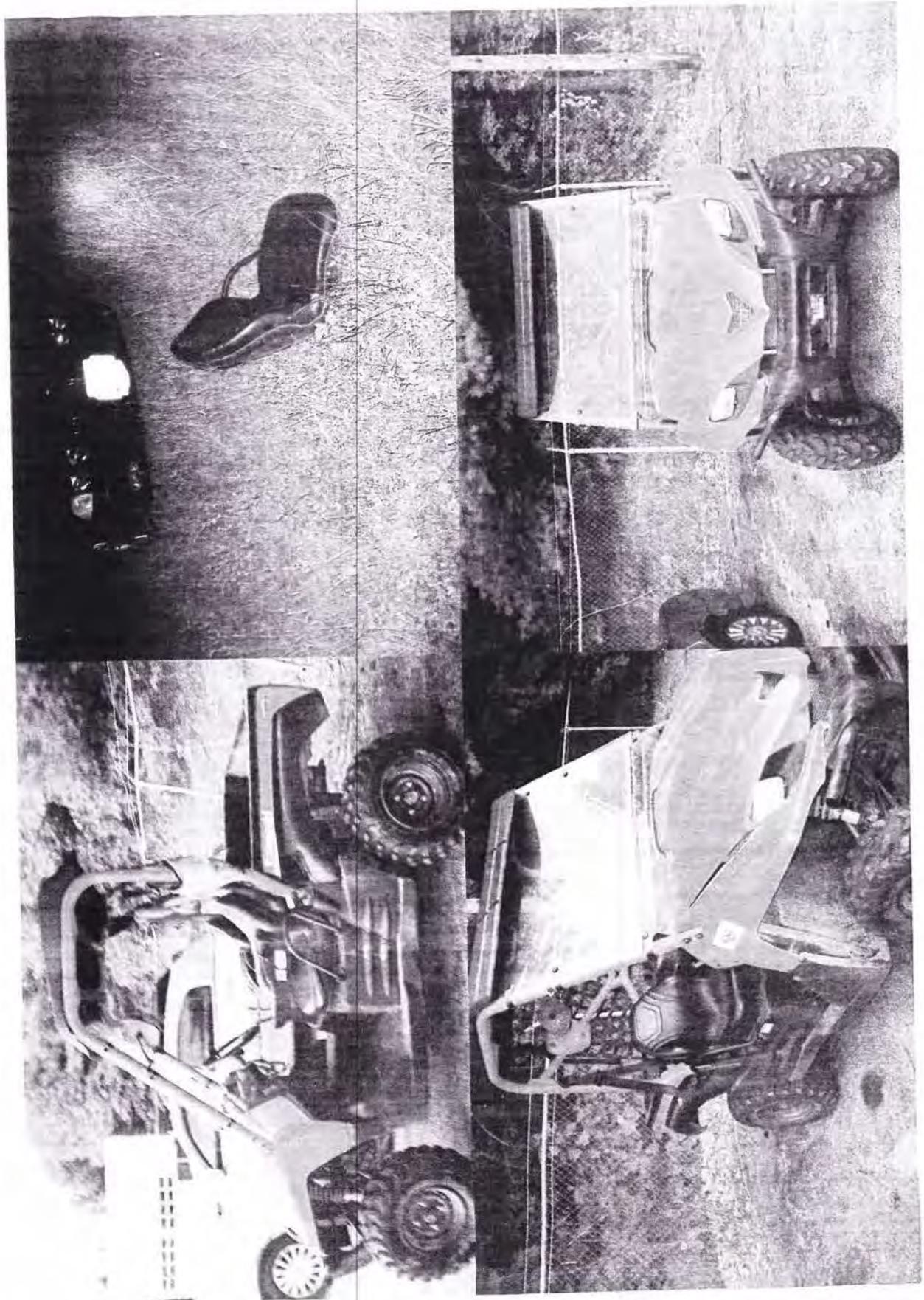


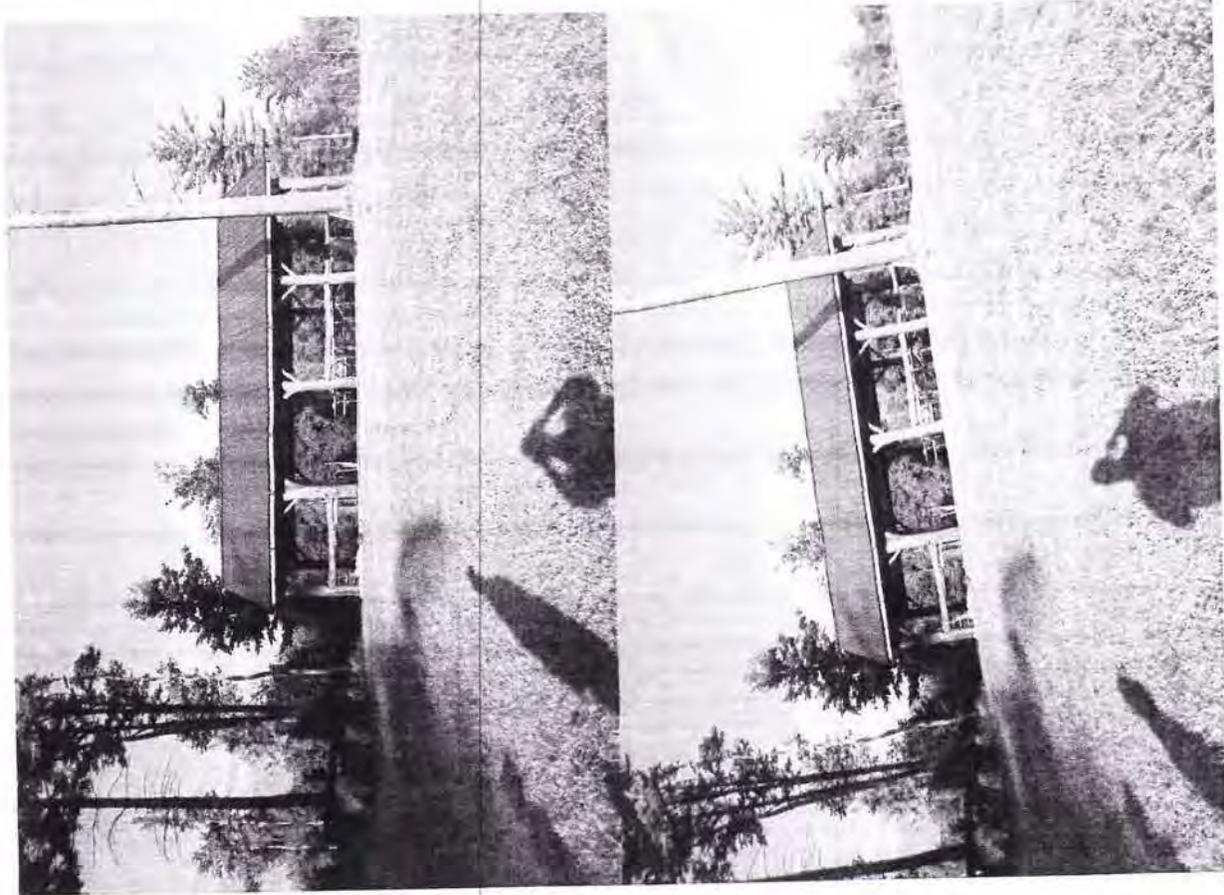






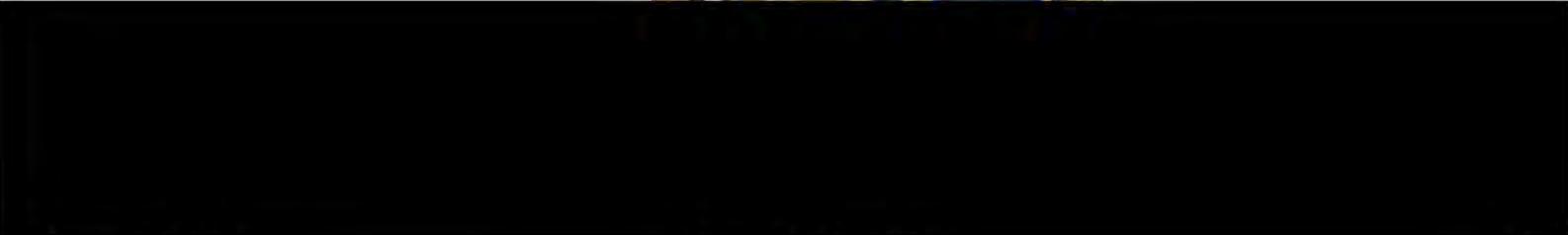






TUESDA

offering refunds for tainted product Page 2



Peterborough, N.H.

Tuesday, July 24, 2012

50¢

GREENFIELD

Woman killed in ATV accident

Veterinary student was visiting [redacted] farm, planning return to home [redacted]

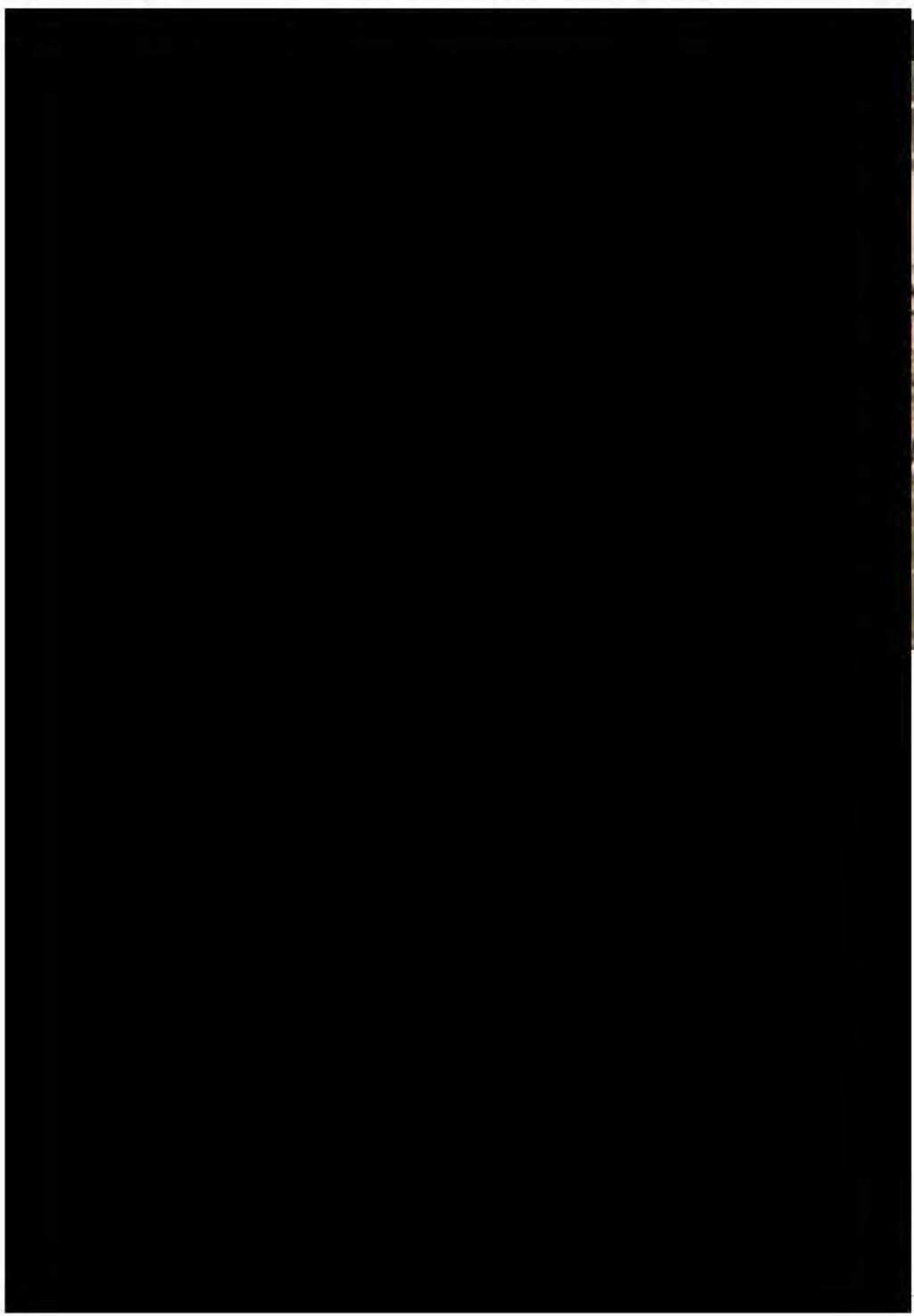
By [redacted]
[redacted]
GREENFIELD — A 27-year-old California resident was killed in an ATV accident in Greenfield early Thursday morning, the day before she was to return home. Police said the operator lost control of the vehicle, but officials are not disclosing many other details.
[redacted] of [redacted]

was staying with the [redacted] family on [redacted], visiting their horse farm, [redacted], with several other veterinary students, according to Police Chief Brian Giammarino. [redacted] had plans to return to [redacted] on Friday, he said.
Police received a call from the farm requesting assistance for an unconscious female at about 1:30 a.m. on Thursday.
"When police arrived, CPR had been

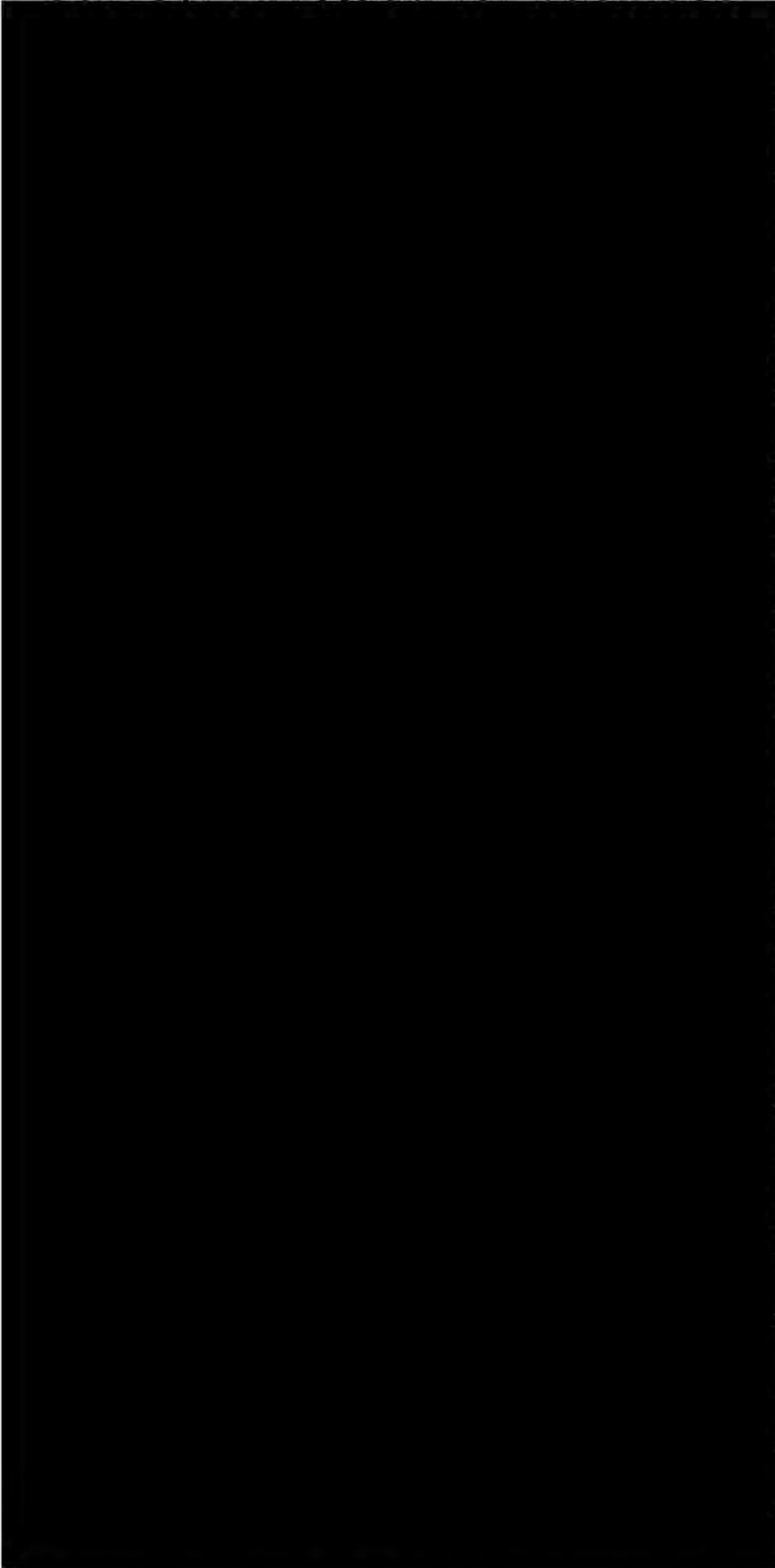
started on an unresponsive subject," Giammarino said. [redacted] had been operating a 2008 Kawasaki Teryx, a four-wheeled all-terrain vehicle, when she apparently lost control and the vehicle rolled over. [redacted] was alone when the accident occurred, according to Giammarino.
Police do not suspect that drugs or alcohol were involved, he said, but a toxicology test [redacted]
Turn to ATVPage 7

“Any theories right now are only speculation.”

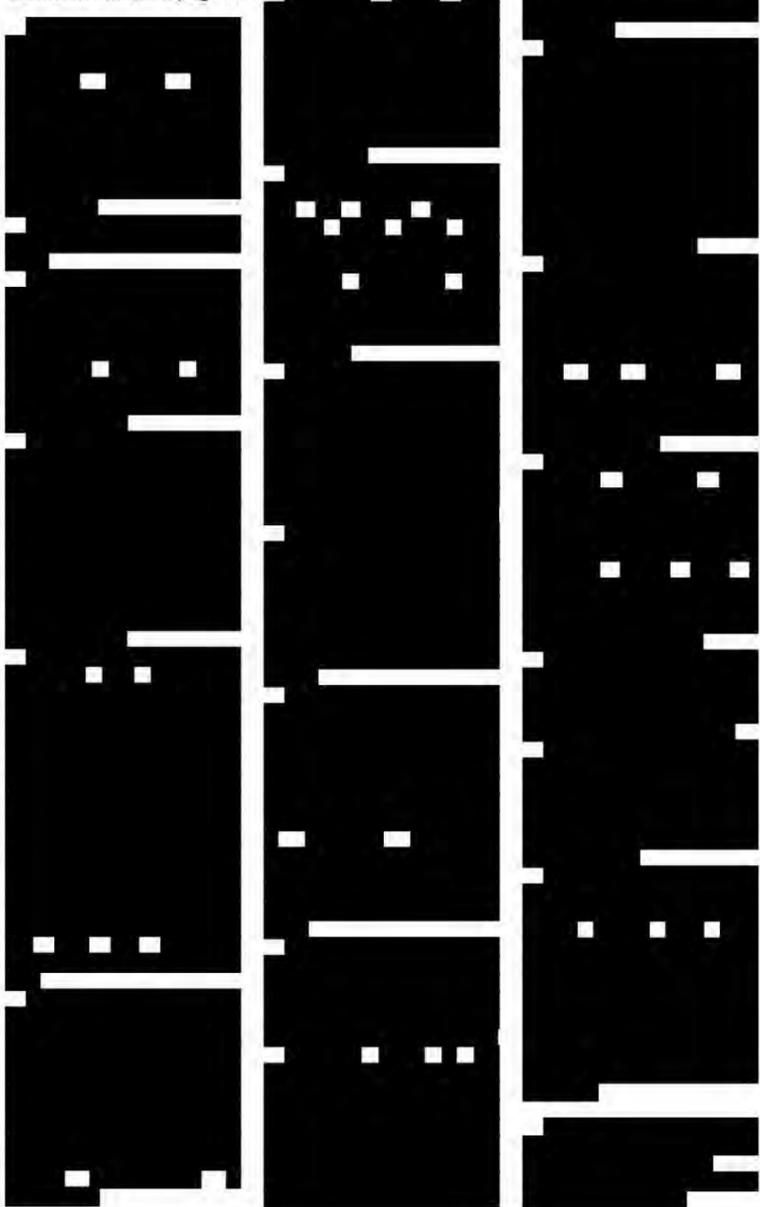
Brian Giammarino
Greenfield Police Chief



Survey: NH good for business



MERRICK(from page 1)



Investigation of accident ongoing

ATV.....(from page 1)

ology exam was conducted by a state medical examiner, and police will know for certain when the report is completed. An autopsy was performed in Concord, Giammarino said, but the cause of death had not been released as of Monday afternoon.

There is no indication of why [redacted] lost control at this point, said Giammarino. "That point is still under investigation," he said. "Any theories right now are only speculation."

Greenfield police are still investigating the accident with assistance from N.H. Fish and Game. Police do not consider the accident suspicious.

Police reports indicate [redacted] used the vehicle to return to the site of a small bonfire the group had earlier that night, Giammarino said. She had left the ear buds to her [redacted]

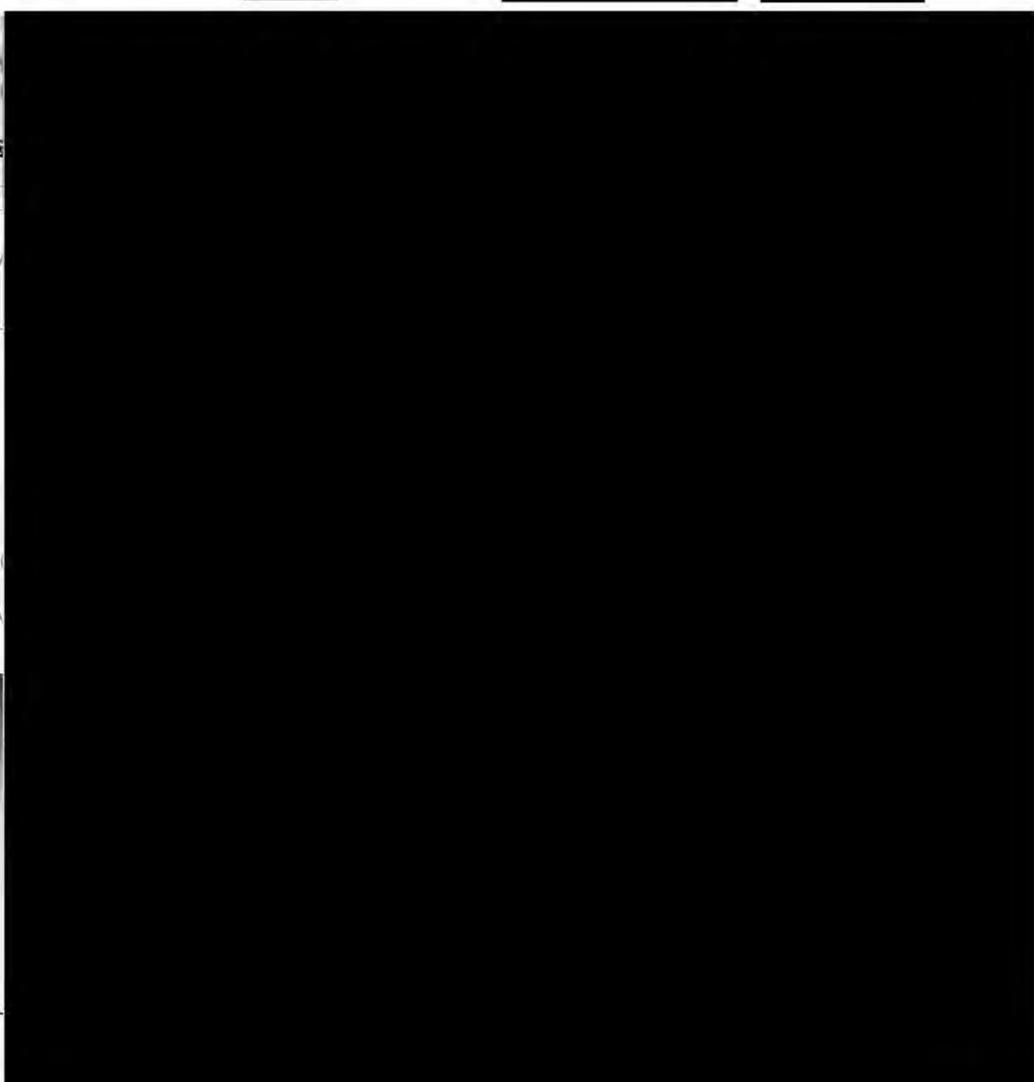
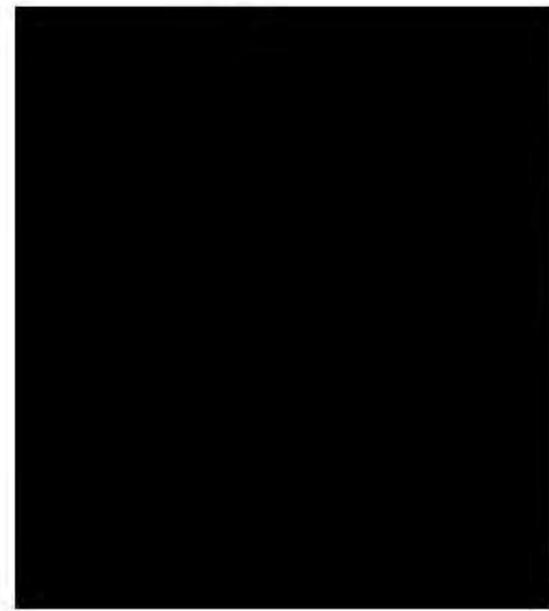
player there and had gone to retrieve them. She was last seen at 11:30 p.m. on Wednesday night and could have taken the vehicle at any point between then and the time she was found.

The residents of the farm didn't hear her take the vehicle, according to Giammarino, but later that night they saw lights in the field from the headlights and went to investigate. That's when they discovered [redacted], began CPR and contacted emergency personnel. [redacted] was transported to Monadnock Community Hospital, where she was pronounced dead.

[redacted]'s father flew to New Hampshire to claim the body the day after her death and has since returned to [redacted] to make funeral arrangements, according to police.

N.H. Fish and Game are involved in the investigation and have seized the vehicle for examination. Greenfield

Police had not received Fish and Game's report on the vehicle as of Monday, said Giammarino.



130715CWE0001

This investigation was based on an on-line news story that reported an adult male died as a result of his All-Terrain Vehicle (ATV) rolling over. The information in this report was obtained from the Coroner's Report. The Police Report was not complete and could not be released as of 09/06/2013. The completion and release date was not determined. As a result of the Report not being complete the photographs of incident could not be released. Medical records could not be obtained without a signed release from Victim's next of kin. Attempts to contact Victim's father thru the listed telephone number were unsuccessful. He did not respond to several telephone calls. The investigating officers listed in the Report did not return telephone calls.

Victim was identified as a 20 year old male weighing approx. 148 pounds and standing 66 inches in height. No medical history was reflected in the Coroner's Report. According to the news article the passenger was a 22 year old male who suffered only minor injuries.

An internet search for weather conditions for the date of the incident (07/14/2013) showed that mean temperature was approx. 93.1 degrees (low: 79 degrees; high 104 degrees), wind speed was approx. 5.52 MPH, and visibility was 10 miles.

The Coroner's Report showed that per the Police Department, the Victim was the driver of a two seat ATV. The Report also indicated he was not wearing a helmet or seatbelt. Victim was reported to have been traveling east bound on a street at approx. 25 mph. Per the passenger, Victim came to the intersection and attempted to turn North. The ATV began "fishtailing", Victim overcorrected, causing the ATV to roll, trapping Victim under it. The Report reflected that the passenger, who was ejected, ran over and pulled the ATV off of Victim. An off duty police officer came onto the scene, called the 911 emergency number, and began CPR. Victim was transported via life flight to a local hospital where death was pronounced at 6:57 am on 07/14/2013.

An on-site visit to the incident site disclosed that both the street Victim was traveling on and the one he was turning onto are asphalt surfaced residential roads. The Coroner's Report indicated the intersection was clearly marked with no oncoming traffic at the time of the incident. No damage or construction was observed to the roadway. The Report stated there was no visible damage to the ATV.

PRODUCT IDENTIFICATION

The vehicle involved was only described as a Green Rhino ATV, although it was actually a utility vehicle. It was also listed as a two seater ATV. The news article stated the vehicle was a 2004 Yamaha Rhino. No other product information was available.

130715CWE0001

ATTACHMENTS

1. Coroner's Report (3 pages) *Eqphk'gpwkn'Gzenwf gf +
2. Digital Photographs (1 frame) (1 page)
3. Missing Documents Form (1 page)
4. UTV DRS (1 page)

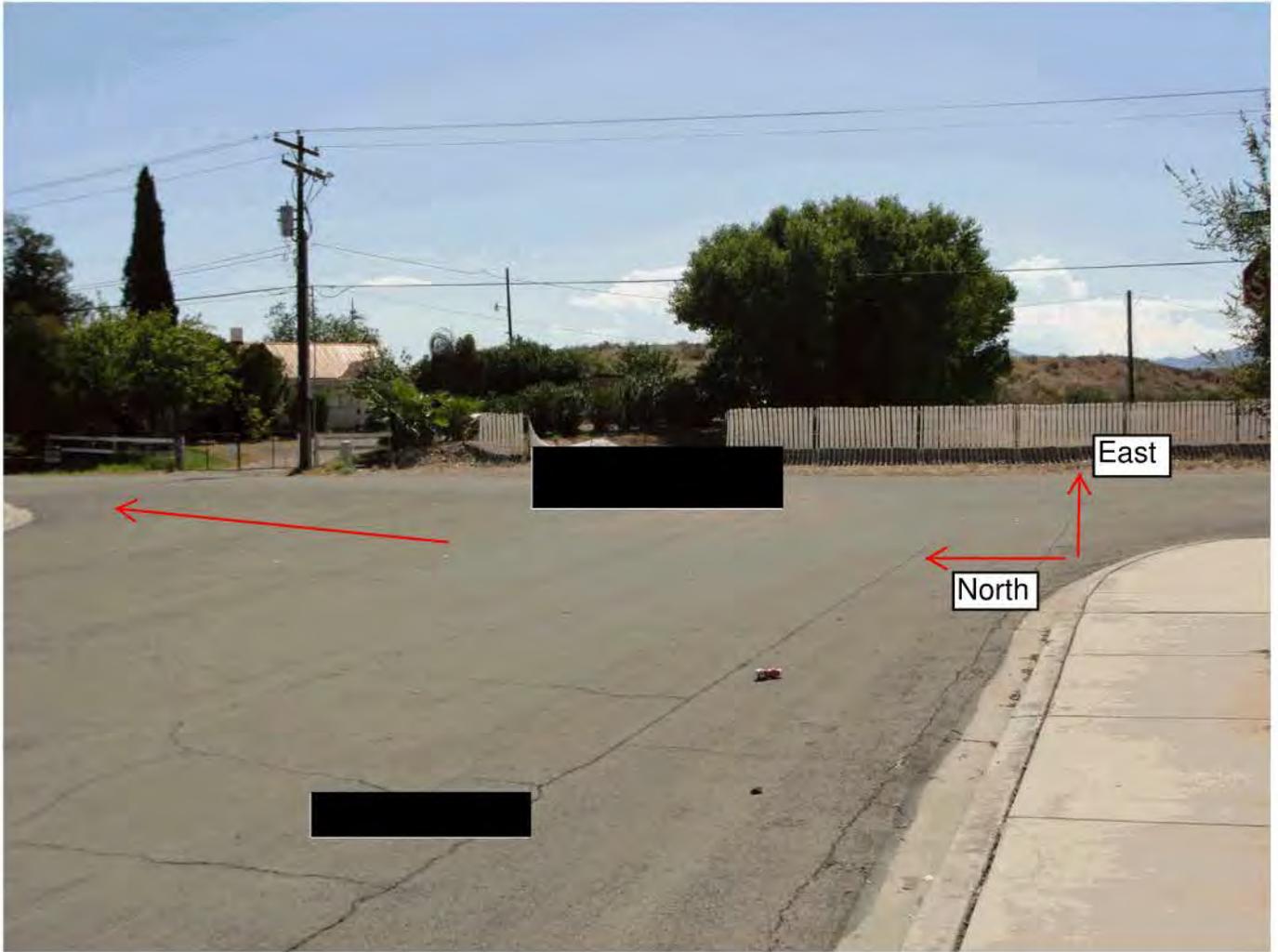


Photo 1 of 1- Incident scene. Per the Coroner's Report Victim made the left hand turn and lost control.



U.S. Consumer Product Safety Commission

Task Number: 130715CWE0001

Date: 09/06/2013

Status of Missing Document(s)

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

1. Las Vegas Metropolitan Police Department, 400 S. Martin Luther King Blvd., Las Vegas, NV 89106 (accident report and photographs)
2. Clark County Fire Department, 575 E. Flamingo Road, Las Vegas, NV 89119 (run report)
3. _____
4. _____
5. _____
6. _____

130715CWE0001

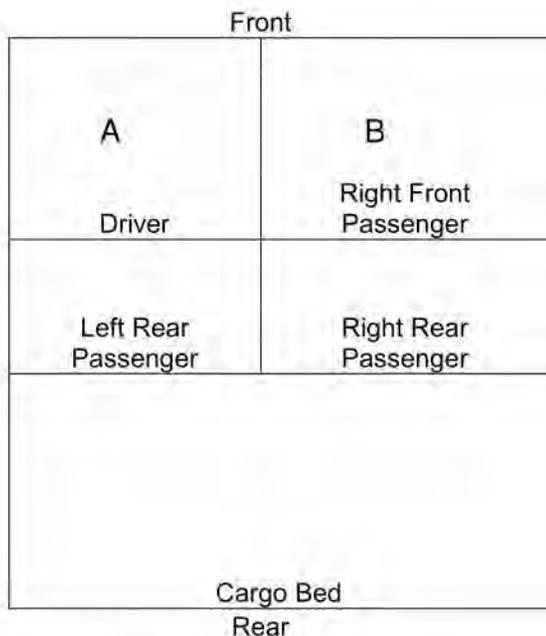
CONTACTS

Clark County Coroner/Medical Examiner
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210

Utility Vehicle Data Record Sheet

IDI #: 130715CWE0001

Exhibit #: 4



The Utility Vehicle

A:	Age: 20	Height: 66
	Gender: M	Weight: 148
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: na	
	Did vehicle land on victim: Yes	
	Ejected (Either partially or fully): na	

B:	Age: 22	Height: na
	Gender: M	Weight: na
	Helmet (Y/N): na	Seatbelt (Y/N): na
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: na	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): fully	

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

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

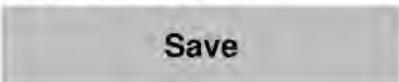
E:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

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

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

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

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



130715HCC1947

The investigation of this incident was initiated as a result of a local newspaper article. It should be noted that both the investigative police report and medical examiner's (ME) report were requested, but neither document was obtained. The ME was only able to provide a death certificate at this time. Police officials, as a result of protocol, were unable to convey the necessary information until the report is officially provided by means of the standard request process.

As a result of the limited information, this document and its contents are in abbreviated form.

A 19 year old female was pronounced dead at the scene from head trauma. A 20 year old female passenger was seriously injured and transported to the hospital. The injured female suffered brain damage and is paralyzed. She is currently in a nursing home.

At the time of the incident the 19 year old female was operating a 4 wheel utility type vehicle and the 20 year old female was the passenger. According to media reports both were wearing seat belts, but were not wearing helmets.

Information obtained from officials and the media reports is as follows:

In the early morning hours (2 am) of July 4, 2013, a 19 year old female was traveling eastbound on a public road. Media reports show that police officials indicated that the operator was driving at an unsafe speed and lost control of the UTV while attempting to negotiate a curve in the roadway. The UTV left the roadway, traveled down an embankment, and struck a tree.

The ME provided a death certificate because the ME's report was not yet available.

There was no information as to whether or not the operator had consumed alcohol or was on any medications prior to the incident. It is also unknown the if the operator was familiar with the operation of the UTV or the road on which she was traveling.

There is currently very minimal and/or no information available regarding the following requested UTV investigative guideline questions: #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15 and #16.

No further information is available at this time.

PRODUCT IDENTIFICATION:

Information reported by the media indicates that the product involved in this incident was a 2013 **Can Am** Maverick 4 wheel utility type vehicle. The VIN is unknown.

This Investigator conducted an internet search of the above model and year UTV, which is listed as Attachment #2 of this document. The check indicates the Maverick model specifications are as follows: side by side bucket style seats, 2" role bar, disc brakes and a 976cc V-twin engine

No further information is available.

130715HCC1947

EXHIBITS:

Attachment #1: U.S. CPSC Missing Document form. (1)

Attachment #2: Internet advertisement of UTV specifications. (1)

Attachment#3: ME death certificate.(1)

Attachment #4: Contact Sheet.

Attachment #5: UTV data sheet.



U.S. Consumer Product Safety Commission

Task Number: 130715HCC1947

Date: 08/23/2013

Status of Missing Document(s)

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

1. __PSP traffic crash report and photographs
2. __ME Report
3. _____
4. _____
5. _____
6. _____

130715HCC1947 Attachment # 2 (1 page)



- [HOME](#)
- [SHOWROOM](#)
- [DEALER INFO](#)
- [DEALER SERVICES](#)
- [CUSTOMERS](#)
- [CONTACT US](#)

2013 Can-Am® Maverick™ 1000R — Contact Dealer for Pricing

2013 CAN-AM® » UTILITY VEHICLE » MAVERICK™ » MAVERICK™ »

Share |



- GET A QUOTE
- VALUE YOUR TRADE
- FINANCING
- SCHEDULE A TEST RIDE
- CONTACT US
- SEND TO A FRIEND
- PRINT
- COMPARE

EXT. COLORS:



- [INFO](#)
- [PHOTOS](#)
- [SPECIFICATIONS](#)

Specifications

2013 Can-Am® Maverick™ 1000R

Year	2013
Manufacturer	Can-Am®
Model Name	Maverick™
Trim Name	1000R
Generic Type (Primary)	Side by Side

Engine

Engine Type	976cc, V-twin, liquid-cooled, SOHC, 8-valve (4-valve/cyl)
Bore	91 mm
Stroke	75 mm
Fuel System	ITC™ with EFI and 54mm Throttle Body. 2 Siemens† VDO injectors
Starter	Electric
Transmission	CVT, sub-transmission with high, low, park, neutral & reverse. Standard engine braking
Drivetrain	Selectable 2WD/4WD shaft driven with Visco-Lok† auto-locking front differential

Chassis

Frame Type	Steel
Cage Type	2-in. (51mm) diameter, high-strength steel, ROPS-approved
Steering	Adjustable tilt steering

Suspension

Front Suspension	Double A-arm
Front Shocks	FOX† PODIUM† X Performance 2.0 HPG piggyback shocks with compression and preload adjustments
Rear Suspension	Torsional Trailing A-arms independent rear suspension (TTA) with sway bar
Rear Shocks	FOX† PODIUM† X Performance 2.0 HPG piggyback shocks with compression and preload adjustments

Brakes

Front braking system	Dual 214 mm ventilated disc brakes with hydraulic twin-piston (27mm) calipers
Rear braking system	Dual 214 mm ventilated disc brakes with hydraulic single-piston (32mm) caliper

Wheels & Tires

Front Tires / Model	Maxxis Bighorn 2.0† 27 x 9 x 12 in 686 x 229 x 305 mm
Rear Tires / Model	Maxxis Bighorn 2.0† 27 x 11 x 12 in 686 x 279 x 305 mm
Wheels	Cast Aluminum

Dimensions

Dimensions	118.8 x 64 x 74.2 in (3,017 x 1,626 x 1,885 mm)
Wheelbase	84.3 in (2,141 mm)
Ground Clearance	13 in (330 mm)
Dry Weight	1,297 lb (588 kg)
Towing Capacity	1,500 lb (680 kg)

130715HCC1947

Contact Sheet

Attachment #4

PSP Trooper: Mary Jane McGinnis – DuBois Detachment/Jefferson County

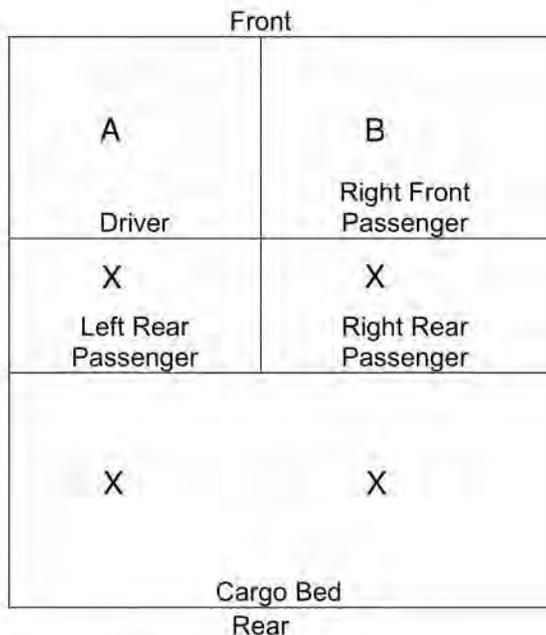
Jefferson (PA) County ME- Bernard Snyder

07/18, 07/22, 08/1 and 08/02.

Utility Vehicle Data Record Sheet

IDI #: 130715HCC1947

Exhibit #: 5



The Utility Vehicle

A:	Age: 19	Height: Unk
	Gender: F	Weight: Unk
	Helmet (Y/N): N	Seatbelt (Y/N): Y
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: head trauma	
	Did vehicle land on victim: Unknown	
	Ejected (Either partially or fully): partially	

B:	Age: 20	Height: Unk
	Gender: F	Weight: UNK
	Helmet (Y/N): N	Seatbelt (Y/N): Y
	Killed/Injured/Neither/Unknown: injured	
	Injury Description: head/neck	
	Did vehicle land on victim: Unknown	
	Ejected (Either partially or fully): Unknown	

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):	

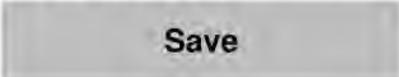
E:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

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.



ATTACHMENTS:

- Exhibit-A: Photos (8), Taken by IN DNR Officer
- Exhibit-B: Accident Report: Indiana Dept. of Natural Resources
- Exhibit-C: Coroners Report
- Exhibit-D: NOK contact letter
- Exhibit-E: Contact information
- Exhibit-F: UTV Data Record Sheet

Exhibit A-1 is a photograph of the UTV at the accident scene at final rest.



Exhibit A-2 is a photograph of the UTV at the accident scene at final rest.



Exhibit A-3 is a photograph of the UTV at the accident scene at final rest.



Exhibit A-4 is a photograph of cold, unopened beer cans at the accident scene.



Exhibit A-5 is a photograph of the UTV after it was removed from the scene.



Exhibit A-6 is a photograph of the UTV after it was removed from the scene.

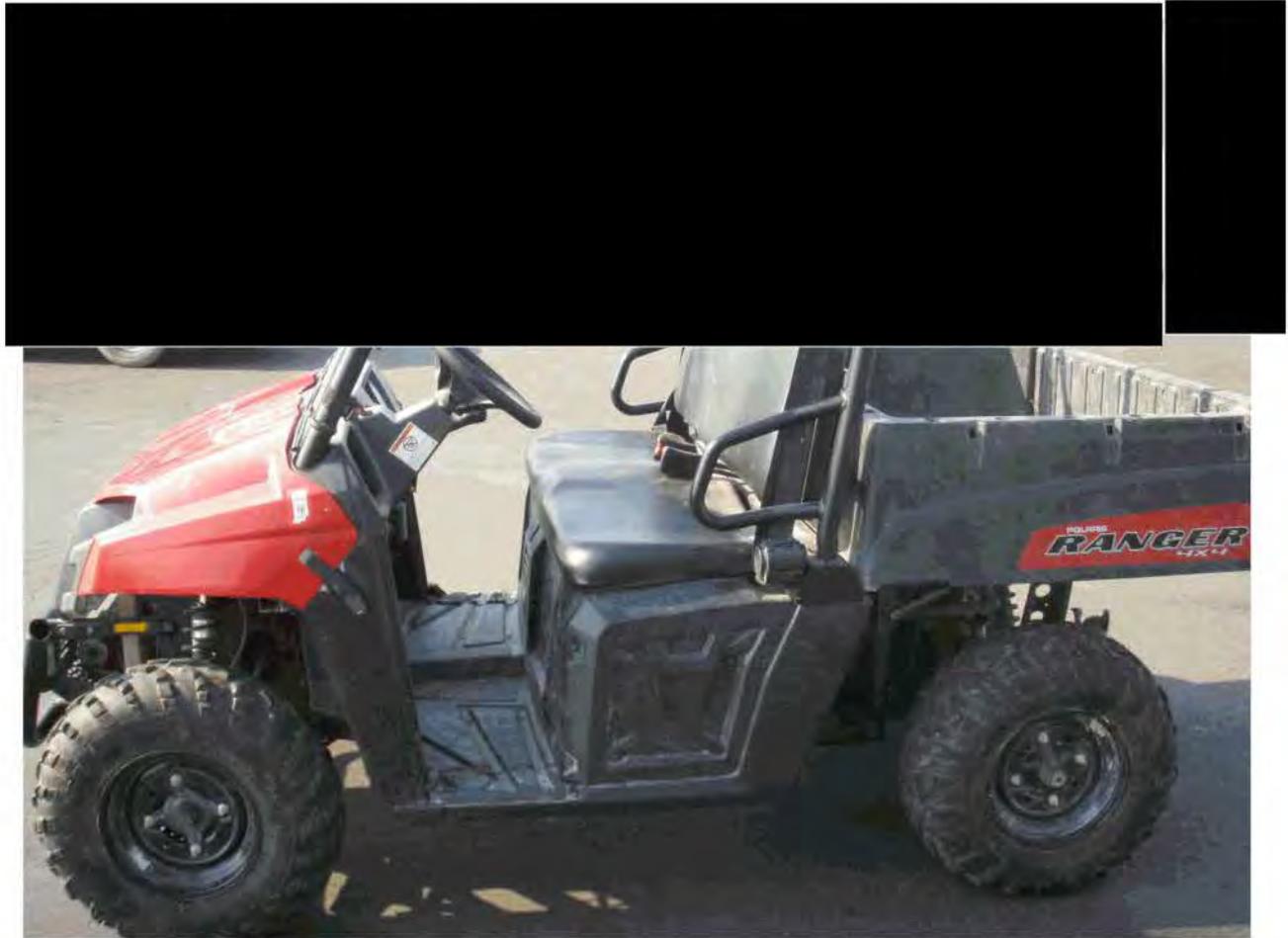


Exhibit A-7 is a photograph of the UTV after it was removed from the scene.

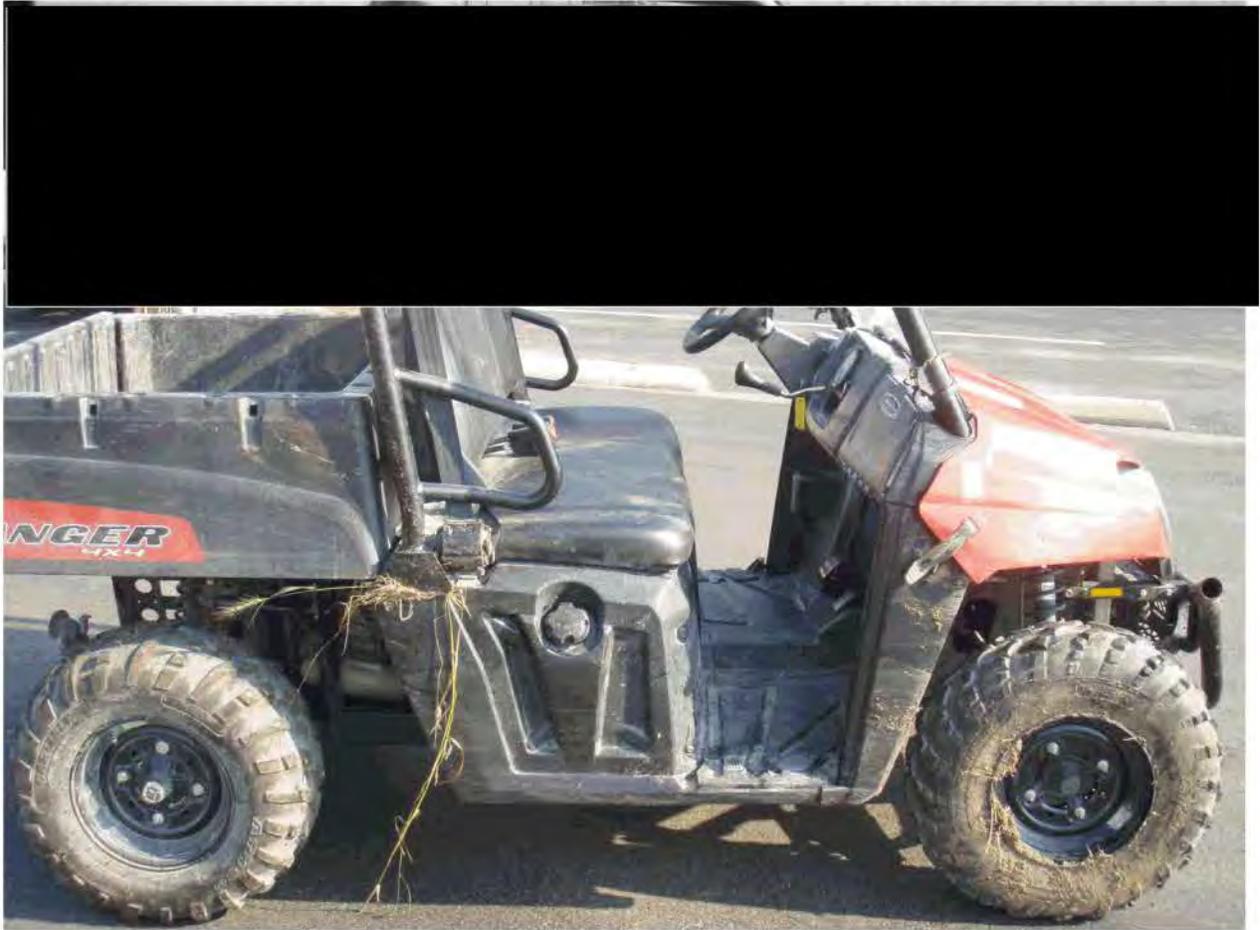


Exhibit A-8 is a close-up photograph of the UTV driver's seatbelt.





REPORT OF RECREATION VEHICLE ACCIDENT

State Form 3815 (R4/8-95)
Department of Natural Resources

Snowmobile

Off-road

Property Code
000

ACCIDENTS RESULTING IN
\$100.00 OR MORE MUST BE REPORTED.
AUTHORITY: IC 14-16-2-25 AN IC 14-16-1-24

LOCATION	Date (month, day, year) 6/22/2013	Day of Week SATURDAY	Actual Local Time 1800	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Number of Veh. 1	Number of Injuries 1	Number of Fatalities 1	Total Damage \$50.00
	City MADISON	Township MILTON	County JEFFERSON	State IN	Exact Location MADISON IN 47250			
OPERATOR 1	Visibility <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Night	Wind (MPH) <input checked="" type="checkbox"/> None <input type="checkbox"/> Strong (15-25) <input type="checkbox"/> Light (0-6) <input type="checkbox"/> Storm (over 25) <input type="checkbox"/> Moderate (7-14)	Terrain/Snow Condition <input checked="" type="checkbox"/> Smooth <input type="checkbox"/> Rough <input type="checkbox"/> None	Type of Terrain <input type="checkbox"/> Woods <input checked="" type="checkbox"/> Roadway <input type="checkbox"/> Fields <input type="checkbox"/> Lake Ice <input type="checkbox"/> Trail	Weather <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Hazy			
	Name (Last, First, Middle) [REDACTED]				Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F			
OPERATOR 2	Address (Number and Street Apt. Number) [REDACTED]				City, State, ZIP Code [REDACTED]			
	Telephone Number [REDACTED]	Age 50	Date of Birth [REDACTED]		Experience of Operator <input checked="" type="checkbox"/> Under 20 Hours <input type="checkbox"/> 20 to 100 <input type="checkbox"/> Over 500 Hours <input type="checkbox"/> Under 20 Hours <input type="checkbox"/> 101 to 500 <input type="checkbox"/> Over 500 Hours			
OWNER 1	Formal Instruction <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name of Instructing Agency [REDACTED]			Formal Instruction <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Test Given <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> BAC _____ %	Type Type <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other	Breath		Test Given <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> BAC _____ % Type Given <input type="checkbox"/> Urine <input type="checkbox"/> Other <input type="checkbox"/> Blood <input type="checkbox"/> Breath			
VEHICLE 1	Name (Last, First, Middle) [REDACTED]				Sex <input type="checkbox"/> M <input type="checkbox"/> F			
	Address (Number and Street, Apt. Number) [REDACTED]				City, State, ZIP Code [REDACTED]			
VEHICLE 2	Registration Number [REDACTED]	VIN [REDACTED]		City, State, ZIP Code [REDACTED]				
	Make POLARI	Model 500ESI	Year 2013	Number of Wheels 4	Registration Number [REDACTED]			
WITNESS 1	No. of persons on/in Vehicle 3	Vehicle Damage \$50.00	Other Property Damage \$0.00		No. of persons on/in Vehicle [REDACTED]			
	Operation at Time of Accident <input checked="" type="checkbox"/> Cruising <input type="checkbox"/> Being Towed <input type="checkbox"/> Fueling <input type="checkbox"/> Attended <input type="checkbox"/> Maneuvering <input type="checkbox"/> Towing Sled <input type="checkbox"/> Racing <input type="checkbox"/> Other				Operation at Time of Accident <input type="checkbox"/> Cruising <input type="checkbox"/> Being Towed <input type="checkbox"/> Fueling <input type="checkbox"/> Attended <input type="checkbox"/> Maneuvering <input type="checkbox"/> Towing Sled <input type="checkbox"/> Racing <input type="checkbox"/> Other			
WITNESS 2	<input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> WITNESS				<input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED <input type="checkbox"/> WITNESS			
	Name (Last, First, Middle) [REDACTED]				Address (Number and Street, Apt. Number) [REDACTED]			
WITNESS 1	City, State, ZIP Code [REDACTED]				City, State, ZIP Code [REDACTED]			
	Date of Birth (Month, Day, Year) [REDACTED]	Age [REDACTED]	Telephone Number [REDACTED]		Date of Birth (Month, Day, Year) [REDACTED]			
WITNESS 2	Nature of Injury / Cause of Death [REDACTED]				Nature of Injury / Cause of Death [REDACTED]			
	<input checked="" type="checkbox"/> Interviewed <input type="checkbox"/> Statement				<input type="checkbox"/> Interviewed <input type="checkbox"/> Statement			
WITNESS 1	<input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED <input checked="" type="checkbox"/> WITNESS				<input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED <input type="checkbox"/> WITNESS			
	Name (Last, First, Middle) [REDACTED]				Address (Number and Street, Apt. Number) [REDACTED]			
WITNESS 2	City, State, ZIP Code [REDACTED]				City, State, ZIP Code [REDACTED]			
	Date of Birth (Month, Day, Year) [REDACTED]	Age [REDACTED]	Telephone Number [REDACTED]		Date of Birth (Month, Day, Year) [REDACTED]			
WITNESS 1	Nature of Injury / Cause of Death [REDACTED]				Nature of Injury / Cause of Death [REDACTED]			
	<input checked="" type="checkbox"/> Interviewed <input type="checkbox"/> Statement				<input type="checkbox"/> Interviewed <input type="checkbox"/> Statement			

RECREATION VEHICLE ACCIDENT NARRATIVE / SUPPLEMENT

ACCIDENT DESCRIPTION

List sequence of events, include failure of equipment and any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident. Provide any descriptive information about the use of P.F.D.s. If accident caused injury, indicate if injury required medical treatment beyond first aid. If a diagram can be provided, please attach. Continue on additional sheets if necessary.

ON 06/22/2013, AT APPROXIMATELY 1630, AN ORV TRAVELLING WEST ON [REDACTED] IN JEFFERSON COUNTY LEFT THE ROADWAY AND ROLLED DOWN AN EMBANKMENT [REDACTED] THE DRIVER, RECEIVED SEVERE HEAD INJURIES AS A RESULT OF THE ACCIDENT. ALCOHOL AND A HIGH RATE OF SPEED WERE MAJOR CONTRIBUTING FACTORS TO THE ACCIDENT. ADDITIONAL FACTORS WERE NONE OF THE PASSENGERS WERE WEARING SEAT BELTS OR HELMETS AT THE TIME OF THE ACCIDENT. A FUNCTIONS CHECK ON THE VEHICLE SHOWED NO EVIDENCE THAT THE ORVS FUNCTION PLAYED A ROLL IN THE ACCIDENT AND THE ROADWAY SHOWED NO SIGNS OF DAMAGE OR DISREPAIR.

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

ACCIDENT DIAGRAM



Operator 1 Insured By		Operator 2 Insured By		Date of Report (Month, Day, Year)
				6/22/2013
Name of Investigating Officer	I.D. Number	Agency	Name of Field Supervisor	Date (Month, Day, Year)
MATTHEW HICKS	MHICKS	09	B4711 WILLIAM BEVILLE	7/26/2013
Name of Assisting Officer	I.D. Number	Agency	Photos Taken?	Were any charges filed as a result of this accident?
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

IDNR LAW ENFORCEMENT

- Administrative Gang Related Paperless
 Investigation Accident Arrests Made
 Suspects Ready for DA / Prosecutor

Officer: **MATTHEW HICKS - MHICKS**

06/22/13

Incident Report Form

1. Log Number	1a. Incident Number	1b. File Number	1c. Case Number	2. UCR
3. Incident Type OA OFF ROAD VEHICLE ACCIDENT (SPECIAL RPT)*				4. Dispatcher
5. Source CDC	6. District 939	7. Status CLR-I		
8. Date Received 06/22/2013	8a. Rcvd 1800	8b. Disp	8c. Arrv 1800	8d. Clrd 1900
9. Disposition REPORT REPORT TAKEN				

INCIDENT OCCURRED AT OR BETWEEN **6/22/2013 1800** (Saturday)

8e. Earliest Date and Time

8f. Latest Date and Time

10. Location MADISON IN 47250	10a. Additional Address Information / Cross Street	10b. Intersection <input type="checkbox"/>
GPS Coordinates X Y	10c. Gang	10d. Arson Value
11. Premise Code 000 OTHER/PRIVATE PROPERTY	12. Business Name	

13. Modus Operandi Coding

ENTRY: VICTIM: PROPERTY AREA: TIME OF DAY:

EXIT:

METHOD:

WEAPONS USED:

14. Caller / Complainant Type

Normal Anonymous Hangup Refused

INVOLVED PERSONS

OPERATOR										CODE: OPER	
Juvenile	<input type="checkbox"/>	Age	50	Race	W	Sex	F	Ethnic	O	Social Security Number	
Weight		Height		Hair		Eyes		State	IN	Later Name Edit	<input type="checkbox"/>
CODE: PASS											
Juvenile	<input type="checkbox"/>	Age	50	Race	W	Sex	M	Ethnic	O	Social Security Number	
Weight	240	Height		Hair		Eyes		State	IN	Later Name Edit	<input type="checkbox"/>
Juvenile	<input type="checkbox"/>	Date of Birth	Age	59	Race	W	Sex	M	Ethnic	O	Social Security Number
Weight	235	Height		Hair		Eyes		State	IN	Later Name Edit	<input type="checkbox"/>
CODE: WIT											
Juvenile	<input type="checkbox"/>	Date of Birth	Age	27	Race	W	Sex	M	Ethnic	O	Social Security Number
Weight	195	Height		Hair		Eyes		State	IN	Later Name Edit	<input type="checkbox"/>

Link Comments

IRF 1.4

6/22/2013

Approved by: **ANDY CROZIER**

Approved On: **6/25/2013 2:42:18 PM**

PAGE 1

IDNR LAW ENFORCEMENT

- Administrative Gang Related Paperless
 Investigation Accident Arrests Made
 Suspects Ready for DA / Prosecutor

Officer: MATTHEW HICKS - MHICKS

06/22/13

Incident Report Form

FIELD STOPS

INVOLVED VEHICLES

Involvement ACCIDENT		ACCD	Type (A=Auto/Truck) A	Plate Number	Plate State IN	Plate Type Code AT	Tag Year 2016	Date Linked 06/22/2013
Vehicle Year 2013	Make POLARI	Model 500ESI	Color RED	Vehicle Identification Number (VIN)	USDOT Number	ICC Number		
Insurance Company				Insurance Company Policy Number				
Involvement Comments								

INVOLVED VESSELS / BOATS

PERSON / VEHICLE INVOLVEMENTS

Involvement	Plate	State	Year	Make	Model	Color
	OPRT	IN	2013	POLARI	500ESI	RED

RESPONDING / INVOLVED UNITS, OFFICERS, AND TIMES

	Vehicle	Officer 1	Officer 2	Officer 3	Officer 4	Division	Supervisor
Unit 1		MHICKS					
Unit 2							
Unit 3							
Unit 4							
<u>Agency Numbers</u>		<u>Units & Times</u>					



IDNR LAW ENFORCEMENT



- Administrative
- Investigation
- Suspects
- Gang Related
- Accident
- Ready for DA / Prosecutor
- Paperless
- Arrests Made

Officer: MATTHEW HICKS - MHICKS

06/22/13

Incident Report Form

COMMENTS / NARRATIVES

Title NARRATIVE		Locked N
Created By / On MATTHEW HICKS	06/24/2013	Updated By / On MATTHEW HICKS
		06/24/2013
Approved By / On		

PRELUDE:

On 06/22/2013 [REDACTED] was involved in an ORV accident and sustained head injuries which led to her death.

INVOLVED PERSONS INFORMATION:



DETAILS OF THE INVESTIGATION:

I, Matthew L. Hicks, an Indiana Conservation Officer (ICO), of the Department of Natural Resources (DNR) Law Enforcement Division, received a call from [REDACTED] approximately 18:00 requesting assistance to an ORV accident that had occurred on [REDACTED] in eastern Jefferson County. When I arrived on scene Jefferson County Sherrifs' deputies Troy Hawkins and Shane Gibson were present. Hawkins updated me on the situation. He stated there were three people present at the scene when he arrived, [REDACTED] (driver), [REDACTED] (center passenger), and [REDACTED] (right passenger). Hawkins stated that [REDACTED] had received severe head injuries and was unconscious at the time of his arrival. [REDACTED] stated that [REDACTED] husband was very intoxicated and almost to the point of being incoherent. [REDACTED] stated [REDACTED] had consumed alcohol but did not display outward symptoms of intoxication. [REDACTED] interviewed [REDACTED] stated [REDACTED] told him they were all heading towards [REDACTED] going too fast, and that [REDACTED] lost control of the vehicle. [REDACTED] stated to [REDACTED] that [REDACTED] and [REDACTED] had been drinking all day and were intoxicated.

I observed a red Polaris 500, overturned and at the base of an embankment, laying with its headlights facing skyward. The vehicle appeared to have left the roadway at the exit of the corner and rolled midway down the embankment before coming to rest at the base of the incline. I photographed the vehicle and descended the hill to photograph at a closer range.

I observed three cold [REDACTED] light beer cans (16 ounce), unopened, tucked between the ground and the log the vehicle rested on. I photographed the vehicle and surrounding area and ascended the hill. Hawkins stated that [REDACTED] had left with his wife but I could find [REDACTED] the

IDNR LAW ENFORCEMENT

- Administrative Gang Related Paperless
 Investigation Accident Arrests Made
 Suspects Ready for DA / Prosecutor

Officer: MATTHEW HICKS - MHICKS

06/22/13

Incident Report Form

neighbors' house. I interviewed [REDACTED] and everything was consistent with the information Hawkins had given other than the amount of alcohol consumed and [REDACTED] condition. [REDACTED] stated [REDACTED] after mowing and working around the yard, had gone to the creek to swim and started drinking around two o'clock p.m. [REDACTED] stated she had had approximately 5 or 6 beers in his presence but that she had drank the night before.

Upon leaving [REDACTED] residence I observed two male subjects riding an ORV from the area described as the swimming hole. The operator of the ORV was [REDACTED] [REDACTED] stated he saw [REDACTED] at the creek swimming around three o'clock p.m. and that "she was wasted". He stated that, earlier in the day, she had been too drunk to drive the kids up the hill to the house. [REDACTED] also stated he had observed [REDACTED] operating the ORV when the involved vehicle left the creek.

On 06/23/2013, at approximately 07:45, I received a call from [REDACTED] who stated [REDACTED] had died. He requested that I meet him at [REDACTED] located in Madison Indiana. At approximately 09:10 a.m. I interviewed [REDACTED]. His statement was consistent with the information I received from Hawkins except for the amount of alcohol consumed. [REDACTED] stated [REDACTED] had only had two beers. I then performed a functions check on the ORV, determined it to be in working condition, and released the hold on the vehicle.

On 06/24/2013 I spoke with Sam Weekly, Chief Coroner for Jefferson County Kentucky. He stated that [REDACTED] had died at 11:10 p.m. on 06/22/2013. He stated the cause of death was severe head trauma due to the ORV accident. After I described the scene and probable events Weekly stated he would not conduct an autopsy. He stated there was ethanol found and that he would send me the results on 06/28/2013.

ADDITIONAL LEADS:

None

ATTACHMENTS:

Photographs

Toxicology results

CURRENT DISPOSITION:

IDNR LAW ENFORCEMENT

- Administrative
- Investigation
- Suspects
- Gang Related
- Accident
- Ready for DA / Prosecutor
- Paperless
- Arrests Made

Officer: MATTHEW HICKS - MHICKS

06/22/13

Incident Report Form

CLEARED BY INCIDENT



Coroner's Investigative Report



**Dr. Barbara Weakley-Jones,
Coroner**

Case No.	[Redacted]			Status Pending	<input type="checkbox"/>	Cremation Only	<input type="checkbox"/>
Police Agency	In.	Dept.	Nat. F.	Resources	Time Notified	11:20 PM	
Report No.	[Redacted]			EMS Unit	[Redacted]		
	[Redacted]			Person Calling	Radio		
	[Redacted]			Date of Report	6/22/2013		
	[Redacted]			Arrival time	11:59 PM		
Name of Deceased:	First	Middle	Last	Date of Birth	Occupation		
	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]		
Institution:	[Redacted]			Street	City	State	Zip
	[Redacted]			[Redacted]	Iceland	In	47385
Age (yrs)	50	(mos)	0	Weeks	0	Sex	Female
						Race	Caucasian
						SSN	[Redacted]
						Marital Status	Married
Next of Kin:	[Redacted]			Relationship			
First, Mid, Last	[Redacted]			Husband			
Address	[Redacted]			City	State	Zip	Phone
	[Redacted]			Iceland	In	47385	[Redacted]
Location of Death:	University of Louisville Hospital						
Address	545 S. Jackson St.			City	State	Zip	Phone
	[Redacted]			Louisville	KY	40202	(502) 562-3000
Date of Death:	6/22/2013		Time	11:10 PM		Calculated Age	46.83
						Pron Dead by	[Redacted]
Admitted	<input type="checkbox"/>	Personal Physician	[Redacted] M.D.		[Redacted] (5)	Notified	<input checked="" type="checkbox"/>
						Referral	<input checked="" type="checkbox"/>
Cause of Death	Blunt traumatic injuries sustained in a motor vehicle collision						
Funeral Home	Hinsey-Brown(Iceland, In.)			Phone	(765) 529-7100		
	[Redacted]			Disposition	Traditional Burial		
Remarks	The decedent was the driver of a side by side all terrain vehicle. While going around a turn and the wheels of the vehicle went over the side of the road causing her to loose control. She was ejected from the vehicle suffering severe injuries. She was taken to Kings Daughters Hospital in Madison, Indiana and from there she was flown to University of Louisville Hospital. She was later made a no code and was extubated. External examination at the hospital revealed a severe depressed skull fracture on the left side of her head and the traumatic expulsion of her left eye and severe abdominal swelling probably from internal injuries.						
Manner of Death	Accident		Presented organ donation info to family	No		Blood	N
						Photos	N
Autopsy	N		Toxicology	Y		Medical Examiner	[Redacted]
						ME #	[Redacted]
In Date	[Redacted]		In Date	[Redacted]		Deputy Coroner	Weakley, Sam
						Date signed	6/23/2013

Signature: *Sam Weakley*

Please understand these records are compiled from information collected by the Deputy Coroner's investigation and observations. Understand that information in these records may have been supplied by a third party and the veracity of the information is the best available to the Deputy Coroner at the time of the investigation. Please also understand that the Coroner and/or Deputy Coroner accepts no liability resulting from information contained in these records collected from a third party that may not be factual.



United States
Consumer Product Safety Commission

Cincinnati Field Office
[REDACTED]

July 31, 2013

[REDACTED]

[REDACTED]

[REDACTED]

As an agency of the Federal Government, the U.S. Consumer Product Safety Commission (CPSC) is responsible for investigating consumer product related injuries, deaths and potential injury situations. Investigations help make us aware of hazards to children and adults and aid us in preventing similar incidents from occurring to other people. We also enforce the federal safety regulations covering household appliances, power tools, children's products, and other consumer products. More information about CPSC can be found at www.CPSC.gov or saferproducts.gov.

The Commission is interested in obtaining information related to a fatal UTV accident that occurred on June 22, 2013. I would like to speak with you about the incident, its characteristics and the sequence of events. Any information that you can provide about the product and the incident is greatly appreciated.

Please feel free to contact me during the next few days to schedule a telephone or in person interview.

Thank you for your cooperation.

Sincerely,

[REDACTED]
Federal Investigator

PERSONS CONTACTED BY THIS INVESTIGATOR

Indiana DNR:

[REDACTED]
Support Services Commander
Boating Law Administrator
DNR Law Enforcement Div.
402 W. Washington St. Rm W255D
Indianapolis, IN 46204

[REDACTED]
Initial Contact: July 26, 2013

Coroner:

Dr. Barbara Weakly-Jones
Jefferson County Coroner
810 Barret Ave 7th Fl
Louisville, KY 40204
Telephone Number: 502-574-6262
Initial Contact: July 31, 2013

PERSON(S) UNABLE TO BE CONTACTED BY THIS INVESTIGATOR

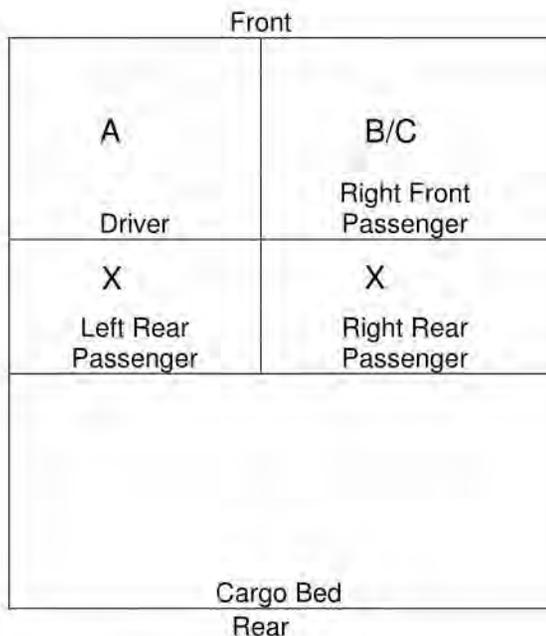
NOK:

[REDACTED]

Utility Vehicle Data Record Sheet

IDI #: 130715HCC2765

Exhibit #: F



The Utility Vehicle

A:	Age: 50	Height: N/A
	Gender: F	Weight: N/A
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: KILLED	
	Injury Description: BLUNT TRAUMATIC I	
	Did vehicle land on victim: UNK	
	Ejected (Either partially or fully): FULLY	

B:	Age: 50	Height: UNK
	Gender: M	Weight: UNK
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: UNK	
	Injury Description: N/A	
	Did vehicle land on victim: UNK	
	Ejected (Either partially or fully): UNK	

C:	Age: 59	Height: UNK
	Gender: M	Weight: UNK
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: UNK	
	Injury Description: N/A	
	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):	

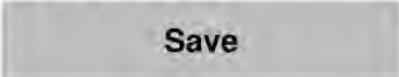
E:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

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.



NOTE: There are four victims in this incident. Victim 1, a passenger in the vehicle, was fatally injured. Victim 2, the driver of the vehicle, was not injured. Victim 3 and Victim 4, also passengers in the vehicle, were not fatally injured. Victims 1 and 3 were pinned under the vehicle in the incident.

This investigation was initiated from a newspaper article.

The investigating officer with the sheriff's department provided limited information in a telephone interview, which was conducted on August 29, 2013. During the interview, he indicated that additional information and photographs must be requested through the district attorney's office.

The district attorney's office provided a copy of the sheriff's report, as well as copies of the photographs taken by the sheriff's department. These items were received on October 21, 2013.

The deputy coroner who conducted the death investigation provided a copy of his report and several photographs of the incident location and the vehicle involved. These items were received on October 17, 2013. The coroner provided additional information via telephone on October 22, 2013.

The product involved in this incident is a side-by-side utility vehicle (UTV) with four wheels (Attachment 2, Photographs 1, 4, 11-16). The UTV is equipped with seat belts, according to information provided by the investigating officer during the telephone interview. The photographs provided by the deputy coroner and the district attorney's office do not clearly show whether the vehicle was equipped with seat belts or not (Attachment 2, Photographs 1, 4, 11-16).

According to information provided by the district attorney's office, the UTV involved in the incident was owned by the father of Victim 2, the driver of the UTV.

Attempts to contact the victims' next of kin were unsuccessful, as were attempts to contact the owner of the vehicle.

Victim 1 is an eight-year-old male (Attachment 3, Pages 1, 3-5; Attachment 4, Page 1). He was as passenger in the UTV (Attachment 3, Pages 3-5). His height and weight are unknown. It is also unknown whether he had any pre-existing physical or mental condition that might have contributed to the incident. He is not believed to have been under the influence of any alcohol, drugs, or medication at the time of the incident.

Victim 2 is an 11-year-old female (Attachment 3, Pages 3-5; Attachment 4, Page 1). According to the investigating officer, she was operating the UTV (Attachment 3, Pages 3-5). Her height and weight are unknown. It is also unknown whether she had any pre-existing physical or mental condition that might have contributed to the incident. She is not believed to have been under the influence of any alcohol, drugs, or medication at the time of the incident.

Victim 3 is an eight-year-old male. (Attachment 3, Pages 3-5; Attachment 4, Page 1). He was as passenger in the UTV (Attachment 3, Pages 3-5; Attachment 4, Page 1). His height and weight are unknown. It is also unknown whether he had any pre-existing physical or mental condition that might have contributed to the incident. He is not believed to have been under the influence of any alcohol, drugs, or medication at the time of the incident.

Victim 4 is an eight-year-old male. (Attachment 3, Pages 3-5; Attachment 4, Page 1). He was as passenger in the UTV (Attachment 3, Pages 3-5; Attachment 4, Page 1). His height and weight are unknown. It is also unknown whether he had any pre-existing physical or mental condition that might have contributed to the incident. He is not believed to have been under the influence of any alcohol, drugs, or medication at the time of the incident.

Around 7:00 p.m. on April 20, 2013, an eleven-year-old female and three eight-year-old males were riding a side-by-side utility vehicle (UTV) on a turn row in a field (Attachment 3, Pages 1, 3-5; Attachment 4, Page 1). None of them was wearing a helmet, according to the investigating officer. The officer stated that the vehicle was equipped with seatbelts, but he said that he did not know whether the victims were wearing seatbelts on the incident date.

The rate of speed at which the UTV was traveling is unknown.

When the UTV came to the end of the turn row on which it was travelling, the driver attempted to turn around (Attachment 3, Page 3). While turning, the UTV ran into an area of tall grass, and one of the wheels hit an irrigation pipe that was concealed in the grass (Attachment 2, Photographs 2-3, 5-6; 10, 17-18; Attachment 3, Page 3; Attachment 4, Page 1).

After hitting the irrigation pipe, the UTV overturned, pinning Victim 1 and Victim 3 underneath (Attachment 3, Pages 3 and 5; Attachment 4, Page 1). Victim 3 was pinned beneath the front of the UTV, while Victim 1 was pinned face down beneath the back of the UTV (Attachment 3, Page 5).

The fathers of the victims, who were frying fish while the victims rode the UTV, realized that they could no longer hear the UTV (Attachment 3, Pages 3 and 5). Using a pair of binoculars, they searched for the UTV (Attachment 3, Pages 3 and 5).

The fathers of the victims were traveling toward the site of the incident when they met the 11-year-old female (Victim 2) and one of the eight-year-old males (Victim 4) walking toward them (Attachment 3, Page 5).

The father of the eight-year-old males (Victims 1, 3, and 4) continued on to the incident site and found the UTV overturned on Victims 1 and 3 (Attachment 3, Page 5). He attempted to lift it off them but was unsuccessful (Attachment 3, Page 5).

Another adult male who had been cooking fish with the victims' fathers arrived at the incident location and assisted the father of Victims 1, 3, and 4 in lifting the UTV off of Victims 1 and 3 (Attachment 3, Pages 3 and 5).

The friend who helped the victims' father lift the UTV off Victims 1 and 3 called emergency officials on his cell phone (Attachment 3, Page 3).

The father of Victim 1 administered cardiopulmonary resuscitation (CPR) to Victim 1 for about twenty minutes (Attachment 3, Page 5; Attachment 4, Page 1). However, his attempts to revive the victim were unsuccessful (Attachment 3, Page 5; Attachment 4, Page 1).

Victims 2, 3, and 4 appeared to be uninjured in the incident and were sent to the house (Attachment 3, Page 5).

When emergency responders arrived at the incident location, they examined Victim 1 and asked that someone notify the coroner (Attachment 3, Page 5). The deputy coroner arrived at the incident site at 7:50 p.m. and pronounced Victim 1 dead at 7:55 p.m. (Attachment 4, Page 1).

The sheriff's report indicates that Victim 1 had a mark on his back that seemed to indicate that he had been pinned under the roll bar of the UTV (Attachment 3, Page 4). The report also indicates that Victim 1 had blue and purple discoloration on his face, which the officer noted appeared to indicate that Victim 1 suffocated from the pressure of the UTV's roll bar (Attachment 3, Page 4).

The coroner's report does not specify the cause of death for Victim 1, but the coroner stated in a telephone interview conducted October 22, 2013, that the cause of death was asphyxiation.

Victims 2, 3, and 4 did not receive any injuries that required medical attention (Attachment 3, Page 3).

The amount of damage to the UTV in the incident is unknown.

CONTACT WITH RETAILER AND MANUFACTURER:

It is not known whether the family of Victim 1 attempted to contact the retailer or manufacturer of the UTV involved in the incident.

It is not known whether the owner of the UTV attempted to contact the retailer or manufacturer of the UTV involved in the incident.

PRODUCT IDENTIFICATION:

The product involved in this incident is a **Polaris Ranger 4x4** side-by-side utility vehicle (Attachment 2, Photographs 1, 4, 7-9, 11-16; Attachment 3, Page 5; Attachment 4, Page 1). No further information could be obtained for the incident product.

Information about the manufacturer is listed below:

Polaris Inc.
1225 Hwy. 169 N
Minneapolis, MN 55441

LABELING

As I was unable to view the incident UTV, no comprehensive examination of the labeling was possible. However, the brand name and manufacturer's name are visible in some of the photographs provided by the district attorney's office.

Labeling on the side of the UTV reads in part as follows: "**** RANGER ****"
(Attachment 2, Photographs 4 and 12).

Labeling on the rear of the UTV reads in part as follows: "**** POLARIS ****"
(Attachment 2, Photograph 13).

SAMPLE:

None collected.

ATTACHMENTS:

UTV Data record Sheet

Attachment 1 – Contact Sheet

Attachment 2 – Photographs (Total of 18)

- Photographs 1 - 3 - provided by deputy coroner
- Photographs 4 - 18 - copies provided by District Attorney's office

Attachment 3 – Sheriff's Incident Report – provided by District Attorney's office

Attachment 4 – Coroner's Report – provided by deputy coroner

Attachment 5 – Missing documents form

List of Contacts

Name: Jack Fletcher
Title: Captain
Address: Concordia Parish Sheriff's Office
4001 Carter Street, Room 7
Vidalia, LA 71373
Phone: 318-336-5231
Fax: 318-336-5021
Interviewed: Report and photos were requested on August 15, 2013.
Interviewed via telephone on August 29, 2013.

Information provided during interview is contained in narrative.
Report and/or photos must be requested through Concordia Parish DA's Office.

Name: Daryle Price
Title: Concordia Parish Coroner
Address: 233 Crestview Dr.
Ferriday, LA 71334
Phone: Unknown
Interviewed: Report and photos were requested on September 6, 2013.

Report and photos were received on October 17, 2013 – Deputy Coroner Roger Calkins.
Coroner provided information during telephone interview on October 22, 2013.

Name: Johnnie Loomis
Title: Concordia Parish DA's Office
Address: 4001 Carter St.
Vidalia, LA 71373
Phone: 318-336-5526
Fax: 318-336-9790
Interviewed: Called DA's office on September 6, 2013 – Mr. Loomis was out.
Left message with contact info and faxed letter on September 6, 2013.
Called DA's office on October 17, 2013 – Mr. Loomis was with a client.
Left second message with contact info on October 17, 2013.

Report and copies of photographs were received on October 21, 2013.

Name: [REDACTED]
Title: Father of Victims 1, 3, and 4
Address: [REDACTED]

Phone: [REDACTED]
Interviewed: Attempts to interview the father of Victims 1, 3, and 4 were unsuccessful.

Name: [REDACTED]
Title: Father of Victim 2 / Owner of UTV
Address: [REDACTED]

Phone: [REDACTED]
Interviewed: Attempts to interview the product owner were unsuccessful.



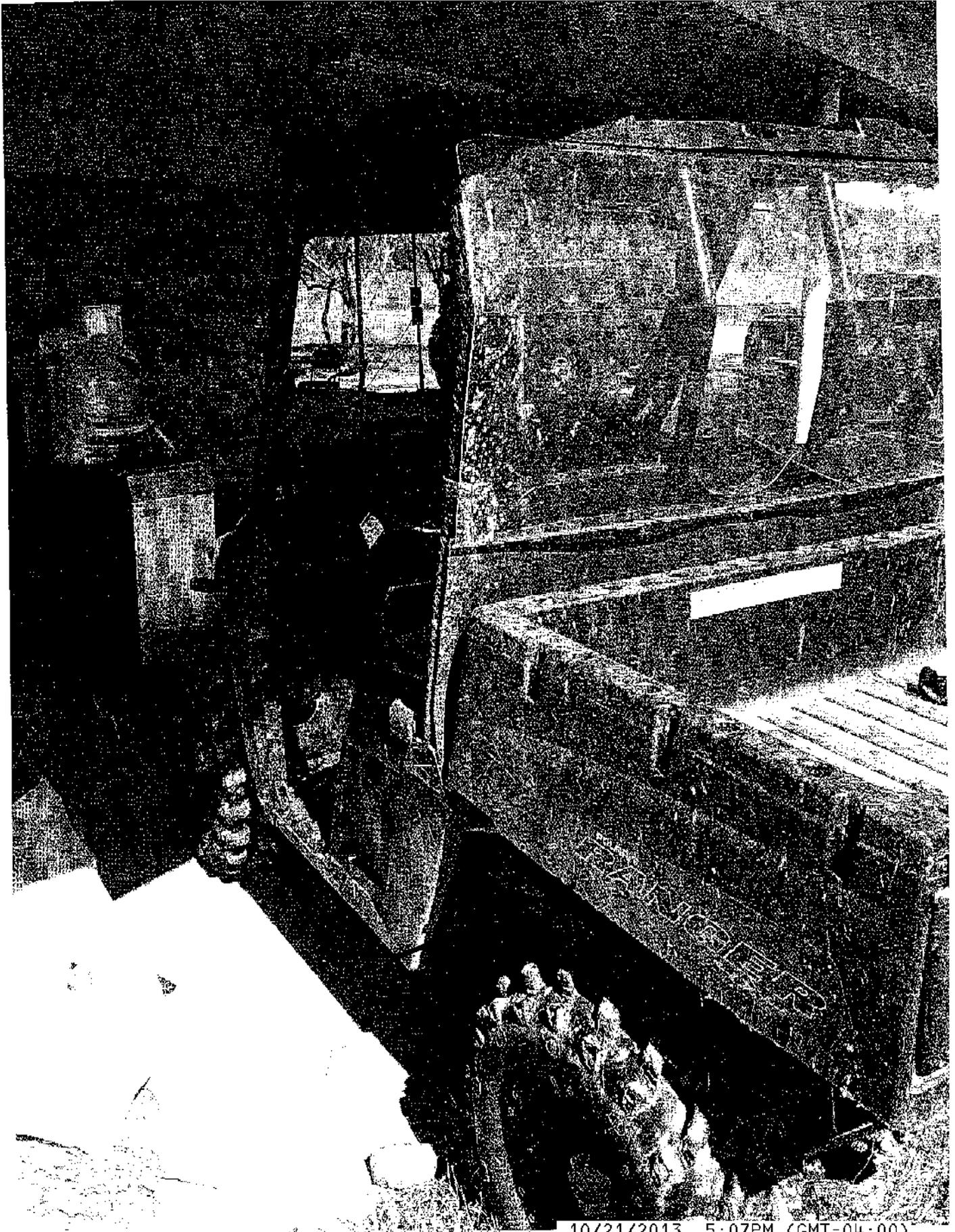
Photograph 1: Coroner's photo of UTV



Photograph 2: Coroner's photo of incident location

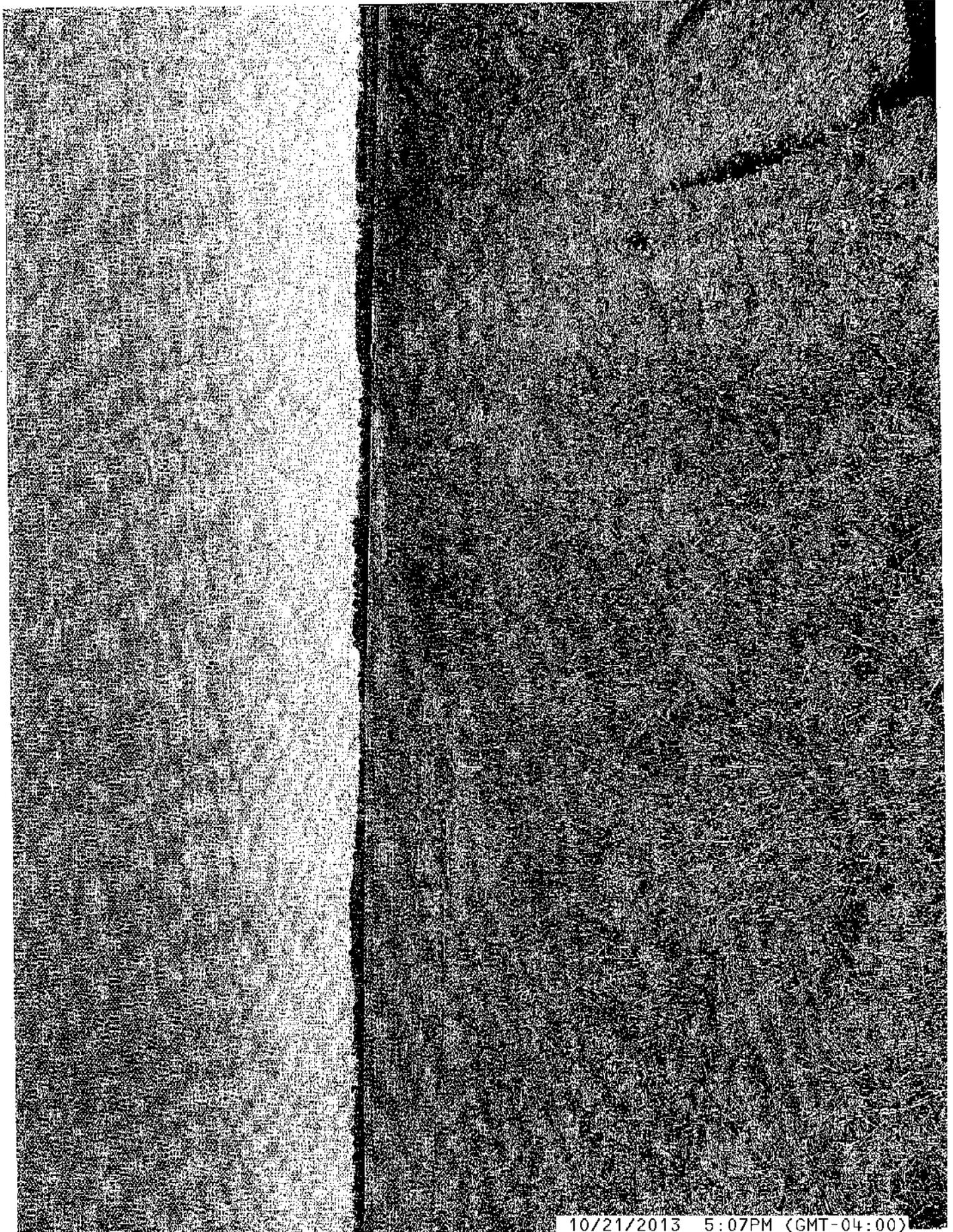


Photograph 3: Coroner's photo of metal object struck by UTV in grass



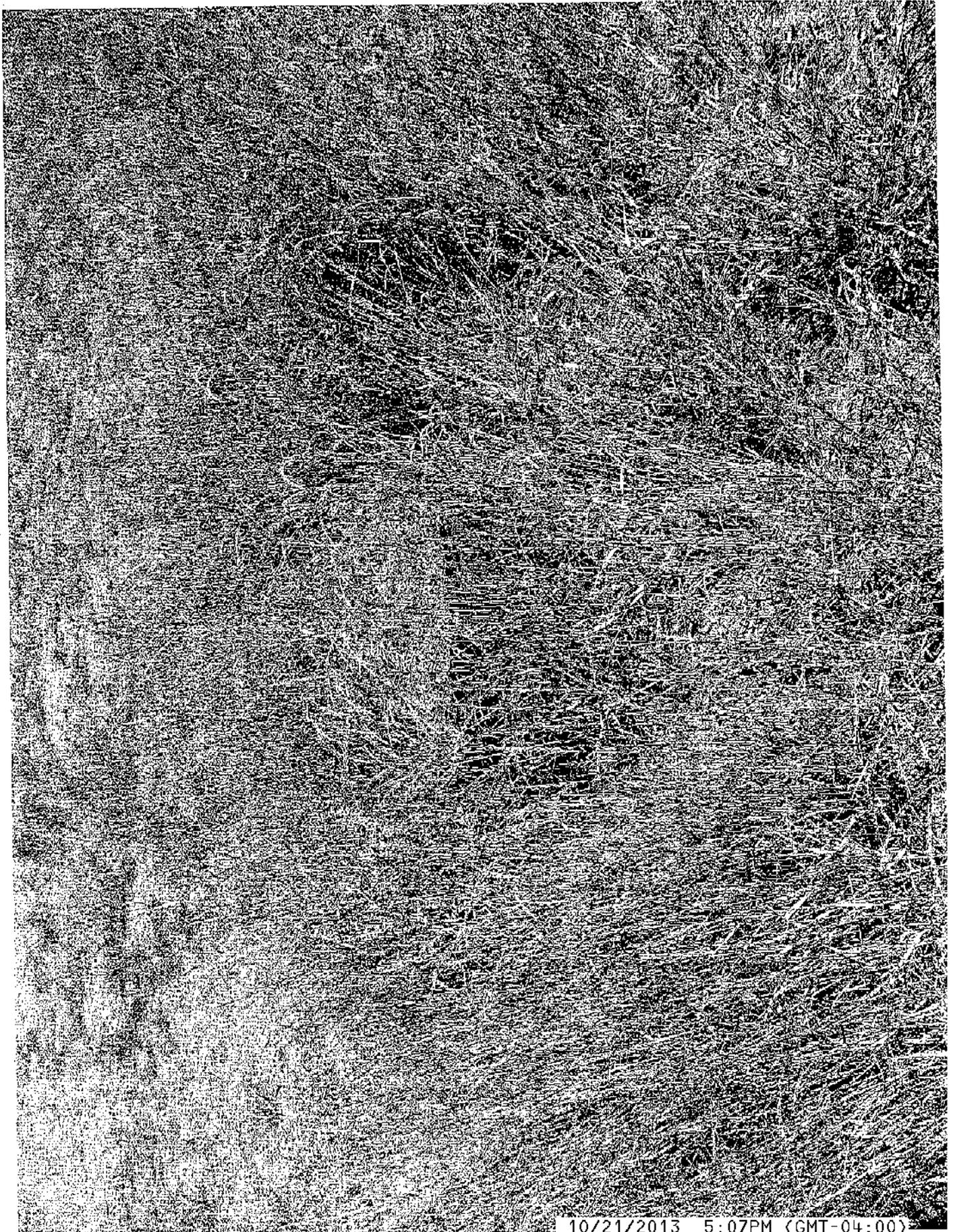
10/21/2013 5:07PM (GMT-04:00)

PHOTOGRAPH 4 - sheriff's photo of UTV (Text reads in part as follows: "****RANGER****")



10/21/2013 5:07PM (GMT-04:00)

PHOTOGRAPH 5 - sheriff's photo of incident location



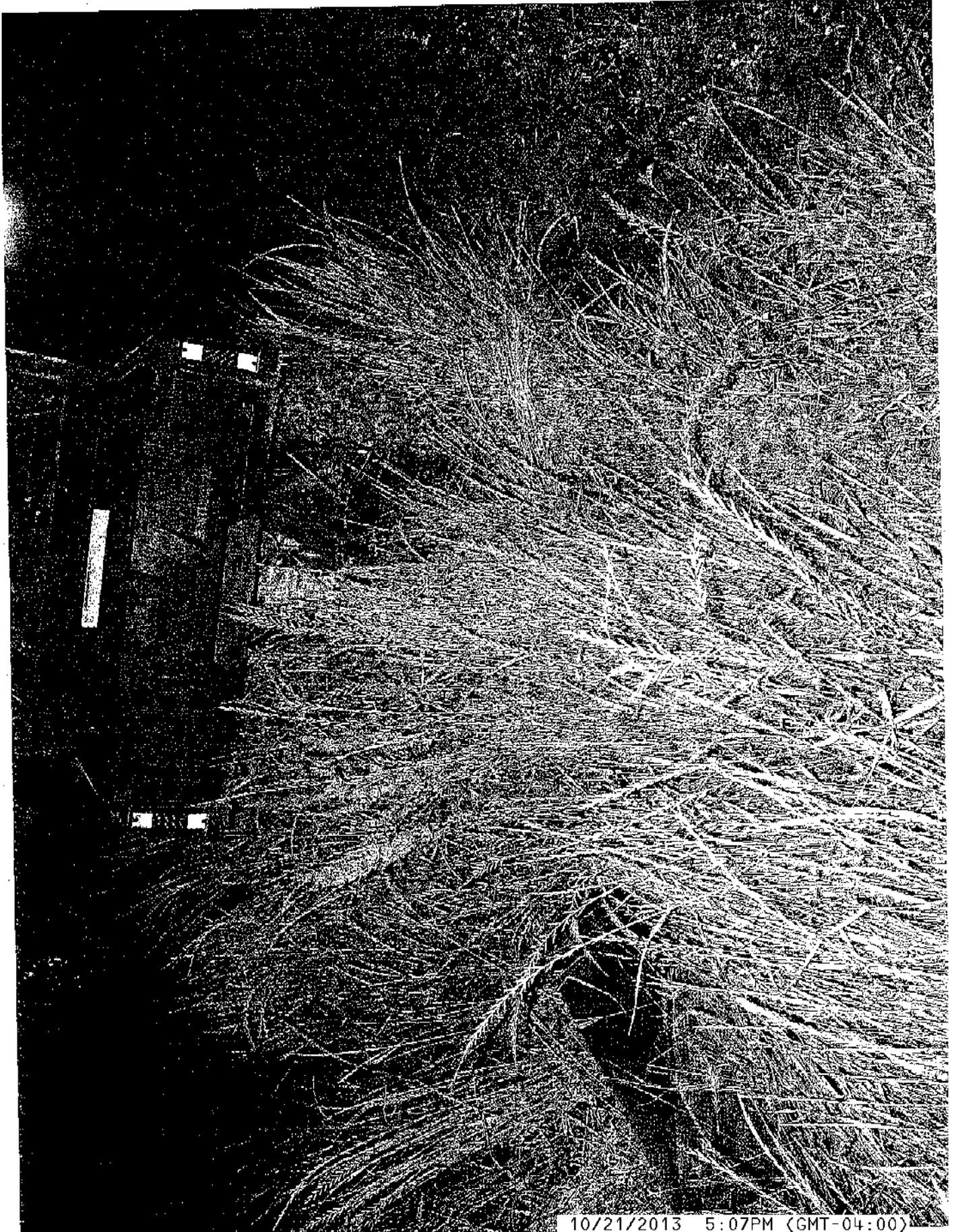
10/21/2013 5:07PM (GMT-04:00)

PHOTOGRAPH 6 - sheriff's photo of incident location

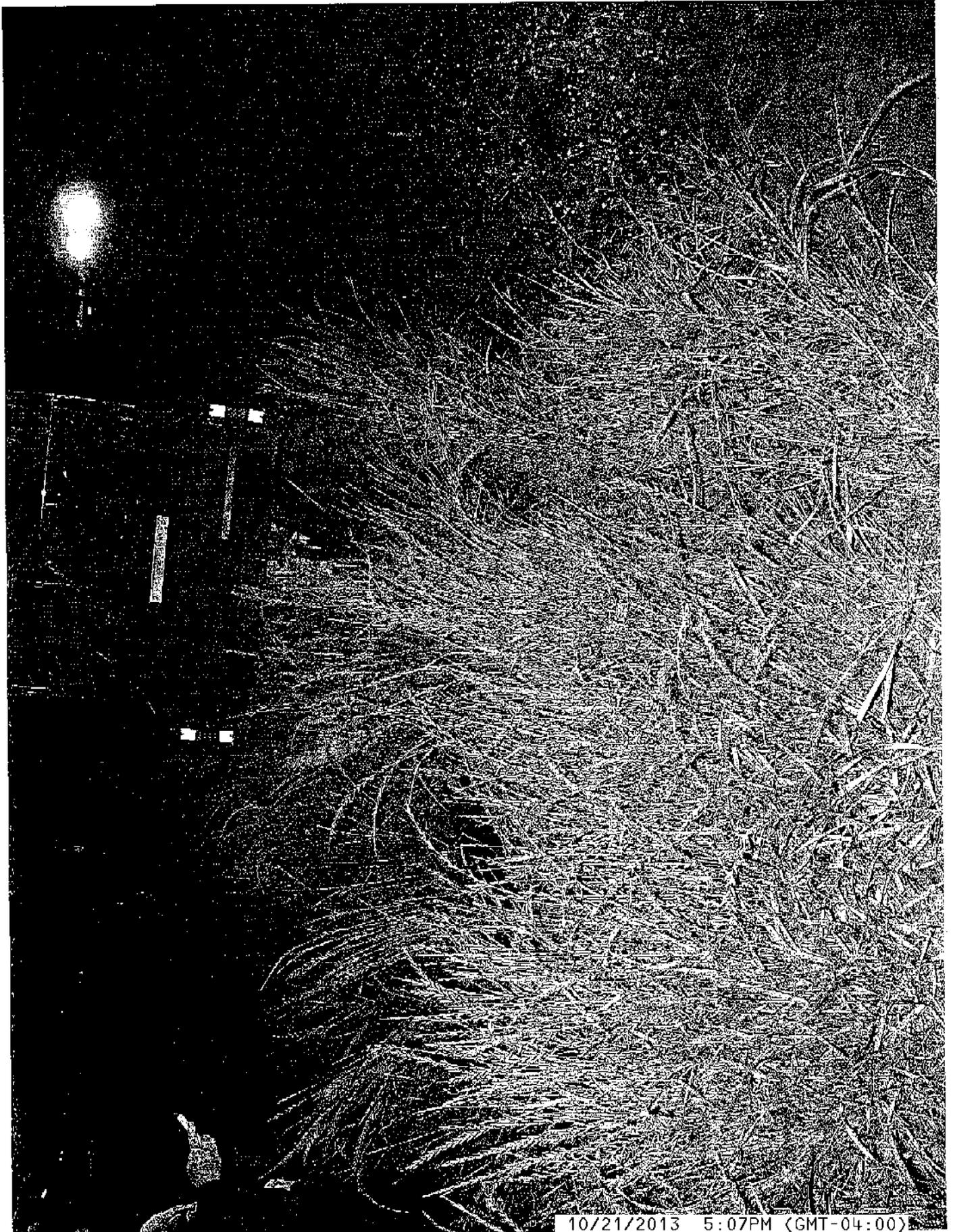


10/21/2013 5:07PM (GMT-04:00)

PHOTOGRAPH 7 - sheriff's photo of UTV at incident location



PHOTOGRAPH 8 - sheriff's photo of UTV at incident location

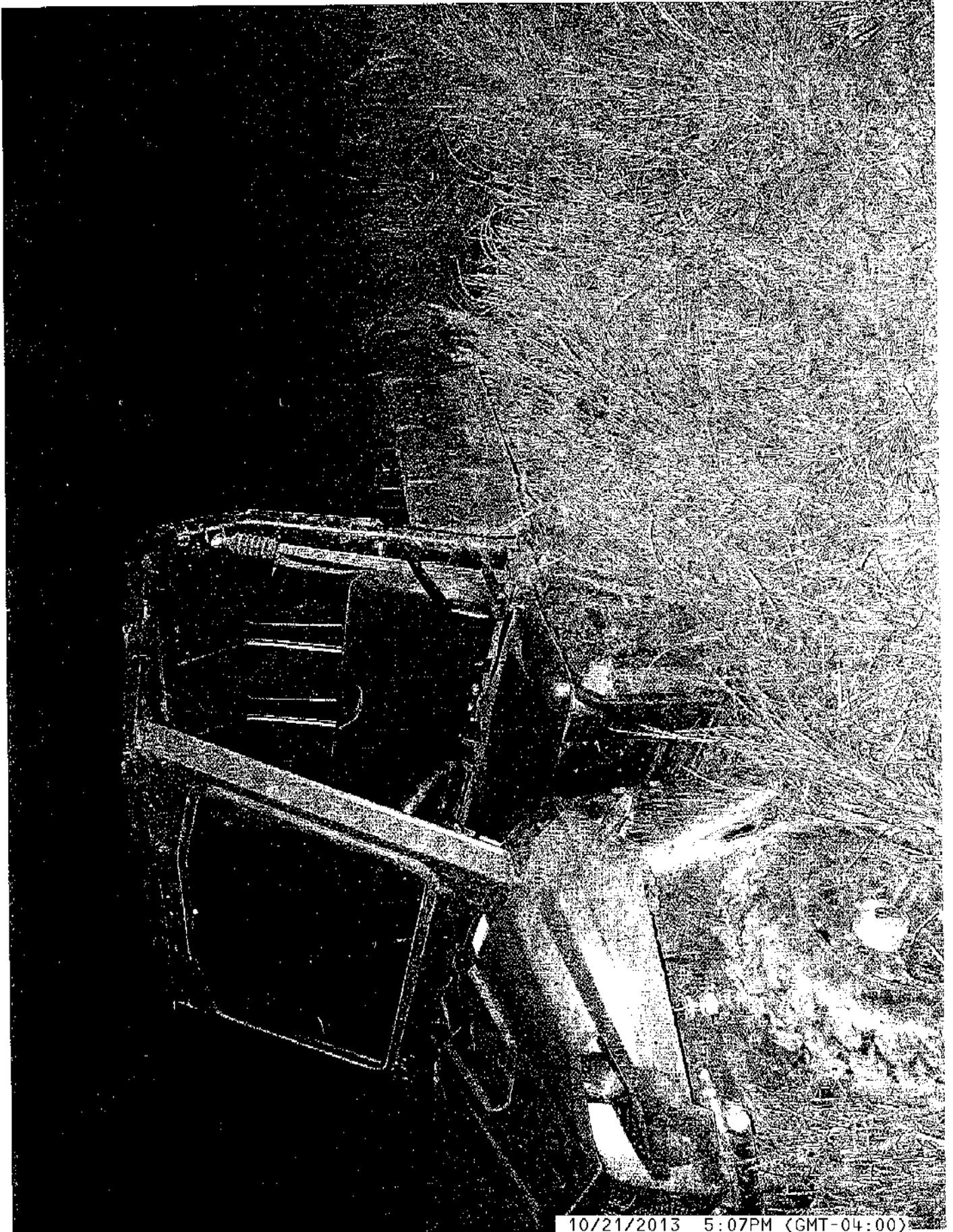


PHOTOGRAPH 9 - sheriff's photo of UTV at incident location

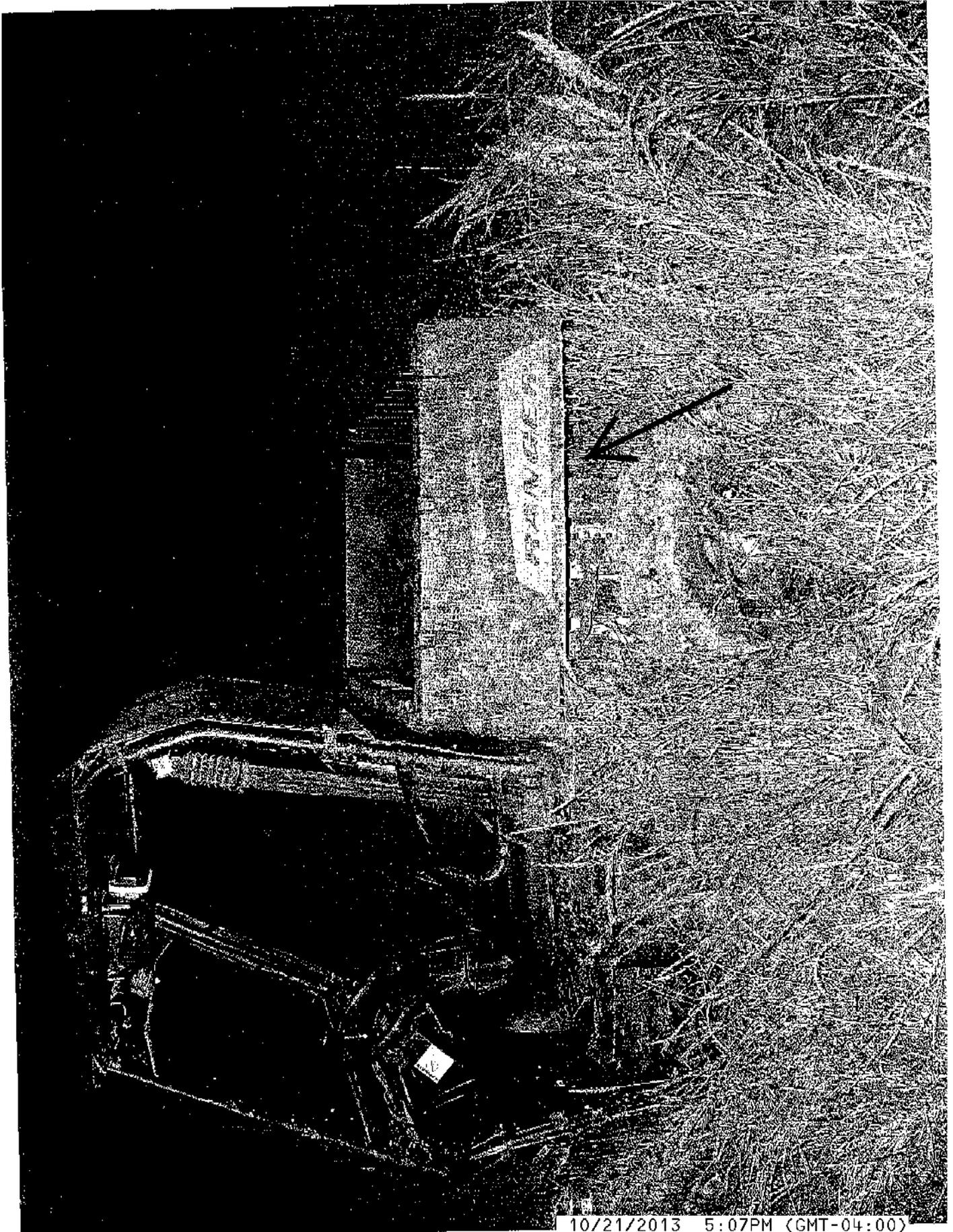


10/21/2013 5:07PM (GMT-04:00)

PHOTOGRAPH 10 - sheriff's photo - close up of metal irrigation pipe hit by UTV



PHOTOGRAPH 11 - sheriff's photo of UTV at incident location



10/21/2013 5:07PM (GMT-04:00)

PHOTOGRAPH 12 - sheriff's photo of UTV at incident location (text reads in part: "****RANGER****")

10/21/2013 15:45

3183359790

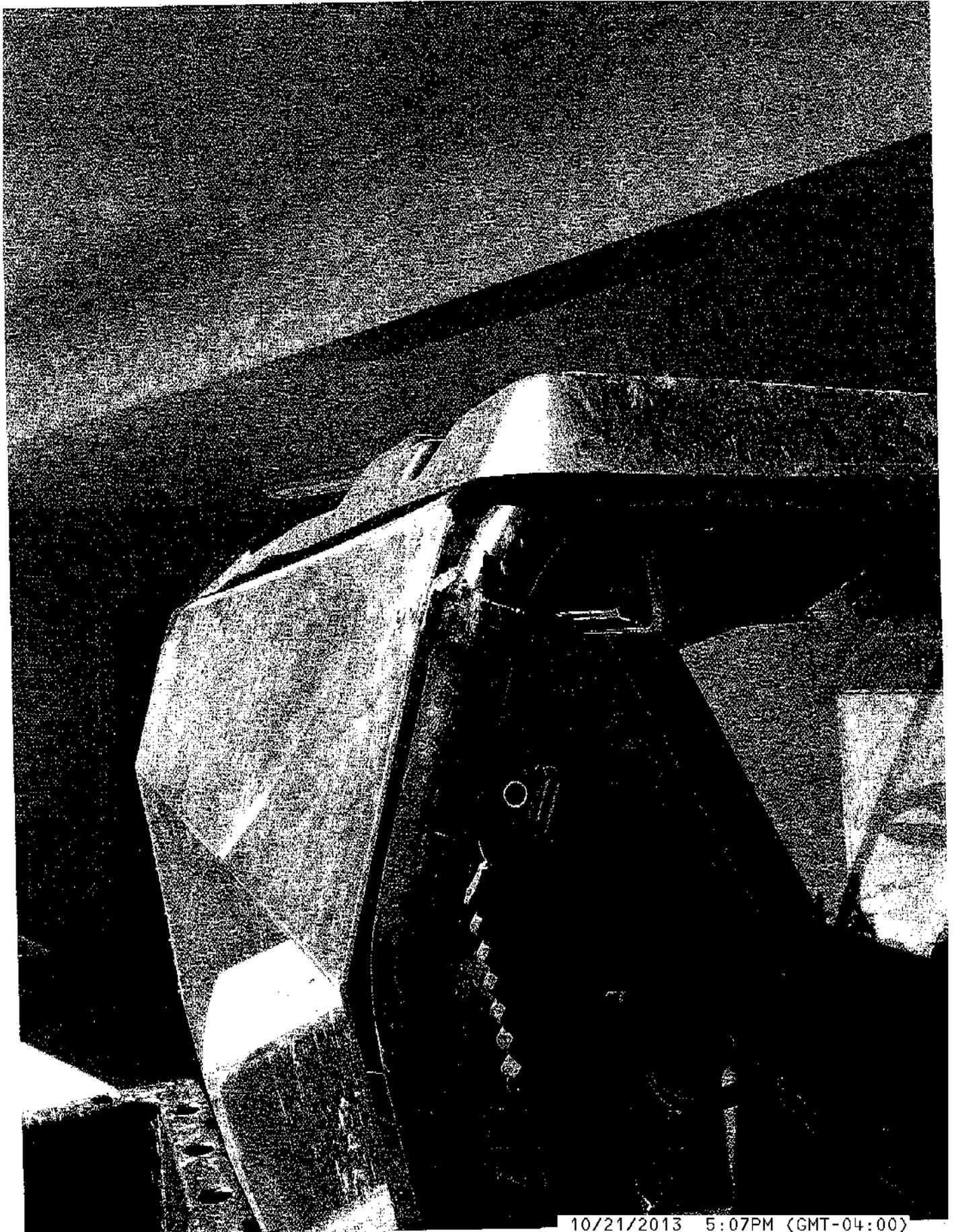
DA OFFICE

PAGE 16/23



10/21/2013 5:07PM (GMT-04:00)

PHOTOGRAPH 13 - sheriff's photo of UTV (text reads in part: "****POLARIS****")



PHOTOGRAPH 14 - sheriff's photo of UTV



10/21/2013 5:07PM (GMT-04:00)

PHOTOGRAPH 15 - sheriff's photo of UTV



10/21/2013 5:07PM (GMT-04:00)

PHOTOGRAPH 16 - sheriff's photo of UTV



10/21/2013 5:07PM (GMT-04:00)

PHOTOGRAPH 17 - sheriff's photo - close view of irrigation pipe that UTV hit in incident



10/21/2013 5:07PM (GMT-04:00)

PHOTOGRAPH 18 - sheriff's photo - wider view of irrigation pipe that UTV hit in incident

CONCORDIA SHERIFF'S OFFICE INCIDENT REPORT

ORI #: LA0150000			
INCIDENT #:	2013002213	DATE OF INCIDENT:	4/20/13
INCIDENT TYPE (SIGNAL): 911 911 CALL		TIME OF INCIDENT: 19:24	
REPORT TYPE: Initial	OFFICER: TUCKER, K	BADGE #: CO-35	
COMPLAINANT:(Last, First, Middle) No Complainant		HOME PHONE:	
ADDRESS:		BUSINESS PHONE:	
LOCATION OF INCIDENT: [REDACTED]			
RECEIVED:	04/20/2013 19:24	DISPATCHED:	04/20/2013 19:26
ARRIVED:	04/20/2013 19:33	UNDER CONTROL:	04/20/2013 19:44
		ENROUTE:	
		COMPLETED:	04/20/2013 20:54
STATUS DATE/TIME:	STATUS:	CLEARED EXCEPTIONAL REASON/DATE (If applicable)	
04/20/2013 19:24	PENDING		
OFFENSE			
SEQ. NUM 1	OFFENSE DEATH 29	RSA# 29	ATT/COMP C
OFFENSE LOCATION TYPE		(FOR BURGLARY ONLY) NBR OF PREMISES ENTERED:	METHOD OF ENTRY
10 FIELD/WOODS			
CRIMINAL ACTIVITY TYPE		TYPE WEAPON/FORCE INVOLVED	
Offense Connected to Victim Sequence Number:		1	[REDACTED]
ASSIGNED OFFICER			
NAME:TUCKER, KENNETH			
ASSISTING OFFICER			
NAME:CLARK, MIKE			
ASSISTING OFFICER			
NAME:ROUSE, RAYMOND			
DISPATCHER			
NAME: [REDACTED]			
DETECTIVE			
NAME:KING, SAM			
DETECTIVE			
NAME:FLETCHER, JACK			
RECEIVED BY			
NAME:CARROLL, TERESA			
VICTIM		TYPE OF COMPLAINANT: I	
VIC #:	NAME	[REDACTED]	
ADDRESS: [REDACTED]			
PHONE: (HOME) (318)		(BUSINESS) (318)	(OTHER) (318)
SEX: M	RACE: W	ETHNICITY: YU	DOB: [REDACTED] AGE: 8 +/- 00 SSN:
HEIGHT: 0-0	WEIGHT: 0	EYES: XXX	HAIR: XXX RESIDENT STATUS: N

CONCORDIA SHERIFF'S OFFICE INCIDENT REPORT

ORI #: LA0150000			
INCIDENT #:	2013002213	DATE OF INCIDENT: 4/20/13	TIME OF INCIDENT: 19:24
INCIDENT TYPE (SIGNAL): 911 911 CALL			
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES: N/A			
NEGLIGENT MANSLAUGHTER: N/A			
JUSTIFIABLE HOMICIDE: N/A			
ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES: N/A			
INJURY TYPE(S): N/A			

CONCORDIA SHERIFF'S OFFICE

INCIDENT REPORT

Page: 2

ORI #: LA0150000		INCIDENT #: 2013002213		DATE OF INCIDENT: 4/20/13	TIME OF INCIDENT: 19:24
INCIDENT TYPE (SIGNAL): 911 911 CALL					
Agency: CPSO	Incident No: 2013002213	Date Entered: 4/22/2013	Sequence: 2		
Author: FLETCHER, JACK			Title: CAPT. FLETCHER'S REPORT		

On April 20, 2013 at approximately 7:39 PM I received a call from the Concordia Parish Sheriff's office in reference to a death involving an ATV accident on [REDACTED] just out of Clayton, Louisiana. I contacted their officer on scene, Deputy Sam King. He advised me that the children were riding on an ATV and that the ATV had turned over. One of the children was deceased. His name was [REDACTED] eight years of age; date of birth was [REDACTED]. He was one of a set of triplets. I contacted Chief Hedrick, and advised him what we had and that I would be in route to the location. Upon arrival units was still out in the field and I waited at the barn for the ambulance to come out to my location, since it was a narrow road leading in or out. Once the ambulance arrived at my location I spoke with assistant coroner Roger Caulkins, who advised me that there were two more children up to the house that he and the ambulance were going to check out for further injuries. I then went to the location of where the accident occurred. I took pictures of the ATV and the steel riser that was covered by grass. I was told by [REDACTED] and Sgt. Mike Clark how the accident occurred. [REDACTED] advised me that he helped raise the ATV off of the child that was deceased. The child, [REDACTED] was pinned under the roll bar of the ATV. After taking pictures at the scene, I returned up to the barn. I advised the ambulance crew that I would meet him at [REDACTED] as soon as I got the other information that I needed. I then went over to the house where the other children were supposed to be. I met with [REDACTED] and his 11-year-old daughter [REDACTED] was driving the ATV at the time of the accident. She explained to me that they were turning around to come back down the turn road and didn't see the piece of metal under the grass. When they hit the piece of metal it turned them over and they were unable to pick the ATV up. I then spoke to [REDACTED] who's the father of the triplets. I got the correct names of the other two boys. [REDACTED] eight years of age and [REDACTED] eight years of age. Mother's name is [REDACTED] to my knowledge was not present at the house at this time. Roger Caulkins advised me that they had checked the other three children and that the other three children were just fine. The other two of the triplets had been taken by their grandmother to a different location. [REDACTED] address is [REDACTED] Louisiana. His telephone number is [REDACTED] address is [REDACTED] Clayton, LA.

I then spoke to [REDACTED] about what it happened. He said that they were frying fish under the carport and that the children had been riding the ATV all evening. They noticed that they didn't hear the ATV running and did not see the ATV at the house. [REDACTED] said he got a set of binoculars out of the truck and started looking across the fields, when he saw the ATV lying on its side. He said that he and [REDACTED] jumped in the truck and headed to the ATV. When they arrived at the ATV and realized what had happened he called 911 to get help in route. They also lifted the ATV off of [REDACTED] but he was not breathing. I could tell that this was very upsetting to [REDACTED]. I spoke to the father's again of the children and advise them if we could do anything for them just let us know. I considered this an unfortunate accident, and we will be praying for them.

I then left and went to [REDACTED] where I met with the ambulance and

**CONCORDIA SHERIFF'S OFFICE
INCIDENT REPORT**

Page: 3

ORI #: LA0150000

INCIDENT #: 2013002213

DATE OF INCIDENT: 4/20/13

TIME OF INCIDENT: 19:24

INCIDENT TYPE (SIGNAL): 911 911 CALL

assistant coroner Roger Caulkins. I took photos of [REDACTED] and the condition of his body. He had a mark on his back that matched where the roll bar of the ATV would've had him pinned down. With the blue and purple discoloration of his face it appeared that he suffocated from the pressure of the roll bar. His fingernails were muddy which leads me to believe he was trying to pull himself out from under the ATV. After taking the photographs I left the funeral home and returned to my home. End of report.

Capt. Jack Fletcher
Concordia Parish Sheriff's Office
Investigations
4001 Carter St. Suite 7
Vidalia, LA. 71373
Office 318-336-9148
Cell 318-719-1264

CONCORDIA SHERIFF'S OFFICE

Page: 1

INCIDENT REPORT

ORI #: LA0150000		INCIDENT #: 2013002213		DATE OF INCIDENT: 4/20/13	TIME OF INCIDENT: 19:24
INCIDENT TYPE (SIGNAL): 911 911 CALL					
Agency: CPSO	Incident No: 2013002213	Date Entered: 4/21/2013	Sequence: 1		
Author: KING, SAM	Title: [REDACTED]		ACCIDENTAL DEATH		

On Saturday April 20, 2013 at approximately 1924hrs I deputy Sam King with deputy Kenneth Tucker were dispatched to a ATV accident off of [REDACTED] outside of Clayton involving a child. Once in the area, I was given information about the location of the child and the possibility he wasn't alive. I was escorted to the accident site and the child as [REDACTED] and the Metro ambulance unit followed. After arriving at the location, a man later identified as [REDACTED] (w/m age 42 DOB [REDACTED] address [REDACTED] LA). [REDACTED] was the father to the deceased young male. The young deceased male was identified as [REDACTED] (w/m age 8 DOB [REDACTED] He was one of three triplets.

[REDACTED] and [REDACTED] (triplet brothers) were riding a Ranger Mule ATV along with [REDACTED] 11 year old. [REDACTED] was the alleged driver while the other three were riders. The children made a pass by the house and waved at their parents then rode back out into the field. After not hearing or seeing from the children, [REDACTED] father [REDACTED] grabbed some binoculars to see where the children were at the time. [REDACTED] stated he saw [REDACTED] and one of the boys walking along the roadway. At this time, he along with [REDACTED] jumped into his truck and headed towards the children.

[REDACTED] stated [REDACTED] was visibly shaken and frantic. [REDACTED] went ahead to the crash site and discovered [REDACTED] pinned under the front of the Mule ATV while [REDACTED] was pinned facedown under the back of the rolled over ATV. He tried to lift it off of them but couldn't. About this time [REDACTED] arrived and both were able to lift the ATV off of the children. [REDACTED] was sent to the house along with [REDACTED] and [REDACTED] while [REDACTED] administered CPR on [REDACTED] to no avail.

The Metro unit checked the child and asked that we notify the coroner's office, which I advised dispatch. Roger Calkins with the coroner's office arrived and pronounced the child. Investigator Jack Fletcher arrived on scene and continued the investigation.

End of statement.

Sam King
CN...3



~~METRO~~
~~MISS-LOU AMBULANCE SERVICE, LLC~~
~~158 Colonel John Pitchford Parkway~~
~~Natchez, MS 39120~~
~~601-304-5350~~

DOB [Redacted]

Father

REPORT CONTINUATION

Deputy coroner

DRIVER _____ EMP. NO. _____ DATE 4/20/13
MEDIC _____ EMP. NO. _____ RUN NO. _____

On 4/20/13 I was contacted by Metro Ambulance of
ATV accident with death of child. I was called at 7:41 pm.
Upon my arrival on scene at 7:50 pm I found a 8 y/o supine
on the stretcher in Metro Ambulance. pt was apneic, pulseless
and unresponsive. I was advised that he was a passenger on a
ranger ATV. They were riding in the furrow of a field. It
appeared they hit an irrigation pipe that was hidden in grass.
The ATV turned over pinning the child. Father stated when he
got to accident he moved ranger and child was prone with
face in the dirt. He states he did CPR for about 20 minutes but
nothing changed. No CPR was in progress when ambulance arrived.
pt had been down approximately 45 minutes. Confirmed Aseptole in
all leads. Had discoloration to face & neck, abrasion to chin,
left elbow and across back. Had dirt on both hands & fingers.
Father requested [Redacted] funeral home. pt. pronounced at
7:55 pm. [Redacted] notified of transport by ambulance at 8:11 pm
Further exam and photos taken at funeral home. Body released
at 9:10 pm.

Roger Calkins
Deputy coroner



U.S. Consumer Product Safety Commission

Task Number: 130722HCC2784

Date: 10/24/2013

Status of Missing Document(s)

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

1. Ambulance Report

2. Authorization for Release of Name

3. _____

4. _____

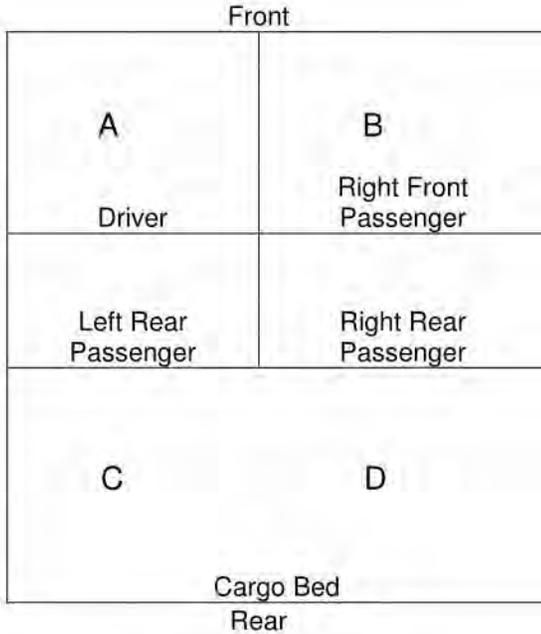
5. _____

6. _____

Utility Vehicle Data Record Sheet

IDI #: 130722HCC2784

Exhibit #: A



The Utility Vehicle

A:	Age: 11	Height: unknown
	Gender: F	Weight: Unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Unknown	
	Injury Description: UNKNOWN	
	Did vehicle land on victim: Unknown	
	Ejected (Either partially or fully): UNKNOWN	

D:	Age: 8	Height: Unknown
	Gender: M	Weight: UNKNOWN
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Unknown	
	Injury Description: UNKNOWN	
	Did vehicle land on victim: Unknown	
	Ejected (Either partially or fully): UNKNOWN	

B:	Age: 8	Height: Unknown
	Gender: M	Weight: Unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: UNKNOWN	
	Injury Description: Unknown	
	Did vehicle land on victim: Unknown	
	Ejected (Either partially or fully): Unknown	

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

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):	

The exact positions of the passengers in the vehicle are not known. Since the vehicle has only two seats, it is assumed that the passengers were seated in the front passenger seat and the cargo bed. The vehicle landed on two of the passengers, killing one of them.

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

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

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

Save

Task Number 130722HCC2784

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

Type of respondent:

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer:	Manufacturer:

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

Model:	/	VIN:
--------	---	------

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

Model Year:

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

Engine Size:

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

Death #1	Death #2
Date of Death:	
Age/Sex: /	/
State of Death:	
City of Death:	
County of Death:	
Race:	
Race Other:	
Hispanic/Latino:	

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

Death #1	Death #2
Yes No Unknown	Yes No Unknown

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

9. Did the ATV overturn/tipover/rollover?

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

Victim 1: Victim 2:

Yes No Unknown Yes No Unknown

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

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

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

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

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

Age: Height: (inches)
Weight: Sex:

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

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

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

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

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

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

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

Additional Comments:

IDI 130722HCC2789

ATTACHMENTS

Exhibit "A" – Coroner's report.

Exhibit "B" - Kentucky State Police e-mail.

Exhibit "C" - UTV Data Record Sheet



JUSTICE AND PUBLIC SAFETY CABINET

Steven L. Beshear
Governor

Office of the Chief Medical Examiner
Urban Government Center
810 Barret Avenue
Louisville, Kentucky 40204-1702
Phone (502) 852-5587 Fax (502) 852-1767
www.kentucky.gov

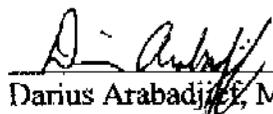
J. Michael Brown
Secretary

FINAL DIAGNOSIS

ME-

- I) Blunt impact injuries of head, neck and torso with traumatic asphyxia:
 - A. 11 year old boy was riding a Polaris All-Terrain Vehicle, unrestrained, on his family farm and was later found unresponsive, face down with head downhill on a slight embankment and the All-Terrain Vehicle lying over much of his body, per Coroner and Kentucky State Police detective
 - B. Family removed All-Terrain Vehicle and attempted resuscitation, per Coroner
 - C. Approximately 20 minutes passed between when decedent was last seen riding the All-Terrain Vehicle and when he was found unresponsive, per Coroner
 - D. Blunt impact injuries of head and neck:
 - 1. Cutaneous contusions and abrasions
 - 2. Multiple petechiae on face, neck, conjunctivae and oral mucosa
 - E. Blunt impact injuries of torso:
 - 1. Cutaneous contusions and abrasions
 - 2. Multiple petechiae on chest, shoulders, right axilla and abdomen
 - 3. Hypermobility of right side of chest without definite fractures
 - F. Blunt impact injuries of extremities:
 - 1. Cutaneous contusions and abrasions
 - G. Focused external examination and toxicology after consultation with Coroner and Kentucky State Police detective
- II) Postmortem toxicology of subclavian blood is negative for tested drugs of abuse and alcohols

OPINION: The death of this 11 year old boy, _____, is due to blunt impact injuries of the head, neck and torso with traumatic asphyxia. The decedent was involved in a roll-over of an All-Terrain Vehicle with entrapment. (994.7; E812.0)



Darius Arabadzisz, MD

DATE PERFORMED: June 7, 2013
DATE COMPLETED: July 25, 2013
COUNTY OF JURISDICTION: Henry

Investigative Worksheet

Coroner(s) Jimmy Pollard Time: 17:50 AM PM
 Date: 6-6-13
 Notified by: KSP Dispatch Dept: _____
 Time Call Received: 17:50 AM PM

DEMOGRAPHIC DATA

Decedent Name: _____
 Age: 11 DOB: _____ Race: w Sex: m SS# _____
 Address: _____ State: Ky Zip: _____
 City: EMERIDGE Home Phone: N/A
 Marital Status: Single Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ DLN# _____
 Employer: N/A Position: N/A
 Identified by what means: Visual ID Dental Fingerprints Other _____
 By (Name): _____ Phone: _____
 Address: same City: _____ State: _____ Zip: _____
 Time: 17:45 AM PM Date: 6-6-13
 Location: Field Behind house.

NEXT OF KIN

Name: _____ Relationship: Father
 Notified at: 17:45 AM PM Date: 6-6-13 Phone: _____
 Notified by: _____
 Address: same City: _____ State: _____ Zip: _____

PRONOUNCEMENT OF DEATH

Time: 6:05 AM PM Date: 6-6-13
 By: Jimmy Pollard Position: Coroner
 Location: Scene

AUTOPSY: Yes No Where: Louisville M.E. Office Pathologist: _____
 Donor: Yes No What: _____
 Retrieval Organization: _____ Other: _____
 Cause of Death: _____
 Mechanism of Death: _____ Manner: Accident
 Alcohol/Drug Test: Yes No BAC Result: _____ Drug Test Positive: Yes No
 Alcohol/Drug Contribute to Death: Yes No

FUNERAL HOME: _____ Phone: _____
 Address: _____
 City: _____ State: _____ ZIP: _____

[Redacted]

From: Moore, Timothy C (KSP) <TimothyC.Moore@ky.gov>
Sent: Monday, August 05, 2013 1:13 PM
To: [Redacted]
Subject: RE: Death of [Redacted] - 11 yom - DOD: 6/6/13

[Redacted]

Here is the info you requested. Sorry it took so long.

- UTV
- 4 wheels
- Polaris
- 2013?
- Ranger
- EFI 500
- Vin [Redacted]

Detective T. Moore U/448
KSP Post 5 Campbellsburg
(502) 532-6363

From: [Redacted]
Sent: Wednesday, July 24, 2013 12:08 PM
To: Moore, Timothy C (KSP)
Subject: Death of [Redacted] - DOD: 6/6/13

Detective Timothy Moore -

As a follow up to our telephone conversation of today, I am requesting the following information on the vehicle involved in the above noted death:

- Type: ATV or UTV
- # of wheels:
- Manufacture:
- Year:
- Model:
- Engine Size (cc):
- VIN:

Thank you for your assistance in this investigation.

[Redacted]
Senior Federal Investigator



U.S. Consumer Product Safety Commission

[REDACTED]

Report an Unsafe Product -> <http://www.cpsc.gov/saferproducts.gov/>

Recalls -> <http://www.recalls.gov/>

*****!!! Unless otherwise stated, any views or opinions expressed in this e-mail (and any attachments) are solely those of the author and do not necessarily represent those of the U.S. Consumer Product Safety Commission. Copies of product recall and product safety information can be sent to you automatically via Internet e-mail, as they are released by CPSC. To subscribe or unsubscribe to this service go to the following web page: <http://www.cpsc.gov/en/Newsroom/Subscribe> *****!!!

IDI 130722HCC2789 – Contact List

Contact List

Detective Timothy Moore
Kentucky State Police
Post 5
160 Citation Lane
Campbellsburg, KY 40011
(502) 532-6363

James Pollard, Coroner
Henry County Coroner
771 Main Street
Pleasureville, KY 40057
(502) 639-0005

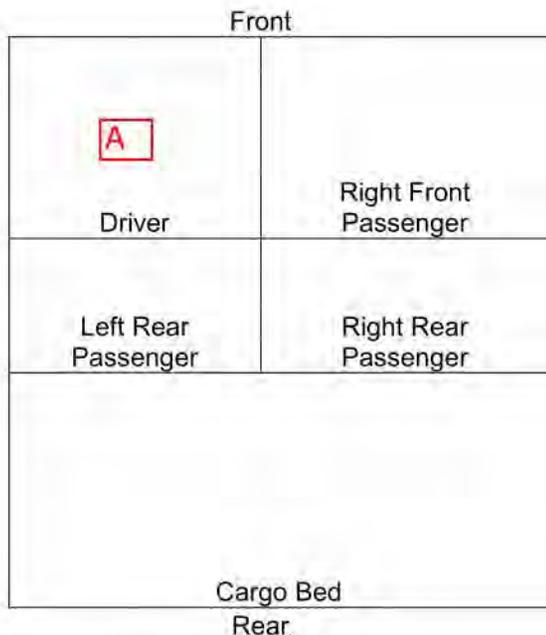
Victim

[REDACTED] – 11 yom
Eminence, KY [REDACTED]

Utility Vehicle Data Record Sheet

IDI #: 130722HCC2789

Exhibit #: "C"



The Utility Vehicle

A:	Age: 11	Height:
	Gender: M	Weight:
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description:	
	Did vehicle land on victim: Yes	
	Ejected (Either partially or fully): Fully	

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

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

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

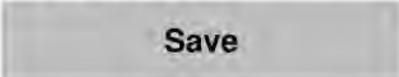
E:	Age:	Height:
	Gender:	Weight:
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

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

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

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

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



1. Task Number 130723HCC3801		2. Investigator's ID 9053		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2013 05 18	5. Date Initiated YR MO DAY 2013 08 01		
6. Synopsis of Accident or Complaint UPC A 35 year old Hispanic Male was fatally injured while driving an UTV with three 15 year old passengers. The UTV was traveling fast on a dirt road when the UTV tried to turn, the right tire hit a berm and flipped over several times. The UTV landed on the passenger side. None of the occupants were ejected and none of the occupants were wearing seat belts or helmets. The three passengers suffered minor injuries, the driver was fatally injured.				
				MFR/PRVLBR NOTIFIED COMMENTS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OVERRULED: <input type="checkbox"/> ATTACHED EXCISIONS/FOIA EXS. <u>6, 3, 25c</u> DO NOT RE-NOTIFY <input checked="" type="checkbox"/> RE-NOTIFY <u>JB 5/30/14</u>
7. Location (Home, School, etc) 2 - FARM		8. City RIVERSIDE COUNTY		9. State CA
10A. First Product 5044 - UTILITY VEHICLES	10B. Trade/Brand Name POLARIS		10C. Model Number RAZOR-4	
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 1 - Yes	12B. Race Other:		12C. Race Source 3 - Official Document	
13. Age of Victim 35	14. Sex 1 - Male	15. Disposition 8 - Death		16. Injury Diagnosis 62 - Intern. Org. Inj.
17. Body Part(s) Involved 75 - HEAD	18. Respondent 2 - Eyewitness	19. Type of Investigation 2 - Telephone		20. Time Spent (Operational / Travel) 21.00 / 0.00
21. Attachment(s) 9 - Multiple Attachments	22. Case Source 05 - Newspaper		23. Sample Collection Number	
24. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Yes for Manuf. Only <input type="radio"/> Verbal <input type="radio"/> Written				
25. Review Date 09/16/2013	26. Reviewed By 9035		27. Regional Office Director Frank J. Nava	
28. Distribution Sarah Garland; Tanya L. Topka			29. Source Document Number X1350915A	

This fatality UTV investigation was issued from a News Clip. Information contained in this report was obtained from the Riverside County Coroner's Office and the California Highway Patrol.

After a complete and thorough investigation of the vehicle identification and model it was determined the vehicle involved in this incident is a UTV. The official's reports reported the vehicle as an ATV is incorrect.

- The fatality victim (#1) is described as a 35 year old Hispanic male, weighing 241 pounds and 5'7" height. The vehicle was determined to be a four seat UTV. It did not have any seatbelts as they had been cut out prior to the incident. Data Record Sheet # 91 is attached with specific information regarding the occupants. The driver sustained fatal blunt force trauma. (Crainocerebral injury) He was not ejected during the incident. The driver had an alcohol level recorded as 0.11%.
- Victim # 2, Victim # 3 and Victim # 4 are described as 15 year old females. They all sustained minor injuries during the incident. They were not wearing helmets or seatbelts at the time of the incident. They were all passengers in the UTV sitting in seats 2, 3, and 4.

On May 18, 2013, the weather is described as clear, daylight, dry with no unusual conditions. The area of the Colorado River is described as a two way dirt roadway, undivided. The dirt roadway has no shoulders on either side. The west roadway edge is a four (4) foot wide ditch and two (2) feet deep. This area was built to hold the overflow of water for irrigating farmland.

The individuals in the UTV had been attending a party at approximately 7:30 p.m. when they decided to go for a ride in the UTV. The UTV was riding on a dirt road at an unsafe speed of approximately 30 MPH. The vehicle lost control when trying to make a sharp turn in the road. The vehicle began to slide and hit a ditch. The vehicle overturned several times before landing on the passenger side in an alfalfa field. The four individuals were not wearing helmets or seatbelts at the time of the incident.

A nearby witness, driver for a towing company observed the UTV traveling at an excessive rate of speed when it hit the ditch and overturned. Following the incident he immediately contacted emergency personnel. The four individuals were transported to a local hospital. The driver was pronounced deceased at the hospital. The three passengers received minor injuries and were treated at a local hospital.

It was not determined the driver's experience with the UTV or if he had any previous training. The vehicle overturned several times and did not land on the victims. The incident scene information with sketch is attached as Exhibit # 2, page 4.

No additional information was obtained regarding the victim or the circumstances surrounding the incident.

Information contained in this report was obtained solely from officials within the jurisdiction where the incident occurred.

130723HCC3801

Product Identification:

Polaris RZR4 Blue 2010 UTV, VIN # 4XAXH76A4AD092845, License # 43T72Z

EXHIBITS:

1. Riverside County Coroner's Report, 9 pages
2. California Highway Patrol Investigation Report, 11 pages
3. Appendix 91, 3 pages
4. Missing Document
5. Contact Information

Riverside County Sheriff - Coroner Division

Coroner Investigation



MODE **Traffic**

CASE # **201304730**

STATUS **Post**

DEPUTY **Sydney Presley**

CASE INFO

REPORTED BY Georgia, RN		AGENCY Palo Verde Hospital ER			DATE 05-18-13	TIME 2227
NEWS RELEASE ****	NAME RELEASABLE ****	ROLL-OUT? Yes	# OF PHOTOS ****	MEDIUM ****	SPECIAL CIRCUMSTANCES	

(b)(3):CPSA Section 25(c)

(b)(6)

MEDICAL HISTORY

Riverside County Sheriff - Coroner Division
Coroner Investigation

	MODE Traffic	CASE # 201304730
	STATUS Post	DEPUTY Sydney Presley

MEDICAL

TRANSPORTED FROM	ADMITTED TO? Palo Verde Hospital	DATE	TIME	M/R ORDERED	MED REC # 000149838	BLOOD ORDERED
------------------	--	------	------	-------------	-------------------------------	---------------

CAUSE OF DEATH

107 CAUSE (A) Craniocerebral injuries	TIME INTERVAL Minutes	108 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DUE TO (B) Blunt force trauma	Minutes	110 AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(C)		AUTOPSY # A0554-13 DG EXAM #
(D)		INDIGENT #

112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107
None

113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF "YES" LIST TYPE OF OPERATION & DATE
 YES NO DESCRIBE

(b)(3):CPSA Section 25(c)

ATTENDING PHYSICIAN	PHONE	DATE LAST ATTENDED
115 PHYSICIAN TO SIGN D.C.	ADDRESS	PHONE

INJURY

119 SPECIFY MODE Accident	123 PLACE OF INJURY Dirt Roadway
-------------------------------------	--

125 LOCATION (include Zip Code)
River Road approx 300 yards south of Five point Blythe, 92225

124 DESCRIBE HOW INJURY OCCURRED
Driver of an all terrain vehicle who lost control and rolled.

PROPERTY

PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROP RLS'D? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

LAW ENFORCEMENT

AGENCY	AGENT	REPORT NUMBER
--------	-------	---------------

AUTOPSY

ORDERED BY	DATE	TOX ORDERED 05-20-13	TOX RECEIVED 06-12-13	AGENT(S) TO ATTEND
------------	------	--------------------------------	---------------------------------	-----------------------

DISPO OF REMAINS

PRESENT LOCATION ****	MORGUE STATUS	VEHICLE TOWED		
TRANSPORTED BY ****	NOTIFIED BY ****	DATE ****	TIME ****	ARRIVED ****
44 MORTUARY Frye Chapel & Mortuary of Blythe	PHONE OF MORTUARY 760-922-4171			
<input checked="" type="checkbox"/> REVIEWED BY Townsend	06-26-13 0837			

Riverside County Sheriff - Coroner Division

Coroner Investigation



MODE Traffic

CASE # 201304730

STATUS Post

DEPUTY Sydney Presley

Coroner Investigation

05/20/2013

Report of Death to Coroner:

On 05/18/2013 at 2240 hours, I received notification from Dep. Lind, RSO Indio Office, who requested that I respond to Palo Verde Hospital for an ATV accident fatality. (b)(3):CPSA Section 25(c) was pronounced dead at 2102 hours by (b)(3):CPSA Section 25(c). I informed them that I would be en route to Palo Verde Hospital.

Details:

I arrived at the hospital where I met Corporal Fabinich, X126, Blythe Police Dept. who directed me to the decedent (b)(3):CPSA Section 25(c). RN, was helping to take care of the three other occupants in the ATV. According to (b)(3):CPSA Section 25(c) was the driver of a (b)(3):CPSA Section 25(c). There were three occupants with the subject. Passenger (b)(3):CPSA Section 25(c). (b)(3):CPSA Section 25(c)

According to (b)(3):CPSA Section 25(c) had possession of the ATV and owned the vehicle, however, he had not yet registered the vehicle. According to (b)(3):CPSA Section 25(c) all seatbelts had been removed from vehicle.

According to Fabinich (b)(3):CPSA Section 25(c) had been at a friend's home on Colorado River Road, in Blythe, where friends were gathering. The three juveniles asked the subject to take them for a ride. Subject traveled south on a dirt farm road.

According to (b)(6) driver for Blythe Freeway Towing, he had been dispatched to locate a vehicle on Riveria Drive and Damon Rd, in Blythe, CA. that had gone off the road - not connected to this incident. He was traveling north on the farm road and he finally turned around after not finding anything. After he had turned around, he pulled over to the side of the road to let a fast moving ATV pass. He was on his cell phone to his dispatch when he told his dispatch he had to stop due to too much dirt and dust in front of him. According to (b)(6) he saw the ATV sliding in the road the the rear right tire go over the berm. According to (b)(6) the ATV then flipped numerous times and landed on the passenger side with the vehicle facing Northwest. (b)(6) was still on the cell phone with his dispatch and requested they call 9-1-1. According to (b)(6) none of the passengers were ejected. (b)(6) helped the females out of the vehicle. According to (b)(6) there was a man there, he is unaware of where he came from, who was helping (b)(3):CPSA Section 25(c) out of the vehicle. According to (b)(6) he told the man to leave the subject there and wait for medical help. Blythe Fire Dept and Blythe Ambulance arrived on scene and took over care of subject.

According to (b)(3):CPSA Section 25(c) was going to be transported by Blythe Ambulance to the airport for evacuation. (b)(3):CPSA Section 25(c) stated that the subject coded while at the scene and was taken by Blythe Ambulance to Palo Verde Hospital. Subject was pronounced dead at 2102 by (b)(3):CPSA Section 25(c).

Wife, (b)(6) was at the hospital for positive identification.

Riverside County Sheriff - Coroner Division

Coroner Investigation

MODE **Traffic**CASE# **201304730**STATUS **Post**DEPUTY **Sydney Presley****Scene Description:**

According to (b) the day was clear, slight movement of air, high 90's temperature, sun was going down at time of accident.

Deputy Coroner's External Examination of Remains:

The body was that of a male identified as (b)(3):CPSA Section 25(c) resident of Blythe, by his wife at the scene.

- a) **Body Position:** Subject was laying supine on a hospital bed.
- b) **Clothing Description:** Subject was wearing board shorts. A T-shirt had been removed by medical staff during resuscitative efforts.
- e) **Identifying marks, scars, tattoos:** Right leg - flames tattoo, right arm has ying/yang and star with additions and red colors tattoo, left arm has sun and band tattoo
- f) **Trauma:** There was 2-3 inch jagged laceration forehead above the left eye. Periorbital ecchymosis was noted to both eyes. Blood was noted in the mouth and both nares.
- g) **Other Observations:** Evidence of medical intervention included an Endotracheal tube in the mouth, an IV line to the back of the right hand, and in the left antecubital fossa. A hospital ID wrist band was located on the right wrist, indicating the subject's name.

Medications:

None known.

Documentation:

12 digital color photographs were taken of the decedent's remains at the hospital. This office did not handle any personal property.

Transportation:

Representatives from Frye Chapel, Blythe, a county contracted transport agency, removed the remains to the Sheriff-Coroner Forensic Center in Indio for further investigation.

Cause of Death:

On May 20, 2013, Forensic Pathologist Dr. Darryl Garber performed an autopsy on the remains of the decedent and determined the cause of death to be: CRANIOCEREBRAL INJURIES DUE TO BLUNT FORCE TRAUMA. Details of Dr. Garber's examination can be found in his autopsy protocol. Fluid and tissues samples were taken from the remains and sent to Bio-Tox Laboratories for testing. Results of their tests can be found in the Toxicology Report.

Riverside County Sheriff - Coroner Division

Coroner Investigation



MODE **Traffic**

CASE# **201304730**

STATUS **Post**

DEPUTY **Sydney Presley**

Manner of Death:

This death has been mannered as an ACCIDENT, the result of a single vehicle, off-road traffic collision.



SHERIFF-CORONER
SHERIFF-CORONER COUNTY OF RIVERSIDE
PUBLIC ADMINISTRATION STANLEY SNIFF, Sheriff-Coroner

2013 JUN 17 PM 4: 35

DARRYL J. GARBER, M.D.
Forensic Pathologist

AUTOPSY PROTOCOL

(b)(3):CPSA Section 25(c)

"I hereby certify that I, Darryl J. Garber, M.D., Forensic Pathologist, have performed an autopsy on the body of Anthony Manjarrez, on the 20th day of May, 2013, commencing at 9:30 a.m., in the Indio office of the Riverside County Sheriff-Coroner."

External Examination: The body is that of a well-developed, moderately obese, young Hispanic, which appears to be about the stated age of 35 years old, weighing approximately 241 pounds and measuring approximately 67" in height. The body is in rigor mortis. There are no significant scars over the body. There are multiple tattoos present over the bilateral upper extremities, right lower extremity and posterior torso as shown in the accompanying diagram. Intravenous lines are present in the left antecubital fossa and right dorsal hand. Some injuries are present on the body which will be separately described. The head is shaved. The head shows some injuries to be described. The eyes are brown. The eyes and ears show no abnormality. The nose and mouth are normal and an endotracheal tube is present in the mouth. The chest shows no abnormality. The abdomen shows obese protuberance. Genitalia are those of a normal adult male. The extremities show no significant injury. There are no significant bruises or abrasions over the body.

(b)(3):CPSA Section 25(c)

DESCRIPTION OF INJURIES: There is an 8 cm irregular stellate laceration present over the left forehead and extending through the left eyebrow. Depressed skull fractures are apparent beneath the laceration. Examination of the cranium reveals comminuted fractures of the frontal bone with a depressed area of skull fractures on the left frontal bone in an area measuring 4.6 x 3.8 cm. The fractures extend into the basal aspects of the bilateral frontal bones. Examination of the brain reveals subarachnoid hemorrhage over the bilateral cerebral hemispheres, base of brain and brainstem. There are multiple rupture/lacerations of the bilateral frontal bones measuring 2.3 – 4.7 cm, which are greater on the left frontal lobe. The surrounding cortical gray and white matter shows multiple hemorrhagic contusions measuring 0.2 – 0.8 cm in diameter each. Scanty subdural hemorrhage is seen over the bilateral frontal lobes in the area of the skull fractures and rupture/lacerations of the brain. No other injuries are identified.

OPINION: These are fatal craniocerebral injuries due to blunt force trauma resulting in the demise of this 35 year old Hispanic man.

Internal Examination: The body is opened with the usual Y-shaped incision. The organs of the thorax and abdomen are in their normal positions. The pleural, pericardial and peritoneal surfaces are smooth and glistening. The mediastinum is in the midline. The liver is 5 cm below the right costal margin in the mid clavicular line.

CARDIOVASCULAR SYSTEM: The heart weighs 400 grams. The epicardium is smooth and glistening. The myocardium is firm and red brown. The endocardium and valves are thin and glistening. The coronary arteries are normally developed and show a right predominance. No significant atherosclerosis is evident. The aorta is normal in caliber. The great vessels of the neck and visceral arteries are normal in size. The great veins contain dark fluid blood admixed with postmortem clots.

RESPIRATORY SYSTEM: The right lung weighs 490 grams; the left 480 grams. The visceral pleurae are smooth and glistening. The cut surfaces are markedly congested. The larynx, trachea and major bronchi are lined by smooth, glistening mucosa.

GASTROINTESTINAL SYSTEM: The esophagus is normal. The stomach contains approximately 275 cc of partly digested food. The small bowel contains red brown chyme. The large bowel contains green brown soft stool.

HEPATOBIILIARY SYSTEM: The liver weighs 1960 grams. The surface is smooth and glistening. The parenchyma is soft and markedly congested. The gallbladder is normally developed and contains approximately 9 cc of bile. The bile ducts are normally developed. The pancreas is firm and pale.

(b)(3):CPSA Section 25(c)

HEMATOPOIETIC SYSTEM: The spleen weighs 200 grams. The surface is smooth. The parenchyma is soft and congested. The bone marrow is firm and red brown.

UROGENITAL SYSTEM: The right kidney weighs 180 grams; the left 190 grams. The surfaces are smooth. The cortices are well demarcated from the medulla. The renal pelves, ureters and urinary bladder are normally developed. The bladder contains approximately 310 of urine. The prostate is normal in size. The testicles are normally descended and within the scrotum.

ENDOCRINE SYSTEM: The pituitary, thyroid and adrenals are normal in size and configuration.

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeleton is normally developed and shows the previously described head injuries.

CENTRAL NERVOUS SYSTEM: The brain weighs 1500 grams. The cerebral hemispheres are symmetrical with normal convolutions. The leptomeninges show the previously described subarachnoid hemorrhage. The cortex is well demarcated from the white matter and there are the previously described rupture lacerations of the bilateral frontal lobes. The ventricles are normal in size and lined by smooth glistening ependyma. The cerebrospinal fluid is clear. The basal ganglia are well delineated. The cerebellum, brainstem and circle of Willis are normally developed.

FORENSIC PHOTOGRAPHY: Photographs are taken prior to beginning the autopsy.

FORENSIC RADIOLOGY: No x-rays of the body are taken.

TOXICOLOGY: Heart blood, bile, urine, gastric contents, brain, liver and vitreous are submitted for routine toxicology.

HISTOLOGY: Tissue is retained in the hold jar.

WITNESS: No investigating officer witnessed the autopsy.


Darryl J. Garber, M.D.
Forensic Pathologist

Date 6/17/13

DJG;mz



Bio-Tox LABORATORIES



Technical Director: Dale R. Somers, C.L.S.
 Laboratory Director: Harold E. Schueler, Ph.D.
 Toxicologist: Ola Bawardi, M.S.
 Toxicologist: Erin Crabtree, M.S.

RIVERSIDE CORONER
 800 S. REDLANDS
 PERRIS, CA 92570

2013-04730
 MANJARREZ, ANTHONY L.B.

(b)(3):CPSA Section 25(c)

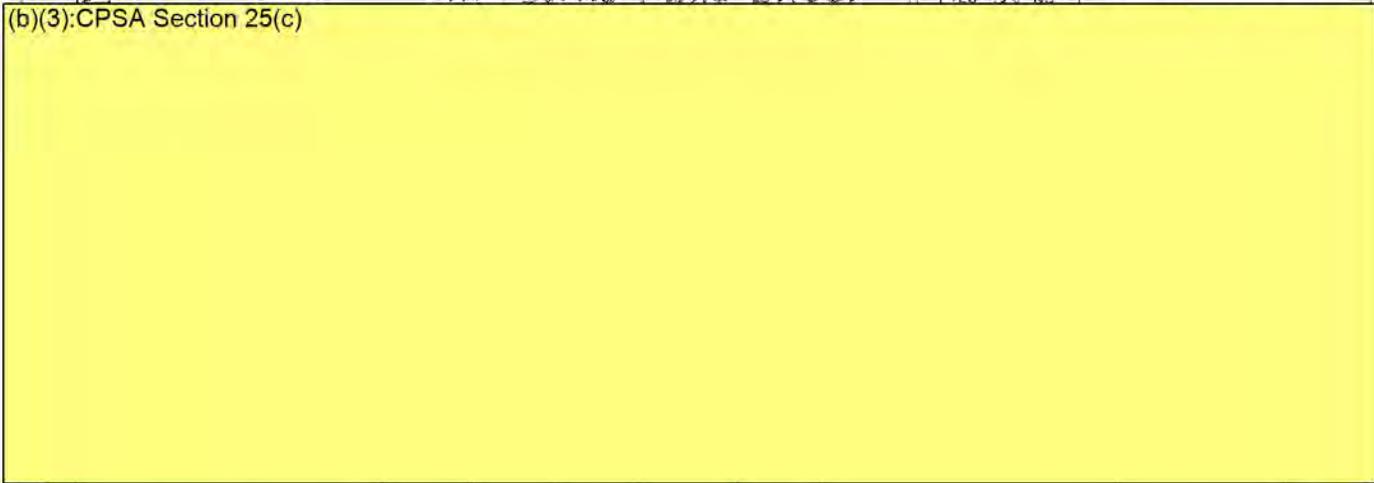
AMPHETAMINES (METHAMPHETAMINE, AMPHETAMINE), BENZODIAZEPINES, CANNABINOIDS,
 COCAINE AND OR METABOLITE, OPIATES (MORPHINE/CODEINE), PHENCYCLIDINE (PCP),
 BARBITURATES AND ALCOHOL.

TEST	RESULTS
ALCOHOL, ETHYL BLOOD	0.11% (W/V)
CORONER PANEL, BLOOD	NONE DETECTED
ANALYSIS BY: ERIN CRABTREE AND KRISTEN STEWARD	

2013 JUN 12 PM 1:26

STATE OF CALIFORNIA
TRAFFIC COLLISION REPORT
CHP 555 Page 1 (Rev.7-03) OPI 061

SPECIAL CONDITIONS PRIVATE PROPERTY		NUMBER INJURED 3	MTA RUN FELONY <input type="checkbox"/>	CITY BLYTHE	JUDICIAL DISTRICT BSC	LOCAL REPORT NUMBER 2013-1229	
NUMBER KILLED 1		HIT & RUN INJURED/DECEASED <input type="checkbox"/>	COUNTY RIVERSIDE	REPORTING DISTRICT	BEAT 002		
LOCATION	COLLISION OCCURRED ON RIVER ROAD SOUTH OF 5 POINTS			MO. DAY YEAR 05/18/13	TIME (2400) 1930	NCIC # 3303	OFFICER I.D. 126
	MILEPOST INFORMATION			DAY OF WEEK S M T W T F (S)	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PHOTOGRAPHS BY: <input type="checkbox"/> NONE FABIANICH X126 MURIELLO X181	
	AT INTERSECTION WITH <input checked="" type="checkbox"/> OR FEET/MILES OF N33°36.773' / W114°31.631'			STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			



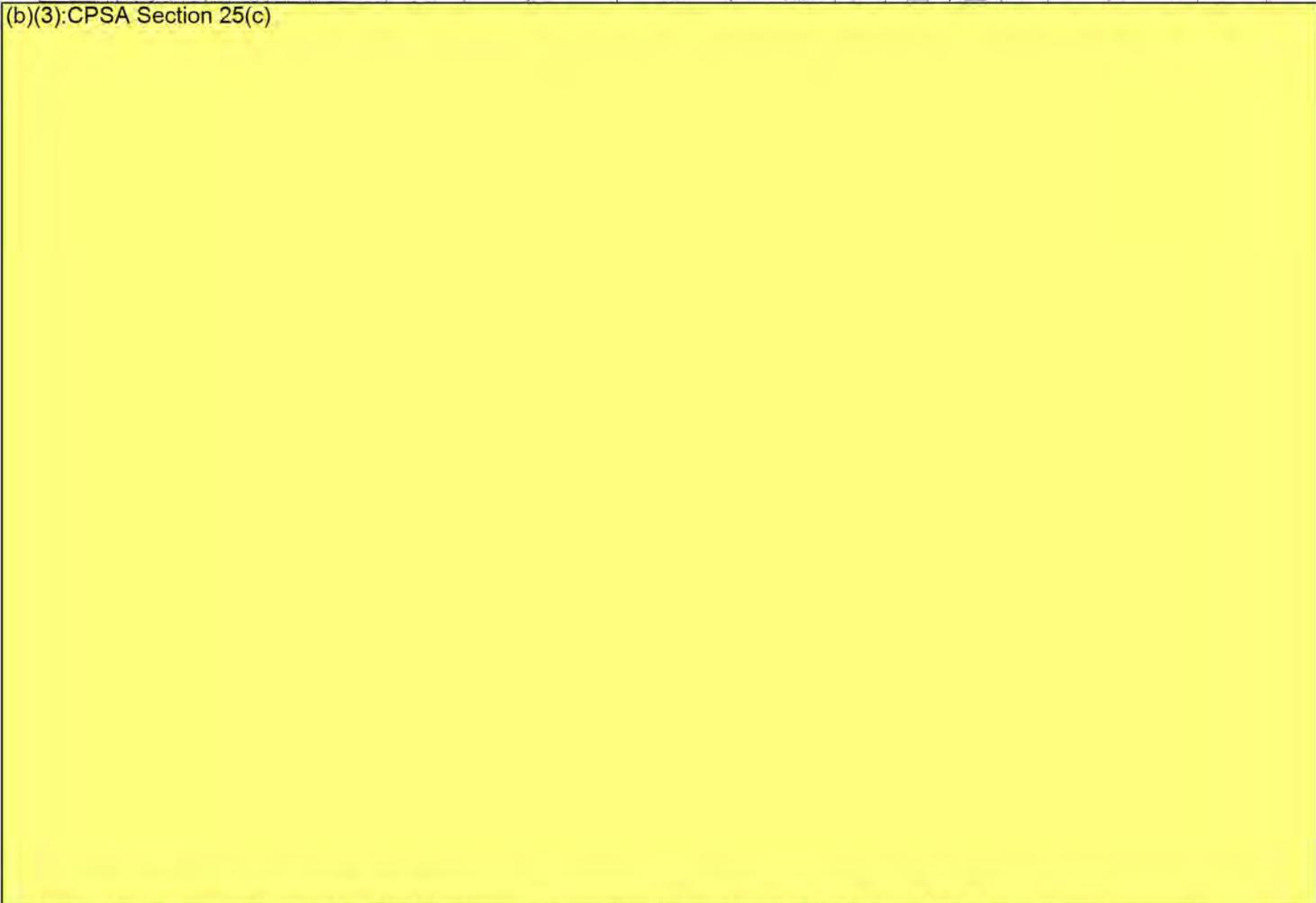
2	DRIVER NAME (FIRST, MIDDLE, LAST)	OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER
<input type="checkbox"/>	STREET ADDRESS	OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER
<input type="checkbox"/>	CITY/STATE/ZIP	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
<input type="checkbox"/>	SEX HAIR EYES HEIGHT WEIGHT No. BIRTHDATE Day Year RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
<input type="checkbox"/>	HOME PHONE BUSINESS PHONE	VEHICLE IDENTIFICATION NUMBER:
<input type="checkbox"/>	INSURANCE CARRIER POLICY NUMBER	VEHICLE TYPE DESCRIBE VEHICLE DAMAGE SHADE IN DAMAGED AREA <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER
<input type="checkbox"/>	DIR OF TRAVEL ON STREET OR HIGHWAY SPEED LIMIT	CA _____ DOT _____ CAL-T _____ TCR/PSC _____ MCMX _____
3	DRIVER'S LICENSE NUMBER STATE CLASS AIR BAG SAFETY EQUIP.	VEH. YEAR MAKE/MODEL/COLOR LICENSE NUMBER STATE
<input type="checkbox"/>	DRIVER NAME (FIRST, MIDDLE, LAST)	OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER
<input type="checkbox"/>	STREET ADDRESS	OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER
<input type="checkbox"/>	CITY/STATE/ZIP	DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER
<input type="checkbox"/>	SEX HAIR EYES HEIGHT WEIGHT No. BIRTHDATE Day Year RACE	PRIOR MECHANICAL DEFECTS: <input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE
<input type="checkbox"/>	HOME PHONE BUSINESS PHONE	VEHICLE IDENTIFICATION NUMBER:
<input type="checkbox"/>	INSURANCE CARRIER POLICY NUMBER	VEHICLE TYPE DESCRIBE VEHICLE DAMAGE SHADE IN DAMAGED AREA <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER
<input type="checkbox"/>	DIR OF TRAVEL ON STREET OR HIGHWAY SPEED LIMIT	CA _____ DOT _____ CAL-T _____ TCR/PSC _____ MCMX _____
PREPARE'S NAME J. Fabianich X126		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
REVIEWER'S NAME CMX103		DATE REVIEWED 060813

COPY * COPY * COPY *
 This report is furnished for the
 exclusive use of
 Consumer Affairs
 and is not to be duplicated, copied
 or furnished to any other person
 or agency without the express
 permission of the Blythe Police
 Department Records Bureau and is
 to be returned to this department
 upon demand.
 Date: 06/26/13

STATE OF CALIFORNIA
INJURED / WITNESS / PASSENGERS
CHP 555 Page 3 (Rev. 11-06) OPI 065

DATE OF COLLISION (MO. DAY YEAR) 05/18/13		TIME (2400) 1930	NCIC # 3303	OFFICER I.D. 126	NUMBER 2013-1229												
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT PCS.	AIR BAG	SAFETY EQUIP.	EJECTED
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	15	F	FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BIICYCLIST	OTHER	1	Z	P	A	O

(b)(3):CPSA Section 25(c)



NAME / D / O / B / ADDRESS												TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:			
DESCRIBE INJURIES															
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED															
<input type="checkbox"/> #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME / D / O / B / ADDRESS												TELEPHONE			
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:			
DESCRIBE INJURIES															
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED															
PREPARER'S NAME T. FRANCO				I.D. NUMBER 126		MO. DAY YEAR 060613		REVIEWER'S NAME [Signature]				MO. DAY YEAR 060813			

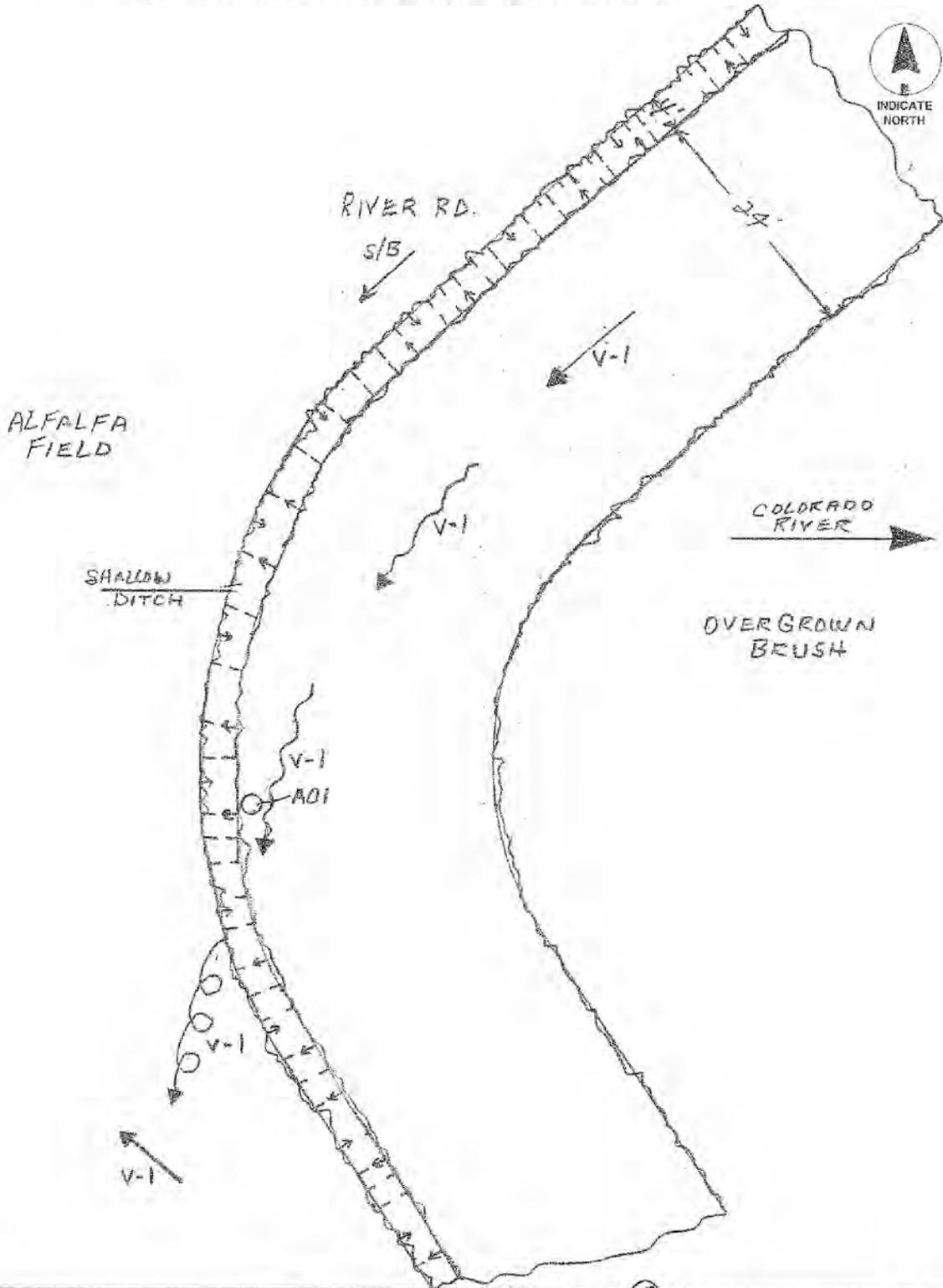
STATE OF CALIFORNIA
SKETCH

CHP 500 Page 4 Rev. 1-1-00 JPI 065

Page 4 of 11

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NOIC #	OFFICER I.D.	NUMBER
05/18/13	1930	3303	126	2013-1229

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =



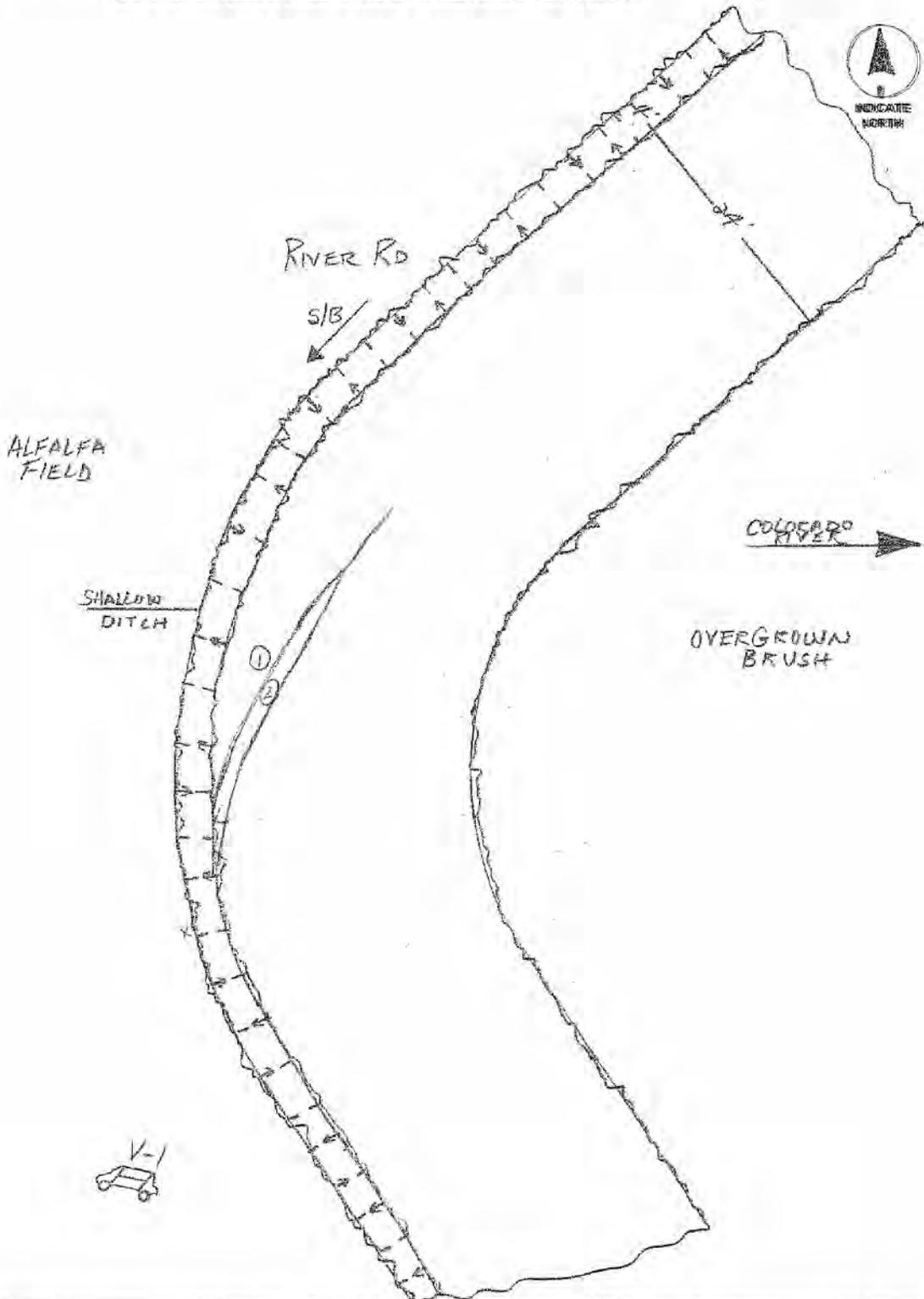
PREPARED BY	I.D. NUMBER	NO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
T. FREUND 1024	126	06/06/13	MX103	06/08/13

STATE OF CALIFORNIA
FACTUAL DIAGRAM
CHP 555 Page 4 (Rev. 11-06) OPI 085

PAGE 7 of 11

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	INCIDENT NUMBER	OFFICER ID.	NUMBER
05/18/13	1930	3303	126	2013-1229

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =



PREPARED BY	IB NUMBER	MO. DAY YEAR	REPORTING NAME	MO. DAY YEAR
T. Francisco	126	06 06 13	W. A. O. B.	06 08 13

NARRATIVE/SUPPLEMENTAL

CHP 556

Page 8

Date of Incident/Occurrence 05-18-2013	Time 1930	NCIC No. 3303	Officer ID No. 126	Number 2013-1229
<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental	<input checked="" type="checkbox"/> Collision <input type="checkbox"/> Other:	<input type="checkbox"/> BA Update <input type="checkbox"/> Hazmat	<input checked="" type="checkbox"/> Fatal <input type="checkbox"/> School Bus	<input type="checkbox"/> Hit & Run Update <input type="checkbox"/> Other
City/County/Judicial District Blythe/Riverside/SCB			Reporting District/Beat 002	Citation Number
Location/Subject Colorado River Levee road south of 5 points, Blythe, CA. 92225, Fatal Traffic Collision			State Highway Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

FACTS:**NOTIFICATION:**

On 05/18/2013 at about 1930 hours, I responded to a single off-road vehicle collision with injuries. Blythe City Fire and ambulance were paged and responding. I responded from W. Hobsonway and arrived on scene at 1936 hours. All times, speeds, and measurements are approximate. Measurements were taken with GPS.

SCENE:

This area of the Colorado River levee road is a two-way, north/south dirt roadway which is undivided. The dirt roadway has no shoulders on either side. West of the west roadway edge is a 4 foot wide ditch about 2 feet deep built to hold the overflow of water for irrigating farmland. West of the ditch is a field used for growing alfalfa. East of the east roadway edge of the levee road is overgrown brush which eventually leads to the west bank of the Colorado River. The levee road bends slightly to the east traveling from the north in this area. There is no posted speed limit on the levee road.

WEATHER:

The weather was warm, clear and dry.

PARTIES:

(b)(3):CPSA Section 25(c) was located at the collision scene lying on Passenger #2's lap inside V-1 (Polaris). P-1 was not wearing a seatbelt or helmet while operating V-1. P-1 was transported by Blythe Ambulance to Palo Verde Hospital and was later pronounced deceased at 2129 hours by hospital staff. P-1 was later identified as the driver of V-1 based on the statements made by Passengers #1, #2 and #3.

Vehicle #1 (V-1, Polaris) was located facing in a northwesterly direction, lying on its passenger's side in the field west of the levee road. V-1 sustained minor damage to the body, steering wheel and components. Both the front driver and passenger seats had come unlatched from the seat rails. The driver's seat was ejected from V-1 and was lying about 6 feet to the southwest. V-1 was later released to (b)(6) after contact was made to the Registered Owner, (b)(6). A mechanical inspection of V-1 was made at the scene and found to be clear of any mechanical defects. During my inspection of V-1 it was determined that the seatbelts had been removed from V-1 sometime prior to the collision.

Preparer's Name and I.D. Number Cpl. T. Fabanich 126	Date 06-06-2013	Reviewer's Name <i>[Signature]</i>	Date 060813
---	--------------------	---------------------------------------	----------------

NARRATIVE/SUPPLEMENTAL

CHP 556

Page 9

Date of Incident/Occurrence 05-18-2013	Time 1930	NCIC No. 3303	Officer ID No. 126	Number 2013-1229
<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental	<input checked="" type="checkbox"/> Collision <input type="checkbox"/> Other:	<input type="checkbox"/> BA Update <input type="checkbox"/> Hazmat	<input checked="" type="checkbox"/> Fatal <input type="checkbox"/> School Bus	<input type="checkbox"/> Hit & Run Update <input type="checkbox"/> Other
City/County/Judicial District Blythe/Riverside/SCB			Reporting District/Beat 002	Citation Number
Location/Subject Colorado River Levee road south of 5 points, Blythe, CA. 92225, Fatal Traffic Collision			State Highway Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

OTHER FACTUAL INFORMATION:

Officer M. Muriello assisted me with taking photographs of the scene and of V-1 (Polaris).

STATEMENTS:

(b)(3):CPSA Section 25(c) was later contacted at Palo Verde Hospital after being transported by Blythe Ambulance from the scene and related the following information. She was sitting in seat position 2 not wearing a seatbelt or helmet. Earlier she and her friends went to a party on 6th Avenue. They decided to go for a ride in a friend's ATV (P-1, Polaris). They were traveling southbound on the river road at about 30 M.P.H. As they made a turn to the left, (b)(3):CPSA Section 2 lost control and the rear of V-1 (Polaris) left the west roadway edge and began to flip. P-1 did not remember anything after V-1 began flipping. Pass-1 believed P-1 consumed about 2 beers while at the party, but did not believe P-1 was too intoxicated to operate V-1.

(b)(3):CPSA Section 25(c) was later contacted at Palo Verde Hospital after being transported by Blythe Ambulance from the scene and related the following information. They were attending a party on 6th Avenue and asked (b)(3):CPSA for a ride. She was sitting in seat position 4 not wearing a seatbelt or helmet. They were driving V-1 (Polaris) southbound down the river road from 6th Avenue to "Jungle Beach." After driving around "Jungle Beach" they continued southbound on the river road toward the I-10 Freeway. As they reached a sharp turn in the roadway, she saw the steering wheel appear to slip out of P-1's hands. Pass-2 said P-1 lost control of V-1 and V-1 began to slide sideways on the roadway. Pass-2 felt the rear of V-1 strike the ditch and then flip over 2 to 3 times. After V-1 came to rest, Pass-2 stood up and exited V-1.

Passenger #3 (b)(3):CPSA Section 25(c) was later contacted at Palo Verde Hospital after being transported by Blythe Ambulance and related the following information. They were attending a party on 6th Avenue and went for a ride in V-1 (Polaris) she was sitting in seat position 3 in V-1 driving southbound on the river road. (b)(3):CPSA was driving V-1 fast on the river road so Pass-3 had her eyes closed. Moments later she heard someone scream. After Pass-3 heard the scream she stated she did not remember much after that. Pass-3 remembered opening her eyes and found herself standing up. Pass-3 saw that V-1 was on its side then began to help people get out of V-1. Pass-3 saw P-1 lying in V-1 unconscious.

Preparer's Name and LD. Number Cpl. T. Fabanich 126	Date 06-06-2013	Reviewer's Name <i>[Signature]</i>	Date 060813
--	--------------------	---------------------------------------	----------------

NARRATIVE/SUPPLEMENTAL

CHP 556

Page 10

Date of Incident/Occurrence 05-18-2013	Time 1930	NCIC No. 3303	Officer ID No. 126	Number 2013-1229
<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental	<input checked="" type="checkbox"/> Collision <input type="checkbox"/> Other:	<input type="checkbox"/> BA Update <input type="checkbox"/> Hazmat	<input checked="" type="checkbox"/> Fatal <input type="checkbox"/> School Bus	<input type="checkbox"/> Hit & Run Update <input type="checkbox"/> Other
City/County/Judicial District Blythe/Riverside/SCB			Reporting District/Beat 002	Citation Number
Location/Subject Colorado River Levee road south of 5 points, Blythe, CA. 92225, Fatal Traffic Collision			State Highway Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

OPINIONS AND CONCLUSIONS:**SUMMARY:**

(b)(3):CPSA Section 25(c) was driving Vehicle #1 (V-1, Polaris) southbound on the levee (river) road at an unknown rate of speed. Due to a sharp left turn in the road and V-1's speed, P-1 loses control causing V-1 to begin sliding in a sideways skid. V-1's right front and right rear tire leave the west roadway edge and into the 2 foot ditch west of the roadway edge. P-1 attempts to steer V-1 to recover from the skid, but is unsuccessful and loses control. P-1 collides with the west berm of the ditch and sends V-1 out of control. V-1 overturns several times before landing on the passenger side of V-1 in the alfalfa field to the west. P-1 sustained fatal injuries due to the collision.

The summary is based on the statements of Passenger #1, #2 and #3 and the damage to V-1, the physical evidence located at the scene and V-1's point of rest.

AREA OF IMPACT: (A.O.I.)

The Area of Impact where V-1's right side tires left the west roadway edge of the river road causing V-1 to overturn was located N33 degrees 36.773' and W114 degrees 31.631'.

The area of impact was obtained by using GPS.

INTOXICATION NARRATIVE:

Due to information obtained in this investigation (b)(3):CPSA Section 25(c) might have been impaired while operating V-1 (Polaris) at the time of this collision. I will be awaiting a Toxicology report from the Riverside County Coroner's office.

CAUSE:

(b)(3):CPSA caused this fatal collision by driving V-1 (Polaris) at a speed greater than was safe for conditions on private property.

Additionally, Driver #1 might have been impaired at the time of this collision. Information was gathered that (b)(3):CPSA Se had been drinking alcoholic beverages prior to the collision. The Toxicology report will show P-1's BAC level at the time of this collision.

Preparer's Name and I.D. Number Cpl. T. Fabanich 126	Date 06-06-2013	Reviewer's Name <i>[Signature]</i>	Date 06/09/13
---	--------------------	---------------------------------------	------------------

NARRATIVE/SUPPLEMENTAL

CHP 556

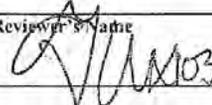
Page 11

Date of Incident/Occurrence 05-18-2013		Time 1930	NCIC No. 3303	Officer ID No. 126	Number 2013-1229
<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental	<input checked="" type="checkbox"/> Collision <input type="checkbox"/> Other:	<input type="checkbox"/> BA Update <input type="checkbox"/> Hazmat	<input checked="" type="checkbox"/> Fatal <input type="checkbox"/> School Bus	<input type="checkbox"/> Hit & Run Update <input type="checkbox"/> Other	
City/County/Judicial District Blythe/Riverside/SCB				Reporting District/Beat 002	Citation Number
Location/Subject Colorado River Levee road south of 5 points, Blythe, CA. 92225, Fatal Traffic Collision				State Highway Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

The cause is based on the statements of Pass-1, the damage to V-1 (Polaris), the physical evidence located at the scene and V-1's point of rest.

RECOMMENDATIONS:

None

Preparer's Name and I.D. Number Cpl. T. Fabanich 126	Date 06-06-2013	Reviewer's Name 	Date 060613
---	--------------------	---	----------------

Task Number: 130723HCC3801

Date: September 10, 2013

Status of Missing Document(s)

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

1. _Photographs of incident scene and vehicle_____

2. _Blythe Police Department, 240 N. Spring Street, Blythe, CA. 92275_____

3. _____

4. _____

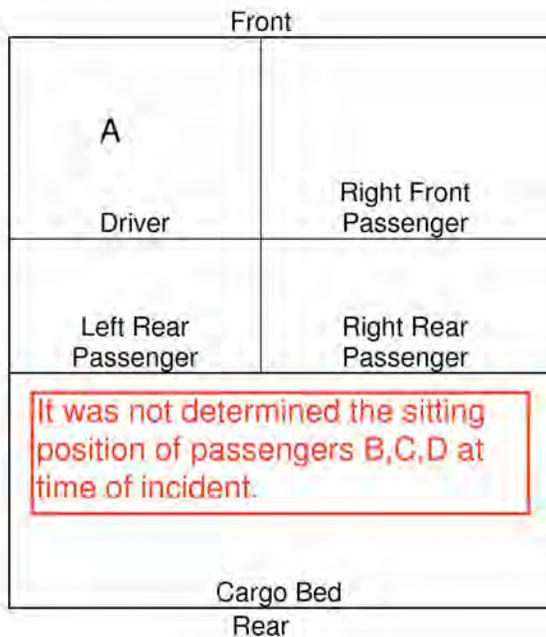
Contact Information

Riverside County Coroner – 8/1/2013
800 Redlands Avenue
Perris, CA. 92579
(951) 443-2300

California Highway Patrol – 8/1/2013 – 9/11/2013
430 S. Broadway
Blythe, CA. 92225
(760) 922-6141

Blythe Police Department 8/1/2013 – Did not Investigate
240 N. Spring Street
Blythe, CA. 92225

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 35	Height: 67"
	Gender: M	Weight: 241
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Death	
	Injury Description: Blunt Trauma	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): NO	

B:	Age: 15	Height: Unknown
	Gender: F	Weight: Unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Minor	
	Injury Description: Abrasion	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): No	

C:	Age: 15	Height: Unknown
	Gender: F	Weight: Unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Minor	
	Injury Description: Back Pain	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): NO	

D:	Age: 15	Height: Unknown
	Gender: F	Weight: UNKNOWN
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Minor	
	Injury Description: ABRASION	
	Did vehicle land on victim: No	
	Ejected (Either partially or fully): NO	

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

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.