This investigation was initiated based on a news report which indicated two individuals who were riding an all-terrain vehicle (ATV) were killed when they collided head-on with a car on November 15, 2013. It has subsequently been determined the victims were driving a utility vehicle (UTV) with side-by-side seating. The information contained in this report was obtained through the State Police Crash Report and the Coroner's Report for the driver of the UTV (Exhibits 3 and 4). The Coroner's Report for the passenger of the UTV was requested but has not been received. A Status of Missing Documents Form has been added for the Coroner's Report for the UTV passenger (Exhibit 5). The State Police also provided photographs of the accident scene (Exhibit 2).

On the evening of November 15, 2013, the two victims were driving a UTV on a paved state roadway. According to the State Police Report, the 22 year-old driver of the UTV was using the lap and shoulder belts but his 23 year-old passenger was not. Neither victim is believed to have been wearing a helmet. The UTV was reportedly owned by another individual whose relation to the two victims is not known. The roadway the victims were driving on did not have street lights and other sources of ambient lighting were noted to not be prevalent in the area of the accident. The posted speed limit in the area of the accident was 45 MPH. The roadway was reportedly dry and the temperature was noted as 42°F. It is not noted where the victims were heading to or coming from at the time of the incident. The Coroner's Report does note that alcohol use by the driver of the UTV may have contributed to the accident but toxicology tests were compromised since the victim received several units of blood during the course of his treatment.

At approximately 1850 hours, witnesses reported the UTV was following another unidentified vehicle southbound on the roadway and attempted to pass the other vehicle by crossing into the northbound lane of traffic. The witnesses recalled the UTV attempting to get back into the southbound lanes but lost control and struck a northbound four-door sedan head-on. The driver of the sedan, who sustained minor injuries but refused medical treatment, stated he did not see the UTV until it was ten feet in front of him. He also indicated that he did not believe the UTV had its headlights on although it was dark out.

After the impact, the UTV was driven back 84 feet and came to rest on the shoulder of the northbound lane. The sedan that collided with the UTV drove off the road on the southbound and struck a tree. A State Trooper reportedly heard the crash while he was monitoring traffic further up the road and arrived on the scene quickly. The passenger of the UTV was found lying deceased next to it. The driver of the UTV was pinned behind the steering wheel and emergency personnel had to extract him from the unit before he was transported to a hospital. The driver of the UTV was declared deceased on 2130 hours that day from exsanguination due to blunt force trauma as a result of a catastrophic injury to his pelvis. The official cause of death of the passenger is not confirmed but he also suffered a severe injury to his pelvis.

As part of this investigation, a Utility Vehicle Data Record Sheet has been completed (Exhibit 6).

PRODUCT IDENTIFICATION

Product…… Ranger RZR 800

Brand Name……..Polaris

Model Number……..RZR 800

VIN Number…….. [redacted]

Manufacturer……..Polaris Industries, Inc.
2100 Highway 55
Medina, MN 55340

Mfg. Location……Unknown

Retailer……Unknown

EXHIBITS

#1. Contact Sheet (1 pages)
#2. Photographs (3 pages, 5 photos)
#3. State Police Report (13 pages)
#4. Coroner's Report – Driver (2 pages)
#5. Status of Missing Documents Form (1 page)
#6. Utility Vehicle Data Record Sheet (1 page)

CONTACT SHEET

Police Communication Operator
Pennsylvania State Police, Troop E, Corry
11088 Route 6 East
Union City, PA 16438
(814)663-2043
Telephone: 12/05/2013

Office Manager
Erie County Coroner's Office
140 West Sixth Street, Room 07
Erie, PA 16501
(814)451-6331
Telephone: 12/05/2013

Scott T. Schell, Coroner
Crawford County Coroner's Office
903 Diamond Park
Meadville, PA 16335
(814)763-4544
Fax: 12/05/2013

VICTIM INFO - DRIVER (DECEASED):

(D.O.B. –

VICTIM INFO - PASSENGER (DECEASED):

(D.O.B. –

UTV INFO:

2009 Polaris RZR 800
VIN#

Photo 1 – Point of impact.

****ALL PHOTOGRAPHS PROVIDED BY STATE POLICE****

Photo 2 – Path of sedan is seen in the roadway. The UTV came to rest on the shoulder of the northbound lane.

Photo 3 – The front of the UTV.

****ALL PHOTOGRAPHS PROVIDED BY STATE POLICE****

Photo 4 – The seating area of the UTV after the driver was extracted from behind the wheel.

Photo 5 – The front of the sedan which was struck by the UTV head-on and came to rest against a tree off the southbound side of the road.

****ALL PHOTOGRAPHS PROVIDED BY STATE POLICE****

[redacted]

Incident Number: [redacted]

Commonwealth of Pennsylvania
Police Crash Report

PAGE 1

Crash Involves:

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

REPORTABLE CRASH

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

Police Agency Data

Agency Name	Case Closed	Patrol Zone	Investigation Date
PA STATE POLICE - CORRY	NO	33	11/15/2013

Dispatch Time	Arrival Time	Investigator	Badge Number
18:50 hrs.	18:50 hrs.	HAUN, ADAM	12110

Approval Date	Reviewer	Reviewer Badge Number
12/23/2013	COOK, EARL E	06629

Crash Data

Date of Crash	Time of Crash	Day of the Week	Crash Description
11/15/2013	18:50 hrs.	FRIDAY	HEAD ON

County	Municipality
CRAWFORD	OIL CREEK TWP

Weather Conditions	Relation to Roadway
NO ADVERSE CONDITIONS	ON TRAVEL LANES

Illumination	Road Surface Conditions
DARK-NO STREET LIGHTS	DRY

# of Units	# of People	# of Injured	# Killed	EMS Agency	Medical Facility
002	003	001	002	HYDETOWN AMBULANCE	HAMOT AND TITUSVILLE HOSPITAL

School Bus Related	School Zone Related	PennDOT Notified	Type of Intersection	Special Location
NO	NO	NO	MIDBLOCK	NOT APPLICABLE

Work Zone

Work Zone	Work Zone Type	Where in Work Zone
NO		

Speed Limit	Workers Present	Officer Present	Work Zone Characteristics
			☐ Lane Closure ☐ Road Closed with Detour ☐ Work on Shoulder or Median ☐ Intermittent or Moving Work ☐ Flagger Control ☐ Other

Principal Road

Route Signing	Route Number	Segment Number	Travel Lanes	Speed Limit	Orientation
STATE HIGHWAY	[redacted]		02	45 MPH	NORTH

House Number	Street Name	St. Ending
	[redacted]	ROAD

Intersecting Rd.

Used in Intersection Crashes

Route Signing	Route Number	Segment Number	Travel Lanes	Speed Limit	Orientation

Street Name	St. Ending

Distance From Landmark

Used for Mid-Block Crashes

Landmark 1

Route Number	Or Mile Post	Tenths	Or Segment Marker	Ramp Use Only	Feet
					00344

Street Name	Street Ending	Or Miles	Tenths

Landmark 2

Route Number	Or Mile Post	Tenths	Or Segment Marker	Ramp Use Only
[redacted]				

Street Name	Street Ending
[redacted]	[redacted]

The above entry is the distance from the Crash Scene to Landmark 1

GPS

Latitude: [redacted] Longitude: [redacted]

TCD

Traffic Control Device	Traffic Control Functioning
NOT APPLICABLE	NO CONTROLS

Lane

Lane Closed	Lane Closure Direction	Traffic Detoured	Estimated Time Closed
FULLY	NORTH AND SOUTH	YES	3-4 HRS

Event Information

Environmental / Roadway Potential Factors (E/R)

Factor 1	Factor 2	Factor 3
NONE		

First Harmful Event in the Crash		Most Harmful Event in the Crash	
Unit Number	Harmful Event	Unit Number	Harmful Event
001	HIT UNIT 2	001	HIT UNIT 2

Indicated Prime Factor	Unit Number	Prime Factor Driver Action
DRIVER ACTION	001	CARELESS PASSING OR LANE CHANGE

Prime Factor Environmental/Roadway	Prime Factor Vehicle Failure	Prime Factor Pedestrian Action

Road Surface Type	Special Jurisdiction
BLACKTOP	NO SPECIAL JURISDICTION

[redacted]

Incident Number: [redacted]

Commonwealth of Pennsylvania
Police Crash Report

PAGE 2

Crash Involves:

REPORTABLE CRASH

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

Driver/Pedestrian Information

Unit Number	Type Unit	Commercial Vehicle
1	Motor Vehicle In Transport	No

First Name	MI	Last Name	Suffix	DOB	Telephone Number
[redacted]	[redacted]	[redacted]		[redacted]	[redacted]

Street Address	City	State	Zip Code
[redacted]	[redacted]	PA	16354

Gender	License Number	License State	Class	Expiration Date	Owner/Driver
M	[redacted]	PA	C	08/18/2016	PRIVATE VEHICLE NOT OWNED/LEASED BY DRIVER

Driver Presence	Physical Condition	Primary Vehicle Code Violation	Person Charged
DRIVER OPERATED VEHICLE	UNKNOWN	VC 3305 LIMITATIONS OVERTAKING ON LEFT	NO

Alcohol/Drugs Suspected	Alcohol Test Type	Alcohol Test Results
UNKNOWN	BLOOD	UNKNOWN RESULTS

Driver Action: CARELESS PASSING OR LANE CHANGE

Pedestrian Action	Pedestrian Signals	Pedestrian Clothing	Pedestrian Location

	Left or Right Side	Most Harmful	Utility Pole Number
1st Harmful Event: HIT UNIT 2		YES	
2nd Harmful Event			
3rd Harmful Event			
4th Harmful Event			

Vehicle Information

Owner First Name	Owner MI	Owner Last Name or Business Name	Suffix
[redacted]	[redacted]	[redacted]	

Street Address	City	State	Zip Code
[redacted]	[redacted]	PA	16373

Vehicle Type	Special Usage	Government Equipment Number
ATV	NOT APPLICABLE	

Model Year	Vehicle Make	Vehicle Model	Vehicle Color	VIN
2009	OTHER	RANGER RZR 800	ORANGE	[redacted]

License Plate	Reg. State	Est. Speed	Vehicle Towed	Towed By
		045	YES	[redacted]

Insurance	Insurance Company	Policy Number	Expiration Date
NO			

Direction of Travel	Vehicle Position	Vehicle Movement	Initial Impact Point
SOUTH	ONCOMING TRAFFIC LANE	PASSING/OVERTAKING VEH	12 O'CLOCK

Damage Indicator	Gradient	Road Alignment	Possible Vehicle Failures
DISABLING	LEVEL	STRAIGHT	HEADLIGHTS

Trailing Units

# of Units	Type Unit 1	Tag Number	Tag Year	Tag State
0				

Unit Make	Unit Owner

Type Unit 2	Tag Number	Tag Year	Tag State

Unit Make	Unit Owner

Motorcycle

Engine Size	Passenger?	Saddle Bag/Trunk?	Trailer?	Driver Education?
cc				

Driver Helmet Type	Helmet Stayed On?	DOT/Snell Designation?	Eye Protection?	Long Sleeves?	Long Pants?	Over Ankle Boots?

Passenger Helmet Type	Helmet Stayed On?	DOT/Snell Designation?	Eye Protection?	Long Sleeves?	Long Pants?	Over Ankle Boots?

Pedalcycle

Passenger?	Helmet?

Head Lights?	Rear Reflectors?

[redacted]

Incident Number: [redacted]

Commonwealth of Pennsylvania
Police Crash Report

PAGE 3

Crash Involves:

REPORTABLE CRASH

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

Driver/Pedestrian Information

Unit Number	Type Unit	Commercial Vehicle
2	Motor Vehicle In Transport	No

First Name	MI	Last Name	Suffix	DOB	Telephone Number
[redacted]	[redacted]	[redacted]		[redacted]	[redacted]

Street Address	City	State	Zip Code
[redacted]	[redacted]	PA	16353

Gender	License Number	License State	Class	Expiration Date	Owner/Driver
M	[redacted]	PA	C	12/20/2016	PRIVATE VEHICLE OWNED/LEASED BY DRIVER

Driver Presence	Physical Condition	Primary Vehicle Code Violation	Person Charged
DRIVER OPERATED VEHICLE	APPARENTLY NORMAL	NONE	NO

Alcohol/Drugs Suspected	Alcohol Test Type	Alcohol Test Results
NO	TEST NOT GIVEN	

Driver Action: NO CONTRIBUTING ACTION

Pedestrian Action	Pedestrian Signals	Pedestrian Clothing	Pedestrian Location

	Left or Right Side	Most Harmful	Utility Pole Number
1st Harmful Event: STRUCK BY UNIT 1		YES	
2nd Harmful Event: HIT TREE OR SHRUBBERY	LEFT	NO	
3rd Harmful Event			
4th Harmful Event			

Vehicle Information

Owner First Name	Owner MI	Owner Last Name or Business Name	Suffix
[redacted]	[redacted]	[redacted]	

Street Address	City	State	Zip Code
[redacted]	[redacted]	PA	16353

Vehicle Type	Special Usage	Government Equipment Number
AUTOMOBILE	NOT APPLICABLE	

Model Year	Vehicle Make	Vehicle Model	Vehicle Color	VIN
1998	[redacted]	[redacted]	SILVER	[redacted]

License Plate	Reg. State	Est. Speed	Vehicle Towed	Towed By
[redacted]	PA	045	YES	[redacted]

Insurance	Insurance Company	Policy Number	Expiration Date
YES	[redacted]	[redacted]	03/28/2014

Direction of Travel	Vehicle Position	Vehicle Movement	Initial Impact Point
NORTH	RIGHT LANE "CURB"	GOING STRAIGHT	12 O'CLOCK

Damage Indicator	Gradient	Road Alignment	Possible Vehicle Failures
DISABLING	LEVEL	STRAIGHT	NONE

Trailing Units

# of Units	Type Unit 1	Tag Number	Tag Year	Tag State
0				

Unit Make	Unit Owner

Type Unit 2	Tag Number	Tag Year	Tag State

Unit Make	Unit Owner

Motorcycle

Engine Size	Passenger?	Saddle Bag/Trunk?	Trailer?	Driver Education?
cc				

Driver Helmet Type	Helmet Stayed On?	DOT/Snell Designation?	Eye Protection?	Long Sleeves?	Long Pants?	Over Ankle Boots?

Passenger Helmet Type	Helmet Stayed On?	DOT/Snell Designation?	Eye Protection?	Long Sleeves?	Long Pants?	Over Ankle Boots?

Pedalcycle

Passenger?	Helmet?

Head Lights?	Rear Reflectors?

[redacted]

Incident Number: [redacted]

Commonwealth of Pennsylvania
Police Crash Report

PAGE 4

Crash Involves:

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

REPORTABLE CRASH

- ( ) State Police Vehicle
- ( ) Local Police Vehicle
- ( ) Commonwealth Vehicle
- ( ) Local Gov Vehicle

Fatality

Unit #	Driver Restrictions Compliance	Driver Endorsement Compliance	Driver License Compliance
1	NO RESTRICTIONS/NOT APPLICABLE	NONE REQUIRED	VALID LICENSE FOR CLASS

Principal Impact Point	Avoidance Maneuver	Under Ride Indicator
12 O'CLOCK	STEERING AND BRAKING - EVIDENCE OR STATED	NO UNDERRIDE OR OVERRIDE

Emergency Use	Drug Test Type	Drug Test Results
NOT IN EMERGENCY USE	NONE	NO TEST GIVEN

Fatality

Unit #	Driver Restrictions Compliance	Driver Endorsement Compliance	Driver License Compliance
2	NO RESTRICTIONS/NOT APPLICABLE	NONE REQUIRED	VALID LICENSE FOR CLASS

Principal Impact Point	Avoidance Maneuver	Under Ride Indicator
12 O'CLOCK	NO AVOIDANCE MANEUVER	NO UNDERRIDE OR OVERRIDE

Emergency Use	Drug Test Type	Drug Test Results
NOT IN EMERGENCY USE	NONE	NO TEST GIVEN

People Information

Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
001	001	[redacted]	[redacted]	[redacted]		[redacted]

Street Address	City	State	Zip Code
[redacted]	[redacted]	PA	16354

Phone Number	EMS Transport	Person Type	Gender	Injury Severity
[redacted]	YES	DRIVER	M	KILLED

Seat Position	Safety Equipment 1
DRIVER - ALL VEHICLES	LAP AND SHOULDER BELT USED

Safety Equipment 2	Extrication
NONE USED / NOT APPLICABLE	NOT APPLICABLE

Ejection	Ejection Path
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE

People Information

Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
001	002	[redacted]	[redacted]	[redacted]		[redacted]

Street Address	City	State	Zip Code
[redacted]	[redacted]	PA	16404

Phone Number	EMS Transport	Person Type	Gender	Injury Severity
[redacted]	NO	PASSENGER	M	KILLED

Seat Position	Safety Equipment 1
FRONT SEAT RIGHT SIDE	NONE USED / NOT APPLICABLE

Safety Equipment 2	Extrication
NONE USED / NOT APPLICABLE	NOT APPLICABLE

Ejection	Ejection Path
NOT APPLICABLE	NOT EJECTED/NOT APPLICABLE

People Information

Unit #	Person No.	First Name	MI	Last Name	Suffix	DOB
002	003	[redacted]	[redacted]	[redacted]		[redacted]

Street Address	City	State	Zip Code
[redacted]	[redacted]	PA	16353

Phone Number	EMS Transport	Person Type	Gender	Injury Severity
[redacted]	YES	DRIVER	M	MINOR INJURY

Seat Position	Safety Equipment 1
DRIVER - ALL VEHICLES	LAP AND SHOULDER BELT USED

Safety Equipment 2	Extrication
MULTIPLE AIRBAGS DEPLOYED	NOT EXTRICATED

Ejection	Ejection Path
NOT EJECTED	NOT EJECTED/NOT APPLICABLE

Witness

First Name	MI	Last Name	Suffix	Phone Number
[redacted]	[redacted]	[redacted]		[redacted]

Street Address	City	State	Zip Code
[redacted]	[redacted]	PA	16354

Witness

First Name	MI	Last Name	Suffix	Phone Number
[redacted]	[redacted]	[redacted]		[redacted]

Street Address	City	State	Zip Code
[redacted]	[redacted]	PA	16354

[redacted]

Incident Number: [redacted]

Commonwealth of Pennsylvania
Police Crash Report

PAGE 5

Crash Involves:

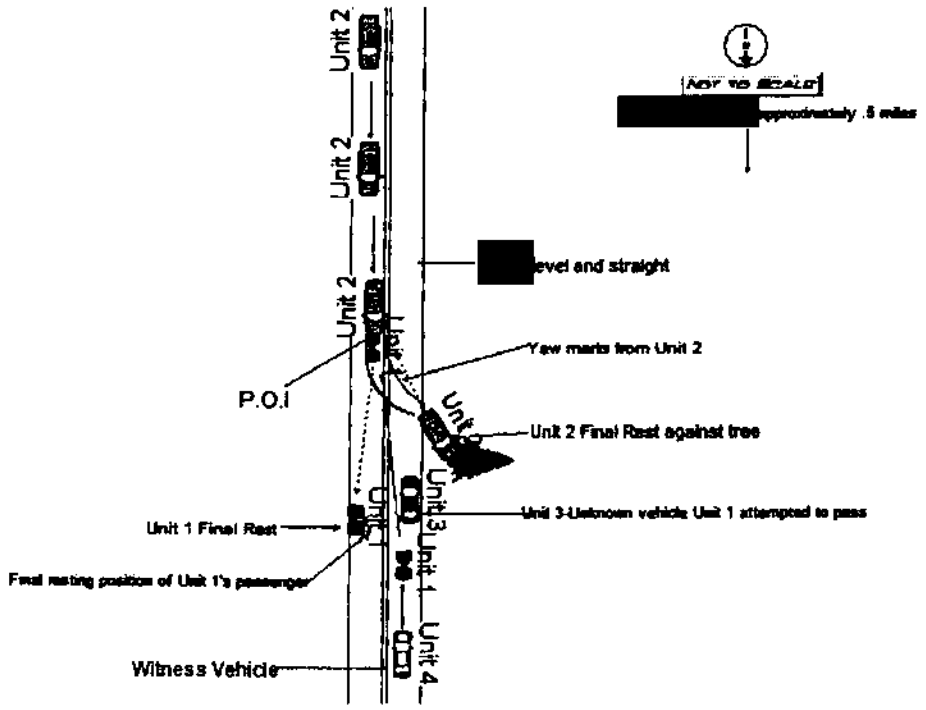
REPORTABLE CRASH

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

Notified	Person\Business Notified	Phone Number	Date Notified	Time Notified
	[redacted] FATHER)	[redacted]	11/15/2013	20:30 hrs.
	Reason for Notification: NEXT OF KIN FOR (PASSENGER OF UNIT 1)			

Notified	Person\Business Notified	Phone Number	Date Notified	Time Notified
	[redacted] (FATHER)	[redacted]	11/15/2013	20:45 hrs.
	Reason for Notification: NEXT OF KIN FOR (DRIVER OF UNIT 1)			

Diagram



NARRATIVE

Crash Synopsis

This incident occurred as Unit 1 (UTV) was traveling south on [redacted] towards [redacted] approximately .5 miles south of [redacted] in Hydetown Borough. Unit 1 crossed the center line attempting to pass another vehicle it was following. Unit 2 (1998 [redacted] was traveling North towards [redacted] Unit 1 and Unit 2 impacted head on within the northbound lane. This was the initial Point of Impact. After impact, Unit 1 traveled north approximately 84', where it was facing south at final rest. Unit 2 traveled approximately 122' northbound swerving across the southbound lane exiting the west side of the roadway striking a tree at the 12 o'clock position after impact. The passenger of Unit 1 was laying on [redacted] next to the passenger side door (west) of the vehicle and pronounced deceased by Crawford County Coroner Scott T. SCHELL. The driver of Unit 1 was entrapped inside the vehicle and had to be removed by Hydetown Vol. Fire Dept. Operator 1 was flown to UPMC Hamot in Erie, PA for his injuries where he later succumbed to his injuries and was pronounced deceased by UPMC Hamot Medical Personnel. Operator 2 sustained minor injuries, but was taken to Titusville Hospital for his injuries.

[redacted]

Incident Number: [redacted]

Crash Involves:

Commonwealth of Pennsylvania
Police Crash Report

PAGE 6

REPORTABLE CRASH

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

Crash Details

At the location of this crash, [redacted] is a 2-lane, black asphalt highway with grass/dirt berms. At the scene, [redacted] is level and the road is straight. Each travel lane is approximately 11 feet wide. Street lights and other sources of ambient lighting are not prevalent in this area. At the time of this collision the weather was good and the roadway was dry. The temperature was approximately 42 degrees Fahrenheit, with clear visibility. The speed limit on this portion of [redacted] is clearly posted 45 MPH.

This crash occurred as two occupants inside Unit 1, which was a 2009 orange Polaris Ranger RZR 800 UTV, was traveling straight at a high rate of speed southbound on [redacted] Crawford Co. At the location of the crash, [redacted] consisted of level and straight road alignment. Unit 1 attempted to pass another vehicle it was following as it was traveling south. Unit 1 entered the northbound lane of [redacted] Unit 1 struck Unit 2, which was a 1998 silver [redacted] head on at the 12 o'clock position. This was the initial point of impact. Unit 1 after impact traveled rearward to the north in the northbound lane. Unit 1 came to final rest off the eastern side of [redacted] facing south. After point of impact Unit 2 traveled north-northwest swerving across the southbound lane, exiting the west side of the roadway striking a tree at the 12 o'clock position. Unit 2 came to final rest against the tree facing northwest off the western side of [redacted]

PHYSICAL EVIDENCE:

Unit 1 at final rest facing south off the eastern side of [redacted] The driver of Unit 1 who suffered major injuries at the time of the crash was entrapped inside Unit 1 behind the steering wheel. The passenger of Unit 1, who suffered fatal injuries, was laying on [redacted] in the northbound lane approximately 1 foot from Unit 1. Unit 1 was at final rest with heavy damage consistent with the crash. Unit 2 was at final rest off the western side of [redacted] facing northwest against a tree. Unit 2 had heavy damage consistent with the crash. The driver of Unit 2 standing behind Unit 2. Two gouge marks in the northbound lane of [redacted] that indicated the point of impact. Approximately 122 feet of counter clock wise yaw marks from Unit 2 to final rest. Numerous debris such as vehicle parts and glass from Unit 1 and Unit 2 which was consistent with where the initial point of impact is to the final resting place of Unit 1 and Unit 2 on scene.

MEASUREMENTS AT THE CRASH SCENE:

-Point of impact/Gauge marks were approximately 5 feet 7 inches into the Northbound lane from the Northbound white fog line.
-Entire width of the roadway: 33 feet 1 inch
-White fog line to white fog line: 22 feet 7 inches
-Northbound lane white fog line to center of road: 11 feet 7 inches
-Southbound lane white fog line to center of road: 11 feet 3 inches
-Point of impact to the front of Unit 1: 84 feet 3 inches
-Point of impact to the back of Unit 2: 122 feet 11 inches
-Point of impact to Utility Pole #336: Approximately 100 feet 11 inches.
-Utility Pole #336 off the east side of [redacted] to the center of the rear drivers side tire of Unit 1: 14 feet 2 inches
-Utility Pole #336 off the east side of [redacted] to the center of the front drivers side tire of Unit 1: 16 feet 8 inches
-Utility Pole #336 off the east side of [redacted] to the center of the rear passenger side tire of Unit 1: 16 feet 7 inches
-Utility Pole #336 off the east side of [redacted] to the northbound lane fog line: 17 feet 10 inches
-Utility Pole #336 off the east side of [redacted] to the center of the rear passenger side tire of Unit 2: 58 feet 11 inches
-Utility Pole #336 off the east side of [redacted] to the center of the front passenger side tire of Unit 2: 67 feet 10 inches

Prior to my arrival on scene I was sitting stationary on [redacted] in [redacted] Crawford County, monitoring traffic. I was backed into a pull off on the west side of [redacted] Approximately 10 minutes after monitoring traffic, I heard both Unit 1 and Unit 2 crash just north of my location. Point of impact to the pull off I was sitting stationary at was approximately 100 feet. I did not witness the crash because of a row of trees to my left (north) obstructing my view. I arrived on scene seconds after I heard the crash. I advised Trooper Michael LINDSEY (PSP Corry) by radio, who was assigned desk on this 1500-2300 shift of the crash.

[redacted]

Incident Number: [redacted]

Crash Involves:

Commonwealth of Pennsylvania
Police Crash Report

PAGE 7

REPORTABLE CRASH

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

Crash Details

Upon my arrival on scene I observed all the above physical evidence which indicated how the crash occurred between Unit 1 and Unit 2.

On 11/15/13 at 1850 hours, shift supervisor Corporal James CIPALLA (PSP Corry) and Trooper Brian PALM (PSP Corry) was notified of the crash.

On 11/15/13 at 1855 hours, Rescue Captain for the Hydetown Vol. Fire Dept., [redacted] W/N/M-53, DOB [redacted] 16354, [redacted] arrived on scene. [redacted] assisted with medical attention to the driver of Unit 1 as well as assessing the passenger of Unit 1's injuries. [redacted] also assisted with helping remove the driver of Unit 1 from the vehicle. [redacted] stated that the driver of Unit 1 was heavily entrapped in his vehicle and sustained major injuries.

On 11/15/13 at 1858 hours, Paramedic from Emergycare, [redacted] W/N/M-54, DOB [redacted] 16354, [redacted] arrived on scene. [redacted] assisted with medical attention to the driver of Unit 1 as well as assessing the passenger of Unit 1's injuries. [redacted] also assisted with helping remove the driver of Unit 1 from the vehicle. [redacted] stated that the driver of Unit 1 was heavily entrapped in his vehicle and sustained major injuries.

On 11/15/13 at 1906 hours, Trooper Brian PALM (PSP Corry) arrived on scene to assist with the crash scene.

On 11/15/13 at 1916 hours, EMT and Assistant Chief of Centerville Ambulance, [redacted] W/N/M-50, DOB [redacted] 16404, [redacted] arrived on scene. [redacted] assisted with the medical attention to the driver of Unit 1 as well as assessing the passenger of Unit 1's injuries. [redacted] also assisted with helping remove the driver of Unit 1 from the vehicle. [redacted] stated that the driver of Unit 1 was heavily entrapped in his vehicle and sustained major injuries.

On 11/15/13 at 1916 hours, Crawford County Deputy Coroner Mike BETTS and Coroner Scott T. SCHELL was notified of the crash and the passenger of Unit 1 being deceased.

On 11/15/13 at 1919 hours, I spoke to the driver of Unit 2, [redacted] W/N/M-70, DOB [redacted] PA 16353, [redacted] on scene. The driver of Unit 2 stated that he was traveling north towards [redacted] trying to go to Spartansburg to see some friends. When asking the driver of Unit 2 about the details of the crash, he stated "I don't really know what happened. I just remember not seeing the vehicle until the last ten feet it was in front of me, by that time it was too late. I don't believe it had any head lights on if I recall." The driver of Unit 2 stated he was wearing his seat belt and believed his ankle was sprained. The driver of Unit 2 had no other information to relate about the crash. The driver of Unit 2 refused medical treatment.

On 11/15/13 at 1922 hours, Officer William J. DILLEY from the Titusville Police Department arrived on scene to assist with the crash.

On 11/15/13 at 1924 hours I spoke to Witness #1, [redacted] W/N/M-20, DOB [redacted] PA 16354, [redacted] on scene. Witness #1 stated that he was driving south towards Titusville City just south of [redacted] following an orange colored UTV (Unit 1). Witness #1 stated that Unit 1 attempted to pass a vehicle it was following by going around the vehicle on the left and crossing into the northbound lane of traffic. Witness #1 stated that he believes Unit 1 tried to get back into the southbound lane, but Unit 1 lost control and struck another vehicle head on (Unit2). Witness #1 stated that it happened so fast it was hard to remember exactly how the crash occurred.

On 11/15/13 at 1925 hours, Corporal James CIPALLA (PSP Corry) arrived on scene to assist with the crash scene.

On 11/15/13 at 1931 hours, I spoke to Witness #2, [redacted] W/N/F-24, DOB [redacted] PA 16354, [redacted] on scene. Witness #2 stated that her husband was driving south towards Titusville City just south of [redacted] following an orange colored UTV (Unit 1). Witness #2 stated that Unit 1 attempted to pass a vehicle it was following by going around the vehicle on the

[redacted]

Incident Number: [redacted]

Crash Involves:

Commonwealth of Pennsylvania

Police Crash Report

PAGE 8

REPORTABLE CRASH

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

Crash Details

left and crossing into the northbound lane of traffic. Witness #2 stated that she believes Unit 1 tried to get back into the southbound lane, but Unit 1 lost control and struck another vehicle head on (Unit2). Witness #2 stated that it happened so fast it was hard to remember exactly how the crash occurred.

On 11/15/13 at 1934 hours, officer of the day, Sergeant Earl COOK (PSP Corry) was notified of the crash.

On 11/15/13 at 1943 hours, Crawford County Deputy Coroner Ronald J. DICKSON and Coroner, Scott T. SCHELL arrived on scene.

On 11/15/13 at 1950 hours, Crawford County Coroner, Scott T. SCHELL pronounced the passenger of Unit 1 deceased due to multiple blunt force trauma sustained in the motor vehicle crash.

On 11/15/13 at 1951 hours, CARS reconstructionist Trooper Stephen ULITZ (PSP Meadville) and R & I Trooper John MICHALAK (PSP Meadville) was notified of the crash. Cross Reference [redacted] with this report for Request Assist-All/CARS for Trooper Stephen ULITZ (PSP Meadville).

On 11/15/13 at 2012 hours, STAT MEDVAC Life Flighted the driver of Unit 1 to UPMC Hamot in Erie.

On 11/15/13 at 2017 hours, Crawford County Assistant District Attorney [redacted] was notified of the crash

On 11/15/13 at 2025 hours, STAT MEDVAC arrived at UPMC Hamot with the driver of Unit 1.

On 11/15/13 at 2030 hours, Trooper Brian PALM (PSP Corry) notified the Next of Kin of the passenger of Unit 1 at Titusville Police Department. Next of Kin: [redacted] (Father).

On 11/15/13 at 2041 hours, the PSP Watch Center was notified of the crash. The north and south bound lanes were fully closed from 1850 hours until reopened at 2225 hours.

On 11/15/13 at 2045 hours, UPMC Hamot Trauma Surgeon Dr. [redacted] notified the Next of Kin of the driver of Unit 1 at UPMC Hamot. Next of Kin: [redacted] (Father).

On 11/15/13 at 2047 hours, Sergeant Earl COOK (PSP Corry) arrived on scene to assist with the crash scene.

On 11/15/13 at 2050 hours, R & I Trooper John MICHALAK (PSP Meadville) arrived on scene. MICHALAK photographed and processed the crash scene in compliance with Department Special Order 2013-18. The photos were reviewed and accurately represent the items photographed at the crash scene by Trooper John MICHALAK. Trooper MICHALAK took the photos of the scene in approximately 15 minutes. MICHALAK will retain the digital photos at PSP Meadville.

On 11/15/13 at 2117 hours, the driver of Unit 1 was pronounced deceased at UPMC Hamot by Trauma Surgeon Doctor [redacted]

On 11/16/13 at 1200 hours a noticed of crash investigation form was mailed to the driver of Unit 2, and the Next of Kin of the driver and passenger of Unit 1.

On 11/17/13 at 1410 hours a Fatal Crash System entry was done on the database on the PSP INET.

A Public Information Release Form was completed.

Assisted on scene by Sergeant Earl COOK (PSP Corry), Corporal James CIPALLA (PSP Corry), Trooper Brian PALM (PSP Corry), Officer William DILLEY (Titusville Police Department)

The following Fire/EMS Departments assisted on scene: Hydetown Volunteer Fire Department, Hydetown Ambulance, Emergycare Ambulance, Centerville Ambulance.

[redacted]

Incident Number: [redacted]

Crash Involves:

Commonwealth of Pennsylvania
Police Crash Report

PAGE 9

REPORTABLE CRASH

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

Crash Details

Unit 1 and Unit 2 were removed from the crash scene by [redacted] Towing Service and towed back to their business in Titusville City.

This report shall remain open pending the receipt of the Crawford County Coroners Office report. This report will be supplemented pending the toxicology/blood test results from the Crawford County Coroner and Erie County Coroner.

[redacted] Driver Exchange
Non Reportable

Commonwealth of Pennsylvania
Driver Notice and Exchange Report

INCIDENT NUMBER [redacted]

PA STATE POLICE - CORRY (814) 663-2043

DATE OF CRASH	TIME OF CRASH	DAY OF WEEK	COUNTY	MUNICIPALITY
11/16/2013	18:50 hrs.	FRIDAY	CRAWFORD	OIL CREEK TWP

ROUTE #	SEGMENT #	STREET	STREET ENDING
[redacted]		[redacted]	[redacted]

PATROL ZONE	INVESTIGATOR \ INVESTIGATOR SIGNATURE	BADGE NUMBER
33	HAUN, ADAM	12110

REVIEWER	REVIEWER BADGE NUMBER	APPROVAL DATE
COOK, EARL E	05629	12/23/2013

Latitude: [redacted] Longitude: - [redacted]

Location:

ON [redacted] .5 MILES SOUTH OF [redacted]

Driver / Vehicle

UNIT #	DRIVER'S LAST NAME	FIRST NAME	MI	SUFFIX	DOB	GENDER	PHONE NUMBER
001	[redacted]	[redacted]	[redacted]		[redacted]	M	[redacted]

STREET ADDRESS	CITY	STATE	ZIP CODE
[redacted]	[redacted]	PA	16354

LICENSE NUMBER	LICENSE STATE	CLASS	EXPIRATION DATE
[redacted]	PA	C	08/18/2015

INSURANCE COMPANY	POLICY NUMBER	POLICY EXPIRATION DATE

OWNER'S LAST NAME OR BUSINESS NAME	FIRST NAME	MI	SUFFIX
[redacted]	[redacted]	[redacted]	

STREET ADDRESS	CITY	STATE	ZIP CODE
[redacted]	[redacted]	PA	16373

VEHICLE YEAR	MAKE	MODEL
2009	OTHER	RANGER RZR 800

VIN	LICENSE PLATE #	STATE	VIOLATIONS (INCLUDING SECTION NUMBERS):	DRIVER CHARGED?
[redacted]			VC 3305 LIMITATIONS OVERTAKING ON LEFT	NO

Driver / Vehicle

UNIT #	DRIVER'S LAST NAME	FIRST NAME	MI	SUFFIX	DOB	GENDER	PHONE NUMBER
002	[redacted]	[redacted]	[redacted]		[redacted]	M	[redacted]

STREET ADDRESS	CITY	STATE	ZIP CODE
[redacted]	[redacted]	PA	16353

LICENSE NUMBER	LICENSE STATE	CLASS	EXPIRATION DATE
[redacted]	PA	C	12/20/2016

INSURANCE COMPANY	POLICY NUMBER	POLICY EXPIRATION DATE
[redacted]	[redacted]	03/28/2014

OWNER'S LAST NAME OR BUSINESS NAME	FIRST NAME	MI	SUFFIX
[redacted]	[redacted]	[redacted]	

STREET ADDRESS	CITY	STATE	ZIP CODE
[redacted]	[redacted]	PA	16353

VEHICLE YEAR	MAKE	MODEL
1998	[redacted]	[redacted]

VIN	LICENSE PLATE #	STATE	VIOLATIONS (INCLUDING SECTION NUMBERS):	DRIVER CHARGED?
[redacted]	[redacted]	PA	NONE	NO

Witness

First Name	MI	Last Name	Suffix	Phone Number
[redacted]	[redacted]	[redacted]		[redacted]

Street Address	City	State	Zip Code
[redacted]	[redacted]	PA	16354

Witness

First Name	MI	Last Name	Suffix	Phone Number
[redacted]	[redacted]	[redacted]		[redacted]

Street Address	City	State	Zip Code
[redacted]	[redacted]	PA	16354

Crash Synopsis

This incident occurred as Unit 1 (UTV) was traveling south on [redacted] towards Titusville City approximately .5 miles south of [redacted] in [redacted] Unit 1 crossed the center line attempting to pass another vehicle it was following. Unit 2 (1998 [redacted] was traveling North towards [redacted] Unit 1 and Unit 2 impacted head on within the northbound lane. This was the Initial Point of Impact. [redacted]

2014-01-13

Crash Synopsis

After impact, Unit 1 traveled north approximately 84', where it was facing south at final rest. Unit 2 traveled approximately 122' northbound swerving across the southbound lane exiting the west side of the roadway striking a tree at the 12 o'clock position after impact. The passenger of Unit 1 was laying on [redacted] next to the passenger side door (west) of the vehicle and pronounced deceased by Crawford County Coroner Scott T. SCHELL. The driver of Unit 1 was entrapped inside the vehicle and had to be removed by Hydetown Vol. Fire Dept. Operator 1 was flown to UPMC Hamot in Erie, PA for his injuries where he later succumbed to his injuries and was pronounced deceased by UPMC Hamot Medical Personnel. Operator 2 sustained minor injuries, but was taken to Titusville Hospital for his injuries.

[redacted]

Pennsylvania Law Enforcement
Crash - Public Information Release Report

Crash Involves:

- ○ DUI
- ● Fatality
- ○ Hit and Run
- ○ Commercial Vehicle
- ○ State Police Vehicle
- ○ Local Police Vehicle
- ○ Other
- ○ Work Zone
- ○ ATV
- ○ Snowmobile
- ○ Commonwealth Vehicle
- ○ Local Gov Vehicle

Agency Information:

AGENCY	INVESTIGATOR
PA STATE POLICE - CORRY	HAUN, ADAM

Summary Information:

INCIDENT NUMBER	CRASH DATE	CRASH TIME
[redacted]	11/15/2013	18:50 hrs.

COUNTY	MUNICIPALITY
CRAWFORD	[redacted]

ROUTE #	SEGMENT #	STREET	STREET ENDING
[redacted]		[redacted]	[redacted]

Location: ON [redacted] 5 MILES SOUTH OF [redacted]

EMS Agency	Medical Facility
HYDETOWN AMBULANCE	HAMOT AND TITUSVILLE HOSPITAL

People Involved:

UNIT #	PERSON	FIRST NAME	MI	LAST NAME	SUFFIX	AGE	Gender
001	DRIVER	[redacted]	[redacted]	[redacted]		22	M

CITY	STATE	SAFETY EQUIPMENT
[redacted]	PA	LAP AND SHOULDER BELT USED

EMS Transport	Injury Severity
YES	KILLED

UNIT #	PERSON	FIRST NAME	MI	LAST NAME	SUFFIX	AGE	Gender
001	PASSENGER	[redacted]	[redacted]	[redacted]		23	M

CITY	STATE	SAFETY EQUIPMENT
[redacted]	PA	NONE USED / NOT APPLICABLE

EMS Transport	Injury Severity
NO	KILLED

UNIT #	PERSON	FIRST NAME	MI	LAST NAME	SUFFIX	AGE	Gender
002	DRIVER	[redacted]	[redacted]	[redacted]		70	M

CITY	STATE	SAFETY EQUIPMENT
[redacted]	PA	LAP AND SHOULDER BELT USED

EMS Transport	Injury Severity
YES	MINOR INJURY

Vehicles Involved:

UNIT #	YEAR	MAKE	MODEL
001	2009	OTHER	RANGER RZR 800

Driver Charged	Primary Violation
NO	VC 3305 LIMITATIONS OVERTAKING ON LEFT

UNIT #	YEAR	MAKE	MODEL
002	1998	[redacted]	[redacted]

Driver Charged	Primary Violation
NO	NONE

Crash Synopsis:

2014-01-13

[redacted]

This incident occurred as Unit 1 (UTV) was traveling south on [redacted] towards Titusville City approximately .5 miles south of [redacted] in [redacted] Unit 1 crossed the center line attempting to pass another vehicle it was following. Unit 2 (1998 [redacted] was traveling North towards [redacted] Unit 1 and Unit 2 impacted head on within the northbound lane. This was the initial Point of impact. After impact, Unit 1 traveled north approximately 84', where it was facing south at final rest. Unit 2 traveled approximately 122' northbound swerving across the southbound lane exiting the west side of the roadway striking a tree at the 12 o'clock position after impact. The passenger of Unit 1 was laying on [redacted] next to the passenger side door (west) of the vehicle and pronounced deceased by Crawford County Coroner Scott T. SCHELL. The driver of Unit 1 was entrapped inside the vehicle and had to be removed by Hydetown Vol. Fire Dept. Operator 1 was flown to UPMC Hamot in Erie, PA for his injuries where he later succumbed to his injuries and was pronounced deceased by UPMC Hamot Medical Personnel. Operator 2 sustained minor injuries, but was taken to Titusville Hospital for his injuries.

12/30/2013 10:58AM (GMT-05:00)

ERIE COUNTY CORONER'S OFFICE

Investigation Report

Lyell P. Cook
Coroner
PH: (814) 452 2911 FAX: (814) 451 6183
140 W. 6th St. Erie, PA 16501

Korac J. Timon
Chief Deputy

Dennis Suscheck
First Deputy

Year: 2013 Month: November Manner of Death: **ACCIDENTAL**

Last Name: [redacted] First Name: [redacted] MI: [redacted]

Sex: Male Race: WHITE

Birthdate: [redacted] Age (Years): 22

SSN: [redacted]

Occupation: LABORER Marital Status: Single

Home Address: [redacted] City: [redacted] State: PA

Township: County: CRAWFORD Zip: 16354

Next of Kin: [redacted]-FATHER

Date Called: 11/15/2013 Time Called: 21:30 Called By: HAMOT MEDICAL CENTER

Location: UPMC HAMOT Arrival Time:

Temperature: Weather/Road Conditions :

Pronounced By: Dr. [redacted] Time: 21:17 Day of the Week: Fri

DATE OF DEATH: 11/15/2013 County of Injury: Crawford

CAUSE OF DEATH:

EXSANGUINATION DUE TO BLUNT FORCE TRAUMA DUE TO ATV VS. MOTOR VEHICLE COLLISION

Circumstance: RV **CORE INTERVENTION**

Coroner: Chief Deputy Korac J. Timon

Police Department: PSP - CORRY Medical Unit: Hydetown VFD & Stat/MedVac

Station: Physician:

Officers: Tpr. Haun Photographed By: Tpr. Michalak

Date/Time of Incident: 11/15/2013 1849

Location of Incident: [redacted]

Toxicology Submitted [ ] Alcohol [ ] Drugs [ ]

AUTOPSY [ ] By: Autopsy No. :

Funeral Home: [redacted]

Dec-30-2013 10:57 AM ERIE COUNTY CORONER 1-814-451-6183 2/2

12/30/2013 10:58AM (GMT-05:00)

DETAIL:

Hamot contacted the Coroner's Office to report the death of [redacted] 22, of [redacted] PA 16354 who was injured in a ATV accident and died while undergoing emergency surgery for a catastrophic injury to the pelvis. The injuries were deemed fatal and I was told he died as a result of exsanguination. Hospital staff did not know the location where the decedent was injured and thought he might be from Titusville. I contacted Crawford County Coroner Scott Schell who happened to be on the scene where the incident occurred as there was a fatality there as well. According to Coroner Schell, the decedent was driving a four wheeled ATV with a passenger on [redacted] outside of Titusville with its lights off, towards oncoming traffic when it was struck by a motor vehicle. The decedent's passenger was killed at the scene and the decedent was responsible for the crash. Later, I received Corry PSP Tpr. Haun's accident report [redacted] and learned the following: the decedent was a restrained driver of a 2009 Ranger RZR 800 ATV traveling south on [redacted] approximately 0.5 miles south of [redacted] in [redacted] It crossed the centerline attempting to pass another southbound vehicle and struck a northbound 1998 [redacted] bearing PA registration [redacted] operated by [redacted] PA 16353 head-on. The decedent was entrapped in the ATV and a passenger identified as [redacted] 23 [redacted] PA 16404 was ejected. Crawford County Coroner Scott Schell pronounced [redacted] dead at the scene at 1950. The decedent was extricated by personnel of Hydetown Volunteer Fire Department and flown to UPMC Hamot. Alcohol consumption by the decedent was suspected to have contributed to the accident; however, the decedent received several units of blood during the course of treatment thus compromising toxicology.

In my opinion, the death was Accidental as a result of Exsanguination due to Blunt force trauma due to ATV vs. Motor vehicle collision to which effect this office signed the death certificate. The [redacted] Funeral Home in Titusville was selected for services.

[redacted]

Dec-30-2013 10:57 AM ERIE COUNTY CORONER 1-814-451-6183 2/3

U.S. Consumer Product Safety Commission

Task Number: __131118HNE1131_____

Date: _____12/05/2013_____

Status of Missing Document(s)

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

1. ____Coroner's Report - Passenger_____

2. _____

3. _____

4. _____

5. _____

6. _____

IDI #: 131118HNE1131
Exhibit #: 6

Utility Vehicle Data Record Sheet

Front

A Driver	B Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
Age: 22	Height: unknown	
Gender: M	Weight: unknown	
Helmet (Y/N): N	Seatbelt (Y/N): Y	
Killed/Injured/Neither/Unknown: Killed		
Injury Description: blunt force to pelvis		
Did vehicle land on victim: No		
Ejected (Either partially or fully): NO		

B:		
Age: 23	Height: unknown	
Gender: M	Weight: unknown	
Helmet (Y/N): N	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: Killed		
Injury Description: unspecified		
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.

Save

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
131202HWE0001	4335	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2013 09 13	2013 12 02

6. Synopsis of Accident or Complaint **UPC**

A 14 YOF succumbed to injuries sustained when the UTV she was the driver and sole occupant of collided with a fence, rolled over on its side, and landed on the victim's head. The victim's father discovered her lying under the UTV upon searching for her after she had left on the UTV. She was pronounced deceased at the incident location by EMS.

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	OKLAHOMA CITY	OK

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	RANGER	700

10D. Manufacturer Name and Address
POLARIS INDUSTRIES INC.
2100 HIGHWAY 55
MEDINA, MN 55340

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
1871 - FENCES OR FENCE POS	NONE	NONE

11D. Manufacturer Name and Address
UNKNOWN

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
14	2 - Female	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
75 - HEAD	2 - Eyewitness	2 - Telephone	10.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
2 - Documents	12 - MECAP	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
12/03/2013	8929	Frank J. Nava

28. Distribution	29. Source Document Number
Sarah Garland; Tanya L. Topka	X13C0114A

All information contained in this report was obtained through contact with the Oklahoma City Police Department (OKCPD) and the Oklahoma State Medical Examiner's Office (OKME). This investigation was initiated by a Medical Report sent by the OKME (source document).

INCIDENT REPORT

On September 13, 2013 at approximately 1704 hours, OKCPD responded to a report of a UTV incident involving a 14 YOF who had been discovered by her father (45 YOM) lying beneath the UTV unresponsive in a field on their private property located at [redacted], Oklahoma City, OK. Oklahoma City Fire Department, EMS personnel and OKCPD arrived and attempted rescue. The victim who was the sole occupant of the UTV was pronounced deceased at the incident location by EMS and fire personnel. Upon an investigation of the scene that included an examination of the location and interviews with witnesses the following information was collected.

The victim had apparently been involved in an argument with her sister when the victim suddenly rode off on the subject UTV on the family's private property. The father stated when his daughter had been gone for approximately 10 minutes he went in search of her. He discovered the UTV lying on the driver side with the victims head pinned under it. The father attempted to lift the UTV off the victim without success. The father returned to the house to obtain his wife's (victim's step-mother) assistants in helping lift the UTV and helping the victim.

The father, who later advised investigators he was a nurse, stated he and his wife freed the victim discovering her unresponsive with her pupils fixed. The father then attempted chest compressions and rescue breathing on the victim.

It was apparent from the examination of the incident location the UTV had apparently collided with a fence post and wire. It appeared the UTV rolled over on the driver's side partially or fully ejected the victim, coming to a rest on its side lying on the victim's head. Upon an examination of the UTV it appeared the steering column had been broken causing the steering wheel to spin freely. According to the OKCPD report, it is unknown why the UTV collided with the fence that apparently caused the incident.

The OKME arrived later that evening and assumed custody of the victim's body. According to the OKME Report the victim suffered contusions and lacerations to the right side of her face and ear and blood was discovered in the Cerebrospinal Fluid. The cause of death was a result of blunt force injury to the head and the manner of death was ruled as accidental.

PRODUCT INDENTIFICATION:

2007 Polaris Ranger
Color: Black/Gray
Engine: 700 CC
VIN: [redacted]

ATTACHMENTS:

Exhibit 1 – Contact List

Exhibit 2 – Oklahoma City Police Department Incident Report -Excluded: Dissemination Prohibited

Exhibit 3 – Oklahoma Medical Examiners Report

Exhibit 4 - UTV Data Record Sheet

CONTACT LIST

VICTIM

, 14 YOF (deceased)
Oklahoma City, OK 73020

Father
, 45 YOM
Same as victim

Step-Mother
, 39 YOF
Same as victim

*Family not contacted

State and Local Officials

Office of the Chief Medical Examiner
Oklahoma (OKC District)
Records Manager
901 N. Stonewall
OKC, OK 73117
Phone 405-239-7141 x
Fax 405-235-7301

Oklahoma City Police Department
OKCPD Records Department
701 Colcord Dr.
Oklahoma City, OK 73102
(405)-316-4238
Ocpd.records@okc.gov
Fax-405-316-1112

BOARD OF MEDICOLEGAL INVESTIGATIONS

OFFICE OF THE CHIEF MEDICAL EXAMINER

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

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

OFFICE USE ONLY

Re _____ Co _____

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

By _____

Date _____

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

DECEDENT First-Middle-Last Names (Please avoid use of initials)	Age	Birth Date	Race	Sex
[redacted]	14	[redacted]	WHITE	F

HOME ADDRESS - No. - Street, City, State
[redacted] CHOCTAW, OK

EXAMINER NOTIFIED BY - NAME - TITLE (AGENCY, INSTITUTION, OR ADDRESS)	DATE	TIME
OKLAHOMA CITY PD	09/13/2013	20:00

	CITY	COUNTY	TYPE OF PREMISES	DATE	TIME
INJURED OR BECAME ILL AT (ADDRESS) [redacted]	CHOCTAW	OKLAHOMA	FIELD	Unknown	Unknown
LOCATION OF DEATH [redacted]	CHOCTAW	OKLAHOMA	FIELD	09/13/2013 FOUND	19:07 FOUND
BODY VIEWED BY MEDICAL EXAMINER 901 STONEWALL	OKLAHOMA CITY	OKLAHOMA	MORGUE	09/16/2013	10:30

IF MOTOR VEHICLE ACCIDENT: ☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN

TYPE OF VEHICLE: ☐ AUTOMOBILE ☐ LIGHT TRUCK ☐ HEAVY TRUCK ☐ BICYCLE ☐ MOTORCYCLE ☐ OTHER: _____

DESCRIPTION OF BODY

EXTERNAL PHYSICAL EXAMINATION

	RIGOR	LIVOR
Jaw	☐ Complete	Color RED
Neck	☐ Absent	Lateral ☐
Arms	☐ Passing ☑	Posterior ☑
Legs	☐ Passed	Anterior ☐
	☐ Decomposed	Regional _____

EXTERNAL OBSERVATION

Beard _____ Hair BROWN

Eyes: Color HAZEL Mustache _____

Opacities _____

Pupils: R 3MM L 3MM

Body Length 68 INCHES Body Weight 79 KG

	NOSE	MOUTH	EARS
BLOOD	☑	☐	☑
OTHER	☐	☐	☐

Significant observations and injury documentations - (Please use space below)
ADOLESCENT FEMALE WITH CONTUSIONS AND LACERATIONS TO THE RIGHT FACE AND EAR AND BLOOD IN THE CEREBROSPINAL FLUID.

Probable Cause of Death:

BLUNT FORCE INJURY TO THE HEAD

Other Significant Medical Conditions:

Manner of Death:

Natural ☐ Accident ☑
Suicide ☐ Homicide ☐
Unknown ☐ Pending ☐

Case disposition:

Autopsy Yes ☐ No ☑
Authorized by _____
Pathologist [redacted]
Not a medical examiner case ☐

MEDICAL EXAMINER:
Name, Address and Telephone No.

[redacted]
901 N. STONEWALL
OKLAHOMA CITY, OK 73117

I hereby state that, after receiving notice of the death described herein, I conducted an investigation as to the cause and manner of death, as required by law, and that the facts contained herein regarding such death are true and correct to the best of my knowledge.

[redacted]
Signature of Medical Examiner [redacted]

10/21/2013
Date Signed

Computer generated report [redacted]

09/16/2013
Date Generated

BOARD OF MEDICOLEGAL INVESTIGATIONS

OFFICE OF THE CHIEF MEDICAL EXAMINER

901 N.Stonewall
Oklahoma City, Oklahoma 73117

REPORT OF LABORATORY ANALYSIS

OFFICE USE ONLY

Re._____ Co._____

I hereby certify that this is a true and correct copy of the original document. Valid only when copy bear im-print by the office seal.

By _____

Date _____

ME CASE NUMBER: [redacted]

LABORATORY NUMBER: [redacted]

DECEDENT'S NAME: [redacted]

DATE RECEIVED: 09/17/2013

MATERIAL SUBMITTED: BLOOD, VITREOUS

HOLD STATUS: 30 DAYS

SUBMITTED BY: [redacted]

MEDICAL EXAMINER: [redacted]

NOTES:

ETHYL ALCOHOL:

Blood: NEGATIVE (Heart)

Vitreous:

Other:

CARBON MONOXIDE

Blood:

TESTS PERFORMED:

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

RESULTS:

NONE DETECTED

10/08/2013
DATE

[redacted]

[redacted], Chief Forensic Toxicologist

IDI #: 131202HWE0001
Exhibit #: 4

Utility Vehicle Data Record Sheet

Front

A Driver	Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
	Age: 14	Height:
	Gender: F	Weight:
	Helmet (Y/N): N	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Head Trauma	
	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.

Save

INCIDENT INVESTIGATION TERMINATION REPORT

1. TASK NO.	2. TIME EXPENDED	3. DATE INITIATED
131213HCC2178	2.00	12/18/2013

4. HOSPITAL NO.	5. RECORD NO.	6. AGE	7. SEX

8. DATE OF TREATMENT	9. INJURY	10. BODY PART	11. DISPOSITION

12. PRODUCT	13. PRODUCT CODE	14. ORGANIZATION CODE	15. INVESTIGATOR ID
UTILITY VEHICLES	5044	CFIE	4040

16. CATID NO.	17. SPECIAL STUDY NO.	18. TERMINATION CODE
TYNN092014		

19. RECORD OF ATTEMPTS TO CONTACT

DATE	TIME	METHOD	RESPONSE
12/18/2013	10:00 a.m	Telephone	Telephoned fire dept., sheriff
12/18/2013	3:00 p.m.	U.S. Mail	Mailed letters to the fire dep
01/24/2014	8:45 a.m.	Facsimile	Faxed letters to the fire dept
02/14/2014	4:45 p.m.	Telephone	Telephoned fire dept., sheriff
03/07/2014	3:15 p.m.	Telephone	Telephoned fire dept., sheriff
03/13/2014	1:05 p.m.	Telephone	Telephoned fire dept., sheriff

20. REASON FOR TERMINATION:

The fire department, sheriff's office, or coroner's office did not respond to any of my voice messages or letters that were sent. No information beyond the source document could be obtained.

21 REVIEWED BY:	ID NO.	MO DAY YR
Helen Cash	8978	03/15/2014

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
131217HCC2184	9094	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2013 12 06	2013 12 23

6. Synopsis of Accident or Complaint **UPC**

A 40-year-old male was riding in the passenger seat of a UTV driven by an adult female. They were both wearing seatbelts but not helmets. The UTV slid or was driven into a creek and overturned, pinning the passenger underneath. The driver was able to unfasten her seatbelt and escape, but neither the driver nor the passenger was able to unfasten the passenger's seatbelt. The passenger died of drowning. When emergency officials arrived, they had to cut the seatbelt to remove the passenger from the UTV.

7. Location (Home, School, etc)	8. City	9. State
5 - OTHER PUBLIC PROPERTY	MONROE COUNTY	MS

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS	RAZOR 900XP

10D. Manufacturer Name and Address
POLARIS INC.
1225 HIGHWAY 169 NORTH
MINNEAPOLIS, MN 55441

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
40	1 - Male	8 - Death	69 - Submersion

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
85 - ALL OF BODY	2 - Eyewitness	2 - Telephone	12.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
01/28/2014	8631	Frank J. Nava

28. Distribution	29. Source Document Number
Sarah Garland; Tanya L. Topka	X13C0497A

This investigation was initiated from a news article.

This incident involves a 40-year-old male who died of drowning when the side-by-side utility vehicle (UTV) in which he was a passenger overturned into a creek.

The investigating officer with the sheriff's department provided information about the incident in a telephone interview, which was conducted on January 6, 2014. The sheriff's department also provided a copy of the incident report, which was received on January 23, 2014. I requested photographs from the sheriff's department, but they were not received.

The coroner provided a copy of the death investigation report, which was received on January 22, 2014. The coroner did not have any photographs of the incident location or the vehicle involved.

The owner of the incident UTV provided information pertaining to the vehicle in a telephone interview, which was conducted on January 27, 2014.

Attempts to contact the victim's family were unsuccessful.

Information pertaining to weather in the area on the incident date was obtained from [redacted].

The victim in this incident is a 40-year-old male, who was five feet, ten inches tall and weighed 165 pounds (Attachment 3, Page 1). It is unknown whether the victim had any previously existing mental or physical condition that might have contributed to the incident. According to information provided by local officials, the victim had consumed alcohol on the afternoon of the incident (Attachment 3, Page 2).

The incident product is a side-by-side utility vehicle (UTV) that belonged to a friend of the victim. The owner said that he purchased the UTV new at a local dealer in spring 2011. He said that the only modifications he had made to the UTV since its purchase were the addition of a roof, a stereo, windshields, and mirrors.

The owner stated that he had never had any problems with the UTV prior to the incident but that several people who had ridden as passengers in the UTV had advised him that they had problems unbuckling the seatbelt on the passenger side.

The area in which the incident occurred received 0.85 inches of rain on the incident date, December 6, 2013 (Attachment 4, Page 1). At the time of the incident, the temperature was approximately 39 °F, with overcast skies (Attachment 4, Page 3). The humidity level was 61% (Attachment 4, Page 3). There had been rain on and off earlier in the day (Attachment 4, Pages 1-2).

Around 1:30 p.m. on December 6, 2013, a 40-year-old male was riding in a UTV being driven by an adult female, age unknown (Attachment 2, Pages 1-2; Attachment 3, Pages 1-2). Both the driver and the passenger were wearing seatbelts, but neither was wearing a helmet.

According to information provided by the investigating officer, the UTV was traveling on an unpaved road through field. He stated that there was a steep embankment with a creek at the lower end.

At some point, the UTV either slid or was driven into the creek and overturned toward the passenger's side (Attachment 2, Page 2; Attachment 3, Page 2)

According to the investigating officer, the driver of the UTV was able to unfasten her seatbelt and get out of the vehicle. However, the passenger was trapped underneath the vehicle and unable to get out (Attachment 2, Page 2; Attachment 3, Page 2).

When the driver of the UTV was unable to remove the passenger from the vehicle or get the vehicle out of the water, she ran for help (Attachment 3, Page 2).

Emergency responders had to use a knife to cut the passenger side seatbelt so that they could remove the passenger from the UTV (Attachment 2, Page 2).

The victim was transported to the emergency room of a local hospital, where he was pronounced dead on arrival by the emergency room physician at 2:30 p.m. (Attachment 2, Page 2; Attachment 3, Pages 1-2)

The coroner examined the victim's body at 2:55 p.m. and found no visible trauma (Attachment 3, Page 2). Based on his examination and on information provided by hospital staff, the coroner listed the probable cause of death as accidental freshwater drowning (Attachment 3, Pages 1-2).

The coroner's report indicates that the victim's blood alcohol count was 0.77 (Attachment 3, Page 2). The police report indicates that the driver of the UTV registered 0.13 when given a portable intoxilizer test (Attachment 2, Page 2).

CONTACT WITH RETAILER AND MANUFACTURER:

It is not known whether the family of the victim 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 **Polaris Razor 900 XP** side-by-side utility vehicle. The owner stated that he purchased the incident vehicle new in spring 2011. After purchase, the owner added a roof, a stereo, windshields, and mirrors to the vehicle.

He stated that no other alterations, modifications, or repairs had been made to the vehicle since its purchase.

When asked whether he had experienced any problems with the vehicle prior to the incident, the owner stated that he had not personally had any problems but that several people who had ridden as passengers had told him they had experienced difficulty unbuckling the seatbelt on the passenger side.

Information pertaining to the incident vehicle is listed below:

Model:	Polaris Razor 900 XP
Year:	2011
Manufacturer:	Polaris, Inc. 1225 Hwy. 169 N Minneapolis, MN 55441
Retailer:	Adams Motorsports 528 North Eastern Bypass Montgomery, AL
Purchase Date:	Spring 2011

LABELING

As the incident UTV was unavailable for viewing at the time of the investigation, I was unable to examine the labeling on it.

SAMPLE:

None collected.

ATTACHMENTS:

Attachment 1 – Contact Sheet
Attachment 2 – Sheriff's Incident/Offense Report
Attachment 3 – Coroner's Report
Attachment 4 – Weather Information
Attachment 5 – Missing Documents Form
Attachment 6 – UTV Data Record Sheet

List of Contacts

PRODUCT VIN NUMBER - UNKNOWN

Name: Alan Gurley
Title: Monroe County Coroner
Address: P. O. Box 156
Aberdeen, MS 39730
Phone: 662-369-4557
Fax: 662-319-5983
E-mail: coronersoffice@monroecoms.com
Interviewed: Report and photographs were requested via e-mail on 12/23/2013.
Called 01/21/2014 to follow up on initial request – got fax number.
Faxed second request on 01/21/2014.

Report was received on 01/22/2014.
Coroner does not have photographs of ATV or incident scene.

Name: Rodney Starling
Title: Investigating Officer
Address: Monroe County Sheriff's Department
P.O. Box 683
Aberdeen, MS 39730
Phone: 662-369-2468
Fax: 662-369-2470
Interviewed: Report and photographs were requested via fax on 12/23/2013.
Interviewed Investigating Officer via telephone on 01/06/2014.
Faxed second request for report and photos on 01/21/2014.

Information from interview is included in narrative.
Report was received on 01/23/2014.
Photographs were not received.

Name: [redacted]
Title: Witness
Address: [redacted]
Wetumpka, AL 36092-7473
Phone: [redacted]
Interviewed: No contact info for witness until receiving sheriff report on 01/23/14.
Called witness on 01/24/2014 – left message on voice mail.
Letter sent to witness on 01/24/2014.

Witness/Product owner – provided information in telephone interview on 01/27/2014.

Name: [redacted]
Title: Next-of Kin (Victim's Wife)
Address: [redacted]
Samson, AL36477
Phone: [redacted]
Interviewed: No contact info for NOK until receiving coroner's report on 01/22/14. Letter sent to NOK on 01/23/2014.

No reply from NOK – received necessary vehicle information from product owner on 1/27/2014.

Page No. : 1

MONROE COUNTY SHERIFF'S DEPT

INCIDENT/OFFENSE REPORT

INCIDENT NO.	RESPONSIBLE AGENCY	STATUS	CALL NO.
2013120017	MONROE COUNTY SHERIFF'S DEPT.	Open	[redacted]

REPORTED INCIDENT/OFFENSE	REPORTED DATE	NCIC Check Made / DUI Offense
REQUEST DEPUTY	12/06/2013	☐ NCIC Check Made ☐ DUI Offense

ACTUAL INCIDENT/OFFENSE	FROM Date/Time	TO Date/Time
DUI-MUTILATION/DISFIGUREMENT/DEATH OF ANOTHER	12/06/2013 - 13:36	12/06/2013 - 14:01

OFFENSE LOCATION/FIRM	LOC. TYPE	DISTRICT	GRID
[redacted]			

ADDRESS	APT. NO.	CITY
[redacted]		

COMPLAINANT	HOME PHONE	EMPLOYER	WORK PHONE
[redacted] - SAMSON, AL 36477-	- -		

M.O./EVIDENCE

WEATHER CONDITIONS: Hot ☐ Clear ☐ Raining ☐ Cloudy ☐ Snowing ☐ Foggy

STRUCTURE OCCUPANCY: Not Applicable

HOW DONE

Weapons/Tools Used :

Force Used :

Other Trademarks :

EVIDENCE GATHERED: NO EVIDENCE GATHERED

INVOLVED PERSON(S)

HOW INVOLVED	NAME	ADDRESS	PHONE NO.
Victim	[redacted]	[redacted] - SAMSON, AL 36477-	- -
Suspect Person	[redacted]	[redacted] - MONGOMERY, AL 36109-	[redacted]
Other	[redacted]	[redacted] - MONTGOMERY, AL 36108-	[redacted]

DISPOSITION OF PROPERTY : TOTAL VALUE : $ 0.00

Officer(s) Involved : Primary-M12 [redacted] Primary-M21 [redacted], Primary-M24 LINDSEY, WANDA, Primary-M18 [redacted], [redacted], Primary-M1 CANTRELL, CECIL, Primary-M4 STARLING, RODNEY, Primary-M6 BISHOP, JOHN

Investigator Assigned : M4 - STARLING, RODNEY Investigative Div. :

CASE FILED	THIS CASE IS				APPROVED BY
Yes ☒	Cleared by Arrest ☐	Unfounded ☐	Exceptionally Cleared ☐	Other ☒	

Page : 1

MONROE COUNTY SHERIFF'S DEPARTMENT

INCIDENT REPORT - NARRATIVE

INCIDENT NO. 2013120017	INCIDENT DATE/TIME 12/06/2013/13:36	DUI-MUTILATION/DISFIGUREMENT/DEATH

UPON ARRIVAL I, [redacted], AND [redacted] LOCATED THE ATV IN THE CREEK ALONG WITH FIREMAN PERSONNEL FROM HATLEY AND BECKER ATHENS FIRE DEPARTMENT. DEPUTY [redacted] JUMPED IN TO THE CREEK AND MYSELF AND DEPUTY [redacted] HELP PULL EVERYONE TO THE BANK. DEPUTY [redacted] HAD TO USE HIS KNIFE TO CUT THE SEATBELT HOLDING THE VICTIM IN ON THE PASSENGER SIDE. [redacted] WAS AT THE SCENE STATING THE VEHICLE SLID OFF INTO THE CREEK WHILE SHE WAS DRIVING. AFTER GETTING THE VICTIM ON TO THE BANK, A STRONG ODOR OF ALCOHOL WAS IN THE AIR. WHEN ASKED, [redacted] STATED THEY ALL HAD BEEN DRINKING. AMBULANCE CREW WAS ON SCENE AND BEGAN CPR. AFTER GETTING THE VICTIM IN THE AMBULANCE, DEPUTIES WENT AND SPOKE TO [redacted] AND SHE WAS OFFERED A PORTABLE INTOXILIZER TEST WHERE SHE REGISTERED A 0.13. [redacted] WAS TRANSPORTED THE THE AMORY POLICE DEPARTMENT WHERE SHE WAS OFFERED THE [redacted] SHE TOOK THE TEST AND BLEW A 0.11 WHICH IS HIGHER THAN THE 0.08 STATE LIMIT. [redacted] WAS TRANSPORTED AND BOOKED IN TO THE MONROE COUNTY DETENTION CENTER FOR DUI. [redacted] WAS LATER PRONOUNCED DEAD AT THE GILMORE MEMORIAL HOSPITAL.

OFFICER'S SIGNATURE : Rodney Starling

Page 1

STATE MEDICAL EXAMINER

REPORT OF DEATH INVESTIGATION

Central Office Use Only
(Date of Receipt)
(DOD Code)
(COD Code)
ME Case Number

DECEDENT: (First Name) (Middle Name) (Last Name) (Jr., Sr., III, etc.)

ADDRESS: (Number & street or Route, Box No.) Samson AL (City, State) (County)

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

AGE (If less than 2 yrs. give months & days): 40 Years

Date of Birth

MARITAL STATUS
- [X] Married
- [ ] Never Married
- [ ] Widowed
- [ ] Divorced
- [ ] Separated
- [ ] Unknown

RACE
- [X] White
- [ ] Black
- [ ] Hispanic
- [ ] Other

SEX
- [X] Male
- [ ] Female
- [ ] Undetermined

HEAD-HAIR
- [ ] None
- [ ] Partly Bald
- [ ] Blonde
- [ ] Brown
- [ ] Red
- [ ] Black
- [ ] Grey
- [ ] White

OTHER HAIR
- [ ] Mustache
- [ ] Beard

CLOTHING
- [ ] Clothed
- [ ] Partly Clothed
- [X] Unclothed

EYES: Color

R L

WEIGHT: 165 lbs

LENGTH: 5' 10"

MISCELLANEOUS:
- [ ]
- [ ]
- [ ]
- [ ] Circumcised

BODY TEMPERATURE
- [ ] Warm
- [ ] Cool
- [X] Cold

(If taken)

RIGOR (Circle Degree)
- [ ] Neck 0 1+ 2+ 3+
- [ ] Arms 0 1+ 2+ 3+
- [ ] Legs 0 1+ 2+ 3+

LIVOR

Color

Fixed? [ ] Yes [ ] No
- [ ] Anterior
- [ ] Posterior
- [ ] Lateral

BLOOD
- [ ] Nose
- [ ] Mouth
- [ ] Ears
- [ ] Clothing
- [X] None

OTHER Dirt, water, etc.)
- [ ] Nose
- [ ] Mouth
- [ ] Ears
- [ ] None

DECOMPOSITION
- [ ] Early
- [ ] Advanced
- [ ] None

FROTH
- [ ] Present
- [ ] Absent

OCCUPATION (Please fill in both parts)

TYPE OF WORK: Balford-Beatey

(Example: Machinist, typist, fireman, farmer salesman, homemaker)

INDUSTRY:

(Example: textile, banking, fire dept., farming, insurance, home)

[ ] No Occupational Information

INFORMATION ABOUT OCCURRENCE

ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES (Home, farm, highway, hospital, etc.)
INJURY OR ONSET OF ILLNESS	12/6/2013	1:30 PM		Monroe	ON THE JOB? [ ] YES [X] NO Campground
LAST SEEN ALIVE			(By Whom: Name and Address)		
DEATH	12/6/2013	2:30 PM	DOA @ Gilmore Er Amory	Monroe	Hospital
FOUND DEAD BY			(By Whom: Name and Address or Title)		
POLICE NOTIFIED	12/6/2013	1:30 PM	POLICE AGENCY: Monroe Co. SO		OFFICER: Curtis Knight
CORONER/ME NOTIFIED	12/6/2013	2:32 PM	(By Whom: Name and Address) ER-RN Gilmore		
VIEW OF BODY	12/6/2013	2:55 PM	Gilmore ER		[ ] NOT VIEWED
WITNESS TO INJURY OR ILLNESS AND DEATH	(Name) Female driver of ATV		(Address)		BLOOD SAMPLE DRAWN: [X] Yes [ ] No Why not?:

MANNER OF DEATH

[ ] NATURAL [ ] HOMICIDE [X] ACCIDENT [ ] SUICIDE [ ] UNKNOWN [ ] PENDING

MEDICO-LEGAL AUTOPSY AUTHORIZED: [ ] Yes [X] No

PATHOLOGIST

OTHER AUTOPSY DONE: [ ] Yes [X] No

PROBABLE CAUSE OF DEATH:
1. Freshwater Drowning
2. Due to: ATV Accident

Contributing factor:

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with the Mississippi Code Annotated, and that the information contained herein regarding such deaths is true and correct to the best of my knowledge and belief.

(Signature of Coroner or Medical Examiner)

M.S.M.E.

12/7/2013 (Date Signed) MONROE (County) (Your Number)

Decedent's Social Security Number:

Body Released To: Date: Time:

ME-1

Send original to the State Medical Examiner. Copies must be forwarded to County Clerk of Court.

REASON FOR ASSUMING MEDICAL EXAMINER JURISDICTION (Check ONE only)

☐ HOMICIDE	☐ ACCIDENT	☐ POISONING	☐ POLICE CUSTODY	☐ PUBLIC HEALTH HAZARD	☐ SURGICAL/ANESTHETIC PROCEDURE
☐ SUICIDE	☐ DISASTER	☐ UNKNOWN OR SUSPICIOUS	☐ STATE		
☐ TRAUMA	☐ VIOLENT		☐ LOCAL/OTHER	☐ SUDDEN/UNEXPECTED	☐ UNATTENDED

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

IF MOTOR VEHICLE INVOLVED

☐ Driver
☐ Passenger
☐ Pedestrian
☐ Other

☐ Lap Belt Used
☐ Shoulder Belt Used
☐ Crash Helmet Worn

☐ Hit-Run
☐ Non-Highway

☐ Passenger Car
☐ Truck
☐ Motorcycle
☐ Motorbike

☐ Farm Vehicle
☐ Other

IF GUN

☐ Rifle-Cal.
☐ Handgun-Cal.
☐ Shotgun-Gau.
☐ Unknown Type

☐ Stippling
☐ Smudging
☐ Abrasion Collar
☐ Round

☐ Oblong
☐ Stellate
☐ Surg. Treated
☐ Other

LOCATION OF WOUNDS (If no autopsy):

____ Head	____ Buttocks	____ Upper Arms
____ Neck	____ Thighs	____ Lower Arms
____ Chest	____ Lower Legs	____ Hands
____ Abdomen	____ Feet	____ Other

IF INSTRUMENT:

☐ Blunt
☐ Sharp

What Kind:

☐ Unknown Kind

TYPE & LOCATION OF INJURIES:

IF DRUG, POISON, CHEMICAL (Suspected)

☐ Alcohol
☐ Other Drugs, Chemical or Poison (Specify by Name)
☐ Unknown

REMARKS/SYMPTOMS:

☐ Ingested
☐ Injected
☐ Inhaled
☐ Topical
☐ Other
☐ Unknown

MEDICAL HISTORY

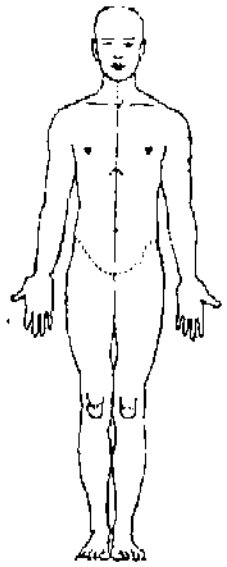
CONDITION:

☐ Alcoholism
☐ Cancer
☐ Diabetes
☐ Drug Abuse
☐ Lung Disease
☐ Fractures
☐ Heart Disease
☐ Seizure (specify)
☐ Other (specify)

DOCTOR:
Where treated: Gilmore ER
Medications.

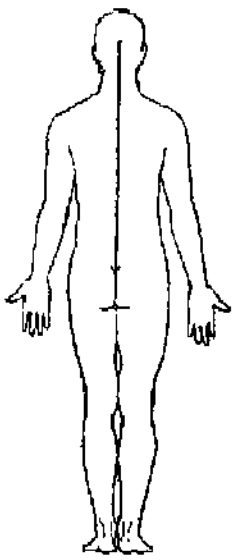
NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):

Front:



was a passenger in a Polaris Razor side by side being driven by a female friend of his boss. They were at the Campground on highway For some reason she drove the ATV into the creek and it overturned trapping under it. She was unable to get it out and ran for help. 911 dispatched deputies and responders. When they arrived they removed him from water and he was not breathing. CPR was continued to ER where he was DOA and pronounced dead by at 1430. I examined body at 1455 and found no visible trauma. Doctor and staff said his lungs were obviously full of water from the drowning. Body was released to for donation per wife's request. BAC showed .077.

Back:



Next Of Kin: wife Phone Number:

Funeral Home:

Weather History for Aberdeen / Amory, MS

Friday, December 6, 2013

Friday, December 6, 2013

« Previous Day | December 6 2013 View | Next Day »

Daily | Weekly | Monthly | Custom

	Actual	Average (KCBM)	Record (KCBM)
Temperature			
Mean Temperature	**40** °F	-	
Max Temperature	**44** °F	**56** °F	**78** °F (1998)
Min Temperature	**35** °F	**38** °F	**21** °F (2005)
Degree Days			
Heating Degree Days	26		
Moisture			
Dew Point	**27** °F		
Average Humidity	60		
Maximum Humidity	65		
Minimum Humidity	56		
Precipitation			
Precipitation	**0.85** in	-	- ()
Sea Level Pressure			
Sea Level Pressure	**30.12** in		
Wind			
Wind Speed	**10** mph (North)		
Max Wind Speed	**18** mph		
Max Gust Speed	**23** mph		
Visibility	**4** miles		
Events	Rain		

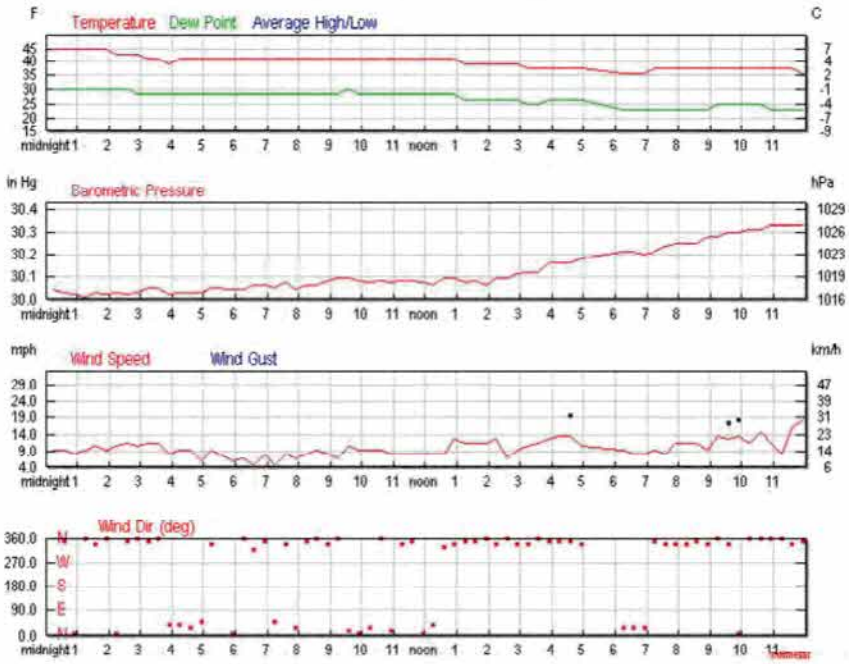
Averages and records for this station are not official NWS values.

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

T = Trace of Precipitation, **MM** = Missing Value

Source: NWS Daily Summary

Seasonal Weather Averages



Certify This Report

[redacted]

Hourly Weather History & Observations

Time (CST)	Temp.	Windchill	Dew Point	Humidity	Pressure	Visibility	Wind Dir	Wind Speed	Gust Speed	Precip	Events	Conditions
12:15 AM	44.6 °F	39.7 °F	30.2 °F	57%	30.04 in	1.8 mi	North	9.2 mph	-	N/A		Haze
12:35 AM	44.6 °F	39.7 °F	30.2 °F	57%	30.03 in	1.2 mi	North	9.2 mph	-	N/A		Haze
12:55 AM	44.6 °F	40.2 °F	30.2 °F	57%	30.02 in	1.0 mi	North	8.1 mph	-	N/A	Rain	Light Rain
1:15 AM	44.6 °F	39.7 °F	30.2 °F	57%	30.01 in	1.5 mi	North	9.2 mph	-	N/A		Haze
1:35 AM	44.6 °F	39.2 °F	30.2 °F	57%	30.03 in	1.2 mi	NNW	10.4 mph	-	N/A		Haze
1:55 AM	44.6 °F	39.7 °F	30.2 °F	57%	30.02 in	1.0 mi	North	9.2 mph	-	N/A	Rain	Light Rain
2:15 AM	42.8 °F	37.0 °F	30.2 °F	61%	30.03 in	2.0 mi	North	10.4 mph	-	0.01 in		Light Drizzle
2:35 AM	42.8 °F	36.6 °F	30.2 °F	61%	30.02 in	2.5 mi	North	11.5 mph	-	0.01 in		Haze
2:55 AM	42.8 °F	37.0 °F	28.4 °F	57%	30.03 in	2.5 mi	North	10.4 mph	-	0.01 in		Haze
3:15 AM	41.0 °F	34.3 °F	28.4 °F	61%	30.05 in	2.0 mi	North	11.5 mph	-	N/A		Light Drizzle
3:35 AM	41.0 °F	34.3 °F	28.4 °F	61%	30.05 in	2.0 mi	North	11.5 mph	-	N/A		Light Drizzle
3:55 AM	39.2 °F	33.6 °F	28.4 °F	65%	30.02 in	3.0 mi	NE	8.1 mph	-	N/A	Rain	Light Rain
4:15 AM	41.0 °F	35.2 °F	28.4 °F	61%	30.03 in	7.0 mi	NE	9.2 mph	-	N/A		Overcast
4:35 AM	41.0 °F	35.2 °F	28.4 °F	61%	30.03 in	10.0 mi	NNE	9.2 mph	-	N/A		Mostly Cloudy
4:55 AM	41.0 °F	37.1 °F	28.4 °F	61%	30.03 in	7.0 mi	NE	5.8 mph	-	N/A		Overcast
5:15 AM	41.0 °F	35.2 °F	28.4 °F	61%	30.05 in	5.0 mi	NNW	9.2 mph	-	N/A	Rain	Rain
5:55 AM	41.0 °F	37.1 °F	28.4 °F	61%	30.04 in	6.0 mi	North	5.8 mph	-	0.02 in		Light Drizzle
6:15 AM	41.0 °F	36.4 °F	28.4 °F	61%	30.04 in	2.5 mi	North	6.9 mph	-	0.01 in	Rain	Light Rain
6:35 AM	41.0 °F	38.0 °F	28.4 °F	61%	30.06 in	2.5 mi	NW	4.6 mph	-	0.03 in	Rain	Rain
6:55 AM	41.0 °F	35.8 °F	28.4 °F	61%	30.06 in	3.0 mi	North	8.1 mph	-	0.05 in	Rain	Light Rain
7:15 AM	41.0 °F	38.0 °F	28.4 °F	61%	30.05 in	5.0 mi	NE	4.6 mph	-	N/A		Haze
7:35 AM	41.0 °F	35.8 °F	28.4 °F	61%	30.07 in	2.5 mi	NNW	8.1 mph	-	0.01 in	Rain	Light Rain
7:55 AM	41.0 °F	36.4 °F	28.4 °F	61%	30.04 in	2.5 mi	NNE	6.9 mph	-	0.02 in	Rain	Heavy Rain
8:15 AM	41.0 °F	35.8 °F	28.4 °F	61%	30.06 in	7.0 mi	North	8.1 mph	-	N/A		Mostly Cloudy
8:35 AM	41.0 °F	35.2 °F	28.4 °F	61%	30.06 in	4.0 mi	North	9.2 mph	-	0.03 in		Haze
8:55 AM	41.0 °F	35.8 °F	28.4 °F	61%	30.08 in	1.0 mi	NNW	8.1 mph	-	0.10 in	Rain	Light Rain
9:15 AM	41.0 °F	36.4 °F	28.4 °F	61%	30.09 in	1.2 mi	North	6.9 mph	-	0.02 in	Rain	Rain
9:35 AM	41.0 °F	34.7 °F	30.2 °F	65%	30.09 in	7.0 mi	NNE	10.4 mph	-	0.03 in		Mostly Cloudy
9:55 AM	41.0 °F	35.2 °F	28.4 °F	61%	30.08 in	5.0 mi	North	9.2 mph	-	0.03 in		Haze
10:15 AM	41.0 °F	35.2 °F	28.4 °F	61%	30.07 in	4.0 mi	NNE	9.2 mph	17.3 mph	N/A		Haze
10:35 AM	41.0 °F	35.2 °F	28.4 °F	61%	30.08 in	2.0 mi	North	9.2 mph	-	N/A		Haze
10:55 AM	41.0 °F	35.8 °F	28.4 °F	61%	30.07 in	1.2 mi	NNE	8.1 mph	-	N/A		Haze
11:15 AM	41.0 °F	35.8 °F	28.4 °F	61%	30.08 in	1.8 mi	NNW	8.1 mph	-	N/A		Haze
11:35 AM	41.0 °F	35.8 °F	28.4 °F	61%	30.08 in	1.8 mi	North	8.1 mph	-	N/A		Light Drizzle
11:55 AM	41.0 °F	35.8 °F	28.4 °F	61%	30.07 in	1.8 mi	North	8.1 mph	-	N/A		Haze
12:15 PM	41.0 °F	35.8 °F	28.4 °F	61%	30.06 in	1.0 mi	NE	8.1 mph	-	N/A	Rain	Rain
12:35 PM	41.0 °F	35.8 °F	28.4 °F	61%	30.09 in	1.8 mi	NNW	8.1 mph	-	0.04 in		Light Drizzle
12:55 PM	41.0 °F	33.9 °F	28.4 °F	61%	30.09 in	3.0 mi	NNW	12.7 mph	18.4 mph	0.05 in		Overcast

Show full METARS | METAR FAQ | Comma Delimited File

Time (CST)	Temp.	Windchill	Dew Point	Humidity	Pressure	Visibility	Wind Dir	Wind Speed	Gust Speed	Precip	Events	Conditions
1:15 PM	39.2 °F	32.0 °F	26.6 °F	61%	30.07 in	1.8 mi	North	11.5 mph	-	N/A		Overcast
1:35 PM	39.2 °F	32.0 °F	26.6 °F	61%	30.08 in	1.0 mi	North	11.5 mph	19.6 mph	0.09 in		Overcast
1:55 PM	39.2 °F	32.0 °F	26.6 °F	61%	30.06 in	1.8 mi	North	11.5 mph	-	0.13 in	Rain	Light Rain
2:15 PM	39.2 °F	31.6 °F	26.6 °F	61%	30.09 in	6.0 mi	NNW	12.7 mph	-	N/A		Haze
2:35 PM	39.2 °F	34.2 °F	26.6 °F	61%	30.09 in	4.0 mi	North	6.9 mph	-	N/A	Rain	Light Rain
2:55 PM	39.2 °F	33.0 °F	26.6 °F	61%	30.11 in	3.0 mi	NNW	9.2 mph	-	0.01 in		Light Drizzle
3:15 PM	37.4 °F	30.3 °F	24.8 °F	60%	30.12 in	2.5 mi	NNW	10.4 mph	-	0.01 in	Rain	Light Rain
3:35 PM	37.4 °F	29.8 °F	24.8 °F	60%	30.12 in	1.0 mi	North	11.5 mph	-	0.19 in	Rain	Rain
3:55 PM	37.4 °F	29.3 °F	26.6 °F	65%	30.16 in	1.0 mi	North	12.7 mph	-	0.27 in	Rain	Light Rain
4:15 PM	37.4 °F	28.9 °F	26.6 °F	65%	30.16 in	0.8 mi	North	13.8 mph	18.4 mph	0.09 in	Rain	Heavy Rain
4:35 PM	37.4 °F	28.9 °F	26.6 °F	65%	30.16 in	2.5 mi	North	13.8 mph	19.6 mph	0.14 in	Rain	Light Rain
4:55 PM	37.4 °F	30.3 °F	26.6 °F	65%	30.18 in	3.0 mi	NNW	10.4 mph	-	0.16 in	Rain	Light Rain
6:15 PM	35.6 °F	28.6 °F	23.0 °F	60%	30.21 in	8.0 mi	NNE	9.2 mph	-	N/A		Mostly Cloudy
6:35 PM	35.6 °F	29.2 °F	23.0 °F	60%	30.21 in	8.0 mi	NNE	8.1 mph	-	N/A		Mostly Cloudy
6:55 PM	35.6 °F	29.2 °F	23.0 °F	60%	30.20 in	8.0 mi	NNE	8.1 mph	-	N/A		Scattered Clouds
7:15 PM	37.4 °F	30.8 °F	23.0 °F	56%	30.21 in	9.0 mi	North	9.2 mph	-	N/A		Partly Cloudy
7:35 PM	37.4 °F	31.4 °F	23.0 °F	56%	30.24 in	8.0 mi	NNW	8.1 mph	-	N/A		Scattered Clouds
7:55 PM	37.4 °F	29.8 °F	23.0 °F	56%	30.25 in	8.0 mi	NNW	11.5 mph	-	N/A		Mostly Cloudy
8:15 PM	37.4 °F	29.8 °F	23.0 °F	56%	30.25 in	8.0 mi	NNW	11.5 mph	17.3 mph	N/A		Overcast
8:35 PM	37.4 °F	29.8 °F	23.0 °F	56%	30.25 in	8.0 mi	North	11.5 mph	-	N/A		Overcast
8:55 PM	37.4 °F	30.8 °F	23.0 °F	56%	30.28 in	8.0 mi	NNW	9.2 mph	-	N/A		Overcast
9:15 PM	37.4 °F	28.9 °F	24.8 °F	60%	30.28 in	8.0 mi	North	13.8 mph	17.3 mph	N/A		Overcast
9:35 PM	37.4 °F	29.3 °F	24.8 °F	60%	30.30 in	8.0 mi	NNW	12.7 mph	17.3 mph	N/A		Overcast
9:55 PM	37.4 °F	28.9 °F	24.8 °F	60%	30.30 in	7.0 mi	North	13.8 mph	18.4 mph	N/A		Overcast
10:15 PM	37.4 °F	29.8 °F	24.8 °F	60%	30.31 in	8.0 mi	North	11.5 mph	-	N/A		Overcast
10:35 PM	37.4 °F	28.5 °F	24.8 °F	60%	30.31 in	8.0 mi	North	15.0 mph	19.6 mph	N/A		Overcast
10:55 PM	37.4 °F	29.8 °F	23.0 °F	56%	30.33 in	7.0 mi	North	11.5 mph	-	N/A		Overcast
11:15 PM	37.4 °F	31.4 °F	23.0 °F	56%	30.33 in	9.0 mi	North	8.1 mph	-	N/A		Overcast
11:35 PM	37.4 °F	28.2 °F	23.0 °F	56%	30.33 in	7.0 mi	NNW	16.1 mph	-	N/A		Overcast
11:55 PM	35.6 °F	25.2 °F	23.0 °F	60%	30.33 in	6.0 mi	North	18.4 mph	23.0 mph	N/A		Haze

Show full METARS | METAR FAQ | Comma Delimited File

U.S. Consumer Product Safety Commission

Task Number: 131217HCC2184

Date: 01/28/2014

Status of Missing Document(s)

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

1. Sheriff's Department - photographs
2.
3.
4.
5.
6.

IDI #: 131217HCC2184
Exhibit #: 6

Utility Vehicle Data Record Sheet

Front

A Driver	B Right Front Passenger
X Left Rear Passenger	X Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
Age: unk	Height: unknown	
Gender: F	Weight: unknown	
Helmet (Y/N): N	Seatbelt (Y/N): Y	
Killed/Injured/Neither/Unknown: Neither		
Injury Description: not applicable		
Did vehicle land on victim: no		
Ejected (Either partially or fully): no		

B:		
Age: 40	Height: 5' 10"	
Gender: M	Weight: 165	
Helmet (Y/N): N	Seatbelt (Y/N): Y	
Killed/Injured/Neither/Unknown: Killed		
Injury Description: drowning		
Did vehicle land on victim: yes		
Ejected (Either partially or fully): no		

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

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

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

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

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

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

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

Save

Incident unit resting on side

Rear view of incident product

View of top of UTV

Close up view of UTV

Label affixed to UTV

Label affixed to UTV

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
KANSAS HIGHWAY PATROL		2013011246	/

Investigating Officer Name	Badge Number	County	City Name
A.B. BARTA	67	RP	

☐ Amended Report
☐ DUI
☐ Hit & Run

F Accident Severity
Fatal
Injury
PDO >= $1,000
PDO < $1,000
☒ Private Property

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur.	Day
			PRIVATE PROPERTY				08/10/2013	20:40	SA

From Dist	Ft/Mi	From Dir	◉ FROM ○ AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
0.3	M	S		E	MARBLE	RD			08/10/2013	21:36	SA

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
08/10/2013	21:58	SA

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

UNIT 1 WAS TRAVELING SOUTH ON A FIELD ACCESS ROAD. UNIT 1 LOST CONTROL AND ROLLED. (PRIVATE PROPERTY)

Latitude (AOI)

Longitude (AOI)

Photos by: A.B. BARTA

KDOT? ☐ Object 1 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone
Owner Last Name First Name Middle Name City State Zip Work Phone

KDOT? ☐ Object 2 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone
Owner Last Name First Name Middle Name City State Zip Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS
01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights
99 Unknown

00 ADVERSE WEATHER CONDITIONS
00 No adverse conditions
01 Rain, mist, drizzle
02 Sleet, hail
03 Snow
04 Fog
05 Smoke
06 Strong wind
07 Blowing dust, sand, etc.
08 Freezing rain, mist, drizzle
14 Rain & fog
16 Rain & wind
24 Sleet & fog
36 Snow & wind
88 Other: _____
99 Unknown

03 SURFACE TYPE ON / AT
01 Concrete
02 Blacktop (Asphalt)
03 Gravel
04 Dirt
05 Brick
88 Other: _____
99 Unknown

01 SURFACE CONDITIONS ON / AT
01 Dry
02 Wet
03 Snow
04 Ice
05 Mud/dirt/sand
06 Debris (oil, etc.)
07 Standing/ moving water
08 Slush
88 Other: _____
99 Unknown

11 ACC. LOCATION (of 1st Harmful Event)

ON ROADWAY: (within travel lanes)
11 Non-intersection
12 Intersection +
13 Intersection-related +
14 Access to Parking lot/Drvwy
15 Interchange Area +
16 On Crossover
17 Toll Plaza

OFF ROADWAY:
20 Shoulder
21 Roadside (not shoulder)
22 Median
23 Parking lot or Rest area
88 Other: _____
99 Unknown

+INTERSECTION TYPE
01 Four-way intersection
02 Five-way or more
03 T - intersection
04 Y - intersection
05 L - intersection
06 Roundabout
07 Traffic Circle
08 Part of an interchange
99 Unknown
(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)
00 None
01 Bridge
02 Bridge Overhead
03 Railroad Bridge
04 RRXING
05 Interchange
06 Ramp
99 Unknown

1	2	3
00		

01 ACCIDENT CLASS (mark 1 box per side) 01

1st Harmful Event / Most Harmful Event
00 Other non-collision
01 Overturned/Rollover

COLLISION WITH:
02 Pedestrian
03 Motor vehicle in-transport*
04 Legally Parked Vehicle
05 Railway train
06 Pedal cyclist
07 Animal Type: _____
08 Fixed object**
09 Other object: _____
99 Unknown

****FIXED OBJECT TYPE** (mark 1 box per side if applicable)

1st Harmful Event / Most Harmful Event
01 Bridge structure
02 Bridge rail
03 Crash cush./Impact attenuator
04 Divider, median barrier
05 Overhead sign support
06 Utility devices: pole,meter,etc
07 Other post or pole
08 Building
09 Guardrail
10 Sign post
11 Culvert
12 Curb
13 Fence/Gate
14 Hydrant
15 Barricade
16 Mailbox
17 Ditch
18 Embankment
19 Wall
20 Tree
21 RRXING fixtures
88 Other: _____
99 Unknown

00 WORK ZONE TYPE ON / AT
00 None Apply
01 Construction Zone -
02 Maintenance Zone -
KDOT? ☐
03 Utility Zone -
99 Unknown

- LOCATION IN WORK ZONE (AOI)
01 Before first warning sign
02 Advance warning area
03 Transition area
04 Activity area
05 Termination area
99 Unknown

- WORK ZONE CATEGORY
01 Lane closure
02 Lane shift / crossover
03 Work on shoulder / median
04 Intermittent or moving vehicle
88 Other: _____
99 Unknown

***COLLISION WITH VEHICLE** (mark 1 box per side if applicable)

1st Harmful Event / Most Harmful Event
01 Head on
02 Rear end
03 Angle - side impact
04 Sideswipe: opposite direction
05 Sideswipe: Same direction
06 Backed into
88 Other: _____
99 Unknown

TRAFFIC CONTROLS

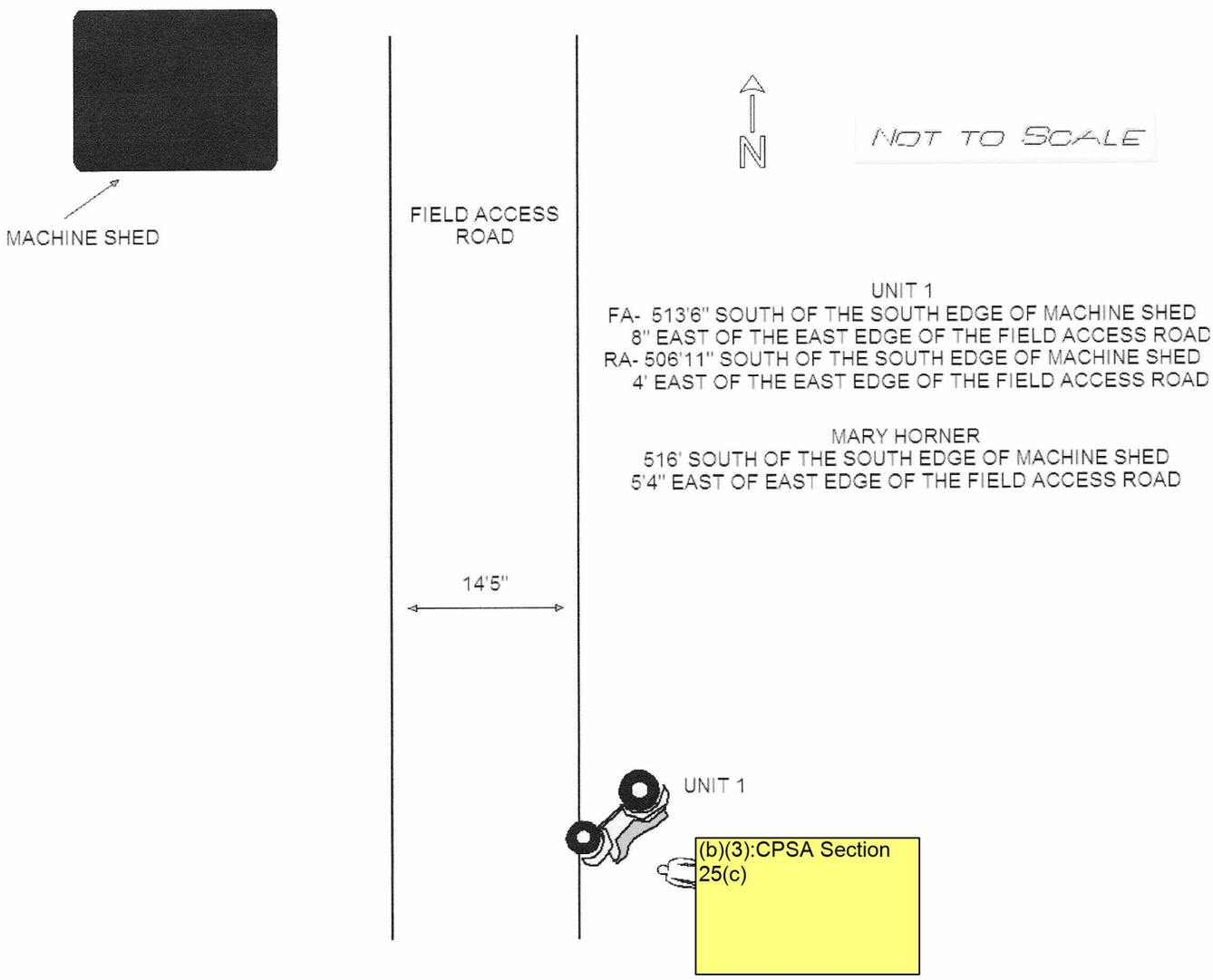
	(On / At Road) O/A	Type Present	OK/NF
00 None	1 O	1 00	1
01 Officer, flagger	2	2	2
02 Traffic signal	3	3	3
03 Stop sign	4	4	4
04 Flasher	5	5	5

05 Yield sign
06 RR gates / signal
07 RR crossing signs
08 No passing zone
09 Center/Edge lines
10 Warning signs
11 School zone signs
12 Parking lines
88 Other: _____
99 Unknown

Accident Diagram 850A continued	SPECIAL EVENT	SPECIAL DATA	Local Case No. 2013011246	Page of /

88 ROADWAY NUMBER OF LANES (ON / AT)	01 ROAD CHARACTER (ON / AT)	88 SPECIAL JURISDICTION	
01 One	01 Straight & Level	00 Normal Jurisdiction (Not Special)	A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.
02 Two	02 Straight on grade/slope	01 National Park Service	
03 Three	03 Straight on hillcrest	02 Military	
04 Four to Six	04 Curved & level	03 Indian Reservation	
05 Seven or more	05 Curved on grade/slope	04 College / University Campus	Indicate North Direction
88 Other: PRIV. PROP	06 Curved on hillcrest	05 Other Federal property	
99 Unknown	88 Other:	88 Other: PRIV. PROPERTY	
	99 Unknown	99 Unknown	

Draw scene as observed or recreate per statements and evidence available



Occupants & Vehicles KDOT Form 850B Rev. 1-2009	DRIVER & PASSENGER INFORMATION (record pedestrians on supplemental form 854)	Investigating Officer / Badge No. A.B. BARTA 67	Local Case No. 2013011246	Page of /

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

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

TRAFFIC UNIT# 1 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

DR LICENSE COMPLY: 00

- 00 Not licensed
- 01 Valid License
- 02 Suspended
- 03 Revoked
- 04 Expired
- 05 Cancld or Denied
- 06 Disqualified
- 07 Restricted
- 99 Unknown

RESTRICT COMPLY

Restrictions? ☐

Driver's Lic Restrictions	Complied? Y	N
1	☐	☐
2	☐	☐
3	☐	☐
4	☐	☐

COMMERCIAL ENDORSEMENTS

1 2 3 4

- Z - None
- T - Double/Triple Trailer
- P - Passenger Vehicle
- N - Tank Vehicle
- H - Placarded Haz. Material
- X - Combination Tank/HazMat
- S - School Bus
- U - Unknown

SUBSTANCE USE (mark all that apply)

- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

IMPAIRMENT TEST (mark all that apply)

- ☒ NG - No Test given
- ☐ TR - Test Refused (Alcohol/Drug)
- ☐ PT - Prelim Positive Test (PBT)
- ☐ TG - Evidentiary Test given
- ☐ RP - Results pending

ALCOHOL: ☐ Evidentiary Breath 0. ☐ Eye Fluid 0. ☐ Blood (BAC) 0. ☐ Other 0.

Drug screen result ☐

TRAFFIC UNIT# (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

DR LICENSE COMPLY

- 00 Not licensed
- 01 Valid License
- 02 Suspended
- 03 Revoked
- 04 Expired
- 05 Cancld or Denied
- 06 Disqualified
- 07 Restricted
- 99 Unknown

RESTRICT COMPLY

Restrictions? ☐

Driver's Lic Restrictions	Complied? Y	N
1	☐	☐
2	☐	☐
3	☐	☐
4	☐	☐

COMMERCIAL ENDORSEMENTS

1 2 3 4

- Z - None
- T - Double/Triple Trailer
- P - Passenger Vehicle
- N - Tank Vehicle
- H - Placarded Haz. Material
- X - Combination Tank/HazMat
- S - School Bus
- U - Unknown

SUBSTANCE USE (mark all that apply)

- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

IMPAIRMENT TEST (mark all that apply)

- ☐ NG - No Test given
- ☐ TR - Test Refused (Alcohol/Drug)
- ☐ PT - Prelim Positive Test (PBT)
- ☐ TG - Evidentiary Test given
- ☐ RP - Results pending

ALCOHOL: ☐ Evidentiary Breath 0. ☐ Eye Fluid 0. ☐ Blood (BAC) 0. ☐ Other 0.

Drug screen result ☐

Unit # / Seat Type	PASSENGER Last Name / PASSENGER First Name	Middle Name / Date of Birth	PASSENGER ADDRESS (Number, Street, Sfx, etc.) / City State Zip	Personal Phone Number / Work Phone Number	Gender / Age	SE Used / Eject/Trap	Inj Severity / Eject Path	Transpt Unit / Extrication?
TU 1	HORNER	MN H	1616 H STREET (New address? ☐)	Personal (785) 614-4683	F	N	F	
ST 03	MARY	DOB 05/18/2005	BELLEVILLE KS 66935	Work	08	E	99	☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
A		RP CO EMS			
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:
		RP CO HOSPITAL			

Transport Units: A, B, C, ..., N

Occupants & Vehicles

850B Continued

(b)(6)

VEHICLE# 01 (01, 03, N3, X3, etc)	SPECIAL DATA	VEHICLE# (02, 04, N2, X4, etc)	SPECIAL DATA	Local Case No. 2013011246	Page of /

OWNER Last Name ("Same" if Driver)	OWNER First Name	Middle Name	
OWNER ADDRESS (Number, Street)	New address? ☐	Personal Phone	
CITY	ST	ZIP	Work Phone
COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants	
Insurance Company	Policy Number		

TRAFFIC UNITS ☐

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 2 3 4 5 Odometer Fire? ☐

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

09 VEHICLE BODY TYPE — LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV
10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____ 99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

01 VEHICLE USE

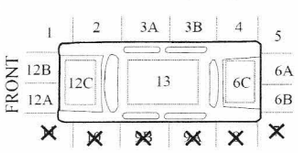
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

01 VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

DAMAGE LOCATION AREA

First Impact 09 Major Impact 09



☐ 14 Undercarriage ☐ 15 Windshield
☐ 16 Other windows ☐ 99 Unknown
☐ 17 Entire vehicle damaged
☐ 88 Other: _____

☐ Trailer: Present / Damaged

01 VEH. MANU. BEFORE UNSTAB. SIT.

01 Straight/ following road
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 04 2 3 4 ☐ The exact sequence is unknown

NON-COLLISION

01 Ran off road right
02 Ran off road left
03 Crossed centerline
04 Overturn/Rollover
05 Crossed median
06 Fell/Jumped from veh
07 Thrown or falling object
08 Cargo loss or shift
09 Equipment failure (tire, brakes, etc.)
10 Downhill runaway
11 Trailer swing
12 Separation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
98 Unknown non-coll.

COLLISION WITH

21 Pedestrian
22 Motor veh in-transport
23 Legally Parked Vehicle
24 Train
25 Pedal cycle (bike, etc)
26 Animal
27 Fixed Object
28 Other moveable object
99 Unknown object

VEHICLE BODY TYPE — LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV
10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____ 99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source _____

VEHICLE USE

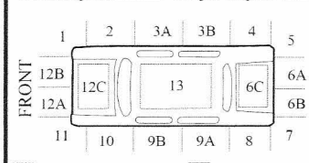
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

DAMAGE LOCATION AREA

First Impact ____ Major Impact ____



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1 2 3 4 ☐ The exact sequence is unknown

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10 Downhill runaway
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COLLISION WITH

21 Pedestrian
22 Motor veh in-transport
23 Legally Parked Vehicle
24 Train
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26 Animal
27 Fixed Object
28 Other moveable object
99 Unknown object

Accident Narrative KDOT Form 851 Rev. 1-2009	Officer Observations Description of Events	Witness Statements Additional Information	Investigating Officer / Badge No. A.B. BARTA 67	Local Case No. 2013011246	Page of /

DRIVER OF UNIT 1 (b)(3):CPSA WAS NOT ABLE TO MAKE A STATEMENT DUE TO INJURIES.

UNIT 1 WAS TRAVELING SOUTH ON A PRIVATE PROPERY FIELD ACCESS ROAD SOUTH OF 1390 70TH ROAD. THIS ADDRESS IS THE HOME OF (b)(3):CPSA Section 25(c) UNIT ONE, A 2011 POLARIS RANGER 800CC SIDE BY SIDE UTILITY VEHICLE, LOST CONTROL BECAUSE OF AN UNKNOWN REASON, ROLLED, AND CAME TO REST ON ITS LEFT SIDE FACING SOUTHWEST. THERE WAS NO INDICATION OF WHAT MIGHT HAVE CAUSED THE ACCIDENT. ALSO, NO APPARENT MECHANICAL FAILURES WERE DETECTED ON THE UTILITY VEHICLE.

DUE TO THE LARGE AMOUNT OF FIRST RESPONDERS DRIVING THROUGH THE ACCIDENT SCENE, I WAS UNABLE TO LOCATE A POINT OF IMPACT FOR THE ROLLOVER.

BOTH THE DRIVER (b)(3):CPS AND THE PASSENGER (b) WERE EJECTED FROM THE VEHICLE. (b)(3):CPSA Section 25(c) (b) SUSTAINED FATAL INJURIES FROM THE ACCIDENT.

(b) WAS PRONOUNCED DEAD AT THE SCENE BY DR. WALKER AT 2121 HOURS.

BACHELOR-FALKNER FUNERAL HOME REMOVED (b) FROM THE SCENE.

SHERIFF BLAD MADE THE DEATH NOTIFICATION TO THE FAMILY IN BELLEVILLE AT 2147 HOURS.

Accident Narrative 851 Continued	Officer Observations Description of Events	Witness Statements Additional Information	Local Case No. 2013011246	Page of /

Utility Vehicle Data Record Sheet

Front

A Driver	B Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
	Age: 9	Height: UNK
	Gender: F	Weight: UNK
	Helmet (Y/N): UNK	Seatbelt (Y/N): UNK
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: Unknown	
	Did vehicle land on victim: Unknown	
	Ejected (Either partially or fully): Fully	

B:		
	Age: 8	Height: UNK
	Gender: F	Weight: UNK
	Helmet (Y/N): UNK	Seatbelt (Y/N): UNK
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Unknown	
	Did vehicle land on victim: Unknown	
	Ejected (Either partially or fully): Fully	

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

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

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

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

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

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

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

CONTACT LIST

Kansas Highway Patrol
122 SW 7th
Topeka, KS 66603
785-296-6800

First Call Morgue
40 S. 18th Street
Kansas City, KS 66102-4928
913-299-1533

(b)(5)

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
130903HNE0001	9099	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2013 09 01	2013 09 20

6. Synopsis of Accident or Complaint **UPC**

The 58-yr-old male driver of a UTV was driving while intoxicated and traveling at a high rate of speed when he lost control of the UTV. The UTV flipped, ejecting the driver of the UTV. The driver was not wearing a seatbelt. The passenger of the UTV was wearing a seatbelt and did not get ejected from the UTV. The UTV landed on the driver. The passenger flipped the UTV off of the driver who was unresponsive with labored breathing. The passenger drove to the house where his son called 911. He and his son returned to the victim until paramedics arrived. The drive was pronounced dead. The cause of death was blunt force injury to the chest. The driver's blood alcohol level was .28....

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	GRATTAN TWP	MI

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	YAMAHA	RHINO 660

10D. Manufacturer Name and Address

YAMAHA MOTOR CORPORATION
6555 KATELLA AVENUE
CYPRESS, CA 90630

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address

NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
9 - Refused	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
58	1 - Male	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
31 - UPPER TRUNK	3 - 2nd Hand Info Only	2 - Telephone	9.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
10/24/2013	9071	Dennis R. Blasius

28. Distribution	29. Source Document Number
Sarah Garland; Tanya L. Topka	X1390001A

SUMMARY OF FINDINGS:

On September 1, 2013 at 8:32 p.m., officials were dispatched to an UTV accident involving two men where the driver was ejected from the vehicle and unresponsive. The incident occurred in a field behind a residence. When the police arrived at the location, the fire department and EMS were already at the scene performing CPR on the driver. He was found on his back in a field near the residence. Approximately 20 feet away from the victim was the UTV. There were several pieces of cut firewood scattered around the victim.

Officials interviewed the passenger of the vehicle, which is one of the victim's friends. He explained that he had arrived at a party at approximately 2:00 p.m. earlier that day. The victim and his wife arrived at the party approximately an hour later. The friend did not know whether the victim was intoxicated at that time because he was described as being a "chronic alcoholic", however he did see him holding an alcoholic beverage later in the day. He described the victim as appearing intoxicated. The friend had heard that the victim left the party but saw him later attempting to dock his boat at his residence nearby. At that time, he was attempting to tie up the boat to the dock but fell over due to his intoxication. The friend helped the victim back to his feet. The victim went into his residence and his friend returned to the party. A short time later the victim returned to the party with his UTV and told his friend that he needed to pick up firewood across the street for the bonfire they were having at the party. His friend offered to drive the UTV due to the victim's intoxication however, the victim refused. His friend went with the victim, as a passenger because he was concerned about the victim's safety and wanted to watch over him. The friend fastened his seatbelt while in the passenger seat. The victim drove across the street and they both loaded the firewood in the UTV. The victim fell again due to his intoxication. They returned to the UTV with the victim driving and his friend as the passenger. The victim was not wearing a seatbelt, however the passenger was. The victim drove on a two track to show his friend his hunting spot. They then drove back into the field where they had loaded up the firewood. Once they were in the field, the victim drove at a high rate of speed and began to lose control of the UTV. He overcorrected his steering twice and then flipped the UTV onto the driver's side. When the UTV flipped, the victim was ejected and the vehicle landed on him. His friend described the victim had landed very hard and was lying on his side. He originally thought the cage of the UTV first landed on the victim between his hip and shoulder. The momentum of the accident made the UTV continues to travel and finally come to a stop with its rear wheel and bed on top of the victim's legs. Once the UTV came to a complete stop, the passenger removed his seatbelt and flipped the UTV off the victim. The victim was unresponsive, but taking deep labored breaths. His friend got back into the UTV and went to

he location where the party was being held and told his son to call 911. He and his son returned to the location where the victim was until EMS arrived.

When officials arrived at the accident scene, it was difficult to locate tire tracks in the grass due to the heavy traffic.

An autopsy was conducted with the cause of death listed as blunt force injury to the chest. The victim had several rib fractures, a lacerated heart and lungs. His blood alcohol level was .28. The autopsy report has not been completed as of this date.

PRODUCT: Yamaha Off-Road Vehicle

The product involved in this incident is a Yamaha Rhino 660 UTV, green and black in color. The serial number is [redacted]

ATTACHMENTS:

Exhibit "A" – Contact Sheet

Exhibit "B" – Incident report obtained from the Kent County Sheriff's Office

Exhibit "C" – Photographs obtained from the Kent County Sheriff's Office (4)

Exhibit "D" – Status of Missing Document Form

Exhibit "E" – Appendix 91

130903HNE0001

Exhibit "A" – Contact List

This in-depth investigation was assigned and initiated on 9/3/13. The information contained in this report was obtained from the following sources:

Kent County Sheriff's Office – initial contact made 9/4/13

Telephone number: 616-632-7570

Fax number: 616-632-7585

Kent County Office of the Medical Examiner – initial contact made 9/3/13

Telephone number: 616-632-7247

Fax number: 616-632-7088

Attempts to contact the Grattan Township Fire Department have been unsuccessful as of this date.

Fire Chief Loius Kirkbride

Telephone number: 616-691-8523

Email: [redacted]

Kent County Sheriff's Office
701 Ball Avenue NE, Grand Rapids, MI 49503

Incident No: **13-139101**
Status: **Closed**

Date Reported: **Sun 09/01/2013 20:28:00**
Dispatch Time: **20:32:00** Arrival Time: **20:48:00** Clear Time: **04:30:00**
CFS Number: [redacted]
Officers: **BISHOP, DANIEL** Detective:
Classification: **PROPERTY DAMAGE ACCIDENT/PI -- (93001)**
Fatality: **Yes** Personal Injury: **No** Property Damage: **No**
Local Use: **NON-CRIMINAL**
Location: [redacted] **BELDING** Section / Nbh: /
Description: **TRAFFIC CRASH - FATAL NJURY** Entered: **CADIMPORT**

Officer: (93001 PROPERTY DAMAGE ACCIDENT/PI)
LARSON, RUSSELL, 2430

Officer: (93001 PROPERTY DAMAGE ACCIDENT/PI)
CARDOSA, MICHAEL, 11336
Known Aliases: **CARDOSA, MICHAEL**

Informational: (93001 PROPERTY DAMAGE ACCIDENT/PI) **[S:4]**
[redacted] Born: [redacted]
[redacted] Phone: [redacted]
BELDING, MI
Ops: [redacted] **/ MI**
Race: **White** Sex: **Male**
Height: **5' 10"** Weight: **160 lbs.**
Notes: **Original record details added from: SOS query.**

Informational: (93001 PROPERTY DAMAGE ACCIDENT/PI) **[S:4]**
[redacted] Born: [redacted]
[redacted] Phone: [redacted]
BELDING, MI
Race: **White** Sex: **Male**

Informational: (93001 PROPERTY DAMAGE ACCIDENT/PI) **[S:4]**
[redacted] Born: [redacted]
[redacted] Phone: [redacted]
BELDING, MI Phone: [redacted] **(Home)**
Race: **White** Sex: **Female** Ethnicity: **Unknown**
Height: **0.00**

Informational: (93001 PROPERTY DAMAGE ACCIDENT/PI) **[S:4]**
[redacted] Born: [redacted]
[redacted] Phone: [redacted] **(Home)**
BELDING, MI Phone: [redacted] **(Home)**
Ops: [redacted]
Race: **White** Sex: **Male** Ethnicity: **Unknown**

Victim: (93001 PROPERTY DAMAGE ACCIDENT/PI) **[S:4]**
[redacted] Born: [redacted]
[redacted]

 Reported By: _____ Reviewed By: LUCE, COREY Date Printed: 09/09/2013
Reviewed Date: 09/05/2013

Incident No: **13-139101**

BELDING, MI
Ops: [redacted] / MI
Race: **White** Sex: **Male** Hair: **Gray** Eyes: **Blue** Ethnicity: **Unknown**
Height: **5.10** Weight: **226 lbs.**

Witness: (93001 PROPERTY DAMAGE ACCIDENT/PI)
[redacted] Born: [redacted] **[S:4]**
[redacted] Phone: [redacted]
BELDING, MI 48809 Phone: [redacted]
Ops: [redacted]
Race: **White** Sex: **Male**
Height: **5' 11"** Weight: **225 lbs.**
Notes: **Original record details added from: SOS query.**

Evidence:

1) **YAMAHA ORV** **[S:2]**
Tag No: **0** Category: **Evidence** Submitted on: **09/01/13**
Loss Type: **Evidence** Submitted by: **CARDOSA, MICHAEL JAMES**

Type: **General Property** Value:
Make: **YAMAHA**
Model: **RHINO 660**
Color: **GREEN** Color: **BLACK**
Serial No: [redacted]

INITIAL INCIDENT **Reporting Officer: BISHOP, DANIEL, ALBERT**

SUPPLEMENT 3 (Supplement 3) **Reporting Officer: LARSON, RUSSELL, WAYNE** **09/01/13**

INFORMATION:

I responed to this accident and met with Deputies Bishop and Cardosa. I assessed the scene then directed Dep Bishop to interview the passenger, witnessess, and family. Deputy Cardosa was assigned to photograph the scene, inspect the vehicle, complete paperwork to impound the vehicle to the Sheriff Department, and complete the crash report.

SCENE ASSESSMENT:

The deceased was lying on his back while EMS was performing CPR. He was in a field between a wood pile and the woods to the South East of [redacted] A green 4 wheel ORV was approximately 20 feet South of the deceased. The scene had no fixed points for measurements and the grass had numerous tire tracks from the ORV and EMS. I was told the vehicle had been moved at least 2 times prior to police arrival.

VICTIM'S ADVOCATES:

I requested VA's to respond to [redacted] where the victim's wife, daughter, neighbors, and friends had gathered. They met with Deputy Bishop and assisted the family.

M.E:

I spoke to [redacted] and advised him of this investigation. It was determined that he would not respond to the

scene.. Instead, he would have the deceased brought to Blodgett where he would perform the autopsy on Tuesday.

ORV:

I followed [redacted] to KCSD and secured the ORV in our North impound lot for further inspection. The impound receipt [redacted] was placed on [redacted] Desk and a copy placed in this packet. The vehicle was tagged on the steering wheel.

NEWS RELEASE:

~~Deputy Bishop will complete the news release and submit it to me for approval.~~

DISPOSITION:

Closed. TOT orginal report.

ORIGINAL BISHOP (Supplement 4) **Reporting Officer: BISHOP, DANIEL, ALBERT** **09/02/13**

INFORMATION:

On September 1st, 2013 at 2032 hours, I was dispatched to a personal injury accident at [redacted] Dispatch informed me prior to my arrival that the accident occurred in a field behind the residence and that the driver of the vehicle had been ejected and was unresponsive.

TIME AND DATE:

This incident occurred at 2028 hours on September 1st, 2013.

VENUE:

This incident occurred at [redacted] in the Township of Grattan and within the County of Kent.

SCENE:

When I arrived on scene Grattan Township Fire Department and EMS were already on scene performing CPR on the victim. The victim was located on his back in a field to the south-west of the residence and pole barn at [redacted] Approximately 20 feet to the south of the victim was a green Yamaha ORV. Also scattered around the victim were several pieces of cut firewood.

INTERVIEW WITH WITNESS [redacted]:

I first made contact with [redacted] as he was standing near the medical personal. I asked [redacted] if he was present during the accident and he stated that he was the passenger in the ORV. I asked [redacted] to explain to me the events that happened leading up to the accident.

[redacted] began to explain to me the he is best friends with the victim, [redacted], and that [redacted] lives at [redacted]. [redacted] stated that around 1400 hours he arrived at [redacted] residence, [redacted], as they were hosting a pirate themed party. According to [redacted] showed

up at the party with his wife, [redacted] around 1500 hours. It appeared to [redacted] that when [redacted] initially showed up that he was not intoxicated, however [redacted] mentioned that [redacted] in a "chronic alcoholic" and it was possible he was. Due to the large size of the party, 40-50 people, [redacted] had limited contact with [redacted] said when he did have contact with [redacted] he had an alcoholic drink in his hand and seemed intoxicated. [redacted] had heard that [redacted] and [redacted] got into an argument and that he left the party; however he did not witness this. [redacted] was unsure the exact time [redacted] left and was unsure if he walked home or drove the ORV.

The next time that [redacted] saw [redacted] was he was attempting to dock his pontoon boat at his residence at approximately 1830 hours. [redacted] was standing in the backyard of [redacted], which is property he owns and rents to his son. [redacted]. [redacted] was with [redacted] and [redacted] [redacted] attempted to tie up the boat to the dock he fell due to his intoxication level. [redacted] helped [redacted] back to his feet. After [redacted] tied up the boat to the dock, he went into his residence and [redacted] and [redacted] went back to the party. A short time later [redacted] arrived at the party in his ORV and told [redacted] that they needed to pick up firewood across the street for [redacted] bonfire. [redacted] went on to explain to me that [redacted] and [redacted] were having a small fire in their backyard because the pirate party they were at was for people over 21 years old.

When [redacted] first arrived back, [redacted] told [redacted] that he should drive the ORV because [redacted] was too intoxicated. [redacted] refused to let [redacted] drive. [redacted] then got into the passenger seat and fastened his seat belt because he knew that [redacted] was intoxicated. [redacted] stated the main reason he went along was to ensure that [redacted] didn't crash the ORV and to keep him safe. [redacted] and [redacted] then traveled a crossed the street to [redacted] to retrieve some firewood. They both then loaded up the firewood in the ORV and once again [redacted] fell down due to his intoxication level. They both returned to the ORV with [redacted] driving and [redacted] in the passenger seat. [redacted] then drove to the west on to a two track to show [redacted] his hunting spot. After [redacted] showed this to [redacted], they drove back into field where they had originally retrieved the firewood. [redacted] stated that once they were in the field [redacted] was traveling at a high rate of speed and began to lose control of the ORV. [redacted] overcorrected his steering twice and then flipped the ORV onto its driver side. When the ORV flipped it ejected [redacted] and the ORV then landed on [redacted]. [redacted] stated that when [redacted] was ejected he landed very hard and was lying on his side. [redacted] thought that the cage of the ORV first landed on [redacted] between his hip and shoulder. The momentum of the accident made the ORV continue to travel and finally came to rest with its rear wheel and bed on top of [redacted] legs. [redacted] stated that [redacted] was not wearing a seatbelt and that he was. Once the ORV came to rest [redacted] removed his seatbelt got out of the ORV and flipped it off [redacted]. [redacted] told me that [redacted] was unresponsive, but was taking deep labored breaths. [redacted] then got back into the ORV and went to [redacted] and told his son to call 911. [redacted] and [redacted]r then returned to [redacted] until medical personal arrived on scene. Once [redacted] found out that [redacted] passed away, he became extremely distraught and stated that he could have stopped [redacted] from driving.

INTERVIEW WITH INFORMATIONAL SUBJECT [redacted]:

I spoke with [redacted] at his [redacted]. [redacted] stated that he and his roommate, [redacted] were having a small bonfire in his backyard at approximately 1900 hours. [redacted] said that while he was outside with [redacted], his father and [redacted] came over just as [redacted] was attempting to dock his boat. [redacted] stated that as [redacted] was docking the boat; he fell over, they helped him up and turned off his boat. [redacted] said that after this he went inside his residence for approximately a half hour and when he returned outside the fire was dying down. [redacted] offered to get [redacted] more firewood to get the fire going again. [redacted] told [redacted] multiple times that he did not need to do that, however [redacted] insisted that he would. [redacted] then went back to the party and picked up [redacted] to get more firewood. [redacted] said that his father

was in the passenger seat and that was driving the ORV. After about ten minutes, returned alone in the ORV. was screaming that rolled the ORV and was hurt. called 911 and returned to the scene with

INTERVIEW WITH INFORMATIONAL SUBJECT

stated that he and were having a fire in the backyard near the lake when pulled up to the dock in his boat. According to as was docking he fell down on the dock due to being intoxicated. said that after docked the boat he went home and then went into his residence. After a short amount of time came to their residence and said that was in an accident. sent to residence to let know what had happened.

INTERVIEW WITH INFORMATIONAL SUBJECT

stated that he arrived at the party late around 1800 hours and did not see there. said the only time he saw tonight was when he was in backyard and was docking his boat. said that as was docking he bent over to tie up the boat to the dock and lost his balance. and everyone else present helped up off the dock. stated that was very intoxicated at this point.

INTERVIEW WITH INFORMATIONAL SUBJECT

stated that she and arrived at the party around 1500 hours and that while at the party had consumed a large amount of alcohol and was very intoxicated. stated that was drinking vodka mixed with club soda and . told me that had left the party around 1800 hours to go home and sober up because their grandson was coming over tonight. stated that also at some point took the pontoon boat to take a lap around the lake.

WRITTEN STATEMENT:

I asked if he could fill out a written statement and he stated that he would but did not think he would be able to tonight. I informed I was having someone pick up the written statement from him tomorrow evening.

ACCIDENT SCENE:

According to the two track that he and were on was directly west of where they crashed and were headed east bound. It was difficult to locate tire tracks in the grass due to the heavy pedestrian traffic. Included in the routing packet in an aerial map of the accident scene. The property is owned by , who was out of town when this incident occurred.

VICTIM'S ADVOCATES:

Victim's advocates and arrived on scene.

BODY REMOVAL:

and came to the scene and removed to body to Spectrum Hospital Blodgett Campus.

NEWS RELEASE:

A news release was completed and turned into Sgt. Larson.

ADDITIONAL INFORMATION:

Please see Deputy Cardosa's supplement for additional information.

CASE STATUS:

Closed / Informational

BUREAU:

TOT 416

SUPPLEMENT 5 (Supplement 5) **Reporting Officer: LUCE, COREY, STEVEN** **09/05/13**

LEIN INPUT:

On 9/3/13 I completed a LEIN input regarding the fatality in this incident.

WRITTEN STATEMENT:

On 9/5/13 Deputy Dan Bishop gave me a written statement as completed by [redacted]

[redacted] CONTACT:

On 9/5/13 I spoke with [redacted] on the telephone. I told her that the Yamaha ORV would be available for pickup. She stated that I could call [redacted] and make arrangements for him to get it. [redacted] advised that she is the owner. She stated that she believes that her husband was driving it at the time of the crash. She noted that she understands that he was "drunk". She advised that she did not know that he was driving it at that time.

PHOTOGRAPHS:

On 9/5/13 I took several photographs of the Yamaha ORV that was in the KCSD impound lot.

MEDICAL EXAMINER:

On 9/5/13 I spoke with [redacted] of the Kent County Medical Examiner's office. He stated that the cause of death was blunt force injury to the chest. The subject had multiple rib fractures, a lacerated heart and lacerated lungs. He advised that the BAC was 280 mL/dL (.28).

UD10:

I changed the UD10 to reflect the .28 for a BAC.

VEHICLE RELEASE:

On 9/5/13 I released the Yamaha ORV to [redacted]

Closed

130903HNE0001. Exhibit C. Photograph 1. The field where the victim was found to the right of the ROV.

130903HNE0001. Exhibit C. Photograph 2. The inside of the UTV.

130903HNE0001. Exhibit C. Photographs 3 and 4. The UTV after it was towed to the Kent County Impound lot.

U.S. Consumer Product Safety Commission

Task Number: 130903HNE0001

Date: 10/24/13

Status of Missing Document(s)

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

1. Autopsy report from the Kent County Medical Examiner's Office
2.
3.
4.
5.
6.

130903HNE0001.

Utility Vehicle Data Record Sheet

Front

A Driver	B Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
Age: 58	Height: 70 inches	
Gender: Male	Weight: 226 pounc	
Helmet (Y/N): N	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: Killed		
Injury Description: blunt force to chest		
Did vehicle land on victim: Yes		
Ejected (Either partially or fully): Yes		

B:		
Age: 47	Height: 71 inches	
Gender: Male	Weight: 225 pounc	
Helmet (Y/N): N	Seatbelt (Y/N): Y	
Killed/Injured/Neither/Unknown: Neither		
Injury Description: None		
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.

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
130910HNE0001	9075	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2013 08 31	2013 10 01

6. Synopsis of Accident or Complaint **UPC**

A 36 year old male operator of a four wheel UTV attempted to negotiate a slight curve on an asphalt covered road. He failed to negotiate the curve, ran off the roadway and rolled over the five to six foot embankment. The UTV rolled on top of the victim. He was not wearing a seat belt or helmet and had consumed alcohol prior to the incident. The victim was transported to the hospital by EMS and died the next day from a severe brain injury.

7. Location (Home, School, etc)	8. City	9. State
4 - STREET OR HIGHWAY	WEBSTER COUNTY	WV

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS	RZR 800

10D. Manufacturer Name and Address
POLARIS INDUSTRIES INC.
2100 HIGHWAY 55
MEDINA, MN 55340

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
36	1 - Male	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	12.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
11/05/2013	2147	Dennis R. Blasius

28. Distribution	29. Source Document Number
Sarah Garland; Tanya L. Topka	X1390090A

130910HNE0001

The investigation of this incident initiated from a news article and all relevant information was obtained telephonically.

The vehicle involved in this incident was not an ATV as noted within the media reports and initial assignment. The vehicle is a utility terrain style vehicle (UTV) with a bench front seat and rear cargo area.

It should be noted that both the Medical Examiner's report and the Sheriff's Department (SD) report along with photographs were requested, obtained and listed as Attachment #1 (SD photos), Attachment #2 (SD report) and Attachment #3 (ME report).

The property in which the incident occurred was classified as an asphalt covered county road.

This Investigator was able to contact the investigating officer who indicated that he was unable to view the UTV. The vehicle was removed prior to his arrival and he was provided a photograph.

Weather conditions the day of the incident were depicted as clear, dry and mild. The incident occurred during daylight conditions.

The victim in this incident was a 36 year old male who was operating a four wheel utility type all- terrain vehicle on a poker run sponsored by the fire department. The victim was the volunteer fire chief for the sponsoring fire department (FD).

Photographs of the UTV depict that it was equipped with a front bench style seat with seat belts. The deputy indicated that they appeared to be lap style only. From photographs, the unit appeared to be equipped with the following additional items: steering wheel, front head lights and rear tail/turn lights, a dump style bed directly behind the bench seat, roll bar with plastic roof cover and front brush guard. The 2011 unit was equipped with an 800cc engine. There were no visible coverings over the passenger area or operator area side entry points.

According to the authorities, the victim was the owner and operator of the UTV. He apparently was operating the UTV by himself at the time of the incident. According to statements, the victim had been traveling over the course of the poker run with other UTV/ATVs when his began to overheat. The other operators indicated that he stopped to let his UTV cool down and the they traveled to a nearby store, indicating that they would wait for him there to catch up. According to the other operators, after arriving at the store and waiting for the victim to catch up, they became concerned and went back to find him. In doing so they discovered that the UTV was on top of the victim.

Authorities indicated the victim's foot was sticking out from under the UTV when discovered. Other poker run participants stopped to assist and the UTV was winched off of the victim. There were other FD personnel on the scene and they began providing life support to the victim while simultaneously notifying an ambulance.

130910HNE0001

According to the authorities, the victim had not been wearing a helmet nor did he have his seatbelt on.

The victim was transported to the hospital and died the next night.

The Medical Examiner's report indicates that the victim died from severe head trauma. The victim's blood alcohol content was documented as 0.13%. Witnesses stated that the victim had been drinking moonshine prior to the incident.

The investigating deputy indicated that scene reconstruction was difficult due to the circumstances and that he requested assistance in accident reconstruction from another agency who has not yet concluded it's investigation. He stated that there were 64 feet of skid marks before the victim overturned down the five to six foot embankment. The UTV was traveling on the asphalt road surface negotiating a slight left turn. He was of the opinion that the rear of the UTV started over the right side road embankment and it rolled from side to side to top, which came to rest on the victim who was expelled at some point. He also indicated that the amount of skid marks suggested that the UTV was traveling at a high rate of speed causing the vehicle to yaw off of the roadway on the slight curve.

The deputy, within his report, documented the following factors relevant to the incident: the victim being under the influence, running off of the roadway, operating the vehicle in a reckless manner and ultimately swerving and over correcting.

The above narrative addresses the majority of answers regarding the UTV Guideline along with the following remainder of undetermined answers.

There was no information available regarding question #1: the place and or date of purchase of the UTV, #2: no information regarding whether or not there were any modifications to the UTV. #3: no seat belt photos available. #4: no odometer documentation. #6: no medical records. #7: no helmet worn/available. #9: unknown training. #11 no scene sketch (vehicle moved prior to police arrival). #12: not available. #17: minimal photographs available.

PRODUCT IDENTIFICATION:

The product identified by authorities is that of a 2011 Polaris 4 wheel off road Utility Vehicle 800cc, red in color displaying VIN: [redacted].

EXHIBITS:

Attachment #1: Photographs (9) by the sheriff's department.

Attachment #2: Sheriff's Department report. (12)

Attachment #3: WV ME report. (10)

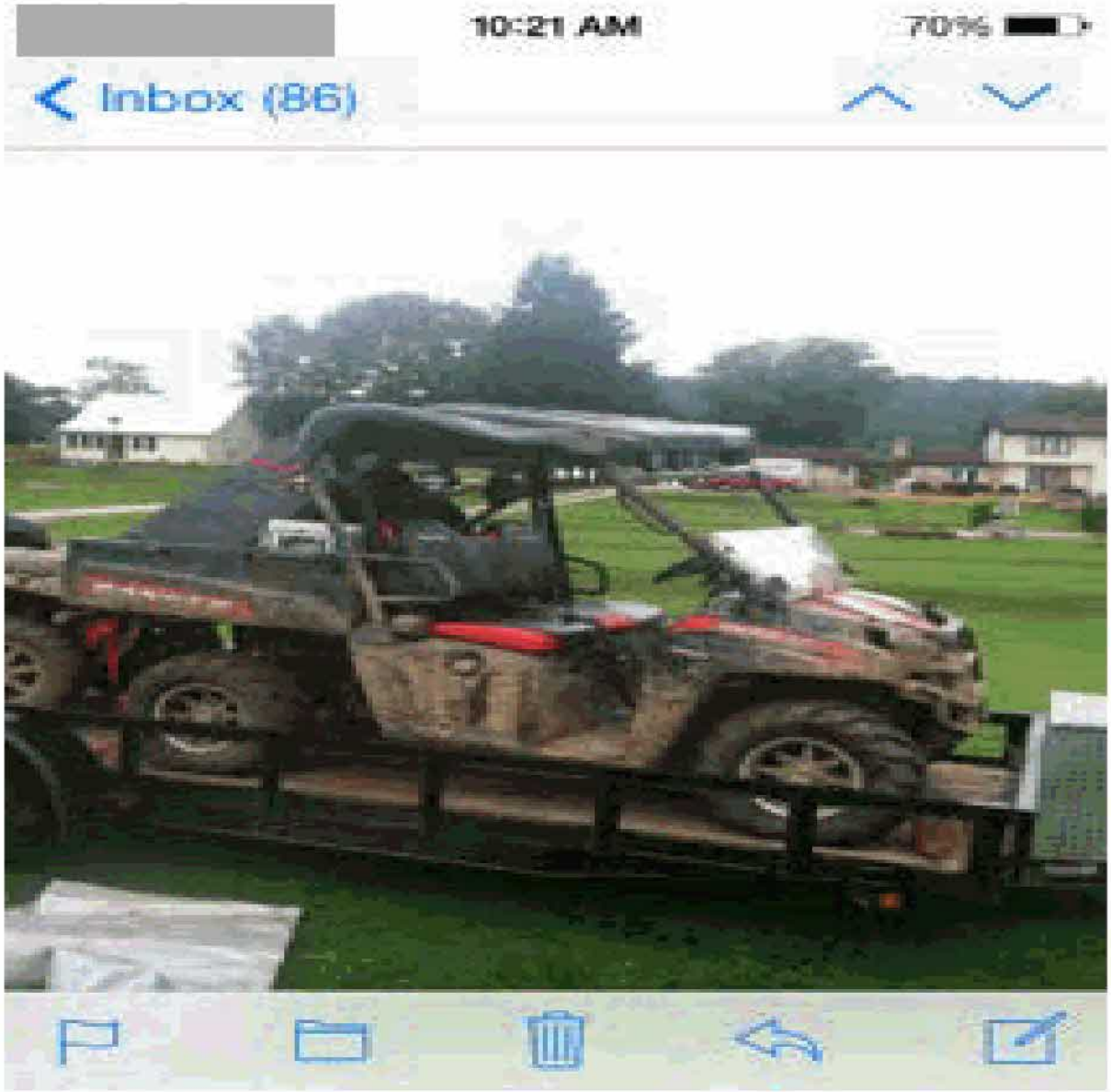
Attachment #4: CPSC Missing Document report.

130910HNE0001

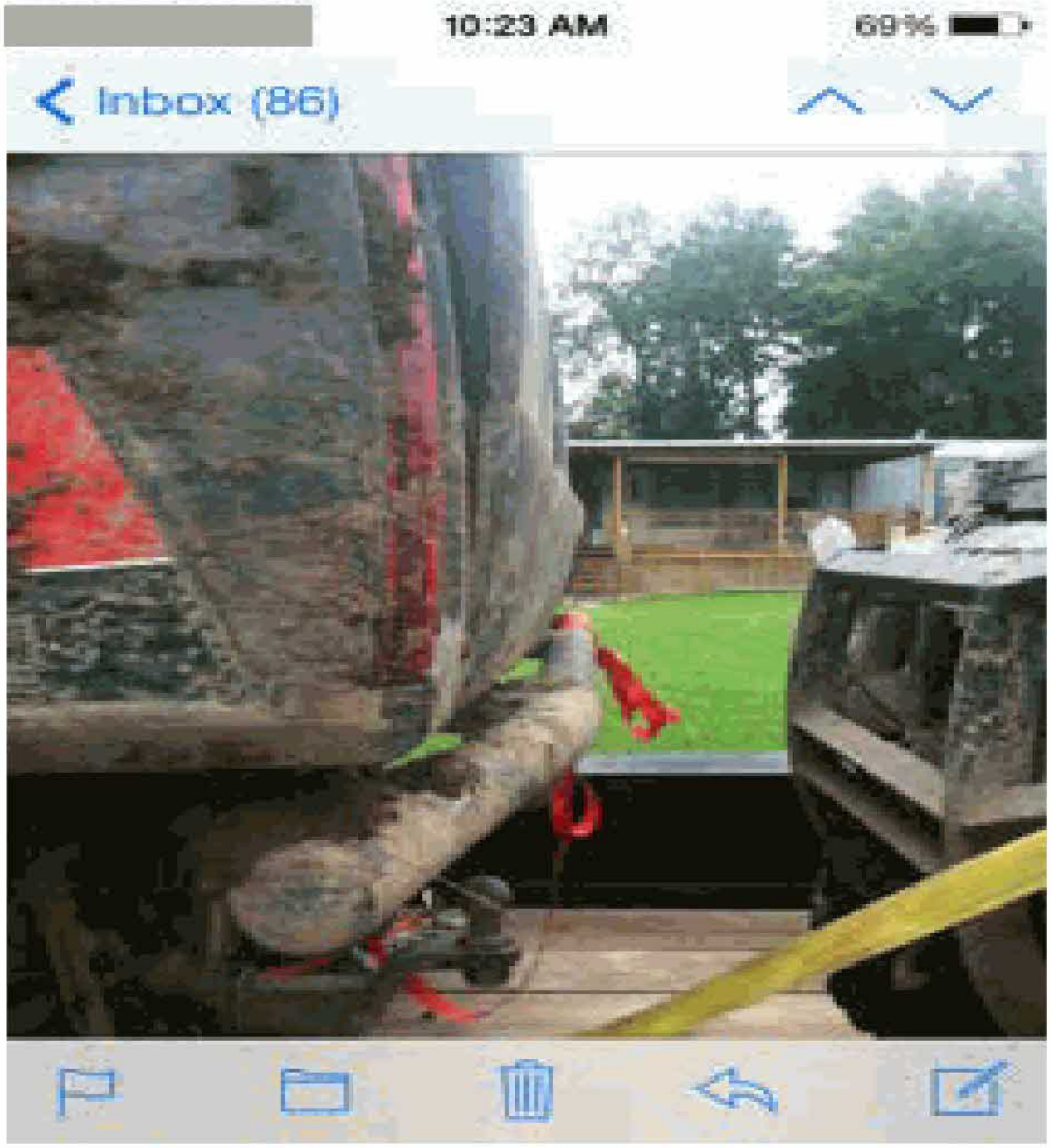
Attachment #5: Contact Sheet. (1)

Attachment #6: UTV data sheet. (1)

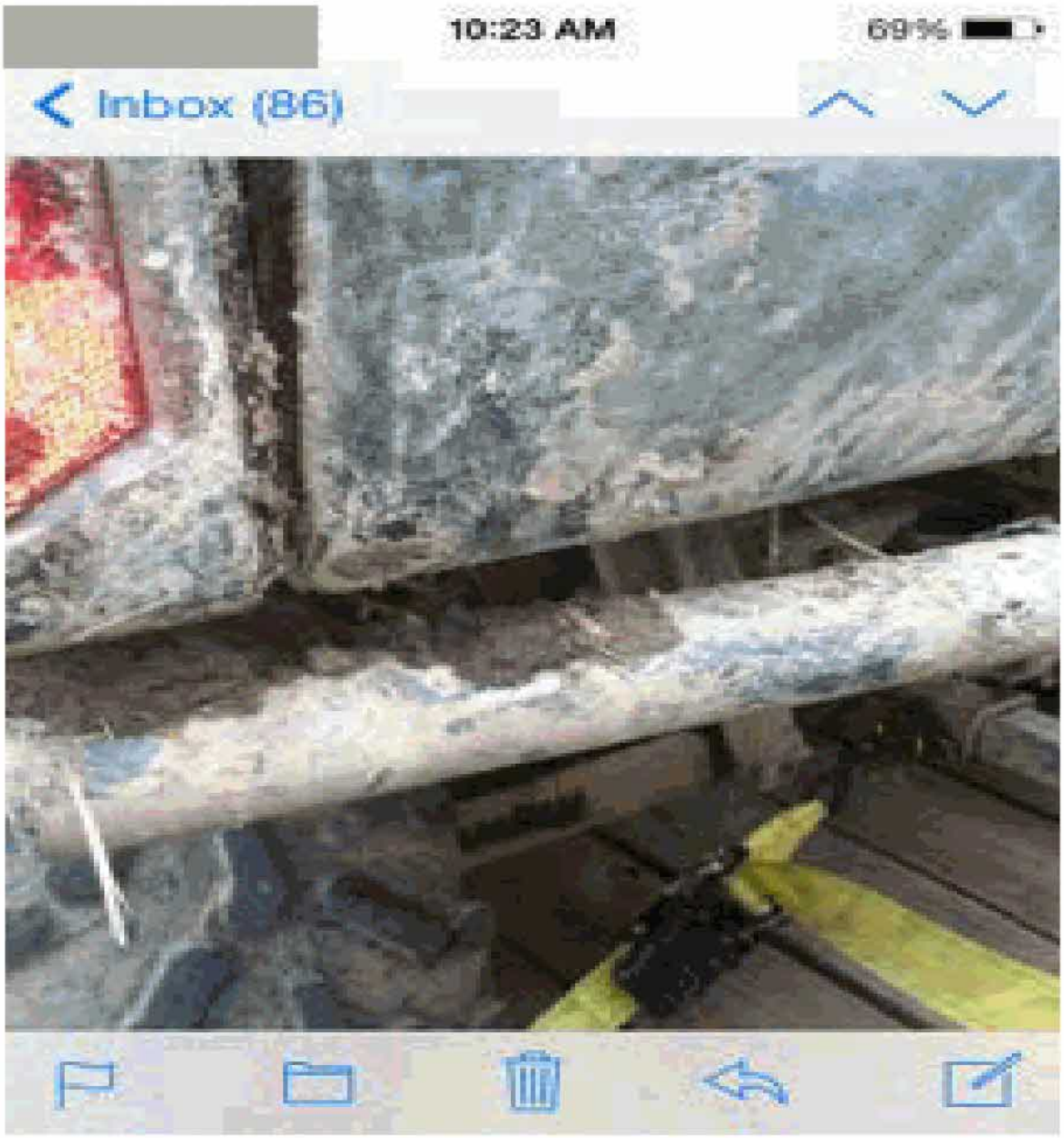
130910HNE0001 Attachment #1 Photo#1 overview of UTV.



130910HNE0001 Attachment #1 Photo#2 overview of UTV left rear.



130910HNE0001 Attachment #1 Photo#3 overview of UTV left rear.



130910HNE0001 Attachment #1 Photos#4 & 5 overview of roadway and skid marks off berm.

130910HNE0001 Attachment #1 Photos#6 & 7 overview of roadway and skid marks off berm.

130910HNE0001 Attachment #1 Photos#8 & 9 overview of roadway and embankment area where UTV came to rest.

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-c
Revised: 02/2007

Crash Data

130910HNE0001 Attachment #2 (page 1 of 12)

Crash Record Number | *Reporting Agency's Record Number:* WS1193 | *Page* 1 *of* 8

# of Vehicles Involved: 1 | # of Non-Motorists Involved: 0 | # of Fatal Injuries: 1 | # of A B or C Injuries: 0

Date / Time of Crash: 8/31/2013 / 1739 | Date / Time Crash Reported: 08/31/2013 / 1740 | Time of Arrival: 1904

County: WEBSTER | Municipality or Place of Crash: | GPS Coordinates: 0 (Latitude) 0 (Longitude)

Highway Class:
- ○ Interstate
- ○ US
- ○ WV
- ● County/HARP
- ○ City Street
- ○ State Park/Forest Road
- ○ Private Road
- ○ Private Property/Off-Roadway
- ○ Other

Supplemental Designation:
- ○ Not Applicable
- ○ Spur
- ○ North
- ○ East
- ○ Truck Route
- ○ Other
- ○ Alternate
- ○ Ramp
- ○ South
- ○ West
- ○ Toll

Route: 26 / | Milepost: | Ramp: | Street:

Other Description of Location: | Intersecting Street:

Relation to Junction / Junction Type:
- ● Non-Junction
- ○ Junction, Non-Interchange Area
  - ☐ Intersection
  - ☐ Intersection-Related
  - ☐ Interstate to Interstate
  - ☐ Railroad Grade Crossing #:
  - ☐ Median Crossover-Related
  - ☐ Business or Residential Driveway/Alley Access
  - ☐ Other Non-Interchange
- ○ Junction, Interchange Area
  - ☐ Thru Roadway
  - ☐ Merge/Diverge Area
  - ☐ Intersection
  - ☐ Intersection-Related
  - ☐ Entrance / Exit Ramp
  - ☐ Other Part of 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
- ☐ Cloudy
- ☐ Fog, Smog, Smoke
- ☐ Rain
- ☐ Sleet, Hail, or Freezing Rain
- ☐ Snow
- ☐ Blowing Snow
- ☐ Severe Crosswinds
- ☐ Blowing Sand, Soil, Dirt
- ☐ Other

Lighting:
- ● Daylight
- ○ Dark - Lighted
- ○ Dark - Not Lighted
- ○ Dawn
- ○ Dusk
- ○ Other

Roadway Surface Condition:
- ● Dry
- ○ Wet
- ○ Snow
- ○ Slush
- ○ Ice / Frost
- ○ Water (Standing / Moving)
- ○ Mud, Dirt, Gravel, Sand

Location of First Harmful Event:
- ● On Roadway
- ○ Shoulder
- ○ Median
- ○ Roadside
- ○ Gore
- ○ Separator
- ○ In Parking Lane or Zone
- ○ Off Roadway, Location Unknown
- ○ Outside of Right-of-Way
- ○ 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

Road - Contributing Circumstances: (Select Up to 3)

- [x] None
- [ ] Road Surface Condition (Wet, Icy, etc.)
- [ ] Debris
- [ ] Ruts, Holes, Bumps
- [ ] Worn, Travel Polished Surface
- [ ] Obstruction in Roadway
- [ ] Pavement Markings Not Visible
- [ ] Shoulders: None / Low / Soft / High
- [ ] Problem w/ Traffic Control Device: Inoperative / Missing / Obscured
- [ ] Work Zone: Utility / Construction / Maintenance
- [ ] Non-Highway Work
- [ ] Other

School Bus Related: ● No / Yes, School Bus Directly Involved / Yes, School Bus Indirectly Involved

School Zone Related: ● No / Yes

Type of School Zone Sign: When Present / None / When Flashing / Lists Specific Times

School Zone Flashers: Present, Not Active / Present, Active / Not Present

School Zone Speed Limit:

Work Zone Related: ● No / Yes

Workers Present: Yes / No / Unknown

Work Zone Speed Limit:

Location of Crash in Work Zone: Before 1st Warning Sign / Activity Area / Advance Warning Area / Termination Area / Transition (Merge) Area

Type of Work Zone: Intermittent or Moving Work / Lane Closure / Other / Lane Shift / Crossover / Work on Shoulder or in Median

NARRATIVE: Describe What Happened. Refer to Vehicles by Number Assigned on this Form.

ON THE ABOVE MENTIONED DATE THE UNDERSIGNED OFFICER RESPONDED TO A UTV ACCIDENT ON THE AT THE TIME OF ARRIVAL THE UNDERSIGNED NOTICED THE UTV TO BE GONE FROM THE SCENE, AND WAS LATER ADVISED BY EMS [redacted] [redacted] THAT UPON HIS ARRIVAL TO TAKE CARE OF THE PATIENT, THAT HIS FRIENDS THAT WHERE WITH HIM ON THE RIDE HAD THE UTV UP IN THE ROADWAY ATTEMPTING TO GET IT AWAY FROM THE SCENE. THE UNDERSIGNED OFFICER DID NO DRAWING DUE TO NO UTV BEING ON SCENE AT THE OFFICERS ARRIVAL. THIS OFFICER THEN MADE CONTACT WITH WVSP TPR. WETZEL ACCIDENT RECONSTRUCTIONIST FOR THE WVSP TO TRY AND MAKE A DRAWING, AND OR DIAGRAM OF THE SCENE. (THIS PROCEDURE IS STILL UNDERWAY).. THE UNDERSIGNED WAS THEN PROVIDED A COPY OF THE TOXICOLOGY REPORT FROM THE WV MEDICAL EXAMINERS OFFICE WHICH INDICATES A BAC. OF 0.13% TAKEN FROM BLOOD DRAWN FROM [redacted] [redacted] UPON HIS ADDMISION TO CAMC. THIS REPORT IS COMPLETE EXCEPT FOR THE RECEIPT OF THE ACCIDENT RECONSTRUCTIONIST REPORT, AND DID OCCUR IN WEBSTER COUNTY, WV.

Reported By: State Police / ● Sheriff's Dept / Municipal PD / Other

Photos Taken: ● Yes / No — **By Whom:** JACK W.CUTLIP

Video Taped: Yes / ● No — **By Whom:**

The information contained in this report reflects my best knowledge and judgment:

Investigating Officer's Name: JACK W. CUTLIP **Number:** 301 **Signature:**

Phone: (304) 847-2006 **ORI Number:** **Agency:** Webster Co SD

Assisting Officer's Name(s):

Reconstructed: ● Yes / No **By Whom:** WVSP TPR. WETZEL **Date of Submission:** 09/30/2013

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-dgrm
Revised: 02/2007

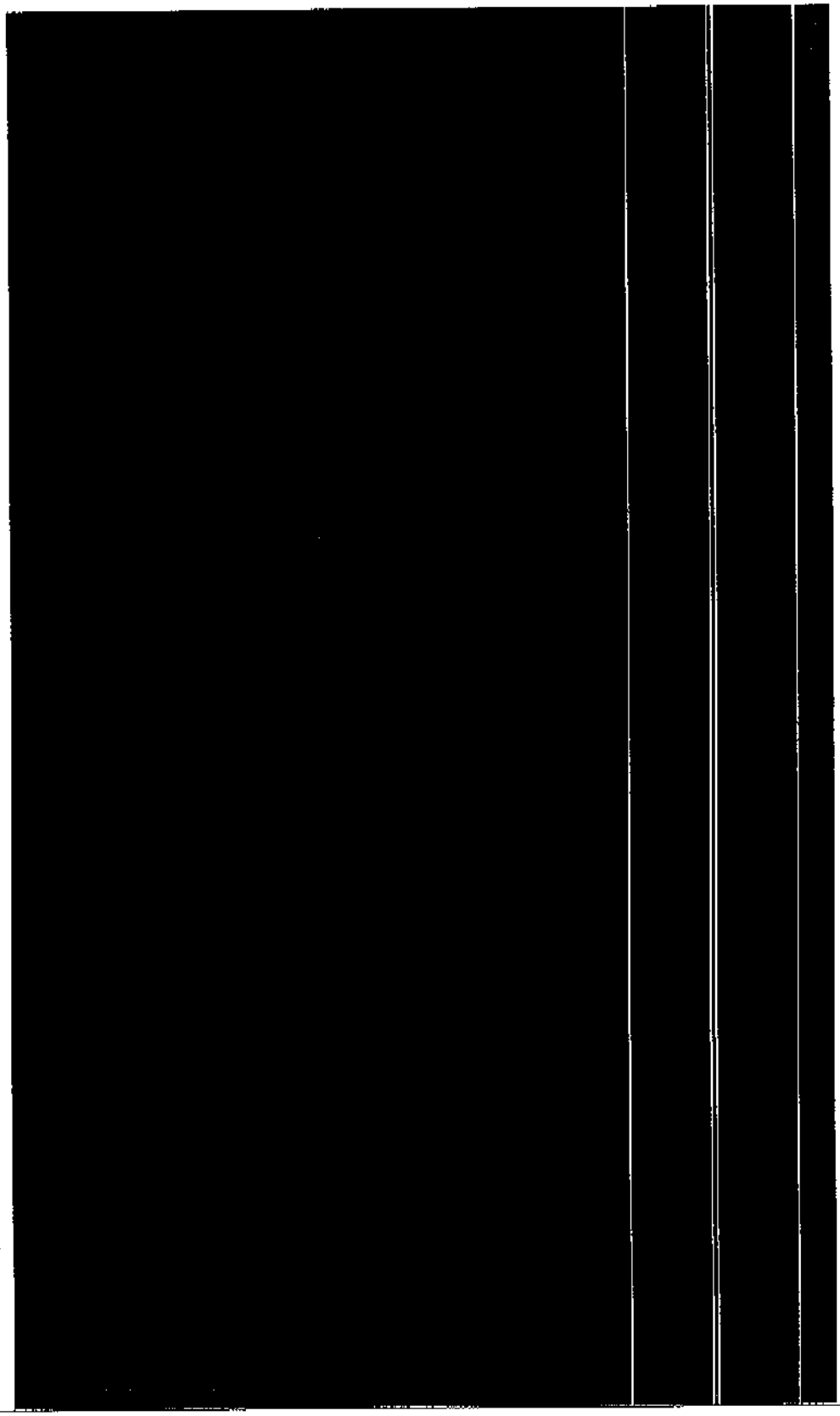
Diagram

Crash Record Number: 130910HNE0001 Attachment #2 (page 3 of 12) ***Page*** 3 ***of*** 8

Reporting Agency's Record Number:

CRASH DIAGRAM:

(Draw Crash Scene - Including Roadway Layout, Vehicles, Individuals or Objects Struck, Traffic Controls, etc.)
IMPORTANT: Number Vehicles According to the Numbers Assigned on this Form.



From RP to:	N/S	E/W

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-veh
Revised: 02/2007

130910HNE0001 Attachment #2 (page 4 of 12)

Vehicle Data

Crash Record Number: _____ *Vehicle Number:* 01 *Reporting Agency's Record Number:* _____ *Page* 4 *of* 8

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): [redacted]

Address: [redacted] [redacted] | WV | 25070

City | State | Zip Code | Home Phone | Other Phone

Make	Model	Model Year	Body Type	Color
POLARIS	800	2011	ALL TERRAIN VEHIC	RED

VIN | Plate Class | License Plate Number | State: WV | Reg Year

Registration Status: ○ Properly Registered ○ Improperly Registered ● No Registration Required

Proof of Liability Insurance: ○ Yes ○ No ● Not Req

Ins. Co: | Policy No: | Exp Date: | Ins. Agent Name or Phone

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 ○ Tour Bus ○ Church Bus

Vehicle Impact Role: ○ Striking ○ Struck ● Single Vehicle ○ Both

Direction of Travel Before Crash: ○ Northbound ○ Southbound ○ Eastbound ○ Westbound ○ Not on Road ○ 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

Traffic Control Functioning Properly: ○ Yes ○ No

Horizontal Alignment: ● Straight ○ Curve Right ○ Curve Left

Vertical Alignment: ● Level ○ Uphill ○ Sag (Bottom) ○ Hillcrest ○ Downhill

Veh Travel Speed (MPH):

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

Extent of Damage: ○ No Damage ○ Minor Damage ○ Functional Damage ● Disabling Damage

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): [X] None [ ] Brakes [ ] Wipers [ ] Steering [ ] Power Train [ ] Mirrors [ ] Suspension [ ] Tires [ ] Wheels [ ] Lights (Head, Signal, Tail, etc.) [ ] Windows [ ] Truck Coupling/Trailer Hitch/Safety Chains [ ] Other

GVWR or GCWR: ● Less Than or Equal To 10,000lbs ○ 10,001 - 26,000 lbs ○ More Than 26,000lbs

Number of Axles: 02

Total / Max Occupants of Veh: 0 1 / 0 2

Displaying 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: Towed by:

11/01/2013 3:10PM (GMT-04:00)

Crash Record Number: *Vehicle Number:* 01 *Reporting Agency's Record Number:* *Page* 5 *of* 8

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 Pedalcycle
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

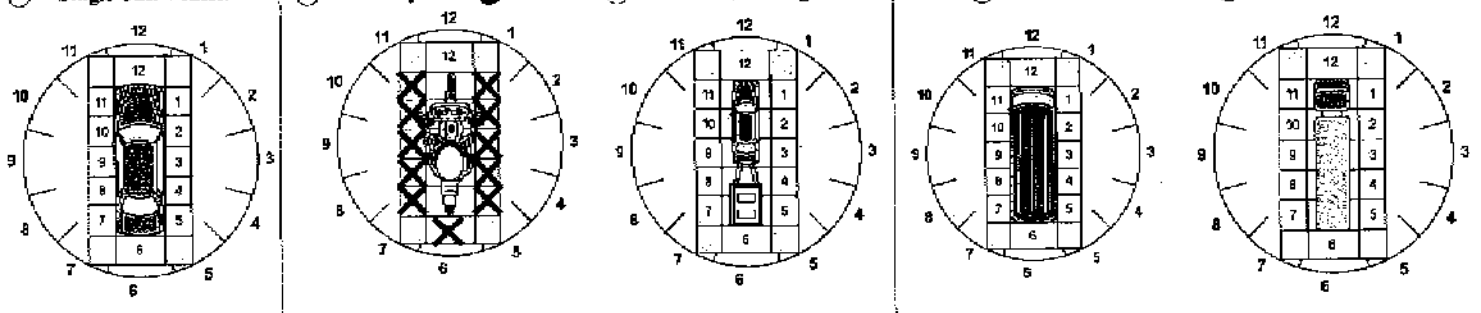
Sequence of Events:

08	31	44

Most Harmful Event: 44

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
14 Undercarriage

Using the Numbers from the Diagram Above, Identify the Following: **Area of Initial Impact:** **Most Damaged Area:**

Property Damaged Other Than Vehicles:

- [x] 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

Damaged Property Owner(s):

- [ ] WVDOH
- [ ] Private
- [ ] City
- [ ] Utility Company
- [ ] Other:

Damaged Property Location:

- On Pavement
- Right Side of Road
- Left Side of Road

Number of Trailing Units: 0

Trailing Unit #1: Same as Power Unit **Carrier / Owner's Name:**

Address: City State Zip Code **Phone:**

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #2: Same as Power Unit **Carrier / Owner's Name:**

Address: City State Zip Code **Phone:**

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

Trailing Unit #3: Same as Power Unit **Carrier / Owner's Name:**

Address: City State Zip Code **Phone:**

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type

11/01/2013 3:10PM (GMT-04:00)

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number:

Vehicle Number (from Vehicle Data Page) 01

Page 6 *of* 8

Reporting Agency's Record Number: 130910HNE0001 Attachment #2 (page 6 of 12)

Driver's Name: [redacted] Last [redacted] First [redacted] Middle Suffix

Address: ● Same as Veh Owner [redacted] [redacted] City [redacted] State [redacted] Zip Code

Home Phone: Other Phone:

Driving License:

License Type:

- ○ Not Licensed
- ● Driving License
- ○ Instruction Permit
- ○ GDL Level 1
- ○ GDL Level 2
- ○ GDL Level 3
- ○ CDL Instruction Permit
- ○ Motorcycle Instruction Permit
- ○ Motorcycle Only
- ○ CDL Class: ○ A ○ B ○ C

Issuing State: WV

Lic. [redacted]

Date of Birth [redacted]

License Restrictions: (Select All that Apply)

- [X] 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)

- [X] 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
- [X] 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
- [X] Operated Veh in Erratic, Reckless, or Careless Manner
- [ ] Operated Veh in Aggressive Manner
- [X] Swerved or Avoided
- [X] 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
- [X] Serum
- [ ] Field
- [ ] Other:

PBT Results:

- ○ Pass
- ○ Fail

BAC Results:

- ● 0.130
- ○ 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
- ○ Serum
- ○ Urine
- ○ Other
- ○ DRE

Drug Test Results (Check All that Apply):

- [ ] None
- [ ] Marijuana
- [ ] Cocaine
- [ ] Opiate
- [ ] Amphetamine
- [ ] PCP
- [ ] Other Controlled Substance
- [ ] Other Drug
- [ ] Pending

Driver Distracted By:

- ● Not Distracted
- ○ Electronic Communication Device
- ○ Other Electronic Device
- ○ Other Inside Vehicle
- ○ Other Outside Vehicle

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 (CDL 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
			☐
			☐
			☐
			☐

STATEMENT OF DRIVER:

DRIVER HAS DECEASED DUE TO INJURIES FROM ACCIDENT.

DOH Form: 17-pas
Revised: 02/2007

State of West Virginia Uniform Traffic Crash Report

Driver and Vehicle Passenger Data

Crash Record Number:

Reporting Agency's Record Number:

Indiv #	Name: Last	Name: First	Name: Middle Int.	Name: Suffix	Veh #	Occupant Type	Social Security #				Seating Position			Occupant Protection: Type	Occupant Protection: Proper	Occupant Protection: App.
[redacted]	[redacted]	[redacted]	[redacted]		01	[redacted]	[redacted]	036	M	K	1	1		01	02	02

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

Gender:
- M Male
- F Female

Seating Position Codes:

ROW	SEAT	OTHER
1 Front	1 Left	1 Sleeper 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

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

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
1	07	02	03	09	02			TIME OF DEATH N/A				09/01/2013	0000	03

Airbag Deployed Codes:

DEPLOYED (This Seat):
- 01 Front
- 02 Side
- 03 Other
- 04 Multiple Directions (Front and Side)

NOT DEPLOYED (This Seat):
- 05 Available, Didn't Deploy
- 06 Available, Turned Off
- 07 None Installed
- 08 Previously Deployed - Not Replaced
- 09 Disabled or Removed

- 10 Unable to Determine - Due to Vehicle Damage

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
- 02 Thru Side Window
- 03 Thru Windshield
- 04 Thru Back Window
- 05 Thru Back Door / Tailgate Opening
- 06 Thru Roof Opening
- 07 Thru Convertible (Top Up) Roof
- 08 Other Path
- 09 Unknown Path

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

11/01/2013 3:10PM (GMT-04:00)

130910HNE0001 Attachment #2 (page 9 of 12)

STATE OF WEST VIRGINIA
OFFICE OF THE CHIEF MEDICAL EXAMINER

TOXICOLOGY REPORT

Name of Deceased: [redacted]
Case Number:
County ME: Shawn Little

Date of Death: 09-01-13
Date Received: 09-03-13

Samples Received

- ☒ Subclavian Blood
- ☒ Hospital Blood, Serum
- ☐ Gastric Contents
- ☒ Urine
- ☐ Bladder Rinse
- ☐ Liver
- ☐ Vitreous Fluid
- ☐ Tissue _____
- ☐ Other _____

Analysis Performed

- ☒ Alcohol (Blood)
- ☒ Drugs of Abuse Immunoassay (Serum)
- ☐ LC TOF/MS Screen (Blood)
- ☒ LC/MS/MS Screen (Blood)
- ☐ Alkaline Drug Screen (Urine)
- ☐ Alkaline Drug Screen (Blood)
- ☐ Acidic and Neutral Drug Screen (Blood)
- ☒ Drug Confirmation and Quantitation (Blood)
- ☐ Chemistry Panel (Vitreous Fluid)
- ☐ Other _____

COPY

Results

Sample	Drug	Concentration	Therapeutic	Toxic	Lethal
Hospital Blood (8-31-13 1859)	Ethanol	0.13%			
Hospital Serum (8-31-13 1859)	Drugs	None Detected			

9/25/13
Date

OCME 10 (10-Mouse)
REVISED: 5-12-03

Review

From:PUT. CO. PROSECUTOR'S OFC. 09/29/2013 20:16 P.002/002

11/01/2013 3:10PM (GMT-04:00)

DISCHARGE REPORT
CHARLESTON AREA MEDICAL CENTER
Charleston, WV 25304

Pt. Name: [redacted]
[redacted] 10 Act. Phys.: [redacted]
Billing #: [redacted] DISCH.: 09/03/13 DOB: 027[redacted]

TOXICOLOGY

	H6312258-M1	H6312259-M2	
COLLECTED	08/31/13 19:20	08/31/13 18:58	REFERENCE RANGE
PRIORITY, PHYSIC	STAT PETERSON, LESL	STAT PETERSON, LESL	

M1: P1 Trauma.; DATE/TIME OF LAST DOSE?
M2: DATE/TIME OF LAST DOSE?

DRUG SCREENS

COLLECTED		08/31/13 18:58 NURS	
ECSTASY URINE SC		* NEGATIVE M1	NEGATIVE

M1: Unconfirmed screening results should not be used for non-medical purposes."Cutoff concentration for a positive result is 500 ng/mL

BARBITURATES URI		* NEGATIVE M1	NEGATIVE

M1: Unconfirmed screening results should not be used for non-medical purposes."Cutoff concentration for a positive result is 200 ng/mL

BENZODIAZEPINE S		* POSITIVE; M1	NEGATIVE

M1: If confirmatory test is needed call General Lab at 388-6244. Unconfirmed screening results should not be used for non-medical purposes."Cutoff concentration for a positive result is 200 ng/mL

OPIATES SCREEN		* NEGATIVE M1	NEGATIVE

M1: Unconfirmed screening results should not be used for non-medical purposes."Cutoff concentration for a positive result is 300 ng/mL

AMPHETAMINES SCR		* NEGATIVE M1	NEGATIVE

M1: Unconfirmed screening results should not be used for non-medical purposes."Cutoff concentration for a positive result is 500 ng/mL

COCAINE SCREEN		* NEGATIVE M1	NEGATIVE

M1: Unconfirmed screening results should not be used for non-medical purposes."Cutoff concentration for a positive result is 300 ng/mL

THC SCREEN		* NEGATIVE M1	NEGATIVE

M1: Unconfirmed screening results should not be used for non-medical purposes."Cutoff concentration for a positive result is 50 ng/mL

PCP URINE SCREEN		* NEGATIVE M1	NEGATIVE

M1: Unconfirmed screening results should not be used for non-medical purposes." Cutoff concentration for a positive result is 25 ng/mL

METHADONE-URINE		* NEGATIVE M1	NEGATIVE

M1: Unconfirmed screening results should not be used for non-medical purposes."Cutoff concentration for a positive result is 300 ng/mL

BLOOD TESTS AND SCREENS

COLLECTED	08/31/13 19:20 NURS		
ALCOHOL, ETHYL	* 159		NONE DETECTED mg/dL

* - RESULT REPORTED FIRST TIME
Key For Abnormal Column: L-Low, H-High, AB-Abnormal, A-Alert, AD-Absolute Delta, %D-Delta

130910HNE0001 Attachment #2 (page 11 of 12)

WEBSTER COUNTY E911/OES
Run Date: 2013/09/26 Time: 8:56:21
Call No.: Type: ATV ACCIDENT Date/Time: 2013/08/31 17:39:05
Incident BERGOO
Law Report#- 0--000000
Address:
WEBSTER SPRINGS WV 26288
Cross St./Intersect.:
Caller: W. S. FIRE DEPT,
Address:
WEBSTER SPRINGS WV 26288 Phone: 304-847-2301
Contact: 100
How Received: RAD Beat/Dist: Disposition: CARE TURNED OVER AEROMEDICAL CREW
Report No.: 0 0
Dispatcher
ESN 1
Map Ref
Comments:
36 YOM ATV SIDE BY SIDE ROLLOVER UNCONSCIOUS SNORING RESPIRATIONS
17:50 LZ IS SECURED
17:53 PT HAS BEEN EXTRICATED PACKAGED AND ON BOARD MEDIC 100
18:02 INTUBATION UNSUCCESSFUL AT THIS TIME
1808 HRS-PT INTUBATED

FS 300 ADV HIM THAT 633 & 302 WERE ON A LAB, HE ADV HE WOULD TRY TO
CONTACT 304 TO SEE IF HE COULD TAKE CARE OF IT, IF NOT HE SAID HE
WOULD HAVE TO.
1910HRS-301 ADV CANT FIND NO ATV ALONG THE ROAD CANT DO ANYTHING
SINCE THEY ARE GONE

Disposition Comments:

GOG:
NUMBER OF VICTIMS
ARE THEY CONSCIOUS OR UNCONSCIOUS
IF UNCONSCIOUS ARE THEY BREATHING
ARE THEY ALONG THE ROAD OR ON A TRAIL IN THE WOODS
PRE-ALERT = BOLO
DISPATCH FIRE
EMS
LAW
IF FATALITY DISPATCH CORONER
IF FATALITY IS ON A PUBLIC HIGHWAY NOTIFY DOH HOTLINE
IF FATALITY IS IN THE WOODS NOTIFY NRP OFFICERS
Equipment:

Alerts:

Range:

UNIT	DATE	TIME	STATUS	RADIO LOG	
_INCD	2013/08/31	17:39:05	INC	ATV ACCIDENT - 3914.0	BERGO
100	2013/08/31	17:39:20	Dispatched		
100	2013/08/31	17:39:20	EnRoute		
100	2013/08/31	17:41:14	On Scene		
AIR EVAC	2013/08/31	17:46:19	Dispatched		
100	2013/08/31	18:14:07	MISC	ON SCENE AT LZ	
301	2013/08/31	18:34:03	Dispatched	3914.0	
300	2013/08/31	18:36:19	Dispatched	3914.0	
301	2013/08/31	18:46:03	EnRoute	3914.0	
300	2013/08/31	18:46:19	EnRoute	3914.0	
100	2013/08/31	19:13:33	Cleared	3914.0	

130910HNE0001 Attachment #2 (page 12 of 12)

AIR EVAC	2013/08/31 19:14:11	In Quarters	3914.0
301	2013/08/31 19:14:22	Cleared	3914.0
300	2013/08/31 19:14:24	Cleared	3914.0

COPY

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

CASE #

Security Seal Tab #: Sign Out

FIU Investigator:
Date/Time: 9/1/2013 0025

☒ DEATH INVESTIGATION REPORT & T.O.D. EXAMINATION
☐ EXTERNAL EXAMINATION REPORT
☒ COMPLETION OF DEATH CERTIFICATE (Copy Attached)

County of Death: Kanawha Date: 9/1/2013
County ME/C: Sharon Little Notified by/Date/Time: 1846, 9/1/13
If Death Scene Visit: Name of Police Officer @ scene: Deputy Jack Cutlip
Agency: Webster Co. Sheriff Dept Phone: (304) 847-2006
Other Agency Investigator: Agency Phone:

DECEDENT: [redacted] (Do not use retired)
ADDRESS [redacted] SSN [redacted]
DOB: [redacted]
AGE: 30 SEX: Male RACE: White
Next of Kin: [redacted] Relationship: Mother Phone: [redacted]

Date of Death: 9/1/2013 @ 1801 pm. Witness: CAMC Staff
Last Known Alive: 9/1/2013 @ 1801 pm. By: CAMC Staff
Found Dead: @ m. By:
Pronounced: 9/1/2013 @ 1801 pm. By:
PLACE OF DEATH: [ ] DOA [ ] ER [ ] OR [ ] In Pt/Nursing Home [ ] At Home [X] other [ ] Found (died elsewhere) CAMC Greenbrier
Street Address:
City/Town: Charleston WV 25301

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) NO By: No	4. Place of Injury (home, etc.)
☐ Electrocution ☐ Fell ☐ Firearm ☐ Assault ☐ Fire ☐ Neglect ☐ Tox/OD ☐ Exposure ☐ Drowning ☐ Hanging ☐ Suffocation ☒ MVC ☐ Positional asphyxia ☐ Compression asphyxia ☐ Other	8/31/2013	1736		Public Road
5. INJURY LOCATION ADDRESS: [ ] Same as place of death Webster Springs WV 26288				
6. IF MVC: Restrained [ ] Yes [X] No Airbag [ ] Yes [ ] No Helmet [ ] Yes [X] No Operator [X] Passenger [ ] Pedestrian [ ] Other [ ]				
7. Work-related: ☐ Describe:				

COPY

NAME: [redacted] CASE #: _____

CIRCUMSTANCES OF DEATH:

Decedent is a 36 Y.O. W.M. who was ~~riding~~ Driving a side by side ATV in a benefit ride in Webster Springs for the fire department when his ATV was overheating and he and his friends pulled over on . A decision was made for everyone else to continue just up the road to a store, the decedent would let his ATV cool down and he would catch up at the store. After a time he failed to shew up so they (friends) went to check on decedent and found him entrapped under his ATV just off the road over a 5-6 foot embankment with ATV upside down on top of decedent. A volunteer firefighter was driving by and was flagged down for help, and he radioed the ambulance directly, which was about half a mile away. Friends of the decedent used winches to remove the ATV above and off the decedent. EMS stated he was breathing on his own and had blood in his airway. Decedent was transported by Air Evac near the scene to CAMC General. A ICP Bolt was installed and male was transferred to STICU bed 10, a test was performed to determine brain function and male was declared brain dead at 1801 the next evening. Male was released to Core. Deputy arrived scene after scene was cleared but went back next day, took pictures, and he stated male was executing a slight curve and 65 feet of skidmarks to the place of rest was noted. Male had a BAC of .159 and was reported by Core moonshine had been consumed. Decedent also tested positive for Benzos but was given Versed & Norcuron prior to drug screen. No helmet or seatbelt was utilized by decedent. Male had deformity of top of skull on Rt. sid[illegible] [illegible]resions to both sides of thoracic cavity under the arms both sid[illegible]

[ ] Check here if supplemental information sheet used.

OCME 1
REVISED 07-12-2012

COPY

NAME: [redacted] CASE #: _____

LOCATION OF DECEDENT AT SCENE: (Describe specific location of body and immediate surroundings at scene)

Male was in hospital bed room 10 in CAMC STICU on vents

Position found: [X] supine [ ] prone [ ] on right/left side [ ] other: _____

Describe surface under body: 3 cloth chucks, 2 cotton sheets, 1 fitted sheet

HISTORY:

Primary Physician _____ Office Phone: _____

Other Physician: _____ Office Phone: _____

Surgeries/Hospitalizations: ACL Repair 1993 / Tonsillectomy 2003

Illnesses/Allergies: Allergy: PCN

Psych: None

Family/Social: ~~None~~ Alcohol

Other: _____

MEDICAL RECORDS:

EMS Run Sheet obtained? [X] Yes [ ] No Reviewed? [X] Yes [ ] No Copy Attached? [X] Yes [ ] No

Hospital arrest records obtained? [ ] Yes [X] No Reviewed? [ ] Yes [X] No Copy Attached? [ ] Yes [X] No

Attending physician records obtained? [X] Yes [ ] No Reviewed? [X] Yes [ ] No Copy Attached? [X] Yes [ ] 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

OCME 1
REVISED 07-12-2012

COPY

DEC[redacted]GE _____ COMPLETED BY: _

RX NUMBER	PHARMACY PHONE #	PHYSICIAN	MEDICINES AS PRESCRIBED	DATE FILLED	# PRESC.	# REMAIN	Check If Collected

Meds were collected as listed herein.

_____ CoME / A. CoME / CC

_____ Witness

OCME 1
REVISED 07-12-2012

COPY

NAME: [redacted] CASE #: _____

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

INITIAL TIME OF DEATH BODY EXAMINATION

EXAMINATION:

[ ] Death Scene [X] Hospital [ ] Funeral Home [ ] Other _____

Location: CAMC General ST ICU Bed 10 Date/Time Started: 09/01/13 2210 Completed at: 09/01/13 2230

Witness: _____ Witness: _____

LIVIDITY: Appropriate for position [ ] Yes [ ] No (explain) _____

[ ] Marked [ ] Absent [ ] Reduced [ ] Ill-Defined [ ] Patterned _____

Location: _____ Color: _____

Blanches: [ ] Readily [ ] Sluggishly [ ] Fixed Lividity

N/A

RIGIDITY: Body posture appropriate for body position [ ] Yes [ ] No (explain) _____

Jaw	[X] None	[ ] Slight	[ ] Moderate	[ ] Full
Arms	[X] None	[ ] Slight	[ ] Moderate	[ ] Full
Legs	[X] None	[ ] Slight	[ ] Moderate	[ ] Full
Fingers	[X] None	[ ] Slight	[ ] Moderate	[ ] Full

[ ] Developing [ ] Receding Factors Affecting: _____

If rigor has been broken explain: _____

N/A

TEMPERATURES: [X] indoor scene [ ] outdoor scene

Torso temp: [ ] Cold (ambient) [ ] cool [X] warm [ ] hot Time: 2210

Rectal temp: _____ Time: _____ Ambient temp: 66°F Room Temp. Time: 2210

[ ] Focal heat source? (Describe type and location relative to body): _____

Ground temp, if applicable: _____ Time: _____ Water temp, if applicable: _____ Time: _____

If outdoor scene: Weather: [ ] Sunny [ ] Cloudy [ ] Windy [ ] Snow

OCME 1
REVISED 07-12-2012

COPY

NAME: [redacted] CASE #: _____

COMPLETE EXTERNAL EXAMINATION OF THE BODY

(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 5'6 WT 195 lbs SEX Male

RACE: White AGE: 36 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] Head diagram; A/P
- [ ] Head diagram, lateral and vertex
- [ ] Neck, inferior view
- [X] Full Body A/P
- [X] Full Body, lateral
- [ ] Hand R & L

TOXICOLOGY: Specimens Obtained: [X] Subclavian/Femoral Blood [X] Urine [ ] Vitreous To be obtained by Core

Time Collected: 2215 Date Collected: 09/26/13 [X] Admission/Hospital Blood (# tubes 5)

Photos taken by: MA Agency: _____

EVIDENCE COLLECTED FROM BODY: [ ] None [ ] List _____

MA

Collected by: MA Agency: _____ Date/Time: _____

Submitted to: MA Agency: _____ Date/Time: _____

CAUSE OF DEATH: Traumatic Brain Injury due to ATV accident [ ] PENDING AUTOPSY

Other Significant Conditions: _____

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

This investigative report, including diagrams used, c ... ges.

Medi

OCME 1
REVISED 07-12-2012

COPY

NAME: [redacted] CASE #: ____

CLOTHING AND VALUABLES

EXTERNAL CLOTHING: (List number and clothing color)

#___ Nude ____	#___ Hose ____	#___ Belt ____
#___ Slacks ____	#___ Panties ____	#___ Hat ____
#___ Shirt ____	#___ Slip ____	#___ Gloves ____
#___ Socks ____	#___ Day shorts ____	#___ Scarf ____
#___ Undershirt ____	#___ Sweatpants ____	#___ Coat ____
#___ Underwear ____	#___ Sweatshirt ____	#___ Dentures ↑↓ ____
#___ Tie ____	#___ Pajamas ↑↓ ____	#___ Eyeglasses ____
#___ Sweater ____	#___ Nightgown ____	#___ Cell Phone ____
#___ Dress/Skirt ____	#___ Robe ____	#_1_ Hospital gown Green+white
#___ Thermals ↑↓ ____	#___ Shoes/Boots ____	#___ Other ____
#___ Bra ____		

Currency: $ 0 Coins: $ 0 Credit Cards: 0 Cash Cards 0

ADDITIONAL PERSONAL EFFECTS AND VALUABLES: ____ Yes (If yes, list below) ____ No

N/A

DISPOSITION OF CLOTHING:

[X] 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 N/A

Person accepting custody of clothing / valuables ____

Signature: ____ Agency: ____ Date: ____

WITNESS: ____ Date: ____

OCME 1
REVISED 07-12-2012

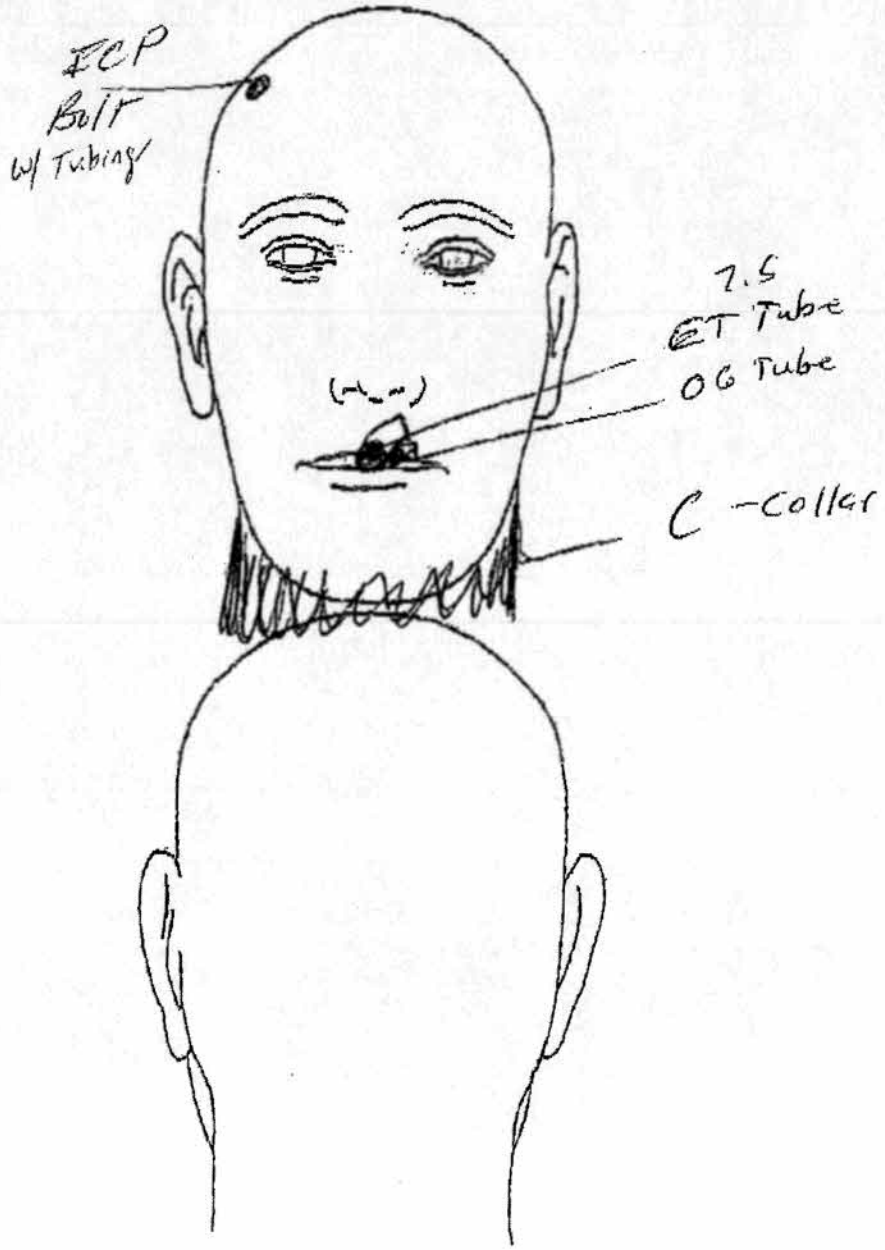
130910HNE0001 Attachment #3 (page 8 of 10)

COPY

Head, surface and skeletal anatomy, anterior and posterior views

Name [redacted]

Age 34 Race White Sex Male Date 9 / 1 / 2013



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)

130910HNE0001 Attachment #3 (page 9 of 10)

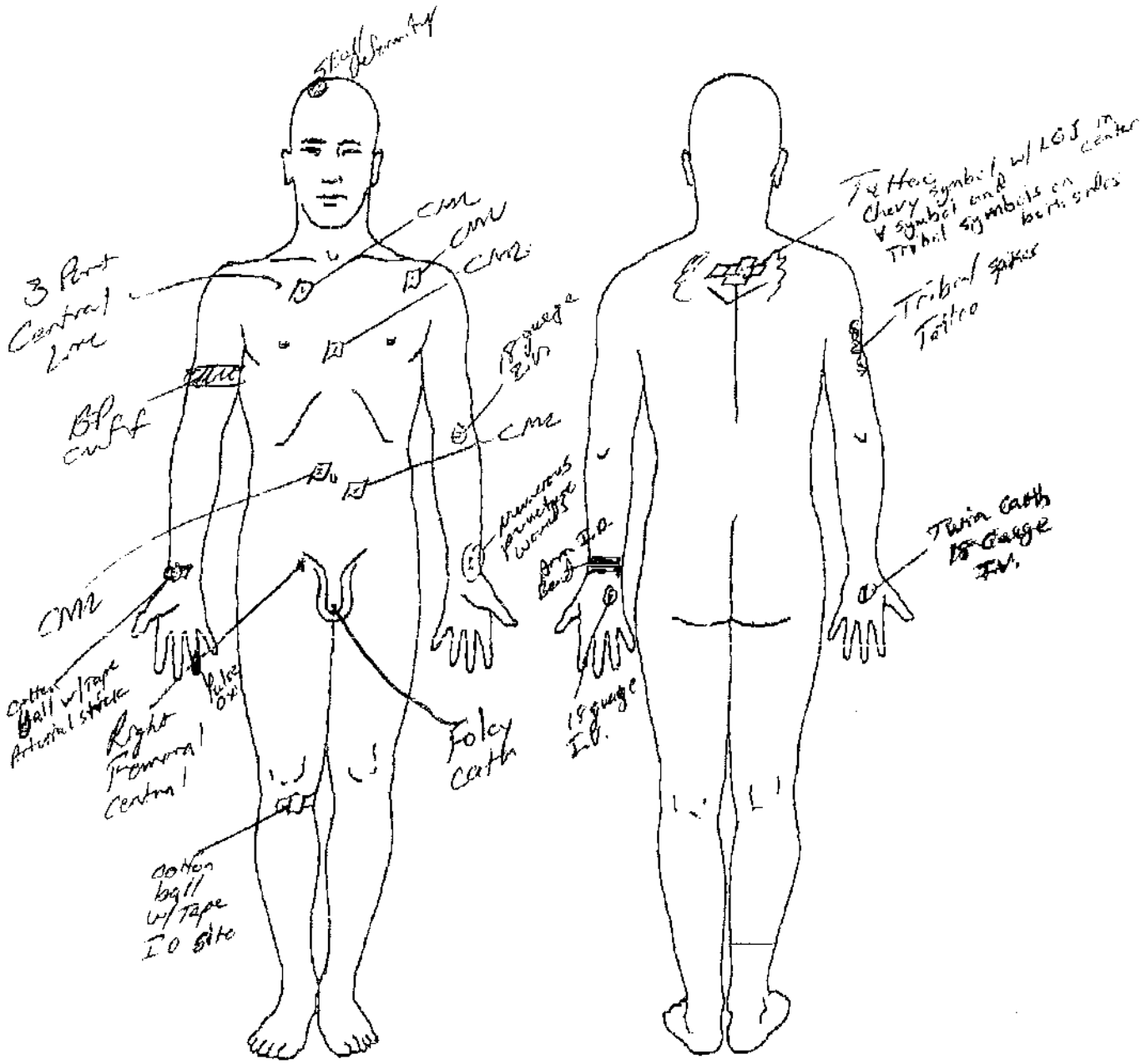
COPY

Full body, male, anterior and posterior views (ventral and dorsal)

Name [redacted]

Age 30 Race White Sex Male Date 9/1/2013

Left Right



LEGEND TO SYMBOLS

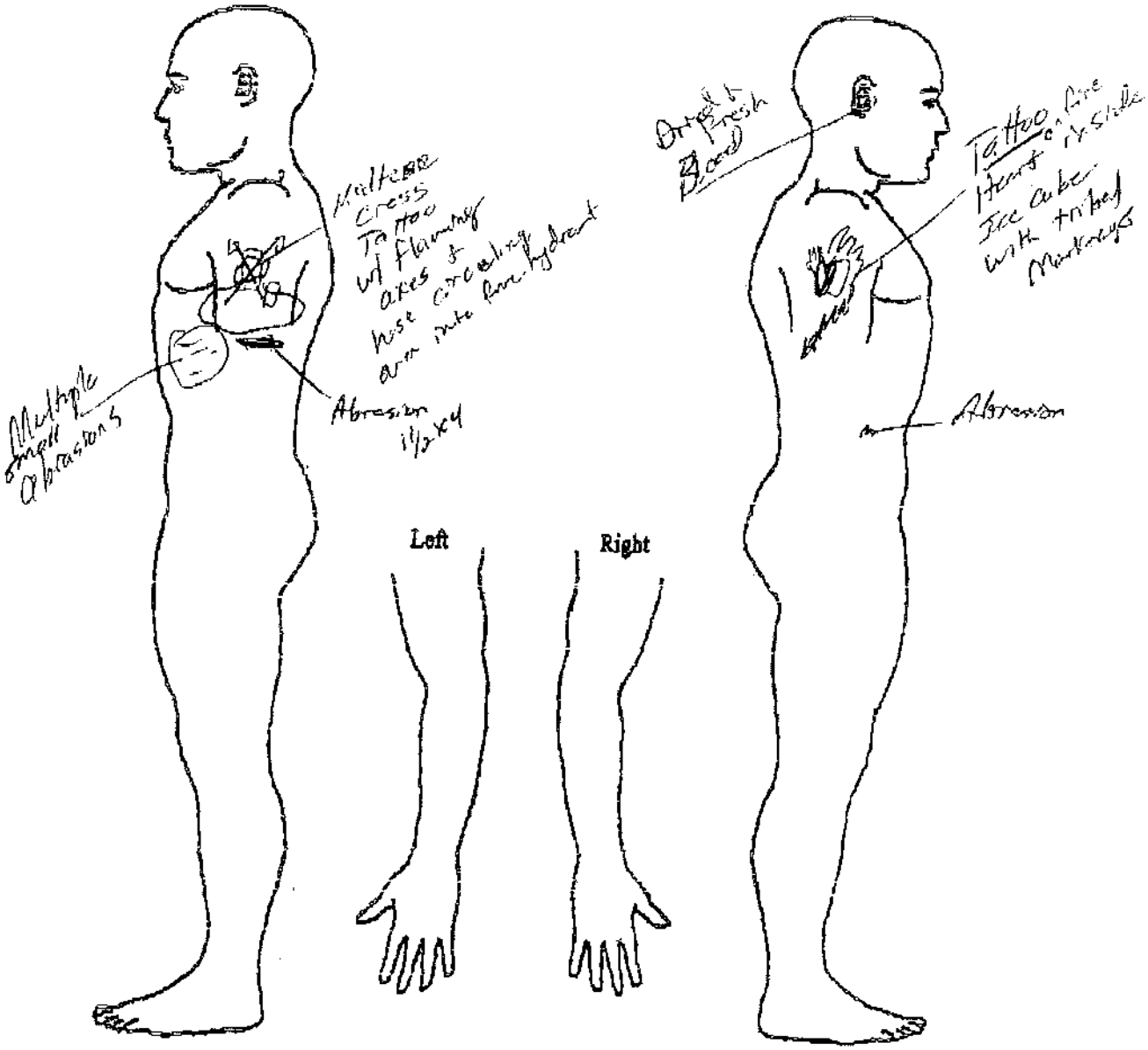
Contusion (Bruise) - B	Cut - C	Cardiac Monitor Pad (ECG Electrode)-CM
Laceration - L	Scar -S	Esophageal Obturator Tube - EO
Abrasion - A	Tattoo - T	Needle Puncture - NP
Stab Wound - SW	Endotracheal Tube - ET	Nasogastric Tube - NGT
Fracture - F	Foley Catheter - FC	

Gunshot Wound - GSW (denote entrance or exit, if possible)
Shotgun Wound - SGW (denote entrance or exit, if possible)

130910HNE0001 Attachment #3 (page 10 of 10)

COPY

Full be[redacted]
Name
Age 30 Race White Sex Male Date 9/1/2013



LEGEND TO SYMBOLS

Contusion (Bruise) - B
Laceration - L
Abrasion - A
Stab Wound - SW
Fracture - F
Gunshot Wound - GSW (denote entrance or exit, if possible)
Shotgun Wound - SGW (denote entrance or exit, if possible)

Cut - C
Scar - S
Tattoo - T
Endotracheal Tube - ET
Foley Catheter - FC

Cardiac Monitor Pad (ECG Electrode)-CM
Esophageal Obturator Tube - EO
Needle Puncture - NP
Nasogastric Tube - NGT

U.S. Consumer Product Safety Commission

Task Number: 130910HNE0001

Date: 11/05/2013

Status of Missing Document(s)

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

1. WV SP accident reconstruction report.
2.
3.
4.
5.
6.

130910HNE0001

Contact Sheet

Attachment #5

Webster County Sheriff's Department - Two Crt. Square G-# Webster Springs, WV 26288 - Deputy Jack Cutlip

US CPSC:

10/01/2013, 10/28/13 and 11/01/13

IDI #: 130910HNE0001
Exhibit #: 6

Utility Vehicle Data Record Sheet

Front

A Driver	Right Front Passenger
X Left Rear Passenger	X Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
Age: 36	Height: 66"	
Gender: male	Weight: 195	
Helmet (Y/N): N	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: killed		
Injury Description: traumatic brain injury		
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.

CPSC FORM 324A

Save

Task Number: 130920HNE0002

Purpose: Manufacturer Mailing

Redacted By: Stacy Summerville

# of Pages (prior to Redaction): 38

# of Pages (after Redaction): 23

Time Spent: 28 Minutes

Date Completed: 03/19/2014

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
130920HNE0002	9102	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2013 09 15	2013 10 18

6. Synopsis of Accident or Complaint **UPC**

A 11 year old boy was driving a utility vehicle with a 10 year old male friend when he made a sharp turn and the 10 year old was ejected and died at the hospital two days later. Neither were wearing seatbelts or helmets. The driver was not injured. Addendum added 2/14/2014.

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	SUMMERFIELD	FL

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	UTV	UNKNOWN

10D. Manufacturer Name and Address
POLARIS INDUSTRIES INC.
2100 HIGHWAY 55
MEDINA, MN 55340

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	2 - Black/African American Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
10	1 - Male	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	12.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
01/22/2014	9001	Dennis R. Blasius

28. Distribution	29. Source Document Number
Sarah Garland; Tanya L. Topka	X1390772A

This investigation was initiated by a news article received by the CPSC.

The information contained in this investigation was supplied by the following sources:

1. The medical examiner's report.

Victim – 10 year old male, 56 inches tall and 89 pounds

On 9-15-2013 at 1700 hours the victim was a passenger on a four wheel UTV being driving by another young male in Summerfield, Florida.

Because the Highway Patrol report was not received only limited information is available about this incident. The Florida Highway Patrol report was requested but not received by the time this report was due. Please see the missing documents form included as exhibit #4.

According to the medical examiner's report, "a UTV was traveling in an open field on private property when the driver made a sharp turn. This sudden change of direction caused the UTV to tilt onto its right side tires. Due to neither the driver of passenger not utilizing the seatbelts the passenger was partially ejected." He suffered serious head injuries. Another section of the report indicated the passenger was ejected. Discrepancies could not be resolved. There is no information on eye or head protection.

According to the report, the driver was not injured.

The victim was transported to the hospital where he expired on 9-17-2013 due to severe head injuries.

The parents of the victim and the parents of the owner of the UTV were contacted but did not respond. Please see exhibit #3.

No further information about this incident could be determined at this time. No release of name consent form was received.

Product Information:
Polaris 4 wheel UTV
Further information could not be determined.

Attachments:

Exhibit #1	Contacts, 1 page
Exhibit #2	The medical examiner's report, 14 pages *Eqphkf gpvkcr/"Gzenwf gf +
Exhibit #3	Contact letter sent to both parents, 2 pages
Exhibit #4	Missing documents form, 1 page
Exhibit #5	Florida Highway Patrol Report

Identification of Parties:

Contacts made by this investigator:

Victim: 10 year male, DOB: [redacted]
No VIN number for the vehicle could be determined at this time.

10-25-2013
District 8 Medical Examiner
William F. Hamilton, M.D.
606 SW 3rd Ave.
Gainesville, FL 32601
352-273-9292
352-273-9288 fax

10-18-2013
Florida Highway Patrol Troup H
Attn: Records Dept., only crash reports from this office
2900 Appalachia Parkway, Room B367 MS.51
Tallahassee, FL 32399
850-617-2397 Homicide Crash Records
850-617-5144 fax

12-09-2013
Mr. and Mrs. [redacted], Parents
[redacted]

12-10-2013
[redacted] UTV owner parents
[redacted]

Contacts made by the consumer:

NA

Orlando Field Office

[redacted]

[redacted]
Investigator

[redacted]' office
[redacted] fax

[redacted]@cpsc.gov

12-09-2013

Mr. and Mrs. [redacted]

Dear Parents,

The Consumer Product Safety Commission and congress is very concerned about accidents regarding UTV's and ATV's.

The U.S. Consumer Product Safety Commission continues to investigate accidents regarding all types of products to make reports to congress and to better understand the source and cause of these types of incidents, so that we can take preventative steps in the future.

Newspaper articles talk about the tragic accident involving your son. And I hope to get more details about the UTV involved in this accident.

Can you please call me?

Sincerely, [redacted]

[redacted]
cell phone

Product Safety Investigator

Orlando Field Office
[redacted]

[redacted]
Investigator

[redacted] office
[redacted] fax

[redacted]@cpsc.gov

12-10-2013

[redacted]

Dear Parents,

The Consumer Product Safety Commission and congress is very concerned about accidents regarding UTV's and ATV's.

The U.S. Consumer Product Safety Commission continues to investigate accidents regarding all types of products to make reports to congress and to better understand the source and cause of these types of incidents, so that we can take preventative steps in the future.

Newspaper articles talk about the tragic accident involving your son. And I hope to get more details about the UTV involved in this accident.

Can you please call me?

Sincerely,

[redacted]

[redacted]
Product Safety Investigator

[redacted]
cell phone

U.S. Consumer Product Safety Commission

Task Number: 130920HNE0002

Date: 1-21-2014

Status of Missing Document(s)

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

1. Florida Highway Patrol Report Addendum added 2/14/2014
2.
3.
4.
5.
6.

FLORIDA HIGHWAY PATROL

SUBJECT: TRAFFIC HOMICIDE INVESTIGATION RELEASE

CASE NO.: [redacted]

TO: Corporal Wallace Dill
600 S.E. 25th Avenue
Ocala, FL. 34471

This is to certify that the above captioned case was reviewed by this office and:

✓ We do not intend to file a criminal information based on the information provided.

____ A criminal information was filed and the above investigation was disclosed to the defense counsel as a result of discovery, or disclosed at a public hearing.

____ A criminal information was filed and all prosecution and appeals in this case are completed.

The Florida Highway Patrol will release the above captioned case as a public record in accordance with Florida Statutes.

(Signature of State Attorney)

William M. Gladson
(State Attorney's Name – Typed/Printed)

5th Circuit SAO
(State Attorney's Circuit)

12-03-13
(Date)

HSMV 62710 (Rev. 09/08)

FLORIDA HIGHWAY PATROL

TRAFFIC HOMICIDE INVESTIGATION

PREPARED BY: Corporal Wallace Dill

Case Number [redacted]

HSMV 62699 (REV.09/08)

TABLE OF CONTENTS

Page(s)	
1	Prosecutor's or Supervisor's Release (HSMV 62710 or HSMV 62004)
2	Cover Sheet (HSMV 62699) or (HSMV 62700)
3	Table of Contents (HSMV 62701)
4-6	Investigative Report (HSMV 62702)
7-8	Reconstruction Diagram (HSMV 62703)
	Witness List (HSMV 62704)
	Statements and/or Written Interviews (If applicable) (HSMV 62705, HSMV 62751, HSMV 62752)
	Chemical Test Information (HSMV 62706)
	Arrest Information (HSMV 62709)
9-11	Exhibits * Florida Traffic Crash Report
	*
	*
	*
	*

Investigation Conducted by: Cpl. Wallace Dill Wallace Dill 1-4-14
Traffic Homicide Investigator Date

Investigation Reviewed by: Sgt. Tammy L. Wildy Sgt Tammy L Wildy 1/17/14
Supervisor Date

Investigation Reviewed by: Cpt. Gregory S. LaMont 1.22.14
Captain / Designee Date

Case Number [redacted] Page 3

HSMV 62701 (Rev. 09/08)

INVESTIGATIVE REPORT

ASSIGNMENT

The Jacksonville Regional Communications Center was notified of this crash on September 15th, 2013 at 5:14 PM. I was assigned to this case on September 17th, 2013 by Florida Highway Patrol Sergeant T. Wildy.

CRASH ANALYSIS SUMMARY

D01, [redacted] whose date of birth (D.O.B) is [redacted], was restrained and was not wearing protective head gear as he drove V01 southbound in a private grass field located at [redacted]. V01 is a six-passenger UTV or utility terrain vehicle. However, under Florida State Statute 317.0003(9), V01 is considered an ROV or recreational off-highway vehicle. D01 identified himself verbally and also was identified by [redacted] who was the responsible adult at the scene. D01 stated that he had first driven V01 on the day of the crash and was not familiar with it.

V01's passenger (P01) was [redacted] whose D.O.B. was [redacted]. P01 was riding unrestrained in the front right seat of V01 and also was not wearing a helmet or eye protection.

Because V01 was traveling on private property, there were no applicable traffic control devices present. The physical evidence and scene characteristics were documented using photogrammetry. The Zero/Origin point was established in the grass field located at [redacted] Summerfield, Florida, at the geographic coordinate system points: [redacted] Latitude; [redacted] Longitude. The Reference Line was created, by extending a line from the "Zero/Origin Point" thru the evidentiary point labeled "X-axis" on the Reconstruction Diagram.

INVESTIGATIVE REPORT

According to sworn statements made by D01 and the vehicle's owner, [redacted], V01 was traveling in the grass field in "Low" gear as D01 made a sudden over-steer to the left as evidenced by a 41.41 foot long furrow created by the loading of the right front wheel of V01 during the steering maneuver. Research indicates that V01 likely would not be able to exceed 20 miles per hour while in low gear. V01's left side tires lifted off the ground during the maneuver and P01 was partially ejected from V01 through the right side front opening. V01 continued to roll and the right side of its roll-cage landed on P01's head as he landed on the ground at a point 43.8 feet east of the Zero Point and 32.14 feet north of the Reference Line. V01 then deflected off P01 and came to rest on its right side. P01 came to rest on the ground within the front right opening of V01 at the area of collision. V01's damage was confined to the right edge of the roof which suffered scuffs from contact with the ground. Also, grass and earth was lodged in the right side of the hood and the rear right seatbelt retractor. V01 had traveled a total estimated distance of 50 feet from the beginning of the furrow to its final rest position. D01 stated that he did not attempt to apply the brakes of V01 until it was already rolling over. D01 also advised that he did not change the gears out of the "Low" or "slow" position.

According to Trooper H. Colon, D01 did not exhibit any signs of impairment therefore a blood sample was not requested of him.

During Mr. [redacted] sworn statement, he advised that he heard V01 start-up but was not watching as D01 and P01 drove V01 away from a building where it had been parked. Mr. [redacted] also stated he had helmets at the location but did not tell D01 or P01 to wear them.

Dr. William Hamilton with the District Eight Medical Examiner's Office conducted the examination of P01 and concluded the probable cause of death was "Injuries sustained in motor vehicle crash."

INVESTIGATIVE REPORT

The physical evidence of the furrow and damage to V01, the injuries sustained by P01 and the statements of D01 and Mr. [redacted] are all consistent.

After consultation with Assistant State Attorney Bill Gladson, it was decided that there would be no charges filed as a result of the crash.

Since V01 is not an ATV nor is it a motor vehicle that was being operated on the roadway, streets and highways of the State of Florida, the occupants of V01 were not required by law to wear the installed seatbelts or helmets and eye protection. See Florida State Statutes 317.0003(9), 316.2074(2), 316.003(21) and 316.614(3)(a).

CASE CLOSING STATUS

Closed by: No Offense Committed:

The investigation is complete and no violations of Florida Statutes were discovered.

Wallace Dill

Wallace W. Dill

Corporal

January 4th, 2014

SWORN to and SUBSCRIBED before me

This 19 **day of** January 2014

[redacted]

Notary Public – Certified Officer (Circle one)

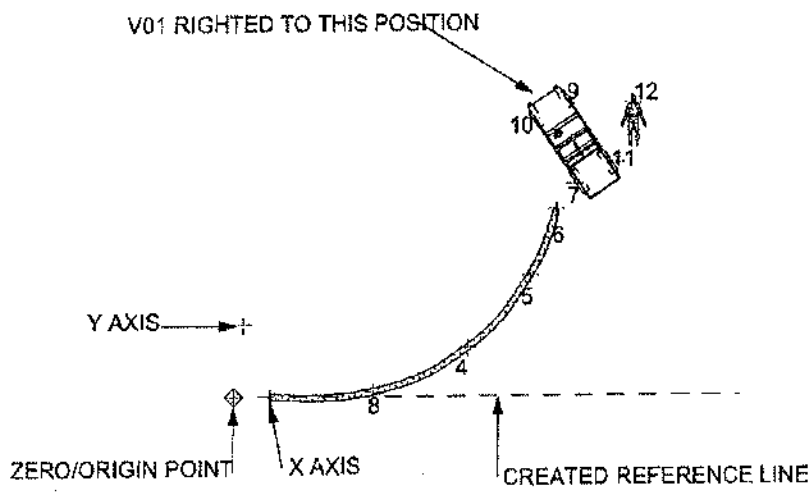
Case Number: [redacted]

RECONSTRUCTION DIAGRAM

DIAGRAM AND MEASUREMENTS BY:
CPL. W. W. DILL

DATE AND TIME: 09-19-2013 AT 10:00 AM

LOCATION: [redacted]
6.4 MILES SOUTH OF [redacted] IN
MARION COUNTY, FLORIDA



SCALE
0 10 20 ft

[redacted] (GRASS FIELD)
LEVEL GRADE
NO SUPERELEVATION
COEFFICIENT OF FRICTION .70

RECONSTRUCTION DIAGRAM LEGEND

The Zero/Origin Point is located at the geographic coordinate system points: [redacted] Latitude; [redacted] Longitude. That point is located at [redacted], 6.4 miles south of [redacted] in Marion, County Florida. The Reference Line was created on the diagram by extending a line from the "Zero/Origin Point" thru the evidentiary point labeled "X-axis."

POINT LABELS	X AXIS	Y AXIS	Z AXIS	DESCRIPTION
4	[redacted]			Reference point
5				V01 furrow
6				V01 furrow
7				V01 left rear
8				V01 furrow
9				V01 right front
10				V01 left front
11				V01 right rear
12				P01 final rest/blood
13				Reference point
14				Reference point
15				Reference point
16				Reference point
17				Reference point
18				Reference point
19				Reference point
21				Reference point
22				Reference point
23				Reference point
24				Reference point
25				Reference point
ORIGIN				V01 furrow
XAXIS				V01 furrow
YAXIS				Reference point

FLORIDA TRAFFIC CRASH REPORT

LONG FORM [X] SHORT FORM [ ] UPDATE [X]

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

Crash Date	Time of Crash	Date of Report	Reporting Agency	Reporting Agency Case Number	HSMV Crash Report Number
9/15/2013	5:10 PM	1/17/2014	FLORIDA HIGHWAY PATROL	[redacted]	[redacted]

CRASH IDENTIFIERS

County Code	City Code	County of Crash	Place or City of Crash	Within City Limits	Reported Date/Time	Dispatched Date/Time
14		MARION		NO	9/15/2013 5:14 PM	9/15/2013 5:14 PM

On Scene Date/Time	Cleared Scene Date/Time	Investigation Completed	Reason (If Investigation Not Complete)	Notified By
9/15/2013 5:35 PM	9/15/2013 5:47 PM	YES		LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway: [redacted]
At Street Address #:
At Latitude: [redacted] And Longitude: [redacted]

At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway	Or From Milepost Number
	0.6	[redacted]	[redacted]	

Road System Identifier	Type of Shoulder	Type of Intersection
OTHER (EXPLAIN IN NARRATIVE)	UNPAVED	NOT AT INTERSECTION

CRASH INFORMATION

[✓] Pictures Taken

Light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner of Collision
DAYLIGHT	CLOUDY	DRY	NO	OTHER, EXPLAIN IN NARRATIVE

First Harmful Event Type	First Harmful Event Detail	First Harmful Event Location	Within Interchange	First Harmful Event's Relation to Junction
NON-COLLISION	OVERTURN/ROLLOVER	OFF ROADWAY	NO	NON-JUNCTION

Contributing Circumstances: Road	Contributing Circumstances: Road	Contributing Circumstances: Road
NONE		

Contributing Circumstances: Environment	Contributing Circumstances: Environment	Contributing Circumstances: Environment
NONE		

Work Zone Related	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone
NO				

VEHICLE

[ ] Commercial Motor Vehicle

Vehicle	Motor Vehicle Type	Hit & Run (by this vehicle)	License Number	State	Reg. Expires	Permanent Reg.	VIN
V01	MOTOR VEHICLE IN TRANSPORT	NO	NO	FL		YES	[redacted]

Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due to Damage	Vehicle Removed By	Rotation
2008	POLARIS	RANGER	UTV	GRN	NONE		NO		

Insurance Company: NO
Insurance Policy Number: NO

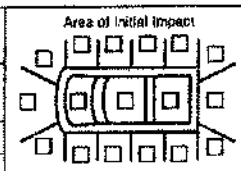
Name of Vehicle Owner: [redacted] Business [ ] Current Address: [redacted] City: [redacted] State: FL Zip Code: [redacted] Phone Number(s):

Trailer	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
One				NO					
Two				NO					

Vehicle Traveling	Direction	On Street, Road, Highway	At Est. Speed	Posted Speed	Total Lanes
	OFF-ROAD	[redacted]	20	5	0

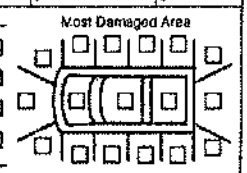
CMV Configuration:
Cargo Body Type:
Comm GVWR/GCWR:
Trailer Type (Trailer One):
Trailer Type (Trailer Two):
Haz. Mat. Release:
Haz Mat Placard:
Haz. Mat. Number:
Haz. Mat. Class:
Motor Carrier Name:
US DOT Number:
Motor Carrier Address: Address Other: City: State: Zip Code: Phone Number:

Area of Initial Impact



[ ] Undercarriage [ ] Overturn [ ] Windshield [ ] Trailer

Most Damaged Area



Comm/Non-Commercial	Vehicle Body Type	Vehicle Defects (one)	Vehicle Defects (two)	Emergency Vehicle Used	Special Function of MV
	OTHER, EXPLAIN IN NARRATIVE	NONE		NO	NO SPECIAL FUNCTION

Vehicle Maneuver Action	Trafficway	Roadway Grade	Roadway Alignment	Most Harmful Event	Most Harmful Event Detail
OTHER, EXPLAIN IN NARRATIVE	TWO-WAY, NOT DIVIDED	LEVEL	STRAIGHT	NON-COLLISION	OVERTURN/ROLLOVER

Traffic Control Device for this Vehicle	First (1) Sequence of Events	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events
NO CONTROLS	NON-COLLISION OVERTURN/ROLLOVER			

PERSON RECORD

#	Person Type	Vehicle #	Name	Injury Severity	Ejection	Driver Re Exam
1	DRIVER	V01	[redacted]	NONE	NOT EJECTED	NO

Date of Birth	Sex	Condition at Time of Crash	Address	Phone Number
[redacted]	M	APPARENTLY NORMAL	[redacted]	[redacted]

Driver License Number	State	Expires	Type	Required Endorsements
NONE			NONE	NO REQUIRED ENDORSEMENTS

Restraint Systems	Air Bag Deployed	Helmet Use	Eye Protection
SHOULDER AND LAP BELT USED	NOT APPLICABLE		NOT APPLICABLE

Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Seat	Motor Vehicle Seating Position: Other
FRONT	LEFT	

Driver Distracted By: NOT DISTRACTED
Driver Vision Obstructions: VISION NOT OBSCURED
Driver Actions at Time of Crash 1 (based on judgement of investigation officer): OVER-CORRECTING/OVER-STEERING
Driver Actions at Time of Crash 2 (based on judgement of investigation officer):
Driver Actions at Time of Crash 3 (based on judgement of investigation officer):
Driver Actions at Time of Crash 4 (based on judgement of investigation officer):

Suspected Alcohol Use	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type	Drug Test Result
NO	TEST NOT GIVEN				NO	TEST NOT GIVEN		

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
NOT TRANSPORTED			

Crash Date	Time of Crash	Date of Report	Reporting Agency	Reporting Agency Case Number	HSMV Crash Report Number
9/15/2013	5:10 PM	1/17/2014	FLORIDA HIGHWAY PATROL	[redacted]	[redacted]

PERSON RECORD

#	Person Type	Vehicle #	Name	Injury Severity	Ejection
2	PASSENGER	V01	[redacted]	FATAL(WITHIN 30 DAYS)	EJECTED, PARTIALLY

Date of Birth	Sex	Address	Phone Number
[redacted]	M	[redacted]	

Restraint Systems	Air Bag Deployed	Helmet Use	Eye Protection
NONE USED - MOTOR VEHICLE OCCUPANT	NOT APPLICABLE		NO

Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Seat	Motor Vehicle Seating Position: Other
FRONT	RIGHT	

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
EMS	MARION FIRE RESCUE	060737	SHANDS HOSPITAL

WITNESS RECORD

#	Name	Address	Phone Number
3	[redacted]	[redacted]	[redacted]

NARRATIVE

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number
1890	TROOPER	H. M. COLON	B	FLORIDA HIGHWAY PATROL	352-732-1260

Vehicle #1 a UTV/ROV was traveling north in an open field on private property. V1 attempted to make a sharp left turn(over-steer). As a result, V1 overturned onto it's right side. The right front passenger was partially ejected. V1 was upright prior to my arrival. The UTV was outfitted with seat belts. However, no seat belts or helmets were worn.

[redacted]s, date of birth [redacted] was pronounce deceased on 09/17/2013 at 6:30 am, by Dr [redacted]

Traffic homicide case [redacted]
Traffic Homicide Investigator: Cpl. W.W. Dill ID#457
Photographs taken by Cpl W. Dill. ID#457

NARRATIVE

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number
0868	CORPORAL	W.W. DILL	B	FLORIDA HIGHWAY PATROL	352-732-1260

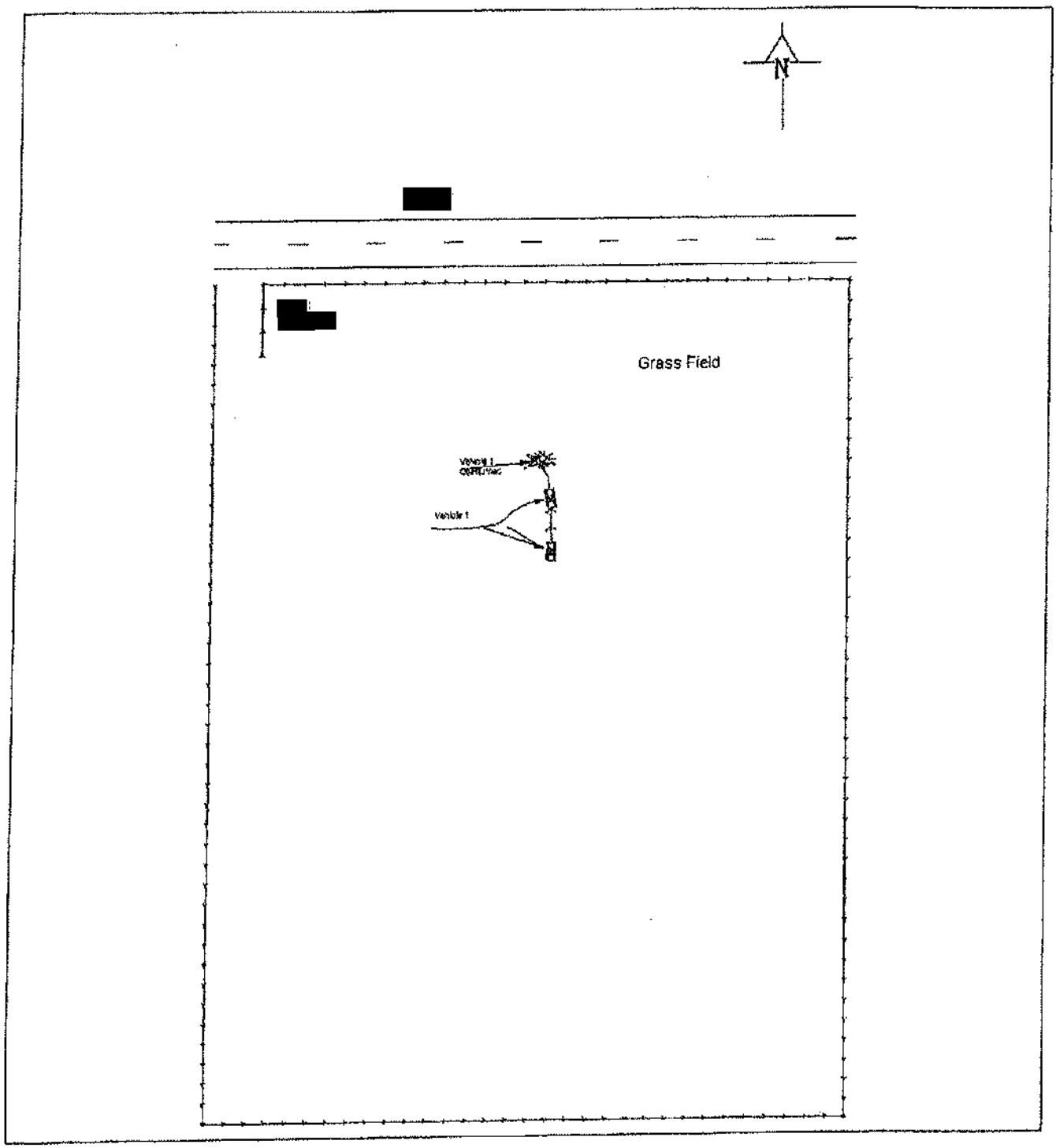
V01 is described as a UTV by the manufacturer but is classified as an ROV/Off-highway Vehicle by Florida Statute 317.0003(9). The vehicle is capable of carrying 6 passengers.
Neither D01 nor Passenger [redacted] were required by law to wear the installed safety belts or a helmet and eye protection: Only ATV riders are required to wear safety equipment. See Florida Statute 316.2074(2).
This case is closed.

REPORTING OFFICER

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number
0868	CORPORAL	W.W. DILL	B	FLORIDA HIGHWAY PATROL	352-732-1260

Crash Date	Time of Crash	Date of Report	Reporting Agency	Reporting Agency Case Number	HSMV Crash Report Number
9/16/2013	5:10 PM	11/12/2013	FLORIDA HIGHWAY PATROL	[redacted]	[redacted]

DIAGRAM OF CRASH



TX Result Report

P 1
12/13/2013 22:00
Serial No. [redacted]
TC: [redacted]

Addressee	Start Time	Time	Prints	Result	Note
[redacted]	12-13 21:58	00:01:49	003/003	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Frame Erase TX, DPG:Page Separation TX, MIX:Mixed Original TX, CALL:Manual TX, CSRC:CSRC, FWD:Forward, PC:PC-FAX, BND:Double-Sided Binding Direction, SP:Special Original, FCODE:F-code, RTX:Re-TX, RLY:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax, IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PW-OFF: Power Switch OFF, TEL: RX from TEL, NG: Other Error, Cont: Continue, No Ans: No Answer, Refuse: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOVR:Receiving length Over, POVR:Receiving page Over, FIL:File Error, DC:Decode Error, MDN:MDN Response Error, DSN:DSN Response Error.

[redacted]
Executive Director

2900 Apalachee Parkway
Tallahassee, Florida 32399-0500
www.flhsmv.gov

A SAFER FLORIDA
HIGHWAY SAFETY AND MOTOR VEHICLES

[redacted]

December 13, 2013

Investigator [redacted]
U.S. consumer Product Safety Commission
[redacted]

Dear Investigator [redacted]
We received your request for the Traffic Homicide Investigation Report [redacted] at this time the report has not been released by the State Attorney of Marion County, and therefore, we cannot distribute the report. Whenever, the report becomes available we will give you a call.

Sincerely,

[redacted]
Senior Clerk
Florida Highway Patrol

[redacted]
Executive Director

2900 Apalachee Parkway
Tallahassee, Florida 32399-0500
www.flhsmv.gov

A SAFER
FLORIDA
HIGHWAY SAFETY AND MOTOR VEHICLES

[redacted]

December 13, 2013

Investigator [redacted]
U.S. consumer Product Safety Commission
Orlando Field Office
[redacted]

Dear Investigator [redacted]

We received your request for the Traffic Homicide Investigation Report [redacted] at this time the report has not been released by the State Attorney of Marion County, and therefore, we cannot distribute the report. Whenever, the report becomes available we will give you a call.

Sincerely,

[redacted]
Senior Clerk
Florida Highway Patrol

U.S. Consumer Product Safety Commission

Saving Lives and Keeping Families Safe

Orlando Field Office
[redacted]
Winter Park, FL 32792

[redacted]
Investigator

[redacted] office
[redacted] fax

[redacted]

~~10-16-2013~~ 12-13-13

Florida Highway Patrol Troup H
Attn: Records Dept., only crash reports from this office
2900 Appalachia Parkway, Room B367 MS.51
Tallahassee, FL 32399
850-617-2397 Homicide Crash Records
850-617-5144 fax

Dear Records,

The U.S. Consumer Product Safety Commission continues to investigate accidents regarding all types of products to make reports to congress and to better understand the source and cause of these types of incidents, so that we can take preventative steps in the future.

Can you please send or fax me the **accident report** on the below fatality? If you have any questions please call.

10 year old ATV death
[redacted]
9-15-2013 accident, died 9-17-2013
[redacted]
Summerfield, FL

Sincerely,

[redacted]
Investigator

Any chance this is complete now?

Friday, December 13,

Home | FHP THI Case#: [redacted] | Agency Case#: [redacted] | HSMV Report #: [redacted]

Information | Vehicles | Victims | Synopsis | Causes | Charges | Case Status | Tracking | Closing Status

New Case

Search
Select One Item

Reports
Select One Item

Statistical Charts
Select One Item

General Info
Select One Item

Administration
Select One Item

Training
Select One Item

Current User:
[redacted]

Users On-line:
4

Log Out

Criminal Charges: Not Entered

Closing Status: Not Entered

Date Submitted to SAO: Not Entered

THI Case Released?: NO

EDIT

Utility Vehicle Data Record Sheet

Front

A Driver	B Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
	Age: 11	Height: unk
	Gender: M	Weight: unk
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

B:		
	Age: 10	Height: 56 inches
	Gender: M	Weight: 89 pounds
	Helmet (Y/N):	Seatbelt (Y/N):
	Killed/Injured/Neither/Unknown:	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

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

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

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

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

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

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

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

Task Number: _130923HCC2990_____

Purpose: Manufacturer Mailing_____

Redacted By: _Shiwali Mahadeshwar_____

# of Pages (prior to Redaction): __12_____

# of Pages (after Redaction): _12_____

Time Spent: ____26 Min._____

Date Completed: __2/25/2014_____

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
130923HCC2990	1949	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2013 08 25	2013 10 10

6. Synopsis of Accident or Complaint **UPC**

A 29-year-old female and a 29-year-old male were injured when the UTV in which they were riding overturned and ejected both passengers. The UTV began to skid while negotiating a curve on a two-way gravel road. Neither of the victims was wearing any safety devices. The UTV landed on the 29-year-old female driver and she was pronounced dead at the scene.

7. Location (Home, School, etc)	8. City	9. State
4 - STREET OR HIGHWAY	SHANNON COUNTY	MO

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	ARCTIC CAT	PROWLER

10D. Manufacturer Name and Address

ARCTIC CAT INC
601 BROOKS AVE. S.,
THIEF RIVER FALLS, MN 56701

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address

NONE

12A. Hispanic or Latino	12B. Race Other:		12C. Race Source

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
29	2 - Female	8 - Death	71 - Other/NS/No inj

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
87 - N.S./UNK	3 - 2nd Hand Info Only	2 - Telephone	7.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
11/22/2013	9067	Frank J. Nava

28. Distribution	29. Source Document Number
Sarah Garland; Tanya L. Topka	X1390635A

130923HCC2990

This investigation was initiated through a news article in which it was reported that a 29 year old female died and a 29 year old male was injured in a utility vehicle (UTV) accident. Information for this investigation was obtained from the police report. The coroner's report was requested for this investigation, but could not be obtained. Attempts to reach the injured victim and family were unsuccessful.

On August 25, 2013 law enforcement officials responded to the scene of a fatal collision involving a single utility vehicle. According to evidence at the scene and interviews conducted by the police, the 29 year old female was driving the UTV and the 29 year old male was sitting in the front right passenger seat. The vehicle was traveling southbound on a county road and as it negotiated a curve, the vehicle began to skid, traveled off the left side of the roadway and overturned. Both occupants were ejected through the passenger-side door opening. The vehicle came to a final rest on its side on top of the female driver. The female driver was pronounced at the scene and the male passenger was transported to the hospital. The extent of his injuries was not known. The cause of death of the female driver was not known.

According to the police report, the accident happened at approximately 3:05 a.m. and the weather was clear. The road was described as a two-way, undivided, gravel county road that was dry. Lighting conditions were described as dark/unlighted. The vehicle was negotiating a downhill curve at the time of the incident. Neither of the occupants was using any safety devices. The police report further indicated that alcohol had been used prior to the accident and the driver was traveling too fast for conditions.

PRODUCT IDENTIFICATION

The product involved in this incident was a utility vehicle, manufactured by Arctic Cat Inc., Thief River Falls, MN. The UTV was a 2013 Prowler, silver in color. The VIN was not known.

ATTACHMENTS

1. Copy of Missouri State Highway Patrol Report.

2. Missing Document Form: Shannon County Coroner's Report.

3. UTV Data Record Sheet.

MISSOURI UNIFORM CRASH REPORT

PAGE 1 OF 4

1 - GENERAL CRASH INFORMATION

SPACE USED FOR BARCODE

AGENCY NAME AND ORI
MISSOURI STATE HIGHWAY PATROL
MOMHPGG00
R3273554

LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
☐ Yes ☒ No		☐ Yes ☐ No		☐	1	1	[redacted]

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE
1	08/25/2013	0305	08/25/2013	0421	08/25/2013	0448	☒ Yes ☐ No

CRASH TYPE

ROADWAY: ☐ On Roadway ☒ Off Roadway

NON-COLLISION: ☒ Overturning ☐ Fire / Explosion ☐ Immersion ☐ Jackknife ☐ Fell/Jumped From MV ☐ Cargo / Equip Loss / Shift ☐ Other Non-Collision

COLLISION INVOLVING: ☐ Animal ☐ Pedalcycle ☐ Fixed Object ☐ Other Object ☐ Pedestrian ☐ Railway Vehicle ☐ Animal Drawn Veh/Animal Ridden Trans. ☐ Motor Vehicle in Transport → ☐ Parked Motor Vehicle → ☐ Working Motor Vehicle →

DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE: ☐ Front to Front ☐ Front to Rear ☐ Rear to Rear ☐ Rear to Side ☐ Angle ☐ Sideswipe (Same Dir.) ☐ Sideswipe (Opp Dir.) ☐ Falling / Shifting Cargo (Set in motion by MV) ☐ Other (Explain) ☐ Unknown (Explain)

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle fields in Section 7G must be completed

1. Does this crash involve any of the following?
   1a. A person fatally injured; OR
   1b. A person transported for medical attention; OR
   1c. A vehicle towed due to disabling damage
   ☐ No - No commercial vehicle fields need completion
   ☒ 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
   ☒ No - No commercial vehicle fields need completion
   ☐ Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
☐ Yes ☒ No	NOT APPLICABLE	☐ Investigating Agency
RECONSTRUCTION	**BY WHOM**	**AVAILABLE FROM**
☐ Yes ☒ No	NOT APPLICABLE	☐ Investigating Agency

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)
[redacted]	NON-CITY OR UNINCORPORATED	10	G	LAT: [redacted] LONG: [redacted]

ON	RDWY. DIR	DISTANCE FROM	LOCATION	INTERSECTING
[redacted]	N	☐ NA Feet 1 . 5 Miles	☐ After ☐ NA ☒ Before ☐ At	[redacted]

SPEED LIMIT	ROAD MAINTAINED BY	SPEED LIMIT	INT. DIR.	GEO - CODE
50	☐ Unknown ☐ State ☒ County ☐ Municipal ☐ Private Property ☐ Other	NA	S	NA

TRAFFICWAY: ☐ One-Way ☒ Two-Way; Not Divided ☐ Two-Way Divided; Unprotected Median ☐ Other ☐ Two-Way; Not Divided; Continuous Center Turn Lane ☐ Two-Way Divided; Positive Median Barrier ☐ Unknown

ROAD ALIGNMENT: ☐ Straight ☒ Curve ☐ Unknown (Explain)

ROAD PROFILE: ☐ Level ☒ Downhill ☐ Dip ☐ Uphill ☐ Hillcrest ☐ Unknown (Explain)

INTERSECTION TYPE: ☒ NA ☐ 4-way Intersection ☐ Y-Intersection ☐ 5-way / More ☐ Unknown (Explain) ☐ T-Intersection ☐ Roundabout ☐ Other (Explain)

ROAD CONDITION: ☒ Dry ☐ Snow ☐ Slush ☐ Standing Water ☐ Sand / Gravel ☐ Unknown (Explain) ☐ Wet ☐ Ice / Frost ☐ Mud / Dirt ☐ Moving Water ☐ Other (Explain)

ROAD SURFACE: ☐ Concrete ☐ Brick ☐ Dirt / Sand ☐ Cobblestone ☐ Asphalt ☒ Gravel ☐ Multi-Surface ☐ Unknown (Explain)

WEATHER CONDITION: ☒ Clear ☐ Rain ☐ Sleet / Hail ☐ Fog / Mist ☐ Other (Explain) ☐ Cloudy ☐ Snow ☐ Freezing (Temp) ☐ Severe Crosswind ☐ Unknown (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. ☐ 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	TRANSPORT	SAFETY DEVICES	LOCATION
						☐ On Roadway ☐ On Sidewalk ☐ In Driveway Access ☐ Off Roadway ☐ On Median / Crossing Island ☐ Unknown

CROSSING ROAD: ☐ NA ☐ With Signal ☐ Against Signal ☐ No Signal ☐ Unknown ☐ Not At Crosswalk ☐ In Marked Crosswalk ☐ In Unmarked Crosswalk ☐ Unknown

OTHER ACTIONS: ☐ NA/None ☐ Getting On / Off Vehicle ☐ Standing / Lying / Sitting In Trafficway ☐ Pushing / Working On Vehicle ☐ Behind / In Front of Parked / Stopped Veh. ☐ Working In Trafficway ☐ Playing In Trafficway ☐ Walking / Running In Trafficway ☐ With Traffic ☐ Against Traffic ☐ Unknown ☐ Other (Explain)

SCHOOL INFO: ☐ NA ☐ Going To / From School ☐ Getting On / Off School Bus ☐ Both Of The Above ☐ Unknown (Explain)

PROBABLE CONTRIBUTING CIRCUMSTANCES: ☐ None ☐ Failed To Yield ☐ Distracted / Inattentive ☐ Alcohol ☐ Drugs ☐ Vision Obstructed (Explain) ☐ Physical Impairment (Explain) ☐ Other (Explain) ☐ Unknown (Explain)

DISTRACTED / INATTENTIVE CODE(S): ☐ NA

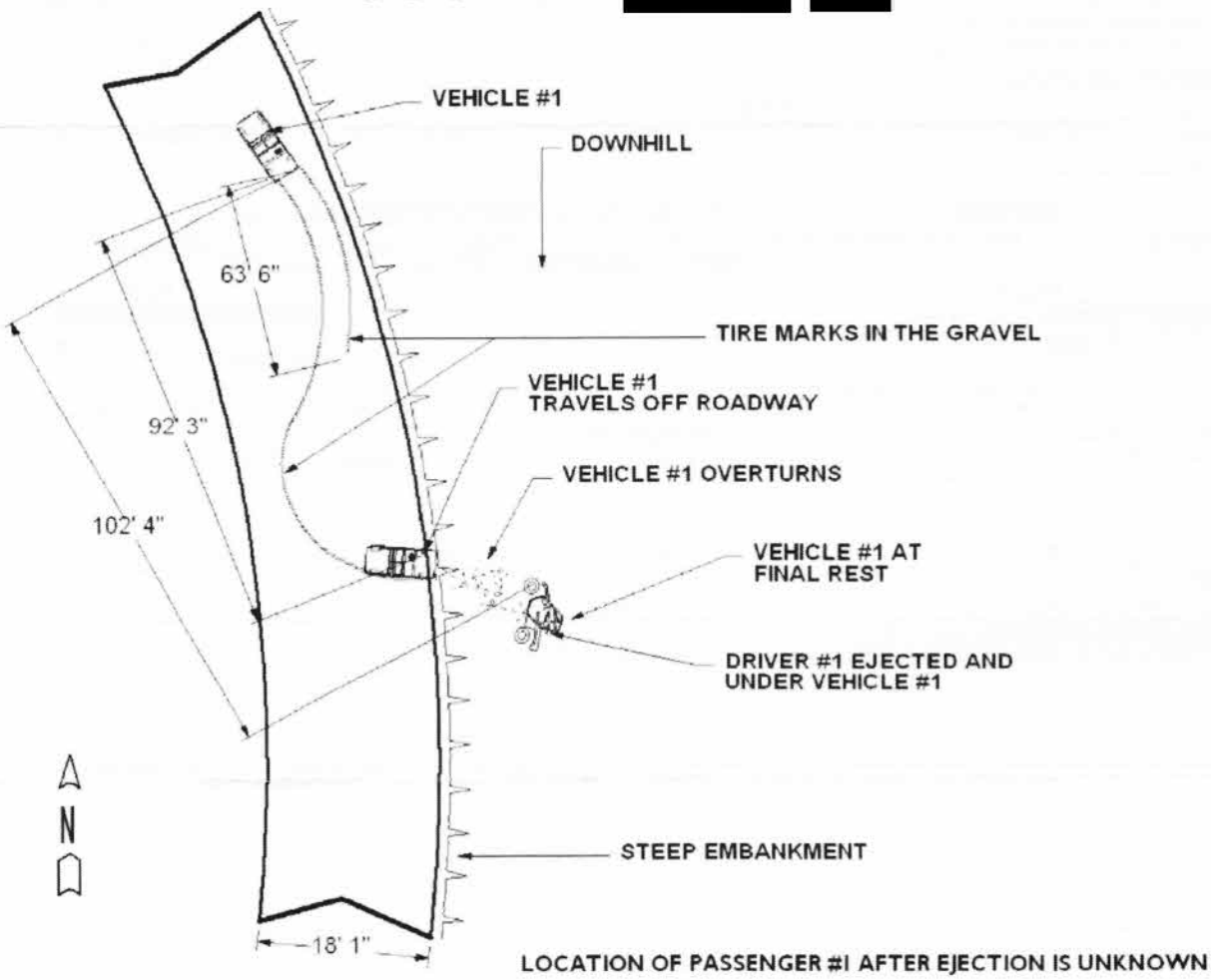
ALCOHOL USE: ☐ Yes ☐ No ☐ Unknown

REPORT # [redacted] PAGE 2 OF 4

6. COLLISION DIAGRAM	Compass Direction Before Crash Event(s) (Circle One)	V1 N E S W U	V2 N E S W U	V3 N E S W U	V4 N E S W U	V5 N E S W U	V6 N E S W U

INDICATE NORTH

COUNTY [redacted]



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

☐ Page Not Used REPORT # [redacted] PAGE 3 OF 4

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 1 | 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): [redacted] | PHONE NUMBER: UNK

DRIVER LICENSE / ID NUMBER: [redacted] | STATE: MO | LIC STATUS: ☐ Valid ☒ Susp / Rev / Denied ☐ NA ☐ Expired ☐ Disqual CDL ☐ Canceled / Oth Invalid ☐ Unknown | LIC TYPE: ☒ Operator Class E ☐ CDL Class __ ☐ Interm / Grad ☐ NA ☐ Permit ☐ MC Only ☐ Unlicensed ☐ Unknown (Explain) | MC ENDORSEMENT: ☐ Yes ☐ No ☒ NA ☐ Unknown (Explain)

DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES
[redacted]	F	FL	1	1	4	1	2

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) ☐ NA

PROOF OF INSURANCE: ☐ Yes ☒ No ☐ Not Required | INSURANCE COMPANY: ☐ Expired NONE | PHONE NO. (Optional) | POLICY NUMBER: ☒ NA | ☐ Driver ☐ Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): [redacted] ☐ SAD | PHONE NUMBER: [redacted] ☐ SAD

YEAR	MAKE	MODEL	COLOR	VEH. TYPE	TOTAL NO. OF OCC
2013	ARCTIC CAT	PROWLER	SIL NA	1	2

LICENSE - PLATE NO: NOT REQ | STATE: NA | YEAR: NA | VIN: UNK | TOWED FROM SCENE: ☐ Yes ☒ No | TOWED DUE TO DIS. DAMAGE: ☐ Yes ☒ No

VEHICLE DAMAGE (Mark all damaged areas) ☐ None / No Damage | TOWED BY ☐ Unknown ☒ NA

INITIAL IMPACT NO: ☐ NA 4 — 2 3 4 5 6 7 1 15 16 17 8 14 13 12 11 10 9 — 18 - Undercarriage, 19 - Windshield, 20 - Burned, 21 - Towed Unit, 22 - Cargo, 23 - Unknown, 24 - Other (Explain)

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 axles, 6 tires
☐ Single-unit Truck: 3 or more axles
☐ 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 / GCVW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)
☐ Less than or equal to 10,000 lbs.
☐ 10,001 - 26,000 lbs.
☐ Greater than 26,000 lbs.
☐ Unknown

EMERGENCY VEHICLE INVOLVEMENT ☒ NA
☐ Police ☐ Ambulance
☐ Fire ☐ Other (Must check "A" / "B") →
☐ A. Emergency Vehicle on Emergency Run
☐ B. Stationary With Emergency Equip. Activated

CONTRIBUTING TRAFFIC CONDITIONS ☒ NA
☐ Congestion Ahead ☐ Other Incident Ahead
☐ Crash Ahead ☐ Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES ☐ Additional Codes Listed in Narrative (See Codes in Section 8)

SEQUENCE OF EVENTS CODES ☐ Unknown: [redacted] 21 22 | ANIMAL CODE(S) | FIXED OBJECT CODE(S) | 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 | Workers Present: ☐ Yes ☐ No ☐ Unknown

TRAFFIC CONTROL ☒ None ☐ Unknown
Electric ☐ Green/Yellow/Red ☐ Flashing Red ☐ Flashing Yellow ☐ Ramp Meter ☐ Other (Explain)
Other Controls: ☐ Stop Sign ☐ No Passing Zone ☐ Turn Restricted ☐ Officer / Flagman ☐ Signal On School Bus ☐ 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) / ADDRESS (Street, City, State, Zip)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
[redacted]	[redacted]	M	FR	3	3	4	1	2	[redacted]
NA									
NA									
NA									
NA									

7G. COMMERCIAL MOTOR VEHICLE ☒ NA — Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2

MOTOR CARRIER IDENTIFICATION (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 ☐ Not In Commerce - Other Vehicle | MC / MX / ICC NO. | USDOT NO.

CARGO BODY TYPE: ☐ Enclosed Box ☐ Cargo Tank ☐ Flatbed ☐ Dump ☐ Concrete Mixer ☐ Auto Transporter ☐ Garbage / Refuse ☐ Grain / Chip / Gravel ☐ Pole Trailer ☐ Log ☐ Vehicle Towing Another Veh. ☐ Intermodal Container Chassis ☐ NA (No Cargo Body) ☐ Other ☐ Unknown

HAZARDOUS MATERIALS	PLACARD DISPLAYED	4-DIGIT NO.	CLASS	HM CARGO PRESENT	HM CARGO RELEASED	HAZARDOUS MATERIAL NAME
	☐ Yes ☐ No ☐ Unknown			☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	

REPORT # [redacted] PAGE 4 OF 4

8 - CODES

SEAT LOCATION
FR SR TR / FC SC TC / FL SL TL
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

INJURY
1. Fatal
2. Disabling
3. Evident - Not Disabling
4. Probable - Not Apparent
5. None Apparent
U. Unknown
N. NA

TRANSPORTED (For Medical Treatment)
1. No
2. EMS
3. Other
U. Unknown
N. NA

EJECTION
1. NA
2. No
3. Partially
4. Totally
U. Unknown

AIR BAG
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

SAFETY DEVICES
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)**

NARRATIVE

ACCORDING TO THE EVIDENCE AT THE SCENE, THIS ACCIDENT OCCURRED AS VEHICLE #1 WAS TRAVELING SOUTHBOUND ON COUNTY [redacted] AS THE VEHICLE TRAVELED THROUGH A CURVE, IT BEGAN SKIDDING, TRAVELED OFF THE LEFT SIDE OF THE ROADWAY, AND OVERTURNED. BOTH OCCUPANTS WERE EJECTED THROUGH THE PASSENGERS SIDE DOOR OPENING. VEHICLE #1 CAME TO FINAL REST, ON ITS SIDE, ON TOP OF DRIVER #1.

[redacted]: DRIVER OF VEHICLE 1 STATEMENT

N/A

[redacted]: PASSENGER OF VEHICLE 1 STATEMENT

SHE WAS DRIVING AND I WOKE UP IN THE WOODS.

[redacted]: DRIVER OF VEHICLE 1 FATALITY AND TRANSPORTATION INFO

PRONOUNCED BY: **SHANNON CO. CORONER** [redacted] AT LOCATION: **SCENE** DATE/TIME: **08/25/2013 0414** NEXT OF KIN NOTIFIED: **YES**

DISPOSITION OF BODY: [redacted]

[redacted]: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO

TRANSPORTED BY: **PRIVATE VEHICLE** TRANSPORTED TO: **MERCY-MTN VIEW**

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
[redacted]	[redacted]2	10	G

REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
[redacted]	[redacted]	[redacted]	[redacted]

U.S. Consumer Product Safety Commission

Task Number: 130923HCC2990

Date: 11/21/2013

Status of Missing Document(s)

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

1. Shannon County Coroner's Report.
2.
3.
4.
5.
6.

COPY

U.S. CONSUMER PRODUCT SAFETY COMMISSION
St. Louis Field Office
[redacted]

September 24, 2013

Shannon County Coroner
Tim Denton
P. O. Box 639
Winona, MO 65588

Dear Coroner Denton:

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 utility vehicle (UTV) accident that occurred on or about **August 25, 2013** in **Shannon County**. According to the article, **29 year old** [redacted] died as a result of injuries sustained in the accident when she was ejected from the UTV. In addition, her passenger, 29 year old [redacted] was injured in the incident.

We are extremely interested in product-related incidents; especially those involving UTV's.

As part of my investigation, I would like to obtain a copy of your **coroner's report and autopsy** on the above-referenced victim. 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,

[redacted]
Product Safety Investigator

COPY

U. S. CONSUMER PRODUCT SAFETY COMMISSION

ST. LOUIS FIELD OFFICE

[redacted]

October 22, 2013

Mr. [redacted]
[redacted]
Hillsboro, MO 63050

Dear [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 your loss. 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 he accident, including the circumstances leading up to and surrounding the incident. 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

COPY

U. S. CONSUMER PRODUCT SAFETY COMMISSION

ST. LOUIS FIELD OFFICE

[redacted]

October 22, 2013

Mr. [redacted]

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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, I understand and please accept my sincere condolences.

Sincerely,

[redacted]
Product Safety Investigator
U.S. Consumer Product Safety Commission

CONTACTS

Contact #1: Missouri State Highway Patrol (initiated 9/24/13, contacted 10/21/13)
Traffic Records Division
Post Office Box 568
Jefferson City, MO 65102 (tele #573-751-3313)

Contact #2: Shannon County Coroner
P.O. Box 639
Winona, MO 65588 (tele #573-325-4646)

Contact #3: [redacted] (tele #[redacted])

Contact #4: [redacted] (tele #[redacted]

IDI #: 130923HCC2990
Exhibit #: 3

Utility Vehicle Data Record Sheet

Front

A Driver	B Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
Age: 29	Height: Unk	
Gender: F	Weight: Unk	
Helmet (Y/N): N	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: Killed		
Injury Description: Unk		
Did vehicle land on victim: Yes		
Ejected (Either partially or fully): Fully		

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

CPSC FORM 324A

Save

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
130925HCC2005	9027	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2013 09 01	2013 10 13

6. Synopsis of Accident or Complaint **UPC**

The 37 year old male driver and his 40 year old victim female passenger were going at a high rate of speed when he lost control of his 4-Wheel ATV and it overturned and threw both the driver and the victim female passenger off. Neither of them were wearing helmets. The driver and passenger were both taken to local area hospital were the victim female passenger died from her injuries.

7. Location (Home, School, etc)	8. City	9. State
4 - STREET OR HIGHWAY	JASPER COUNTY	IL

10A. First Product	10B. Trade/Brand Name	10C. Model Number
3286 - ALL TERRAIN VEHICLES	UNK	UNK

10D. Manufacturer Name and Address
UNKNOWN

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
40	2 - Female	8 - Death	54 - Crushing

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	14.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
01/14/2014	9001	Dennis R. Blasius

28. Distribution	29. Source Document Number
John C. Topping; Sarah Garland	X1390681A

ATTACHMENTS: 130925HCC2005

Exhibit A – Contact List. (1 page)

Exhibit B – Police Report. (2 pages)

Exhibit C – Sheriff's Report. (2 pages)

Exhibit D – Coroner's Report. (1 pages)

Exhibit E – Missing Document. (1 page)

CONTACT LIST:

Victim: (b)(3):CPSA Section 25(c) (DOB unknown)

Illinois State Police

801 S. 7th Street, Suite 1000-S

Springfield, IL. 62703

Jasper County Sheriff's Office
106 E. Morgan
Newton, IL. 62448

Vanderburgh County Coroner

201 S. Morton Ave.

Evansville, IN. 47713

This investigator sent off FOIA Letter to the Illinois State Police, Jasper County Sheriff's Office and the Vanderburgh County Coroner on 09/30/2013. I've received their reports on 12/5/13.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

2391685

ILLINOIS STATE POLICE

177 6TH ST E

WOOD MELISSA D,

KUSHNTLER ANDREA R,

DEACONESS HOSPITAL

ARREST NAME

ARREST NAME

OFFICER ID 6179

SIGNATURE

BEAT / DIST 12

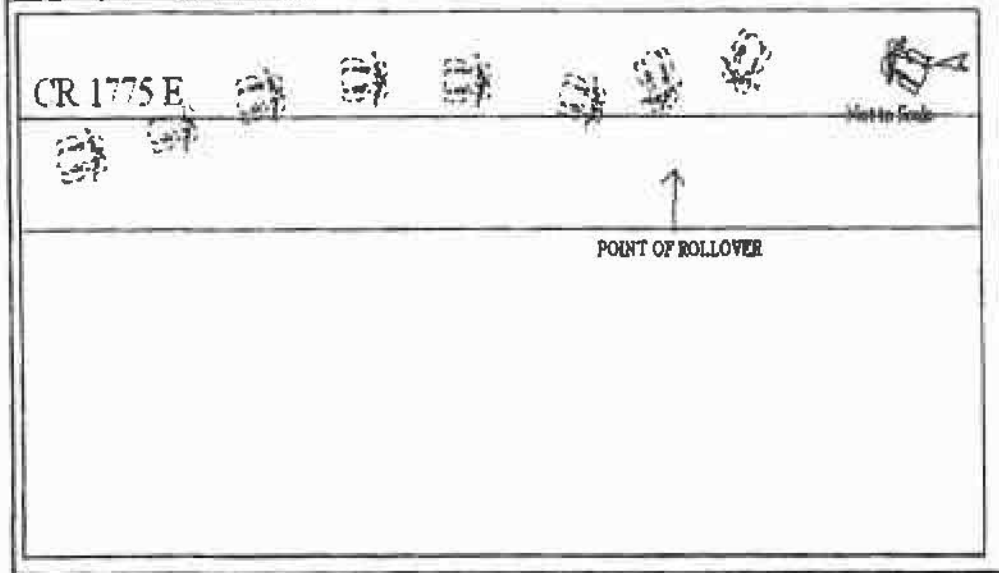
SUPERVISOR ID

TIME NOTIFIED 19:47

217+524+5743 ISP LEGAL DEPT. 03:44:51 p.m. 10-15-2013 4/4

SP-6179-20130913-201138

DIAGRAM



NARRATIVE (Refer to vehicle by Unit No.)

UNIT ONE WAS TRAVELING SOUTHBOUND ON JASPER COUNTY ROAD 1775 E JUST SOUTH OF JASPER COUNTY ROAD 500 N. UNIT ONE WAS TRAVELING AT A HIGH RATE OF SPEED. THE DRIVER OF UNIT ONE LOST CONTROL OF THE VEHICLE AND WENT INTO THE DITCH OFF TO THE LEFT SIDE OF THE ROADWAY. UNIT ONE TRAVELED IN THE DITCH FOR APPROXIMATELY 200 FEET. THE DRIVER OF UNIT ONE WAS EJECTED AFTER APPROXIMATELY 100 FEET OF BEING IN THE DITCH. THE VEHICLE'S FRONT RIGHT TIRE HIT THE EDGE OF THE DITCH CAUSING THE VEHICLE TO ROLLOVER. THE PASSENGER OF UNIT ONE WAS EJECTED WHEN THE VEHICLE OVERTURNED. THE PASSENGER WAS THROWN APPROXIMATELY 20 FEET FROM WHERE THE VEHICLE CAME TO REST IN THE NEARBY FIELD. THE VEHICLE CAME TO REST UPRIGHT APPROXIMATELY 24 FEET OFF TO THE LEFT SIDE OF THE ROADWAY. THE DRIVER AND PASSENGER WERE TRANSPORTED VIA AMBULANCE TO RICHLAND MEMORIAL HOSPITAL AND LATER FLOWN TO DEACONESS HOSPITAL IN EVANSVILLE INDIANA. THE PASSENGER WAS PRONOUNCED DEAD AT 3:41 A.M.

LOCAL USE ONLY Nothing

U1 Color: Orange	U1 Towed By / To: Woods Auto Body / Woods Auto Body

COMMERCIAL VEHICLE Unit 1

CARRIER NAME	SOURCE: SIDE OF TRUCK, PAPERS, DRIVER, LOG BOOK
ADDRESS	
CITY STATE ZIP	
ID Number	GVWR
USDOT	ICCMC
OR State No	State Name: None

HAZARDOUS MATERIALS PLACARDED ?
IF YES 4 DIGITS 1 DIGIT Name

HAZARDOUS CARGO RELEASED FROM TRUCK? N
VIOLATION OF HAZMAT REGS. CONTRIBUTE TO CRASH?
VIOLATION OF MCS REGS CONTRIBUTE TO CRASH?
INSPECTION FROM COMPLETED? FORM NO.
HAZMAT OUT OF SERVICE?
MCS OUT OF SERVICE?

IDOT PERMIT#	WideLoad

TRAILER WIDTH(S)	TRAILER LENGTH(S)	Vehicle Length Total - Ft
TRAILER 1	TRAILER 1	No Of Axles
TRAILER 2	TRAILER 2	
Vehicle Configuration	Cargo Body Type	LoadType

COMMERCIAL VEHICLE

CARRIER NAME	SOURCE: SIDE OF TRUCK, PAPERS, DRIVER, LOG BOOK
ADDRESS	
CITY STATE ZIP	
ID Number	GVWR
USDOT	ICCMC
OR State No	State Name: None

HAZARDOUS MATERIALS PLACARDED ?
IF YES 4 DIGITS 1 DIGIT Name

HAZARDOUS CARGO RELEASED FROM TRUCK?
VIOLATION OF HAZMAT REGS. CONTRIBUTE TO CRASH?
VIOLATION OF MCS REGS CONTRIBUTE TO CRASH?
INSPECTION FROM COMPLETED? FORM NO.
HAZMAT OUT OF SERVICE?
MCS OUT OF SERVICE?

IDOT PERMIT#	WideLoad

TRAILER WIDTH(S)	TRAILER LENGTH(S)	Vehicle Length Total - Ft
TRAILER 1	TRAILER 1	No Of Axles
TRAILER 2	TRAILER 2	
Vehicle Configuration	Cargo Body Type	LoadType

10/15/2013 4:42PM (GMT-04:00)

Exhibit C

JASPER COUNTY SHERIFFS' OFFICE

106 E MORGAN ST
NEWTON, IL 62448
Phone 618-783-3057 Fax 618-783-3158

Incident / Offense Report
1-13-001077

Print Date/Time:
10/02/2013 13:37

EVENT INFORMATION

Report No.: 1-13-001077 Local Report No:
Report Date/Time: 9/07/2013 22:25
Type: 25 TRAFFIC ACCIDENT - INJURY
Event Date/Time: 9/07/2013 22:25 To: 9/07/2013 22:25
Comment: HANDLED BY ISP (FATAL)
Disposition:

EVENT LOCATION

OFF STE MARIE AT 1775E/500N
0 500N
STE. MARIE, IL 62459
Intersection:
Beat / District:

Location Type:
County: JASPER
Map / Ref:
Zone / Area:

ADMINISTRATION

Reporting Officer: LONG, KURT
Entered By:
Approved By:

DISPATCH INFORMATION

Call Number: 130000004681 Call Type:
Received Time: 22:25 End Time: 00:00 Elapsed Time: 0

DISPATCHED UNIT(S)

Unit Number:	Dispatched:	Enroute:	On Scene	Cleared:	Elapsed:
2356	22:24	22:26	22:36	01:19	176
2357	22:25	22:29	22:38	00:36	130
J4	22:50	22:50	22:50	23:32	42
J5	22:37	22:37	22:37	23:59	83
J7	22:37	22:37	22:37	00:00	83

Exhibit C

JASPER COUNTY SHERIFFS' OFFICE
106 E MORGAN ST
NEWTON, IL 62448
Phone 618-783-3057 Fax 618-783-3158

Incident / Offense Report
1-13-001077

Print Date/Time:
10/02/2013 13:37

Narrative Type:
Topic: TRANSFERRED FROM CAD
Narrative Officer: LIVINGSTON, ALISHA
Narrative Date/Time: 9/07/2013 22:25

+038.860477-088.067844
ATV WITH 2 SUBS EJECTED, THE ACCIDENT IS SOMEWHERE OFF THE STE MARIE SPUR RD, SOMEONE WILL MEET THE OFFICER AT RT130/SPUR RD
AIR EVAC DECLINED DUE TO WEATHER, ARCH ALSO DECLINED, LIFELINE WAS CANCELLED PER 2357
2 PTS TRANSPORTED TO RMH
ISP WAS REQUESTED TO SEND A TROOPER, THEY DISPATCHED TRP THOMANN/12-49

INQUEST NO. **1444**

On the body of:

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

I, the undersigned Coroner of Vanderburgh County, State of Indiana, on the **8** day of **SEPTEMBER 2013**, held an inquest on (b)(3):CPSA Section , whose body was found dead on **8** day of **SEPTEMBER 2013**, at **DEACONESS HOSPITAL** in **PIGEON** Township, County and State aforesaid. After viewing the body and taking the evidence in this case, I do find that the said came to **HER** death by reason of:

HERNIATION OF THE BRAIN DUE TO CLOSED HEAD TRAUMA

Manner: **ACCIDENT**

That at the time of **HER** death, **SHE** was **5** feet **4** inches high, **40** years of age, was **WHITE** race, **BROWN** eyes, **BROWN** hair, and of **AMERICAN** nationality. That when seen by me **SHE** was dressed: **HOSPITAL GOWN** and had on **HER** person, so far as I could ascertain,

NOTHING OF VALUE

Given under my hand at the place of holding said inquest, this **19** day of **SEPTEMBER 2013**.

Annie E. Groves

ANNIE E. GROVES, CORONER

SHAUN MADDING, DEPUTY CORONER

U.S. Consumer Product Safety Commission

Task Number: _130925HCC2005

Date: _____12/05/2013_

Status of Missing Document(s)

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

1. ___Illinois State Police Pictures._____

2. _____

3. _____

4. _____

5. _____

6. _____

IDI #: 130925HCC2005
Exhibit #:

Task Number 130925HCC2005

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

Type of respondent: P - Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 00 - Unknown	**Manufacturer:**

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

Model: UNK / **VIN:** UNK

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: 00 - Unknown

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

	Death #1	Death #2
Date of Death:	09/08/2013	
Age/Sex:	40 / 2 - Female	/
State of Death:	IL - ILLINOIS	
City of Death:	OLNEY	
County of Death:	JASPER	
Race:	1 - White	
Race Other:		
Hispanic/Latino:	0 - UNSURE/UNKNOWN/NC	

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

Death #1	Death #2
Yes ✔No Unknown	Yes No Unknown

Task Number: 130925HCC2005

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

The 37 year old male driver and his 40 year old victim female passenger were going at a high rate of speed when he lost control of his 4-Wheel ATV and it overturned and threw both the driver and the victim female passenger off. Neither of them were wearing helmets. The driver and passenger were both taken to local area hospital were the female victim passenger died from her injuries.

9. Did the ATV overturn/tipover/rollover? 01 - Yes

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

Victim 1:	**Victim 2:**
✔Yes No Unknown	✔Yes No Unknown

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

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

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

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

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

Age: **Height:** **(inches)**

Weight: **Sex:** 01 - Male

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

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

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

00 - Unknown

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

01 - Public Road

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

09 - Not Applicable (not traffic accident)

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

0 - Unknown

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

0 - Unknown

Additional Comments:

Task Number: 131018HCC1022

Purpose: Manufacturer Mailing

Redacted By: Jennifer Karasiewicz

# of Pages (prior to Redaction): 38

# of Pages (after Redaction): 25

Time Spent: 64 minutes

Date Completed: 4/10/14

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
131018HCC1022	9085	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2013 09 28	2013 10 23

6. Synopsis of Accident or Complaint **UPC**

The thirty-one year-old male driver of a UTV traveling at a high rate of speed, in the center of the road, on a gravel two-lane road not legally open to UTV traffic crested a hill and collided with a pick-up truck head-on during daylight hours. The UTV did not tip, roll or flip-over during the incident. A thirty-five year old male was in the front passenger seat of the UTV at the time of the incident and sustained unspecified lower leg injuries. Both occupants were wearing lap safety belts and helmets. The body and frame of the UTV on the driver's side sustained significant damage and entrapped the driver who was extricated using the [redacted] Both the driver and the passenger were transported via ambulance to a local hospital. The driver died as a result of his injuries. Addendum added 3/20/2014.

7. Location (Home, School, etc)	8. City	9. State
4 - STREET OR HIGHWAY	TOWN OF MONTAGUE, LE	NY

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS	RAZOR 900

10D. Manufacturer Name and Address

POLARIS INDUSTRIES INC.
2100 HIGHWAY 55
MEDINA, MN 55340

11A. Second Product	11B. Trade/Brand Name	11C. Model Number

11D. Manufacturer Name and Address

12A. Hispanic or Latino	12B. Race Other:		12C. Race Source

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
31	1 - Male	8 - Death	71 - Other/NS/No inj

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
87 - N.S./UNK	3 - 2nd Hand Info Only	2 - Telephone	8.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
01/21/2014	9093	Dennis R. Blasius

28. Distribution	29. Source Document Number
Sarah Garland; Tanya L. Topka	X13A0037A

This investigation, assigned as an ATV investigation, was initiated as a result of a news article dated September 29, 2013 describing a fatal accident reportedly involving an ATV. Investigation revealed that the involved vehicle was, in fact, a UTV, not an ATV. HQ staff was advised and the appropriate changes were made in IFS. HQ staff advised that due to the distance and circumstances surrounding this incident, the investigation should be completed as a telephone investigation. The information contained in this report is based solely upon written records received from the County Sheriff's Office, (see Exhibit 2). Although requested, photographs of the involved vehicles were not received, (see Exhibit 3). The involved local hospital declined to release relevant medical records without written authorization from the victim's next-of-kin and the passenger and efforts to secure the required authorizations were unsuccessful, (see Exhibit 1). Neither the Autopsy Report nor the Toxicology Report was available for collection, (see Exhibit 1). All parties contacted pursuant to this investigation are identified within Exhibit 1. A Missing Document Form identifying records requested but not received is appended as Exhibit 3. Historical weather data downloaded from the Internet is appended as Exhibit 4. As per instructions contained in the UTV Investigation Guideline, this investigation is being completed as an abbreviated IDI report addressing those questions posed in the Guideline.

A thirty-one year-old male was driving a four seat, 875 cc, 2014 model year UTV at a high rate of speed, in the center of the road, while traveling West on a gravel two-lane road covered in loose-stone and not legally open to ATV/UTV traffic at the time of the incident. The roadway is not physically divided. A thirty-five year old male was in the passenger seat at the time of the incident. Both occupants of the UTV were wearing lap safety belts at the time of the incident. The driver of the UTV was wearing a half-shell motorcycle style helmet and the passenger of the UTV was wearing an ATV helmet at the time of the incident. It is unknown if chin straps were used by either occupant of the UTV and further product identification information regarding the helmets in use at the time of the incident was not available, (portion of Question #7 / NA). The weather at the time of the incident was clear and dry, (see Exhibits 2 and 4), and the roadway was dry, (see Exhibit 2). It was not dark at the time of the incident and headlights were not in use.

A 2003 pick-up truck carrying three passengers and being driven 10 MPH by a seventy-five year-old male was traveling East on the incident road at the time of the incident. All occupants of the pick-up truck were wearing seat belts.

At approximately 6:50 PM on September 28, 2013, the UTV crested a hill and collided head-on with the pick-up truck traveling in the opposite direction. Neither the UTV nor the pick-up truck was making a turn at the time of the incident. The UTV did not roll, flip or tip-over during the incident. The driver of the pick-up truck reported to police that he observed the front wheels of the UTV off the ground immediately prior to the collision. The driver of the truck further reported to police that he did not have time to brake or swerve prior to the collision with the UTV. The pick-up truck driver air bag deployed during the incident. An occupant of the truck called "911" to report the incident.

None of the occupants of the pick-up truck were injured during the incident. The passenger of the UTV sustained unspecified injuries to his lower legs as a result of the incident and was

transported via ambulance to a local hospital. Neither the driver of the UTV nor the passenger was ejected from the UTV during the incident.

The metal frame and body of the UTV, specifically the front driver's side, sustained significant damage as a result of the incident and entrapped the driver of the UTV. The driver of the UTV was extricated from the vehicle by the [redacted] Attempts to resuscitate the driver were unsuccessful. The police accident report, (see Exhibit 2), records the location of the driver's injury as "entire body" and the driver's physical status as "apparent death". The driver of the UTV was transported to a local hospital via ambulance; it is unknown if the victim's death officially occurred on-scene or at the hospital.

The police accident report does not specify the UTV's rate of speed at the time of the incident but notes in two locations that the driver of the involved pick-up truck described it as a "high rate of speed". The police accident investigation determined that the pick-up truck was on the correct side of the road at the time of the incident and the UTV was in the pick-up truck's lane of traffic when the vehicles collided. Apparent contributing factors to the incident, as recorded on the police accident report, include failure to keep right and unsafe speed.

It is unknown (Question #8 / NA) if the driver of the UTV was suspected to have used alcohol, drugs or medications prior to the incident. The driver's experience and training with the UTV are unknown, (Question #9 / NA). As this investigation was completed as a telephone investigation and as photographs of the incident UTV were not obtained, Question #17 is NA. It is unknown if the UTV had any aftermarket modifications, (Questions#2 / NA). The odometer of the UTV at the time of the incident is unknown, (Question #4 / NA). It is unknown where or when the UTV was purchased, (portion of Question #1 / NA). Additionally, the owner of the involved UTV is unknown. The MSRP of the incident UTV, as noted on a specifications sheet provided by the county sheriff's office, starts at $15,999.00, (see Exhibit 2).

PRODUCT IDENTIFICATION

First Vehicle: UTV

The vehicle involved in the subject incident is a Utility Vehicle, (UTV):

Make: Polaris Industries, Inc. (2100 Highway 55 / Medina, MN 55340)
Model: Razor 900
Model Year: 2014
Date of Manufacture: Unknown
Serial Number / VIN Number: Unknown

Second Vehicle: Pick-Up Truck

The second vehicle involved in this incident is a Pick-up truck:

Make: [redacted]
Model: [redacted]

Model Year: 2003
Date of Manufacture: Unknown
VIN: Unknown

ATTACHMENTS

Exhibit 1: List of Contacts (4 pages)
Exhibit 2: Records maintained by the County Sheriff – Sheriff's complaint, Police Motor Vehicle Accident Report, Police Report for Fatal MVA, Reporting Deposition & Product Specifications Sheet (11 pages)
Exhibit 3: Missing Document Form (1 page)
Exhibit 4: Historical Weather Data downloaded from the Internet (3 pages)
Exhibit 5: UTV Data Record Sheet (1 page)

IDENTIFICATION OF PARTIES

1. Leanne K. Moser, District Attorney (Serves as County Coroner)
   7660 North State Street
   Lowville, NY 13367
   Telephone: 315-376-5390
   FAX: 315-376-5873
   10/23/2013: Request for Autopsy Report & Toxicology Report submitted via FAX (See attached)
   1/13/2014: Follow up phone call place and spoke to DA's Administrative Assistant – Requested records not yet cleared for release and unknown if / when they will be.
   Missing Document Form appended as Exhibit 3

2. Lewis County Sheriff's Office
   Attn: Records Officer
   5252 Outer Stowe Street
   Lowville, NY 13367
   Telephone: 315-376-3511
   FAX: 315-376-5232
   10/23/2013: Request for Sheriff's Report submitted via FAX
   10/31/2013: Report received (**see Exhibit 2**)

3. Lewis County General Hospital
   Medical Records
   7785 North State Street
   Lowville, NY 13367
   Telephone: 315-376-5203
   FAX: 315-376-9317
   Request for Records (both fatal victim & passenger) submitted via FAX 10/23/2013
   10/30/2013: Written response received via USPS from [redacted], RHIT / HIM Director – Counsel has advised that NYS Law is stricter than Federal Law and records cannot be released without a signed patient authorization form, (see attached). Efforts to secure this form from the victim's next-of-kin and the passenger (see below) were unsuccessful.
   Missing Document Form appended as Exhibit 3

4. [redacted] (Injured passenger of UTV)
   [redacted]
   Copenhagen, NY 13626
   ***Address retrieved via a[redacted] search / phone number search unsuccessful
   Contact letter mailed 11/4/2013 with Authorization to Release Medical Records form – no response received

5. [redacted] (Victim's Next-of-Kin / Sister)
   [redacted]
   Lorraine, NY 13659
   [redacted]

***Address & phone number retrieved via a search
Contact letter mailed 11/4/2013 with Authorization to Release Medical Records form – no response received
Voicemail messages left on 11/4/2013 and 12/20/2013 – no response received

Name of Victim:
Date of Birth of Victim:
UTV VIN: Not captured in any official report

Name of Passenger:
Date of Birth of Passenger (Exact date unknown): (as noted in)

From: [redacted]
To: [redacted]
Subject: FAX: Transmit "ok" Report
Date: Wednesday, October 23, 2013 11:56:24 AM

-------Fax Transmission Report-------

To: County Coroner at 1 (315) 376-5873
Subject of Fax: Request for Records
Result: The transmission was successful.
Pages Sent: 004
Sent at: 10/23/13 11:54
Retry Count: 0

Thank you for choosing [redacted] as your fax provider.
[redacted]

Lewis County General Hospital
Health Information Management
7785 North State Street
Lowville, NY 13367

October 25, 2013

US Consumer Product Safety Commission

New Milford, CT 06776

Dear Ms.

I am writing to you regarding your recent request for medical records pertaining to and . We are unable to fill the requests at this time.

We have been advised by counsel to request signed patient/patient representative authorizations prior to releasing information to your agency. New York State Law is stricter than Federal Law, therefore we still require a signed patient authorization to release these records to you.

If you have any further questions. Please contact me at

Sincerely

HIM Director

RZR® 900 INDY RED
$15,999 US MSRP STARTING AT

RZR® 900 Overview Specs Offers Build RZR ▸ 900 ▸

All Specifications

ENGINE

Engine Type	4-Stroke DOHC Twin Cylinder
Displacement	875cc
Fuel System	Electronic Fuel Injection
Cooling	Liquid

DRIVETRAIN

Transmission/Final Drive	Automatic PVT P/R/N/L/H
Drive System	On-Demand True AWD/2WD

SUSPENSION

Front Suspension	Dual A-Arm Fox Podium X 2.0 (comp adjust/res.) 13.5" (34.3 cm) Travel
Rear Suspension	Trailing Arm Fox Podium X 2.0 (comp adjust/res.) 14" (35.6 cm) Travel

BRAKES

Front/Rear Brakes	4-Wheel Hydraulic Disc with Dual-Bore Front Calipers
Parking Brake	Park in Transmission

TIRES / WHEELS

Front Tires	27 x 9-12; Maxxis Bighorn
Rear Tires	27 x 12-12; Maxxis Bighorn
Wheels	Cast Aluminum

DIMENSIONS / CAPACITIES

Wheelbase	81.4" (206.8 cm)
Dry Weight	1,190 lbs. (539.8 kg)
Overall Vehicle Size (L x W x H)	108.4" x 64" x 73" (275.3 x 162.6 x 185.4 cm)
Ground Clearance	13" (33.0 cm)
Fuel Capacity	7.25 gal (27.4 L)
Bed Box Dimensions (L x W x H)	23 x 38 x 10" (58.4 x 96.5 x 25.4 cm)
Front/Rear Rack or Box Capacity	N/A/300 lb (136.1 kg)
Payload Capacity	740 lb (335.6 kg)

FEATURES

Cargo System	Lock & Ride

LEWIS COUNTY SHERIFF'S OFFICE
COMPLAINT LOG PRINT-OUT

Complaint # 2013-17393	Time 18:50:19	Date 09/28/2013	Type MVCI	Dispatcher
Complainant		Telephone	Against MVCI	
Complainant Location WORTH	Village/Town		Officer / Units Assigned 3D31, 3D33, 500, 501, 712, 714,	
Incident Location MONTAGUE				

<FIRST UNIT DISPATCHED AT 1854> CALLER STATES A UTV CAME AROUND THE CORNER AND HIT THEM, AND A 4-PASSENGER ATV. STATES THERE ARE TWO INJURED PARTIES. ONE PERSON IS NOT MOVING, OTHER PERSON IS UP BUT INJURED. - IS THERE ANY ENTRAPMENT? IF YES SEND CLOSEST 18:53:14: NO HOW MANY INJURED? 18:53:15: 2 // (09/28/2013 - 18:53) - RECEIVED A CALL FROM SHE STATES THAT SHE IS AT SAMARITAN WITH SISTER (MARRIED TO HER SON) AND PARENTS AND SHE WANTED INFORMATION AND WAS ADVISED THAT A PATROL WOULD BE IN CONTACT WITH HER AS SOON AS THEY COULD. PATROLS ADVISED. 2109 CALLED FROM SHE WAS ADVISED OF SAME. TPR BURNASH CALLED EARLIER AND WAS REQ INFO AS THE FAMILY HAD CONTACTED THEM. 2112 715 CONTACTED THIS OFFICE AND WAS GIVEN INFO. HE STATED THAT EITHER ONE OF THEM OR THE DA WILL CONTACT THE FAMILY. 2120 RECEIVED A CALL FROM TPR WILSON WHO IS A SMC AND THE FAMILY IS LOOKING FOR INFO FROM THEM. HE WAS ADVISED OF SAME THAT THE PATROLS WERE ADVISED AND THAT ONE OF OUR DEPUTY'S OR THE DA WOULD BE CALLING THEM. // 09/28/2013 - 21:25) - RECONTACTED AT 2130 PER 715 AND ASKED HER TO RESPOND TO LCGH. SHE ASKED ME IF I WAS JOKING AS THEY HAVE A PRETTY GOOD IDEA OF WHAT HAPPENDED AND WANTED TO KNOW WHY THEY HAVE TO DRIVE DOWN HERE INSTEAD OF A PATROL COMING THERE. ADVISED HER THAT SHE NEEDED TO RESPOND TO LCGH AND MEET WITH THE PATROL. SHE AGAIN ASKED IF I WAS JOKING, SHE WAS ADVISED THAT I WAS NOT JOKNIG AND THAT I TAKE MY JOB SERIOUSLY...SHE THEN STATED OBVIOUSLY. I ASKED HER IF SHE KNEW WHERE LCGH WAS AND SHE STATED THAT SHE WOULD MANAGE. DIRECTIONS WERE GIVEN AND SHE WAS ADVISED TO GO THROUGH THE DOUBLE DOORS INTO THE ER. 715 ADVISED THEY WOULD BE RESPONDING TO THE ER. // (09/28/2013 - 21:39) - CORRECTION ON ENTRY OF PLATE; PLATE NUMBER IS [redacted] REG VALID EXP LOWVILLE NY 13367 // 09/28/2013 - 23:00) - CONTACTED JEFFERSON COUNTY FOR SECOND AMBULANCE AND REQ ALS. 09/28/2013 - 18:59) - ORIGINAL CALLER HAD STATED THERE WAS NO ENTRAPMENT AND THAT NEITHER VEHICLE ROLLED. SHE STATED THE ONE MALE THAT WAS UP AND MOVING WAS TRYING TO GET HIS FRIEND UP. ADVISED HER TO MAKE SURE NO ONE MOVED HIM, AND SHE STATED HE WAS MAKING SOME GURGLING NOISES. AT THE TIME OF DISPATCH, LSR4 WAS COMMUNICATING WITH DISPATCH REGARDING OTHER MVCI, SO LAW ENFORCEMENT WAS DSP FIRST // 09/28/2013 - 19:09) - ORIGINAL CALLER HAD STATED THERE WAS NO ENTRAPMENT AND THAT NEITHER VEHICLE ROLLED. SHE STATED THE ONE MALE THAT WAS UP AND MOVING WAS TRYING TO GET HIS FRIEND UP. ADVISED HER TO MAKE SURE NO ONE MOVED HIM, AND SHE STATED HE WAS MAKING SOME GURGLING NOISES. AT THE TIME OF DISPATCH, LSR4 WAS COMMUNICATING WITH DISPATCH REGARDING OTHER MVCI, SO LAW ENFORCEMENT WAS DSP QUICKLY FIRST THEN LSR. THEN CONTACTED JEFFERSON COUNTY FOR AN ADDITIONAL AMBULANCE. // (09/28/2013 - 19:09) - JEFFERSON COUNTY CALLED STATING SOUTH JEFF AMBULANCE IS ENR, COMING THROUGH . GAVE DIRECTIONS FROM THERE. // 09/28/2013 - 19:11) - DOB BOONVILLE, NY VALID EXP 102313 - 19:22) - DA MOSER CALLED, STATES SHE WILL BE ENR AS SOON AS SHE GETS HOME AND CHANGED. DIRECTIONS GIVEN. //

Complaint # 2013-17393 Page 2

09/28/2013 - 19:44) - 1925 CONTACTED 501 AND ADVISED OF INFO. ALSO ATTEMPTED 500 AT RES AND CELL LEAVING MESSAGES. // (09/28/2013 - 19:48) - 712 CONTACTED ON HIS CELL AT 1925 PER 715 AND ADVISED OF THIS CALL AND THAT HE WAS REQ TO RESPOND. HE WILL BE RESPONDING WITH AN EXTENDED ETA. 500 RECONTACTED THIS OFFICE AT APPPROX 1938 AND WILL ALSO ENR FROM CONSTABLEVILLE. // (09/28/2013 - 20:08) - 712 CONTACTED ON HIS CELL AT 1925 PER 715 AND ADVISED OF THIS CALL AND THAT HE WAS REQ TO RESPOND. HE WILL BE RESPONDING WITH AN EXTENDED ETA. 500 RECONTACTED THIS OFFICE AT APPPROX 1938 AND WILL ALSO BE ENR FROM CONSTABLEVILLE. // (09/28/2013 - 20:08) - RECEIVED A SECOND 911 CALL AT 1900 FROM A MALE AT (CAD DID NOT SAVE) STATING THAT THE SUBJ IN THE UTV WAS TRAPPED AND THEY COULD NOT GET HIM OUT. THE FRAMING WAS AROUND THIS SUBJ. CALLER DOES NOT BELIEVE THAT THIS SUBJ IS BREATHING AND THEY CAN NOT GET HIM OUT. HE DOES NOT WANT TO UNDO THE SEATBELT AS HE IS UNSURE THEY CAN HOLD HIM UP. ADVISED CALLER TO DO WHAT HE FELT HE NEEDED TO DO TO HELP THIS SUBJECT. LSR AND LVF ADVISED OF ENTRAPEMENT. LSR REQ 499 FOR RESCUE TO RESPOND. // 09/28/2013 - 20:41) - DLIC SAME ADDRESS AS 28. VALID *D* EXP:09/18/2019 DOB ADAMS NY 13605 VALID CDL *B* EXP:08/03/2019 VALID PERMIT *M* EXP:07/18/2014 // 09/29/2013 - 01:35)

5.....ASSISTED AT THE SCENE.

Page 1 of 5 Pages

Loca Codes

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

☒ AMENDED REPORT

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☐	Left Scene	Police Photos
9	28	2013	Saturday	18:50	2	1	1		☐	☒ Yes ☐ No

VEHICLE 1

VEHICLE 1 - Driver License ID Number [redacted] State of Lic. NY

Driver Name - exactly as printed on license

Address (Include Number and Street) Apt. No

City or Town LOWVILLE State NY Zip Code 13367

Date of Birth Month Day Year | Sex M | Unlicensed ☐ | No. of Occupants 04 | Public Property Damaged ☐

Name - exactly as printed on registration | Sex M | Date of Birth Month Day Year

Address (Include Number and Street) | Apt. No | Haz. Mat. Code | Released ☐

City or Town LOWVILLE State NY Zip Code 13367

Plate Number [redacted] | State of Reg. NY | Vehicle Year & Make 2003 | Vehicle Type PICK | Ins. Code 639

Ticket/Arrest Number(s)

Violation Section(s)

☒ VEHICLE 2 ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 2 - Driver License ID Number [redacted] State of Lic. NY

Driver Name - exactly as printed on license

Address (Include Number and Street) Apt. No

City or Town ADAMS State NY Zip Code 13605

Date of Birth Month Day Year | Sex M | Unlicensed ☐ | No. of Occupants 02 | Public Property Damaged ☐

Name - exactly as printed on registration | Sex | Date of Birth Month Day Year

Address (Include Number and Street) | Apt. No | Haz. Mat. Code | Released ☐

City or Town State Zip Code

Plate Number UN | State of Reg. UN | Vehicle Year & Make 2014 POLA | Vehicle Type ORV | Ins. Code 611

Ticket/Arrest Number(s)

Violation Section(s)

VEHICLE 1

Check if involved vehicle is:
- ☐ more than 95 inches wide;
- ☐ more than 34 feet long;
- ☐ operated with an overweight permit;
- ☐ operated with an overdimension permit.

VEHICLE 1 DAMAGE CODES

	1	2
Box 1 - Point of Impact: / Box 2 - Most Damage	1	1
Enter up to three more damage codes	3: 2	4: 12	5

Vehicle By Towed To: POLICE IMPOUND

VEHICLE 2

Check if involved vehicle is:
- ☐ more than 95 inches wide;
- ☐ more than 34 feet long;
- ☐ operated with an overweight permit;
- ☐ operated with an overdimension permit.

VEHICLE 2 DAMAGE CODES

	1	2
Box 1 - Point of Impact: / Box 2 - Most Damage	1	1
Enter up to three more damage codes	3: 17	4	5

Vehicle By Towed To: POLICE IMPOUND

VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles

Rear End	Left Turn	Right Angle	Right Turn	Head On
1.	3.		5.	7.
Sideswipe (same direction)	Left Turn		Right Turn	Sideswipe (opposite direction)
2.	0.	4.	6.	8.

ACCIDENT DIAGRAM

See the last page of the MV-104A for the accident diagram.

9.

Cost of repairs to any one vehicle will be more than $1000.
☐ Unknown/Unable to determine ☒ Yes ☐ No

Reference Marker

Coordinates (if available)
Lattitude/Northing:
Longitude/Easting:

Place Where Accident Occurred:
County LEWIS ☐ City ☐ Village ☒ Town of VONTAGUE
Road on which accident occurred (Route Number or Street Name)
at 1) intersecting street (Route Number or Street Name)
or 2) 193 feet miles ☐ N ☐ S ☒ E ☐ W of (Milepost Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's notes

DRIVER 1, WAS TRAVELING EAST ON OPERATING HIS 2003 VEHICLE 1 ALSO HAD THREE PASSENGERS, AND , AS VEHICLE 1 APPROACHED THE BOTTOM OF A HILL, VEHICLE 2, A 2014 FOUR SEAT POLARIS RZR 900CC UTILITY TASK VEHICLE (UTV), CRESTED THE HILL COMING FROM THE OPPOSITE DIRECTION. DRIVER 1 CLAIMS THAT VEHICLE 2 WAS COMING AT A HIGH RATE OF SPEED, WITH THE FRONT TIRES OFF THE GROUND. THE UTV WAS TRAVELING IN THE MIDDLE OF THE ROAD. IS GRAVEL COVERED ROAD

USE COVER SHEET N

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A	1	1	A	1	75	M	-	-	-				
B	1	3	4	1	53	M	-	-	-				
C	1	6	4	1	43	F	-	-	-				
D	1	4	4	1	52	F	-	-	-				
E	A	1	4	1	31	M	12	13	1	10832ET	2401		9/28/2013
F	A	3	4	1	35	M	11	12	6	10825ET	2401		

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Deputy [signature]	715	02400			Lehman, Ryan J	10/8/2013 17:00

Print Name in Full: Edward K Amelio

Page 2 of 5 Pages

Local Codes

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

☒ AMENDED REPORT

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☐	Left Scene	Police Photos
9	28	2013	Saturday	18:50	2	1	1		☐	☒ Yes ☐ No

VEHICLE ☐ VEHICLE ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 1	VEHICLE 2
VEHICLE 1 - Driver License ID Number / State of Lic.	VEHICLE 2 - Driver License ID Number / State of Lic.
Driver Name - exactly as printed on license	Driver Name - exactly as printed on license
Address (Include Number and Street) / Apt. No.	Address (Include Number and Street) / Apt. No.
City or Town / State / Zip Code	City or Town / State / Zip Code
Date of Birth (Month, Day, Year) / Sex / Unlicensed ☐ / No. of Occupants / Public Property Damaged ☐	Date of Birth (Month, Day, Year) / Sex / Unlicensed ☐ / No. of Occupants / Public Property Damaged ☐
Name - exactly as printed on registration / Sex / Date of Birth (Month, Day, Year)	Name - exactly as printed on registration / Sex / Date of Birth (Month, Day, Year)
Address (Include Number and Street) / Apt. No. / Haz. Mat. Code / Released ☐	Address (Include Number and Street) / Apt. No. / Haz. Mat. Code / Released ☐
City or Town / State / Zip Code	City or Town / State / Zip Code
Plate Number / State of Reg. / Vehicle Year & Make / Vehicle Type / Ins. Code	Plate Number / State of Reg. / Vehicle Year & Make / Vehicle Type / Ins. Code
Ticket/Arrest Number(s)	Ticket/Arrest Number(s)
Violation Section(s)	Violation Section(s)

VEHICLE 1

Check if involved vehicle is:
- ☐ more than 95 inches wide
- ☐ more than 34 feet long
- ☐ operated with an overweight permit
- ☐ operated with an over dimension permit

VEHICLE 1 DAMAGE CODES

Box 1 - Point of Impact		1	2
Box 2 - Most Damage			
Enter up to three more damage codes	3	4	5

Vehicle By / Towed To

VEHICLE 2

Check if involved vehicle is:
- ☐ more than 95 inches wide
- ☐ more than 34 feet long
- ☐ operated with an overweight permit
- ☐ operated with an overdimension permit

VEHICLE 2 DAMAGE CODES

		1	2
	3	4	5

Vehicle By / Towed To

Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles

Rear End	Left Turn	Right Angle	Right Turn	Head On
1.	3.		5.	7.
Sideswipe (same direction)	Left Turn		Right Turn	Sideswipe (opposite direction)
2.	0.	4.	6.	8.

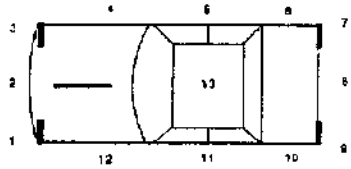
ACCIDENT DIAGRAM

9

VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER



Cost of repairs to any one vehicle will be more than $1000.
☐ Unknown/Unable to determine ☐ Yes ☐ No

Reference Marker

Coordinates (if available)
Lattitude/Northing:
Longitude/Easting:

Place Where Accident Occurred:
County LEWIS ☐ City ☐ Village ☐ Town of
Road on which accident occurred (Route Number or Street Name)
at 1) intersecting street (Route Number or Street Name)
or 2) feet miles N E S W of (Milepost Nearest Intersecting Route Number or Street Name)

Accident Description/Officer's notes

WITH LOOSE STONES, AND IS NOT LEGALLY OPEN TO ATV TRAFFIC. DRIVER 1 STATED HE WAS TRAVELING ABOUT 10 MILES PER HOUR, AND DID NOT HAVE TIME TO SWERVE OUT OF THE WAY, OR EVEN TO BRAKE. THE VEHICLES STRUCK HEAD-ON, CONTACTING EACH OTHER ON THE FRONT DRIVER SIDE OF EACH OTHER. AFTER THE CRASH, THE PASSENGER TIRES OF VEHICLE 1 WERE TOUCHING THE VEGETATION WHERE THEY MET THE GRAVEL, INDICATING THAT VEHICLE 1 WAS ALL THE WAY ON THE CORRECT SIDE OF THE ROAD. THE FRONT DRIVER SIDE OF VEHICLE 2 WAS IN THE OTHER VEHICLES LANE OF TRAFFIC. DRIVER 2 WAS

USE COVER SHEET N

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A													
B													
C													
D													
E													
F													

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Deputy [signature]	715	02400			Lehman, Ryan J	10/8/2013 17:00
Print Name in Full: Edward K Amelio						

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes

☒ AMENDED REPORT

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☐	Left Scene	Police Photos
9	28	2013	Saturday	13:50	2	1	1		☐	☒ Yes ☐ No

VEHICLE 1

VEHICLE 1 - Driver License/ID Number | State of Lic.
Driver Name - exactly as printed on license
Address (Include Number and Street) | Apt. No.
City or Town | State | Zip Code
Date of Birth Month Day Year | Sex | Unlicensed ☐ | No. of Occupants | Public Property Damaged ☐
Name - exactly as printed on registration | Sex | Date of Birth Month Day Year
Address (Include Number and Street) | Apt. No. | Haz. Mat. Code | Released ☐
City or Town | State | Zip Code
Plate Number | State of Reg. | Vehicle Year & Make | Vehicle Type | Ins. Code
Ticket/Arrest Number(s)
Violation Section(s)

☐ VEHICLE ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 2

VEHICLE 2 - Driver License/ID Number | State of Lic.
Driver Name - exactly as printed on license
Address (Include Number and Street) | Apt. No.
City or Town | State | Zip Code
Date of Birth Month Day Year | Sex | Unlicensed ☐ | No. of Occupants | Public Property Damaged ☐
Name - exactly as printed on registration | Sex | Date of Birth Month Day Year
Address (Include Number and Street) | Apt. No. | Haz. Mat. Code | Released ☐
City or Town | State | Zip Code
Plate Number | State of Reg. | Vehicle Year & Make | Vehicle Type | Ins. Code
Ticket/Arrest Number(s)
Violation Section(s)

VEHICLE 1: Check if involved vehicle is: ☐ more than 8.5 inches wide; ☐ more than 34 feet long; ☐ operated with an overweight permit; ☐ operated with an oversize dimension permit

VEHICLE 1 DAMAGE CODES: Box 1 - Point of Impact; Box 2 - Most Damage; Enter up to three more damage codes: 3 4 5
Vehicle Towed To:

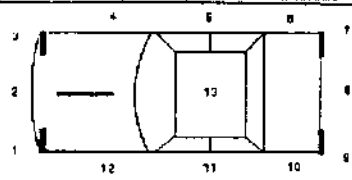
VEHICLE 2: Check if involved vehicle is: ☐ more than 8.5 inches wide; ☐ more than 34 feet long; ☐ operated with an overweight permit; ☐ operated with an oversize dimension permit

VEHICLE 2 DAMAGE CODES: 1 2 3 4 5
Vehicle Towed To:

VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER



Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.

Rear End 1. | Left Turn 3. | Right Angle | Right Turn 5. | Head On 7.
Sideswipe (same direction) 2. | Left Turn 0. | 4. | Right Turn 6. | Sideswipe (opposite direction) 8.

ACCIDENT DIAGRAM

9

Cost of repairs to any one vehicle will be more than $1000.
☐ Unknown/Unable to determine ☐ Yes ☐ No

Reference Marker | Coordinates (if available) Latitude/Northing: Longitude/Easting:

Place Where Accident Occurred:
County LEWIS ☐ City ☐ Village ☐ Town of
Road on which accident occurred (Route Number or Street Name)
at 1) intersecting street (Route Number or Street Name)
or 2) feet miles N S E W of (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's notes

ENTRAPPED IN THE UTV, AS THE FRAME AND BODY OF THE VEHICLE SUSTAINED SUCH HEAVY DAMAGE ON HIS SIDE OF THE VEHICLE, HE HAD TO BE EXTRICATED FROM THE VEHICLE. ATTEMPTS TO RESUSCITATE DRIVER 2 AT THE SCENE FAILED. DRIVER 2 WAS WEARING A MOTORCYCLE STYLE HALF SHELL HELMET, AND A LAP BELT HARNESS. PASSENGER 4, WAS WEARING AN ATV HELMET AND LAP BELT HARNESS. VEHICLE 2 WAS NOT REGISTERED. BOTH VEHICLES WERE TOWED FROM THE SCENE TO THE LEWIS COUNTY SHERIFF'S OFFICE IMPOUND. DRIVER 2 WAS AT FAULT CAUSING THE ACCIDENT AS HE FAILED TO KEEP

USE COVER SHEET N

ALL INVOLVED

	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A													
B													
C													
D													
E													
F													

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Deputy	715	02400			Lehman, Ryan J	10/8/2013 17:00

Print Name in Full: Edward K Amello

New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

Local Codes

☒ AMENDED REPORT

Accident Date Month	Day	Year	Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐ / Accident Reconstructed ☐	Left Scene	Police Photos
9	28	2013	Saturday	18:50	2	1	1		☐	☒ Yes ☐ No

VEHICLE | ☐ VEHICLE ☐ BICYCLIST ☐ PEDESTRIAN ☐ OTHER PEDESTRIAN

VEHICLE 1	VEHICLE 2
Driver License/ID Number / State of Lic.	Driver License/ID Number / State of Lic.
Driver Name - exactly as printed on license	Driver Name - exactly as printed on license
Address (Include Number and Street) / Apt. No.	Address (Include Number and Street) / Apt. No.
City or Town / State / Zip Code	City or Town / State / Zip Code
Date of Birth Month Day Year / Sex / Unlicensed ☐ / No. of Occupants / Public Property Damaged ☐	Date of Birth Month Day Year / Sex / Unlicensed ☐ / No. of Occupants / Public Property Damaged ☐
Name - exactly as printed on registration / Sex / Date of Birth Month Day Year	Name - exactly as printed on registration / Sex / Date of Birth Month Day Year
Address (Include Number and Street) / Apt. No. / Haz. Mat. Code / Released ☐	Address (Include Number and Street) / Apt. No. / Haz. Mat. Code / Released ☐
City or Town / State / Zip Code	City or Town / State / Zip Code
Plate Number / State of Reg. / Vehicle Year & Make / Vehicle Type / Ins. Code	Plate Number / State of Reg. / Vehicle Year & Make / Vehicle Type / Ins. Code
Ticket/Arrest Number(s)	Ticket/Arrest Number(s)
Violation Section(s)	Violation Section(s)

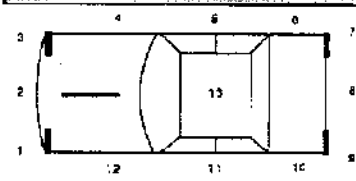
VEHICLE 1:
Check if involved vehicle is:
☐ more than 95 inches wide
☒ more than 34 feet long
☐ operated with an overweight permit
☐ operated with an overdimension permit

VEHICLE 1 DAMAGE CODES
Box 1 - Point of Impact: 1
Box 2 - Most Damage: 2
Enter up to three more damage codes: 3 4 5
Vehicle 1 Towed By / To

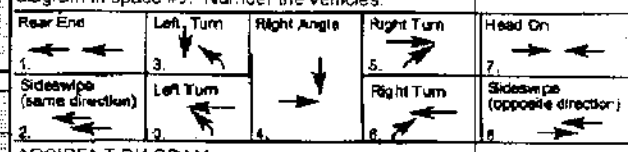
VEHICLE 2:
Check if involved vehicle is:
☐ more than 95 inches wide
☐ more than 34 feet long
☐ operated with an overweight permit
☐ operated with an overdimension permit

VEHICLE 2 DAMAGE CODES
1 2 3 4 5
Vehicle 2 Towed By / To

VEHICLE DAMAGE CODING:
1-13 SEE DIAGRAM ON RIGHT.
14. UNDERCARRIAGE
15. TRAILER
16. OVERTURNED
17. DEMOLISHED
18. NO DAMAGE
19. OTHER



Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.



ACCIDENT DIAGRAM

9.

Cost of repairs to any one vehicle will be more than $1000.
☐ Unknown/Unable to determine ☐ Yes ☐ No

Reference Marker

Coordinates (if available)
Lattitude/Northing:
Longitude/Easting:

Place Where Accident Occurred:
County LEWIS ☐ City ☐ Village ☐ Town of
Road on which accident occurred (Route Number or Street Name)
at 1) intersecting street (Route Number or Street Name)
or 2) feet miles N S E W of (Milepost, Nearest intersecting Route Number or Street Name)

Accident Description/Officer's notes
RIGHT AND STAY ON HIS SIDE OF THE ROAD. *AMENDED TO SHOW VEHICLE 2 YEAR AS 2014.

N

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A													
B													
C													
D													
E													
F													

Officer's Rank and Signature	Badge/ID No.	NCIC No.	Precinct/Post Troop/Zone	Station/Beat Sector	Reviewing Officer	Date/Time Reviewed
Deputy [signature]	715	02400			Lehman, Ryan J	10/8/2013 17:00
Print Name in Full: Edward K Amelio						

Page 5 of 5 Pages

Local Codes

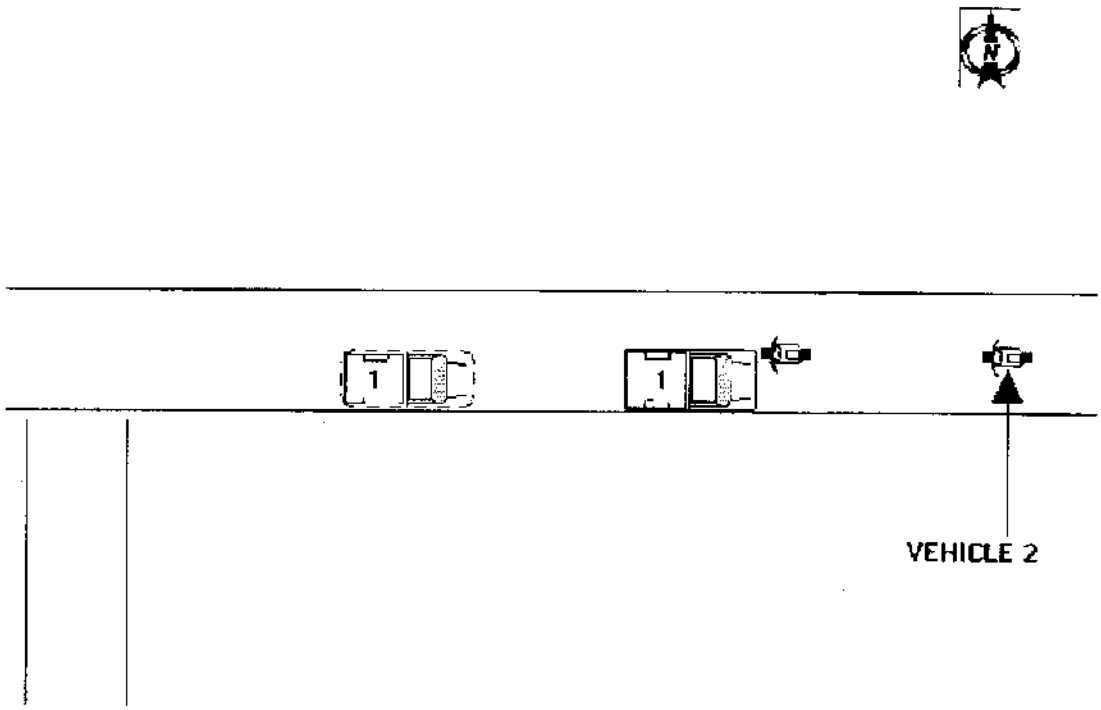
New York State Department of Motor Vehicles

POLICE ACCIDENT REPORT

MV-104A (3/04)

☒ AMENDED REPORT

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene ☐	Left Scene	Police Photos
Month	Day	Year						Accident Reconstructed ☐		
9	28	2013	Saturday	18:50	2	1	1		☐	☒ Yes ☐ No



New York State Department of Motor Vehicles

POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS

MV-104D (3/02)

Page 1 of 1 Pages

Local Code	Accident Date Month	Day	Yr.	Military Time	County	City/Town/Village	No. Killed	No. Vehicles	Work Related
	9	28	2013	18:50	LEWIS	MONTAGUE, TOWN OF	1	2	☐ Yes ☒ No

Name and Address of Deceased

1: ADAMS NY 13605

ACCIDENT DATA

Speed Limit (MPH): 55

Location (Route or Street Name):

Estimated Speed:

Vehicle 1 _____ MPH ☒ Unknown Vehicle 2 _____ MPH ☒ Unknown Vehicle _____ MPH ☐ Unknown

Vehicle Model (for example, Mustang or Corvette):

Vehicle 1 _____ Vehicle 2 RZR 900 Vehicle _____

Roadway Surface:

☐ Concrete ☐ Blacktop ☐ Brick or Block ☐ Dirt ☐ Slag ☒ Gravel ☐ Stone ☐ Other

No. of Lanes: 2

Roadway Flow: ☐ One Way Traffic ☐ Divided highway, other barrier or barrier type unknown ☐ Divided highway, median strip ☐ Divided highway, guard rail ☒ Not physically divided

EMERGENCY MEDICAL SERVICES *

	Time (Military):
Notified	18:55
Arrived at Scene	19:26
Arrived at Hospital	22:01

HOSPITAL INFORMATION

If the victim was taken to a hospital outside of NYS, give name, county and state of that hospital:

1: LEWIS - LEWIS COUNTY GENERAL HOSPITAL

If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:

OCCUPANT DATA

	Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags Deployed Yes/No	Air Bags Not in Vehicle	Initial Point of Impact to Vehicle***
VEHICLE 1	Driver	NO		NO		YES	NO	01 - FRONT LEFT
	Passenger	NO		NO		NO	NO	01 - FRONT LEFT
	Passenger	NO		NO		NO	NO	01 - FRONT LEFT
VEHICLE 1	Passenger	NO		NO		NO	NO	01 - FRONT LEFT
	Passenger							
	Passenger							
VEHICLE 2	Driver	YES	20:05	YES	/SAWS	NO	YES	01 - FRONT LEFT
	Passenger	NO		NO		NO	YES	01 - FRONT LEFT
	Passenger							

* This includes any type of EMS service (for example, fire, police, private). If you are unable to furnish the EMS data, please give the name, address and plate number of the ambulances so we can contact them:

** To be "extricated", the victim must be pried from the wreckage. Unfastening the seat belt is not considered "extricated".

*** Indicate the first area of the vehicle that was impacted, for example, right front, undercarriage.

Additional Information

SIGN HERE	Officer's Rank and Signature	Badge/ID No	Department	Precinct/Post Troop/Zone	Station/Beat/ Sector	Reviewing Officer	Date/Time Reviewed
	Deputy Print Name in Full: Edward K Amelio	715	02400			Lehman, Ryan J	10/8/2013 17:00

SUPPORTING DEPOSITION (CPL §100.20)

THE PEOPLE OF THE STATE OF NEW YORK
-- vs.
UNKNOWN
Defendant(s)

INCIDENT LOCATION:	***LOCATION OF DEPOSITION:***
STATE OF NEW YORK *LOCAL CRIMINAL* **COURT**	**STATE OF NEW YORK**
COUNTY OF *LEWIS*	**COUNTY OF** *LEWIS*
TOWN OF *MONTAGUE*	*VILLAGE* OF *LOWVILLE*

On Date	at Time Started	I, Full Name:		
09/28/2013	10:59 PM			
Date of Birth	No. and Street		C/T/V	State
			LOWVILLE	NY

State The Following:

MY NAME IS . I RESIDE AT . LOWVILLE, NY. I AM SPEAKING TO DEPUTY AMELIO AT THE LEWIS COUNTY SHERIFF'S OFFICE, ABOUT AN INCIDENT THAT OCCURRED EARLIER TODAY, SEPTEMBER 28TH 2013. I WAS DRIVING MY PICK-UP TRUCK NORTH ON . I WAS WITH MY WIFE, . SHE WAS IN THE REAR SEAT BEHIND ME, . WAS IN THE FRONT PASSENGER SEAT, AND HIS WIFE WAS IN THE REAR SEAT ON THE PASSENGER SIDE. WE WERE DRIVING ON DIFFERENT BACK ROADS ON . LOOKING AT THE FOLIAGE, AND ENJOYING THE WEATHER, WE WERE DRIVING AROUND FOR ABOUT AN HOUR OR SO, AND HAD LEFT FROM MY RESIDENCE. WE GOT TO THE . AND . INTERSECTION, AND I ASKED WHICH WAY TO TURN, HE SUGGESTED TO TAKE A RIGHT. I THEN TURNED RIGHT ONTO . WHICH IS EAST. I WAS NOT VERY FAR FROM THE INTERSECTION, I WOULD SAY ABOUT 75 YARDS. WE WERE ONLY TRAVELING ABOUT 10 MILES PER HOUR, AS WE APPROACHED A HILL. AT THIS POINT IT IS STILL DAYLIGHT OUT. ALL OF THE SUDDEN I COULD SEE A SIDE BY SIDE ATV, CREST THE HILL RIGHT IN FRONT OF ME. I DID NOT HAVE TIME TO DO ANYTHING TO SWERVE, AND AM NOT SURE IF I EVEN HAD TIME TO HIT THE BRAKES IT HAPPENED SO FAST. WHEN THE SIDE BY SIDE CRESTED THE HILL, I COULD SEE THAT THE FRONT TIRES WERE OFF THE ROAD AND WERE UP IN THE AIR. THIS ROAD IS GRAVEL, WITH SOME LOOSE STONE. MY TRUCK WAS ON MY SIDE OF THE ROAD THE ENTIRE TIME I APPROACHED THE HILL. THE SIDE BY SIDE WAS RIDING RIGHT IN THE MIDDLE OF THE ROAD WHEN HE CRESTED THE HILL. THE SIDE BY SIDE AND MY TRUCK COLLIDED HEAD ON, ON MORE OF THE DRIVER SIDE OF BOTH VEHICLES. THIS WAS AT ABOUT 6:50 P.M., WHICH IS ABOUT THE TIME THAT CALLED 911, ONCE WE REALIZED WHAT WAS GOING ON AND HOW SERIOUS IT WAS. ONCE I GOT OUT OF MY TRUCK, I SAW THE PASSENGER OF THE SIDE BY SIDE, AND HE WAS IN A DAZE SITTING

Notice
(Penal Law §210.

In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the state of New York punishable as a Class A Misdemeanor.

Affirmed under penalty of perjury

this 28th day of **SEPTEMBER, 2013**

- OR -

* Subscribed and Sworn to before me

this _____ day of _____

Deputy [illegible]
NAME OF PERSON TAKING DEPOSITION

Time Ended
09/28/2013 11:41 PM

* This form need be sworn to only when specifically required by the court

SUPPORTING DEPOSITION (CPL §100.20)

State The Following:

IN THE PASSENGER SEAT. I KNOW NOW THAT THE PASSENGER OF THE SIDE BY SIDE IS NAMED, I REMEMBER HIM SAYING "DON'T DO THIS , DON'T DO THIS!", THIS WAS WHILE HE HAD HIS HANDS ON THE DRIVER OF THE SIDE BY SIDE, AND WAS SHAKING HIM, BUT HE WAS NOT RESPONDING. AFTER THAT WENT DOWN AND STOPPED TRAFFIC FROM COMING TOWARDS THE ACCIDENT SCENE. I WENT UP , AND STOPPED VEHICLES COMING IN THAT DIRECTION. RIGHT AFTER THE ACCIDENT, OTHER PEOPLE CAME ALONG, AND HELPED OUT. MY LEFT SHOULDER AND ARM IS SORE FROM THE SEATBELT. I SPOKE WITH AN EMT, AND ALSO SIGNED PAPERWORK THAT I DID NOT NEED IMMEDIATE MEDICAL ATTENTION. I ALSO CONSENTED TO HAVE MY BLOOD DRAWN AT THE LEWIS COUNTY GENERAL HOSPITAL, WHICH DEPUTY AMELIO WITNESSED.

Notice

(Penal Law §210

In a written instrument, any person who knowingly makes a false statement which such person does not believe to be true has committed a crime under the laws of the state of New York punish [illegible]

Affirmed under penalty of perjury

this 28th day of SEPTEMBER, 2013

- OR -

* Subscribed and Sworn to before me

this _____ day of _____

Deputy [signature]

(NAME OF PERSON TAKING DEPOSITION)

Time Ended 09/28/2013 11:41 PM

* This form need be sworn to only when specifically required by the court

U.S. Consumer Product Safety Commission

Task Number: _131018HCC1022_____

Date: _January 17, 2014_____

Status of Missing Document(s)

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

1. _Autopsy Report__Addendum added 3/20/2014_____
2. _Toxicology Report___Addendum added 3/20/2014_____
3. __Medical Records (Victim)_____
4. __Medical Records (Passenger)_____
5. _Photographs of the UTV_____
6. _____

[redacted]

Weather History for Fort Drum, NY

Saturday, September 28, 2013 — View Current Weather Conditions

Saturday, September 28, 2013

« Previous Day | September | 28 | 2013 | View | Next Day »

Daily | Weekly | Monthly | Custom

	Actual	Average	Record
Temperature			
Mean Temperature	**56** °F	-	
Max Temperature	**73** °F	**61** °F	**80** °F (1999)
Min Temperature	**41** °F	**42** °F	**28** °F (2000)
Degree Days			
Heating Degree Days	8		
Growing Degree Days	6 (Base 50)		
Moisture			
Dew Point	**47** °F		
Average Humidity	78		
Maximum Humidity	100		
Minimum Humidity	39		
Precipitation			
Precipitation	**0.00** in	-	- ()
Sea Level Pressure			
Sea Level Pressure	**30.29** in		
Wind			
Wind Speed	**7** mph (SE)		
Max Wind Speed	**15** mph		
Max Gust Speed	**21** mph		
Visibility	**9** miles		
Events			

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

Click here for data from the nearest station with official NWS data [redacted]

T = Trace of Precipitation, **MM** = Missing Value **Source:** NWS Daily Summary

Seasonal Weather Averages

[redacted]

Trip Planner

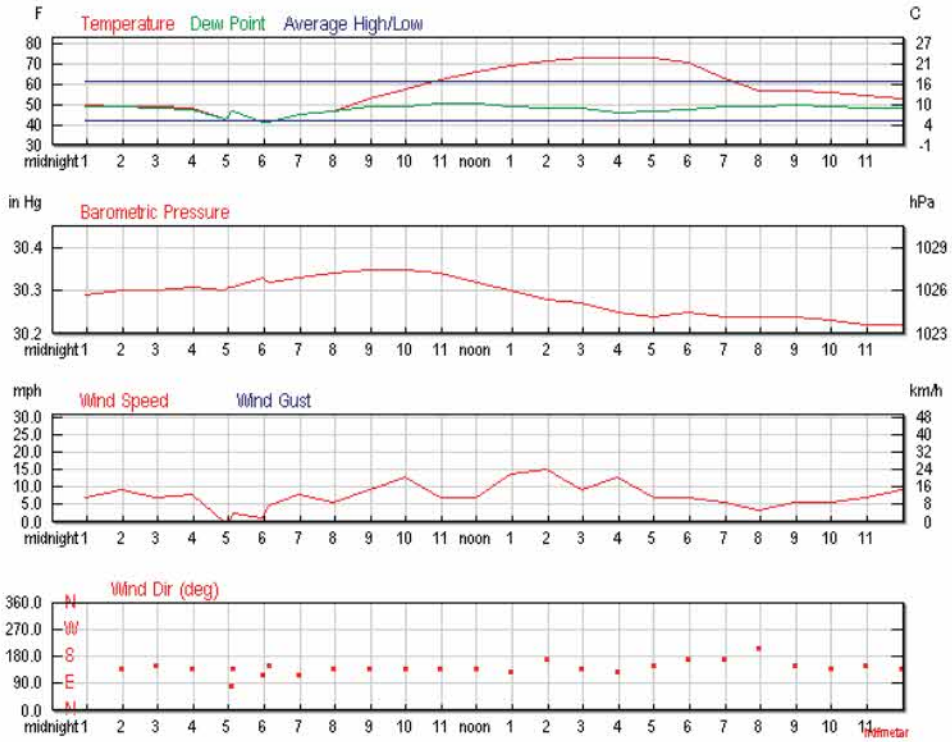
Search our weather history database for the weather conditions in past years. The results will help you decide how hot, cold, wet, or windy it might be!

Date: September 28 Submit

Radar Archive

View Animated Radar Loop
This image may take a moment to generate.

[redacted]



Certify This Report

[redacted]

Astronomy

Sep. 28, 2013	Rise	Set
Actual Time	6:57 AM EDT	6:48 PM EDT
Civil Twilight	6:28 AM EDT	7:17 PM EDT
Nautical Twilight	5:54 AM EDT	7:51 PM EDT
Astronomical Twilight	5:20 AM EDT	8:25 PM EDT
Moon	12:31 AM EDT (9/28)	3:16 PM EDT (9/28)
Length Of Visible Light	12h 49m	
Length of Day	11h 51m	

Last Quarter, 36% of the Moon is Illuminated

Sep 28	Oct 4	Oct 11	Oct 18	Oct 26
Last Quarter	New	First Quarter	Full	Last Quarter

Visit Astronomy

[redacted]

Hourly Weather History & Observations

Time (EDT)	Temp.	Windchill	Dew Point	Humidity	Pressure	Visibility	Wind Dir	Wind Speed	Gust Speed	Precip	Events	Conditions
12:58 AM	**49.6** °F	-	**49.1** °F	98%	**30.29** in	**10.0** mi	SE	**6.9** mph	-	N/A		Clear
METAR KGTB 280458Z AUTO 14006KT 10SM CLR 10/09 A3028 RMK AO2 SLP255 T00980095 401970038												
1:58 AM	**49.1** °F	-	**48.9** °F	99%	**30.30** in	**10.0** mi	SE	**9.2** mph	-	N/A		Clear
METAR KGTB 280558Z AUTO 14008KT 10SM CLR 10/09 A3029 RMK AO2 SLP258 T00950094 10129 20094 53002												
2:58 AM	**48.7** °F	-	**48.6** °F	99%	**30.30** in	**10.0** mi	SSE	**6.9** mph	-	N/A		Clear

[redacted]

METAR KGTB 280658Z AUTO 15006KT 10SM CLR 09/09 A3029 RMK AO2 SLP259 T00930092												
3:58 AM	**48.0** °F	-	**47.7** °F	99%	**30.31** in	**10.0** mi	SE	**8.1** mph	-	N/A		Clear
METAR KGTB 280758Z AUTO 14007KT 10SM CLR 09/09 A3030 RMK AO2 SLP262 T00890087												
4:53 AM	**42.8** °F	-	**42.8** °F	100%	**30.30** in	**4.0** mi	Calm	Calm	-	N/A		Clear
SPECI KGTB 280853Z AUTO 00000KT 4SM R03/4500FT BR CLR 06/06 A3030 RMK AO2												
4:58 AM	**43.9** °F	-	**43.9** °F	100%	**30.31** in	**2.0** mi	Calm	Calm	-	N/A		Clear
METAR KGTB 280858Z AUTO 00000KT 2SM R03/4000FT BR CLR 07/07 A3030 RMK AO2 VIS 2V8 SLP263 T00660066 53003												
5:03 AM	**46.4** °F	-	**46.4** °F	100%	**30.31** in	**1.8** mi	East	**1.2** mph	-	N/A		Clear
SPECI KGTB 280903Z AUTO 08001KT 1 3/4SM R03/3500FT BR CLR 08/08 A3031 RMK AO2 VIS 1 3/4V4												
5:08 AM	**46.4** °F	-	**46.4** °F	100%	**30.31** in	**3.0** mi	SE	**2.3** mph	-	N/A		Clear
SPECI KGTB 280908Z AUTO 14002KT 3SM BR CLR 08/08 A3031 RMK AO2												
5:58 AM	**41.4** °F	-	**41.2** °F	99%	**30.33** in	**8.0** mi	ESE	**1.2** mph	-	N/A		Clear
METAR KGTB 280958Z AUTO 12001KT 8SM R03/5500FT CLR 05/05 A3032 RMK AO2 SLP270 T00520051												
6:08 AM	**41.0** °F	**38.0** °F	**41.0** °F	100%	**30.32** in	**10.0** mi	SSE	**4.6** mph	-	N/A		Clear
SPECI KGTB 281008Z AUTO 15004KT 10SM CLR 05/05 A3032 RMK AO2												
6:58 AM	**45.1** °F	**40.8** °F	**45.1** °F	100%	**30.33** in	**10.0** mi	ESE	**8.1** mph	-	N/A		Clear
METAR KGTB 281058Z AUTO 12007KT 10SM CLR 07/07 A3032 RMK AO2 SLP270 T00730073												
7:58 AM	**46.8** °F	-	**46.4** °F	99%	**30.34** in	**10.0** mi	SE	**5.8** mph	-	N/A		Clear
METAR KGTB 281158Z AUTO 14005KT 10SM CLR 08/08 A3033 RMK AO2 SLP274 T00820080 10096 20051 51008												
8:58 AM	**52.7** °F	-	**48.7** °F	86%	**30.35** in	**10.0** mi	SE	**9.2** mph	-	N/A		Clear
METAR KGTB 281258Z AUTO 14008KT 10SM CLR 12/09 A3034 RMK AO2 SLP276 T01150093												
9:58 AM	**57.7** °F	-	**48.9** °F	72%	**30.35** in	**10.0** mi	SE	**12.7** mph	-	N/A		Clear
METAR KGTB 281358Z AUTO 14011KT 10SM CLR 14/09 A3034 RMK AO2 SLP276 T01430094												
10:58 AM	**61.9** °F	-	**50.4** °F	66%	**30.34** in	**10.0** mi	SE	**6.9** mph	-	N/A		Clear
METAR KGTB 281458Z AUTO 14006KT 10SM CLR 17/10 A3033 RMK AO2 SLP272 T01660102 50000												
11:58 AM	**66.2** °F	-	**50.4** °F	57%	**30.32** in	**10.0** mi	SE	**6.9** mph	-	N/A		Clear
METAR KGTB 281558Z AUTO 14006KT 10SM CLR 19/10 A3032 RMK AO2 SLP268 T01900102												
12:58 PM	**69.3** °F	-	**49.3** °F	49%	**30.30** in	**10.0** mi	SE	**13.8** mph	-	N/A		Clear
METAR KGTB 281658Z AUTO 13012KT 10SM CLR 21/10 A3030 RMK AO2 SLP261 T02070096												
1:58 PM	**71.1** °F	-	**48.4** °F	44%	**30.28** in	**10.0** mi	South	**15.0** mph	-	N/A		Clear
METAR KGTB 281758Z AUTO 17013KT 10SM CLR 22/09 A3028 RMK AO2 SLP254 T02170091 10217 20085 57019												
2:58 PM	**72.7** °F	-	**48.0** °F	42%	**30.27** in	**10.0** mi	SE	**9.2** mph	**20.7** mph	N/A		Clear
METAR KGTB 281858Z AUTO 14008G18KT 10SM CLR 23/09 A3026 RMK AO2 SLP248 T02260089												
3:58 PM	**72.7** °F	-	**46.2** °F	39%	**30.25** in	**10.0** mi	SE	**12.7** mph	-	N/A		Clear
METAR KGTB 281958Z AUTO 13011KT 10SM CLR 23/08 A3025 RMK AO2 SLP244 T02260079												
4:58 PM	**72.7** °F	-	**46.8** °F	40%	**30.24** in	**10.0** mi	SSE	**6.9** mph	-	N/A		Clear
METAR KGTB 282058Z AUTO 15006KT 10SM CLR 23/08 A3023 RMK AO2 SLP238 T02260082 57017												
5:58 PM	**70.7** °F	-	**47.5** °F	44%	**30.25** in	**10.0** mi	South	**6.9** mph	-	N/A		Clear
METAR KGTB 282158Z AUTO 17006KT 10SM CLR 21/09 A3024 RMK AO2 SLP242 T02150086												
6:58 PM	**63.1** °F	-	**48.9** °F	60%	**30.24** in	**10.0** mi	South	**5.8** mph	-	N/A		Clear
METAR KGTB 282258Z AUTO 17005KT 10SM CLR 17/09 A3023 RMK AO2 SLP239 T01730094												
7:58 PM	**56.5** °F	-	**49.3** °F	77%	**30.24** in	**10.0** mi	SSW	**3.5** mph	-	N/A		Clear
METAR KGTB 282358Z AUTO 21003KT 10SM CLR 13/10 A3023 RMK AO2 SLP240 T01360096 10228 20136 50000												

131018HCC1022 ADDENDUM

The attached County Coroner's records (Autopsy / Toxicology) were received from the Lewis County Coroner's Office by Investigator [redacted] on March 19, 2014. A review of the information submitted reveals that it does not materially conflict with any information previously submitted. These reports had been requested but not received at the time the In-Depth Investigation was completed and should be appended to the report as an Addendum at this time.

NOTE: It is known by this Investigator based on previous investigations that the submitted records are considered confidential and should not be released outside of the CPSC pursuant to NYS County Law.

IDI #: 131018HCC1022
Exhibit #: 5

Utility Vehicle Data Record Sheet

Front

A Driver	B Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
Age: 31	Height: Unknown	
Gender: Male	Weight: Unknown	
Helmet (Y/N): Y	Seatbelt (Y/N): Y	
Killed/Injured/Neither/Unknown: Killed		
Injury Description: Unknown		
Did vehicle land on victim: No		
Ejected (Either partially or fully): No		

B:		
Age: 35	Height: Unknown	
Gender: Male	Weight: Unknown	
Helmet (Y/N): Y	Seatbelt (Y/N): Y	
Killed/Injured/Neither/Unknown: Injured		
Injury Description: lower leg injury		
Did vehicle land on victim: No		
Ejected (Either partially or fully): No		

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

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

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

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

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

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

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

Save

Task Number: 131021HCC1039

Purpose: Manufacturer Mailing

Redacted By: Jennifer Karasiewicz

# of Pages (prior to Redaction): 16

# of Pages (after Redaction): 16

Time Spent: 25 minutes

Date Completed: 4/30/14

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
131021HCC1039	2391	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2013 08 24	2013 10 22

6. Synopsis of Accident or Complaint **UPC**

A 31 year old female was driving a utility vehicle on an unpaved road. The utility vehicle had bench seating and there were two other passengers. The middle passenger was a 29 year old female and the end passenger was a 24 year old male. The location in which the incident occurred was a straight road. For unknown reasons the driver veered right and lost control causing the utility vehicle to overturn and land on top of her. The two passengers were not ejected and did not sustain any injuries. The driver was pronounced deceased at the incident scene. Cause of death per medical examiner was blunt force trauma to head and neck.

7. Location (Home, School, etc)	8. City	9. State
4 - STREET OR HIGHWAY	HIGH SPRINGS	FL

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS	RANGER

10D. Manufacturer Name and Address
POLARIS INDUSTRIES

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
31	2 - Female	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	8.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
01/31/2014	8978	Dennis R. Blasius

28. Distribution	29. Source Document Number
Sarah Garland; Tanya L. Topka	X1391299A

Information for this report was gathered from the official police report and the medical examiner's report involving three victims in a utility vehicle incident.

According to the police report, the incident involved three victims, Victim 1 (driver) was a 31 year old female. She was accompanied by two passengers, Victim 2, a 29 year old female and Victim 3, a 24 year old male. All three were seated in the front row bench seat; Victim 2 was in the middle of Victim 1 and 3 (See Exhibit 2).

On August 24, 2013, the victims were travelling on a dark (unlighted), wet unpaved public road. There was no curve in the road, but according to the police report, Victim 1 veered right for unknown reasons causing the vehicle to overturn.

The medical examiner's report, included as Exhibit 3, indicates that the utility vehicle overturned and landed on Victim 1. Victim 2 and Victim 3 were not ejected from the utility vehicle and neither sustained any injuries. Victims 2 and 3 attempted cardiopulmonary resuscitation (CPR) on Victim 1, but were unsuccessful. They needed additional emergency assistance. The police report indicated that they went to a nearby neighbor to use the telephone to call 911.

Upon arrival emergency medical services (EMS) pronounced Victim 1 deceased on the scene. The medical examiner's report indicates that the cause of death was blunt force injuries to the head and neck.

A toxicology report later revealed that Victim 1 was under the influence of alcohol and her blood alcohol level was .16 percent.

The police report indicates that none of the victims were wearing helmets or restraints of any kind during the incident.

Product Identification
The product is a 2003 Polaris Ranger utility vehicle. VIN number

Manufacturer
Polaris Industries
Consumer Service
2100 Hwy 55
Medina, MN 55340
Tel. 888-704-5290

Exhibits

Exhibit 1	Contact Information (1 Page)
Exhibit 2	Florida Highway Patrol Report (3 Pages)
Exhibit 3	Medical Examiner's Report (9 Pages)
Exhibit 4	Utility Vehicle Data Record Sheet (1 Page)

Contact Information

Florida Highway Patrol
1350 W. Hwy 90 Ste. 101
Lake City, FL 32055
Tel. 386-754-6270
October 2013

District IV Medical Examiner
2100 Jefferson St.
Jacksonville, FL 32207
Tel. 904-255-4000
October 2013

Victim 1
Ft. Lauderdale, FL 33308
DOB:

, Victim 2
Hollywood, FL 33021
DOB:

, Victim 3
Cooper City, FL 33330
DOB:

Polaris Industries
Consumer Service
2100 Hwy 55
Medina, MN 55340
Tel. 888-704-5290
Polaris Ranger VIN

FLORIDA TRAFFIC CRASH REPORT

LONG FORM [X] SHORT FORM [ ] UPDATE [X]

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

Crash Date	Time of Crash	Date of Report	Reporting Agency	Reporting Agency Case Number	HSMV Crash Report Number
8/24/2013	12:50 AM	11/25/2013	FLORIDA HIGHWAY PATROL	FHPB13OFF025724	

CRASH IDENTIFIERS

County Code	City Code	County of Crash	Place or City of Crash	Within City Limits	Reported Date/Time	Dispatched Date/Time
29	00	COLUMBIA	UNINCORPORATED	NO	8/24/2013 1:00 AM	8/24/2013 1:03 AM

On Scene Date/Time	Cleared Scene Date/Time	Investigation Completed	Reason (if Investigation Not Complete)	Notified By
8/24/2013 1:31 AM	8/24/2013 6:00 AM	YES		LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway	At Street Address #	At Latitude	And Longitude

At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway	Or From Milepost Number
	0.7	W		

Road System Identifier	Type of Shoulder	Type of Intersection
LOCAL	UNPAVED	NOT AT INTERSECTION

CRASH INFORMATION

[ ] Pictures Taken

Light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner of Collision
DARK-NOT LIGHTED	CLOUDY	WET	NO	OTHER, EXPLAIN IN NARRATIVE

First Harmful Event Type	First Harmful Event Detail	First Harmful Event Location	Within Interchange	First Harmful Event's Relation to Junction
NON-COLLISION	OVERTURN/ROLLOVER	ON ROADWAY	NO	NON-JUNCTION

Contributing Circumstances: Road	Contributing Circumstances: Road	Contributing Circumstances: Road
NONE		

Contributing Circumstances: Environment	Contributing Circumstances: Environment	Contributing Circumstances: Environment
NONE		

Work Zone Related	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone
NO				

VEHICLE

[ ] Commercial Motor Vehicle

Vehicle	Motor Vehicle Type	Hit & Run (by this vehicle)	License Number	State	Reg. Expires	Permanent Reg.	VIN
V01	MOTOR VEHICLE IN TRANSPORT	NO	UK	FL		YES	

Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due to Damage	Vehicle Removed By	Rotation
2003	POLARIS	RANGER	UTV	GRE	MINOR	500	YES		ROTATION

Insurance Company	Insurance Policy Number
NONE	N/A

Name of Vehicle Owner	Business [ ]	Current Address	City	State	Zip Code	Phone Number(s)
			FT LAUDERDALE	FL	33308	

Trailer	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
One				NO					
Two				NO					

Vehicle Traveling	Direction	On Street, Road, Highway	At Est. Speed	Posted Speed	Total Lanes
	WEST		20	55	2

CMV Configuration	Cargo Body Type

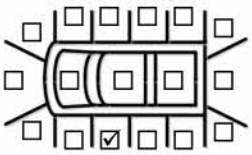
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)

Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class

Motor Carrier Name	US DOT Number

Motor Carrier Address	Address Other	City	State	Zip Code	Phone Number

Area of Initial Impact



[ ] Undercarriage [ ]
[ ] Overturn [ ]
[ ] Windshield [ ]
[ ] Trailer [ ]

Most Damaged Area

Comm/Non-Commercial	Vehicle Body Type	Vehicle Defects (one)	Vehicle Defects (two)	Emergency Vehicle Use	Special Function of MV
	ALL TERRAIN VEHICLE (ATV)	NONE		NO	NO SPECIAL FUNCTION

Vehicle Maneuver Action	Trafficway	Roadway Grade	Roadway Alignment	Most Harmful Event	Most Harmful Event Detail
STRAIGHT AHEAD	TWO-WAY, NOT DIVIDED	DOWNHILL	CURVE LEFT	NON-COLLISION	OVERTURN/ROLLOVER

Traffic Control Device for this Vehicle	First (1) Sequence of Events	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events
NO CONTROLS	NON-COLLISION OVERTURN/ROLLOVER			

PERSON RECORD

#	Person Type	Vehicle #	Name	Injury Severity	Ejection	Driver ReExam
1	DRIVER	V01		FATAL(WITHIN 30 DAYS)	EJECTED, TOTALLY	NO

Date of Birth	Sex	Condition at Time of Crash	Address	Phone Number
	F	OTHER, EXPLAIN IN NARRATIVE	FT LAUDERDALE FL 33308	

Driver License Number	State	Expires	Type	Required Endorsements
[redacted]	FL	2017	CLASS E / OPERATOR	NO REQUIRED ENDORSEMENTS

Restraint Systems	Air Bag Deployed	Helmet Use	Eye Protection
NONE USED - MOTOR VEHICLE OCCUPANT	NOT APPLICABLE		NO

Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Seat	Motor Vehicle Seating Position: Other
FRONT	LEFT	

Driver Distracted By	Driver Vision Obstructions
NOT DISTRACTED	VISION NOT OBSCURED

Driver Actions at Time of Crash 1 (based on judgement of investigation officer)	Driver Actions at Time of Crash 2 (based on judgement of investigation officer)
OPERATED MOTOR VEHICLE IN CARELESS OR NEGLIGENT MANNER	

Driver Actions at Time of Crash 3 (based on judgement of investigation officer)	Driver Actions at Time of Crash 4 (based on judgement of investigation officer)

Suspected Alcohol Use	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type	Drug Test Result
YES	TEST GIVEN	BLOOD	COMPLETED	.150	UNKNOWN	TEST GIVEN	BLOOD	POSITIVE

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
NOT TRANSPORTED	LIFEGAURD EMS		

OFFICIAL COPY

Crash Date	Time of Crash	Date of Report	Reporting Agency	Reporting Agency Case Number	HSMV Crash Report Number
8/24/2013	12:50 AM	11/25/2013	FLORIDA HIGHWAY PATROL	FHPB13OFF025724	

PERSON RECORD

#	Person Type	Vehicle #	Name	Injury Severity	Ejection
2	PASSENGER	V01		NON-INCAPACITATING	NOT EJECTED

Date of Birth	Sex	Address	Phone Number
	F	, HOLLYWOOD FL 33021	

Restraint Systems	Air Bag Deployed	Helmet Use	Eye Protection
NONE USED - MOTOR VEHICLE OCCUPANT	NOT APPLICABLE		NOT APPLICABLE

Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Seat	Motor Vehicle Seating Position: Other
FRONT	MIDDLE	

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
NOT TRANSPORTED			

PERSON RECORD

#	Person Type	Vehicle #	Name	Injury Severity	Ejection
3	PASSENGER	V01		NON-INCAPACITATING	NOT EJECTED

Date of Birth	Sex	Address	Phone Number
	M	COOPER CITY FL 33330	

Restraint Systems	Air Bag Deployed	Helmet Use	Eye Protection
NONE USED - MOTOR VEHICLE OCCUPANT	NOT APPLICABLE		NOT APPLICABLE

Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Seat	Motor Vehicle Seating Position: Other
FRONT	RIGHT	

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
NOT TRANSPORTED			

NARRATIVE

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number
2189	TROOPER	C L LEE	B	FLORIDA HIGHWAY PATROL	386-758-0518

Vehicle 01 was traveling west on For unknown reasons V01 veered right suddenly causing it to overturn. V01 came to final rest facing east on its left side in the middle of

None of the occupants in the vehicle were wearing a helmet.

All persons in this report are listed as unknown due the pending investigation to identify the driver. Once the driver is identified a update will be provided.

This report was completed in conjunction with a subsequently related Traffic Homicide being conducted by Corporal K.M. Boatright filed under case number date of birth was pronounced deceased on 8-24-2013 at 1:14 AM on scene of this crash by Paramedic Medic 2 upon his arrival. The body was transported to the 4th District Medical Examiner's Office in Jacksonville, Florida for a routine autopsy.

NARRATIVE

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number
2189	TROOPER	C L LEE	B	FLORIDA HIGHWAY PATROL	386-758-0518

This report is still pending due to incomplete toxicology reports.

NARRATIVE

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number
2189	TROOPER	C L LEE	B	FLORIDA HIGHWAY PATROL	386-758-0518

Still pending toxicology reports.

NARRATIVE

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number
2225	CORPORAL	K.M. BOATRIGHT, JR	B	FLORIDA HIGHWAY PATROL	386-758-0518

This update is to reflect the now known driver and toxicology results of all parties involved. This investigation and the traffic homicide investigation is now complete and submitted for review.

D-1 condition at time of crash: D-1 was deceased upon arrival of my arrival to this scene. Upon examination of D-1, she was emitting a pungent aroma of an alcoholic beverage leading me to believe alcohol was a factor in this crash. The toxicology results confirmed the use of alcohol in this crash.

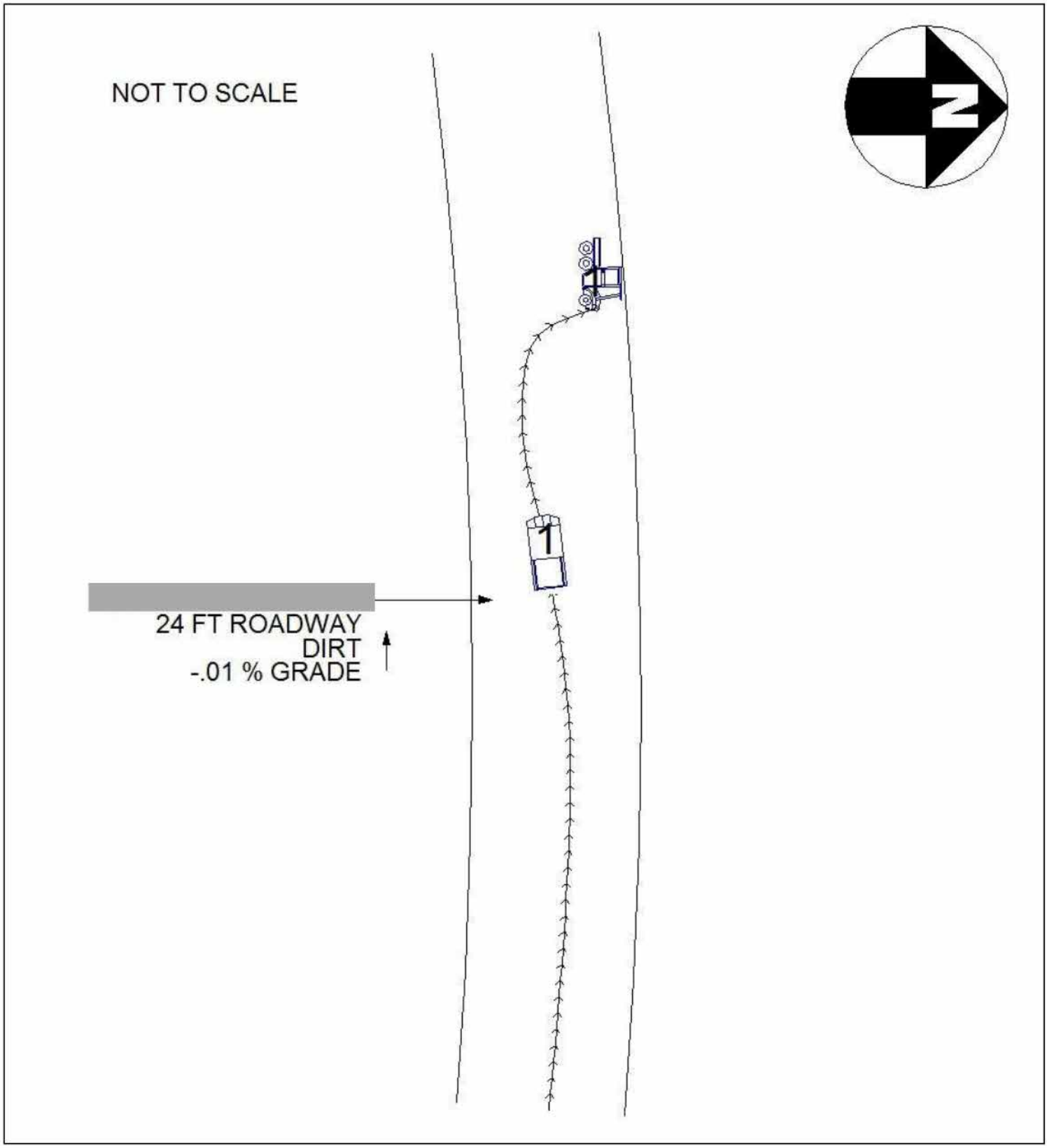
REPORTING OFFICER

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number
2225	CORPORAL	K.M. BOATRIGHT JR	B	FLORIDA HIGHWAY PATROL	386-758-0518

OFFICIAL COPY

Crash Date	Time of Crash	Date of Report	Reporting Agency	Reporting Agency Case Number	HSMV Crash Report Number
8/24/2013	**12:50 AM**	**11/25/2013**	**FLORIDA HIGHWAY PATROL**	FHPB13OFF025724	

DIAGRAM OF CRASH



OFFICIAL COPY

OFFICE OF THE MEDICAL EXAMINER

2100 JEFFERSON STREET
JACKSONVILLE, FLORIDA 32206

EXAMINATION REPORT

NAME OF DECEASED:
M.E. NO.:
DATE OF DEATH: August 24, 2013
DATE OF AUTOPSY: August 24, 2013
TIME OF AUTOPSY: 9:00 AM
COUNTY OF DEATH: Columbia

AUTOPSY TECHNICIAN:
PHOTOGRAPHER:

EXTERNAL EXAMINATION:

The body is that of a 5 foot 3 inch, 124 pound white female whose appearance is consistent with the documented age of 31 years. The body has been refrigerated. Medical Examiner identification on the left great toe reads " ' A tank top with dirt on the anterior aspect, a bra, and blue jeans with dirt on the anterior aspect are on the body. A grey metal post with a clear stone is in the right nasal ala.

Injury to the head is described below. The scalp is covered by brown and blonde hair, up to approximately 10 inches long. The morphologically normal ears have pierced lobes. The eyes have brown irides, white sclerae, and clear conjunctivae with edema. A few foci of congestion and red petechiae are on the bulbar conjunctivae. The oral mucosa is free of petechiae. The teeth are natural.

Injury to the neck is described below. The trachea is at the midline. Injury to the chest, back, and abdomen is described below. Apparent well-healed piercings are at the superior and inferior aspects of the umbilicus. Breast implants are palpable. Subareolar crescentic scars are approximately 5 centimeters. The atraumatic external genitalia are those of an adult female.

Injury to the morphologically normal upper and lower extremities is described below. There are no scars on the wrists or forearm flexor surfaces.

Tattoos are as follows: A lizard on the left chest; a symbol and a devil's face on the abdomen inferior to the umbilicus; symbols for two chemical compounds on the anterior proximal aspects of the thighs; a butterfly on the dorsal aspect of the right foot; on the left ankle; ' on the posterior aspect of the neck; an Asian

style symbol with dragons on the lower back; a white patch of skin in the shape of a logo on the right buttock.

EVIDENCE OF MEDICAL INTERVENTION:

There is no evidence of medical intervention.

EVIDENCE OF INJURY:

1) BLUNT FORCE INJURY OF THE HEAD AND NECK:

Blood is in the left and right external auditory canals. A pink, depressed abrasion inferior to the hairline on the forehead, near the midline is approximately 2.5 x 1.5 centimeters. The facial and nasal bones are palpably depressed and comminuted. A red to pink abrasion on the left side of the face, from the forehead to inferior to the mandible, from the tip of the nose to the preauricular region is approximately 18.5 x 15 centimeters overall. A full thickness laceration from the left medial canthus, extending inferiorly and to the right over the nasal bridge to the right nasal labial fold is approximately 6 centimeters long, and the edges can be approximated. Two parallel, full-thickness lacerations on the left side of the nose are spaced approximately 1.3 centimeters apart, and brain tissue is visible in the defect created by these lacerations. Sparing of dried blood with an apparent linear impression extending diagonally from the right side of the forehead to the region of the left nasal labial fold is approximately at a 45 degree angle, and is perpendicular to the paired parallel lacerations. The maxilla and mandible have gaping fractures at the midline, but the upper frenulum remains intact. The inferior aspect of the mandible is palpably fractured to the left of midline. The tongue has lacerations and intramuscular hemorrhage.

An approximately 1.5 centimeter blue contusion is posterior to the right ear, in the parieto-occipital region. A large red abrasion with multiple parallel, superficial, darker abrasions in several directions encompass the posterior aspect of the neck and occipital scalp above the hairline (approximately 17 x 12.5centimeters overall). The parallel abrasions continue anterosuperiorly on the right side of the neck and right lateral aspect of the face, in an approximately 14 x 5 centimeter area, and are spaced approximately 0.3 centimeter to 0.5 centimeter apart. Two superficial abrasions and lacerations on the right eyelid are approximately 1.4 centimeters and 2.3 centimeters in greatest dimension.

A superficial, small, red abrasion overlies the superior medial aspect of the left clavicle.

The calvarium and base of skull are comminuted. Subgaleal and periosteal hemorrhage is most prominent over diastatic fractures of the coronal suture to the right of midline, the lambdoid suture, and a comminuted fracture of the frontal bone. The temporalis muscles are hemorrhagic. The temporal fossae are fractured, and the left side is comminuted. The dura mater is separated from the calvarium in multiple foci, and epidural hemorrhage is more apparent on the left, near the temporal region. The dura is extensively lacerated but contains the brain despite massive distortion of the cranial vault. Subdural and subarachnoid hemorrhage is diffuse. The circle of Willis is not identified. The base of the brain is most severely lacerated. The inferior aspects of

the frontal, temporal, and parietal lobes are severely lacerated, and are frankly pulverized on the left, but the deep nuclei are relatively well-preserved on the right. The midbrain is lacerated. The brainstem is transected immediately distal to the medulla. Architectural definition in the brainstem is preserved in the intact regions of the midbrain, pons, medulla, and proximal cervical spinal cord. There are no frank cortical contusions, and most hemorrhage is secondary to extensive white matter and cortical lacerations.

The atlanto-axial joint is dislocated, and the dens is cleanly separated from the second cervical vertebral body. Focal fascial hemorrhage is in the anterior cervical region, corresponding to a burst fracture of the left side of the fifth cervical vertebral body.

Hemorrhage is in the sternothyroid and sternohyoid muscles. The anterior soft tissues of the neck are hemorrhagic posterior to the parotid glands and around the region of the angles of the mandible, and soft tissue on the right in this region has an avulsion pocket. The soft tissue is hemorrhagic around the greater horn of the hyoid bone and superior horn of the thyroid cartilage, but the bones are atraumatic. Focal capsular hemorrhage is on the right lateral aspect of the thyroid gland.

2) BLUNT FORCE INJURY OF THE TORSO

A superficial, dry, red abrasion on the anterior aspect of the left shoulder is approximately 5 x 3 centimeters. A superficial, red, dry abrasion on the outer aspect of the left breast is approximately 6 x 3 centimeters. A superficial, red abrasion on the medial aspect of the left breast is approximately 7 x 5 centimeters. An obliquely-oriented, superficial, red abrasion at the superior aspect of the right breast is approximately 5 x 2 centimeters. A dry, red-yellow abrasion on the outer aspect of the right breast is approximately 5 x 3 centimeters. A purple contusion on the medial aspect of the right breast is approximately 4.5 x 4.5 centimeters.

A red and blue contusion on the left upper back is approximately 7.5 x 5 centimeters, and the left shoulder has palpably abnormal motion around the proximal portion of the humerus, at the shoulder joint. The soft tissue to the right of midline bulges at the mid back, but there is no crepitance or palpable fracture. A red contusion on the right buttock is approximately 2 x 0.7 centimeter.

3) BLUNT FORCE INJURY OF THE EXTREMITIES:

A superficial, red, brush-type abrasion on the medial aspect of the left upper extremity is approximately 15 x 5 centimeters. A pink, brush-type abrasion on the extensor aspect of the left forearm and hand is approximately 12.5 x 7 centimeters. Red-purple contusions on the dorsal aspect of the left hand and the left knuckles are up to approximately 7.5 centimeters in greatest dimension. The left third fingernail is chipped.

A superficial, dry, red abrasion on the posterolateral aspect of the right shoulder is approximately 8 x 4 centimeters. A blue contusion on the extensor aspect of the distal right arm is approximately 2.5 centimeters in greatest dimension. A blue-brown abrasion-contusion on the extensor aspect of the right elbow is approximately 2.5 x 0.7 centimeter. A few superficial, pink-

yellow, dry abrasions on the dorsal aspect of the right distal forearm are approximately 0.7 centimeter in greatest dimension. A few small abrasion-contusions are on the palmar aspect of the left hand, including in the web between the thumb and first finger.

A dark brown contusion on the anterolateral aspect of the proximal left thigh is approximately 4 x 2 centimeters. Two brown contusions on the anterior aspect of the left thigh are approximately 1 centimeter in greatest dimension. Five superficial, red abrasions on the left knee are approximately 1.5 centimeters in greatest dimension, although one focus has a slightly larger region of non-hemorrhagic skin slip and/or avulsion. Superficial, red abrasions on the dorsal aspect of the left foot are approximately 1.5 centimeters. A brown contusion on the dorsomedial aspect of the left foot is approximately 1.5 centimeters in greatest dimension. A somewhat L-shaped, blue contusion on the posterior aspect of the left thigh has an approximately 7 x 2 centimeter limb (lateral) and an approximately 7 x 0.5 limb (medial).

A red contusion with focal abrasion on the lateral aspect of the right knee is approximately 2.5 centimeters overall. A blue contusion on the lateral aspect of the right thigh is approximately 3 centimeters in greatest dimension.

The soles of the feet are free of injury.

INTERNAL EXAMINATION:

Injury to the reflected scalp, skull, dura mater, and 1259 gram brain is described above. There are no obvious masses in intact regions of the brain. Intact portions of the cerebellar vermis are without atrophy. Sparing of injury primarily involves the parieto-occipital regions of the cerebral hemispheres.

The intact, smooth, glistening pericardial sac contains a trace amount of serous fluid. The chambers of the 261 gram heart are of normal configuration. The smooth, glistening epicardium has a minimally increased amount of subepicardial adipose tissue. The coronary artery ostia are normal in number and location. The left anterior descending, left circumflex, and right coronary arteries free of atherosclerosis. The posterior interventricular artery is supplied by the right coronary circulation. The red-brown myocardium is free of scars and hemorrhage. The thicknesses of the left ventricular free wall, interventricular septum, and right ventricle wall are 0.9 centimeter, 1.0 centimeter, and 0.6 centimeter, respectively. There are no mural thrombi. The circumferences of the thin, pliable tricuspid, mitral, pulmonic, and aortic valves are 10.8 centimeters, 8.8 centimeters, 5.2 centimeters, and 5.4 centimeters, respectively. The fossa ovalis is closed. The intact aorta is free of atherosclerosis and the normally distributed major branch ostia are widely patent. The pulmonary arteries are free of thromboemboli. The great vessels of venous return are unremarkable.

The pleural cavities have smooth, glistening serosal surfaces and no significant fluid accumulation. The larynx, trachea, and bronchi are patent but contain blood. The 495 gram right and 334 gram left lungs have tan-pink, crepitant parenchyma. The right lung has patchy purple discoloration. Abundant purple froth and fluid are expressed with compression. No turbid exudate can be expressed. There are no masses or consolidated foci.

Injury to the tongue is described above. The pharynx and proximal esophagus have a few foci of mural hemorrhage but the mucosa is intact. The stomach contains approximately 250 milliliters of thick, yellow, greasy white semisolid material with white undigested food suggestive of potato chips, and is lined by pink-tan mucosa. The mucosa of the duodenum and rectum is tan and free of focal lesions. The external aspect of the small and large bowel, including the appendix, is free of focal lesions.

The abdominopelvic cavity has no significant fluid accumulation. The 1012 gram liver has an intact capsule. The brown parenchyma is of slightly abnormally firm consistency. There are no masses, abscesses, or fibrotic foci. The non-distended gallbladder has velvety mucosa, contains approximately 8 milliliters of golden bile, and is free of calculi. The pancreas has tan, lobulated parenchyma and is free of masses and cysts.

The intact, 68 gram spleen has dark red, fibrous parenchyma.

The 101 gram right and 106 gram left kidneys have mildly granular surfaces. The red-brown parenchyma has no cortical thinning and the corticomedullary junctions are well-defined. The renal pelvises and ureters are of normal caliber. The bladder contains approximately 78 milliliters of clear, pale, yellow urine and is lined by tan mucosa.

The uterus is non-gravid. The atraumatic cervical and vaginal mucosa is free of focal lesions. The ovaries and fallopian tubes have no diagnostic alterations.

The thyroid gland has uniform, brown parenchyma. Capsular hemorrhage is described above. The adrenal glands have yellow cortices and brown medullae.

Injury to the anterior soft tissues of the neck and infrahyoid muscles is described above. The hyoid bone and thyroid cartilage are atraumatic. There are no palpable fractures of the ribs, sternum, or pelvis. There are no obvious clavicular fractures. Musculoskeletal injury is described above. Breast implants are within smooth capsules and remain intact. The dark red skeletal muscle is of normal consistency.

TISSUE SUBMITTED FOR HISTOLOGY:

Midbrain (1 section): Patchy mild intraparenchymal hemorrhage and perivascular hemorrhage without obvious associated inflammation.

Transected medulla (1 section): Lacerated, hemorrhagic parenchyma. Neurons have loss of architectural detail but are not eosinophilic or pyknotic. No obvious inflammation.

Heart (1 section): No diagnostic histopathology.

Lungs (1 section): Edema. Congestion. Mild accumulation of anthracotic pigment and scattered intra-alveolar macrophages. Slightly thickened pleura.

TOXICOLOGICAL EXAMINATION:

Blood (R Atrium) Ethanol:	0.15%, 0.16%
Ocular Ethanol:	0.16%
Blood (Iliac) Basic Drugs:	Mirtazapine: 0.08 mg/L
Urine Drugs:	Nicotine metabolite Mirtazapine Caffeine Cannabinoids

MEDICAL EXAMINER REPORT

NAME OF DECEASED:
M.E. NO.:
DATE OF DEATH: August 24, 2013
DATE OF AUTOPSY: August 24, 2013
TIME OF AUTOPSY: 9:00 AM
COUNTY OF DEATH: Columbia

AUTOPSY FINDINGS:

1) Faint odor of fermentation.

2) Blunt force injury of the head and neck including:
   a) Comminuted fracture of the calvarium and base of skull;
   b) Extensive laceration of the cerebral hemispheres, cerebellar hemispheres, and brainstem;
   c) Transected proximal brainstem;
   d) Atlanto-axial joint separation;
   e) Hemorrhage in the soft tissues of the neck and infrahyoid muscles.

3) Minor abrasions and contusions on the body and extremities.

4) Probable dislocation or fracture of the proximal left humerus.

CAUSE OF DEATH Blunt Force Injury of the Head and Neck

MANNER OF DEATH Accident

Associate Medical Examiner
Dated: 01/22/2014

OFFICE OF THE MEDICAL EXAMINER

2100 Jefferson Street • Jacksonville, FL. 32206 • (904) 255-4000 • fax (904) 630-0964

DISTRICT III DEATH INVESTIGATION

August 24, 2013

Name:
ME Number:

On this date at 7:06 AM, Funeral Home responded to the MEO with the body of this 31 year old white female. The decedent was observed cool to the touch with rigor not present. Lividity was not readily observed. Obvious trauma was observed to the head. provided a copy of the decedent's page.

This investigator made contact with FHP Dispatch who advised that Cpl. Boatwright was currently on scene and did not have cell phone service. The incident reportedly occurred at High Springs, FL and possibly involved a 4-wheeler. This investigator requested that Cpl. Boatwright contact the MEO with incident information.

Cpl. Boatwright contacted the MEO and advised the following: the incident occurred at approximately 1:00 AM on just The decedent and two friends had been consuming alcohol. The decedent along with the friends were riding in a 2003 Polaris Ranger ATV. The driver was reportedly driving; however, that has not been confirmed. For unknown reasons, the ATV overturned and came to rest with its roof on top of the decedent. The other two occupants were reportedly not injured. Cpl. Boatwright advised that the friends initially attempted to perform CPR on the decedent. Due to the lack of cell phone reception, they had to seek assistance from a neighbor in order to dial 911. Medic 2 responded to the scene and pronounced the decedent.

Driving conditions were as follows: dark with no lighting, clear, and dry. The dirt roadway was straight with no turns to navigate in the area. Alcohol is most likely contributory. The decedent was not restrained.

Cpl. Boatwright requested that a blood spot card and hair standards be collected. He advised that clothing and valuables could be released.

Identification has not yet been completed. Next-of-kin, the uncle has been notified.

Forensic Investigator

OFFICE OF THE MEDICAL EXAMINER

2100 Jefferson Street • Jacksonville, FL. 32206 • (904) 255-4000 • fax (904) 630-0964

FOLLOW-UP INVESTIGATION

August 27, 2013

Name:
ME Number:

This investigator contacted the FHP in Columbia County (386-758-0515) and was advised that Cpl. Boatwright was not in and had not yet submitted his report to confirm whether or not the decedent was the driver. This investigator spoke with his Sgt. Simmons who advised that they had FDLE process the vehicle and they will be picking up the evidence from the MEO today. There were two other occupants in the vehicle. The decedent was ejected from the vehicle. At this time they are 99.8% sure that the decedent was the driver; however, they can not say with 100% certainty that the decedent was the driver.

Forensic Investigator

IDI #: 131021HCC1039
Exhibit #: 4

Utility Vehicle Data Record Sheet

Front

A Driver	B/C Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
Age: 31	Height: 5'3"	
Gender: F	Weight: 124lbs	
Helmet (Y/N): N	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: Killed		
Injury Description: Head and Neck		
Did vehicle land on victim: Yes		
Ejected (Either partially or fully): Fully		

B:		
Age: 29	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): No		

C:		
Age: 24	Height:	
Gender: M	Weight:	
Helmet (Y/N): N	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: Neither		
Injury Description:		
Did vehicle land on victim:		
Ejected (Either partially or fully): No		

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.

CPSC FORM 324A

Save

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
131021HCC2016	9099	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2013 10 05	2013 10 23

6. Synopsis of Accident or Complaint **UPC**

The victim was driving a UTV in a privately owned field when the front tire went off the edge and was pulled down to the bottom of a ditch. The victim was ejected from the UTV. When his wife found him he was face down in a ditch of water about three to four inches deep. She called 911 and the victim was transported to a local hospital where he was pronounced dead. The cause of death was listed as accidental drowning. Alcohol was suspected as a contributing factor.

7. Location (Home, School, etc)	8. City	9. State
0 - UNKNOWN	MIDDLE POINT	OH

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS/VIN [redacted]	2013

10D. Manufacturer Name and Address
POLARIS INDUSTRIES
2100 HWY 55
MEDINA, MN 55340

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
9 - Refused	1 - White Other:	4 - Other Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
37	1 - Male	8 - Death	69 - Submersion

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
85 - ALL OF BODY	3 - 2nd Hand Info Only	2 - Telephone	9.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
2 - Documents	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ◉ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
11/22/2013	8930	Dennis R. Blasius

28. Distribution	29. Source Document Number
Justin Jirgl; Sarah Garland; Tanya L. Topka	X13A0230A

SUMMARY OF FINDINGS:

On October 5, 2013 at 1:50 a.m., officials were dispatched to an UTV accident after the 37-year-old male victim was found by his wife face down in a ditch of three to four inches of water. She immediately called 911. When officials arrived, they found the victim face down in the water. The officer pulled the victim out and held him until paramedics arrived. The victim did smell of alcohol when the officer pulled him out of the ditch. The victim was transported to a hospital where he was pronounced dead. The cause of death was listed as drowning.

It is unknown if the victim was wearing a helmet or seatbelt.

The victim was driving on a private owned field alongside a ditch when the front right tire went off the edge of the ditch and then was pulled down to the bottom of the ditch were there was water. The victim was not driving on the roadway.

According to [redacted], the weather conditions for October 5, 2013 were as follows: approximately 70 degrees Fahrenheit, wind speed 6 miles per hour, fog and rain.

Additional incident information could not be obtained due to the official's lack of response.

PRODUCT: Utility Vehicle

The product involved in this incident is a 2013 Polaris Ranger, VIN number [redacted].

Manufacturer: Polaris Industries Inc.

2100 Highway 55

Medina, MN 55340

Dealer: Unknown

ATTACHMENTS:

Exhibit "A" – Contact List

Exhibit "B" – Incident report obtained from the Van Wert County Sheriff's Office

Exhibit "C" – Van Wert County Coroner's Report

Exhibit "D" – Utility Vehicle Data Record Sheet

131021HCC2016

Exhibit "A" – Contact List

This in-depth investigation was assigned and initiated on 10/23/13. The information contained in this report was obtained from the following sources:

Van Wert County Sheriff's Department – initial telephone contact made 10/23/13

Telephone number: [redacted]

**Several attempts were made to contact the responding officer and author of the incident report. Officer [redacted] via telephone and email, however he has not responded as of this date.

Van Wert County Coroner/[redacted] – initial contact made 10/23/13

Telephone number: [redacted]

Email Address: [redacted]

TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL INFORMATION: ROADWAY NOT INVOLVED

LOCAL REPORT NUMBER *: [redacted]

CRASH SEVERITY: 1 (1 - FATAL, 2 - INJURY, 3 - PDO)

HIT/SKIP: ☐ 1 - SOLVED, 2 - UNSOLVED

☒ PHOTOS TAKEN ☒ OH-2 ☐ OH-1P ☐ OH-3 ☐ OTHER

☐ PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

☒ PRIVATE PROPERTY

REPORTING AGENCY NCIC *: [redacted]

REPORTING AGENCY NAME *: VAN WERT CO. SHERIFF'S OFFICE

NUMBER OF UNITS: 1

UNIT IN ERROR: 01 (98 - ANIMAL, 99 - UNKNOWN)

COUNTY *: 81

☐ CITY * ☐ VILLAGE* ☒ TOWNSHIP *: [redacted]

CRASH DATE *: 10/5/2013

TIME OF CRASH: 01:50

DAY OF WEEK: SAT

DEGREES / MINUTES / SECONDS — LATITUDE: - LONGITUDE:

OR

DECIMAL DEGREES — LATITUDE: [redacted] LONGITUDE: [redacted]

ROADWAY DIVISION: ☐ DIVIDED ☒ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL: N - NORTHBOUND, S - SOUTHBOUND, E - EASTBOUND, W - WESTBOUND

NUMBER OF THRU LANES: 2

ROAD TYPES OR MILEPOST: AL - ALLEY, AV - AVENUE, BL - BOULEVARD, CR - CIRCLE, CT - COURT, DR - DRIVE, HE - HEIGHTS, HW - HIGHWAY, LA - LANE, MP - MILEPOST, PK - PARKWAY, PI - PIKE, PL - PLACE, RD - ROAD, SQ - SQUARE, ST - STREET, TE - TERRACE, TL - TRAIL, WA - WAY

LOCATION ROUTE TYPE: ☐ LOCATION ROUTE NUMBER:

LOC PREFIX: ☐ N, S, E, W — LOCATION ROAD NAME: MIDDLE POINT WETZEL — RD LOCATION ROAD TYPE

ROUTE TYPES: IR - INTERSTATE ROUTE, US - US ROUTE, SR - STATE ROUTE, TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE: 52 ☐ MILES ☒ FEET ☐ YARDS

DIR FROM REF: S (N, S, E, W)

REFERENCE ROUTE NUMBER / REFERENCE ROUTE TYPE:

REF PREFIX: ☐ N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #): [redacted] REFERENCE ROAD TYPE: [redacted]

REFERENCE POINT USED: 1 - INTERSECTION, 2 - MILE POST, 3 - HOUSE NUMBER

CRASH LOCATION: 01
01 - NOT AN INTERSECTION
02 - FOUR-WAY INTERSECTION
03 - T-INTERSECTION
04 - Y-INTERSECTION
05 - TRAFFIC CIRCLE/ ROUNDABOUT
06 - FIVE-POINT, OR MORE
07 - ON RAMP
08 - OFF RAMP
09 - CROSSOVER
10 - DRIVEWAY/ ALLEY ACCESS
11 - RAILWAY GRADE CROSSING
12 - SHARED-USE PATHS OR TRAILS
99 - UNKNOWN

☐ INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT: 6
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE TRAFFICWAY
9 - UNKNOWN

ROAD CONTOUR: 9
1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL
4 - CURVE GRADE
9 - UNKNOWN

ROAD CONDITIONS: PRIMARY 99 — SECONDARY
01 - DRY
02 - WET
03 - SNOW
04 - ICE
05 - SAND, MUD, DIRT, OIL, GRAVEL
06 - WATER (STANDING, MOVING)
07 - SLUSH
08 - DEBRIS *
09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT *
10 - OTHER
99 - UNKNOWN
*SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT: 1
1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
2 - REAR-END
3 - HEAD-ON
4 - REAR-TO-REAR
5 - BACKING
6 - ANGLE
7 - SIDESWIPE, SAME DIRECTION
8 - SIDESWIPE, OPPOSITE DIRECTION
9 - UNKNOWN

WEATHER: 2
1 - CLEAR
2 - CLOUDY
3 - FOG,SMOG,SMOKE
4 - RAIN
5 - SLEET, HAIL
6 - SNOW
7 - SEVERE CROSSWINDS
8 - BLOWING SAND,SOIL, DIRT, SNOW
9 - OTHER/UNKNOWN

ROAD SURFACE: 6
1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG , GRAVEL STONE
5 - DIRT
6 - OTHER

LIGHT CONDITIONS: 5 PRIMARY ☐ SECONDARY
1 - DAYLIGHT
2 - DAWN
3 - DUSK
4 - DARK - LIGHTED ROADWAY
5 - DARK - ROADWAY NOT LIGHTED
6 - DARK - UNKNOWN ROADWAY LIGHTING
7 - GLARE*
8 - OTHER
9 - UNKNOWN
*SECONDARY CONDITION ONLY

☐ SCHOOL ZONE RELATED

SCHOOL BUS RELATED: ☐ YES, SCHOOL BUS DIRECTLY INVOLVED ☐ YES, SCHOOL BUS INDIRECTLY INVOLVED

☐ WORK ZONE RELATED — ☐ WORKERS PRESENT ☐ LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) ☐ LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

TYPE OF WORK ZONE:
1 - LANE CLOSURE
2 - LANE SHIFT/ CROSSOVER
3 - WORK ON SHOULDER OR MEDIAN
4 - INTERMITTENT OR MOVING WORK
5 - OTHER

LOCATION OF CRASH IN WORK ZONE:
1 - BEFORE THE FIRST WORK ZONE WARNING SIGN
2 - ADVANCE WARNING AREA
3 - TRANSITION AREA
4 - ACTIVITY AREA
5 - TERMINATION AREA

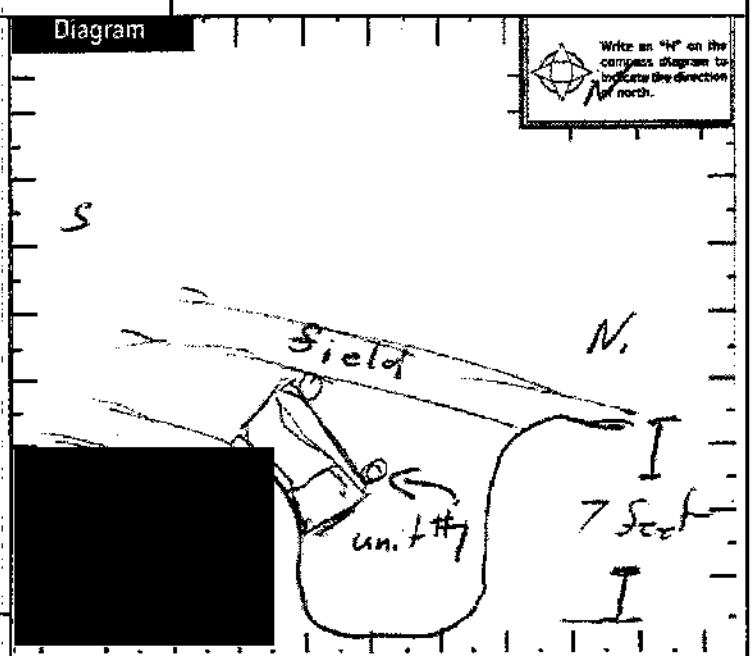
NARRATIVE

The roadway was not part of the crash and is used a reference only. There is a ditch between the road and the field. Unit one was on the field side of the ditch. Unit one was never on the roadway.

[redacted] the wife of [redacted] was the first on the scene. When she arrived [redacted] was out of the Polaris and face down in the ditch. As soon as [redacted] found [redacted] in the ditch she called the Van Wert County 911. [redacted] told me she went out to look for [redacted] because he was not home.

Sgt. [redacted] from Post 81 was the first officer on scene. He found [redacted] face down in the ditch. There was water in the ditch, about 3to 4 inches. Sgt. [redacted] pulled and held [redacted] out of the water until EMS got there to help get him out of the ditch. Sgt. [redacted] did say [redacted] did smell of an alcoholic beverage.

Diagram



REPORT TAKEN BY: ☒ POLICE AGENCY ☐ MOTORIST

☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
10/5/2013	01:57	01:59	01:59	03:44	0	105

OFFICER'S NAME*: [redacted]

OFFICER'S BADGE NUMBER: [redacted]

CHECKED BY: [redacted]

OHIO TRAFFIC ACCIDENT - DIAGRAM / NARRATIVE CONTINUATION OH-2

LOCAL REPORT #	REPORTING AGENCY	DATE OF CRASH
[redacted]	VAN WERT CO. SHERIFF'S OFFICE	10/5/2013
COUNTY#	CRASH LOCATION	
81	[redacted]	

Unit one was northbound in the private owned field just west of [redacted] and south of [redacted]. The front right tire of Unit one went off the edge of the ditch and then was pulled down to the bottom of the ditch. Unit one traveled 23 feet on the side of the ditch bank before it hit bottom. Unit one was located 52.5 feet south of the edge of [redacted], and 24 feet west of the edge of [redacted] The ditch is about 7 feet deep.

Unit one was transported to Van Wert County Hospital by [redacted] EMS. Unit one was pronounced dead at the Van Wert County Hospital due to the injuries from the crash.

The Field that Unit one was driving in before he crashed into the bottom of the ditch belongs to the [redacted] It is a 40 acre field.

Page 1 of 1	OFFICER'S NAME	BADGE #
	[redacted]	[redacted]

OHIO Department of Public Safety — EDUCATION · SERVICE · PROTECTION

UNIT

LOCAL REPORT NUMBER: [redacted]

UNIT NUMBER: 01

OWNER NAME: LAST, FIRST, MIDDLE ☐ (SAME AS DRIVER): [redacted]

OWNER PHONE NUMBER - INC. AREA C ☐ (SAME AS DRIVER): [redacted]

DAMAGE SCALE: 4
1 - NONE
2 - MINOR
3-FUNCTIONAL
4 - DISABLING
9 - UNKNOWN

DAMAGE AREA: FRONT 02, 09, 03, 08, 10, 04, 07, 06, 05 REAR

OWNER ADDRESS: CITY, STATE, ZIP ☐(SAME AS DRIVER): [redacted]

LP STATE | LICENSE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER: [redacted] | # OCCUPANTS: 1

VEHICLE YEAR: 2013 | VEHICLE MAKE: POLARIS IND.(SNOWMBLS/ATV) | VEHICLE MODEL: ALL TERRAIN VEHICLE | VEHICLE COLOR: RED

☒ PROOF OF INSURANCE SHOWN | INSURANCE COMPANY: FARMERS | POLICY NUMBER | TOWED BY: [redacted]

CARRIER NAME, ADDRESS, CITY, STATE, ZIP | CARRIER PHONE - INCLUDE AREA CODE

US DOT | HM PLACARD ID NO. | HM CLASS NUMBER

VEHICLE WEIGHT GVWR/GCWR: 1 - LESS THAN OR EQUAL TO 10K LBS; 2 - 10,001 TO 26,000 LBS; 3 - MORE THAN 26,000 LBS

☐ HAZARDOUS MATERIAL RELEASED

CARGO BODY TYPE: 01
01 - NO CARGO BODY TYPE/NOT APPLICABLE
02 - BUS/ VAN (9-15 SEATS, INC DRIVER)
03 - BUS (16+ SEATS, INC DRIVER)
04 - VEHICLE TOWING ANOTHER VEHICLE
05 - LOGGING
06 - INTERMODAL CONTAINER CHASSIS
07 - CARGO VAN/ENCLOSED BOX
08 - GRAIN, CHIPS, GRAVEL
09 - POLE
10 - CARGO TANK
11 - FLAT BED
12 - DUMP
13 - CONCRETE MIXER
14 - AUTO TRANSPORTER
15 - GARBAGE /REFUSE
99 - OTHER/UNKNOWN

TRAFFICWAY DESCRIPTION: 1
1 - TWO-WAY, NOT DIVIDED
2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE
3 - TWO-WAY, DIVIDED, UNPROTECTED(PAINTED OR GRASS >4FT.) MEDIAN
4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER
5 - ONE-WAY TRAFFICWAY

☐ HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT
01 - INTERSECTION - MARKED CROSSWALK
02 - INTERSECTION - NO CROSSWALK
03 - INTERSECTION OTHER
04 - MIDBLOCK - MARKED CROSSWALK
05 - TRAVEL LANE - OTHER LOCATION
06 - BICYCLE LANE
07 - SHOULDER/ROADSIDE
08 - SIDEWALK
09 - MEDIAN/CROSSING ISLAND
10 - DRIVEWAY ACCESS
11 - SHARED-USE PATH OR TRAIL
12 - NON-TRAFFICWAY AREA
99 - OTHER/UNKNOWN

TYPE OF USE: 1
1 - PERSONAL
2 - COMMERCIAL
3 - GOVERNMENT

☐ IN EMERGENCY RESPONSE

UNIT TYPE: 11
99 - UNKNOWN OR HIT/SKIP

PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)
01 - SUB-COMPACT
02 - COMPACT
03 - MID SIZE
04 - FULL SIZE
05 - MINIVAN
06 - SPORT UTILITY VEHICLE
07 - PICKUP
08 - VAN
09 - MOTORCYCLE
10 - MOTORIZED BICYCLE
11 - SNOWMOBILE/ATV
12 - OTHER PASSENGER VEHICLE

MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS
13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES
14 - SINGLE UNIT TRUCK; 3+ AXLES
15 - SINGLE UNIT TRUCK / TRAILER
16 - TRUCK/TRACTOR (BOBTAIL)
17 - TRACTOR/SEMI-TRAILER
18 - TRACTOR/DOUBLE
19 - TRACTOR/TRIPLES
20 - OTHER MED/HEAVY VEHICLE

BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)
21 - BUS/VAN (9-15 SEATS,INC DRIVER)
22 - BUS (16+ SEATS,INC DRIVER)

NON-MOTORIST
23 - ANIMAL WITH RIDER
24 - ANIMAL WITH BUGGY, WAGON, SURREY
25 - BICYCLE/PEDACYCLIST
26 - PEDESTRIAN/SKATER
27 - OTHER NON-MOTORIST

☐ HAS HM PLACARD

SPECIAL FUNCTION: 01
01 - NONE
02 - TAXI
03 - RENTAL TRUCK (OVER 10K LBS)
04 - BUS - SCHOOL (PUBLIC OR PRIVATE)
05 - BUS - TRANSIT
06 - BUS - CHARTER
07 - BUS - SHUTTLE
08 - BUS - OTHER
09 - AMBULANCE
10 - FIRE
11 - HIGHWAY/MAINTENANCE
12 - MILITARY
13 - POLICE
14 - PUBLIC UTILITY
15 - OTHER GOVERNMENT
16 - CONSTRUCTION EQUIP.
17 - FARM VEHICLE
18 - FARM EQUIPMENT
19 - MOTORHOME
20 - GOLF CART
21 - TRAIN
22 - OTHER (EXPLAIN IN NARRATIVE)

MOST DAMAGED AREA: 03
01 - NONE
02 - CENTER FRONT
03 - RIGHT FRONT
04 - RIGHT SIDE
05 - RIGHT REAR
06 - REAR CENTER
07 - LEFT REAR
08 - LEFT SIDE
09 - LEFT FRONT
10 - TOP AND WINDOWS
11 - UNDERCARRIAGE
12 - LOAD/TRAILER
13 - TOTAL (ALL AREAS)
14 - OTHER
99 - UNKNOWN

IMPACT AREA: 03

ACTION: 1
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - STRIKING/STRUCK
9 - UNKNOWN

PRE-CRASH ACTION: 01

MOTORIST
01 - STRAIGHT AHEAD
02 - BACKING
03 - CHANGING LANES
04 - OVERTAKING/PASSING
05 - MAKING RIGHT TURN
06 - MAKING LEFT TURN
07 - MAKING U-TURN
08 - ENTERING TRAFFIC LANE
09 - LEAVING TRAFFIC LANE
10 - PARKED
11 - SLOWING OR STOPPED IN TRAFFIC
12 - DRIVERLESS
13 - NEGOTIATING A CURVE
14 - OTHER MOTORIST ACTION
99 - UNKNOWN

NON-MOTORIST
15 - ENTERING OR CROSSING SPECIFIED LOCATION
16 - WALKING,RUNNING, JOGGING, PLAYING, CYCLING
17 - WORKING
18 - PUSHING VEHICLE
19 - APPROACHING OR LEAVING VEHICLE
20 - STANDING
21 - OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES

PRIMARY: 17
SECONDARY:
99 - UNKNOWN

MOTORIST
01 - NONE
02 - FAILURE TO YIELD
03 - RAN RED LIGHT
04 - RAN STOP SIGN
05 - EXCEEDED SPEED LIMIT
06 - UNSAFE SPEED
07 - IMPROPER TURN
08 - LEFT OF CENTER
09 - FOLLOWED TOO CLOSELY/ACDA
10 - IMPROPER LANE CHANGE / PASSING/OFF ROAD
11 - IMPROPER BACKING
12 - IMPROPER START FROM PARKED POSITION
13 - STOPPED OR PARKED ILLEGALLY
14 - OPERATING VEHICLE IN NEGLIGENT MANNER
15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITION
16 - WRONG SIDE/WRONG WAY
17 - FAILURE TO CONTROL
18 - VISION OBSTRUCTION
19 - OPERATING DEFECTIVE EQUIPMENT
20 - LOAD SHIFTING/FALLING/SPILLING
21 - OTHER IMPROPER ACTION

NON-MOTORIST
22 - NONE
23 - IMPROPER CROSSING
24 - DARTING
25 - LYING AND/OR ILLEGALLY IN ROADWAY
26 - FAILURE TO YIELD RIGHT OF WAY
27 - NOT VISIBLE (DARK CLOTHING)
28 - INATTENTIVE
29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER
30 - WRONG SIDE OF THE ROAD
31 - OTHER NON-MOTORIST ACTION

VEHICLE DEFECTS
01 - TURN SIGNALS
02 - HEAD LAMPS
03 - TAIL LAMPS
04 - BRAKES
05 - STEERING
06 - TIRE BLOWOUT
07 - WORN OR SLICK TIRES
08 - TRAILER EQUIPMENT DEFECTIVE
09 - MOTOR TROUBLE
10 - DISABLED FROM PRIOR ACCIDENT
11 - OTHER DEFECTS

SEQUENCE OF EVENTS
1: 44 2: 3: 4: 5: 6:
FIRST HARMFUL EVENT: 1
MOST HARMFUL EVENT: 1
99 - UNKNOWN

NON-COLLISION EVENTS
01 - OVERTURN/ROLLOVER
02 - FIRE/EXPLOSION
03 - IMMERSION
04 - JACKKNIFE
05 - CARGO/EQUIPMENT LOSS OR SHIFT
06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)
07 - SEPARATION OF UNITS
08 - RAN OFF ROAD RIGHT
09 - RAN OFF ROAD LEFT
10 - CROSS MEDIAN
11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL
12 - DOWNHILL RUNAWAY
13 - OTHER NON-COLLISION

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED
14 - PEDESTRIAN
15 - PEDALCYCLE
16 - RAILWAY VEHICLE (TRAIN, ENGINE)
17 - ANIMAL - FARM
18 - ANIMAL - DEER
19 - ANIMAL - OTHER
20 - MOTOR VEHICLE IN TRANSPORT
21 - PARKED MOTOR VEHICLE
22 - WORK ZONE MAINTENANCE EQUIPMENT
23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION B
OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT
25 - IMPACT ATTENUATOR/CRASH CUSHION
26 - BRIDGE OVERHEAD STRUCTURE
27 - BRIDGE PIER OR ABUTMENT
28 - BRIDGE PARAPET
29 - BRIDGE RAIL
30 - GUARDRAIL FACE
31 - GUARDRAIL END
32 - PORTABLE BARRIER
33 - MEDIAN CABLE BARRIER
34 - MEDIAN GUARDRAIL BARRIER
35 - MEDIAN CONCRETE BARRIER
36 - MEDIAN OTHER BARRIER
37 - TRAFFIC SIGN POST
38 - OVERHEAD SIGN POST
39 - LIGHT/LUMINARIES SUPPORT
40 - UTILITY POLE
41 - OTHER POST, POLE OR SUPPORT
42 - CULVERT
43 - CURB
44 - DITCH
45 - EMBANKMENT
46 - FENCE
47 - MAILBOX
48 - TREE
49 - FIRE HYDRANT
50 - WORK ZONE MAINTENANCE EQUIPMENT
51 - WALL, BUILDING, TUNNEL
52 - OTHER FIXED OBJECT

UNIT SPEED: 0
☐ STATED
☐ ESTIMATED

POSTED SPEED: 0

TRAFFIC CONTROL: 01
01 - NO CONTROLS
02 - STOP SIGN
03 - YIELD SIGN
04 - TRAFFIC SIGNAL
05 - TRAFFIC FLASHERS
06 - SCHOOL ZONE
07 - RAILROAD CROSSBUCKS
08 - RAILROAD FLASHERS
09 - RAILROAD GATES
10 - CONSTRUCTION BARRICADE
11 - PERSON (FLAGGER, OFFICER)
12 - PAVEMENT MARKINGS
13 - CROSSWALK LINES
14 - WALK/DONT WALK
15 - OTHER
16 - NOT REPORTED

UNIT DIRECTION
FROM 2 TO 1
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - UNKNOWN

MOTORIST / NON-MOTORIST / OCCUPANT

OHIO Department of Public Safety — Education • Service • Protection

LOCAL REPORT NUMBER: [redacted]

Motorist / Non-Motorist

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
01	[redacted]	[redacted]	37	M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: [redacted]

CONTACT PHONE - INCLUDE AREA CODE: [redacted]

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
5	2	[redacted]	Van Wert Hospital	01		01	5	3	3

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	[redacted]	4			6	2	1	1		1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
				1

INJURIES
1 - NO INJURY / NONE REPORTED
2 - POSSIBLE
3 - NON-INCAPACITATING
4 - INCAPACITATING
5 - FATAL

INJURED TAKEN BY
1 - NOT TRANSPORTED / TREATED AT SCENE
2 - EMS
3 - POLICE
4 - OTHER
5 - UNKNOWN

SAFETY EQUIPMENT USED
MOTORIST
01 - NONE USED - VEHICLE OCCUPANT
02 - SHOULDER BELT ONLY USED
03 - LAP BELT ONLY USED
04 - SHOULDER AND LAP BELT ONLY USED
05 - CHILD RESTRAINT SYSTEM - FORWARD FACING
06 - CHILD RESTRAINT SYSTEM - REAR FACING
07 - BOOSTER SEAT
08 - HELMET USED
09 - UNKNOWN SAFETY EQUIPMENT

NON-MOTORIST
09 - NONE USED
10 - HELMET USED
11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)
12 - REFLECTIVE CLOTHING
13 - LIGHTING
14 - OTHER

SEATING POSITION
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)
02 - FRONT - MIDDLE
03 - FRONT - RIGHT SIDE
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)
05 - SECOND - MIDDLE
06 - SECOND - RIGHT SIDE
07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)
08 - THIRD - MIDDLE
09 - THIRD - RIGHT SIDE
10 - SLEEPER SECTION OF CAB (TRUCK)
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, SUCH AS A BUS, PICK-UP WITH CAP)
12 - PASSENGER IN UNENCLOSED CARGO AREA
13 - TRAILING UNIT
14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)
15 - NON-MOTORIST
18 - OTHER
99 - UNKNOWN

AIR BAG USAGE
1 - NOT DEPLOYED
2 - DEPLOYED FRONT
3 - DEPLOYED SIDE
4 - DEPLOYED BOTH FRONT/SIDE
5 - NOT APPLICABLE
9 - DEPLOYMENT UNKNOWN

EJECTION
1 - NOT EJECTED
2 - TOTALLY EJECTED
3 - PARTIALLY EJECTED
4 - NOT APPLICABLE

TRAPPED
1 - NOT TRAPPED
2 - EXTRICATED BY MECHANICAL MEANS
3 - EXTRICATED BY NON-MECHANICAL MEANS

OPERATOR LICENSE CLASS
1 - CLASS A
2 - CLASS B
3 - CLASS C
4 - REGULAR CLASS (OHIO IS "D")
5 - M/C MOPED ONLY

CONDITION
1 - APPARENTLY NORMAL
2 - PHYSICAL IMPAIRMENT
3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)
4 - ILLNESS
5 - FELL ASLEEP, FAINTED, FATIGUED
6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL
7 - OTHER

ALCOHOL/DRUG SUSPECTED
1 - NONE
2 - YES - ALCOHOL SUSPECTED
3 - YES - HBD NOT IMPAIRED
4 - YES - DRUGS SUSPECTED
5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS
1 - NONE GIVEN
2 - TEST REFUSED
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 - TEST GIVEN, RESULTS KNOWN
5 - TEST GIVEN, RESULTS UNKNOWN

ALCOHOL TEST TYPE
1 - NONE
2 - BLOOD
3 - URINE
4 - BREATH
5 - OTHER

DRUG TEST STATUS
1 - NONE GIVEN
2 - TEST REFUSED
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 - TEST GIVEN, RESULTS KNOWN
5 - TEST GIVEN, RESULTS UNKNOWN

DRUG TEST TYPE
1 - NONE
2 - BLOOD
3 - URINE
4 - OTHER

DRIVER DISTRACTED BY
1 - NO DISTRACTION REPORTED
2 - PHONE
3 - TEXTING / E-MAILING
4 - ELECTRONIC COMMUNICATION DEVIC
5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)
6 - OTHER INSIDE THE VEHICLE
7 - EXTERNAL DISTRACTION

Coroner's Report Finding of Facts and Verdict

Van Wert County Coroner
[redacted], MD
140 Fox Road, Suite 209
Van Wert, OH 45891
419-238-7727

In Compliance with the Ohio Revised Code, Chapter 313, the Coroner's Report and Finding of Fact and Verdict are supplied. This is not a certified copy of a death certificate. This is for the Coroner's use only. To obtain a certified copy of a death certificate, contact County Board of Health, Bureau of Vital Statistics.

Case No. [redacted]

Deceased's Identification

Name					Date of Death		Time of Death
[redacted]					10/5/2013		02:00
Address, Location of Facility of Death				City/Town	State	Zip	County of Death
[redacted]				VAN WERT	OH	45891	Van Wert
Deceased's Address				City/Town	State	Zip	County
[redacted]				[redacted]	[redacted]	[redacted]	VAN WERT
Race	Sex	Age	DOB	SSN	Height in Inches		Weight
WHITE	MALE	37	[redacted]	[redacted]			Lbs.
Hair Color	Eye Color	Tattoos /Scars					
Marital Status	Occupation						
MARRIED	Laborer						

Cause and Manner of Death

Immediate Cause	Time Interval
Drowning following 4-wheeler ATV accident	Minutes
As Consequence of	Time Interval
As Consequence of	Time Interval
Other Significant Conditions	

Manner of Death	Name, Title and License Number of Person Who Completed Cause of Death
Accident	[redacted]

Address of Certifier
[redacted] [redacted] [redacted] [redacted] OH [redacted]

Autopsy	Performed By		
NO			
Toxicology	Results	Blood Drawn	Results
NO			

Case No. [redacted]

Incidence of Death

Place of Death	Date/Time Last Seen Alive	Pronounced by
HOSPITAL	10/5/2013 12:30	[redacted]

Disposition of Body	Family Physician
	[redacted]

Next of Kin	Next of Kin Phone No.	Relationship
[redacted]		Spouse

Address	City	State	Zip
[redacted]	[redacted]	[redacted]	[redacted]

Investigation Results

Investigation Agency	Injury at Work	Date of Injury	Time of Injury
Van Wert County Coroners Office	NO	10/5/2013	01:00

Injury Location	How Injury Occured
[redacted]	ATV flipped; decedent into ditch submerged in water

Property Released To	Informant's Name	Relationship	Phone No.
SPOUSE	[redacted]	SPOUSE	

Address	City/Town	State	Zip
[redacted]	[redacted]	[redacted]	[redacted]

Funeral Home	Funeral Home Representative
[redacted]	[redacted]

Address	City/Town	State	Zip	Phone No.
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Narrative

IN WITNESS WHERE[redacted]UNTO SET BY HAND AND AFFIXED MY SEAL [redacted]

11/3/2013

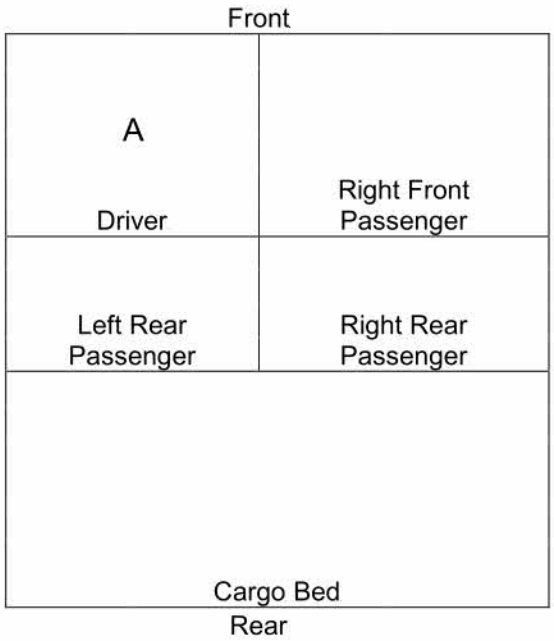
[redacted], MD
Van Wert County Coron[redacted]

VAN WERT COUNTY CORONER

[redacted]

IDI #: 131021HCC2016
Exhibit #: D

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 37	Height: Unknown
	Gender: Male	Weight: Unknown
	Helmet (Y/N): Unk	Seatbelt (Y/N): Unknown
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: Drowning	
	Did vehicle land on victim: Unknown	
	Ejected (Either partially or fully): Unknown	

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.

CPSC FORM 324A

Save

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
131021HCC3025	9096	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2013 10 05	2013 10 29

6. Synopsis of Accident or Complaint **UPC**

A 58-year old male died of injuries he sustained when his UTV landed on top of him after he lost control of it. The incident occurred as the victim was traveling around a curve too fast. The UTV went into a broad side skid and entered a ditch and rolled onto its' right side. The victim had been ejected from the UTV and it came to rest on top of him. He was pronounced deceased at the scene. He was not wearing a helmet or a seatbelt during the incident.. Alcohol is suspected to be a factor in this incident.

7. Location (Home, School, etc)	8. City	9. State
4 - STREET OR HIGHWAY	TURKEY	TX

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	RANGER CREW	800/VIN4XAWH76A

10D. Manufacturer Name and Address
POLARIS INDUSTRIES, INC.
2100 HWY 55
MEDINA, MN 55430

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race Other:		12C. Race Source

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
58	1 - Male	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	16.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
12/04/2013	8631	Frank J. Nava

28. Distribution	29. Source Document Number
Sarah Garland; Tanya L. Topka	X13A0255A

This investigation was initiated as a result of a news clip. A 58-year-old male died when his UTV landed on top of him. Information in this report was obtained from the responding law enforcement agency and from a telephone interview with the responding Trooper. The responding Justice of the Peace was contacted in an attempt to obtain the victim's death certificate, autopsy and toxicology results. As of 12/4/13, the Justice of the Peace had not received the victim's records from the medical examiner. The reports will be forwarded in an addendum when they are received.

The victim is a 58-year-old male. According to the victim's driver's license, the victim was 5'5" tall. His weight was not listed on his driver's license.

The involved product is a utility vehicle. It was not able to be determined where the involved utility vehicle (hereinafter referred to as a UTV) had been purchased. The responding Trooper stated that he believed that the UTV had been purchased by the victim, new, approximately one month prior to the incident. The responding Trooper stated that the only aftermarket modification he identified during his investigation was a stereo system.

On 10/05/2013, at approximately 8:30pm, the victim was driving his UTV on a dirt road. The weather was clear and the roadway was dry. According to the responding Trooper, the victim was traveling northbound on the roadway. The victim entered the curve in the roadway too fast, and then he drove the UTV onto the edge of the roadway, which had loose sand and dirt. The victim lost control of the UTV, which went into a broadside skid after making contact with the loose sand. The UTV (in a broadside skid) traveled across the roadway and when it entered the ditch, the right front tire broke away from the wheel, causing the UTV to roll onto its right side. The victim was ejected and landed face down. The UTV came to rest on top of the victim. Passersby removed the UTV from the victim and called emergency services. The responding Trooper stated that the victim had sustained severe head trauma and possibly a broken neck. The victim was pronounced deceased at the scene.

During the responding Trooper's investigation he noted that the victim was not wearing a seatbelt or helmet. He also noted that the volume on the stereo speakers on the UTV was turned all the way up and that this had been a possible distraction to the victim. This investigator asked the Trooper, in his opinion, what caused the incident. The Trooper stated that several factors contributed to this incident. He stated that driver inexperience, improper tire pressure (he found the three tires that remained on the UTV only had 10psi each); and possible intoxication contributed to this incident.

Photographs taken by the Trooper during his investigation were obtained and are attached as Exhibit #3.

PRODUCT **IDENTIFICATION**

TYPE: Utility vehicle (UTV)

BRAND: POLARIS

MODEL NAME: Ranger Crew 800

YEAR MODEL: 2013

VIN: 4XAWH76A1DG283041

DATE OF MANUFACTURE: 06/04/2013

MANUFACTURER: Polaris Industries, Inc., 2100 Hwy 55, Medina, MN 55430

DATE OF PURCHASE: September 2013

PLACE OF PURCHASE: Unknown

COST: Unknown

AFTERMARKET MODIFICATIONS: Stereo System

TYPE OF SEATBELT: Unknown

ODOMETER MEASURE: Unknown

ATTACHMENTS

1) Identity of Respondents (1 Page)
2) TX DPS Crash Report (2 Pages)
3) Photos 1-9
4) Missing Document (1 Page)
5) Utility Vehicle Data Record Sheet (1 Page)

131021HCC3025

IDENTITY OF RESPONDENTS

Texas Department of Transportation
Crash Records Section
Traffic Operations Division
125 E. 11th Street
Austin, TX 78701

TX Highway Patrol Office
Childress Office
Officer Jason Krueger
1700 Avenue F- NW
Childress, TX 79201
806-334-1610

Lubbock County Medical Examiner
4434 South Loop 289
Lubbock, TX 79414
*No Report on File

Honorable Cody Bell
P.O. Box 37
Turkey, TX 79261
Trcb50@caprock-spur.com
806-683-7072

Law Enforcement and TxDOT Use ONLY
[x] FATAL [ ] CMV [ ] SCHOOL BUS [ ] RAILROAD [ ] MAB [ ] SUPPLEMENT [ ] ACTIVE SCHOOL ZONE

Total Num. Units 1	Total Num. Prsns. 1	TxDOT Crash ID 13492217.1 /2013383981

131021HCC3025
Exhibit #2
Page 1 of 2

Texas Peace Officer's Crash Report (Form CR-3 1/1/2010)

Mail to: Texas Department of Transportation, Crash Records, P.O. Box 149349, Austin, TX 78714. Questions? Call (512) 486-5780

Refer to Attached Code Sheet for Numbered Fields

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

Page 1 of 2

IDENTIFICATION & LOCATION

★Crash Date (MM/DD/YYYY)	★Crash Time (24HRMM)	Case ID	Local Use
10/05/2013	2026		

★County Name	★City Name	[x] Outside City Limit
HALL		

In your opinion, did this crash result in at least $1,000 damage to any one person's property?	Latitude (decimal degrees)	Longitude (decimal degrees)
[ ] Yes [x] No	34.35931	-100.82327

ROAD ON WHICH CRASH OCCURRED

★1 Rdwy. Sys.	★Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	★Street Name	4 Street Suffix
CR	8	1				

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

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER

At Int.	1 Rdwy. Sys.	Hwy. Num.	2 Rdwy. Part	Block Num.	3 Street Prefix	Street Name	4 Street Suffix
[ ] Yes [x] No	FM	656					

Distance from Int. or Ref. Marker	[ ] FT [x] MI	3 Dir. from Int. or Ref. Marker	Reference Marker	Street Desc.	RRX Num.
0.7		N			

VEHICLE, DRIVER, & PERSONS

Unit Num.	5 Unit Desc.	[ ] Parked Vehicle	[ ] Hit and Run	LP State	LP Num.	VIN
1	1			TX		4XAWH76A1DG283041

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	[ ] Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
2013	MUL	POLARIS	ALL TERRAIN	98	

8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)
2	TX	(b)(6)	AM	96	96	01/08/1955

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	K	58	W	1	2	96	97	97	N	98		98	99	99

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

[x] Owner [ ] Lessee — Owner/Lessee Name & Address (b)(6)

Proof of Fin. Resp.	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
[ ] Yes [x] No [ ] Expired [ ] Exempt			

Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Vehicle Inventoried
	3-R&T-0		[x] Yes [ ] No

Towed By	Towed To
KEOTTING WRECKER SERVICE	KEOTTING 2387 HWY287 LELA LAKE, TX 79240

VEHICLE, DRIVER, & PERSONS

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

Veh. Year	6 Veh. Color	Veh. Make	Veh. Model	7 Body Style	[ ] Pol., Fire, EMS on Emergency (Explain in Narrative if checked)

8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)
						/ /

Address (Street, City, State, ZIP)

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

COPY FROM CUSTODIAL FILE

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

[ ] Owner [ ] Lessee — Owner/Lessee Name & Address

Proof of Fin. Resp.	26 Fin. Resp. Type	Fin. Resp. Name	Fin. Resp. Num.
[ ] Yes [ ] No [ ] Expired [ ] Exempt			

Fin. Resp. Phone Num.	27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2	Vehicle Inventoried
	- -	- -	[ ] Yes [ ] No

Towed By	Towed To

Law Enforcement and TxDOT Use ONLY.
Form CR-3 1/1/2010

Case ID

TxDOT Crash ID 13492217.1/2013383981

131021HCC3029
Exhibit #2
Page 2 of 2

DISPOSITION OF INJURED/ KILLED

Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HRMM)
1	1	MOORE-ROSE FUNERAL HOME LUBBOCK, TX	MOORE-ROSE FUNERAL HM	10/05/2013	2108
				/ /	
				/ /	
				/ /	
				/ /	
				/ /	

CHARGES

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

DAMAGE

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

CMV

Unit Num. | ☐ 10,001+ LBS. | ☐ TRANSPORTING HAZARDOUS MATERIAL | ☐ 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 | ☐ RGVW ☐ GVWR | HazMat Released ☐ Yes ☐ No | 32 HazMat Class Num. | HazMat ID Num. | 32 HazMat Class Num. | HazMat ID Num.

33 Cargo Body Style | Trailer 1 | Unit Num. | ☐ RGVW ☐ GVWR | 34 Trlr. Type | Trailer 2 | Unit Num. | ☐ RGVW ☐ 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

FACTORS & CONDITIONS

Unit Num.	36 Contributing Factors (Investigator's Opinion) Contributing			May Have Contrib.		37 Vehicle Defects (Investigator's Opinion) Contributing			May Have Contrib.	
1	98			19		98				

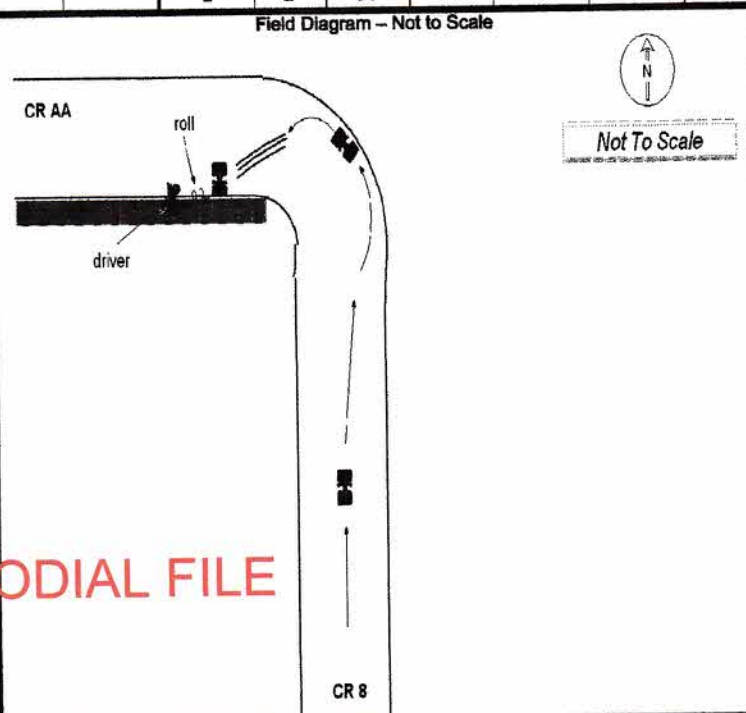
38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
1	2	97	1	1	7	96

NARRATIVE AND DIAGRAM

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

Unit #1 was a Polaris Ranger ATV off road vehicle that is not able to be registered and not required to have insurance. Unit #1 was traveling NB on CR 8. Driver of Unit #1 drove on the east edge of the roadway into loose sand causing the vehicle to lose control. Unit #1 entered into a right broadside skid and slid across the roadway where it entered into the West barrow ditch. The right front tire on the vehicle broke away from the wheel losing all of its air causing the vehicle to roll onto its right side. The driver was ejected from the vehicle and Unit #1 came to rest on its right side on top of the driver. The deceased was transported by Moore-Rose Funeral home to Lubbock, Texas where an autopsy was conducted. Lab results are pending. When the wrecker service turned the key on to start and move the vehicle the aftermarket stereo system was turned all the way up indicating a possible distraction in the vehicle. The three tires that were still inflated were checked and it showed that the tires had less than 10 psi. The max psi rating on the tires showed 16 psi.

Field Diagram – Not to Scale



COPY FROM CUSTODIAL FILE

INVESTIGATOR

Time Notified (24HRMM) 2103 | How Notified DISPATCHED | Time Arrived (24HR:MM) 2225 | Report Date (MM/DD/YYYY) 10/08/2013

Invest. Comp. ☐ Yes ☒ No | Investigator Name (Printed) Krueger, J | ID Num. 12441

ORI Num. | ★Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS | District/ Area HP5B06

PHOTOS PROVIDED BY TX DPS

Photo 1 shows a view of the roadway and curve the victim was traveling on when the accident occurred.

Photo 2 shows a view of the UTV. The victim was ejected from the UTV during the incident. The UTV rolled onto its' right side, coming to rest on top of the victim.

PHOTOS PROVIDED BY TX DPS

Photo 3 shows a view of the front of the involved UTV.

Photo 4 shows a view of the rear of the involved UTV.

PHOTOS PROVIDED BY TX DPS

Photo 5 shows a view of the sticker label affixed to the UTV that contains the VIN and the manufacture date.

Photo 6 shows a view of the sticker affixed to the UTV that states, “POLARIS RANGER CREW”.

PHOTOS PROVIDED BY TX DPS

Photo 7 shows a partial view of the dashboard of the involved UTV.

Photo 8 shows a partial view of the seatbelt assembly in the involved UTV.

PHOTOS PROVIDED BY TX DPS

Photo 9 shows a view of the aftermarket stereo installed in the UTV.

Print Form

Task No. 131021HCC3025

Date: 12/04/2013

STATUS OF MISSING DOCUMENT (S)

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

1. Death Certificate

2. Autopsy Report

3. Toxicology Report

4. _____

5. _____

Date: _____ **Investigator No:** 9096

Regional office: 8400 **Supervisor No:** 8631

IDI #: 131021HCC3025
Exhibit #: 5

Utility Vehicle Data Record Sheet

Front

A Driver	Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
Age: 58	Height: 5'5"	
Gender: M	Weight: 175	
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): 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.

CPSC FORM 324A

Save

(b)(5)

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
131023HCC3035	2931	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2012 07 10	2013 10 24

6. Synopsis of Accident or Complaint **UPC**

An 18-year old male received multiple blunt force injuries when he was ejected from the utility-terrain vehicle (UTV) that he was driving on a private ranch. A 24-year old female was also ejected from the UTV and sustained an open wound to her left arm. The UTV did not have any doors and it did not have any seatbelts; they were removed by the vehicle's owner. The driver was wearing a helmet at the time of the incident; however, it came off during the rollover. The passenger was not wearing a helmet.

7. Location (Home, School, etc)	8. City	9. State
2 - FARM	JOURDANTON	TX

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS / VIN: [redacted]	2011 RANGER 800

10D. Manufacturer Name and Address
POLARIS INDUSTRIES INC.
2100 HIGHWAY 55
MEDINA, MN 55340

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
5044 - UTILITY VEHICLES	UNKNOWN HELMET	UNKNOWN MOTO

11D. Manufacturer Name and Address
UNKNOWN

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
18	1 - Male	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
75 - HEAD	2 - Eyewitness	2 - Telephone	21.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	14 - Death Certificate	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
12/04/2013	8631	Frank J. Nava

28. Distribution	29. Source Document Number
John C. Topping; Sarah Garland; Tanya L. Topka	1248096488

This investigation was initiated based upon a death certificate that indicated an 18-year old male was fatally injured from multiple blunt force injuries when he was ejected from the **POLARIS RANGER** that he was driving. This investigation was initiated on October 24, 2013.

According to the sheriff's report (see Exhibit C), on July 10, 2012 at approximately 1435 hours, emergency services responded to an accidental death in an unincorporated area (ranch). The report indicates that the owner of the utility-terrain vehicle (UTV) was shredding (foliage) on his property while the victim (18-YOM) and passenger (24-YOF) were driving his 4x4 **POLARIS RANGER.**

The passenger stated that he (victim) was driving too fast, lost control and rolled the vehicle on its left side. Both occupants were ejected from the UTV. The passenger injured her left arm and shoulder; the driver's neck, arm and chin were pinned under the roll bar. The passenger had to run and find the UTV owner who was approximately 400-500 yards away on the property and direct him to the incident location. The UTV owner lifted the vehicle off of the victim. The UTV owner noticed that the victim was not wearing the helmet that he observed the victim wearing earlier in the day; however, the helmet was found next to the body of the victim. The helmet is described as a "motocross" type helmet.

The report indicates that the passenger told the driver multiple times that he was driving too fast. The UTV owner also told the victim (twice) that he was driving too fast and told him to slow down. The UTV overturned one-quarter times and landed on the driver's side entry area. The report indicates that the victim had an indentation pressed into his eyebrow just above his left eye. There was also an indentation along the victim's left temple. The passenger was transported to a hospital via Air Life.

This investigator requested information from the Justice of the Peace who pronounced the death and also requested the autopsy from the Medical Examiner; however, at the time of this report the information has not been provided. When this information is received, an addendum to this report will be submitted.

This investigator attempted to contact the UTV owner; however, there has not been a response. Contact was made with the UTV passenger and she advised that she was a passenger in the front right side of the UTV and that she was ejected during the incident. She advised that she was airlifted to a hospital for possible neck and back injuries; however, she only sustained an open wound on her left arm. She estimated that total medical costs for this incident were over $20,000. She advised that she was not wearing a helmet at the time of the incident; however, the victim was wearing a helmet and it came off during the rollover.

The passenger advised that the UTV did not have any doors and it did not have any seatbelts. She stated that the seatbelts had been removed from the UTV by the vehicle's owner. She advised that the UTV did not have any other modifications and that there were no mechanical issues. She stated that the owner of the UTV is a friend, not a relative. She stated that she does not remember much more about the incident because it happened so fast and everything was a blur.

According to information provided in the sheriff's report, the victim measured 68 inches and weighed 140 pounds. The passenger measured 69 inches and weighed 158 pounds.

No other information.

PRODUCT IDENTIFICATION:

Type:	UTILITY-TERRAIN VEHICLE (UTV)
Brand:	POLARIS
Model:	RANGER 800 CREW 4X4
Year:	
VIN:	[redacted]
Manufacturer:	[redacted]S, INC.
Retailer:	KENT POWERSPORTS (SELMA, TX)

ATTACHMENTS:

Exhibit A	-	Identity of Respondents
Exhibit B	-	Photographs (8)
Exhibit C	-	Sheriff's Report
Exhibit D	-	Online Polaris VIN Decoder
Exhibit E	-	Missing Documents Form
Exhibit F	-	UTV Data Record Sheet

IDENTITY OF RESPONDENTS:

Atascosa y Sheriff's Office
-Records
1108 Camp Avenue
Jourdanton, TX 78026
Tel: (830) 769-3434 ext.

assenger in UTV)

Tel:

NO RESPONSE:

Justice recinct 3 (Atascosa County)
-Judge
800 Mai
Jourdanton, TX 78026
Tel: (830) 769-2074
Fax: (830) 769-2079

Bexar Coun Examiner
-Records ( )
7337 Louis rive
San Antonio, TX 78229
Tel: (210) 335-4003

owner of UTV)

Tel:

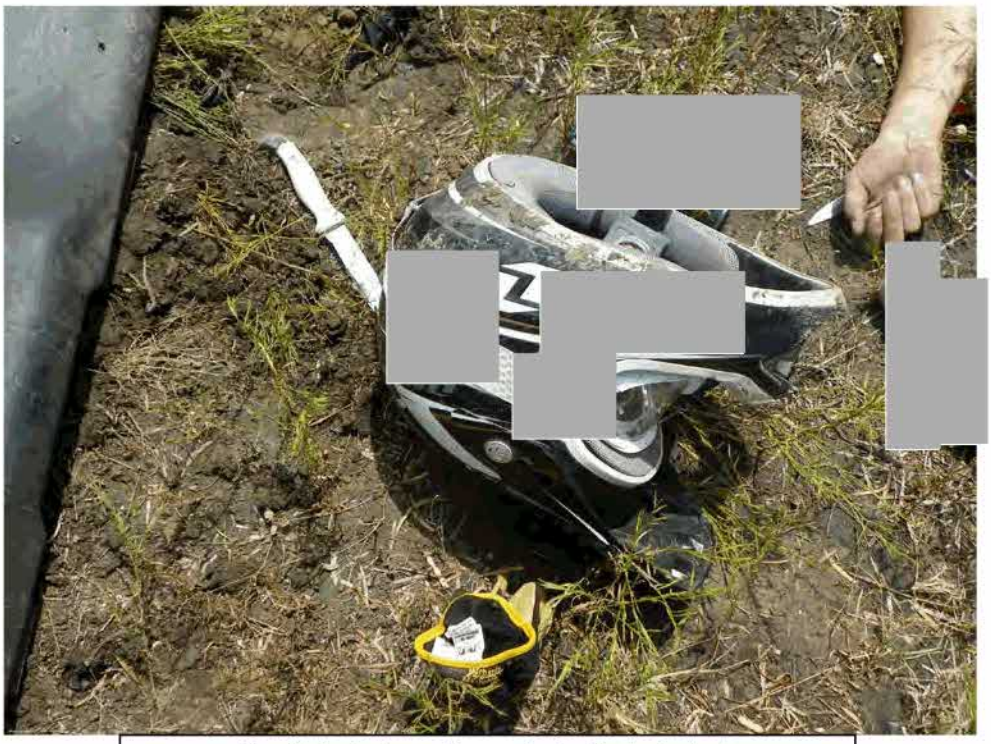
B-1

Sheriff photo - View of path

B-2

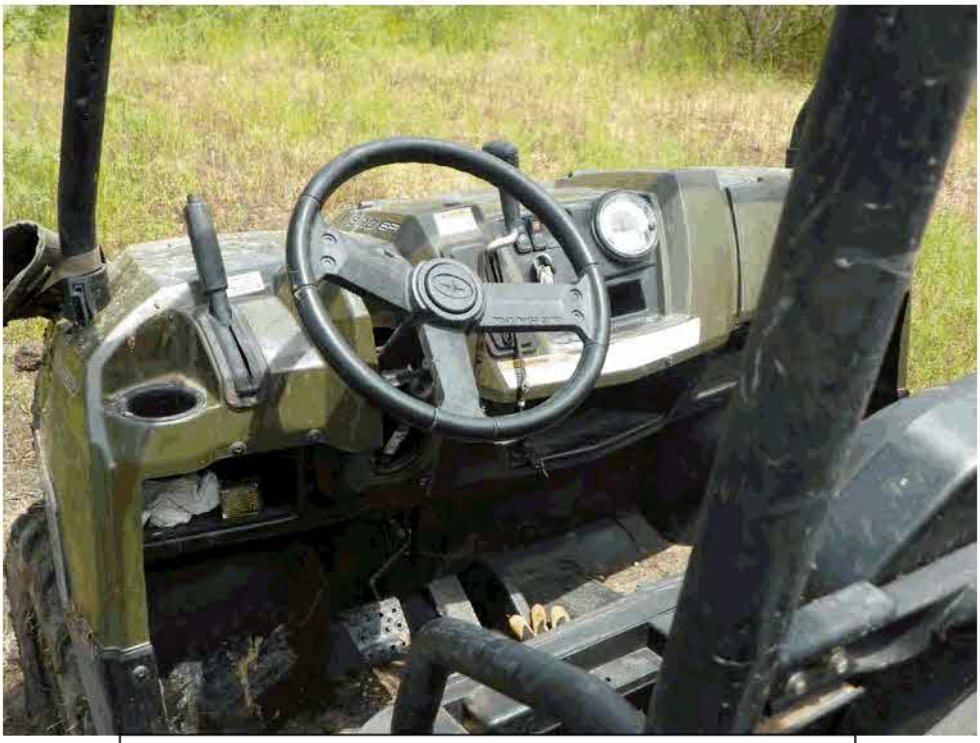
Sheriff photo - View of UTV

B-3



Sheriff photo - View of victim's helmet

B-4



Sheriff photo - View of UTV

B-5

Sheriff photo - View of UTV

B-6

Sheriff photo - View of UTV

B-7

Sheriff photo - View of VIN

B-8

Sheriff photo - View of UTV's roll bar

Incident #: 127387 Case #: [redacted] Rcvd By: [redacted]
Date/Time: 07/10/12 02:35pm

How Rptd : E (911)
Rptd By : [redacted]
Address : [redacted]
CSZ : SAN ANTONIO, TX 78233
Phone : [redacted]
Phone(wk):
Complaint: ACCIDENTAL DEATH
Date/Time: 07/10/12 02:00pm-02:35pm

Location : [redacted]

Subdiv : UA (UNINCORPORATED AREA)
Area : 1 (DIST. 1)

Address :
CSZ :
Phone :

Priority: 2 (URGENT)
Hazard :

Officer/Unit Assigned.....	Date....	Disp.	Arr..	Clr..	Tot..	Disposition.....
0413 (YOW, ROPER)	07/10/12	14:35	14:45	16:18	01:42	IR (INCIDENT REP
0002 (SOWARD, DAVID A)	07/10/12	14:43	14:44	16:17	01:33	BU (BACK-UP OFFI
0306 (MILLER, MATTHEW V)	07/10/12	14:44	14:45	16:34	01:49	S (SUPPLEMENT RE
0427 (TREVINO, KELLY)	07/10/12	14:45	14:45	16:20	01:35	BU (BACK-UP OFFI
0409 (DRAUGHN, KEVIN)	07/10/12	14:45	14:45	16:20	01:34	BU (BACK-UP OFFI
0369 (PERALTA, MAX)	07/10/12	14:50	14:45	16:18	01:27	BU (BACK-UP OFFI
0131 (STRATTON, GARY WAYNE)	07/10/12	14:44	14:45	16:34	01:50	BU (BACK-UP OFFI
0204 (HICKMAN, BRUCE)	07/10/12	14:58	14:58	16:19	01:21	BU (BACK-UP OFFI
0004 (GONZALEZ, STEPHEN J.)	07/10/12	14:44	14:45	15:30	00:46	BU (BACK-UP OFFI

Details :

Atascosa County SO
1108 Campbell Ave.; Jourdanton, Tx 78026 Ph:830-769-3434

02 AUG 2012

Sheriff:
Tommy Williams

INCIDENT/OFFENSE REPORT

Incident ID: 127387 Case # [redacted] Off Date: 07/10/2012 Time: 14:00 Location Type: FIELD/WOODS
Status : A (ACTIVE) 14:35 # Premises :

INITIAL CALL INFORMATION

Initial Call Reported By:
[redacted]
SAN ANTONIO, TX 78233
[redacted]

Received By: [redacted]
Date: 07/10/2012
Time: 02:35pm
Meth: 911

Nature of Call : ACCIDENTAL DEATH

INCIDENT/OFFENSE INFORMATION

Offense/Incident Location:
[redacted]

Area of Off: DIST. 1
Subdiv/Grid: UNINCORPORATED AREA

Officer/Unit Assigned	Date	Disp.	Arr.	Clear.	Total.	Disposition
0413 (YOW, ROPER)	07/10/2012	14:35	14:45	16:18	01:42	INCIDENT REPORT
0002 (SOWARD, DAVID A)	07/10/2012	14:43	14:44	16:17	01:33	BACK-UP OFFICER
0306 (MILLER, MATTHEW V)	07/10/2012	14:44	14:45	16:34	01:49	SUPPLEMENT REPORT
0427 (TREVINO, KELLY)	07/10/2012	14:45	14:45	16:20	01:35	BACK-UP OFFICER
0409 (DRAUGHN, KEVIN)	07/10/2012	14:45	14:45	16:20	01:34	BACK-UP OFFICER
0369 (PERALTA, MAX)	07/10/2012	14:50	14:45	16:18	01:27	BACK-UP OFFICER
0131 (STRATTON, GARY WAYNE)	07/10/2012	14:44	14:45	16:34	01:50	BACK-UP OFFICER
0204 (HICKMAN, BRUCE)	07/10/2012	14:58	14:58	16:19	01:21	BACK-UP OFFICER
0004 (GONZALEZ, STEPHEN J.)	07/10/2012	14:44	14:45	15:30	00:46	BACK-UP OFFICER

Investigator Assigned : 0306 (MILLER, MATTHEW V)

DESCRIPTION OF PROPERTY

Category	Property Class	Description	Ent	NCIC	Value	Disposition
EVIDENCE	OTHER	MOTORCROSS HELMET, BLACK AND WHITE IN COLOR			$0.00	
EVIDENCE	OTHER	PHOTOGRAPHS OF THE SCENE			$0.00	
Total Value of Property					$0.00	

COMPLAINANT/VICTIM INFORMATION

PID	Name of Victim/Complainant	Description	Address	Phone	Injury Type
50683	[redacted]	[redacted]	[redacted] SAN ANTONIO, TX 78223	H: W:	

WITNESS INFORMATION

PID	Name of Witness	Description	Address	Phone	Comments
50684	[redacted]	[redacted]	[redacted] SAN ANTONIO, TX 78233	H: [redacted] W:	
50685	[redacted]	[redacted]	[redacted] SAN ANTONIO, TX 78223	H: [redacted] W:	

Incident ID: 127387 Case # [redacted] Off Date: 07/10/2012 Time: 14:00 Location Type: FIELD/WOODS
Status : A (ACTIVE) 14:35 # Premises :

REPORTING OFFICER

D. A. Howard
APPROVED BY

INCIDENT (127387.1)

Case Number: [redacted] by Officer 0413 (YOW, ROPER) 07/10/12

On July 10, 2012 I, Deputy Roper Yow, was dispatched [redacted] miles south of Jourdanton for an ATV accident that had left one person deceased and one person injured. I made location and Chief Deputy David Soward, Asst Chief Steve Gonzalez and Sgt Inv Matthew Miller [redacted] on location speaking with [redacted], and [redacted]. [redacted] had stated that he was shredding on his property while [redacted] and [redacted] were driving on the his 4x4 Polaris Ranger. [redacted] stated [redacted] was driving the ATV. [redacted] stated that he was driving too fast and lost control and rolled the ATV on its left side. [redacted] stated that she was thrown from the ATV and hurt her left shoulder and arm. [redacted] stated that [redacted] was dead. [redacted] stated that she tried to pick the ATV up off of [redacted] but it was too heavy. At that time [redacted] ran to find [redacted] on the tractor, about 400 to 500 yards away. Once she found [redacted], she told him what had happened.

[redacted] was checked our by Atascosa County EMS while Airlife was placed on stand by at 2:45 pm. AT around 3:19 pm Airlife landed on [redacted] while the Hwy was shut down by Deputy Kevin Draughn and Sgt Deputy Bruce Hickman. At 3:27 pm Airlife transported [redacted] to University Hospital in San Antonio.

At 2:45 pm Sgt Inv Matthew Miller, Sgt Inv Max Peralta, Sgt Inv Wayne Stratton and I made location at the scene of the rolled ATV. Photographs were taken by Sgt Inv Miller. There was an ATV sitting on all four wheels. Beside the ATV was a young man, later identified as [redacted], who was wearing a gray t-shirt, white and black plaid shorts and boots. There were many tools all around on the ground and a black and white Motor Cross helmet. The helmet was collected as evidence. Measurements were taken from where the ATV began to turn and where the ATV ended up at. The distance was 32 feet and six inches. At that time [redacted] was called to pronounce the body. [redacted] pronounced the time of death at 3:33 pm. The shirt was cut off of [redacted] and photographs were taken of the abrasions on his chest, abdomen and neck. The victim had an indentation pressed into his eyebrow just above his left eye. There was also an indention along the victim's left temple. EMS Tech [redacted] felt behind the victim's neck and stated that part of the vertebrae may have been broken. The only way to reach the location of the accident was with four wheel drive so the body was loaded onto a backboard, belonging to EMS, placed in the bed of a truck and driven to the entrance where we were met by [redacted] Funeral Home. [redacted] took custody of the body.

[redacted] stated that he was shredding when [redacted] came running up to him and told him what had happened. [redacted] stated that he got in his truck while [redacted] pointed him in the [redacted]rection of the accident. [redacted] went up to the camp house, thinking that is where it had happened. [redacted] came up to the camp house on the tractor and pointed [redacted] in another direction. [redacted] found the accident and noticed that part of the roll bar was on [redacted]'s neck, chest and chin. [redacted] picked the ATV up off of the victim. Judge [redacted] ordered an autopsy from the Bexar County Medical Examiner's office, reference ME case [redacted] End of report.

CASE REPORT SUPPLEMENT
****
ATASCOSA COUNTY SHERIFF'S OFFICE

SUPPLEMENT REPORT
CASE NUMBER: [redacted]

REPORT BY: SGT INV MATTHEW MILLER

****

On July 10, 2012 reporting officer, Sgt Inv Matth[redacted]er, was called out to the [redacted]l [redacted] on the east side of [redacted] south of [redacted], just north of the address [redacted]S at 2:39 pm for a ATV accident with an injured passenger and a deceased driver. When reporting officer made location a white truck, bearing TX LP [redacted], with strobe lights came out of the gate to the ranch. The driver was identified as [redacted], DOB/[redacted] phone [redacted], and passenger was ide[redacted]d as [redacted] phone #210-2[redacted]. [redacted]is the son [redacted]anch owner, [redacted], D[redacted], phone [redacted].

Reporting officer spoke with [redacted] who s[redacted] that her [redacted]sin, [redacted], [redacted], was driving the [redacted] said [redacted] was going too fast and turned the ATV over. [redacted]id [redacted] told [redacted] multiple times that he was going too fast. [redacted] was thrown out of the ATV and hurt her left side a[redacted]rm. When I asked [redacted] if [redacted] was still on the prop[redacted]egan sobbing even more and said that [redacted] was dead. [redacted] stated she tried to pick the ATV up because it was on top of [redacted]but she couldn't lift it.

[redacted] appeared to be in shock and was evaluated by Atascosa County EMS. Air life was placed on standby by Atascosa County Chief Deputy David Soward who had made scene just after reporting officer arrived. Atascosa EMS was dispatched at 2:45 pm and arrived at the scene at 2:51 pm. EMS requested air life to launch due to [redacted]s injuries. At 3:00 pm air life was 15 minutes out and landed at the scene at 3:19 pm. At 3:27 Air life transported [redacted] to University Hospital in San Antonio.

At 2:45 pm reporting officer, initial Deputy Roper Yow, Sgt Inv Wayne Stratton, and Sgt Inv Max Peralta arrived to the primary scene of the ATV accident which was located approximately one mile inside of the property gate.

Reporting officer witnessed a Polaris ATV sitting upright on all four wheels. Lying on the driver's side of A[redacted] the body of a young white male, who was later identified as [redacted] Lying next to the males head was a white helmet which [redacted]ollected by Deputy Yow as evidence. Photographs were taken of the accident, victim, and surrounded areas by reporting officer.

It appeared the ATV was traveling in a northern direction. It also appeared the driver lost control and flipped the ATV on its side 32 feet and 6 inches from where the driver first started losing control. This was determined by the straightness of the ATV tread marks, then curvature of the ATV tire's tread marks, and finally where the tread marks of the ATV stopped. It appeared the ATV flipped one quarter times and landed on the drivers' side entry area.

[redacted] Or[redacted] was called to pronounce the body. Judge [redacted] validated the time of death to be 3:33 pm. Once the shirt was cut off of the victim, there were multiple visible abrasions on his chest, abdomen, and neck. The victim also had an impression over his left eyebrow. EMS T[redacted] felt behind the victim's neck and determined part of the vertebra may have been broken.

Reporting officer spoke with [redacted] who said he was shredding a field on the ranch when [redacted] ran up to him and told him about the accident. [redacted] got [redacted] and went in the direction that [redacted] pointed him in. [redacted] got to the ranch house and was met by [redacted] who pointed him [redacted] her direction. He was able to locate the victim about 500 yards from where he was shredding on the ranch. [redacted] noticed the victim was not wearing the helmet he saw him wearing earlier in the day. [redacted] was on top of the victims' neck and chin. [redacted] ATV up with his bare hands and flip it over on its wheels. Chief Soward advised that [redacted] had said he had to get on to [redacted] twice about driving [redacted] told him to slow down.

Reporting officer spoke with owner of the ranch, [redacted] already called the family advised reporting officer that [redacted] deceased. Reporting officer of [redacted] and advised them he was deceased. Judge [redacted] ordered an took [redacted] phone for safe keeping. Judge [redacted] ordered an autopsy from the Bexar County Medical Examiner's Office, reference ME case #[redacted], Inv Inocente. All officers cleared the scene at 4:29 pm.

[redacted]s cell phone was released to her by Sgt Inv Max Peralta on 07-11-2012 at 10:50 am. While at the office reporting officer was able to identify [redacted] by his Texas drivers license photo that was recovered while running [redacted]'s n[redacted] date of birth. Before reporting officer was able to notify [redacted]s parents in person and while [redacted] Sheriff's Office reporting officer received a phone call from [redacted] father [redacted] who had heard his son passed away but wanted to verify that claim. Reporting officer told [redacted] that [redacted] was deceased. End of report.

Reporting Officer

Approved By

Incident #: 127387 Case #: [redacted] Rcvd By: [redacted]
Date/Time: 07/10/12 02:35pm

How Rptd : E (911)
Rptd By : [redacted]
Address : [redacted]
CSZ : SAN ANTONIO, TX 78233
Phone : [redacted]
Phone(wk) :
Complaint: INCIDENT
Date/Time: 07/10/12 02:35pm

Location : [redacted]

Address : [redacted]
CSZ :
Phone :

Subdiv : UA (UNINCORPORATED AREA)
Area : 1 (DIST. 1)

Priority: 2 (URGENT)
Hazard :

Officer/Unit Assigned.....	Date....	Disp.	Arr..	Clr..	Tot..	Disposition.....
0413 (YOW, ROPER)	07/10/12	14:35	14:45	16:18	01:42	IR (INCIDENT REP
0002 (SOWARD, DAVID A)	07/10/12	14:43	14:44	16:17	01:33	IR (INCIDENT REP
0306 (MILLER, MATTHEW V)	07/10/12	14:44	14:45	16:34	01:49	BU (BACK-UP OFFI
0427 (TREVINO, KELLY)	07/10/12	14:45	14:45	16:20	01:35	CC (CASE CARD)
0409 (DRAUGHN, KEVIN)	07/10/12	14:45	14:45	16:20	01:34	IR (INCIDENT REP
0369 (PERALTA, MAX)	07/10/12	14:50	14:45	16:18	01:27	IR (INCIDENT REP
0131 (STRATTON, GARY WAYNE)	07/10/12	14:44	14:45	16:34	01:50	IR (INCIDENT REP
0204 (HICKMAN, BRUCE)	07/10/12	14:58	14:58	16:19	01:21	IR (INCIDENT REP
0004 (GONZALEZ, STEPHEN J.)	07/10/12	14:44	14:45	15:30	00:46	BU (BACK-UP OFFI

Details : ATV ACCIDENT,ONE INJURED AND ONE DOA

U.S. Consumer Product Safety Commission

Task Number: #131023HCC3035

Date: December 4, 2013

Status of Missing Document(s)

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

1. [redacted]
2. Autopsy - Medical Examiner / Bexar County, TX
3.
4.
5.
6.

IDI #: 131023HCC3035
Exhibit #: F

Utility Vehicle Data Record Sheet

Front

A Driver	B Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
Age: 18	Height: 68"	
Gender: M	Weight: 140	
Helmet (Y/N): Y	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: Killed		
Injury Description: Blunt force injuries		
Did vehicle land on victim: Yes		
Ejected (Either partially or fully): Yes		

B:		
Age: 24	Height: 69"	
Gender: F	Weight: 158	
Helmet (Y/N): N	Seatbelt (Y/N): N	
Killed/Injured/Neither/Unknown: Injured		
Injury Description: Open wound-left arm		
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.

CPSC FORM 324A

Save

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
131023HCC3044	7034	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2012 02 17	2013 10 24

6. Synopsis of Accident or Complaint **UPC**

On 02/17/2012 a 35 year old male victim was operating an off road Utility Vehicle (UTV) in the Sand Dunes when he drove over a dune and collided with the base of another dune. The victim was not wearing a seatbelt or a helmet. The victim struck the steering column with his torso and was pronounced dead at the accident scene.

7. Location (Home, School, etc)	8. City	9. State
5 - OTHER PUBLIC PROPERTY	GLAMIS	CA

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS	RZR 900

10D. Manufacturer Name and Address
POLARIS INDUSTRIES
1225 NORTH COUNTY ROAD 18
MINNEAPOLIS, MN

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
35	1 - Male	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
31 - UPPER TRUNK	3 - 2nd Hand Info Only	3 - Other	24.00 / 6.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	14 - Death Certificate	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
12/05/2013	9035	Frank J. Nava

28. Distribution	29. Source Document Number
John C. Topping; Tanya L. Topka	1206031715

This investigation was initiated in response to a California Death Certificate.

On 02/17/2013 the victim was operating an off road Utility Vehicle (UTV) in the Glamis area of the Imperial Sand Dunes when he drove over a dune and collided with the base of another dune. The victim was not wearing a seatbelt or a helmet. The victim struck the steering column with his torso and was pronounced dead at the accident scene.

Exhibit D, Photograph 15

Exhibits:

Exhibit A: Contacts List (1 page)
Exhibit B: California Highway Patrol Report (14 pages)
Exhibit C: Imperial County Sheriff Department Report (15 pages)
Exhibit D: Photographs (15 photographs on 14 pages)

CONTACTS:

Imperial County Sheriff Department
Applestill Road
El Centro, CA 92243
760-339-6328

California Highway Patrol El Centro Office
2331 Highway 86
Imperial, CA 92251
760-482-2500

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

TRAFFIC COLLISION REPORT

CHP 555 PAGE 1 (REV. 04-11) OPI 060

FATAL

SPECIAL CONDITIONS	NUMBER INJURED	HIT & RUN FELONY	CITY	JUDICIAL DISTRICT	LOCAL REPORT NUMBER
FATAL	0	☐	UNINCORPORATED	BRAWLEY	12-02-33
	NUMBER KILLED	HIT & RUN MISDEMEANOR	COUNTY	REPORTING DISTRICT / BEAT	DAY OF WEEK / TOW AWAY
	1	☐	IMPERIAL	906	FRIDAY / ☐ YES ☒ NO

LOCATION

COLLISION OCCURRED ON:	MO DAY YEAR	TIME (2400)	NCIC #	OFFICER I.D.
IMPERIAL SAND DUNES-GLAMIS AREA	02/17/2012	1445	9625	017727

MILEPOST INFORMATION:

GPS COORDINATES: LATITUDE 32.99039° LONGITUDE - 115.10462°

PHOTOGRAPHS BY: ☐ NONE — J. SERRANO ID# 18010

☐ AT INTERSECTION WITH:
☒ OR: .75 MILE(S) SOUTH OF SR-78

STATE HWY REL: ☐ YES ☒ NO

PARTY 1

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.
[redacted]	AZ	F	P	H

VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
2012	POLARIS RZR WHI/BLA	7MC7GF	AZ

DRIVER ☒ — NAME(FIRST, MIDDLE, LAST): (b)(6)

PEDESTRIAN ☐ — STREET ADDRESS: (b)(6)

PARKED VEHICLE ☐ — CITY / STATE / ZIP: SAINT GEORGE UT 84770

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE
M	BRN	BLU	5-11	225	(b)(6)	W

OTHER ☐ — HOME PHONE: (435)668-9981 — BUSINESS PHONE: (702)260-9956

INSURANCE CARRIER: NONE — POLICY NUMBER:

DIR OF TRAVEL: W — ON STREET OR HIGHWAY: IMPERIAL SAND DUNES — SPEED LIMIT: N/A

OWNER'S NAME ☐ SAME AS DRIVER: (b)(6)

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☒ OTHER: (b)(6)

PRIOR MECH. DEFECTS: ☒ NONE APP. ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER: 4XAJT87A1CB431536

VEHICLE TYPE: 06

DESCRIBE VEHICLE DAMAGE: ☐ UNK ☐ NONE ☒ MINOR ☐ MOD ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA (TOP VIEW)

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

PARTY 2

DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.

VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE

DRIVER ☐ — NAME(FIRST, MIDDLE, LAST):

PEDESTRIAN ☐ — STREET ADDRESS:

PARKED VEHICLE ☐ — CITY / STATE / ZIP:

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE

OTHER ☐ — HOME PHONE: — BUSINESS PHONE:

INSURANCE CARRIER: — POLICY NUMBER:

DIR OF TRAVEL: — ON STREET OR HIGHWAY: — SPEED LIMIT:

OWNER'S NAME ☐ SAME AS DRIVER

OWNER'S ADDRESS ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ DRIVER ☐ OTHER

PRIOR MECHANICAL DEFECTS: ☐ NONE APP. ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE:

DESCRIBE VEHICLE DAMAGE: ☐ UNK ☐ NONE ☐ MINOR ☐ MOD ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
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 ☐ — NAME(FIRST, MIDDLE, LAST):

PEDESTRIAN ☐ — STREET ADDRESS:

PARKED VEHICLE ☐ — CITY / STATE / ZIP:

BICYCLIST ☐

SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE

OTHER ☐ — HOME PHONE: — BUSINESS PHONE:

INSURANCE CARRIER: — POLICY NUMBER:

DIR OF TRAVEL: — ON STREET OR HIGHWAY: — SPEED LIMIT:

OWNER'S NAME ☐ SAME AS DRIVER

OWNER'S ADDRESS ☐ SAME AS DRIVER

DISPOSITION OF VEHICLE ON ORDERS OF: ☐ OFFICER ☐ OWNER ☐ OTHER

PRIOR MECHANCIAL DEFECTS: ☐ NONE APP. ☐ REFER TO NARRATIVE

VEHICLE IDENTIFICATION NUMBER:

VEHICLE TYPE:

DESCRIBE VEHICLE DAMAGE: ☐ UNK ☐ NONE ☐ MINOR ☐ MOD ☐ MAJOR ☐ ROLL-OVER

SHADE IN DAMAGED AREA

CA ____ DOT ____
CAL-T ____ TCP/PSC ____ MC/MX ____

✓ HDQ
✓ FARS
CALTRANS
COURT:
✓ CO. RD.
CORONER
MILITARY
P.D.
CHP

PREPARER'S NAME	DISPATCH NOTIFIED	REVIEWER'S NAME	DATE REVIEWED
H. GONZALEZ JR 017727	☒ YES ☐ NO ☐ N/A	D. [illegible] 16488	03-16-12

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

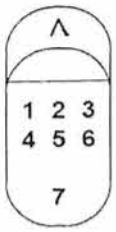
TRAFFIC COLLISION CODING

CHP 555 CARS PAGE2 (REV. 04-11) OPI 060

DATE OF COLLISION (MO. DAY YEAR)	TIME(2400)	NCIC #	OFFICER I.D.	NUMBER
02/17/2012	1445	9625	017727	12-02-33

PROPERTY DAMAGE	OWNER'S NAME	OWNER ADDRESS	NOTIFIED ☐ YES ☐ NO
	DESCRIPTION OF DAMAGE		

SEATING POSITION



1 - DRIVER
2 TO 6 - PASSENGERS
7 - STATION WAGON REAR
8 - REAR. OCC TRK. OR VAN
9 - POSITION UNKNOWN
0 - OTHER

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

1	VC SECTION VIOLATED: A 38305 — CITED ☐ YES ☒ NO
	B OTHER IMPROPER DRIVING*
	C OTHER THAN DRIVER*
	D UNKNOWN*

WEATHER (MARK 1 TO 2 ITEMS)

X	A CLEAR
	B CLOUDY
	C RAINING
	D SNOWING
	E FOG / VISIBILITY FT.
	F OTHER:*
	G WIND

LIGHTING

X	A DAYLIGHT
	B DUSK - DAWN
	C DARK - STREET LIGHTS
	D DARK - NO STREET LIGHTS
	E DARK - STREET LIGHTS NOT FUNCTIONING*

ROADWAY SURFACE

X	A DRY
	B WET
	C SNOWY - ICY
	D SLIPPERY (MUDDY, OILY, ETC.)

ROADWAY CONDITION(S)
(MARK 1 TO 2 ITEMS)

	A HOLES, DEEP RUT*
	B LOOSE MATERIAL ON ROADWAY*
	C OBSTRUCTION ON ROADWAY*
	D CONSTRUCTION - REPAIR ZONE
	E REDUCED ROADWAY WIDTH
	F FLOODED*
	G OTHER*:
X	H NO UNUSUAL CONDITIONS

TRAFFIC CONTROL DEVICES

	A CONTROLS FUNCTIONING
	B CONTROLS NOT FUNCTIONING*
	C CONTROLS OBSCURED
X	D NO CONTROLS PRESENT / FACTOR*

TYPE OF COLLISION

	A HEAD - ON
	B SIDE SWIPE
	C REAR END
	D BROADSIDE
X	E HIT OBJECT
	F OVERTURNED
	G VEHICLE / PEDESTRIAN
	H OTHER*

MOTOR VEHICLE INVOLVED WITH

	A NON - COLLISION
	B PEDESTRIAN
	C OTHER MOTOR VEHICLE
	D MOTOR VEHICLE ON OTHER ROADWAY
	E PARKED MOTOR VEHICLE
	F TRAIN
	G BICYCLE
	H ANIMAL:
X	I FIXED OBJECT: SAND DRIFT
	J OTHER OBJECT:

PEDESTRIAN'S ACTIONS

X	A NO PEDESTRIANS INVOLVED
	B CROSSING IN CROSSWALK - AT INTERSECTION
	C CROSSING IN CROSSWALK - NOT AT INTERSECTION
	D CROSSING - NOT IN CROSSWALK
	E IN ROAD - INCLUDES SHOULDER
	F NOT IN ROAD
	G APPROACHING / LEAVING SCHOOL BUS

SPECIAL INFORMATION

1	2	3	
			A HAZARDOUS MATERIAL
			B CELL PHONE HANDHELD IN USE
			C CELL PHONE HANDSFREE IN USE
X			D CELL PHONE NOT IN USE
			E SCHOOL BUS RELATED
			F 75 FT MOTORTRUCK COMBO
			G 32 FT TRAILER COMBO
			H
			I
			J
			K
			L
			M
			N
			O

OTHER ASSOCIATED FACTORS
(MARK 1 TO 2 ITEMS)

1	2	3	
			A VC SECTION VIOLATED: CITED ☐ YES ☐ NO
			B VC SECTION VIOLATED: CITED ☐ YES ☐ NO
			C VC SECTION VIOLATED: CITED ☐ YES ☐ NO
			D
			E VISION OBSCUREMENT:
			F INATTENTION*:
			G STOP & GO TRAFFIC
			H ENTERING / LEAVING RAMP
			I PREVIOUS COLLISION
			J UNFAMILIAR WITH ROAD
			K DEFECTIVE VEH. EQUIP.: CITED ☐ YES ☐ NO
			L UNINVOLVED VEHICLE
			M OTHER*:
X			N NONE APPARENT
			O RUNAWAY VEHICLE

MOVEMENT PRECEDING COLLISION

1	2	3	
			A STOPPED
X			B PROCEEDING STRAIGHT
			C RAN OFF ROAD
			D MAKING RIGHT TURN
			E MAKING LEFT TURN
			F MAKING U TURN
			G BACKING
			H SLOWING / STOPPING
			I PASSING OTHER VEHICLE
			J CHANGING LANES
			K PARKING MANEUVER
			L ENTERING TRAFFIC
			M OTHER UNSAFE TURNING
			N XING INTO OPPOSING LANE
			O PARKED
			P MERGING
			Q TRAVELING WRONG WAY
			R OTHER*:

SOBRIETY - DRUG PHYSICAL
(MARK 1 TO 2 ITEMS)

1	2	3	
X			A HAD NOT BEEN DRINKING
			B HBD - UNDER INFLUENCE
			C HBD - NOT UNDER INFLUENCE*
			D HBD - IMPAIRMENT UNKNOWN*
			E UNDER DRUG INFLUENCE*
			F IMPAIRMENT - PHYSICAL*
			G IMPAIRMENT NOT KNOWN
			H NOT APPLICABLE
			I SLEEPY / FATIGUED*

SKETCH **FOR SKETCH DIAGRAM, SEE PAGE 4**

SEE PAGE #4

INDICATE NORTH

MISCELLANEOUS

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

INJURED / WITNESSES / PASSENGERS

CHP 555 CARS PAGE 3 (REV 04-11) OPI 065

DATE OF COLLISION (MO. DAY YEAR)	TIME(2400)	NCIC #	OFFICER I.D.	NUMBER
02/17/2012	1445	9625	017727	12-02-33

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					
#		35	M	X									1	1	P	H	0

NAME / D.O.B. / ADDRESS: (b)(6) (b)(6) T GEORGE UT 84770 TELEPHONE: (b)(6)

(INJURED ONLY) TRANSPORTED BY: I.C.S.O. CORONER R. BARRON ID#627 TAKEN TO: IMPERIAL COUNTY SHERIFF DEPT. CORONERS

DESCRIBE INJURIES: PRONOUNCED DECEASED AT THE SCENE, ON 02-17-12, AT 1536 HOURS BY REACH MEDIC J. LANE. CORONERS CASE #12-033

☐ VICTIM OF VIOLENT CRIME NOTIFIED

#	X	23	F										1	3	P	G	0

NAME / D.O.B. / ADDRESS: (b)(6) TELEPHONE: (b)(6)

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

X # 1		29	M														

NAME / D.O.B. / ADDRESS: (b)(6) TELEPHONE: (b)(6)

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

X # 2		37	M														

NAME / D.O.B. / ADDRESS: (b)(6) TELEPHONE: (b)(6)

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

X # 3		35	M														

NAME / D.O.B. / ADDRESS: (b)(6) TELEPHONE: (b)(6)

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

#																	

NAME / D.O.B. / ADDRESS TELEPHONE

(INJURED ONLY) TRANSPORTED BY: TAKEN TO:

DESCRIBE INJURIES:

☐ VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
H. GONZALEZ JR	017727	02/17/2012		

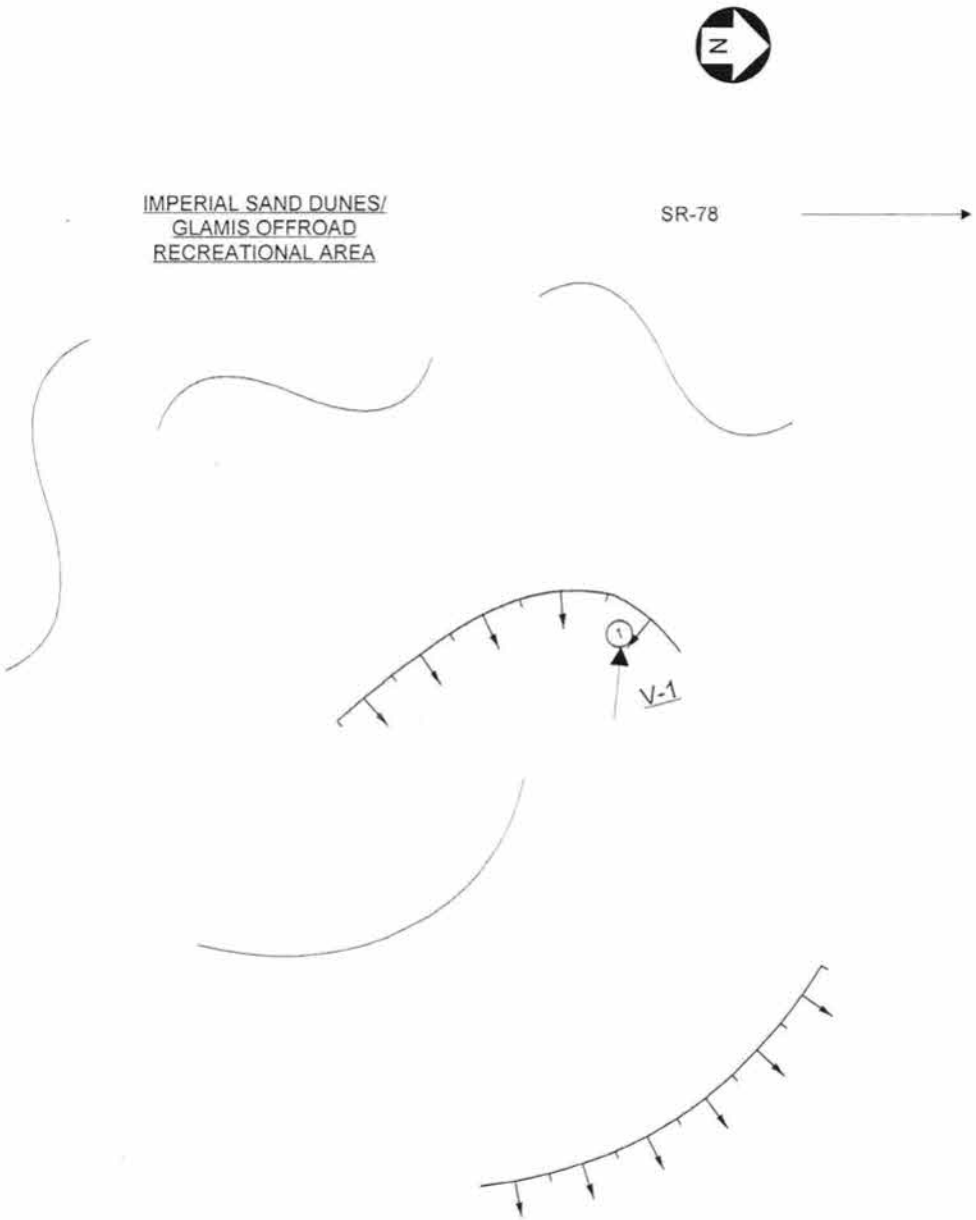
STATE OF CALIFORNIA

SKETCH DIAGRAM

CHP 555 Page 4(Rev. 8-97) OPI 042

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
02/17/2012	1445	9625	017727	12-02-33

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)

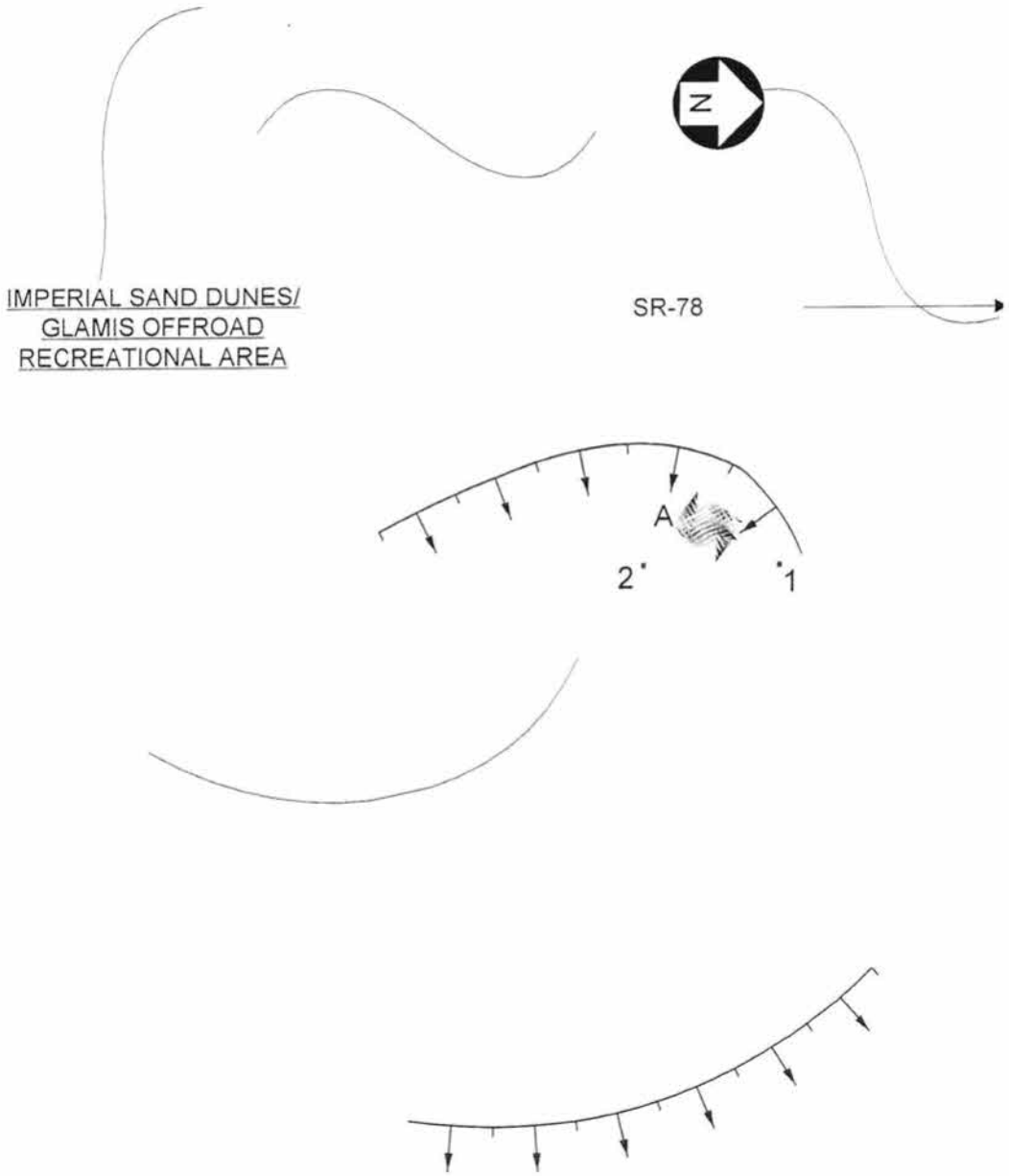


PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J. SERRANO	018010	02/17/2012		

STATE OF CALIFORNIA
FACTUAL DIAGRAM
CHP 555 Page 4(Rev. 8-97) OPI 042

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
02/17/2012	1445	9625	017727	12-02-33

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J. SERRANO	018010	02/17/2012		

STATE OF CALIFORNIA
FACTUAL DIAGRAM
CHP 555 Page 4(Rev. 8-97) OPI 042

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
02/17/2012	1445	9625	017727	12-02-33

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)

LEGEND

STATION LINE:

A station line could not be established due to the uneven terrain. Measurements were obtained by rollmeter using two orange traffic cones as reference points.
Reference point 1 (cone) was located at GPS coordinate N32.99046, W -115.10462.
Reference point 2 (cone) was located at GPS coordinate N32.99036, W -115.10458.
Measurements for physical evidence were obtained using triangulation.

POINTS OF REST:

Both P-1 and V-1 were moved prior to CHP arrival.

ITEM LOCATION:

ITEM	DESCRIPTION	LOCATION
A	Area of disturbed sand approximately 8' in diameter	18' SW at Point 1 and 16' NW at Point 2 or GPS N32.99039, W -115.10462

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
J. SERRANO	018010	02/17/2012		

FACTS:

NOTIFICATION:

On 02/17/2012, I received a call from CHP dispatch of a traffic collision involving a fatal injury, at the Imperial Sand Dunes – Glamis Area, at approximately 1646 hours. I responded from the El Centro Area CHP Office and arrived on scene at approximately 1745 hours. All times, speeds and measurements are approximate. All measurements were obtained by rollmeter and Global Positioning System (GPS).

Personnel who responded to the collision scene to assist with the investigation include:

California Highway Patrol El Centro Office
2331 Hwy. 86
Imperial Ca. 92251
760 482-2500
Officer J. Serrano ID #18010

Bureau of Land Managment El Centro field office
1661 S. 4th St
El Centro Ca. 92243
760 337-4400
Paramedic B. Pluckett #6758
EMT K. Boile #6752
EMT J. Lance Capt. #3146
EMT E. Salomon Engineer #7

Imperial County Sheriff Department
Applestill Road
El Centro Ca 92243
760 339-6328

Lt. C. Lucas ID# 528
Sgt. Fowler ID# 544
Deputy Coroner R. Barron ID# 627
Deputy Ayala ID# 640
Deputy Cabanillas ID# 779
Deputy Santiago ID# 328
Deputy Ramirez ID# 775

SCENE DESCRIPTION:

This collision occurred within the Imperial Sand Dunes - Glamis Area, which is federal land designated for recreational use by off highway vehicles. This collision occurred south of SR-78 and east of Osborne Park Road, within the open desert. There are no designated lanes for traffic and there is no speed limit in this area. The scene and surrounding area is composed of loose beach-like sand and interspersed with brush and small to large dunes.

As you approach the point of the collision from the east, there is a long smooth rolling sand dune which climbs gradually, crests then slowly descends and meets the bottom face of a sand drift. The sand drift is very steep and is nearly as vertical as you can get sand to be. The sand drift is approximately 15 feet tall and the collision occurred at the base of it. At the top of the sand drift, the dunes continue and are rolling smooth once again. This collision occurred during the hours of daylight. The weather was cool, calm, clear and dry. Refer to the factual diagram and physical evidence legend for further details.

PARTIES:

Driver #1 (b)(6) **):** Upon my arrival, D-1 was located lying on his back in the open desert near the driver side door of V-1. D-1 was pronounced deceased prior to CHP arrival by Reach Medic J. Lane on 02/17/12 at 1536 hours. D-1 was not wearing a helmet during the collision and he did not have any form of identification on him. D-1 was verbally identified by Passenger and Witness statements.

Vehicle #1 (Polaris) was found at its point of rest, facing in a westerly direction, south of SR-78 and east of Osborne Park Road. V-1 sustained minor damage to its front shroud consisting of cracking. V-1 also sustained major damage to its steering wheel consisting of the steering wheel breaking free from V-1's steering column. The steering column was intact and did not sustain any damaged. An inspection of the driver side

seatbelt indicated that it was not in use during the collision due to the lack of any visible web stretching. No prior damage or mechanical defects were noted or claimed.

PHYSICAL EVIDENCE:

Damage to V-1. Refer to the factual diagram and physical evidence legend for further details.

STATEMENTS:

Driver #1 (b)(6) **:** was pronounced deceased at the scene at 1536 hours and no statement could be obtained.

Passenger #1 (b)(6) **):** was located at the scene of the collision and in essence related the following: P-1 was seated in the right front seat of V-1 at the time of the collision. Prior to the collision, D-1 was driving V-1 from the Glamis Flats area in Glamis. P-1 did not have his seatbelt on from the time they left Glamis Flats. As D-1 drove V-1 in a westerly direction in the sand dunes, D-1 did not attempt to slow V-1's speed as they approaching the elevated sand dunes. D-1 drove V-1 over the elevated sand dunes between 35-40 mph and became airborne. D-1 and P-1 braced themselves as V-1 landed on all four wheels. P-1 did not recall if D-1 applied V-1's brakes upon landing. V-1's front end then struck a large sand hill which caused D-1's chest to impact V-1's steering wheel. The steering wheel broke as D-1 exhaled loudly then collapsed towards the left and fell through the open driver side door opening. D-1 fell onto the sand dunes and landed on his back. P-1 did not recall if D-1 opened V-1's door after the collision. D-1 had not worn V-1's seatbelt the entire day nor did he have it on prior to or during the collision.

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
02/17/2012	1445	9625	017727	12-02-33

Witness #1 (b)(6)) was contacted at the scene and in essence related the following: W-1 was traveling with the same group as D-1. W-1 was traveling in a westerly direction, to the north-east of V-1 and maintained a distance of 15-20 feet from his vehicle and V-1. W-1 was traveling at 35 mph and estimated V-1 was traveling at or near the same speed due to his vehicle maintaining the same distance from V-1 for a period of time just prior to the collision. W-1 had a clear and unobstructed view of V-1. As D-1 drove V-1 over the elevated sand dunes, V-1 became air borne for a distance of 10-15 feet then came to rest on its front wheels first then rear wheels. V-1 then veered slightly to the left and toward the raised portion of a sand dune. V-1 then struck the elevated sand dune (sand drift.) Immediately after the collision, D-1 reached toward the driver side door handle and opened V-1's driver side door and fell out of V-1 then rolled onto his back.

W-1 additionally related that D-1 had not used his seat belt the entire day nor the day prior. Also, V-1 would not accelerate to speeds greater than 35 mph due to an unknown engine problem. To W-1's knowledge, V-1's brakes and suspension were in proper working condition and working properly the day of the collision.

Witness #2 (b)(6)) was contacted at the scene and in essence he related the following: W-2 was traveling with the same group as D-1. W-2 was seated in the front right seat of W-1's vehicle. W-1's vehicle, was situated north-east of V-1 within 20 feet. As D-1 drove V-1 over the elevated sand dunes, V-1 became air borne then came to rest on its front wheels as it veered slightly to the left and into the elevated portion of a sand dune head on. V-1 then struck the elevated sand dune (sand drift.) D-1 then fell from V-1 and onto the sand where he rolled onto his back.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. GONZALEZ JR	017727	02/17/2012		

DRIVER PROFILE:

On 02/17/12, I contacted (b)(6) at the scene and he related the following: He was a good friend and work associate of D-1 ((b)(6)). (b)(6) had known D-1 since 1999 and to (b)(6) knowledge, D-1 had over 12 years of experience driving off highway vehicles. On 02/16/12, at 1100 hours, D-1 arrived at the Glamis sand dunes area and set up camp at an area known as Cement Flats. After his arrival, D-1 socialized then ate spaghetti. D-1 stayed near the camp site from his arrival until 2000 hours. At 2000 hours, D-1 and (b)(6) went for a quick ride in V-1. (b)(6) was driving V-1 and D-1 was in the front right passenger seat. (b)(6) was attempting to figure out why V-1 would not accelerate to a speed greater than 35 mph. (b)(6) could not figure out what was wrong with V-1. A short time later, both D-1 and (b)(6) returned to there camp site and socialized with other friends. At about 2300, D-1 fell asleep.

D-1 woke up the following day at 0830 hours and stayed at Cement Flats until 1130 hours at which point D-1 ate a breakfast croissant. At 1130 hours, D-1, (b)(6) and a group of acquaintances and friends drove their vehicles to Oldsmobile Hill. D-1 was driving V-1 and P-1 was seated in the right front seat. The group was driving near Oldsmobile Hill until 1230 hours, at which point they all drove to Glamis Flats, east of Oldsmobile Hill area. While at Glamis Flats, D-1 bought a sandwich and a drink as he socialized with the group. As D-1 ate, (b)(6) told D-1 that he needed to wear his seatbelt. D-1 responded, "Some day." Between 1300-1330 hours, D-1 left Glamis Flats and went for a ride in the sand dunes near Osborne Park Road. D-1 was driving V-1 and P-1 was the right front passenger. While riding towards the camp site, the collision occurred. (b)(6) did not witness the collision.

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
02/17/2012	1445	9625	017727	12-02-33

OPINIONS AND CONCLUSIONS

SUMMARY:

Driver #1 (b)(6) was driving Vehicle #1 (Polaris), unrestrained, in a westerly direction at 35 mph, east of Osborne Park Road and s/of SR-78 within the Imperial Sand Dunes recreational area.

D-1 drove V-1 over the elevated sand dunes then became air borne. Upon landing on its wheels, V-1 continued in a westerly direction for a short distance then struck the face of a sand drift, which brought V-1 to an immediate stop. The impact caused D-1 to be pushed forward and onto V-1's steering wheel. The force of the impact caused the steering wheel to crack and break free from the steering column.

V-1 came to rest on its wheels facing in a westerly direction, east of Osborne Park Road and s/of SR-78. After the impact, D-1 opened V-1's driver side door, exited V-1 and laid down on the sand.

AREA OF IMPACT(AOI):

AOI #1, Vehicle #1 (Polaris) vs. steep sand drift was located and obtained with Global Positioning System as the following: N32.99039 and W-115.10462. The AOI was established by statements, damage to V-1, the point of rest of V-1 and physical evidence.

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
02/17/2012	1445	9625	017727	12-02-33

CAUSE:

Driver #1 (b)(6)) caused this collision by driving Vehicle #1 (Polaris) in violation of section 38305 VC which states in part that, "No person shall drive an off-highway motor vehicle at a speed greater than is reasonable or prudent and in no event at a speed which endangers the safety of other persons or property." D-1 drove V-1 over an elevated sand dune and into the steep side of a sand drift which caused D-1 to sustain fatal injuries. The cause was established by statements, damage to V-1, the point of rest of V-1 and physical evidence.

RECOMMENDATIONS:

None

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. GONZALEZ JR	017727	02/17/2012		

Imperial County Coroner's Office

328 Applestill Rd. El Centro, CA 92243 Phone: (760) 339-6328 Fax: (760) 339-6330

COPY

Joseph EVENS **Coroner Case Number: 12-033**

CLASSIFICATION	Manner of Death: Accident (Vehicle)	Sub Manner of Death			Deputy Coroner: Rodolfo Barron	
	Type of Medical Examination: Autopsy	Time Departed: 1558	Time Arrival: 1645	Date of Death: 02/17/2012	Time of Death: 1536	
DECEDENT PERSONAL DATA	Name-First: (b)(3):Exemption 3 for 25(c) (b)(6)	Middle	Last		Marital Status: Unknown	
	Age: 33	Date of Birth: (b)(6)	Place of Birth: UT, United States	Height: 5' 10"	Weight: 270	Hair: Blond	Eyes: Blue
	Sex: M	Teeth	Race: White		SSN: [redacted]	
	Scars, Marks, Tattoos: tribal band around left ankle					
RESIDENCE	Address: (b) (6)	City: St. George	State: Utah	Zip: 84770		
PLACE OF DEATH	Place: Desert Sand Dunes	County: Imperial				
	Address: GPS: N32.99040 W115.10457	City: Glamis	State: CA			
REPORTING INFORMATION	Death Reported By: Humberto Gonzalez	Agency: CHP El Centro	Date: 02/17/2012	Time: 1545	Removed From Scene To: Coroner's Facility	
	Address: 2331 Highway 86	City: Imperial	State: CA	Zip: 92251		
CAUSE OF DEATH	Immediate Cause: Abdominal Injuries Due to: Blunt Force Trauma Due to: Due to:					
OTHER SIGNIFICANT CONDITIONS	None					
INJURY INFORMATION	Place of Injury: Desert Sand Dunes	Injury at Work?: No	Date of Injury: 2/17/2012	Time: 1446	Estimated: Yes	
	Address of Injury: GPS: N32.99040 W115.10457	City: Glamis	County: Imperial	State: CA		
	Injury Description: Decedent was driving ATV and involved in a single vehilce collision with sand dune.					
IDENTIFICATION	Identification Method: Visually	Identified By: Erika Bennen, Fiance				
NOTIFIED	Name: (b) (6)	Relationship: Father	Mailing Address: , UT			
	Notified By: (b) (6)	How Notified: Phone	Date: 02/17/2012	Time: 1542		
ADDITIONAL INFORMATION	Physician	Other Investigation: California Highway Patrol	Funeral Home: Frye Chapel & Mortuary			

THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE
ATTEST: 10-24, 2013
RAYMOND LOERA, SHERIFF-CORONER
COUNTY OF IMPERIAL, STATE OF CALIFORNIA
BY _____ Coroner Div.

Raymond Loera, Sheriff-Coroner

Rodolfo Barron Deputy Coroner **Thomas Garcia Supervising Deputy Coroner**

(b)(3):Exemption 3 for 25(c),(b)(6)

DEPUTY CORONER:

I, Rodolfo Barron, Deputy Coroner, conducted this investigation for the Imperial County Coroner's Office.

RECEIPT OF CALL:

On February 17, 2012, at approximately 1545 hours, I received a telephone call at my office from the Imperial County Sheriff's Office Communications Center, advising me of a coroner case involving a deceased person located near Osborne Park Road and Highway 78, in Glamis, California. I responded to that location.

ARRIVAL AT SCENE:

On February 17, 2012, at approximately 1645 hours, I arrived at the scene and met with California Highway Patrol Officer Humberto Gonzalez, who directed me to the decedent's location.

DESCRIPTION OF SCENE / GPS:

The scene is that of a sand dune hill, in the Imperial Sand Dunes Recreational Area, just south of Highway 78, between Osborne Park Road and Glamis Flats Road. The decedent was at the base of a small sand dune, approximately 10 feet high.

The GPS for this location is N32.99040 W115.10457.

VIEWING OF DECEDENT:

Upon my arrival I located the decedent, Joseph Evans, lying in a supine position on top of a back board. He was covered partially by a yellow emergency blanket. Upon removal of the blanket, I observed numerous medical intervention

devices in place. These devices consisted of three electrocardiogram patches affixed to his torso (one to the upper right chest, one the lower left chest, one to the lower right side), an endotracheal tube, a blood pressure cuff to the right arm, an automated external defibrillation patch to the right upper chest, an automated external defibrillation patch to the left side, an oxygen tube to his nose, and three intravenous lines (one inserted into the right antecubital area, one inserted into the left antecubital area, and one to left chest). Two of the intravenous lines were connected to two bags of 0.9% Sodium Chloride Injection USP. The intravenous lines were not connected to any further apparatuses.

The decedent did not show signs of rigor or cyanosis, and had lividity in the blanching stage on his back. The decedent had some contusions to his upper chest and lower abdoment in a circular shape, consistent with a steering wheel. The decedent also had a deep laceration to his right knee. I did not observe any signs of foul play type trauma to the decedent's person.

The decedent is a white male, 35 *years of age, 70 inches tall, weighing approximately 270*, with blond hair and blue eyes. I further noted that the decedent was wearing a white t-shirt, blue jeans, and purple boxers. All clothing had been cut by medical personnel.

PROPERTY:

While at the scene no property was retained by the Imperial County Coroner's Office. All property located on the decedent was immediately turned over on scene to the decedent's fiancée, Erika Bennen.

REMOVAL / TRANSPORTATION:

Prior to removal, the decedent was placed in a removal pouch and then transported to the Imperial County Coroner's Facility, located at 799 Highway 86, Brawley, CA.

IDENTIFICATION:

The decedent's fiancée, (b)(6), identified him as (b)(3):CPSA (b)(6) with a date of birth of (b)(6).

NOTIFICATION:

A friend of the decedent, (b)(6), made notification to the decedent's father, (b)(6) on February 17, 2012, at approximately 1542 hours while on scene.

X-RAYS:

No x-rays were taken of the decedent.

POST MORTEM EXAMINATION:

On February, 21, 2012, at approximately 1200 hours, a post mortem examination was conducted by Darryl J. Garber, M.D., Forensic Pathologist. Present at the post mortem examination were Autopsy Assistants Will Gonzalez, Jonnie Cyr, and Supervising Deputy Coroner Thomas Garcia.

At the conclusion of the post mortem examination at approximately 1238 hours, Dr. Garber listed the cause of death as;

(A) **Abdominal Injuries,**

(B) **Blunt Force Trauma.**

FINGERPRINTS / PHOTOGRAPHS:

I took photographs of the scene and Superving Deputy Coroner Thomas Garcia took photographs at the post mortem examination. Superving Deputy Coroner Thomas Garcia took fingerprints at the post mortem examination.

TOXICOLOGY TESTS:

On February 21, 2012, during the post mortem examination, samples of the decedent's blood, bile, urine, and tissue were retained for toxicology testing.

On March 26, 2012, the Imperial County Coroner's Office received the toxicology test results, which indicates that the decedent ingested alprazolam and had a blood alcohol content of 0.09%. For further information refer to Toxicology Report in the file.

INVESTIGATION:

Subsequent investigation revealed that the decedent, (b)(3):CPSA Section 25(c), had been riding a Polaris all-terrain vehicle (ATV) without his seatbelt fastened on February 17, 2012. At approximately 1445 hours, the decedent was driving west south of Highway 78, when he went over a small dune and became airborne. The decedent was going approximately 35 mph. The vehicle landed and immediately hit the base of another sand dune head on, causing the ATV to come to an abrupt stop. The decedent's chest impacted the steering wheel causing it to brake off from the steering column. The decedent exited the ATV and collapsed.

Bureau of Land Management paramedics responded along with Reach Air Ambulance helicopter. Resusitation efforts failed. Flight paramedic, Joshua Lane contacted El Centro Regional Medical Center and the decedent was pronounced

dead at 1536 hours by Doctor Curran.

The decedent had bruising on his upper chest and abdomen in a circular shape, consistent with an impact with the steering wheel. The decedent's knee had a laceration that could have been caused by him moving forward towards an exposed metal that leads to the brake pedal under the steering column.

Based upon all of the evidence, toxicology, and autopsy information, this case has been classified by the Imperial County Coroner's Office and me, as an **accidental** death.

WITNESSES:

1. Darryl J. Garber, M.D., Forensic Pathologist, Rancho Mirage, CA
2. Jonnie Cyr, Autopsy Assistant, Imperial County Coroner's Facility, Brawley, CA
3. Will Gonzalez, Autopsy Assistant, Imperial County Coroner's Facility, Brawley, CA
4. Thomas Garcia, Supervising Deputy Coroner, Imperial County Coroner's Office, El Centro, CA
5. Humberto Gonzalez, Patrol Officer, California Highway Patrol, Imperial, CA
6. Joshua Lane, Flight Paramedic, Reach Air Ambulance, Imperial, CA

REFERENCE NOTES:

Death certificate as filed with the Imperial County Health Department in file

Autopsy Protocol as per Dr. Garber in file

Toxicology test results in file

Digital Photographs on Compact Disc in file

Fingerprints in file

California Highway Patrol report number 12-02-33 reviewed, as completed by

Officer H. Gonzalez

Raymond Loera

Sheriff-Coroner

Imperial County, CA

BY: Rodolfo Barron,

Deputy Coroner

RL/RB

BIO-TOX LABORATORIES

Laboratory Director
Daniel Chan, Ph.D.

Technical Director
Dale R. Somers, C.L.S.

Toxicologist
Maureen Black, C.T.S.

Toxicologist
Ola Bawardi, M.S.

Toxicologist
Erin Crabtrey, M.S.

IMPERIAL COUNTY SHERIFF-CORONER
328 APPLESTILL RD.
EL CENTRO, CA 92243

12-033
EVENS, JOSEPH

PATIENT NAME	SEX	DATE OF DEATH
(b)	M	02/17/12

BTL NUMBER	REQUESTING AGENCY	REQUESTED BY	AGENCY NUMBER
2-15054-8	2438	BARRON	12-033

SPECIMEN	DATE COLLECTED	TIME TAKEN	DATE RECEIVED	DATE REPORTED
CENT BLD	02/21/12	12:14	03/02/12	03/15/12

EXPANDED IMMUNOASSAY DRUG SCREEN

SAMPLE SCREENED FOR:
AMPHETAMINES (AMPHETAMINE, METHAMPHETAMINE), BENZODIAZEPINES, CANNABINOIDS, COCAINE AND/OR METABOLITE, OPIATES (MORPHINE, CODEINE) PHENCYCLIDINE (PCP), BARBITURATES AND ALCOHOL.

TEST	RESULTS
ALCOHOL, ETHYL BLOOD	0.09% (W/V)
BENZODIAZEPINES	DETECTED

ANALYSIS BY: ERIN CRABTREY

AND KRISTEN SIMESTER

THE FOREGOING INSTRUMENT IS A CORRECT COPY
OF THE ORIGINAL ON FILE IN THIS OFFICE

ATTEST: 10-24 20 13
RAYMOND LOERA, SHERIFF-CORONER
COUNTY OF IMPERIAL, STATE OF CALIFORNIA

BY Norma Juel Coroner Div.

1965 Chicago Avenue, Suite C • Riverside, California 92507 • 951/341-9355 • FAX 951/341-9359

BIO-TOX LABORATORIES

Laboratory Director
Daniel Chan, Ph.D.

Technical Director
Dale R. Somers, C.L.S.

Toxicologist
Maureen Black, C.T.S.

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Toxicologist
Erin Crabtrey, M.S.

IMPERIAL COUNTY SHERIFF-CORONER
328 APPLESTILL RD.
EL CENTRO, CA 92243

12-033
EVENS, JOSEPH

PATIENT NAME	SEX	DATE OF DEATH
(b)(3):Exem	M	02/17/12

BTL NUMBER	REQUESTING AGENCY	REQUESTED BY	AGENCY NUMBER
2-15054-9	2438	BARRON	12-033

SPECIMEN	DATE COLLECTED	TIME TAKEN	DATE RECEIVED	DATE REPORTED
CENT BLD	02/21/12	12:14	03/02/12	03/15/12

BENZODIAZEPINES CONFIRM PANEL

SAMPLE ANALYZED FOR THE FOLLOWING DRUGS BY LC/MS/MS OR GC/MS:
ALPHA-HYDROXYALPRAZOLAM (ALPRAZOLAM METABOLITE), ALPHA-HYDROXYTRIAZOLAM (TRIAZOLAM METABOLITE), ALPRAZOLAM (XANAX), CHLORDIAZEPOXIDE (LIBRIUM), CLONAZEPAM, DESALKYLFLURAZEPAM (FLURAZEPAM METABOLITE), DIAZEPAM (VALIUM), ESTAZOLAM, FLURAZEPAM (DALMANE), LORAZEPAM (ATIVAN), MIDAZOLAM (VERSED), NORCHLORDIAZEPOXIDE (CHLORDIAZEPOXIDE METABOLITE), NORDIAZEPAM, OXAZEPAM (SERAX), TEMAZEPAM (RESTORIL), TRIAZOLAM (HALCION).

TEST	RESULTS
ALPRAZOLAM	0.013 mg/L

ANALYSIS BY: OLA BAWARDI

CORONER'S OFFICE
COUNTY OF IMPERIAL

RAYMOND LOERA
Sheriff- Coroner- Marshal

DARRYL J. GARBER, M.D.
Chief Forensic Pathologist

AUTOPSY PROTOCOL

NAME OF DECEDENT: (b) (3):Exemption 3 CORONER'S CASE: # 12-033

ANATOMIC SUMMARY:

I. Blunt force trauma

A. Abdominal injuries

1. Multiple rupture/lacerations of mesentery with transection of the inferior mesenteric artery

a. Hemoperitoneum (1,150 cc)

b. Retroperitoneal hemorrhage

B. Multiple abrasions and contusions, anterior torso and bilateral lower extremities

II. Hypertrophic cardiomyopathy

A. Cardiomegaly (550 gm)

B. Left ventricular hypertrophy, heart (2.6 cm)

III. Toxicology (see separate report)

CONCLUSION: (Cause of Death)

A) Abdominal injuries

B) Blunt force trauma

COPY

THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE
ATTEST 10-24 20 13
RAYMOND LOERA, SHERIFF-CORONER
COUNTY OF IMPERIAL, STATE OF CALIFORNIA
BY Norma Juel Coroner Div.

OTHER SIGNIFICANT CONDITIONS: None

DATE AND TIME OF AUTOPSY: February 21, 2012 @ 12:00 p.m. to 12:38 p.m.

NAME OF DECEDENT: (b)(3):Exemption 3 for 25(c),(b)(6) CORONER'S CASE: # 12-033
PAGE TWO

EXTERNAL EXAMINATION: The body is that of a well-developed, moderately obese, young white man which appears to be about the stated age of 33 years old, weighing approximately 270 pounds and measuring approximately 70" in height. The body is in rigor mortis. There are no significant scars over the body. There are multiple tattoos present over the posterior torso, bilateral upper and bilateral lower extremities as shown in the accompanying diagram. Intravenous lines are present in the bilateral antecubital fossa. There are some injuries present over the body which will be separately described. The hair is blond. The head is not remarkable. The eyes are blue. The eyes and ears show no abnormality. The nose and mouth are normal, and the mouth contains an endotracheal tube. The chest and abdomen show some injuries which will be separately described. Genitalia are those of a normal adult male. The upper extremities show no injury. The lower extremities show some injuries to be described.

DESCRIPTION OF EXTERNAL INJURIES: There is a 21 x 0.2 to 3.0 cm pink abrasions/contusions with some central clearing over the central anterior chest in a transverse fashion which is somewhat curved in a downward direction on the right side. There are multiple 0.4 to 7.0 cm red and purple abrasions and contusions over the anterior abdomen. There are multiple 2 to 6 cm red and purple abrasions and contusions over the bilateral anterior thighs. There is a 3 cm pink contusion over the right anterior knee, and a 4 cm irregular open laceration at the inferior aspect of the right knee.

DESCRIPTION OF INTERNAL INJURIES: Examination of the abdomen reveals approximately 1,150 cc of liquid and clotted blood in the abdominal cavity, and extensive retroperitoneal hemorrhage. There are multiple 5.7 to 8.1 cm rupture/lacerations of the mesentery associated with complete transection of the inferior mesenteric artery. No other injuries are identified.

OPINION: These are fatal abdominal injuries due to blunt force trauma leading to the demise of this 33-year-old white 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 and there is the previously described hemoperitoneum. The mediastinum is in the midline. The liver is at the right costal margin.

CARDIOVASCULAR SYSTEM: The heart weighs 550 gm. The epicardium is smooth and glistening. The myocardium is firm and red-brown, and there is hypertrophy of the left ventricle which measures 2.6 cm in thickness. The endocardium and valves are thin and glistening. The coronary arteries are normally developed. The aorta is normal in caliber. The great vessels of the neck and visceral arteries are normal in size and there is the previously described transection of the inferior mesenteric artery. The great veins contain dark fluid blood admixed with postmortem clots.

NAME OF DECEDENT: (b)(3):Exemption 3 for 25(c),(b)(6) CORONER'S CASE: # 12-033
PAGE THREE

RESPIRATORY SYSTEM: The right lung weighs 610 gm, the left 530 gm. The visceral pleurae are smooth and glistening. The cut surfaces are moderately congested. The larynx, trachea and major bronchi are lined by smooth glistening mucosa.

GASTROINTESTINAL SYSTEM: The esophagus is normal. The stomach contains 290 cc of partly digested food. The small bowel contains red-brown chyme. The large bowel contains green-brown soft stool.

HEPATOBILIARY SYSTEM: The liver weighs 1,540 gm. The surface is smooth and glistening. The parenchyma is soft and pale, and shows light yellow coloration characteristic of fatty metamorphosis. The gallbladder is normally developed and contains 7 cc of bile. The bile ducts are normally developed. The pancreas is firm and pale.

HEMATOPOIETIC SYSTEM: The spleen weighs 210 gm. The surface is smooth. The parenchyma is soft and pale. The bone marrow is firm and red-brown.

UROGENITAL SYSTEM: The right kidney weighs 250 gm, the left 240 gm. 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 140 cc of urine. The prostate is normal in size. The testicles are normally descended and within the scrotum.

ENDOCRINE SYSTEM: The pituitary, thyroid and adrenal glands are normal in size and configuration.

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeleton is normally developed and shows the previously described injuries.

CENTRAL NERVOUS SYSTEM: The brain weighs 1,770 gm. The cerebral hemispheres are symmetrical with normal convolutions. The leptomeninges are clear and glistening. The cortex is well demarcated from the white matter. 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, brain stem and Circle of Willis are normally developed.

FORENSIC PHOTOGRAPHY: Photographs are taken prior to beginning and during the autopsy.

FORENSIC RADIOLOGY: No x-rays of the body are taken.

TOXICOLOGY: Heart blood, bile and urine are submitted for routine toxicology.

HISTOLOGY: Tissue is retained in the hold jar.

NAME OF DECEDENT: (b)(3):Exemption 3 for 25(c),(b)(6) CORONER'S CASE: # 12-033
PAGE FOUR

OPINION: On the basis of the autopsy findings, it is evident that this 33-year-old white man suffered from abdominal injuries due to blunt force trauma which resulted in his ultimate demise.

Darryl J. Garber, M.D.
Forensic Pathologist

5/16/12
Date

AUTOPSY CHECKLIST LIST

Name of Decedent: (b)(3):Exemption 3 for 25(c),(b)(6) **Case Number:** 12-033

Autopsy Location: Imperial County Coroner Facility **Doctor:** Darryl J. Garber, M.D.

Date/Time: 02/21/2012 @

EXTERNAL WT 270 Blonde
HT 70" Blue
- Sclera
- Teeth
- Mouth
- Tongue
- Nose
- Chest
- Breasts
- Abdomen
- Scar Ø
- Genital
- Edema
- Skin
- Decub Ø

wnl; abrasions + contusions of chest + abdomen; wnl; multiple abrasions + contusions.

HEART WT 550
- Pericard wnl
- Hypert LVH 2.6
- Dilat
- Muscle
- Valves
- Coronary

wnl

Aorta wnl
Vessels transectal IMA.

LUNGS WT
- R 610
- L 530
- Adhes
- Fluid
- Atelectasis
- Oedema
- Congest
- Consol
- Bronchi
- Nodes

wnl

PHARYNX
TRACHEA
THYROID
THYMUS
NECK

wnl

PERITONEUM
- Fluid
- Adhes

LIVER WT 1540
- Caps
- Lobul
- Fibros

many fatty

- GB wnl ≈ 70cc bile
- Calc Ø
- Bile Ducts wnl

SPLEEN WT 210
- Color
- Consists
- Malpig

wnl

PANCREAS
ADRENALS

wnl

KIDNEYS WT
- R 250
- L 240
- Caps
- Cortex
- Vessels
- Pelvis
- Ureter

wnl

BLADDER wnl ≈ 140cc urine

GENITALIA
- Prost
- Testes
- Uterus
- Tubes
- Ovar

wnl

OESOPHAGUS wnl ≈ 200cc partly digested
STOMACH wnl ≈ 2
DUOB & SM INT
APPENDIX (P)
LARGE INT
ABDOM NODES
SKELETON
- Spine
- Marrow

Inclt 5.7-8.1cm mgt/lac of mesentery assoc transection of IMA.

BRAIN WT 1770
- Dura
- Fluid
- Ventric
- Vessels
- Ears
- Nasal Sin

wnl

PHOTO
- Yes ☒
- No ☐

TOXICOLOGY
- Blood ☒
- Bile ☒
- Urine ☒
- Stomach Content ☐
- Liver ☐
- Brain ☐
- Vitreous ☐
- Spleen ☐
- Kidney ☐

TISSUE
- Tissue Bag ☒
- Cassettes ☐
- Frozen ☐

BODY X-RAYS
- Yes ☐
- No ☒

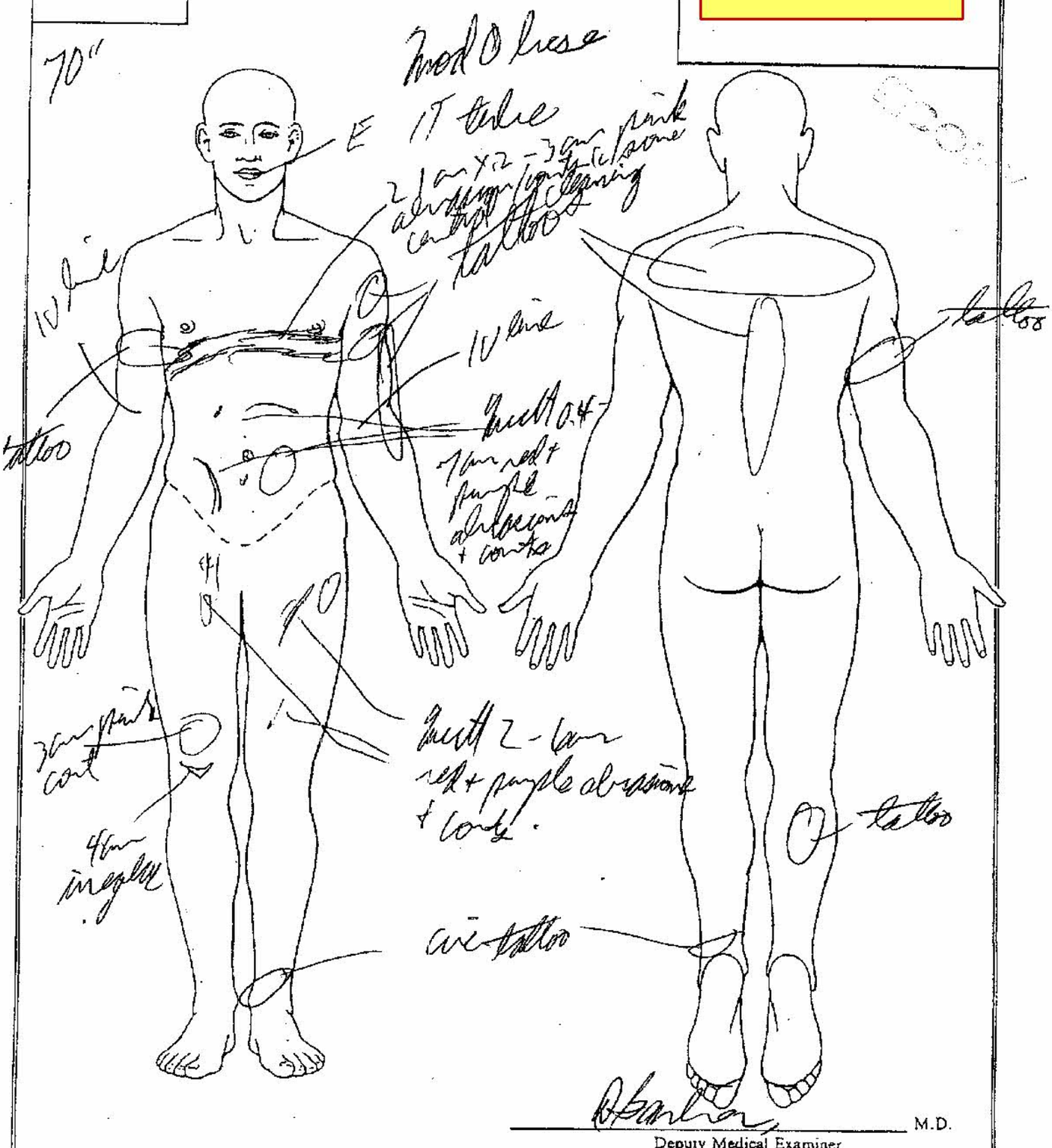
ADDITIONAL COMMENTS:

DEPARTMENT OF CORONER

20

12-033

(b)(6)



M.D.

Deputy Medical Examiner

P5793

Photograph 1

Photograph 2

Photograph 3

Photograph 4

Photograph 5

Photograph 6

Photograph 7

Photograph 8

Photograph 9

Photograph 10

Photograph 11

Photograph 12

Photograph 13

Photograph 14

Photograph 15

Photograph 16

Photograph 17

Photograph 18

Photograph 19

Photograph 20

Photograph 21

Photograph 22

Photograph 23

IDI #: 131023HCC3044
Exhibit #:

Task Number 131023HCC3044

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

Type of respondent: P - Police Department

Other, specify:

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

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

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

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

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

Model: RAZOR / **VIN:** 4XAJT87A1CB431536

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

Model Year: 2012

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

Engine Size: 20 - 875-900

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:	02/17/2012	
Age/Sex:	35 / 1 - Male	/
State of Death:	CA - CALIFORNIA	
City of Death:	GLAMIS SAND DUNES	
County of Death:	IMPERIAL	
Race:	1 - White	
Race Other:		
Hispanic/Latino:	2 - NO	

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

Death #1	Death #2
Yes ✔No Unknown	Yes No Unknown

Task Number: 131023HCC3044

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

On 02/17/2013 the victim was operating an off road Utility Vehicle (UTV) in the Glamis area of the Imperial Sand Dunes, CA when he drove over a dune and collided with the base of another dune. The victim was not wearing a seatbelt or a helmet. The victim struck the steering column with his torso and was pronounced dead at the accident scene due to blunt force trauma.

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

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

Victim 1: Yes No Unknown

Victim 2: Yes No Unknown

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

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

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

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

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

Age: 35 **Height:** 70 **(inches)**

Weight: 06 - 250+ **Sex:** 01 - Male

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

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

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

06 - Sand Dunes, Beach (Shallow Water)

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

09 - Not Applicable (Not a road)

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

09 - Not Applicable (not traffic accident)

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

0 - Unknown

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

0 - Unknown

Additional Comments:

(b)(5)

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	
131023HCC3047	2712	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2011 07 24	2013 10 24

6. Synopsis of Accident or Complaint **UPC**

A 81 year old male and a 60 year old male were in a 4 wheel UTV traveling downhill on remote fire road. The offical report provides conflicting information as to which one was the driver. The driver lost control of the vehicle and both men ejected. The 60 year old male died at the scene from blunt force chest trauma and the 81 year old was not seriously injured.

7. Location (Home, School, etc)	8. City	9. State
2 - FARM	GLENNVILLE	CA

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS	RANGER 700

10D. Manufacturer Name and Address
POLARIS INC.
1225 HIGHWAY 169 NORTH
MINNEAPOLIS, MN 55441

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
60	1 - Male	8 - Death	72 - Avulsion

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
31 - UPPER TRUNK	3 - 2nd Hand Info Only	2 - Telephone	19.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	14 - Death Certificate	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
12/19/2013	9021	Frank J. Nava

28. Distribution	29. Source Document Number
Sarah Garland; Tanya L. Topka	1106135653

EXHIBITS

1. Contact Information (1 page)
2. Kern County Fire Department Report (11 pages)
3. Kern County Coroner Report (9 pages)
4. California Highway Patrol Response (2 pages)
5. Letter to the Next of Kin (1 page)
6. UTV Data Record Sheet

Exhibit 1

CONTACT INFORMATION

California Highway Patrol
P.O. Box 942898
Sacramento, CA 94298-0001
The CHP offices in Portersville and Bakersfield were first contacted by phone in early November. A request letter was sent to the Sacramento office on November 19, 2013.

(b)(6)

A letter requesting an interview was sent on December 9, 2013 but no response was received.

Kern County Sheriff Coroner
1832 Flower Street
Bakersfield, CA 93305
The office was first contacted by phone on November 19, 2013.

Kern County Fire Department
5642 Victor Street Bakersfield, CA 93308
Phone: 661-391-7000
This office was first contacted by phone on November 19, 2013.

Exhibit 2

Incident Report

2011-1122448 -000

Kern County

Basic		
Alarm Date and Time	16:59:29	Sunday, July 24, 2011
Arrival Time	17:37:03	
Controlled Date and Time		
Last Unit Cleared Date and Time	20:08:27	Sunday, July 24, 2011
Response Time	0:37:34	
Priority Response	Yes	
Completed	Yes	
Reviewed	Yes	
Fire Department Station	K36	
Shift	C	
Incident Type	322 - Vehicle accident with injuries	
Initial Dispatch Code	ORX	
Aid Given or Received	N - None	
Alarms	1	
Action Taken 1	32 - Provide basic life support (BLS) KCFD	
Casualties	No	
EMS Provided	Yes	
Apparatus - Suppression	3	
Personnel - Suppression Personnel	4	
Property Use	659 - Livestock production	
Location Type	Address	
Address	(b)(6)	
City, State Zip		
District	010	
Directions	2.5 East on 155 from Station 36	
Latitude	17.9852865	
Longitude	-810.87915	

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By MA Date 11/19/2013

Person Involved (b)(6)	
EMS Patient	Yes
Involvement Code	VI
Last Name	(b)(3):CPSA
First Name	
Street Address	

Person Involved (b)(6)	
EMS Patient	Yes
Last Name	(b)(6)
First Name	
Street Address	
City, State Zip	

Person Involved - (b)(6)	
Occupies Property	Yes
Last Name	(b)(6)
First Name	
Street Address	
City, State Zip	

Incident Report

2011-1122448 -000

Kern County

Apparatus - KB3	
Apparatus ID	KB3
Apparatus Dispatch Date and Time	17:04:31 Sunday, July 24, 2011
En route to scene date and time	17:07:14 Sunday, July 24, 2011
Apparatus Clear Date and Time	19:10:23 Sunday, July 24, 2011
Apparatus priority response	Yes
Apparatus cancelled after dispatch	Yes
Number of People	1
Apparatus Use	1
Apparatus Action Taken 1	93 - Cancelled en route
Apparatus Type	92 - Chief officer car
Personnel 1	K0563 - Boller, Dean R Position: .FBC

Apparatus - P36	
Apparatus ID	P36
Response Time	0:08:54
Apparatus Dispatch Date and Time	17:06:23 Sunday, July 24, 2011
En route to scene date and time	17:44:25 Sunday, July 24, 2011
Apparatus Arrival Date and Time	17:53:19 Sunday, July 24, 2011
Apparatus Clear Date and Time	20:08:27 Sunday, July 24, 2011
Apparatus priority response	Yes
Number of People	1
Apparatus Use	1
Apparatus Type	16 - Patrol
Personnel 1	K1022 - Foster, Mathew Position: FF

Apparatus - E36	
Apparatus ID	E36
Response Time	0:08:55
Apparatus Dispatch Date and Time	17:04:31 Sunday, July 24, 2011
En route to scene date and time	17:44:24 Sunday, July 24, 2011
Apparatus Arrival Date and Time	17:53:19 Sunday, July 24, 2011
Apparatus Clear Date and Time	20:08:27 Sunday, July 24, 2011
Apparatus priority response	Yes
Number of People	2
Apparatus Use	1
Apparatus Type	110 - Engine, Type-3
Personnel 1	K0500 - Mehciz, Joseph C Position: FC
Personnel 2	K0861 - Corley, Justin W Position: FE

Authority	
Reported By	K0500 - Mehciz, Joseph C 00:58:49 Monday, July 25, 2011
Officer In Charge	K0500 - Mehciz, Joseph C

Incident Report

2011-1122448 -000

Kern County

Authority	
Reviewer	00:58:50 Monday, July 25, 2011 K0500 - Mehciz, Joseph C 00:58:56 Monday, July 25, 2011

Narratives	
Narrative Name	CAD Narrative
Narrative Type	CAD Narrative
Author	- ,
Narrative Text	F11042259 E Type:ORX OFFROAD RESCUE Sub Type:Disp: KAYS, PT CAN BE TAKEN TO KMC DIRECTLYE36 -- AMBULANCE ON SCENEA5- CREW HAS PHOTOGRPAHED VICTIM.PER CHP---CRONER ADVSNG THEY CANNOT MOVE THE BODY UNTIL CHP IS OSCORONER REGINA GIVING OKAY TO TRX VIA AIR5 TO KMCCHP REQ CORA CALL THEM AGAINKCSO WILL ADVCORONERCO26- VIC IN AIR5.AIR5:NRT KMC WITH 15 MIN ETAANNETTE ADV OF ETA FOR AIR 5KMC ADVSD.CHP ADVSNG ONLY RESPONDING IF NEEDEDAIR 5 OVER KMC.CHP ADVSN IF WE HAVE THE INFO ON THE MA, THEY WILL CALL CO 36 AT THE STATION FORFOLLOW UPCHP NOT RESPONDINGTO THE SCENECOMMENTS: @JONES RANCH, WHICH IS ABOUT 1 1/2 MILE NORTH OF THE STATIONTraffic / Transportation IncidentsProQA chief complaint code: 29ProQA dispatch code: 29D02Response text: 29D2k FIRE/ALS/AIR RESPONSEResponder script: You are responding to patients involvedin a traffic incident.(If known -- relay pertinent patient-specific information.) HIGH MECHANISM (kthrough s) (All-terrain/snowmobile). Unknown number of patients involved.PT UNCOOPGASH LEFT LEG BELOW THE KNEEHALL FROM METROMV1 COPIEDCO36-START KCSOKCSO ADVMV1-13 MIN ETA FOR MV11/4 MI OFF RDWYPER KCSO, CHP MAY BE CLOSER.....WILL HAVE TO BRING PT TO MV1 OR HAVE AIR5 LIFT HIM OUT DUE TO ACCESSIBLITYMV1 IS LOOKING FOR AREA FOR LZ. CO36 IS HEADED S NOWCO36-HOLD ON LAW ENFORCEMENTMV1 OVER P36HALL ADV MV1 IN THE AREAPT POSS BY POWER LINES PER MV1CO36- LAUNCH AIR5AIR5 COPY LAUNCHMV1-CO36- OBVIOUS DOANB UNION AT BEAR MOUNTAINDISREGUARD LASTMV1- 35 43 34 118 40 43, ER BASECO36- CANC GROUND AMBCO36- 2ND PT THAT REFUSED TREAMENT / TRX IS NOW "NOT LOOKING GOOD" REQ ONLYGROUND AMB CONTMV1 IS STILL OVER STA36.....PER HALL, AMB SHOULD BE ON SCENE SOONAIR5- 4 SOB, HDG 025, 2 HR FUEL, HDG 025MV1 ER BASE / ADV AIR5 VIC 123.050 / AIR5 COPY VICTORHALL REQ DIRECTIONS TO SCNCO36- PASS HOT SHOTS, RED FLAGGING ON THE ROAD WATER CROSSING WILL BE VISIBLE TOTHE DRIVEWAY AND THEN TO THE SCNAIR5- AIR5 ON SCN ATMPT TO LOC, OPS NORMALCO36- LL -35:4333.4 118 40 07.9A5HALL ADV EAST OF JACK RANCH...APROX 1 MILE EAST OF FULTONAI5- CREW ON THE GROUND, IF CORONER O

Narrative Name	Co 36
Narrative Type	Incident
Narrative Date	00:55:14 Monday, July 25, 2011
Author	K0500 - Mehciz, Joseph C
Author Rank	FC

Incident Report

2011-1122448 -000

Kern County

Narratives	
Author Assignment	1
Narrative Text	Report of an ATV accident. Responded with assistance from MV1, Air 5. CHP and Coroner choose not to respond to the scene. Coroner met Air 5 at KMC (b)(6) Who lives on this property was driving the white PU.

End of Report

Prehospital Care Report (PCR)

Kern County

Incident Number: 1122448
Patient Name: (b)(3):Exe

Scene

Alarm Time: 07/24/2011 16:59:29 **Address:** (b)(6)
Number of Patients: 2 **City:** GLENNVILLE **State:** CA **Zip:** 93226
MCI: 02 - Multiple Patient Incident **Service Type:** 01 - Scene
Location: 02 - Farm **Area:** 01 - Rural
First Arriving Unit: E36 **Paramedic Response:** No
Response Mode: 04 - Emergency

Patient Info

Address: , ,
Apt/Suite: **P.O. Box:** **Phone:** **Date of Birth:** .F.
Age: 61 Year(s) **Estimated:** Yes **Social Security:** **Gender:** Male
Race: - **Ethnicity:** **Weight:**
Chief Complaint: 0002 - DOA **Onset Time:**
Text:
Band: **Subscriber:** No **DNR Order:** No **On-Job:** No **Medicare:** **Medicaid:**

History

Provider Impression/Assessment: 28 - Obvious death
Cause of Illness/Injury: 31 - Non-traffic vehicle (off-road) accident **Severity:** 4 - Full Arrest
Primary Physician:
Allergies:
Medications:
Human Factors
None: No **Asleep:** No **Unconscious:** No **Physically Disabled:** No **Physically Restrained:** No
Unattended Person: No **Possible Alcohol:** No **Possible Drugs:** No **Mentally Disabled:** No
Pregnancy:
Signs and Symptoms
60 - Dependent Lividity

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Kern County

Incident Number: 1122448
Patient Name: (b)(3):Exem

Assessment

Cardiac
10 - Cardiac Arrest
Obvious Death
5 - Dep. Lividity

Trauma

Triage Criteria
13 - Rollover 14 - Ejection
Body Site
13 - Tib/Fib
Injury Type
03 - Avulsion
Location
01 - Left

Accident

Safety Device: 01 - None Used **Involved In/On:** 06 - ATV
Involved With: **Location re: Vehicle:** **Extrication Time (Min.):**
Kinetics
Thrown/Fallen: **Path:** **Estimated Vehicle Speed:**
Ejected From Vehicle: Yes **Condition of Winshield:** 04 - Ejected **Condition of Steering:**
Driver
Name:
Address: **City:** **State:**
Zip Code: **Phone:** **Ins. Co.:**
Policy Number: **Auto Lic.:** **State:**
Driv. Lic.: **State:**

Other

Transporting Unit: **Arrived at Patient:**
Patient Transfer:
Odometer
At Start: **At Scene:** **At Destination:**
Treatment Authorization: 01 - Protocol
Medical Consult
Facility: **Method:** **MCP ID:**
Response Mode/Priority:
Level of Care
Initial: **Highest:**
Originating Facility:
Receiving Facility
Facility: **Type:** 06 - Hospital
Contacted: No **Same as MCP:** No **Hospital Chosen By:**
Patient
Disposition: **Status:**

Narrative

Author: K0500 - Mehciz, Joseph C
Title: Co 36
E-36 and P-36 arrived at the house where the rp (the other victim (b)(6) was. (b)(6) informed us that the access road was 4x4 only and that E-36 could not make it to the site. After refusing treatment, (b)(6) offered to guide P-36 to the site. Co 36, (b)(6) and F/F 36 took P-36 to look for the accident site. After driving for about two miles on a dirt road, (b)(6) started to sound confused about where the accident site was and where the turn off was to the other pt. MV1 was overhead by now, and Co 36 had MV1 look for the accident site. MV 1 was able to locate the site and gave instruction to P-36 on how to get there. We had passed the turn by about a

Kern County

Incident Number: 1122448
Patient Name: (b)(3):Exe

mile or so. After turning around, P-36 arrived at the turnoff MV1 indicated. MV1 came on the air to inform P-36 not to start up because a white PU was on the way down and there was no place to pass. While waiting, P-36 was able to meet up with engineer 36 who had hiked in with a backboard. After the white PU cleared the road (b)(6) got into the white PU along with engineer 36 and followed P-36 up the side road (known as a downhill road only) most of the way to the accident site. Engineer 36 had them stop and stage.

Upon our arrival, F/F 36 and Co 36 checked the pt for pulse and respirations. None was found. We then checked pt for any signs of pooling. Pt had pooling in his right chest area. Pt was face down with a large (palm sized) flap of skin on his left leg just below his knee. The wound did not seem to have much blood that came from such a large wound. At this point I cancelled MV1 and asked for Air 5 to respond for removal assistance by hoist. Also had ECC notify coroner. After we received the ok from Coroner to move the pt, Air 5 hoisted the pt and took pt to KMC.

After the assessment, engineer 36 hiked to the site and stated (b)(6) was trying to hike up as well. Co 36 had F/F 36 go back down to (b)(6) to check on him and get him to the road (HWY 155) to meet up with the ambulance and try to get him to allow us to give him treatment for his injuries. I kept in contact with F/F 36 on the radio as to how things were going and getting updates. Engineer 36 stayed and assisted with extraction of (b)(6). I estimate that it took (b)(6) about one hour to hike out to get to the house to call for help. In addition, after our arrival it took about 45 minutes to get to the accident site. I do not know when the person (I think his name is (b)) in the white PU got to the accident site, but he did tell F/F 36 that pt had no pulse when he found him. I estimate that over two hours went by after the accident before our arrival and over one hour after (b)? arrived to find no pulse.

Author: K0861 - Corley, Justin W
Title: ENG. 36
I ARRIVED ON SCENE IN ENGINE 36 AND MET WITH COMPANY 36 AND THE RP (REPORTING PARTY). THE RP STATED THAT HE AND HIS FRIEND HAD BEEN INVOVLED IN THE ROLL OVER OF A OFF ROAD VEHICLE ON A REMOTE SECTION OF THE RANCH. SINCE (b)(6) (THE RP) WAS ALSO IN THE ACCIDENT WE TRIED TO ASSES HIS INJURIES BUT HE REFUSED TREETMENT AND OFFERED TO LEAD US BACK TO THE ACCIDENT. HE LSO STATED THAT THE ENGINE WOULD NOT BE ABLE TO ACCESS THE ACCIDENT SITE. CAPT. 36, FF 36, AND (b)(6) CONTINUED ON TO THE ACCIDENT IN P-36. I RETURENED TO THE ROAD IN ENG 36 TO MARK THE ENTRANCE FOR THE GROUND AMBULANCE BECAUSE OF THE LACK OF A POSTED STREET ADDRESS. WHILE MONITORING THE RADIO I HEARD MV-1 ARRIVE IN THE AREA AND CO-36 EXPRESS CONCERN THAT (b)(6) WAS HAVING DIFFICULTY FINDING THE ACCIDENT SITE.

MV-1 CIRCLED THE AREA AND REPORTED A WHITE PICKUP ON THE HILL WITH A MAN WAVING HIS ARMS, THEY ALSO STATED THAT THE ROAD WAS NEAR POWER LINES AND P-36 WOULD HAVE TO BACKTRACK TO ACCESS IT.I THEN BEGAN TALKING TO A LOCAL RESIDENT AT THE RANCH HOUSE THAT SAID HE COULD LEAD ME INTO THAT AREA ON FOOT. I DROVE THE ENGINE AS FAR AS I COULD AND THEN BEGAN HIKING IN WITH ADDITIONAL EQUIPMENT WE MIGHT NEED TO LIFT THE PATIENT OUT BY AIR. MV-1 REPORTED THE WHITE PICKUP BACKING DOWN THE HILL AND P-36 COULD NOT ACCESS IT UNTIL HE WAS OUT OF THE WAY.

I MET UP WITH P-36 NEAR THE ACCESS ROAD ABOUT THE TIME THE WHITE PICKUP FINISHED COMING DOWN. P-36 DROPPED OFF (b)(6) AND CONTINUED UP TO THE ACCIDENT. I JUMPED IN THE WHITE PICKUP WITH MR (b)(6) AND THE DRIVER TO FOLLOW P-36. WHILE DRIVING UP THE DRIVER STATED TO ME THAT WHEN WITH THE PATIENT HE COULD NOT FEEL HIM BREATHING AND COULD FIND NO PULSE. P-36 ARRIVED ON SCENE AND I HAD THE PICKUP STAGE ABOUT 100 YRDS DOWN THE HILL. I THEN TRIED TO ASSES MR HUNT AGAIN BUT HE REFUSED AND INSISTED ON HIKING UP THE HILL. I ARRIVED ON SCENE AND CO-36 ASKED ME FOR A SECOND ASSESMENT ON THE PATIENT WHERE I FOUND NO BREATHING, NO PULSE, A LARGE OPEN WOUND TO THE LEFT LEG, POOLED BLOOD IN THE CHEST AND ABDOMEN, AND NUMEROUSE AREAS OF IMPACT TO THE BODY. I RELAYED THE INFO GIVEN BY THE DRIVER OF THE TRUCK AND CURRENT CONDITION OF MR HUNT. CO-36 CANCELLED MV-1 AND RESPONDED AIR 5 FOR RECOVERY BY HOIST. FF-36 WENT BACK DOWN TO (b)(6) AND CONVINCED HIM TO RETURN TO THE RAOD WHERE HE CAN BE CHECKED BY THE AMBULANCE. I REMAIND ON SCENE TO ASSIST WITH THE AIR LIFT.

Kern County

Incident Number: 1122448
Patient Name: (b)(3):Exe

Units

Unit ID	Dispatch Time	Enroute Time	Arrival Time	Enroute Facility	Arrive Facility	Clear Time
KB3	17:04:31	17:07:14				19:10:23
P36	17:06:23	17:44:25	17:53:19			20:08:27
E36	17:04:31	17:44:24	17:53:19			20:08:27

Prehospital Care Report (PCR)

Kern County

Incident Number: 1122448
Patient Name: (b)(3):

Scene

Alarm Time: 07/24/2011 16:59:29 **Address:** 8855 Hwy 155 Hwy
Number of Patients: 2 **City:** GLENNVILLE **State:** CA **Zip:** 93226
MCI: 02 - Multiple Patient Incident **Service Type:** 01 - Scene
Location: 02 - Farm **Area:** 01 - Rural
First Arriving Unit: E36 **Paramedic Response:** No
Response Mode: 04 - Emergency

Patient Info

Address: (b)(6)
Apt/Suite: **P.O. Box:** **Phone:** **Date of Birth:** (b)(6)
Age: 81 Year(s) **Estimated:** No **Social Security:** **Gender:** Male
Race: 1 - White **Ethnicity:** **Weight:**
Chief Complaint: 201 - Motor Vehicle **Onset Time:**
Text:
Band: **Subscriber:** No **DNR Order:** No **On-Job:** No **Medicare:** **Medicaid:**

History

Provider Impression/Assessment: NN - None/no patient or refused treatment
Cause of Illness/Injury: 31 - Non-traffic vehicle (off-road) accident **Severity:** 1 - Non-Urgent
Primary Physician:
Allergies:
Medications:
Human Factors
None: No **Asleep:** No **Unconscious:** No **Physically Disabled:** No **Physically Restrained:** No
Unattended Person: No **Possible Alcohol:** No **Possible Drugs:** No **Mentally Disabled:** No
Pregnancy: -

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Kern County

Incident Number: 1122448
Patient Name: (b)(3):

Assessment

Trauma

Triage Criteria
13 - Rollover 14 - Ejection
Bleeding
04 - Venous
Body Site
01 - Head/Scalp 06 - Fore Arm
Injury Type
16 - Laceration 01 - Abrasions
Location
03 - Medial 033 - Posterior
Severity
02 - Non-Incapacitating; 2nd Degree for Burns 02 - Non-Incapacitating; 2nd Degree for Burns

Accident

Safety Device: 01 - None Used **Involved In/On:** 06 - ATV
Involved With: **Location re: Vehicle:** **Extrication Time (Min.):**
Kinetics
Thrown/Fallen: **Path:** **Estimated Vehicle Speed:**
Ejected From Vehicle: No **Condition of Winshield:** **Condition of Steering:**
Driver
Name:
Address: **City:** **State:**
Zip Code: **Phone:** **Ins. Co.:**
Policy Number: **Auto Lic.:** **State:**
Driv. Lic.: **State:**

Other

Transporting Unit: **Arrived at Patient:**
Patient Transfer:
Odometer
At Start: **At Scene:** **At Destination:**
Treatment Authorization: 01 - Protocol
Medical Consult
Facility: **Method:** **MCP ID:**
Response Mode/Priority:
Level of Care
Initial: **Highest:**
Originating Facility:
Receiving Facility
Facility: **Type:** 06 - Hospital
Contacted: No **Same as MCP:** No **Hospital Chosen By:**
Patient
Disposition: **Status:**

Narrative

Author: K1022 - Foster, Mathew
Title: FF 36
When I first made contact with the patient, (b)(6) he refused medical. I could see he had a contusion on top of his head, scrapes on his let arm, and that his left leg was bothering him. I continued to ask the patient to let me check him over several times, to the point of him being agitated. When hall ambulance arrived we again tried to convince the patient to let us check him over and he again refused. It wasn't until his domestic partner arrived and help to convince the patient to let us check him out. We did a full assessment on the patient. We gathered his vitals, checked his back, his neck, his grip strength, pupils, made sure he was alert times four, checked his left

Kern County

Incident Number: 1122448
Patient Name: (b) (3) :

ankle, his left arm, and the contusion on top of his head. Everything checked out alright, except for his BP and Heart rate which was a little high. We made the suggestion that he should go to the hospital, but the patient refused. I then had patient sign a AMA form, as did Halls ambulance crew

Author: K0500 - Mehciz, Joseph C
Title: Co 36
Upon our arrival pt was at the house about one mile from the accident. pt was the only one that we had to show us were the other victim was. First I asked if he needed or wanted medical treatment and he refused. pt got into p-36 with myself to show us how to get to the other pt. We passed the turnoff and pt was not sure how to get to the other pt by now. MV1 was over head by now and assisted in the search. MV1 found the accident site and gave p-36 directions into the site. the road was steep and narrow and according to MV1 there was no room to pass. MV1 advised that a white truck was coming down from the accident site and we needed to wait before going up. At this point pt exit P-36 and got into the other man's PU. P-36 with F/F 36 proceeded up to the site and Engineer 36 went up with the other PU with pt inside. pt is still refusing any treatment. Upon arrival pt started to clime up the hill on foot to get to the site. I assigned F/F 36 to stay with pt till ambulance arrived at the house and to get pt to the house. F/F 36 was able to get back to the house with pt for evaluation.

Flowchart

Event Time	Aid Given	Provider #	Success	Charge
22:35:19	03 - Assessment/Vitals BP = 134/96; Pulse = 136; Resp. = 18	K1022	No	

Total Charges:

Units

Unit ID	Dispatch Time	Enroute Time	Arrival Time	Enroute Facility	Arrive Facility	Clear Time
KB3	17:04:31	17:07:14				19:10:23
P36	17:06:23	17:44:25	17:53:19			20:08:27
E36	17:04:31	17:44:24	17:53:19			20:08:27

Exhibit 3

Kern County Sheriff/Coroner

Coroners Section

1832 Flower Street
Bakersfield, CA 93305

FINAL REPORT

CALL INFORMATION		
REPORT NUMBER : C01338-11	CASE TYPE : Investigation	DATE/TIME : 7/24/2011 18:35
NOTIFIED BY : California Highway Patrol Bakersfield		TELEPHONE : (661)864-4400

DECEDENT INFORMATION		
NAME : (b) (3) :Exemption 3	AKA :	
AGE : 60 Years	SEX : Male	RACE : Caucasian
DATE OF BIRTH : [redacted]	SSN : [redacted]	MARITAL STATUS : Married
RESIDENCE : (b) (6) Bakersfield, CA 93308		

NEXT OF KIN INFORMATION	
NAME : (b) (6)	RELATIONSHIP: Spouse
ADDRES Bakersfield, CA 93308	
NOTIFIE	NOTIFIED DATE: 7/24/2011 20:00

DEATH INFORMATION		
DEATH PLACE : On Fire Trail		ADDRESS : Highway 155, 2 miles east of Pascoe Rd., Glennville, CA 93226
DATE : 7/24/2011	TIME : 17:54 Found	PRONOUNCED/AFFIRMED BY : Kern County Fire Department
** NOTE :	Blank field indicates procedures or service not applicable or deferred by Coroner's Office.	

ADMINISTRATIVE		
TRANSPORTED BY : Heritage Mortuary Service	AUTOPSY PATHOLOGIST : Dr. Robert Whitmore	
TOXICOLOGY LAB :	TYPE OF EXAMINATION : External Examination	
DEATH CERTIFICATE SIGNED BY : Patricia Tello, Deputy Coroner		
FUNERAL HOME : Neptune Society of Central California		PHONE : (661)325-3963
INVESTIGATING AGENCY : California Highway Patrol Bakersfield	INVESTIGATOR : Officer Jeremy Mullens	REFERENCE NO. : Incident #214D0724
ADDRESS : 4040 Buck Owens Blvd.,Bakersfield, CA 93308		

INJURY INFORMATION	
DATE OF INJURY : 7/24/2011	TIME OF INJURY : 00:00 Unknown
PLACE OF INJURY : Forrested Area	
LOCATION OF INJURY : Highway 155, 2 miles east of Pascoe Rd., Glennville, CA 93226	
HOW INJURY OCCURED : Unrestrained passenger of off road vehicle that lost control and overturned	

COPY

IMPOUNDED PROPERTY

Description	Released By	Date Released	Released To	Relation-ship
Brown with cards	Patricia Tello	7/26/2011	Linda Burtch	Spouse
Chase Visa	Patricia Tello	7/26/2011	Linda Burtch	Spouse
American Express	Patricia Tello	7/26/2011	Linda Burtch	Spouse
Wells Fargo Business	Patricia Tello	7/26/2011	Linda Burtch	Spouse
Wells Fargo Mastercard	Patricia Tello	7/26/2011	Linda Burtch	Spouse
Alaska Airlines	Patricia Tello	7/26/2011	Linda Burtch	Spouse
Sterling HSA	Patricia Tello	7/26/2011	Linda Burtch	Spouse
$207.00	Patricia Tello	7/26/2011	Linda Burtch	Spouse
W/M money clip (4B)	Patricia Tello	7/26/2011	Linda Burtch	Spouse
W/M Seiko	Patricia Tello	7/26/2011	Linda Burtch	Spouse

Total Collected		Total Cash		Total Coins
$0.00	=	0.00	+	0.00

CAUSE OF DEATH

CAUSE A : Blunt Force Chest Trauma

CAUSE B :

CAUSE C :

CAUSE D :

OTHER SIGNIFICANT CONDITIONS : None

COPY

NARRATIVE

On July 24, 2011 at 1835 hours, I received a call from Blake of the Kern County Fire Department Dispatch reporting an off road fatality in a rural area off Highway 155, 2 miles east of Pascoe Road in Glennville. He told me the decedent was located in an area of steep terrain area about an hour hike in from the roadway. He told me Air 5, the Kern County Sheriff's Office Helicopter, was on scene and requested to hoist the decedent from the scene to Kern Medical Center due to the remote location. I granted Air 5 to airlift the decedent from the scene to Kern Medical Center; however, I requested scene photographs prior to moving the decedent.

At 1915 hours, I received a call from the Kern County Fire Department Dispatch stating Air 5 was en-route to Kern Medical Center. I arrived at Kern Medical Center helipad area and Air 5 arrived at the landing port at approximately 1935 hours. I met with Deputy Kevin Austin who told me two EMT deputies were hoisted down to the scene located at GPS coordinates N35 43.34 and W118 40.43 in the Glennville area. Deputy Austin told me he photographed the scene. Air 5 personnel removed the decedent from the helicopter and assisted me with transferring the decedent to a gurney. The decedent was transported to the Coroner's Office.

Upon the arrival of the decedent at the Coroner's Office, I observed the decedent. He wore a tan flowered print shirt, tan shorts, two white socks and one white tennis shoe. He was covered with soft dirt. I observed a laceration on his forehead and on his chin. I saw abrasions on his chest and abdomen. I observed a large open burn wound to his left. I removed a wallet from his left pocket and positively identified the decedent by his California Commercial Driver's License as Dennis (b)(6) (b)(6) a 60 year old Caucasian male.

I called and spoke to Officer Jeremy Mullen of the California Highway Patrol. He told me on July 24, 2011 at 1703 hours the Kern County Fire Department received a call from (b)(6) who reported (b)(6) walked at his home and said he was involved in an off road accident along with his friend (b)(6) was injured and at the scene. (b)(6) stated he walked for about two hours until he located the nearest residence to call for help. At 1737 hours, the Kern County Fire Department arrived and (b)(6) led them to the scene which was located off Highway 155, 2 miles east of Pascoe Road in Glennville. The Kern County Fire Department arrived on scene at 1754 hours and confirmed the death of (b)(6)

Officer Mullen told me (b)(6) was the operator of a red Polaris Ranger 700, side by side ATV with the decedent as the passenger. They were traveling on a steep downhill well maintained dirt fire trail. He said (b)(6) lost control and overturned several times, ejecting (b)(6) t and decedent out of the vehicle. He said the decedent was located 60 feet east of the vehicle. Officer Mullen told me the decedent and (b)(6) were not restrained and not wearing helmets. For further details surrounding this incident, refer to the California Highway Patrol incident #214D0724.

After completing an investigation in conjunction with the California Highway Patrol, the death of (b)(3):CPSA Section was determined to be an accident.

FINAL DISPOSITION TYPE : Cremation/Residence	LOCATION OF DISPOSITION : Residence Of: (b) (6) - Spouse
ADDRESS : 620 Granite Rock Road, Bakersfield, CA 93308	

INVESTIGATING DEPUTY CORONER : Annette Pinales	MANNER : Accident	DATE CLOSED : 8/27/2011 1:45:00 PM

REPORTING DEPUTY CORONER : (SIGNATURE) Annette Pinales	APPROVED BY: Kelly Cowan (SIGNATURE)

COPY

DONNY YOUNGBLOOD
SHERIFF-CORONER-PUBLIC ADMINISTRATOR

COPY

CORONER DIVISION
1832 Flower Street
Bakersfield, CA 93305
Telephone: (661) 868-0100

REPORT OF AUTOPSY

DECEDENT: (b)(3):Exemption 3 for 25(c),(b)(6)

CASE: C01338-11

DATE OF EXAMINATION: July 26, 2011

TIME: 0900 Hours

PERSONS PRESENT AT EXAMINATION:
Autopsy Assistants:
Isabel Parra and Heidi Dupuis

EXAMINATION FINDINGS

I. Blunt force chest trauma.
   A. Flail chest with crepitant anterior rib fractures and subcutaneous emphysema.

II. Contusions and abrasions of face and puncture wound left jaw.

III. Contusion and abrasions right upper arm and forearm and dorsal left hand.

IV. Large contusion epigastrium and abrasion right upper quadrant.

V. Gaping anterolateral left knee laceration.

VI. Mild obesity.

VII. No significant natural disease.

VIII. No other trauma.

CAUSE OF DEATH: Blunt force chest trauma.
MANNER OF DEATH: Accident.

COPY

OPINION: According to the investigator's report the decedent is a 60 year old operator of a Polaris Ranger 700 ATV with one passenger who was descending a steep grade, lost control and overturned several times, ejecting both occupants. The decedent was dead at the scene.

Examination shows blunt force chest trauma causing death. Examination also shows multiple other abrasions, contusions and lacerations and mild obesity. There is no significant natural disease and no other trauma on the body.

Toxicology shows

The cause of death is blunt force chest trauma.

From the scene investigation, examination and circumstances around the death as currently known, the manner of death is classified as accident.

IDENTIFICATION: The decedent is received in a zippered body pouch with a Kern County Coroner tag encircling the left great toe stating, "Dennis Burtch, C01338-11, Investigator Pinales, 7/24/11."

CLOTHING AND PERSONAL EFFECTS:
No clothing is on the body at the time of examination. See examination room clothing list.

EVIDENCE OF MEDICAL INTERVENTION: None.

EXTERNAL EXAMINATION

GENERAL: The body is that of a normally developed, mildly obese Caucasian adult male appearing consistent with the listed age of 60 years. The length is 76 ½ inches and weight 286 pounds as received. The body is well preserved, refrigerated and unembalmed. Rigor mortis is present and full. Postmortem lividity is posterior and nearly fixed. No scars or tattoos are appreciated. There is a film of soft dirt over the skin surfaces.

HEAD: The scalp is covered with 2 inch long wavy gray hair with mild male patterned balding. The face is clean shaven. The ears are normally formed and located. The irides are hazel, the corneas clear and the conjunctivae are free of petechiae. The sclerae are white and free of hemorrhage. The nose is otherwise intact (see External Evidence on Injury). The lips are normally formed and atraumatic. The frenulae are atraumatic. The teeth are natural and in good condition. No foreign material is in the mouth.

NECK: The neck is symmetrical and atraumatic.

COPY
C01338-11

CHEST: See External Evidence of Injury. The chest is otherwise normally formed. The breasts are symmetrical without palpable masses.

ABDOMEN: The abdomen is mildly obese and soft without palpable masses. See External Evidence of Injury.

EXTERNAL GENITALIA: The external genitalia are those of a normal adult male.

ARMS: The arms are normally formed (see External Evidence of Injury). No recent needle punctures or old track marks are appreciated. No wrist scars are present. The palms are dirty, but otherwise unremarkable. The dorsum of the hands and knuckles are otherwise atraumatic (see External Evidence of Injury). The fingernails show up to 3/16 inch of overhang and are focally dirty. The nailbeds are cyanotic.

LEGS: The legs are normally formed without edema or natural deformity. The legs are thick. See External Evidence of Injury.

BACK: The back is straight, symmetrical and atraumatic. The anus is atraumatic.

EXTERNAL EVIDENCE OF INJURY

A. Head and Neck:

1. The lower medial left forehead shows a 1 x 1 inch irregular red-purple superficial abrasion. In addition, there are half a dozen focal small irregular superficial abrasions on the forehead, averaging ¼ inch in greatest dimension. The nose shows a red contusion over the bony bridge, measuring ¾ x ¾ inches. The fleshy nose shows half a dozen focal red-purple superficial abrasions averaging ¼ inch in greatest dimension. The left jaw line shows an ovoid puncture wound measuring 1 x ¾ inches x up to ¾ inch depth which penetrates to the jaw line, but does not fracture the mandible.

B. Torso Front:

1. The chest is flat in the AP dimension. Upon palpation, there is crepitance bilaterally over the precordium, secondary to multiple anterior rib fractures. In addition, there is crepitance subcutaneously due to subcutaneous emphysema.
2. The upper left abdomen shows a 3 x 4 inch ovoid to irregular purple-black bruise. The upper right abdomen shows a 2 x 3 inch irregular red-purple superficial abrasion. The lateral mid right flank shows a linear yellow superficial abrasion measuring 2 ½ x ½ inch.

C. Arms:

1. The medial right upper arm shows an irregular red-purple contusion measuring 4 x 2 ½ inches.

COPY

2. The medial aspect of the elbow area shows a 4 x 1 ½ inch irregular red-purple superficial abrasion.
3. The dorsum of the left hand shows a 1 ¼ x 1 ¼ inch irregular red-purple superficial abrasion.

D. Legs:
1. The lateral left knee shows a gaping hinged penetrating laceration measuring 6 inches in vertical and gaping to 1 inch in AP dimension. The posterior flap is undermined a depth of 4 inches forming a pocket posterolateral to the left knee which contains copious amounts of liquid blood.

E. Back:
1. None.

INTERNAL EXAMINATION

None.

SPECIMENS RETAINED

TOXICOLOGY: Samples of peripheral blood, vitreous humor and urine are retained.

HISTOLOGY: None.

PHOTOGRAPHS: An identification digital photograph is taken. Overall digital photographs are taken. Multiple close up digital photographs are taken.

X-RAYS: No x-rays are taken.

8/19/2011
Date Signed

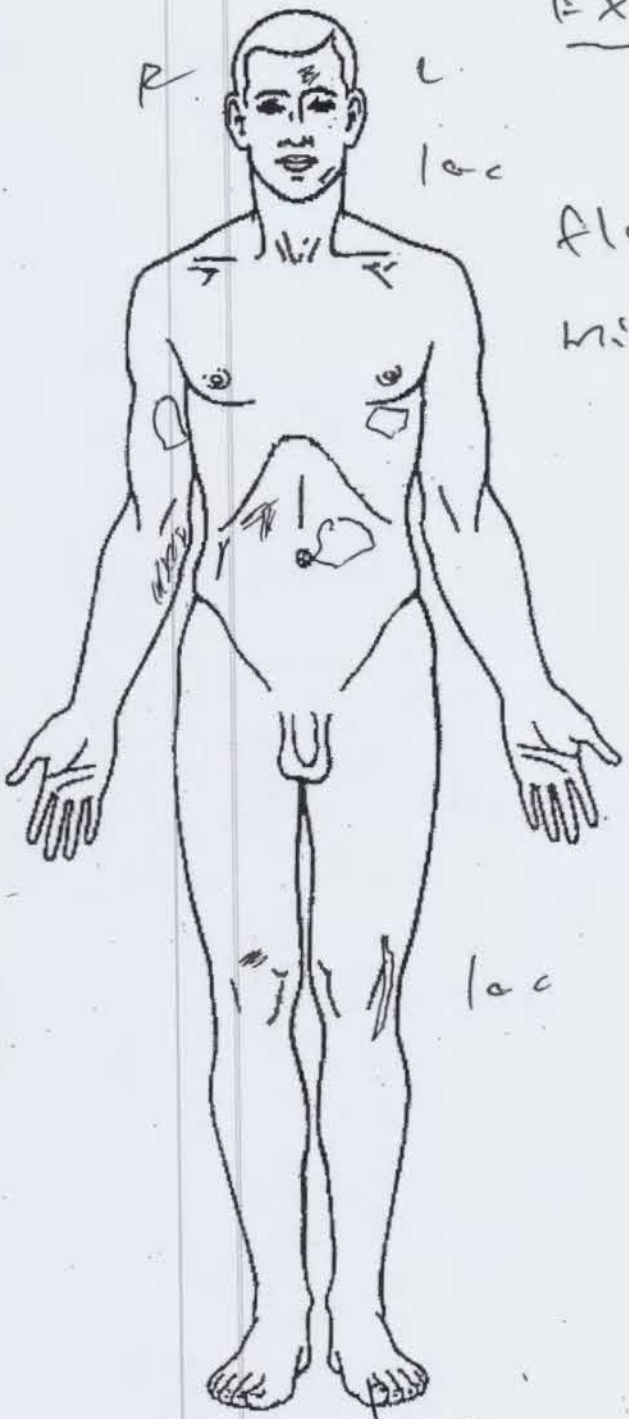
Robert E. Whitmore, M.D.
Forensic Pathologist

REW/cat
D: 7/26/2011 T: 8/15/2011
Rev: 8/19/2011

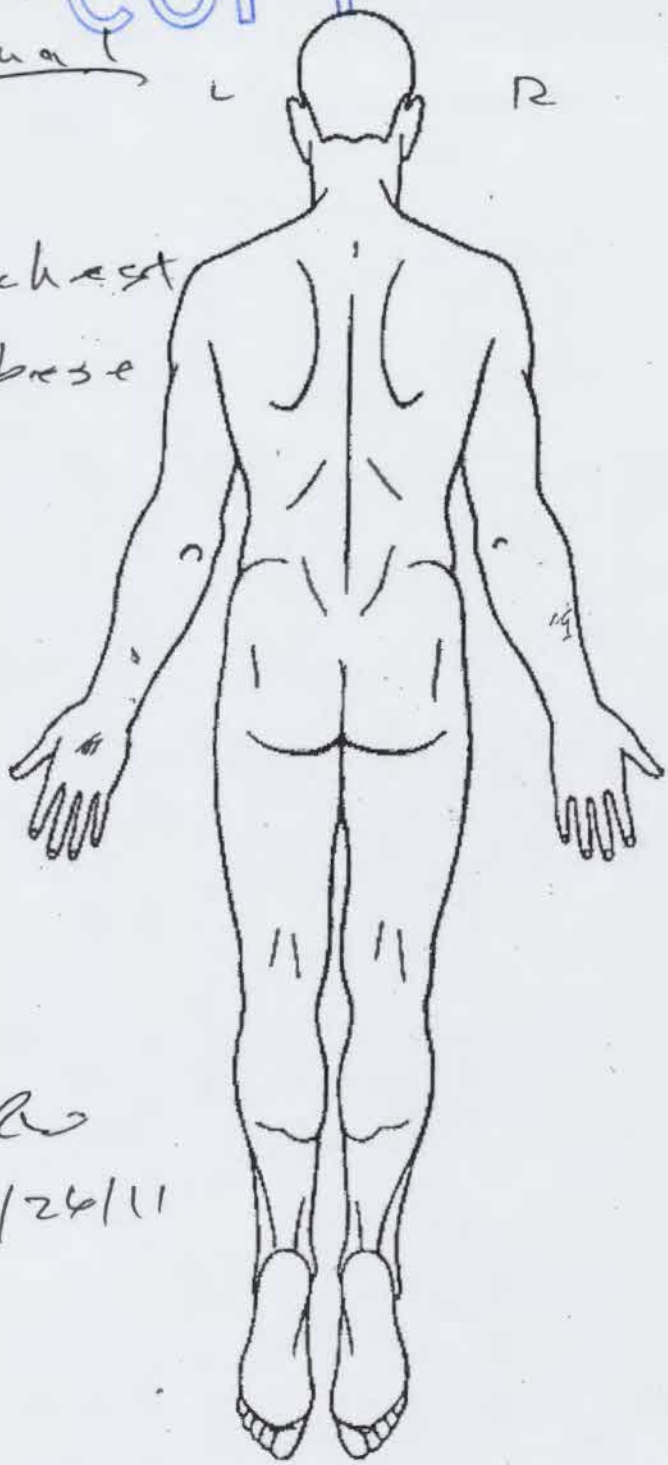
KERN COUNTY SHERIFF-CORONER'S OFFICE
1832 Flower Street, Bakersfield, CA 93305 (661) 868-0100

COPY

External



flail chest
mild obese



7/26/11

KCCO I.D.
0900
0915

7/26/2011
(b)(3):Exemption 3 for 25(c), (b)(6)
C01338-11
REW

Hair Color Gry	Eye Color Hazel
Teeth Nat ↑↓ good	Beard (Y/N)
Weight 286	Moustache (Y/N)
Height 76.5"	Clothing S.S. leaf print button-up gra/wht/blk shirt, tan shorts, brown braided belt 2 wht socks, wht handkerchief, 1 blu/wht tennis shoe, wht. boxer briefs
Rigor	
Livor	Seal No. Wht. Sheet
	Toe tag: C01338-11

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

7-24-11 Pinales

ORGAN WEIGHT (g)	Commen'
HEART	RV: LAD: TCV: LV: RCA: PV: IVS: LC: MV: LM: AV:
LUNGS Left Right	
Thymus/Neck Organs	
SPLEEN & Lymphatic	
LIVER & GB	
ADRENAL GLANDS	
PANCREAS	
KIDNEYS Left Right	
PELVIC ORGANS & Genitalia	UFOs: _____ Urine (Vol/Color): _____
G-I TRACT	Appendix: (Y / N / U) Abdominal Fat: _____ (cm / in) Gastric (Volume/Contents): _____
MUSCULOSKELETAL	Fractures:
BRAIN	
OTHER	
TOX	SENT: Vitreous _____ Liver _____ Cassettes _____ Blood 20 Site: Fem DTA Muscle _____ Other _____ Blood _____ Site: Brain _____ HOLD: Vitreous 8 ml Site: Fem Gastric _____ Liver _____ Blood 20 Site: Subcla Urine 5 FTA Cards _____ Blood RB Brain _____ Other _____ Bile _____ Spleen _____

COPY

(LABEL)
C01338-11

Start Time: 0900 hrs
Stop Time: 0915 hrs

FT Initials:
(HD / IP / CW)
21

Revised 09/16/10:cw

Assignment 131023HCC3047

Exhibit 4

State of California—Business, Transportation and Housing Agency EDMUND G. BROWN Jr., Governor

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
P.O. Box 942898
Sacramento, CA 94298-0001
(916) 843-3050
(800) 735-2929 (TT/TDD)
(800) 735-2922 (Voice)

By E-Mail to mnotsch@cpsc.gov and by U.S. Mail

December 6, 2013

File No.: 4.A9684.R578

Mary B. Notsch, Product Safety Investigator
U.S. Consumer Product Safety Commission
812 Cole Street, #113
San Francisco, CA 94117

Re: Your Correspondence dated November 19, 2013

Ms. Notsch:

The above correspondence addressed to the attention of "Records Request" at the Sacramento Headquarters facility of the California Highway Patrol ("the Department") was received on yesterday's date in this office.

Your correspondence requests "a copy of . . . [the] complete police report"[1] for an incident occurring on July 24, 2011 in which (b)(3):CPSA S was killed while riding an all-terrain-vehicle (ATV) in the area of "Highway 155 2.5 miles east of Pascoe Road, Glenville, CA." You also provided an "incident number" of 214DO724.

The Department's Bakersfield Area command (for Kern County) and the Porterville Area command (for Tulare County) were contacted and requested to secure and provide to this office a copy of the report in question. Neither area was able to locate such a report. The incident number, 214DO724, is not a formatted report number style used by the Department.

If you have any additional information concerning this incident you are encouraged to provide it directly to this office. You may also wish to contact the Kern County Sheriff's Department (Glenville is located in Kern County) to see if that department was the one which prepared the

[1] If photographs exist they are included as part of the report.

report.

Questions concerning this correspondence can be directed to this office.

Sincerely,

JONATHAN S. ROTHMAN, Esq.
Special Counsel (004)
Commissioner's Office
California Highway Patrol

(b)(5)

IDI #: 131023HCC3047
Exhibit #: 6

Utility Vehicle Data Record Sheet

Front

A Un Driver	B (U Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
Age: 60	Height: 76.5"	
Gender: m	Weight: 286	
Helmet (Y/N): n	Seatbelt (Y/N): n	
Killed/Injured/Neither/Unknown: killled		
Injury Description: blunt force chest traun		
Did vehicle land on victim: no		
Ejected (Either partially or fully): fully		

B:		
Age: 81	Height: Unknown	
Gender: m	Weight: unknown	
Helmet (Y/N): n	Seatbelt (Y/N): n	
Killed/Injured/Neither/Unknown: injured		
Injury Description: lacerations, burns		
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.

Save

IDI #: 131023HCC3047
Exhibit #:

Task Number 131023HCC3047

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

Type of respondent: C - Coroner's Office
Other, specify:

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

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

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

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

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

Model: RANGER 700 / **VIN:**

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

Model Year: UNKN

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

Engine Size: 16 - 675-700

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:	07/24/2011	
Age/Sex:	60 / 1 - Male	/
State of Death:	CA - CALIFORNIA	
City of Death:	GLENNVILLE	
County of Death:	KERN	
Race:	1 - White	
Race Other:		
Hispanic/Latino:	2 - NO	

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

Death #1	Death #2
Yes ✔No Unknown	Yes No Unknown

Task Number: 131023HCC3047

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

A 81 year old male and a 60 year old male were in a 4 wheel ATV traveling downhill on remote fire road. The offical report provides conflicting information as to which one was the driver. The driver lost control of the vehicle and both men were ejected. The 60 year old male died at the scene from blunt force chest trauma and the 81 year old was not seriously injured.

9. Did the ATV overturn/tipover/rollover? 01 - Yes

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

Victim 1:			**Victim 2:**		
Yes	✔No	Unknown	Yes	✔No	Unknown

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

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

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

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

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

Age: 60 **Height:** 76 **(inches)**

Weight: 06 - 250+ **Sex:** 01 - Male

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

1. - Organized Program **Sponsor's Name:**
2. - Dealer/Salesperson **Arranged through dealer:**
3. - Friend/Relative **Friend/Relative Age:**
4. - Self
5. - Other (Specify)

✔9. - Don't Know

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

07 - Field, Pasture, Farmland, Ranchland

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

02 - Private Road

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

09 - Not Applicable (not traffic accident)

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

0 - Unknown

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

0 - Unknown

Additional Comments:

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
131106HNE0001	9102	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2013 03 29	2013 11 06

6. Synopsis of Accident or Complaint **UPC**

An 18 year old male stole a UTV. He was driving the UTV down a paved road without lights at night when he crossed the center line and ran head on into a pickup truck. The UTV driver was killed on scene and the truck driver was transported to the hospital with undescribed injuries. The UTV driver had a blood alcohol level of .209 and tested positive for controlled substances.

7. Location (Home, School, etc)	8. City	9. State
4 - STREET OR HIGHWAY	CLEWISTON	FL

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS RANGER	RANGER

10D. Manufacturer Name and Address
POLARIS INDUSTRIES INC.
2100 HIGHWAY 55
MEDINA, MN 55340

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	4 - American Indian/Alaska Native Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
18	1 - Male	8 - Death	62 - Intern. Org. Inj.

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	11.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	12 - MECAP	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
11/08/2013	9001	Dennis R. Blasius

28. Distribution	29. Source Document Number
Sarah Garland; Tanya L. Topka	X1390437A

This investigation was initiated by a MECAP report received by the CPSC.

The information contained in this investigation was supplied by the following sources:

1. The sheriff's department report
2. The medical examiner's report.

Victim – 18 year old male, 96 pounds, height unknown (UTV driver)
Victim – 53 year old male, ht. and wt. unknown (pickup truck driver)

This incident involves the death of the victim on 3-29-2013 in rural Hendry County Florida when his UTV struck a pickup truck. The location was SW of Clewiston, FL. The official reports indicate the vehicle is an ATV but upon looking up the name of the vehicle, it is a UTV instead.

The reports list the age of the UTV driver as 18 and 19. However page 23 of the Florida Highway Patrol's report included as exhibit 2, indicates his date of birth as [redacted]. That would make the age of the victim 18.

Google Internet photograph of the highway were the crash occurred, facing East.

The victim/UTV driver was angry and emotional after he had recently learned that he had been adopted and that his mother was not his biological mother.

The 18 year old male had stolen the UTV from an acquaintance and was under the influence of alcohol and controlled substances. His alcohol level was .209 g/dL.

According to the Florida Highway Patrol's report, the victim was unfamiliar with the UTV but was familiar with the area. The area was dark and there was no artificial lighting. There had been no precipitation and no other significant environmental factors which contributed to this crash which occurred at approximately 2037 hours. Please see exhibit #2

The truck had been traveling approximately 60 mph traveling east. According to the report, he suddenly saw a red streak coming across the road. At about 150 feet away, he slammed on his brakes thinking someone had passed out behind the wheel and was going to hit the ditch. The UTV did not have any lights on. Suddenly the two vehicles struck head on. The report indicates that the driver of the truck did have his headlights on.

The UTV had crossed the center line and struck a pickup truck head on. The UTV driver was killed on scene and the truck driver was transported to the hospital with un-described injuries. Pre-crash speeds for the two vehicles could not be determined.

A copy of the medical examiner's report is included as exhibit #3. The VIN number for the UTV was not documented in the official reports. The firm which towed the UTV could not be contacted through phone numbers on the Internet which did not answer. It appears the firm may have gone out of business so the VIN number could not be determined.

Product Information:

UTV 4 wheels
2000 Polaris Ranger VIN: not documented
Polaris Industries Inc.
2100 Minnesota 55, Medina, MN 55340
(763) 542-0500

Attachments:

Exhibit #1	Contacts
Exhibit #2	The sheriff's department report
Exhibit #3	The medical examiner's report
Exhibit #4	Data Record Sheet for UTV's

Identification of Parties:

Contacts made by this investigator:

10-17-2013
Lee County Medical Examiner District 21
Rebecca A. Hamilton, M.D.
70 Danley Dr.
Ft. Myers, FL 33907
239-277-5020
239-277-5017 fax

10-28-2013
Florida Highway Patrol Troup H
Attn: Records Dept., only crash reports from this office
2900 Appalachia Parkway, Room
Tallahassee, FL 32399
850-617-2397 Homicide Crash Records
850-617-5144 fax

Contacts made by the consumer:

NA

FLORIDA
HIGHWAY PATROL

SUBJECT: **TRAFFIC HOMICIDE INVESTIGATION RELEASE**

CASE NO.:

INVESTIGATOR: Corporal Jeff Rongish

This is to certify that the above captioned case was reviewed by the Florida Highway Patrol and does not meet the Florida Highway Patrol's requirements for State Attorney review or release. The Florida Highway Patrol will release the above captioned case as a public record in accordance with Florida Statutes.

(Signature of Reviewing Supervisor)

(Reviewing Supervisor's Name – Typed/Printed)

8-14-12
(Date)

(Approving Supervisor's Name – Typed/Printed)

08/16/2013
(Date)

FLORIDA

HIGHWAY PATROL

TRAFFIC HOMICIDE INVESTIGATION

PREPARED BY: Jeff M. Rongish, Corporal

TABLE OF CONTENTS

Page(s)	
1	Prosecutor's or Supervisor's Release (HSMV 62710 or HSMV 62004)
2	Cover Sheet (HSMV 62699) or (HSMV 62700)
3	Table of Contents (HSMV 62701)
4-11	Investigative Report (HSMV 62702)
12-17	Reconstruction Diagram (HSMV 62703)
18	Witness List (HSMV 62704)
19-20	Statements and/or Written Interviews (If applicable) (HSMV 62705, HSMV 62751, HSMV 62752)
21	Chemical Test Information (HSMV 62706)
N/A	Arrest Information (HSMV 62709)
22-25	Exhibits * Florida Long Form Crash Report:
	*
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	*

Investigation Conducted by: Corporal Jeff Rongisl 07/22/13
Date

Investigation Reviewed by: 9-14-13
Supervisor Date

Investigation Reviewed by: 08/16/2013
Date

Case Number

Page 3

HSMV 62701 (Rev. 09/08)

INVESTIGATIVE REPORT

Assignment

On March 29, 2013, at 8:53 p.m., I was notified by the Fort Myers Regional Communications Center of the Florida Highway Patrol that this traffic crash had occurred on , east of , in Hendry County, Florida. This traffic crash involved one all-terrain vehicle and one pick-up truck in a head-on collision that resulted in one incapacitating injury and one fatality. I arrived at the crash scene at 9:59 p.m., to conduct a traffic homicide investigation. Trooper Travis Parks, the assigned Traffic Crash Investigator, completed a Florida Traffic Crash Report which was filed under case number:

Crash Analysis Summary

Vehicle 1 (V01) was a red, 2000, Polaris, Ranger, all-terrain vehicle, that had been traveling west on or near 3 miles east of V01 was equipped with a variable constant velocity transmission, manual steering and a hydraulic assisted front disk and single rear disk braking system. It was undetermined whether or not V01 was equipped with occupant restraint devices. V01 had no known defects or malfunctions.

V01 was operated by Driver 1 (D01), identified as 18 year old, Native American, male,

D01 did not possess a valid driver license from Florida or any other state. D01's medical history was provided by , his adoptive parent, who stated that D01 had no medical issues which would have contributed to this crash. stated that D01 had recently learned that she was not his biological mother and he had been angry and emotional since this discovery. D01's trip plan and destination were undetermined.

INVESTIGATIVE REPORT

D01 was unfamiliar with V01, but was familiar with the environment where the crash occurred. On March 29, 2013, at approximately 10:30 p.m., Officer Salvatore Gebbia of the Seminole Police Department responded to Clewiston, Florida 33440, where V01's owner, reported V01 stolen. D01 was reported to have been at the residence earlier that day. had departed the residence to run errands and upon her return, found that D01 and V01 were both gone. D01 was not given permission to use V01 and did not normally have access to the residence.

D01 was pronounced deceased at 8:47 p.m., by Paramedic of Hendry County Public Safety, while at the crash scene. D01 had been under the influence of alcoholic beverages and controlled substances at the time of the crash. A post-mortem analysis of D01's blood revealed an ethyl alcohol content of 0.209 grams ethyl alcohol per 100 milliliters of blood in addition to marijuana ingredients and metabolites.

Vehicle 2 (V02) was a black, , pick-up truck that had been traveling east in the eastbound lane of V02 was equipped with an automatic transmission, power assisted steering and a hydraulic assisted front and rear disc brake system. V02 was equipped with a Type-2 occupant restraint device (combined manual lap belt and shoulder harness) for the driver and each passenger position as well as dual front air bags and side curtain air bags. V02's steering column air bag and both side curtain air bags had deployed and V02's front left occupant restraint device had been in use at the time of the crash. V02 had no known defects or malfunctions.

V02 was operated by Driver 2 (D02), identified as 53 year old, Native American, male, D02's Florida Driver License was valid with one restriction (A) that required

INVESTIGATIVE REPORT

corrective lenses when operating a motor vehicle and no endorsements. D02 stated that he had been wearing eyeglasses at the time of the crash and there was no evidence to the contrary. D02's medical history and trip plan were provided by D02 who stated that he had no medical or mental health illnesses which would have contributed to this crash. D02 was traveling toward his residence after spending the day in West Palm Beach, visiting family in the hospital. D02 was familiar with V02, his primary means of transportation during the past two years. D02 was also familiar with the environment where the crash occurred.

D02 was transported to Broward General Hospital (303 Southeast 17th Street, Fort Lauderdale, Florida 33316) by Hendry County Public Safety, for incapacitating injuries. There was no evidence that D02 was under the influence of alcoholic beverages or controlled substances at the crash scene. D02 had no passengers.

This crash occurred at approximately 8:37 p.m., during the hours of darkness. There were no artificial lighting sources within the area of the crash. According to the United States Naval Observatory, located on the internet at http://www.usno.navy.mil, moonrise did not occur until 10:19 p.m., after the crash had occurred, thus there was no additional ambient lighting. According to WeatherUnderground, located on the internet at http://www.wunderground.com, the temperature was approximately 62 degrees Fahrenheit. There was no precipitation or other significant environmental factors which contributed to this crash. Visibility was approximately 10 miles.

On March 29, 2013, at 9:59 p.m., I arrived at the crash scene and met with Trooper Parks, who told me that V01 had been traveling westbound on or near , approaching V02, which was eastbound. For unknown reason, V01 crossed the center lane divider and continued

INVESTIGATIVE REPORT

traveling west within the eastbound lane. The front center of V02 collided with the front center of V01, within the eastbound lane of . V01 was redirected toward the northeast by V02 and came to final rest on the north shoulder. V02 continued past V01 then arced toward the right, exited the roadway and crashed through a barbed wire fence on the south shoulder. No independent witnesses were identified.

I conducted a walkthrough of the crash scene beginning west of the scene. The first evidence related to the crash consisted of a pair of skid marks from V02, through the center of the eastbound lane that began 73 feet 6 inches west of the area of collision. Located 31 feet 8 inches east of the beginning of V02's skids, at rest between the skid marks, was a detached black metal roof from V01. The area of collision was located within the center and left portions of the eastbound lane, characterized by a wide path of tire marks, roadway gouges and the beginning of a fluid debris trail. V01 and V02's paths overlay and extended northeast from the area of collision. V02's right side skid faded 67 feet 8 inches east of the area of collision, adjacent to its left side skid crossing the center lane divider. V01 and V02 separated 141 feet 4 inches east of the area of collision.

V01 slid east an additional 68 feet 0 inches and arrived at final rest, facing west, on the north edge of the roadway, 209 feet 4 inches east of the area of collision. V01 had caught fire and burned down to the metal components. D01 had been entrapped within the crushed frame of V01.

V02 entered a right arc and exited the roadway 114 feet 0 inches east of where the two vehicles had separated. V02 arrived at final rest facing south 290 feet 3 inches east of the area of collision.

INVESTIGATIVE REPORT

I photographed the crash scene and documented the location of pertinent physical evidence. All measurements were made using the zero point and reference line method and were later used to produce the attached "Reconstruction Diagram." The reference line was established as the eastbound outside edge line of A zero point was established on the reference line located 16 feet 4 inches north of the west end of a concrete culvert cap installed on the south shoulder. Refer to the "Legend Sheet" following the "Reconstruction Diagram" for specific measurements.

V01 displayed evidence of a single front-end collision and a fire. The primary direction of force applied to V01 was toward the six o'clock position and there was approximately 10 inches of crush depth damage to the front of V01. No evidence remained to indicate if V01's lights had been functioning at the time of the crash. V01's red cargo bed had detached from the frame and was unburned.

V02 displayed evidence of a single front-end collision. The primary direction of force applied to V02 was toward the six o'clock position and included the entire front end, both front fenders and the windshield. V02's left headlamp was missing; however, the right headlamp filaments displayed oxidation consistent with hot-shock, though the glass casing for the bulb was not visibly broken and there was little deformation to the filament coils. There was 1 foot 11 inches of rearward crush damage to the front of V02. Red paint transfer from V01 was visible throughout the contact area.

On April 12, 2013, at 2:50 p.m., I obtained a sworn driver's interview from D02, who after being read his constitutional rights, stated that he understood them and consented to be interviewed. D02 stated that he was the operator of V02, traveling east on , with no

INVESTIGATIVE REPORT

passengers. D02 estimated his speed to be between 55 to 65 miles per hour; the roadway was governed by a 55 mile per hour speed limit sign located 3 miles west of the crash scene.

D02 stated that he traveled on frequently and would often see wildlife crossing the roadway. D02 stated, "I was looking left and right as I went down the road. To my surprise, I saw a red streak coming across. I slammed on the brakes, thinking whoever it was had passed out behind the wheel and was going to hit that ditch." D02 described V01 as initially traveling in a southbound direction and upon entering the eastbound lane, V01 turned to travel westbound, directly toward V02. "We hit head-on! When I first noticed it, it was about 150 feet away from me, that's when I slammed on my brakes, thinking somebody just passed out. It didn't have no lights whatsoever on it. I don't know if he was on the road or on the shoulder, I just seen a whole 4-wheeler coming across."

On March 30, 2013, at 9:55 a.m., of the District 21 Medical Examiner's Office, conducted an autopsy of D01 and determined his cause of death to be, "Craniocervical dislocation due to blunt impact to head." Blood specimens were collected from D01 during the autopsy and were analyzed by Wuesthoff Reference Laboratory (Melbourne, Florida 32940). The analysis revealed an ethyl alcohol content of 0.209 grams ethyl alcohol per 100 milliliters of blood in addition to marijuana ingredients and metabolites present in D01's post-mortem blood.

On July 19, 2013, at 10:00 a.m., I spoke with , hereafter referred to as W01 (Witness 1), who stated that approximately five minutes prior to the crash, he had been driving a eastbound in the eastbound lane of . W01 stated that he had positioned his vehicle close to the center lane divider in order to give himself time to avoid any

INVESTIGATIVE REPORT

wildlife that might approach the roadway. W01 observed V01 traveling toward him, westbound, while straddling the center lane divider. V01 had no lights on. W01 stated, "That vehicle passed so fast it was just a blur, he was really flying!" W01 swerved toward the shoulder and avoided colliding with V01, but stated, there had been less than 25 yards between them before he recognized the hazard. W01 could provide no additional information other than to state that he worked for D02.

A traffic crash reconstruction was not completed in this case because elements needed for reconstruction were unable to be accurately figured. Neither V01's nor V02's pre-crash speed was determined.

I find D01 ( ), by operating a motor vehicle (V01) upon the highways within the State of Florida while having no valid driver license from Florida or any other state or country, to be in violation of **Florida State Statute 322.03 (1) – Drivers must be licensed,** which stated, "Except as otherwise authorized in this chapter, a person may not drive any motor vehicle upon a highway in this state unless such person has a valid driver's license issued under this chapter.

In addition, I find D01 ( ), by operating a motor vehicle (V01) at the time of the crash, while having a blood alcohol content of 0.209 grams of ethyl alcohol per 100 milliliters of blood and having a blood drug content containing: Marijuana ingredients and metabolites, to be in violation of **Florida State Statute 316.193 – Driving Under the Influence**, which stated, "(1) 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: (a) The person is under the influence of alcoholic beverages, any chemical substance set forth in s. 877.111, or any substance controlled under chapter 893, when affected to

INVESTIGATIVE REPORT

the extent that the person's normal faculties are impaired; (b) The person has a blood-alcohol level of 0.08 or more grams of alcohol per 100 milliliters of blood; or .....".

Lastly, I find D01 ( ), by operating a motor vehicle (V01) upon the highways within the State of Florida while traveling in a westbound direction within the eastbound lane of , to be in violation of **Florida State Statute 316.081(1) – Driving on right side of roadway**, which stated, "Upon all roadways of sufficient width, a vehicle shall be driven upon the right half of the roadway..."

Case Closing Status

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 Jeff Rongish

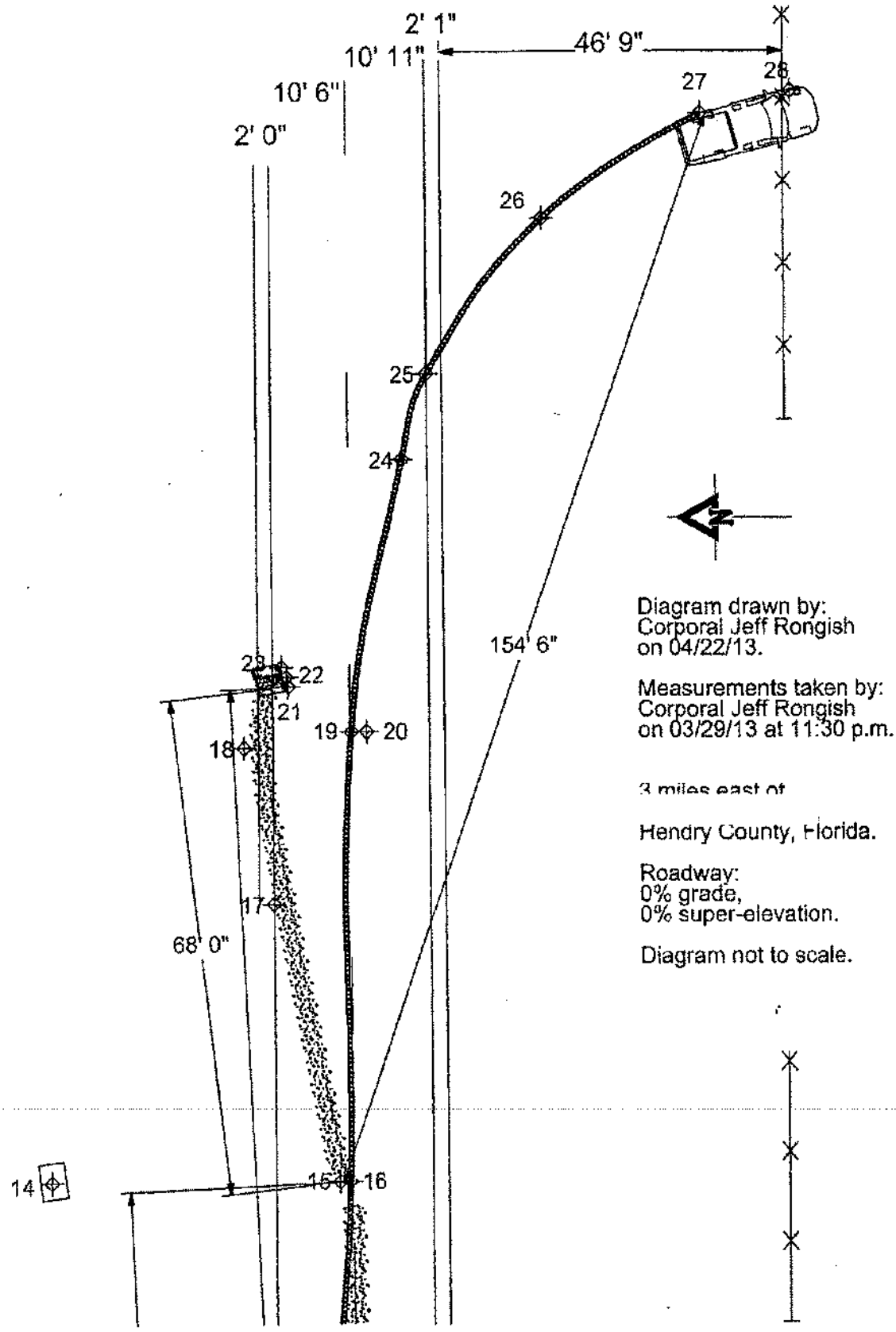
Traffic Homicide Investigator

FHP – Fort Myers District

Notary Public / L.E.O.

FHP – Fort Myers District

Reconstruction Diagram



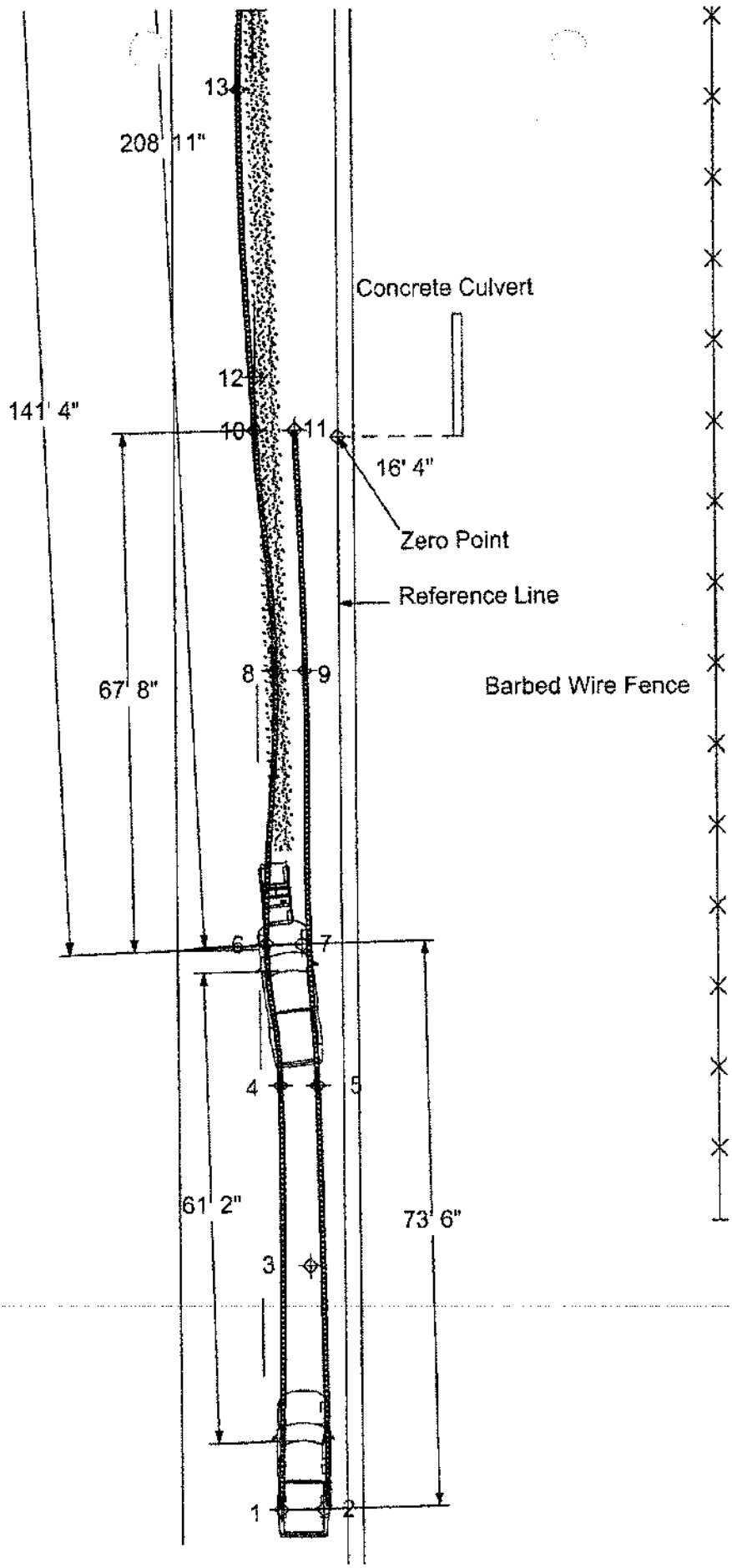

13
208' 11"
Concrete Culvert
12
141' 4"
10
11
16' 4"
Zero Point
Reference Line
8
9
67' 8"
Barbed Wire Fence
6
7
4
5
61' 2"
73' 6"
3
1
2

Diagram Legend Sheet

The diagram was drawn by Corporal Jeff Rongish. Corporal Jeff Rongish took these scene measurements on March 29, 2013, on 3 miles east of in Hendry County, Florida. The reference line was established as the eastbound outside edge line of A zero point was established on the reference line located 16 feet 4 inches north of the west end of a concrete culvert cap installed on the south shoulder.

POINT 1: The beginning of V02's left side skid was located 139 feet 7 inches west of the zero point and 8 feet 9 inches north of the reference line.

POINT 2: The beginning of V02's right side skid was located 139 feet 7 inches west of the zero point and 3 feet 2 inches north of the reference line.

POINT 3: The detached metal roof from V01 was located 107 feet 11 inches west of the zero point and 4 feet 7 inches north of the reference line.

POINT 4: The continuation of V02's left side skid was located 84 feet 6 inches west of the zero point and 8 feet 4 inches north of the reference line.

POINT 5: The continuation of V02's right side skid was located 84 feet 6 inches west of the zero point and 3 feet 5 inches north of the reference line.

POINT 6: V02's left side at area of collision was located 66 feet 1 inch west of the zero point and 10 feet 0 inches north of the reference line.

POINT 7: V02's right side at area of collision was located 66 feet 1 inch west of the zero point and 5 feet 4 inches north of the reference line.

Diagram Legend Sheet

POINT 8: The continuation of V02's left side skid was located 30 feet 5 inches west of the zero point and 8 feet 7 inches north of the reference line.

POINT 9: The continuation of V02's right side skid was located 30 feet 5 inches west of the zero point and 4 feet 7 inches north of the reference line.

POINT 10: The continuation of V02's left side skid was located 11 inches east of the zero point and 11 feet 0 inches north of the reference line.

POINT 11: The continuation of V02's right side skid was located 11 inches east of the zero point and 5 feet 9 inches north of the reference line.

POINT 12: The continuation of V02's left side skid crossed the center lane divider 7 feet 10 inches east of the zero point and 10 feet 11 inches north of the reference line.

POINT 13: The continuation of V02's left side skid was located 45 feet 3 inches east of the zero point and 12 feet 10 inches north of the reference line.

POINT 14: The detached cargo bed from V01 was located 75 feet 1 inch east of the zero point and 52 feet 0 inches north of the reference line.

POINT 15: The paths of V01 and V02 diverged 75 feet 1 inch east of the zero point and 12 feet 9 inches north of the reference line. Between the area of collision (Points 6 and 7) and this Point, V01 and V02's paths were overlapped.

POINT 16: A second tire scuff mark from V02's left side became apparent 75 feet 1 inch east of the zero point and 11 feet 4 inches north of the reference line.

Diagram Legend Sheet

POINT 17: V01's path crossed the westbound outside edge line located 112 feet 11 inches east of the zero point and 21 feet 5 inches north of the reference line.

POINT 18: The continuation of V01's path was located 134 feet 4 inches east of the zero point and 25 feet 4 inches north of the reference line.

POINT 19: The continuation of V02's left side skid was located 136 feet 6 inches east of the zero point and 10 feet 9 inches north of the reference line.

POINT 20: The continuation of V02's left side scuff was located 136 feet 6 inches east of the zero point and 8 feet 8 inches north of the reference line.

POINT 21: The left front axle of V01, at final rest, was located 142 feet 8 inches east of the zero point and 19 feet 3 inches north of the reference line.

POINT 22: D01 was found deceased 143 feet 11 inches east of the zero point and 19 feet 6 inches north of the reference line.

POINT 23: The left rear axle of V01, at final rest, was located 145 feet 4 inches east of the zero point and 20 feet 2 inches north of the reference line.

POINT 24: The continuation of V02's left side skid was located 173 feet 10 inches east of the zero point and 3 feet 6 inches north of the reference line.

POINT 25: The continuation of V02's left side skid crossed the reference line 185 feet 7 inches east of the zero point.

POINT 26: The continuation of V02's left side skid had transitioned to a furrow in the grass shoulder located 206 feet 9 inches east of the zero point and 16 feet 0 inches south of the reference line.

Diagram Legend Sheet

POINT 27: The left rear axle of V02, at final rest, was located 221 feet 0 inches east of the zero point and 37 feet 8 inches south of the reference line.

POINT 28: The left front axle of V02, at final rest, was located 224 feet 1 inch east of the zero point and 49 feet 10 inches south of the reference line.

WITNESS LIST

Name (D02) Statement ☒ Yes ☐ No

Address Clewiston, FL 33440

Place of Employment Seminole Tribe of Florida
Big Cypress Reservation: Clewiston, FL 33440

Phone Numbers: Home Cell: Work

Can Testify To: Did not witness crash but did observe V01 without lights on shortly prior to crash.

Name (W01) Statement ☐ Yes ☒ No

Address Ellwood City, PA 16117

Place of Employment Seminole Tribe of Florida
Big Cypress Reservation

Phone Numbers: Home Cell: Work

Can Testify To: Did not witness crash but did observe V01 without lights on shortly prior to crash.

Name N/A Statement ☐ Yes ☐ No

Address

Place of Employment

Phone Numbers: Home Work

Can Testify To:

Name N/A Statement ☐ Yes ☐ No

Address

Place of Employment

Phone Numbers: Home Work

Can Testify To:

Case Number: Page 18

HSMV 62704 (REV. 05/09)

FLORIDA HIGHWAY PATROL
CRIMINAL INVESTIGATIVE INTERVIEW AND ADVICE OF RIGHTS

I, Corporal Jeff Rongish, of the Florida Highway Patrol
am conducting a criminal investigation.
This interview is being conducted at Clewiston, FL 33440.
(Location)

Today's date is 04/12/13. The time is 2:50 ☐AM or ☒PM
Persons present at this interview are: Myself,
The name of the person being interviewed is:
Driver License/Identification Card Number: State: FL
This sworn interview is being taken in relation to case number:

At this time I am advising you of your Constitutional Rights.
You have the right to remain silent.
Anything you say can be used against you in court.
You have the right to talk to a lawyer for advice before I ask you any questions and to have him/her with you during questioning.
If you cannot afford a lawyer, one will be appointed for you, without cost, before any questioning, if you wish.
If you decide to answer questions now, without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time to consult with a lawyer.

Do you understand each of the rights I have explained to you?	☒Yes	☐No
Have you previously advised a law enforcement officer that you would like to talk to a lawyer?	☐Yes	☒No
Having these rights in mind, do you wish to make any statements or answer questions at this time?	☒Yes	☐No

Signed:

Date: 04/12/13

Time: 2:51 p.m.

Witnessing/Interviewing Officer: /s/ Jeff Rongish
Corporal Jeff Rongish

OATH

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

Yes, I so swear or affirm. _____

Please state your name: _____
Please state your address: Clewiston, FL 33440
Please state your telephone number: Home: N/A Cell: _____
Please state your work telephone number: _____
Please state your place of employment: Seminole Tribe of Florida - Counselman
Big Cypress Reservation

INTERVIEW

Time interview concluded 3:13 ☐AM or ☒PM

CERTIFICATION

The undersigned law enforcement officer acknowledges taking and being present during this interview.

This interview was recorded on: ☐Tape: Side N/A of tape N/A

☒Digital File: _____

Witnessing/Interviewing Officer _____
Corporal Jeff Rongish

CHEMICAL TEST INFORMATION

Name: Darren Jim ☐Alive ☒Deceased

Test offered: ☐Breath ☒Blood ☐Urine ☐Other _____
Was test refused: ☐Yes ☒No

BREATH TEST INFORMATION

Test requested by: _____ Date: _____ Time: _____ ☐AM☐PM
Test given by: _____ Date: _____ Time: _____ ☐AM☐PM
Location: _____
Instrument: _____
Test Results: _____

BLOOD TEST INFORMATION

Test requested by: N/A Date: N/A Time: N/A ☐AM☐PM
Blood drawn by: Dist. 21 Medical Examiner Date: 03/30/13 Time: 9:55 ☒AM☐PM
Title: Dist. 21 Medical Examiner Location: Fort Myers, Florida 33907
Analyzed by: Wuesthoff Reference Laboratory
Result of Analysis: 0.209 g/100 mL ethyl alcohol; positive marijuana

CHAIN OF POSSESSION

Received from: Maintained by Dist. 21 Medical Examiner's Office
Received by: _____ Date: _____ Time: _____ ☐AM☐PM

Received from: _____
Received by: _____ Date: _____ Time: _____ ☐AM☐PM

Received from: _____
Received by: _____ Date: _____ Time: _____ ☐AM☐PM

Received from: _____
Received by: _____ Date: _____ Time: _____ ☐AM☐PM

ADDITIONAL COMMENTS

_____
_____
_____
_____
_____

Case Number: _____ Page 21

FLORIDA TRAFFIC CRASH REPORT

LONG FORM [X] SHORT FORM [ ] UPDATE [X]

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

Crash Date	Time of Crash	Date of Report	Reporting Agency	Reporting Agency Case Number	HSMV Crash Report Number
3/29/2013	8:37 PM	7/19/2013	FLORIDA HIGHWAY PATROL		

CRASH IDENTIFIERS

County Code	City Code	County of Crash	Place or City of Crash	Within City Limits	Reported Date/Time	Dispatched Date/Time
49	00	HENDRY	UNINCORPORATED	NO	3/29/2013 8:09 PM	3/29/2013 8:53 PM

On Scene Date/Time	Cleared Scene Date/Time	Investigation Completed	Reason (If Investigation Not Complete)	Notified By
3/29/2013 9:42 PM	3/30/2013 1:53 AM	YES		LAW ENFORCEMENT AGENCY

ROADWAY INFORMATION

Crash Occurred on Street, Road, Highway	At Street Address #	At Intersection	And Intersection

At Feet	Or Miles	Direction	From Intersection With Street, Road, Highway	Or From Milepost Number
	3	E		

Road System Identifier	Type of Shoulder	Type of Intersection
COUNTY	UNPAVED	NOT AT INTERSECTION

CRASH INFORMATION

[X] Pictures Taken

Light Condition	Weather Condition	Roadway Surface Condition	School Bus Related	Manner of Collision
DARK-NOT LIGHTED	CLEAR	DRY	NO	FRONT TO FRONT

First Harmful Event Type	First Harmful Event Detail	First Harmful Event Location	Within Interchange	First Harmful Event's Relation to Junction
COLLISION WITH PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT	MOTOR VEHICLE IN TRANSPORT	ON ROADWAY	NO	NON-JUNCTION

Contributing Circumstances: Road	Contributing Circumstances: Road	Contributing Circumstances: Road
NONE		

Contributing Circumstances: Environment	Contributing Circumstances: Environment	Contributing Circumstances: Environment
NONE		

Work Zone Related	Crash in Work Zone	Type of Work Zone	Workers in Work Zone	Law Enforcement in Work Zone
NO				

VEHICLE

[ ] Commercial Motor Vehicle

Vehicle	Motor Vehicle Type	Hit & Run (by this vehicle)	License Number	State	Reg. Expires	Permanent Reg.	VIN
V01	MOTOR VEHICLE IN TRANSPORT	NO	NONE	FL		NO	000000000

Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due to Damage	Vehicle Removed By	Rotation
2000	POLARIS	ATV	ATV	RED	DISABLING	2,000	YES		ROTATION

Insurance Company	Insurance Policy Number
NONE	000000

Name of Vehicle Owner	Business	Current Address	City	State	Zip Code	Phone Number(s)
	[ ]		CLEWISTON	FL	33440	

Trailer	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
One				NO					
Two				NO					

Vehicle Traveling	Direction	On Street, Road, Highway	At Est. Speed	Posted Speed	Total Lanes
	WEST		55	55	2

CMV Configuration	Cargo Body Type

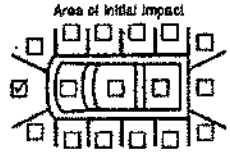
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)

Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class

Motor Carrier Name	US DOT Number

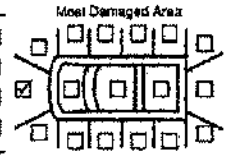
Motor Carrier Address	Address Other	City	State	Zip Code	Phone Number

Area of Initial Impact



[ ] Undercarriage [ ]
[ ] Overturn [ ]
[ ] Windshield [X]
[ ] Trailer [ ]

Most Damaged Area



Comm/Non-Commercial	Vehicle Body Type	Vehicle Defects (one)	Vehicle Defects (two)	Emergency Vehicle Use	Special Function of MV
	ALL TERRAIN VEHICLE (ATV)	NONE		NO	NO SPECIAL FUNCTION

Vehicle Maneuver Action	Trafficway	Roadway Grade	Roadway Alignment	Most Harmful Event	Most Harmful Event Detail
STRAIGHT AHEAD	TWO-WAY, NOT DIVIDED	LEVEL	STRAIGHT	COLLISION NON-FIXED OBJECT	MOTOR VEHICLE IN TRANSPORT

Traffic Control Device for this Vehicle	First (1) Sequence of Events	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events
OTHER	COLLISION NON-FIXED OBJECT MOTOR VEHICLE IN TRANSPORT			

VEHICLE

[ ] Commercial Motor Vehicle

Vehicle	Motor Vehicle Type	Hit & Run (by this vehicle)	License Number	State	Reg. Expires	Permanent Reg.	VIN
V02	MOTOR VEHICLE IN TRANSPORT	NO		FL		NO	

Year	Make	Model	Style	Color	Extent of Damage	Est. Damage	Towed Due to Damage	Vehicle Removed By	Rotation
				BLK	DISABLING	6,000	YES		ROTATION

Insurance Company	Insurance Policy Number
NONE	000000

Name of Vehicle Owner	Business	Current Address	City	State	Zip Code	Phone Number(s)
SEMINOLE TRIBE FLORIDA	[X]		HOLLYWOOD	FL	33024	

Trailer	License Number	State	Reg. Expires	Permanent Reg.	VIN	Year	Make	Length	Axles
One				NO					
Two				NO					

Vehicle Traveling	Direction	On Street, Road, Highway	At Est. Speed	Posted Speed	Total Lanes
	EAST		55	55	2

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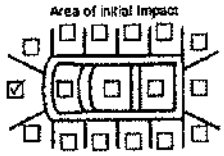
Case Number

Crash Date	Time of Crash	Date of Report	Reporting Agency	Reporting Agency Case Number	HSMV Crash Report Number
3/29/2013	8:37 PM	7/19/2013	FLORIDA HIGHWAY PATROL		

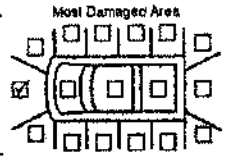
CMV Configuration	Cargo Body Type		
Comm GVWR/GCWR	Trailer Type (Trailer One)	Trailer Type (Trailer Two)	
Haz. Mat. Release	Haz Mat Placard	Haz. Mat. Number	Haz. Mat. Class
Motor Carrier Name		US DOT Number	
Motor Carrier Address	Address Other	City	State / Zip Code / Phone Number

Area of Initial Impact



Undercarriage
Overturn
Windshield
Trailer

Most Damaged Area



Comm/Non-Commercial	Vehicle Body Type: PICKUP	Vehicle Defects (one): NONE	Vehicle Defects (two)	Emergency Vehicle Use: NO	Special Function of MV: NO SPECIAL FUNCTION
Vehicle Maneuver Action: STRAIGHT AHEAD	Trafficway: TWO-WAY, NOT DIVIDED	Roadway Grade: LEVEL	Roadway Alignment: STRAIGHT	Most Harmful Event: COLLISION NON-FIXED OBJECT	Most Harmful Event Detail: MOTOR VEHICLE IN TRANSPORT
Traffic Control Device for this Vehicle: OTHER	First (1) Sequence of Events: COLLISION NON-FIXED OBJECT; MOTOR VEHICLE IN TRANSPORT	Second (2) Sequence of Events	Third (3) Sequence of Events	Fourth (4) Sequence of Events	

PERSON RECORD

#	Person Type	Vehicle #	Name	Injury Severity	Ejection	Driver ReExam
1	DRIVER	V01		FATAL(WITHIN 30 DAYS)	NOT EJECTED	NO

Date of Birth	Sex	Condition at Time of Crash	Address	Phone Number
	M	OTHER, EXPLAIN IN NARRATIVE	CLEWISTON FL 33440	

Driver License Number	State	Expires	Type	Commercial Motor Vehicle Endorsements
NONE			NONE	NO

Restraint Systems	Air Bag Deployed	Helmet Use	Eye Protection
		NO HELMET	

Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Seat	Motor Vehicle Seating Position: Other
FRONT	OTHER, EXPLAIN IN NARRATIVE	

Driver Distracted By: UNKNOWN	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)
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)	Driver Actions at Time of Crash 4 (based on judgement of investigation officer)

Suspected Alcohol Use	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type	Drug Test Result
YES	TEST GIVEN	OTHER, EXPLAIN IN N	COMPLETED	.209	YES	TEST GIVEN	OTHER, EXPLAIN IN I	POSITIVE

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
NOT TRANSPORTED			

PERSON RECORD

#	Person Type	Vehicle #	Name	Injury Severity	Ejection	Driver ReExam
2	DRIVER	V02		INCAPACITATING	NOT EJECTED	NO

Date of Birth	Sex	Condition at Time of Crash	Address	Phone Number
	M	APPARENTLY NORMAL	CLEWISTON FL 33440	

Driver License Number	State	Expires	Type	Commercial Motor Vehicle Endorsements
	FL		CLASS E / OPERATOR	NO REQUIRED ENDORSEMENTS

Restraint Systems	Air Bag Deployed	Helmet Use	Eye Protection
NONE USED - MOTOR VEHICLE OCCUPANT	DEPLOYED - COMBINATION		NOT APPLICABLE

Motor Vehicle Seating Position: Row	Motor Vehicle Seating Position: Seat	Motor Vehicle Seating Position: Other
FRONT	LEFT	

Driver Distracted By: NOT DISTRACTED	Driver Vision Obstructions: VISION NOT OBSCURED
Driver Actions at Time of Crash 1 (based on judgement of investigation officer): NO CONTRIBUTING ACTION	Driver Actions at Time of Crash 2 (based on judgement of investigation officer)
Driver Actions at Time of Crash 3 (based on judgement of investigation officer)	Driver Actions at Time of Crash 4 (based on judgement of investigation officer)

Suspected Alcohol Use	Alcohol Tested	Alcohol Test Type	Alcohol Test Result	BAC	Suspected Drug Use	Drug Tested	Drug Test Type	Drug Test Result
NO	TEST NOT GIVEN				NO	TEST NOT GIVEN		

Source of Transport to Medical Facility	EMS Agency Name or ID	EMS Run Number	Medical Facility Transported To
EMS	BSO AIR RESCUE		BROWARD GENERAL

NARRATIVE

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number
	TROOPER	T.J. PARKS	F	FLORIDA HIGHWAY PATROL	239-344-1730

V01 was traveling westbound in the eastbound lane of V02 was eastbound on As a result, V01 collided head on with V02 in the eastbound lane. Collision impact redirected V01 into the westbound lane. D02 then lost control of V02. V02 then departed the roadway. V01 came to final rest partially in the westbound lane and partially on the north shoulder. V02 came to final rest against a barbed wire fence on the south grassy shoulder of V01 was facing west. V02 was facing south.

Name of Deceased:
Date of Birth:
Date of Death: 03-29-2013
Time of Death: 08:47 PM
Death Pronounced By: Medic 101

Traffic Homicide Investigator: Corporal Jeff Rongish
Photographs Taken By: Corporal Jeff Rongish
Traffic Homicide Case Number:

Crash Date	Time of Crash	Date of Report	Reporting Agency	Reporting Agency Case Number	HSMV Crash Report Number
3/29/2013	6:37 PM	7/19/2013	FLORIDA HIGHWAY PATROL		

NARRATIVE

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number
	TROOPER	T.J. PARKS	F	FLORIDA HIGHWAY PATROL	239-344-1730

Awaiting Laboratory results for D01. Investigation pending.

NARRATIVE

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number
	TROOPER	T.J. PARKS	F	FLORIDA HIGHWAY PATROL	239-344-1730

Awaiting laboratory results for D01. Investigation pending.

NARRATIVE

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number
	TROOPER	T.J. PARKS	F	FLORIDA HIGHWAY PATROL	239-344-1730

D01: BAC 0.209 with evidence of marijuana consumption. No other substances. No further action required. Investigation complete.

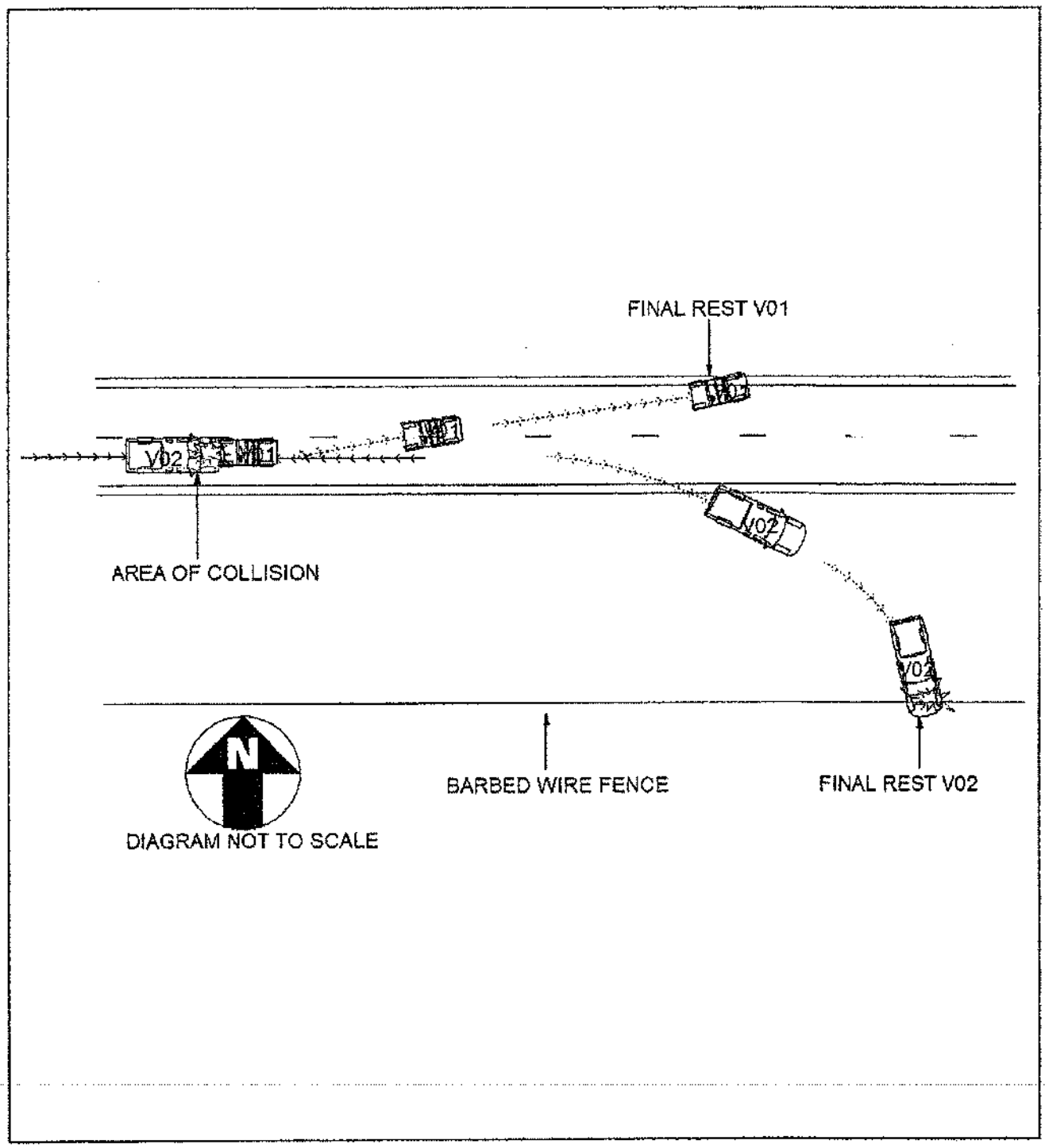
REPORTING OFFICER

ID Number	Rank	Name	Troop / Post	Officer Agency	Phone Number
	TROOPER	T.J. PARKS	F	FLORIDA HIGHWAY PATROL	239-344-1730

OFFICIAL COPY

Crash Date	Time of Crash	Date of Report	Reporting Agency	Reporting Agency Case Number/ HSMV Crash Report Number
3/29/2013	8:37 PM	7/19/2013	FLORIDA HIGHWAY PATROL	

DIAGRAM OF CRASH



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Office of the District Medical Examiner

District 21, State of Florida
Lee-Hendry-Glades Counties

Medical Examiner Case

Year: 2013 Number:

Reported: 3/29/2013 9:19:00 PM By: HENDRY COUNTY EMS

Phone: (239) 288-3672 Informant's name:

Decedent:

Age: 19 Race: White Sex: MALE

Method of ID: Comparison to antemortem dental radiographs by

Permanent_address1:

City: Clewiston State: Florida

Zip: 33440 Country: USA

Last_seen_alive: By_whom:

In police custody?: NO Found?: NO

Date_of_death: 03/29/2013 8:32:00 PM Date_of_birth: :

Place_of_death: Other

Specify:

Died in: Rural Hendry County County: Hendry

Next_of_kin: (mother)

NOK_notified: 3/31/2013 11:11:00 AM NOK_by_whom: HCSO

Funeral_code: ADCL

Concise Description:

Accidental death of a unidentified male driving a Polaris ATV.

Terminal_event:

This is the case of an unidentified male with unknown social and medical history. According to EMS the decedent was driving his ATV on when he was struck head on by a truck. After impact the ATV caught on fire along with the decedent. HCEMS reported the decedent was DOA and burned beyond recognition. FHP is investigating. Jurisdiction is assumed and the body transported to the ME office.

Investigating_agency: FHP

Investigator:

ME_Investigator:

OFFICE OF THE DISTRICT MEDICAL EXAMINER
DISTRICT 21, STATE OF FLORIDA
LEE-HENDRY-GLADES COUNTIES

70 DANLEY DRIVE
FORT MYERS, FLORIDA 33907-2437
Phone: (239) 277-5020
Fax: (239) 277-5017

www.flame21.com
me21@leegov.com

Rebecca A. Hamilton, M.D.
District Medical Examiner

NAME

COPY

CASE NUMBER	
COUNTY	Hendry
AGE	19 year old, White Male
DATE OF DEATH	Friday, March 29, 2013, 8:32 PM
DATE OF AUTOPSY	Saturday, March 30, 2013, 9:55 AM
PLACE OF AUTOPSY	District 21 Medical Examiner's Office
PROSECTOR	
FUNERAL HOME	

MANNER OF DEATH: Accident

CAUSE OF DEATH:

a. Craniocervical dislocation
DUE TO (OR AS A CONSEQUENCE OF)

b. Blunt impact to head
DUE TO (OR AS A CONSEQUENCE OF)

c.
DUE TO (OR AS A CONSEQUENCE OF)

d.

OTHER SIGNIFICANT CONDITIONS:

DATE & TIME OF INJURY: 3/29/2013 8:30:00 PM

INJURY AT WORK?: NO **PLACE OF INJURY:** Roadway

LOCATION:

HOW INJURY OCCURRED: Driver of ATV in collision with pickup truck

ASSOCIATE MEDICAL EXAMINER
Date Signed 5-3-13

LEE COUNTY

NAME:	
AGE:	19 years
DATE OF DEATH:	Friday, March 29, 2013; 8:32 PM
DATE OF AUTOPSY:	Saturday, March 30, 2013; 9:55 AM
SCENE INVESTIGATION:	None
SCENE INVESTIGATOR:	Not applicable
PLACE OF AUTOPSY:	District 21 Medical Examiner's Office
PROSECTOR:	Robert R. Pfalzgraf, M.D.
ASSISTANTS:	

YES TOX; NO MICROS

OPINION

DIAGNOSES:

1. Blunt impact to head:

    a. craniocervical dislocation
    b. diffuse axonal injury of brain
    c. basilar subarachnoid hemorrhage
    d. fractures of mandible
    e. fractures of maxilla.

2. Blunt impact to torso:

    a. fractures of ribs
    b. fracture of sternum
    c. lacerations of heart and pericardial sac with left hemothorax
    d. lacerations of aorta
    e. lacerations of right lung
    f. contusions of lungs
    g. lacerations of liver and spleen with hemoperitoneum
    h. laceration of right kidney
    i. dislocation of T11-T12 vertebrae.

3. Fracture of right femur.

4. Probable fracture of left femur.

CAUSE OF DEATH: Craniocervical dislocation due to blunt impact to head

MANNER OF DEATH: Accident (Driver of ATV in collision with pickup truck)

EXTERNAL DESCRIPTION OF THE BODY:

The body is that of a black, charred, apparent adult male that weighs 96 pounds. Due to heat fractures of the lower extremities, the entire length is difficult to measure. The length from the distal aspect of the right femur to the top of the head is 43 inches. Due to the degree of burning of the body surface, the physical age and race cannot be determined visually. The noted age is 19 years.

The body is identified by comparison of dental radiographs of the decedent to known dental radiographs of .

The body is charred on all body surfaces so rigor mortis and livor mortis are not recognizable.

The entire scalp except for the posterior aspect is burned away, exposing the top of the cranium, which is focally charred. Heat fractures of the right side of the skull are identified. The scalp hair is absent. The eyes are unrecognizable. Only a charred remnant of the nose is identified. Both ears are absent as a consequence of thermal artifact. The lips and gums are black and charred. The teeth are natural and in good repair, but peri-mortem fractures are identified in the mandible and maxilla. The larynx appears to be in the midline, but the skin of the neck is absent with charring of the underlying musculature. The thorax is well developed and symmetrical. Black charred skin extends from the right shoulder to the mid abdomen region and to the left side of the chest just to the left of the midline. Most of the left side of the chest and abdomen is only covered by black charred muscle. Focal burning of the lateral aspects of the left rib cage is identified. A defect is in the left lower rib cage, as a consequence of thermal artifact, produces exposure of the lower lobe of the left lung, which is focally black and charred. The abdomen is flat, but a focal area of burning produces a defect in the right lower quadrant, and the terminal ileum protrudes through the defect. This portion of ileum is brown and leathery. The left iliac crest is exposed due to thermal artifact. The anterior aspect of the iliac crest is black and charred, and exhibits a heat fracture. A penis is recognizable, but the status of the foreskin is uncertain due to thermal artifact. Charred remnants of the scrotum and testicles are identified.

Both upper extremities are black and charred with loss of skin. The left distal forearm and hand are not attached, and a remnant of the left hand is identified separately in the body bag. Heat fractures of the proximal aspects of the left radius and ulna are identified. The fingers of the right hand are absent, and the dorsal aspect of the right hand is extremely burned with charring of the surfaces of all the metacarpal bones. The right elbow joint is disarticulated, and the distal aspect of the right humerus is blackened and charred with thermal fractures. The proximal right ulna is black and charred. The right lower leg is separated from the right thigh at the knee joint. The distal end of the anterior surface of the right femur is exposed, and it is black and charred. The entire left lower extremity is intact, and a small patch of black charred skin is over the dorsal surface of the left foot. However, the anterior aspects of the distal left femur, the left patella, and the proximal left tibia are exposed, and they are black and charred. The rest of the lower extremities are covered by exposed black charred muscle.

IDENTIFYING MARKS AND SCARS:

No identifying marks or scars are readily apparent.

MEDICAL THERAPY:

None.

INJURIES:

HEAD AND NECK:

No external injuries are identified. The maxilla is separated from the base of the skull due to a horizontal fracture along the entire length of the maxilla. In addition, fracture is identified in the midline of the maxilla. A fracture is identified in the midline of the mandible. In addition, each lateral aspect of the mandible is fractured near the angle.

The brain is markedly edematous with widening and flattening of the gyri and narrowing of the sulci. Streak-like hemorrhages are identified in the white matter of both frontal lobes. Punctate hemorrhages are faint and subtle in the periaqueductal region of the midbrain. Subarachnoid hemorrhage is identified over the ventral aspect of the brainstem. No skull fractures are identified.

A posterior neck dissection reveals hemorrhage around both atlantoaxial facet joint capsules, but the capsules appear to be intact. However, both alar ligaments have transecting lacerations. Subdural hemorrhage surrounds the cervical spinal cord.

TORSO:

No external injuries are identified. However, a fracture is identified in the upper aspect of the sternum just below the attachment to the manubrium. The anterior segments of both 3rd ribs are fractured. In addition, the anterior segments of right ribs 7-10 have fractures. The lateral aspects of right ribs 2-8 are fractured. The posterior aspects of right ribs 4-6 are fractured.

The left side of the pericardial sac is lacerated, and the pericardial sac contains approximately 10 milliliters of blood. Lacerations are identified along the right ventricular outflow tract. Another laceration is identified in the anterior wall of the left ventricle near the apex. A laceration extends through the anterior aspect of the right atrium with involvement of the right atrioventricular groove. This laceration is also associated with a transecting laceration of the proximal aspect of the right coronary artery. Lacerations are identified in the interatrial and interventricular septa.

A laceration is identified in the ascending aorta just above the valve. This laceration involves approximately 75% of the circumference of the vessel.

Multiple deep lacerations are identified in the right upper and right lower lung lobes. Contusions are identified over the surfaces of both lungs.

A dislocation of the T11-T12 vertebrae is identified. This dislocation is associated with a transecting laceration of the descending thoracic aorta.

The right pleural cavity is free of fluid. The left pleural cavity contains 300 milliliters of liquid and clotted blood.

Extensive lacerations are identified in the right lobe of the liver with occasional small fragments identified freely in the peritoneal cavity. A long laceration that is approximately 1 centimeter in depth extends across the lateral surface of the spleen.

Lacerations of the liver and spleen are associated with 75 milliliters of blood within the peritoneal cavity.

A small laceration is identified in the hilum of the right kidney.

UPPER EXTREMITIES:

None.

LOWER EXTREMITIES:

The right thigh is hypermobile due to an apparent fracture of the shaft of the right femur.

A spiral fracture is identified in the left femur, but the fracture is exposed and the distal end is charred.

INTERNAL EXAMINATION:

BODY CAVITIES:

The left pleural cavity contains blood as previously described. The right pleural cavity is free of fluid. No adhesions are within any of the body cavities. All body organs are present in normal anatomical position.

CARDIOVASCULAR SYSTEM:

The heart weighs 270 grams. The pericardial surfaces are smooth, glistening, and intact, except as noted. The chambers and great vessels of the heart are collapsed as a consequence of low

central blood volume. The coronary arteries arise normally, follow the usual distribution, and are widely patent, without atherosclerosis or thrombosis. The chambers and valves exhibit the usual size-position relationships and are unremarkable; the atrial and ventricular septa are lacerated. The myocardium is red-brown and firm, without focal abnormalities, except as noted. The aorta and its major branches arise normally, follow the usual course, and are widely patent without significant atherosclerosis. The venae cavae and their tributaries return to the heart in the usual distribution and are free of thrombi.

RESPIRATORY SYSTEM:

The right and left lungs weigh 290 grams and 225 grams, respectively. The upper airway is clear of debris and foreign material; the mucosa is pink-tan and smooth. No soot is identified within the airways. The pleural surfaces are smooth and glistening. The pulmonary parenchyma exudes slight to moderate amounts of blood and frothy fluid and is without focal lesions, except for the injuries previously described. The pulmonary vasculature is unremarkable.

HEPATOBILIARY SYSTEM:

The liver weighs 1265 grams. The hepatic capsule is smooth and glistening, covering a red-brown parenchyma without focal lesions, except as noted. The gallbladder contains approximately 20 milliliters of yellow-green-brown, slightly mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent without evidence of calculi.

ENDOCRINE SYSTEM:

The pituitary and adrenal glands are unremarkable. The thyroid gland is symmetrical but is very firm and pale tan as a consequence of thermal artifact. No focal lesions are identified in the thyroid gland. The pancreas has the usual pink-tan, lobulated appearance and the ducts are clear.

DIGESTIVE SYSTEM:

The tongue is unremarkable. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains approximately 30 milliliters of red-brown mucoid liquid. The small and large intestines are unremarkable, except as noted. The appendix is present.

GENITOURINARY TRACT:

The right and left kidneys weigh 120 grams and 140 grams, respectively. The renal capsules are thin and semitransparent and strip with ease from the underlying smooth, red-brown, firm cortical surfaces. The cortex is sharply delineated from the medullary pyramids, which are red-purple and unremarkable. The calyces, pelves, and ureters are unremarkable. The urinary bladder is distended by approximately 200 milliliters of clear, pale yellow urine; the mucosa is

gray-tan and smooth. The prostate gland and seminal vesicles are unremarkable. Both testes are present but are markedly firm and dark brown as a consequence of thermal artifact.

RETICULOENDOTHELIAL SYSTEM:

The spleen weighs 80 grams and has a smooth, glistening capsule covering a deep red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. No enlarged lymph nodes are identified. The exposed bone marrow is red-purple and homogeneous, without focal abnormalities.

MUSCULOSKELETAL SYSTEM:

Except as noted, the bony framework, supporting musculature, and soft tissues are not unusual.

NECK:

Examination of the soft tissues of the neck, including the strap muscles, thyroid gland, and large vessels, reveals no abnormalities, except as noted. The hyoid bone and larynx are intact.

CENTRAL NERVOUS SYSTEM:

The brain weighs 1160 grams. The dura mater and falx cerebri are intact. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical but are markedly edematous with widening and flattening of the gyri and narrowing of the sulci. The structures at the base of the brain, including cranial nerves and blood vessels, are intact and free of abnormalities. Coronal sections through the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere, except as noted. The ventricles are normal in caliber. Sections through the brainstem and cerebellum reveal no abnormalities, except as noted.

RRP:

cc: Florida Highway Patrol

Wuesthoff REFERENCE LABORATORY

Wuesthoff Reference Laboratory

Melbourne, Florida 32940
Laboratory Director

Patient: UNIDENTIFIED, MALE Age: 99 Sex: M
Client Patient ID: Account#:
Physician: Client: DIST 21 MEDICAL EXAMINER

TOXICOLOGY

Specimen Collected :03/30/2013 Lab Order No: Reg Date: 04/02/13

Test Name	Result	Units	Cutoff/Reporting Limits
VOLATILE PANEL - VOLP			
SPECIMEN TYPE			
HEART BLOOD			
ETHANOL	0.209	g/dL	0.020
ACETONE	NONE DETECTED	mg/dL	7.5
METHANOL	NONE DETECTED	mg/dL	15.0
ISOPROPANOL	NONE DETECTED	mg/dL	15.0

Analysis by Gas Chromatography (GC) Headspace Injection

CARBOXYHEMOGLOBIN - COHBP			
SPECIMEN TYPE			
HEART BLOOD			
CARBOXYHEMOGLOBIN	NONE DETECTED	%	1.0

Analysis by Spectrophotometry

CANNABINOIDS PANEL - THCP			
SPECIMEN TYPE			
HEART BLOOD			
DELTA-9 THC	7.8	ng/mL	1.0

Synonym(s): Active ingredient of Marijuana

The concentrations in blood are usually about one-half of serum/plasma concentrations. Usual peak levels in serum for 1.75% or 3.55% THC marijuana cigarettes: 50 - 270 ng/mL at 6 to 9 minutes after beginning smoking, decreasing to less than 5 ng/mL by 2 hours.
Passive inhalation: Up to 2 ng/mL.

11-HYDROXY DELTA-9 THC	2.4	ng/mL	1.0

Synonym(s): Active metabolite

Usual peak levels: Less than 10% of THC levels after smoking.

DELTA-9 CARBOXY THC	98.6	ng/mL	5.0

Synonym(s): Inactive metabolite

Usual peak levels in serum for 1.75% or 3.55% THC marijuana cigarettes: 10 - 101 ng/mL about 32 to 240 minutes after beginning smoking, with a slow

Patient: UNIDENTIFIED, MALE Age: **99** Sex: **M**
Client Patient ID: Account#:
Physician: Client: DIST 21 MEDICAL EXAMINER

TOXICOLOGY

Specimen Collected :03/30/2013 Lab Order No: Req Date: 04/02/13

Test Name	Result	Units	Cutoff/Reporting Limits

decline. Usually not detectable after passive inhalation.

Analysis by GC/MS

TOXICOLOGY

Specimen Collected :03/30/2013 Lab Order No: Req Date: 04/02/13

Test Name	Result	Units	Cutoff/Reporting Limits

URINE DRUG SCREEN COMPREHENSIVE - UDSME

SPECIMEN TYPE
URINE

URINE IMMUNOASSAY SCREEN

AMPHETAMINES	NEGATIVE	mg/L	0.500
BARBITURATES	NEGATIVE	mg/L	0.200
BENZODIAZEPINES	NEGATIVE	mg/L	0.200
COCAINE METABOLITE	NEGATIVE	mg/L	0.150
MDMA/MDA	NEGATIVE	mg/L	0.300
METHADONE	NEGATIVE	mg/L	0.300
METHAQUALONE	NEGATIVE	mg/L	0.300
OPIATES	NEGATIVE	mg/L	0.300
OXYCODONE	NEGATIVE	mg/L	0.100
PHENCYCLIDINE	NEGATIVE	mg/L	0.025
PROPOXYPHENE	NEGATIVE	mg/L	0.300
CANNABINOIDS	**POSITIVE**	mg/L	0.050
TRICYCLICS	NEGATIVE	mg/L	0.300

Specimens were intact upon receipt. Chain of custody, specimen security and integrity has been mantained. Testing has been performed as requested

Reviewed by _____ Date: 4-30-13

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

Utility Vehicle Data Record Sheet

Front

A Driver	Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
	Age: 18 only	Height: 96
	Gender: Male	Weight: unk
	Helmet (Y/N): N	Seatbelt (Y/N): N
	(Killed)/Injured/Neither/Unknown:	
	Injury Description: NA	
	Did vehicle land on victim: NA	
	Ejected (Either partially or fully): NA	

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.

CPSC FORM 324A

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
131108HCC2105	4437	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2013 10 27	2013 11 12

6. Synopsis of Accident or Complaint **UPC**

55 YOF died as a result of global depressed skull fractures she sustained during an UTV incident. The 50 YOM operator was trying to sping the UTV when the victim was ejected and the UTV tipped over on top of her. Victim was pronounced at the hospital; neither occupant was wearing a helmet or seat belt.

7. Location (Home, School, etc)	8. City	9. State
5 - OTHER PUBLIC PROPERTY	TOWN OF EAU GALLE	WI

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	RANGER	[redacted]

10D. Manufacturer Name and Address
POLARIS
1225 NORTH COUNTY ROAD 18
MINNEAPOLIS, MN 55441

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
55	2 - Female	8 - Death	54 - Crushing

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	6.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
11/19/2013	8929	Frank J. Nava

28. Distribution	29. Source Document Number
Sarah Garland; Tanya L. Topka	X13B0174A

131108HCC2105

1. Incident UTV was a 2014 Polaris Ranger with a 900 CC sized-engine. It reportedly had been just recently purchased by the owner/operator. The VIN is:
[redacted]

2. No aftermarket modifications were noted.

3. 3-point seatbelts were present but reportedly not used by the driver or passenger. Passenger was ejected from UTV during a turning maneuver.

4. No odometer measurement available.

5 - 9. UTV DRS attached as Exhibit 1.

10. Incident occurred on a flat sandy/grass surface, in a lot outside of a business. The incident occurred at approximately 7:19 PM on 10/27/13 after the sun had set. The weather was clear and 50 degrees Fahrenheit; the ground surface was dry.

11. Photos are attached as Exhibit 3.

12. The vehicle's speed at the time of the incident was estimated at 15 MPH. However, the operator told investigators that he thought he accelerated too much during the turn, which caused the UTV to overturn.

13. The UTV did not strike any obstacle nor was it attempting to avoid any.

14. The operator was trying to make a quick left hand turn, possibly to spin the UTV according to witnesses at the scene.

15. During the turning maneuver, the UTV tipped over onto its' passenger side.

16. During the turning maneuver, the passenger was ejected out the passenger side of the UTV. She was then pinned beneath the UTV when it tipped over and came to rest on top of her. The victim's head was reportedly struck by the top side rail of the UTV, and photographs show blood on the rail, dashboard, and passenger side of the cab.

17. Photos are attached as Exhibit 3.

Attachments

Exhibit 1 – UTV DRS
Exhibit 2 – Contact List
Exhibit 3 – Photographs 1-6
Exhibit 4 – DNR Report
Exhibit 5 – ME Report Excluded, Confidential
Exhibit 6 – EMS Report

Contact List

Victim: [redacted]
[redacted]
Menomonie, WI 54571
[redacted] age 55

VIN: [redacted]

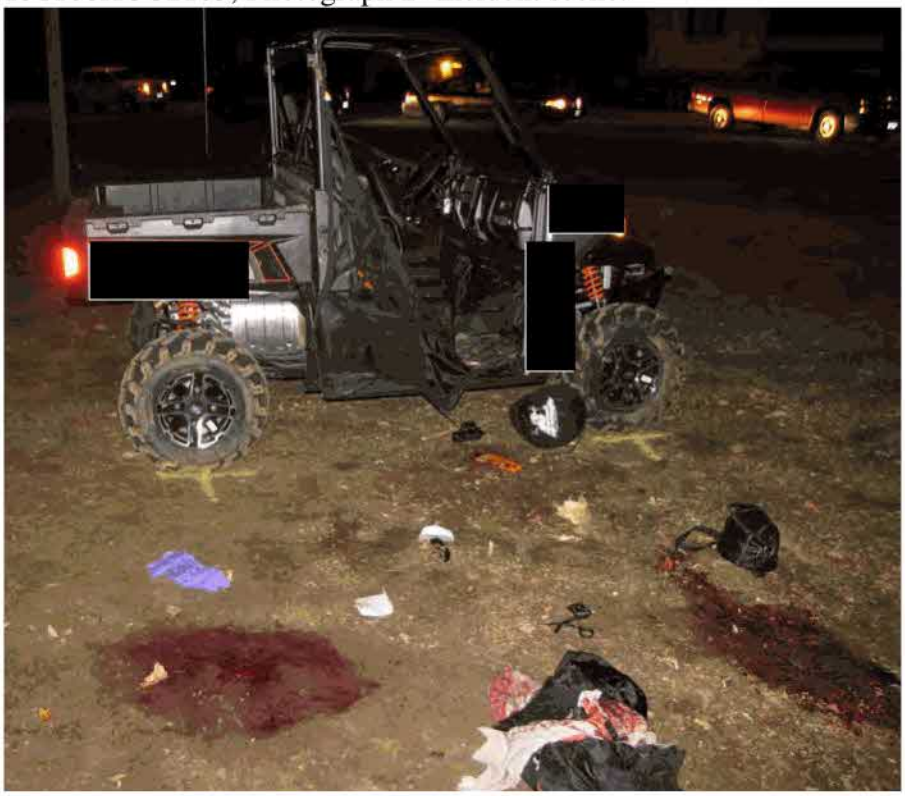
WI Department of Natural Resources
PO Box 7921
Madison, WI 53707

City of Durand EMS
104 E Main Street
PO Box 202
Durand, WI 54736
715-672-8770

Dunn County Coroner
615 Stokke Parkway
Ste 6300
Menomonie, WI 54751
715-231-2906

131108HCC2105, Photograph 1- Path of UTV prior to incident.

131108HCC2105, Photograph 2- Incident scene.



131108HCC2105, Photograph 3- Incident UTV.

131108HCC2105, Photograph 4-Blood on the top rail on passenger side.

131108HCC2105, Photograph 5-Blood and debris on passenger side.

131108HCC2105, Photograph 6-Blood on dashboard.

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)

DNR Use Only

CRASH INCIDENT CRITERIA

Number of Vehicles in Crash	Incident Date	Day of Week	Time of Day	Date Notified
1	10/27/2013	Sunday	7:19 ◯ am ◉ pm	10/27/2013

City or Township: Eau Galle

County: Dunn

State: WI

Location of Incident:
◉ Private Land ◯ Public Road ◯ Public Trail ◯ Lake or Stream
◯ Public Land ◯ Hwy. Right-of-way ◯ Private Trail ◯ Route

INCIDENT DETAILS

Type of Incident: (select all that apply)
- ☐ Fell from moving snowmobile/ATV/UTV
- ☐ Collision with fixed object
- ☐ Collision with moving vehicle
- ☐ Open water drowning
- ☐ Snowmobile/ATV/UTV rolled over
- ☐ Struck by snowmobile/ATV/UTV
- ☐ Struck animal
- ☒ Other Rollover - Ejected

Activity at Time of Incident:
- ◉ Recreational Riding
- ◯ Farm related
- ◯ Hunting/Fishing
- ◯ Work Related
- ◯ Other

Weather: (select all that apply)
- ☐ Foggy - Mist
- ☐ Raining
- ☐ Snowing
- ☒ Clear

Temperature: 50 °F

Visibility:

Day		Night
◯	Good	◉
◯	Fair	◯
◯	Poor	◯

Trail Condition:
- ☐ Icy
- ☐ Smooth
- ☐ Rough
- ☐ Muddy
- ☒ Dry
- ☐ Other

Road Condition:
- ☒ Dry
- ☐ Wet
- ☐ Snow Covered
- ☐ Icy
- ☐ Gravel
- ☐ Paved
- ☐ Other

BRIEFLY DESCRIBE INCIDENT (Submit Diagrams / Reports as Attachments)

The operator of the UTV drove the vehicle from his residence to the [redacted] to show the UTV to his friends. The operator met a female at the bar who asked for a ride. The operator gave the female a ride though the streets of Eau Galle and proceeded back to bar. Upon arrival the operator attempted to turn the UTV around in a grassy area, the operator stated he gave it too much gas and the UTV overturned onto the passenger side. The female passenger was ejected with the UTV pinning her underneath. The passenger received severe injuries to her head and neck and was pronounced dead at the Durand Hospital. The driver received minor injuries. Both occupants were not wearing seat belts or helmets.
Operator given a PBT, result was .02. Operator consented to a voluntary blood test.

Crash investigated by the Dunn County Sheriff's Dept. Deputies Vernon, Christenson and Sgt. McRoberts.

Dunn County incident # 13-11109

WITNESSES (other than operators or injured persons)

☐ Supplemental sheet attached

First, MI, Last Name	Address	Birthdate	Phone Number	Gender
				◯M ◯F
				◯M ◯F
				◯M ◯F
				◯M ◯F

VEHICLE: A

Officer Incident Report
Form 4100-203 (R 7/13) Page 2 of 4

OPERATOR INFORMATION

Operator Name (First, Middle, Last): [redacted]
Phone Number: [redacted]
Address: [redacted]
City: Menomonie | State: WI | ZIP Code: 54751
Date of Birth: [redacted] | Age: 50 | Gender: ◉ Male ○ Female
Completed Vehicle-Specific DNR Safety Training Course? ○ Yes - State _____ ◉ No ○ Unknown
Operator Experience: ◉ 0 - 100 Hours ○ Over 100 Hours

	Yes	No	N/A
Eye Protection/Face Shield?	○	◉	
Wearing Helmet?	○	◉	
Seat Belt Used?	○	◉	○

Operator Condition:
- ☒ Had Been Drinking
- ☐ Using Drugs
- ☐ Physical Disability
- ☐ Appeared Normal
- ☐ Other: _____

Blood Alcohol / Drug Test:
- ☐ Intoximeter
- ☐ Blood — PBT .02 Results — ☐ Pending
- ☐ Drugs

Statement Taken? ◉ Yes ○ No
Cited for OWI? ○ Yes ◉ No

PASSENGER INFORMATION

☐ Supplemental sheet attached

Passenger Name (First, Middle, Last): [redacted]
Address: [redacted]
City: Menomonie | State: WI | ZIP Code: 54751
Phone Number: [redacted]
Date of Birth: [redacted] | Age: 55
Gender: ○ M ◉ F

	Yes	No	N/A
Eye Protection/Face Shield?	○	◉	
Wearing Helmet?	○	◉	
Seat Belt Used?	○	◉	○

Passenger Name (First, Middle, Last):
Address:
City: | State: | ZIP Code:
Phone Number:
Date of Birth: | Age:
Gender: ○ M ○ F

	Yes	No	N/A
Eye Protection/Face Shield?	○	○	
Wearing Helmet?	○	○	
Seat Belt Used?	○	○	○

VEHICLE INFORMATION

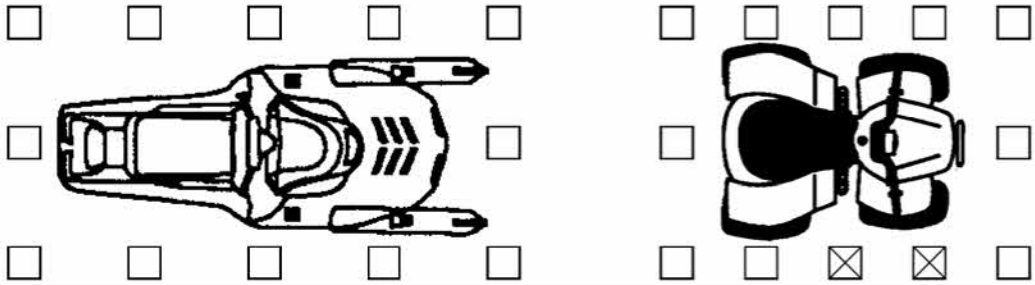
Owner Name (First, Middle, Last): [redacted] ☒ Same as Operator
Phone Number: [redacted]
Address: [redacted]
City: Menomonie | State: WI | ZIP Code: 54751
Vehicle Type: ○ Snowmobile ○ 3 Wheel ATV ○ ATV ◉ UTV ○ Other _____
Vehicle is: ○ Rented ○ Borrowed ◉ Owned ○ _____

Make	Model	Year	Decal Number	Exp. Date	State
Polaris	Ranger	2014	3635CX	01/2017	WI

Vehicle ID Number	Engine Size	Studs/Chains Installed?	Estimated Speed	Designed to Seat How Many?
[redacted]	900 CC	○ Yes ◉ No	15 MPH	2

VEHICLE DAMAGE

Select all Damaged Areas:



Briefly Describe Damage(s)
Light damage to the passenger side. Netting on passenger side tore open.

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: ◯ Male ◯ Female

Completed Vehicle-Specific DNR Safety Training Course?
◯ Yes - State _____ ◯ No ◯ Unknown

Operator Experience:
◯ 0 - 100 Hours
◯ Over 100 Hours

	Yes	No	N/A
Eye Protection/Face Shield?	◯	◯	
Wearing Helmet?	◯	◯	
Seat Belt Used?	◯	◯	◯

Operator Condition:
☐ Had Been Drinking
☐ Using Drugs
☐ Physical Disability
☐ Appeared Normal
☐ Other: _____

Blood Alcohol / Drug Test:
☐ Intoximeter
☐ Blood _____ Results ☐ Pending
☐ Drugs

Statement Taken? ◯ Yes ◯ No

Cited for OWI? ◯ Yes ◯ No

PASSENGER INFORMATION

☐ Supplemental sheet attached

Passenger Name (First, Middle, Last)

Address

City | State | ZIP Code

Phone Number

Date of Birth | Age

Gender: ◯ M ◯ F

	Yes	No	N/A
Eye Protection/Face Shield?	◯	◯	
Wearing Helmet?	◯	◯	
Seat Belt Used?	◯	◯	◯

Passenger Name (First, Middle, Last)

Address

City | State | ZIP Code

Phone Number

Date of Birth | Age

Gender: ◯ M ◯ F

	Yes	No	N/A
Eye Protection/Face Shield?	◯	◯	
Wearing Helmet?	◯	◯	
Seat Belt Used?	◯	◯	◯

VEHICLE INFORMATION

Owner Name (First, Middle, Last) ☐ Same as Operator | Phone Number

Address | City | State | ZIP Code

Vehicle Type: ◯ Snowmobile ◯ 3 Wheel ATV ◯ ATV ◯ UTV ◯ Other _____

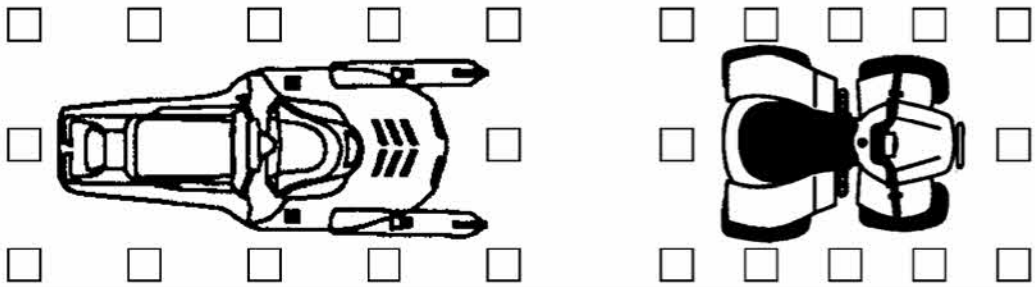
Vehicle is: ◯ Rented ◯ Borrowed ◯ Owned ◯ _____

Make | Model | Year | Decal Number | Exp. Date | State

Vehicle ID Number | Engine Size CC | Studs/Chains Installed? ◯ Yes ◯ No | Estimated Speed MPH | Designed to Seat How Many?

VEHICLE DAMAGE

Select all Damaged Areas:



Briefly Describe Damage(s)

Officer Incident Report

Form 4100-203 (R 7/13) Page 4 of 4

INJURIES / DEATHS

Vehicle (A,B,C,etc.)	Victim was:	Vehicle (A,B,C,etc.)	Victim was:	Vehicle (A,B,C,etc.)	Victim was:
A	○ Operator ● Passenger ○ Other	A	● Operator ○ Passenger ○ Other		○ Operator ○ Passenger ○ Other
If Other – Name (First, MI, Last) [redacted]		If Other – Name (First, MI, Last) [redacted]		If Other – Name (First, MI, Last)	
Address [redacted]		Address [redacted]		Address	
City: Menomonie	State: WI / ZIP Code: 54751	City: Menomonie	State: WI / ZIP Code: 54751	City	State / ZIP Code
Phone Number [redacted]	Gender: ○ M ● F	Phone Number [redacted]	Gender: ● M ○ F	Phone Number	Gender: ○ M ○ F
Birthdate [redacted]	Age: 55	Birthdate [redacted]	Age: 50	Birthdate	Age
Injury Type: ○ Minor–No Permanent Injury ○ Major–Required Hospitalization ● Fatal		Injury Type: ● Minor–No Permanent Injury ○ Major–Required Hospitalization ○ Fatal		Injury Type: ○ Minor–No Permanent Injury ○ Major–Required Hospitalization ○ Fatal	
Description: severe head trauma		Description: minor head injury		Description	

INFORMATION SOURCES

Other Investigating Agencies	Other Agencies On Scene
Dunn County sheriff	Dunn County sheriff

ATTACHMENTS

**ATTACH ALL CASE ACTIVITY REPORTS & DIAGRAMS

- ☐ Narrative/Case Activity Report
- ☐ Diagram of Incident
- ☐ BAC Report
- ☐ Coroner's Report
- ☐ Citation or Criminal Complaint
- ☐ Other Agency Reports
- ☐ Statements
- ☐ Photographs
- ☐ Other:

Were Photos Taken? ● Yes ○ No

By Whom: Dunn County sheriff

Enforcement Action Taken? (Attach Copy of Citation or Complaint)

● Yes ○ No If Yes, Explain: Illegal highway operation and reports forwarded to the DA.

VALIDATION

Primary Cause of Incident:	Secondary Cause of Incident:	Causes Based Upon:
Driving too fast for conditions. Reckless operation.		☐ Investigation & Operator Report ☒ Investigation ☐ Other

Report Prepared By – Print Full Name	Date	Agency	Phone Number
Wayne G. Flak	10/31/2013	Wisconsin DNR	(715) 232-6082

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

Patient Name: [redacted]

Prehospital Care Report

[redacted]
DURAND, WI 54736

Incident Date: 10/27/2013 Call #: [redacted] Patient Care #: 1

Patient Information

Name: [redacted]
Address: [redacted]
MENOMONIE, DUNN, WI 54751

Age: 54 Years
Gender: Female
Weight: KG / LB
Phone:

D.O.B: [redacted] (mm/dd/yyyy)
SSN:
Race:
Ethnicity:

Provider Impression

Primary Impression	Secondary Impression
Traumatic Injury	Unconscious

Protocols Used

Universal Patient Care Protocol

Narrative

Summary of Events

Call came in for a female that had a four wheeler land on top of her. Upon arrival patient was lying supine on the ground outside along side the bar. All terrain vehicle was sitting beside patient. When I asked on scene if anyone knew what had happened to the patient I was told she fell out of the vehicle while it was going around a corner. It was uncertain what exactly happened to the patient. CPR was in progress. Patient's shirt was removed to place pads and assess patient. No pulse was detected. Patient was hooked up to cardiac monitor. Analyzed patient and no shock was advised, continued CPR. Combitube was placed in patient by EMT. Listened to breath sounds in all four quadrants. Adequate breath sounds heard. CPR continued. Continued bagging patient with high flow oxygen. Analyzed patient again and no shock was advised. CPR continued. Patient appeared to have some head trauma. Patient had a lot of blood on her face and around her nose and ears. Patient was placed on the longboard, placed onto cot and loaded into the ambulance. Air ambulance was called and they were instructed to divert to CVH as they had a 24 minute arrival time. CPR continued en route to CVH. Continued to analyze patient and no shock was advised. Continued to bag patient with high flow oxygen. Cardiac monitor analyzed multiple times with no shock advised. Patient had an area on her left abdomen that was approximately 6 to 8 inches and oval shaped that was reddened and covered with dirt. Enroute patient continued to ooze blood from her nose and ears with ventilation. Patient's abdomen was somewhat distended upon our arrival. Patient's care was turned over to ER staff at CVH at 1953. CPR continued into the ER. Code was called in the ER at 2009.

by [redacted]

Prior Aid

Prior Aid	Performed By	Outcome
	N/A	

Past Medical History

MEDICATION ALLERGIES	Generic Name	Description

Patient Medications	Generic Name	Dosage

Medical Surgery History

History Primarily Obtained From	Pregnancy	Advanced Directives	Practitioner Name
	N/K		

Assessment Exam

Patient Condition

Chief Complaint: ATV rolled on top of patient X Minutes
Secondary Complaint:
Alcohol/Drug Use:

Injury Onset	Injury Cause	Injury Mechanism	Injury Intent	Ht. of Fall
	ATV Rider			

Primary Symptom	Other Associated Symptoms
Unresponsive/Unconscious	

Patient Vitals

Time	B/P	Pulse	Rhythm	Resp.	Effort	SpO2	SpO2 Qual.	EtCO2	GCS	Pain	Stroke Scl	PTA	B.G.	RTS	Limb	Patient Position

Patient Name: [redacted]

ECG Monitor

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

Procedures and Treatments

Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Comments
19:35	DS	Cardiac Monitor			1			
19:39	MO	Airway-Combitube			1	Unchanged		

Intubation Confirmation

Time	Preoxy	Gastric Sounds	Lung L/R	Chest L/R	Wave Form	ETCO2 Numeric	ETCO2 Color	Verify Tube	EDD Draws Back	EDD Inflates	EDD	Misting	PCGO Score	Secured	Tube Depth At Depth	Tube size	Verify X-Ray	MD/RN Verify Placement
19:39																		

Medication Administered

Time	Crew	Medication	Route	Dosage	Response	PTA	Comments

Injury Details

Patient Transport/Positioning

Patient Moved To Ambulance | Patient's Position In Transport | Patient Moved From Ambulance

Call Type and Location

Call Type: Traffic / Transportation Accident
Resp. Mode: Lights and Sirens
Urgency: Not Recorded
Response: 911 Response
Location: Trade or Service (Business, bars, restaurants, etc.)
Address: [redacted]
Eau Galle, Dunn, WI 54737

Call Disposition

Disposition: Treated, Transported by EMS (BLS)
Resp. Mode: Lights and Sirens
Destination: CHIPPEWA VALLEY HOSPITAL, 1220 THIRD AVE. W, P.O. BOX 224, DURAND, WI 54736
Dest. Determ.: Closest Facility
Diverted From:
Response Delay: None
Scene Delay: None
Transport Delay: None

Response Times and Mileage

1st Resp. Arr.:
PSAP:
Disp. Notified:
Unit Disp.: 19:22
Enroute: 19:26
At Scene: 19:35
At Patient: 19:35
Depart: 19:44
Arrive Dest: 19:53
In Service: 21:49
In Quarters:
Cancelled:

Incident #: [redacted]
Call Sign: [redacted]
Veh. #: 871
Start Miles:
Scene Miles: **To Scene:** 0.0
Dest. Miles: 9.5 **To Dest:**
End Miles: 9.5 **To End:** 0.0

Unit Personnel

Crew Member	Level of Certification	Role
[redacted]	EMT-Basic	Driver
	EMT-Basic	Primary Patient Caregiver
	EMT-Basic	Primary Patient Caregiver

Billing Information

Payment Method | Work Related?

Patient Occupation Information

Occupation | Industry

Service-Defined Questions

Township where patient lives?
Township of Incident

Valuables

Valuables:
Belongings Left: Not Recorded

IDI #: 131108HCC2105
Exhibit #: 1

Utility Vehicle Data Record Sheet

Front

A Driver	B Right Front Passenger
Left Rear Passenger	Right Rear Passenger
Cargo Bed	

Rear

The Utility Vehicle

A:		
	Age: 50	Height:
	Gender: M	Weight:
	Helmet (Y/N): n	Seatbelt (Y/N): n
	Killed/Injured/Neither/Unknown: injured	
	Injury Description: head injury	
	Did vehicle land on victim: n	
	Ejected (Either partially or fully): n	

B:		
	Age: 55	Height: 5'7
	Gender: F	Weight: 150
	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	

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

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

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

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

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

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

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

Save

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
131108HCC3127	9096	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2013 11 03	2013 12 09

6. Synopsis of Accident or Complaint **UPC**

A 14-year-old male died of injuries he sustained when the utility vehicle he was a passenger on flipped and came to rest on top of him. Five children ranging in ages 11-14 were on the utility vehicle when the incident occurred. The 13-year-old driver attempted to make a left hand turn while traveling at a high rate of speed. As he attempted to make the turn, the UTV flipped, ejecting three of the five passengers. The 14-year old male died at the scene, another passenger sustained a concussion, and another passenger sustained minor injuries. None of the children had seatbelts or helmets on.

7. Location (Home, School, etc)	8. City	9. State
4 - STREET OR HIGHWAY	HOUMA	LA

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	POLARIS/RANGER	800XP

10D. Manufacturer Name and Address
POLARIS INDUSTRIES
1225 NORTH COUNTY ROAD 18
MINNEAPOLIS, MN

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	4 - Other Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
14	1 - Male	8 - Death	54 - Crushing

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
75 - HEAD	3 - 2nd Hand Info Only	2 - Telephone	14.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
02/11/2014	8631	Frank J. Nava

28. Distribution	29. Source Document Number
Sarah Garland; Tanya L. Topka	X13B0165A

This investigation was initiated based on a news article. A 14-year-old male died when the UTV he was riding in flipped, coming to rest on top of him. The initial report was obtained from the responding sheriff's office. The supplemental reports and photographs were not released to CPSC due to an on-going criminal investigation and litigation. The reports and photographs will be released when the case is closed. They will be forwarded as an addendum when they are received.

The victim is a 14-year-old male. His height and weight were not available.

The involved product is a utility vehicle (UTV). It was not able to be determined if the UTV had aftermarket modifications, the type of seatbelt in the UTV or the odometer/ hours of use of the UTV.

According to the source document, a news article, (as well as another news article, which is attached as Exhibit #3), it was determined that five children ranging in age from 11 to 14 years of age were riding on a UTV on a paved public road located in a residential area. A 13-year-old male was driving. The victim, a 14-year-old male, was the front seat passenger. None of the children were wearing seatbelts or helmets.

According to the source document, the UTV was traveling at a high rate of speed when the 13-year-old driver attempted to make a sharp left hand turn. As the driver attempted to make the turn, the UTV flipped, ejecting three of the five people in the UTV. The victim was partially ejected and the UTV came to rest on top of him. According to the news article, the victim was pronounced at the scene. Another passenger was transported to the hospital with a concussion. Another passenger sustained minor injuries. The driver of the UTV was not injured.

During a telephone conversation with the records custodian for the coroner that handled this incident, she stated that the victim's cause of death was an open head injury. She went on to say that due to on-going litigation, she was unable to provide the requested reports. She stated that once the case is closed, she would release the reports. They will be forwarded in an addendum when they are received.

PRODUCT IDENTIFICATION

TYPE: Utility Vehicle
BRAND: POLARIS
MODEL: RANGER 800XP
COLOR: Green
DATE MANUFACTURED: Not available
VIN: [redacted]
YEAR MODEL: 2012
MANUFACTURER: Polaris
PLACE OF PURCHASE: Performance Sports, 1816 Martin Luther King Blvd, Houma, LA 70360
AFTERMARKET MODIFICATIONS: Unknown
TYPE OF SEATBELT: Unknown

EXHIBITS

1) Contact List (1 Page)
2) Initial Police Report (3 Pages)
3) News Article (2 Pages)

4) Missing Document (1 Page)
5) UTV Data Record Sheet (1 Page)

CONTACT LIST

Victim- [redacted] – DOB [redacted]
UTV VIN: [redacted]

[redacted] **– Owner of UTV**

Houma Police Department
Records Department
500 Honduras Street
Houma, LA 70360
985-873-6371

[redacted] **Coroner's Office**
P.O. Box 252
Houma, LA 70361
985-873-6440

[redacted]

(URL above: located news article regarding the incident)

www.purepolaris.com

(URL above: used to identify year model and model name of UTV by searching the VIN on this website)

Police Department

Houma, LA 70360

MICHEL H. CLAUDET
PARISH PRESIDENT

Initial Incident Report

For Public Dissemination

TODD DUPLANTIS
CHIEF OF POLICE

Incident Details

Case Number: [redacted]
Officer: **DAMIEN MELANCON**
Date: **10/05/2013** Time: **2100**
Location: [redacted]

Case Number: [redacted]
Officer: **DAMIEN MELANCON**
Date: **10/05/2013** Time: **2100**
Location [redacted]

Case Number: [redacted]
Officer: **KEITH CRAFT**
Date: **10/14/2013** Time:
Location: [redacted]

Case Number: [redacted]
Officer: **KEITH CRAFT**
Date: **10/14/2013** Time:
Location: [redacted]

Reporting Person

Name: [redacted]

Name:

Victims

Name: [redacted]

Total Victims: **1**

Persons Charged

Total Charged: **0**

Property

Total Properties: **0**

Vehicle

Total Vehicles: **0**

Initial Narrative

INFANT FOUND IN POOL NOT BREATHING

OFC RESPONDED TO AND INVESTIGATED A DROWNING.

Police Department

Houma, LA 70360

MICHEL H. CLAUDET
PARISH PRESIDENT

Initial Incident Report

For Public Dissemination

TODD DUPLANTIS
CHIEF OF POLICE

Incident Details

Case Number: [redacted]
Officer: **MICHAEL TOUPS**
Date: **11/15/2013** Time: **1620**
Location: [redacted]

Reporting Person

Name: MICHAEL E TOUPS

Victims

Name: [redacted]

Name: [redacted]

Name:

Total Victims: **3**

Persons Charged

Name: [redacted]
Address: [redacted]

Statute: RS14:32
Title: **NEG. HOMICIDE**

Statute: RS14:39
Title: **NEGLIGENT INJURING**

Statute: RS14:99
Title: **RECKLESS OPERATION VEHICLE**

Statute: RS32:52
Title: **DRIVER NOT LICENSED**

Statute: RS32:53
Title: **PROPER EQUIP ON VEHICL**

Name: [redacted]
Address: [redacted]

Statute: RS32:52
Title: **DRIVER NOT LICENSED**

Statute: RS32:53
Title: **PROPER EQUIP ON VEHICL**

Statute: RS32:52
Title: **DRIVER NOT LICENSED**

Name: [redacted]
Address: [redacted]

Statute: RS14:92.2
Title: **IMPROPER SUPERVISION OF MINOR**

Name: [redacted]
Address: [redacted]

Statute: RS32:52
Title: **DRIVER NOT LICENSED**

Statute: RS32:53
Title: **PROPER EQUIP ON VEHICL**

Total Charged: **4**

Property

Total Properties: **0**

Vehicle

Vehicle Number 1 Vehicle Belongs to: SUSPECT Make: Model: 2011
Year: 2011 Doors: 0 Type: POLARIS U Color: GRN
License Plate #: NONE License Year: License State: LA
VIN [redacted]

Total Vehicles: **1**

Initial Narrative

OFC INVESTIGATED A FATAL CRASH, IN WHICH ONE JUVENILE WAS KILLED. FOUR PEOPLE WERE CHARGED WITH VARIOUS CHARGES.

131108HCC3127
EXHIBIT #3
Page 1 of 2

-
-
- My Profile
- Sign Out

[redacted]

Police to step up enforcement after fatal ATV crash in Houma

[redacted]

Posted on November 4, 2013 at 10:16 PM

Updated Monday, Nov 4 at 10:21 PM

[redacted]
Email: [redacted]

HOUMA, La. - [redacted], 14, loved riding scooters and skateboards, according to family friends.

He was killed in an ATV crash Sunday just after 4:30 p.m. in the [redacted] subdivision.

131108HCC3127
EXHIBIT #3
Page 2 of 2

"He was well loved by a lot of people," said neighbor [redacted] "I've seen a lot of kids were upset about it."

Witnesses say a green, 2011 Polaris ranger and another four-wheeler were speeding down [redacted], with a radio blaring, when the Polaris' 13-year-old driver made a sharp left turn onto [redacted], flipping the vehicle and ejecting three of the five people inside.

The ATV landed on top of [redacted], who was sitting in the front passenger seat. He was killed on the scene.

Another teen was hospitalized with a concussion. Another had minor injuries.

The 13-year-old driver was [redacted] best friend. He is not injured, but is now charged with multiple crimes, including negligent homicide, negligent injury, reckless operation, driving without a license and operating an unsafe vehicle.

None of the teens inside were wearing seat belts or helmets.

[redacted], 45, owned the ATV and is the parent of one of the children riding the other four wheeler, said police. [redacted] has been ticketed for contributing to the delinquency of a juvenile and allowing a minor to drive.

"We are going to start charging these parents that are allowing these children out on these roadways," said Houma Police Chief Todd Duplantis. "We're going to do anything we can to avoid any future tragedies as this."

Duplantis knows the victim's family. He said it's not the first time someone has been seriously injured or killed driving an off road vehicle on a public street in Houma.

The police department has been cracking down for the last several years, but plans to continue stepping up enforcement.

"We give them warnings. Those days are over with. We need to take action," said Duplantis. "This is a problem we've been dealing with in Houma, and we take it serious."

And in this close knit community, police hope the tragedy serves as a wake-up call, while neighbors pray for the families involved.

Two other minors were charged with driving without a license and operating an unsafe vehicle in this incident.

Task No. 131108HCC3127

Date: February 10, 2014

STATUS OF MISSING DOCUMENT (S)

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

1. Houma Police Department Investigative Report

2. Photographs taken by Houma Police Department

3. Coroner's Report

4.

5.

Date: _____ **Investigator No:** 9096

Regional office: 8400 **Supervisor No:** 8631

IDI #: 131108HCC3127
Exhibit #: 5

Utility Vehicle Data Record Sheet

Front

A Driver	B Right Front Passenger
? Left Rear Passenger	? Right Rear Passenger
? Cargo Bed	

Rear

The Utility Vehicle

A:		
	Age: 13	Height: N/A
	Gender: M	Weight: N/A
	Helmet (Y/N): No	Seatbelt (Y/N): No
	Killed/Injured/Neither/Unknown: Neither	
	Injury Description:	
	Did vehicle land on victim:	
	Ejected (Either partially or fully):	

B:		
	Age: 14	Height: N/A
	Gender: M	Weight: N/A
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: open head injury	
	Did vehicle land on victim: yes	
	Ejected (Either partially or fully): fully	

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

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

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

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

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

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

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

Save

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
131118HNE1131	2766	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2013 11 15	2013 11 26

6. Synopsis of Accident or Complaint **UPC**

Both the operator and passenger of the utility vehicle (UTV) were killed after colliding head-on with a motor vehicle on a state roadway. The operator of the UTV reportedly attempted to pass another vehicle by entering the opposing traffic lane and was struck head-on. The operator of the UTV is believed to have been operating it at night without nights and alcohol is suspected as a contributing factor but toxicology tests were compromised. The driver of the UTV was wearing his seat belt and was pinned in the vehicle. The passenger of the UTV was not wearing his seat belt and was found lying outside of the vehicle.

7. Location (Home, School, etc)	8. City	9. State
4 - STREET OR HIGHWAY	OIL CREEK TOWNSHIP	PA

10A. First Product	10B. Trade/Brand Name	10C. Model Number
5044 - UTILITY VEHICLES	RANGER RZR 800	RZR 800

10D. Manufacturer Name and Address

POLARIS INDUSTRIES INC.
2100 HIGHWAY 55
MEDINA, MN 55340

11A. Second Product	11B. Trade/Brand Name	11C. Model Number

11D. Manufacturer Name and Address

12A. Hispanic or Latino	12B. Race	12C. Race Source
2 - No	1 - White Other:	3 - Official Document

13. Age of Victim	14. Sex	15. Disposition	16. Injury Diagnosis
22	1 - Male	8 - Death	62 - Internal Org Inj

17. Body Part(s) Involved	18. Respondent	19. Type of Investigation	20. Time Spent (Operational / Travel)
79 - LOWER TRUNK	3 - 2nd Hand Info Only	2 - Telephone	14.00 / 0.00

21. Attachment(s)	22. Case Source	23. Sample Collection Number
9 - Multiple Attachments	05 - Newspaper	

24. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ◉ No ○ Yes for Manuf. Only ○ Verbal ○ Written

25. Review Date	26. Reviewed By	27. Regional Office Director
02/04/2014	9084	Dennis R. Blasius

28. Distribution	29. Source Document Number
John C. Topping; Sarah Garland; Tanya L. Topka	X13B0494A