

1. Task Number 061127HNE1688		2. Investigator's ID 8925		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 810	4. Date of Accident YR MO DAY 2006 11 22	5. Date Initiated YR MO DAY 2006 11 27		
6. Synopsis of Accident or Complaint UPC none Victim #1, a 10-year-old female passenger was riding in a four-wheeled utility vehicle. Victim #2, the driver, a 11-year-old male was operating the utility vehicle on private property/a field/wooded area. Victim #3, another 10-year-old female passenger was riding in the utility vehicle. They were not wearing helmets or seatbelts. They were traveling downhill, attempted to make a turn and the utility vehicle overturned. Victim #1 fell out and the utility vehicle landed atop of her. Victim #1 died at the scene. Victim #2 and #3 were not injured. VIN # is [REDACTED]				
7. Location (Home, School, etc) 2- FARM		8. City HOPE TOWNSHIP		9. State MI
10A. First Product 5044- Utility Vehicles		10B. Trade/Brand Name YAMAHA/RHINO		10C. Model Number 660
10D. Manufacturer Name and Address YAMAHA MOTOR CORP/VIN [REDACTED] 6555 Katella Ave Cypress, CA 90630				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 10	13. Sex 2- Female	14. Disposition 8- Death	15. Injury Diagnosis 65- Anoxia	
16. Body Part(s) Involved 85- ALL OF BODY	17. Respondent 3- 2nd Hand Info Only	18. Type of Investigation 2- Telephone	19. Time Spent (Operational) / Travel 8 / 0	
20. Attachment(-) 9- Multiple Attachments		21. Case Source 04- Radio, TV		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 02/18/2007	25. Reviewed By 8978		26. Regional Office Director Eric B. Ault	
27. Distribution Streeter, Robin			28. Source Document Number N06B0494A	

4/22/07  
 INVESTIGATOR'S SIGNATURE  
 OVERSIGHT  
 EXCERPT FROM [REDACTED]  
 NOT RE-NOTIFY

1. Task Number 061127HNE1668		2. Investigator's ID 8925		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 810	4. Date of Accident YR MO DAY 2006 11 22	5. Date Initiated YR MO DAY 2006 11 27		
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24. Review Date 02/16/2007	25. Reviewed By 8978		26. Regional Office Director Eric B. Ault	
27. Distribution Streeter, Robin			28. Source Document Number N06B0494A	

4/17/07  
 COMMENTS - YES NO  
 OVERLAP - YES NO  
 SECTION FOR EX - YES NO  
 NOT RE-NOTIFY - YES NO

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The information in this report was based on information received from the police department and the medical examiner's office. A photo of the utility vehicle was not provided. Contact with the victims' next-of-kin and the owner of the utility vehicle was unsuccessful.

On Wednesday, November 22, 2006, at 2:50 p.m., in Barry County, Hope Township, MI, victim #1, a 10-year-old female passenger was riding in a four-wheeled utility vehicle with victim #2, the driver, a 11-year-old male who was operating the utility vehicle on private property/a field/wooded area. Victim #3, another 10-year-old female passenger was riding in the utility vehicle. The weather condition was clear and the temperature was 52 degrees.

They were traveling downhill, attempted to make a turn and the utility vehicle overturned. Victim #1 fell out and the utility vehicle landed atop of her. Victim #2 and #3 were not injured. They attempted to move the utility vehicle away from victim #1, but could not.

Victim #2 left the scene, and got immediate assistance by his father who was located nearby, They moved the utility vehicle away from Victim #1 while victim #3 assisted.

Prior to the incident, they were traveling at 10 mph. They were not wearing any protective gear, such as helmets and seatbelts. Victim #2's knowledge regarding operation and/or handling utility vehicle was unknown.

Victim #1 was 52 inches tall and she weighed 58 pounds. She was fatally injured at the scene. Her cause of death was traumatic asphyxia.

The other victims' height and weight were unknown. Alcohol and/or illegal drug use were not contributing factors to the incident.

Product: four-wheeled utility vehicle  
Below is depiction model 2006 Rhino 4x4 660c from website



Brand/Year: Yamaha/2006

Manufacturer: Yamaha Motor Corp.  
6555 Katella Ave  
Cypress, CA 90630

Model: Rhino 4x4 660c

VIN: 5Y4AM08Y36A004511

Description: blue in color

Condition: maintenance history, bought new or used, and prior problems is unknown. The vehicle sustained no apparent damage during the crash.

Modification: unknown

**ATTACHMENTS:**

1. Traffic Crash Report.
2. Medical Examiner's Forensic Autopsy Report and Toxicology report.
3. Missing Document, photo of utility vehicle.
4. Contact Information.

Authority: 1948 PA 300, Sec. 257.822  
Compliance: Required MSP UD-10  
Penalty: \$100 and/or 90 days (Rev 1/04)

Do Not Use

Page	1	Of	2						
Incident #	5	8	4	6	2	9	0	6	
File Class	9300-2								
Incident Disposition	<input type="radio"/> Open <input checked="" type="radio"/> Closed							Reviewer	<i>[Signature]</i>

# STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORE MI-0805800

Department Name MSP Hastings

Crash Date: 11/22/2006  
 Crash Time: 1450  
 No. of Units: 01

County: 08  
 City/Twp: 07

Traffic Control:  
 None of These  
 Signal  
 Stop Sign  
 Yield Sign

Relation to Roadway:  
 Location of First Impact:  
 Shoulder  
 Outside of Shoulder/Curb  
 On Road  
 Median  
 Gore  
 Other/Unknown

Crash Type:  
 Single Motor Vehicle  
 Head On  
 Head On-Left Turn  
 Angle  
 Rear End  
 Rear End-Left Turn  
 Rear End-Right Turn  
 Sideswipe-Same  
 Sideswipe-Opposite  
 Other/Unknown

Special Circumstances:  
 None  
 School Bus  
 Hit and Run  
 Flooding Police  
 State  
 Severe Wind  
 Snow/Blowing Snow  
 Sleet/Hail  
 Other/Unknown

Weather (Mark Only One):  
 Clear  
 Cloudy  
 Fog/Smoke  
 Rain  
 Daylight  
 Dawn  
 Dusk

Light (Mark Only One):  
 Dark-Lighted  
 Dark-Unlighted  
 Other/Unknown

Special Checks:  
 Fatal (Report All)  
 Corrected Copy  
 Replace (Entire Report)  
 Complete (Entire Report)  
 Non-Traffic Area  
 OPV/Snowmobile

Area: 19  
 Total Lanes:   
 Speed Limit:   
 Posted:  Yes  No

Construction Zone (if applicable):  
 Type:  Const./Maint.  Utility  
 Lane Closed:  Yes  No  
 Activity:  On Road  Off Road  None

Road Name: Cedar Creek  
 Distance: .5  
 Direction:  North  South  East  West

Road Type: R D  
 Divided Roadway:  N  S  E  W  
 Access Control:  2  3

Intersecting Road: Dowling  
 Road Type: R D  
 Divided Roadway:  N  S  E  W

Unit Number: 1  
 State:   
 Driver License Number:   
 Date of Birth: 08/07/1994

Unit Type:  MV  
 Name: (b)(6)  
 Street Address:   
 City/Twp:   
 Driver Condition:  2  3  4  5  6  7  8  9  10  11  12

License Type:  D  CY  C  F  M  R  
 Sex:  M  F  
 Total Occup: 03  
 Hazard Action: 01

Injury:  K  A  B  C  
 Position: 01  
 Restraint: 05  
 Hospital: N/A  
 Ejected/Trapped:  Yes  No  
 Airbag Deployed:  Yes  No  
 Citation Issued:  Hazardous  Other

Vehicle Registration:   
 State:   
 Insurance: ALLIE  
 Towed To/By: ALLA

Vehicle Make: Yamaha  
 Model: Rhino  
 Color: Blue  
 Year: 2006

Vehicle Type:  PA  VA  PU  ST  CY  MU  GC  SM  
 Vehicle Direction:  North  South  East  West

Special Vehicles:  1  2  3  4  5  6  
 Private Trailer Type:  1  2  3  4  5  6  7  
 Vehicle Defect:  1  2  3  4  5  6

Location of Greatest Damage:   
 First Impact: 00  
 Extent of Damage: 0  
 Drivable:  Yes  No

First Name: (b)(6)  
 Middle:   
 Last:   
 Sex:   
 Position:   
 Restraint:   
 Hospital:   
 Throated:  Yes  No

Person Advised of Damaged Traffic Control:  
 Date:   
 Time:   
 Name:   
 Damaged Property:  
 Owner & Phone:

UD-10 SERIAL NUMBER: 7215961  
 Serial Override Number:   
 Do Not Write or Mark In This Area

Do Not Write or Mark Below This Line

Do Not Write or Mark Below This Line

Do Not Write or Mark On This Side of The Line

11/22/2006 Watson / Anderson ORV Fatal 58-4629-06

BACK

Unit Number: \_\_\_\_\_ State: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

**NCS**

Unit Type:  MV  B  P  E (train)

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Driver Condition:  1  2  3  4  5  6  7  8  9  99

Interlock:  Yes  No  Refused  Not offered

Alcohol:  Yes  No Test Type:  Field  PBT  Breath  Blood  Urine Test Results: \_\_\_\_\_

Drugs:  Yes  No Test Type:  Blood  Urine Test Results: \_\_\_\_\_

Vehicle Registration: \_\_\_\_\_ State: \_\_\_\_\_ Insurance: \_\_\_\_\_ Towed To/By: \_\_\_\_\_

VIN: \_\_\_\_\_ Vehicle Description: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

Location of Greatest Damage:  1  2  3  4  5  6  7  8  9  10  11  12

First Impact: \_\_\_\_\_ Extent of Damage: \_\_\_\_\_ Drivable:  Yes  No

Vehicle Type:  PA  VA  PU  ST  CY  MO  GC  SM  OR  Other  Truck/Bus

Vehicle Direction:  North  South  East  West

Special Vehicles:  1  2  3  4  5  6

Private Trailer Type:  1  2  3  4  5  6  7

Vehicle Defect:  1  2  3  4  5  6

Vehicle Use:  1  2  3  4  5  6  7  8  9  10  11

**Driver 1**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F Position: \_\_\_\_\_ Restraint: \_\_\_\_\_ Hospital: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Injury:  K  A  B  C  O Airbag Deployed:  Yes  No  Not Equipped

**Driver 2**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F Position: \_\_\_\_\_ Restraint: \_\_\_\_\_ Hospital: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Injury:  K  A  B  C  O Airbag Deployed:  Yes  No  Not Equipped

**Witnesses**

Owner  Witness Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Uninjured Passenger Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Owner  Witness Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Uninjured Passenger Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

Do Not Write or Mark On This Side of The Line

**Unit Reported on Front**

Action Prior	Sequence of Events	First	Second	Third	Fourth
	0 2 0 6				

**Unit Reported Aboard**

Action Prior	Sequence of Events	First	Second	Third	Fourth

Unit Number: \_\_\_\_\_ Carrier Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ GVWR: \_\_\_\_\_

Carrier Source:  Papers  Vehicle  Log Book  Driver

ICCMC: \_\_\_\_\_ Driver's CDL Type:  A  G  B  None  H  P  T  N  S  X

USDOT: \_\_\_\_\_  Interstate  Intra (MI Only)  CDL Exempt  Farm  Other

MPSC: \_\_\_\_\_ Vehicle Type:  AS  AL  BS  CX  AA  AT  BB  BX  Other  AH  AX  BH  CH  AN  AY  BN  CP  AP  AZ  BP  CS

Medical Card:  Y  N

Hazardous Material:  Placard  Cargo Spill

Cargo Study Type:  1  2  3  4  5  6  7  8

ID #: \_\_\_\_\_

UD-10 SERIAL NUMBER: **7215961**

Investigated at Scene:  Reported Date/Time: **11/22/2006 @ 1525** Probe By: **1015**

Investigator Name(s) & Badge # (Print Only): **Trp. K. Linebaugh #1015**

Crash Diagram and Remarks

North ↑

Private Property ORV Fatal  
"Not to scale"

Vehicle #1 is traveling downhill in a field/woods area, when the driver attempts to make a left turn, the vehicle overturns. A passenger falls out of the vehicle, which then lands on her. The vehicle is a 2 seat vehicle.

For further information see online report

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Michigan Department of State Police  
ORIGINAL INCIDENT  
REPORT

ORIGINAL DATE Wed, Nov 22, 2006	INCIDENT NO. 058-0004629-06
TIME RECEIVED 1627	FILE CLASS 93002
WORK UNIT MSP HASTINGS	COUNTY Barry
COMPLAINANT (b)(6)	TELEPHONE NO. (269)623-2827
	STATE MI
	CITY DOWLING
	ZIP CODE 49050-
INCIDENT STATUS Open	

## FATAL ORV CRASH

### INFORMATION:

I was dispatched to the below venue for an off road vehicle crash. Just after my arrival on scene the juvenile victim was pronounced dead. Due to the location of the crash, only a basic accident investigation could be completed.

### VENUE:

The location of the crash is in a field to the northwest of (b)(6) Hope Township

### DATE & TIME:

Wednesday, November 22, 2006 at approximately 1450

### COMPLAINANT:

(b)(6)

### PASSENGER IN VEHICLE/VICTIM:

(b)(6)

### UNINJURED PASSENGER IN VEHICLE:

(b)(6)

### DRIVER OF VEHICLE:

(b)(6)

PAGE 1 of 5	INVESTIGATED BY TPR KELLY LINEBAUGH #1015	REPORTED BY	REVIEWED BY
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Michigan Department of State Police  
ORIGINAL INCIDENT  
REPORT

ORIGINAL DATE Wed, Nov 22, 2006	INCIDENT NO. 058-0004629-06
TIME RECEIVED 1627	FILE CLASS 93002

**FATHER OF DRIVER:**

(b)(6)

**MOTHER OF VICTIM:**

(b)(6)

**ARRIVAL ON SCENE:**

Upon arrival on scene, I was met by Delton First Responders who advised the victim in this case was in the back of the Lansing Mercy ambulance being treated. They further advised a landing zone was being set up for Air Care's Helicopter to land. I was directed to (b)(6) who could provide information as to what took place.

**CONTACT NORMAN WATSON:**

I spoke with NORMAN WATSON at the above venue. He advised he owns the property and the people involved were his grandchildren. He said he had gone to Hastings and when he returned he was told there had been a crash and SYDNEY ANDERSON had been hurt, but he didn't know how the crash happened.

**CONTACT RONALD WATSON:**

I spoke with (b)(6) who advised he was at work at the business located next to (b)(6) Creek Rd. He stated his son (b)(6) came running in and said the Rhino had rolled over in the field and (b)(6) was trapped underneath. He said they jumped in the truck and drove to the spot of the crash as fast as he could. Upon arrival he got out of the truck, ran up to the Rhino and picked it up off from (b)(6) while RYAN pulled her out from underneath.

I asked (b)(6) if he knew how the vehicle was positioned on top of (b)(6). Y, he said he never really looked--he just knew she was underneath of it so he picked it up while (b)(6) pulled her out.

(b)(6) advised he checked (b)(6) and could not find a pulse or signs of her breathing, so he picked her up in his arms and got back into the truck. He said he drove back to the residence while holding her and attempting to breathe into her mouth as best as he could. Upon getting back to the residence/business he got out of the truck and laid (b)(6) on the grass. (b)(6) who also works at the business is a volunteer fire fighter. (b)(6) came out and held her head while telling people what to do for CPR on (b)(6) until the ambulance arrived.

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Michigan Department of State Police  
ORIGINAL INCIDENT  
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TIME RECEIVED 1627	FILE CLASS 93002

(b)(6) advised from the time he arrived back at the residence and placed (b)(6) on the ground to the time the ambulance and first responders arrived was only a matter of a few minutes.

#### CONTACT RYAN WATSON:

I spoke with (b)(6) at the venue residence. He advised he was driving the Rhino with (b)(6) and (b)(6) as passengers in it. He said they were out in the field going down hill and (b)(6) was asking for him to go faster. He stated he was only traveling at about 10 miles per hour.

(b)(6) said when he made a turn on the trail by a tree, the Rhino tipped over onto its right side. He said (b)(6) fell out and the Rhino landed on top of her. (b)(6) advised he tried to pick up the Rhino off of (b)(6) but it was too heavy for him to lift so he had to run to the residence to get help.

I asked (b)(6) said anything or moved after the Rhino landed on top of her. He said she didn't say anything or cry--she never made a sound.

I asked (b)(6) if he or anyone was wearing seatbelts or helmets while in the Rhino. He advised no helmets or belts were used.

(b)(6) described the position of the Rhino and (b)(6) for me, he advised the Rhino was pointing downhill lying on its right side and (b)(6) was underneath of it with her head kind of pointing uphill. The roll cage of the Rhino was on her upper body. No clarification was able to be made to find out if (b)(6) was lying face up or face down.

#### CONTACT HALEY CARPENTER:

I spoke with (b)(6) at her residence after clearing the scene. She advised she was a passenger in the Rhino when it crashed. She stated she was seated in the passenger seat, (b)(6) was sitting to her left on the edge of the seat/center area of the Rhino and (b)(6) was driving. She stated she thought (b)(6) was going too fast and tried to turn and the Rhino tipped over. When the Rhino tipped over she grabbed onto the roll cage and (b)(6) flew over her and landed on the ground. The Rhino then landed on top of (b)(6)

(b)(6) tried to pick up the Rhino off of (b)(6), but was unable to and had to run to the residence to get someone to pick it up off of her.

I asked (b)(6) made any sounds or said anything while the Rhino was on top of her. She said (b)(6) never moved or said anything.

#### CHECK CRASH SCENE:

The crash scene was located approximately 3/4 of a mile to the northwest of the residence in a field. Due to the distance from the roadway no measurements could be taken to plot the crash scene. GPS coordinates were obtained from the patrol vehicle locator and overlaid onto a map of the area for the general location.

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**Michigan Department of State Police****ORIGINAL INCIDENT  
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At the crash scene there were numerous paths in the field where the Rhino or other off road vehicles were being driven about. The crash occurred on a downhill slope, the vehicle was traveling from west to east downhill. The driver attempted to turn north (left) while traveling downhill and the vehicle rolled onto its right side.

The vehicle had been moved from its position in the crash to an upright position. Due to the debris on the ground from the bed of the vehicle it appears to have only been returned to all 4 wheels from its position of lying on the right side and not moved any further. The vehicle sustained no apparent damage during the crash.

There were no marks on the ground to indicate the vehicle was traveling at a speed great enough to cause it to slide on the ground after tipping over. The only marks visible on the ground are where the tires tore up the ground when the driver turned to the left and the vehicle tipped over.

**MEASUREMENTS OF SCENE:**

Measurements were taken from the middle of the trail where the patrol vehicles were parked (GPS coordinates) to the right side tire marks where the Rhino started to overturn was 90 feet. The distance from the center of the trail to the blood spot on the ground was 101 feet. Measurements from the skid on the to the blood spot was 17 feet. The distance for the skid mark from start to finish was 8 1/2 feet.

Due to the scene being on a hillside, a rise over run method was used to measure the grade. The rise was measured as 2 feet 3 inches over a 12 foot run on the hillside, indicating an approximate 18% grade.

Vehicle measurements were taken: 6 foot wheel base, 3 foot 6 inch width. The seat height was measured on the passenger side as 2 foot 6 inches.

**PHOTOGRAPHS:**

Digital photographs were taken of the scene and vehicle. The images were downloaded to the MSP Hastings Post photo computer for storage.

**VEHICLE INFORMATION:**

2006 Yamaha Rhino 4x4 off road vehicle, blue in color, VIN# (b)(6) The vehicle is registered to (b)(6) This vehicle is equipped with a 660cc gasoline engine.

The vehicle is designed to carry a maximum of 2 occupants--the driver and one passenger. The vehicle is equipped with a roll cage, 3 point seat belts, hand holds with a tilting cargo bed on the back. The vehicle has a selector switch for 2 wheel drive or 4 wheel drive. The selector switch was in the 2 wheel drive position after the crash.

**CONTACT DETECTIVE KLOTZ:**

I contacted Detective Klotz and advised him of this crash.

PAGE 4 of 5	INVESTIGATED BY TPR KELLY LINEBAUGH #1015	REPORTED BY	REVIEWED BY
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TIME RECEIVED 1627	FILE CLASS 93002

**CONTACT MEDICAL EXAMINER:**

I had Barry County Central Dispatch and had them contact the medical examiner to advise them of this crash.

**EXTERNAL DOCUMENTS:**

UD-10 Traffic Crash Report

**STATUS:**

Open.

PAGE 5 of 5	INVESTIGATED BY TPR KELLY LINEBAUGH #1015	REPORTED BY	REVIEWED BY
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**SPARROW**REGIONAL  
LABORATORIES

Patient:

(b)(6)

Case: **SHA-06-01741**  
DOB: 3/18/1996 (10)  
Sex: F  
Page 1 of 6Date of Death: November 22, 2006  
Date of Autopsy: November 23, 2006  
Time of Autopsy: 0830 Hours  
Medical Examiner: Dr. Brian Hunter  
County: Barry  
Persons in Attendance: See Report  
Identification: By ID Tags**FORENSIC AUTOPSY REPORT****AUTOPSY FINDINGS:**

- I. Traumatic Asphyxia due to a roll-over ATV (all terrain vehicle) accident
  - A. History of presenting to the emergency room in cardiac arrest
  - B. History of being involved in a roll-over all terrain vehicle accident
  - C. History of an unknown down-time
  - D. Petechiae on the conjunctivae of the eyes, on the skin of the face, neck, right arm, and deep scalp
  - E. Hemorrhage in the right lobe of the thyroid
  - F. Lacerations of the lips
  - G. Cerebral edema
  - H. Pulmonary and deep scalp contusions
- II. Toxicology
  - A. Postmortem blood drug screen: negative
  - B. Postmortem blood volatile screen: negative

**Cause of Death:** Traumatic Asphyxia due To a Roll-Over ATV Accident**Manner of Death:** Accident

**SPARROW****REGIONAL  
LABORATORIES**

Patient:

(b)(6)

Case:

**SHA-06-01741**

Page 2 of 6

**CLINICAL HISTORY:**

The decedent is a ten-year-old female who presented to the emergency room in cardiac arrest. She was riding an ATV when it rolled over on top of her. Her downtime was unknown at the time of hospital admission. The decedent was pronounced dead at the hospital. This history comes from the autopsy referral sheet and photocopies of the hospital chart.

**OUTSIDE PERSONNEL PRESENT:** None.

**IDENTIFICATION:** ID tag on the body bag reads "Anderson, Sidney". An ID tag on the left great toe reads "Anderson, Sidney". The body bag is sealed with a red plastic seal reading 0042099.

**PATHOLOGY ASSISTANT:** Heather Grothous

**OTHER PATHOLOGY ASSISTANTS PRESENT:** None

**EXTERNAL EXAMINATION**

The body is that of a normally developed, female child whose apparent age is consistent with the reported age of 10 years. The body measures 52 inches in length and weighs 58 pounds. The nutritional status is adequate and preservation is good in the absence of embalming. The lividity is fixed, purple, and posterior in distribution. Rigor mortis is complete. The body temperature is cool due to refrigeration.

The head has a normal shape. The head hair is brown, wavy, and measures up to 20.0-cm in length. There is no facial or body hair.

The corneas are clear and the conjunctival vasculature is noncongested. The scleras are anicteric and there are petechiae on the conjunctiva of the right and left eyelids, as well as the face, the arms, the skin of the neck, the axilla, and the antecubital fossa. The irides are brown.

The nose is symmetrical, stable to palpation, and is atraumatic. The ears are normally positioned and the earlobes are pierced twice on each side. The interior and exterior of the mouth are atraumatic. The teeth are natural and in good repair.

The face is symmetrical and purple in color due to congestion and confluent petechiae. The neck and chest are symmetrical and have petechiae as noted above. The chest is symmetrical and atraumatic. The breasts are those of a normal prepubescent female and there are no palpable masses. The abdomen is flat, symmetrical, and atraumatic.

All limbs and digits are present. The genitalia are those of a normal prepubescent female. They are atraumatic. The back and buttocks are unremarkable.

**CLOTHING AND PERSONAL EFFECTS:**

The body is received wearing the following items of clothing and has the following personal effects:

- 2 -

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Patient:

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Page 3 of 5

- One red, white, and blue striped long-sleeve shirt that was previously cut
- One white pair of brief style underwear with pink hearts
- One red hair tie
- One pair of earrings with red stones
- One pair of earrings with ladybugs done in pink stones

These items are released with the body at the time of autopsy.

#### EVIDENCE OF THERAPY:

- There is an electrocardiogram lead on the right shoulder and on the left shoulder anteriorly.
- There is also an electrocardiogram lead on the left side of the abdomen.
- A stiff cervical collar surrounds the neck.
- An oral airway is in place in the mouth.
- There is an intravascular catheter in the left antecubital fossa hooked to a bag of "0.9% sodium chloride".
- There are angiocatheters inserted through the anterior wall of the chest bilaterally.

#### EVIDENCE OF INJURY:

There are the previously described petechiae on the conjunctivae of the eyes. The entire face has a blue/purple appearance, which in areas appears to consist of confluent fine petechiae that are most evident around the eyes. This area of purple coloration is most prominent on the left side of the face and the entire forehead. There is a line of normal appearing skin near the lower left chin and continues onto the left side of the neck. On the right cheek, there is a 4.5 x 1.5-cm red abrasion. There are lacerations on the upper and lower lips on the mucosal surfaces. There are isolated pulmonary contusions.

Reflection of the scalp reveals a 6.0 x 5.5-cm blue contusion in the deep left parietal scalp. Just inferior to that is a 6.0 x 3.5-cm deep scalp contusion. Just above the left ear is a 3.5 x 3.0-cm blue contusion. On the right parietal scalp, there is a 2.0 x 1.0-cm red contusion. There are fine petechiae throughout the deep scalp. There are no fractures of the calvaria. There is mild cerebral edema, but no intracranial contusions or bleeding. Petechiae are present over the low anterior neck/upper chest and in the right antecubital fossa. There is a 1.4 x < 0.1-cm red linear abrasion on the anterior surface of the neck. On the medial surface of the left breast, there is a 0.4 x 0.2-cm red abrasion. There are petechiae in both the right and left axillary areas. There is a 0.9 x 0.3-cm contusion at the upper edge of the umbilicus. On the abdomen, there are scattered faint red small, abraded contusions measuring up to 1.0 x 0.5-cm. On the back of the left hand, there is a 1.0-cm diameter faint purple contusion. On the back of the right upper arm, there is a 1.5 x 0.5-cm area of red abraded skin. On the back of the right forearm, there is a 5.0 x 0.5-cm area of abraded skin and a 4.0 x < 0.1-cm red linear abrasion.

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Patient:

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## INTERNAL EXAMINATION

### HEAD AND NECK:

The scalp is incised coronally and reflected anteriorly and posteriorly revealing an intact cranial vault the above described scalp contusion. The dura mater is tightly adhered to the calvarial and basilar surfaces of the cranial cavity. There are no epidural, subdural, or subarachnoid hemorrhages. There are no basilar skull fractures. There are no venous sinus thrombi within the dura.

The brain weighs 1,170 grams. The brain shows mild edema as noted above. The sulci and gyri of the brain otherwise have a normal configuration and are free of gross natural disease and trauma. The vessels at the base of the brain are intact and have a normal distribution without significant atherosclerotic plaque, thrombi, or aneurysmal dilatations. There is no evidence of transtentorial or uncal herniation. The cerebrum, cerebellum, and brainstem are sectioned. All have a sharp grey-white matter demarcation and both the gray and white matter are free of gross natural disease and trauma. The ventricles have a normal size and configuration and are free of blood. The thalamus, hypothalamus, and basal ganglia have a normal size and configuration without evidence of gross natural disease and trauma. There is the usual pigmentation of the substantia nigra. Sections of the cerebellum and brainstem are unremarkable. The spinal cord is not examined.

The soft and bony tissues of the neck are atraumatic. The organs of the neck are normally situated.

### BODY CAVITIES:

The organs of the thorax and abdomen are normally situated. The pleural and peritoneal cavities are free of fluid accumulation and adhesions. The pericardial sac contains the usual amount of serous fluid.

### CARDIOVASCULAR SYSTEM:

The heart weighs 110 grams. It is normally situated within the pericardial sac. The pericardium and epicardium are smooth and glistening. The coronary arteries arise from patent ostia, which are normally situated on the right and left sides of the sinus of Valsalva, above the cusps of the aortic valve. They have a right-dominant distribution. They are free of significant atherosclerotic plaque and thrombi. The myocardium is firm and red-brown without areas of fibrosis or necrosis. The left ventricular myocardium measures 9 mm and the right ventricular myocardium measures 3 mm. The cardiac chambers have a normal size and configuration. The endocardium is smooth and glistening without areas of thrombi or fibrosis. The valve leaflets are thin and pliable and free of nodules. The chordae tendineae are intact. The atrial appendages are free of thrombi. The fossa ovale is closed. The aorta and its branches are intact and have no atherosclerotic plaque.

### RESPIRATORY SYSTEM:

The right lung weighs 220 grams and the left lung weighs 190 grams. There are isolated bilateral contusions. The pleural surfaces of both lungs are smooth and glistening. The subpleural spaces have mild to moderate amounts of anthracotic pigment. Both are moderately congested with mild to moderate amounts of pulmonary

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Patient:

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edema expressed on sectioning. They have a subcrepitant texture. There are no focal areas of consolidation or masses. There are no pulmonary emboli or mucus plugs. The larynx, trachea, and major bronchi are lined by an intact, glistening pink-tan mucosa, which is free of lesions. There are no airway obstructions.

**GASTROINTESTINAL SYSTEM:**

The tongue is unremarkable. The esophagus is lined by an intact, longitudinally folded epithelium that is free of lesions. The gastroesophageal junction is normally situated and intact. The stomach contains approximately 100 grams of pink material representing unrecognizable food. No pill or tablet fragments are identified. The gastric mucosa is intact and unremarkable. The gastric wall is intact. The serosal surface of the stomach is unremarkable. The serosal and mucosal surfaces of the duodenum are unremarkable. The serosal surfaces of the remainder of the small intestine and the large intestine are unremarkable. The appendix is present. The pancreas is normally situated beneath the stomach and is free of gross natural disease and trauma.

**HEPATOBIILIARY SYSTEM:**

The liver weighs 615 grams. It is covered by an intact capsule and has a tan, firm parenchyma that is free of lesions. The gallbladder is present and contains bile without gallstones.

**HEMATOPOIETIC/IMMUNOLOGIC SYSTEM:**

The spleen weighs 40 grams. It is covered by a gray-blue intact capsule and has a red, partially autolyzed parenchyma that is free of lesions. Bone marrow and lymph nodes are unremarkable.

**ENDOCRINE SYSTEM:**

The thyroid gland is injured as noted above. The adrenal glands are unremarkable.

**GENITOURINARY SYSTEM:**

The right kidney weighs 60 grams and the left kidney weighs 80 grams. The renal capsules strip with ease to reveal smooth cortical surfaces. Both have a sharp cortico-medullary demarcation. The renal pelvis have a normal size and contain no stones. The ureters have a normal caliber and insert normally into the bladder. The bladder has a normal size and configuration and is lined by an unremarkable mucosa. The bladder is empty. The vaginal mucosa is unremarkable. The ectocervical and endocervical surfaces are free of lesions. The myometrium and endometrium are unremarkable. The ovaries and fallopian tubes are unremarkable.

**MUSCULOSKELETAL SYSTEM:**

The muscles, where visualized, show no significant atrophy or hypertrophy. The bones, where visualized, show no obvious deformities or fractures.

**RADIOLOGY:** None.

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Patient:

(b)(6)

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SHA-06-01741

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**SPECIMENS SAVED:** Blood is saved from the femoral and subclavian region along with vitreous humor. The blood has been submitted for a volatile screen and a drug screen.

**EVIDENCE SAVED:** Body photographs, fingerprints, and a DNA card.

**MICROSCOPIC SECTIONS:** Block only.

Brian C. Hunter, MD  
Forensic Pathologist  
Electronically Signed  
Date Reported: 01/27/2007

- 6 -

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REGIONAL LABORATORIES

Patient: A-06-1741, (b)(6)

Attachment 2 - 061127HNE1668

 Account: PATHOLOGIST: BCH  
 BARRY COUNTY MEDICAL EXAMINER  
 SPARROW HOSPITAL  
 PATHOLOGY DEPARTMENT  
 LANSING MI 48912

History Number	Account Number	Order Status		
80236674	MCR063280006	FINAL		
Collection Date	Collection Time	Report Date		
SEE BELOW	SEE BELOW	11/29/06		
Age/D.O.B.	Sex	Race	Route	Page
101 03/18/96	F	W	99	1

Call: 11/24/06 06:19

**POST-MORTEM DRUG SCREEN**

SPECIMEN TYPE: ANALYSIS OF SUBCLAVIAN BLOOD REVEALED:

1. **NEGATIVE FOR ALL VOLATILES INCLUDING ETHANOL.**
2. **NEGATIVE FOR ALL SCREENED DRUGS.**

SPECIMEN WAS ANALYZED FOR THE FOLLOWING DRUGS AND DRUG CLASSES:

 ACETAMINOPHEN  
 AMPHETAMINES  
 ANALGESICS  
 ANTICONVULSANTS  
 ANTIDEPRESSANTS  
 ANTIHISTAMINES  
 BARBITURATES  
 BENZODIAZEPINES  
 CANNABINOIDS  
 CARDIOACTIVES  
 COCAINE AND METABOLITES  
 HYPNOTICS

 NARCOTIC ANALGESICS  
 NON-NARCOTIC ANALGESICS  
 OPIATES  
 PHENCYCLIDINE  
 PHENOTHIAZINES  
 PROPOXYPHENE AND METABOLITES  
 SALICYLATES  
 SEDATIVES  
 STIMULANTS  
 SYMPATHOMIMETIC AMINES  
 ALCOHOLS

NOTE: Other detected drugs or substances will be reported.  
 Some drugs or substances may not be detected unless  
 present in a very high concentration. Contact the  
 laboratory for a complete list and detection limits.

*Michael P. K. Church*  
 K. P. GUNAGA, PhD  
 for TOXICOLOGIST 11/29/06

\*\* END OF REPORT \*\*

 A-06-1741, ANDERSON SYDNEY  
 RUN: 272301

ACCREDITED BY COLLEGE OF AMERICAN PATHOLOGISTS

**Task Number:** 061127HNE1668

**Date:** 2/15/07

## **Status of Missing Document(s)**

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

1. photo of the utility vehicle
- 2.
- 3.
- 4.
- 5.

CONTACT INFORMATION:

Contacted on 11/27/06

Michigan State Police  
714 S. Harrison Road  
E. Lansing, MI 48823  
(517)332-2521

Contacted on 2/14/07

Barry Medical Examiner  
1005 W. Green Street, Ste. 200  
Hastings, MI 49058  
(269)945-3606

November 22, 2006

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**Girl, 10, killed in ATV accident** #061127HNE1668 N06B0494A 11/27/06  
 MI ISSUE; 09

November 22, 2006 - 4:48PM

(NEWS 3) - A 10-year-old girl died Wednesday in an ATV accident in Barry County.

It happened just after 3 p.m. on Cedar Creek Road in Hope Township.

Authorities say the girl was riding on a quad. It is unclear if she was driving or riding with someone else.

Michigan State Police are investigating.

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070131

1. Task Number 061130HCC2121		2. Investigator's ID 9067		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2006 07 15	5. Date Initiated YR MO DAY 2006 12 01		
6. Synopsis of Accident or Complaint UPC				
<p>A 33-year-old male was operating a utility vehicle with a passenger. The vehicle was traveling over 40 mph when the operator lost control and the vehicle rolled over. Both individuals were thrown from the machine. The vehicle's roll bar struck the driver in the head. According to the MECAP report the victim died from closed head trauma. Neither individual was wearing a helmet. The operator had a blood alcohol level of .162 gm/dl.</p> <p style="text-align: right;"><i>3/21/07</i>  <del>NEISS CASE NUMBER</del>  <del>COMMENTED BY</del>  <del>OVERSICED</del>  <del>EXEMPTED BY</del>  <del>APPROVED BY</del></p>				
7. Location (Home, School, etc) 0 - UNKNOWN		8. City WILLOW RIVER		9. State MN
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO660
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 33	13. Sex 1 - Male	14. Disposition 8 - Death		15. Injury Diagnosis 62 - Intern. Org. inj
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone		19. Time Spent (Operational / Travel) 3 / 0
20. Attachment(s) 1 - Photographs		21. Case Source 12 - MECAP		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Case Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 12/14/2006	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Streets, Robin A.			28. Source Document Number X06B0617A	

07031

1. Task Number 061130HCC2121		2. Investigator's ID 9067		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2006 07 15	5. Date Initiated YR MO DAY 2006 12 01		
6. Synopsis of Accident or Complaint <b>UPC</b> A 33-year-old male was operating a utility vehicle with a passenger. The vehicle was traveling over 40 mph when the operator lost control and the vehicle rolled over. Both individuals were thrown from the machine. The vehicle's roll bar struck the driver in the head. According to the MECAP report the victim died from closed head trauma. Neither individual was wearing a helmet. The operator had a blood alcohol level of 162 gm/dl.				
7. Location (Home, School, etc) 0 - UNKNOWN		8. City WILLOW RIVER		9. State MN
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO 660
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 33	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 3 / 0	
20. Attachment(s) 1 - Photographs		21. Case Source 12-MEC		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No      ) Verbal				
24. Review Date 12/4/2006	25. Reviewed By 8929		26. Region I Office Director Frank J. Nova	
27. Distribution Stratner, Robin A			28. Source Document Number X06B061	

YES  
 NO  
 YES  
 NO  
 YES  
 NO  
 YES  
 NO

4/11/07 *lc*

IDI 061130HCC2121

On July 15, 2006, a 2005 Yamaha Rhino 660, 4X4, Utility Vehicle was being driven by a 33-year-old male near Willow River, MN in Pine County. A passenger was also in the vehicle at the time. The vehicle was estimated to be going over 40 miles per hour when the operator lost control and the utility vehicle rolled over.

Both the operator and the passenger were thrown from the vehicle. The utility vehicle's roll bar struck the 33-year-old driver in the head. The operator died on July 15, 2006 as the result of a closed head injury. Neither individual was wearing a helmet. The operator's blood alcohol level was .162 gm/dl.

This assignment was initiated from a MECAP report. On December 13, 2006 this investigator contacted the Minnesota Department of Natural Resources, Enforcement Education Division, Little Falls, MN and verified that a utility vehicle was involved in this incident.

Vehicle:

2005 Yamaha 660, 4X4, Utility Vehicle

ATTACHMENTS:

Exhibit A - Photograph of similar type utility vehicle

Exhibit B - Contact Information

061130HCC2121 Exhibit A-1 below shows a 2006 Yamaha Rhino 66C



IDI 061130HCC2121

Exhibit B

Contact Information

Minnesota Department of Natural Resources  
Enforcement Education

(b)(6)

15011 Highway 115  
Little Falls, MN 56345  
320-616-2501  
Initial Contact: 12/13/06

X06B 0617

ISSUE

09

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MEDICAL EXAMINER'S/CORONER'S REPORTING FORM

To report a case by telephone, call (toll free) 1-800-638-8095. Say "THIS IS A MECAP REPORT." You will then be placed in contact with the MECAP Project Manager for your state, who will ask for the information noted below.

Date of accident 7/15/06 Date of Death 7/15/06

Type of consumer product involved ATV

Manufacturer, Model, Brand name, and Serial No. of product Yamaha Rhino 660 4x4

Is product available for examination?  Yes  No. If Yes, where? \_\_\_\_\_

Cause of Death: closed Head Trauma

Location of Accident: City Willow River State MN

Brief description of accident sequence: (Please include the AGE and SEX of the VICTIM(S))

33 yr. old victim driving a wheeled ATV with passenger over 40 mph. No helmets. Lost control and ATV rolled over throwing off both. Roll bar struck victim in head.

Alcohol level 0.162 gm/dl

Contact Information: Please include the name, address and telephone number of any state/local personnel who investigated the accident.

Medical Examiner's/Coroner's Case No. 06-1061 Telephone No. 651-224-7827

Reporter's Name Sue Swanson Date Reported 10/31/06

Reporter's Off. (incl. City, county, & state) Ramsey County Medical Examiner, St. Paul, MN

Medical Examiner's/Coroner's Name Michael McGee, MD

For processing at CPSC: Report received by: \_\_\_\_\_

Chief Med. Exam. Rpt ( ) Copy for MECAP News ( )  
Regular MECAP ( ) Document No. \_\_\_\_\_

Approved for use thru 9/30/2006 - OMB No. 3041-0029

P. re Cindy Skeriff

070731

1. Task Number 070221HCC3265		2. Investigator's ID 9107		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2005 09 10	5. Date Initiated YR MO DAY 2007 02 26		
6. Synopsis of Accident or Complaint UPC				
<p>The death of a 46 year old female riding on the back of an ATV was reported by a coroner. It was found the vehicle was not an ATV but a utility vehicle. The female was riding on the back bench seat, behind the driver of the utility vehicle. The victim had her arms around the roll bars. The utility vehicle was traveling uphill at approx. 2 mph, when it began to tilt and roll to the left. The utility vehicle rolled over and came to rest on the victim. The victim was in a fetal position, trapped between the utility vehicle and a tree.</p>				
7. Location (Home, School, etc) 9 - SPORTS OR RECREATION PLACE			8. City CARBONADO	9. State WA
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name RHINO		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 46	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational    Travel) 5 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 12 - MECAP	22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 0610512007	25. Reviewed By 9021		26. Regional Office Director Frank J. Nava	
27. Distribution Topka, Tanya			28. Source Document Number X0710295A	

DO NOT DISSEMINATE  
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 APPROVED  
 APPROVED BY: *200*  
 DATE: *9/4/07*  
 DO NOT RE-ENTER  
 RE-ENTER

This In-Depth Investigation (IDI) was initiated based upon a report from a Medical Examiner's office through the Consumer Product Safety Commission's (CPSC) Medical Examiner and Coroner Alert Program (MECAP) concerning a fatality involving an ATV. It was learned during the investigation the product was actually a utility vehicle.

During this IDI, a photocopy of the medical examiner's report was obtained. The police report was requested but has not been received.

There were two people riding on the utility vehicle. Victim one was the driver of the utility vehicle. No further information was obtained.

Victim two was a 46 year old female. Her date of birth was (b)(3) CPSC  
Section 25(c) She was a passenger on the utility vehicle. No further information was obtained.

According to the official reports, on 9/10/2005, the victim's were riding up a ¾ mile trail. Victim two was riding on the back bench seat, behind the driver with her left side towards the driver and her legs extended in front of her. Victim two had her arms around the roll bars. The utility vehicle was in 4-wheel drive and traveling uphill at approximately 2 miles per hour when it began to tilt/roll to the left (driver's side), apparently due to heavy ruts on the surface of the road. The utility vehicle slowly rolled over. When it came to rest the victim was in a fetal position, trapped between the vehicle and a tree. It is unknown if victim one was injured in the incident.

The victim was provided medical care and was airlifted to the hospital. The victim received medical treatment during the airlift and for approximately one hour at the emergency room prior to being pronounced deceased.

Due to the coroners report the cause of death was due to blunt head injury.

Per the hospital ER personnel, the victim's blood toxicology screen tested positive for alcohol and illicit drugs (opiates, benzodiazepines, and marijuana)

**Product Identification:**

The product involved in this IDI is a 2005 Yamaha Rhino 4-wheel utility vehicle. No further information was obtained.

**Exhibits:**

- (1) Medical Examiner's Report

**Contacts**

US Forrest Services  
North West Washington Area  
(360) 825-6585

Contacted to obtain a copy of the police report.  
Officer Wyrsh, who was incharge of the case passed away earlier this month.  
His files were forwarded to another location. Referred me to Officer Klassen, who in  
charge of the area.

Officer John Klassen  
Forest Services North West Washington Area  
(360) 956-2262

Contacted to obtain a copy of the police report  
Was unable to locate the report. Since he is new to the position, he referred me over to  
Agent Jennings.

Agent Jennings  
Forest Services  
(360) 891-5272

Contacted to obtain a copy of the police report.  
She has not contacted me back with a status of the report.

Medical Examiner  
Tocoma, WA  
(253) 798-4724

Contacted to obtain a copy of the coroner's report.

**Medical Examiner's Record**  
**Pierce County, Washington**

\*\*\* Confidential \*\*\*

Case: 051077

(b)(3):CPSA Section 25(c),(b)(6)

**Case Information**

**Case Number:** 051077  
**Date of Death:** 09/10/2005 **Time:** 18:32  
**Date Found:** (b)(3):CPSA Section 25(c),(b)(6)  
**Reported By:** (b)(3):CPSA Section 25(c),(b)(6)  
**Agency:** SJH ER  
**Pronounced By:** (b)(3):CPSA Section 25(c),(b)(6)  
 **Brought to Morgue**  **Scene Investigated**  **Death in Custody**  
**Case Type:** Body Brought In  
**Death Area:** Tacoma  
**Arrive Date:** 09/11/2005 02:00  
**Call Type:** Emergency Room  
**Call Date:** 09/10/2005 19:35  
**Pronounced Date:** 09/10/2005 18:32

**Deceased**

**Name:** (b)(3):CPSA Section 25(c),(b)(6)  
**Address:** (b)(3):CPSA Section 25(c),(b)(6)  
**City:** (b)(3):CPSA Section 25(c),(b)(6)  
**County:** (b)(3):CPSA Section 25(c),(b)(6)  
**SSN:** (b)(3):CPSA Section 25(c),(b)(6)  
**Job:** (b)(3):CPSA Section 25(c),(b)(6)  
**Marital Status:** Unknown  
**Race:** Caucasian  
**Gender:** Female  
**Age:** 46  
**Birth Date:** (b)(3):CPSA Section 25(c),(b)(6)  
**Birth City/State:** (b)(3):CPSA Section 25(c),(b)(6)  
**Kind of Business:** (b)(3):CPSA Section 25(c),(b)(6)  
**Spouse/Maiden Name:** (b)(3):CPSA Section 25(c),(b)(6)

**Incident**

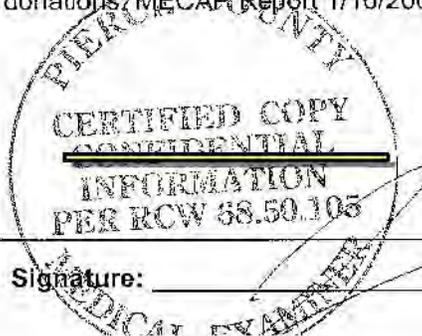
**Next of Kin Notified By:** Staff  
**Agency:** SJH ER  
**Incident Date:** 09/10/2005 **Time:** 15:30 **At Work ?**   
**Place:** Mt. Baker-Snoqualmie National Forest Road  
**Address:** MP4, Trail 1150 Evans Crk Area  
**Police Officer:** Shane Wyrsh  
**Agency:** Other  
**Notify Date:** 09/10/2005 00:00  
**Notify Method:** Hospital Staff  
**Funeral Home:** (b)(3):CPSA Section 25(c),(b)(6)  
**City:** Carbonado  
**Zip:** 98323  
**Case#:** 788-9705

**Location**

**Location of Death Address :** St. Joseph Hospital ER  
**City:** Tacoma **Zip:** 98405  
**Within City Limits ?**

**Summary**

Also reference PCSD Case #05-253-0721, Deputy William Cassio. Officer Shane Wyrsh is with the US Forest Service (360-825-6585 ext 213, or 253-350-9437). Officer Wyrsh related the following information about the incident: the vehicle involved is a 2005 Yamaha Rhino recreational vehicle. The incident took place in the Evans Creek Area of the Mt. Baker-Snoqualmie National Forest, approximately 3/4 mile up trail #1150. Subject was riding on the back bench seat, behind the driver with her left side towards the driver and her legs extended in front of her. She had her arms around the roll bars. There was another front seat passenger. The vehicle was in 4-wheel drive and traveling uphill at approximately 2 mph when it began to tilt/roll to the left (driver's side), apparently due to heavy ruts in the road. The driver stated that it was almost comical how slowly the vehicle rolled over. When the vehicle came to rest subject was in a fetal position, trapped between the vehicle and a tree. The driver and subject were co-workers at Boeing. Driver told Officer Wyrsh that subject had a fight with her boyfriend Friday night and had been "on a bender" ever since. Per hospital ER personnel, subject's blood toxicology screen positive for illicit drugs and alcohol. (b)(3):CPSA Section 25(c) placed no restrictions on tissue donations. MECAR Report 1/16/2007 (b)(3):CPSA Section 25(c)



**Investigator:** deTracy, Mariann

**Signature:** \_\_\_\_\_

**Date:** 9/10/07

**Medical Examiner's Record**  
Pierce County, Washington

\*\*\* CONFIDENTIAL \*\*\*

Case : 051077

(b)(3) CPSA Section 25(c),(b)  
(6)

**Identification**

Case Number: 051077  
Last Known Alive: Time: Witnessed By: Hospital Staff  
Last Seen Alive By:  
Deceased Found: Found By:  
ID Date: 09/10/2005 ID By: friends Method: Visual

**Survivor Information**

Property  Evidence   
Last Name: (b)(3) CPSA Section 25(c),(b)(6) First: (b)(3) CPSA Section 25(c),(b)(6) Middle: Relationship: Father  
Address: (b)(3) CPSA Section 25(c),(b)(6)  
City: (b)(3) CPSA Section 25(c),(b)(6)  
NOK Notified By: Staff Agency: SJHER  
NOK Notified Date: 09/10/2005 Notify Method: Hospital Staff  
Funeral Home: (b)(3) CPSA Section 25(c),(b) Authorized By: (b)(3) CPSA Section 25(c)  
Date Selected: 09/12/2005 14:50 Date Released: 09/13/2005 Relation: Mother

**Personal History and Fingerprints**

Fingerprints Available:  Fingerprint Agency:  
Dental Records Avail:  Dentist:  
X-Rays Available:  Hospital/Doctor:  
Education: Military Status:  
Primary Care Physician: Physician Will Certify:   
Last Visit: Phone:  
Diagnosis:  
Secondary Care Physician: Physician Will Certify:   
Last Visit: Phone:  
Diagnosis:

**Aliases and Unknown Names**

Identity Unknown:  Alias:

**Other Information**

Traffic Related Incident:  Number of Vehicles Involved: 1 Possible Drug Overdose:   
Medical History:

**Suspected drugs and on scene medications:**

Per ER Nurse, blood screen returned positive for opiates, benzodiazepenes, marijuana, and 0.28 mg/dL BAC.

*Handwritten initials/signature*

**Medical Examiner's Record**  
Pierce County, Washington

\*\*\* CONFIDENTIAL \*\*\*

Case: 051077

(b)(3);CPSA Section 25(c),(b)(6)

Name: (b)(6) Case#: 05-1077 In METS:

**GENERAL INFORMATION**

Date: Type: PCME Case #:  
How was P.C.M.E. notified? Agency: By Whom?  
Date & time P.C.M.E. Office notified of the death: Date: Time:  
Date & time investigator arrived at scene: Date: Time:  
Name of Investigator: Reason for Assuming Jurisdiction:  
Who will certify the death: Physician:

**DECEDENT INFORMATION**

Full name of the Deceased:  Adult  
 Child  
 Infant  
DOB: Age: yrs (months for infants) Race: Gender:  
SSN: Marital Status: How was deceased identified?  
Address:  
Date/Time pronounced dead: Pronounced by (include agency):  
Known date/time of death: Date/Time found dead:  
Estimated date of death: Estimated time of death:  AM  PM  UNK  
List the decedent's usual occupation:  
Medical history : , , , , , other:  
Attending/Treating Physicians (give names, telephone numbers, and locations):  
Funeral Home: Date/Time selected:  
Name/Relationship of person selecting funeral home:

**SURVIVOR/NEXT-OF-KIN INFORMATION**

Survivor Name: Relationship:  
Survivor's address: Survivor's Phone:  
Who Notified? How? Date/Time Notified:  
Other relative(s) of deceased:

**OTHER AGENCY INFORMATION**

FIRE DEPARTMENT & PERSONNEL: None   
Was medical care given at the scene or shortly prior to death?  Yes  No  
If Yes: Briefly describe type/extent of medical care and who provided the care: Subject was airlifted from parking lot at Evans Creek Area to SJH ER. Subject received medical treatment during the airlift and for approximately one hour at the emergency room prior to being pronounced deceased.  
LAW ENFORCEMENT AGENCY: None  Other CASE# 788-9705  
LEA Personnel: US Forest Service Officer Shane Wyrsh

Other Agencies: PCSD Deputy William Cassio, Case #05-253-0721

List other names of people contacted at scene and relationship to the deceased (include address and telephone number for possible future contact): Per Officer Wyrsh, others at the scene included: driver of vehicle (b)(3) CPSA Section 25(c) (b)(3) CPSA Section 25(c) and front seat passenger named (b)(3) CPSA Section 25(c)

### CIRCUMSTANCES SURROUNDING DEATH

Describe the circumstances surrounding death: Officer Wyrsh related the following information about the incident: the vehicle involved was a 2005 Yakima Rhino recreational vehicle. The incident took place in the Evans Creek Area of the Mt. Baker-Snoqualmie National Forest, approximately 3/4 mile up trail #1150. Subject was riding on the back bench, behind the driver with her left side towards the driver and her legs extended in front of her. She had her arms around the roll bars. There was another front seat passenger. The vehicle was in 4-wheel drive and traveling uphill at approximately 2 mph when it began to tilt/roll to the left (driver's side), apparently due to heavy ruts in the road. The driver stated that it was almost comical how slowly the vehicle rolled over. When the vehicle came to rest subject was in a fetal position, trapped between the vehicle and a tree.

Officer Wyrsh continued: the driver and subject were co-workers at Boeing. Driver told Officer Wyrsh that subject had a fight with her boyfriend Friday night and had been "on a bender" ever since. Officer Wyrsh stated that it did not appear that the driver or other passenger had been drinking at the time of the incident.

Subject was carried out to the Evans Creek Area parking lot by PCSD and Forest Service personnel and prepared for airlift by PCFD. The incident occurred at approximately 1500 hours, subject was intubated at 1615 hours, and arrived at SJH ER at 1734 hours.

Per hospital ER personnel, subject's blood toxicology screen tested positive for alcohol and illicit drugs (opiates, benzodiazepines, and marijuana).

### HISTORY OF KNOWN OR SUSPECTED INJURY EVENT:

Is there a known or suspected injury contributing to the death?  YES  NO

If yes, what type of injury or event? Fall/Fracture

Known Date/Time of Injury: 09/10/2005 15:00

Estimated Date/Time of Injury:  AM  PM  UNK

Address of place of injury: MP4, Trail 1150, Evans Creek Area Type of place of injury: Other

Is the death (or injury leading to death) job related, or "on the job"?  YES  NO

Does the death (or injury leading to death) include a motor vehicle?  YES  NO

If yes, refer to "hazardous conditions" under "Scene Information.

Does the death (or injury leading to death) involve a weapon or foreign object?  YES  NO

If yes, refer to "hazardous conditions" under "Scene Information.

Describe/list other occupations, hobbies, or activities that may relate to illness or injury: Off-roading

### SCENE INFORMATION

Address of the scene/body location: MP4, Trail 1150, Evans Creek Area of Mt Baker-Snoqualmie National Forest

General description of the scene (house, apartment, factory, alley, vacant lot, etc. additional forms or diagrams may be used and attached): Did not visit the scene.

For outdoor scenes, what are the general weather conditions (check all that apply):

Clear  Dry ground  Drizzle  Light rain  Heavy rain  Fog  Freezing  
 Overcast  Wet ground  Still  Breeze  Light wind  Strong wind  Snow

Describe the environmental conditions for the location of the body (heating/cooling used, shade/direct sun, windows/doors open or closed, wet/damp/dry, wind blowing, etc.):

What is the ambient temperature of the scene (°F)?		
Have the <u>conditions changed</u> since the body was first discovered? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, how:		
Is there a <u>history</u> of the body being moved after discovery? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, how was it moved, and by whom? What was the body position when first found ( <i>this is critical in infant deaths</i> )? Name the source(s) of the information.		
Is there <u>scene evidence</u> that suggests that the body was moved after death? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, describe:		
Are any <u>drugs or drug paraphernalia</u> present at the scene? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Prescribed <input type="checkbox"/> Illicit		
If yes, describe in general. Do medications appear to be missing or too many/too much taken? If yes, describe. (Provide count when possible):		
Do any <u>hazardous conditions</u> exist at the scene (vehicles, weapons, water, heat/cold, source of CO, fumes/chemicals, electrical wires/tools/appliances/sources, machinery, flame/fire/explosions, place to fall from, evidence of positional asphyxia, place to be entrapped, animals/insects, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, describe (additional forms or diagrams may be used and attached):		
Was a <u>consumer product</u> involved in the injury or death? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, list the type, make, model and serial number and describe how it was involved in the injury/death (if not already described in another section above): 2005 Yakima Rhino recreational vehicle. All other information unknown at this time. Officer Wyrsh did not collect that information.		
Describe the location of the body within the scene (a scene diagram may be used and attached):		
No scene visit. Body moved prior to Officer Wyrsh's scene visit.		
<b><u>EXAMINE THE BODY AT THE SCENE</u></b>		
Date/Time of the examination of the body at the scene:	Date:	Time:
Body type:	Hair Color:	Eye Color:
		Facial Hair:
Briefly describe clothing and clothing position (also complete property form):		
Is there any blood visible on the body or on the clothing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, describe (do not "analyze"):		
Are any wounds/injuries/or "trauma" visible? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, briefly describe (do not "analyze"):		
Visible tattoos or scars: <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, describe in detail:		
Is there any visible material or "trace" evidence on the body or clothing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, describe (do not "analyze"). Was it left undisturbed on the body, or was it collected (include how, when, and by whom?):		
Describe the position of the body in detail:		
Were photographs taken? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, describe type: <input type="checkbox"/> digital <input type="checkbox"/> Polaroid® <input type="checkbox"/> 35mm		
<b><u>TIME OF DEATH PARAMETERS BY EXAMINATION</u></b>		
Describe Rigor Mortis:	Describe the location of the rigor: <input type="checkbox"/> Jaw <input type="checkbox"/> Arms <input type="checkbox"/> Legs	
Describe Liver Mortis (lividity):	Describe the color of the lividity:	
Describe the <u>primary</u> location of the lividity:	Does lividity blanch to pressure:	
Describe the condition/preservation of the body:		
If decomposition is present, briefly describe:		
What is the air temperature next to the body (°F):	Date Taken:	Time Taken:
Body temperature to touch:	Describe "other":	

Core Temperature (°F) [ <i>not routine-</i> pathologist's approval needed]:	Date Taken:	Time Taken:
<b>TIME OF DEATH PARAMETERS BY HISTORY</b>		
When was the person last known to be alive?	Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Where?		
By Whom?		
When was the person first found dead?	Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Where?		
By Whom?		
<b>DISPOSITION</b>		
The deceased was: <input type="checkbox"/> transported to the P.C.M.E.O. <input type="checkbox"/> released from the scene (see funeral home)		
The scene was left to [Law Enforcement, apartment manager, family member, etc.; record name(s)]:		
Additional notes: Officer Wyrsh will fax a copy of his report to this Office the week of September 12 <sup>th</sup> . I left messages for PCSD Deputy Cassio to contact this Office regarding his involvement in the case.		
(b)(6)		
Name of P.C.M.E. Investigator	Signature <i>[Signature]</i>	Date Signed <i>9/2/05</i>

**Medical Examiner's Record**  
Pierce County, Washington

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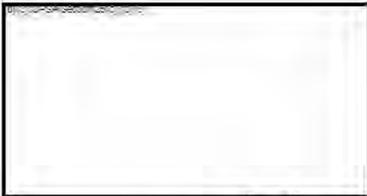
Case: 051077

(b)(3) CPSA Section 25(c),  
(b)(6)

Supplemental Report(s)

I responded to St. Joseph Medical Center arriving at 0200 hrs. 09/11/2005. I met with Hospital Security and went to communications where I signed for the decedent. At the inpatient lab I received five small vials of blood that was all that was left of the admit blood. I then received the decedent from the hospital morgue.

I opened the body bag containing the decedent and exposed digital images. I observed that the decedent was nude and no property was present or received. Lividity was unfixed and pink on the posterior tissues. Rigor was beginning in the small muscles of the jaw and fingers. The decedent was intubated and an NG tube was present. Both eyelids were covered with ecchymosis. I was unable to detect other trauma.



09/11/05

**PIERCE COUNTY MEDICAL EXAMINER'S OFFICE**

**POSTMORTEM EXAMINATION REPORT**

NAME OF DECEASED:

(b)(3) CPSA Section 25(c), (b)(6)

DATE OF EXAMINATION:

**Monday, September 12, 2005**

MEDICAL EXAMINER CASE #:

**05-1077**

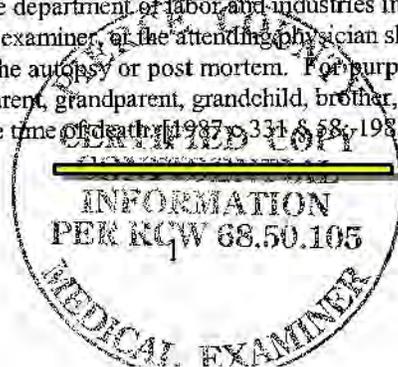
LAW ENFORCEMENT AGENCY AND CASE#:

**U.S. Forest Service 788-9705**

**NOTICE: THIS REPORT IS CONFIDENTIAL**

RCW 68.50.105 Autopsies, post mortems-Reports and records confidential-Exceptions.

Reports and records of autopsies or post mortems shall be confidential, except that the following persons may examine and obtain copies of any such report or record: The personal representative of the decedent as defined in RCW 11.02.005, any family member, the attending physician, the prosecuting attorney or law enforcement agencies having jurisdiction, public health officials, or to the department of labor and industries in cases in which it has an interest under RCW 68.50.103. The coroner, the medical examiner, or the attending physician shall, upon request, meet with the family of the decedent to discuss the findings of the autopsy or post mortem. For purposes of this section, the term "family" means the surviving spouse, or any child, parent, grandparent, grandchild, brother, or sister of the decedent, or any person who was the guardian of the decedent at the time of death. [1987 c 331 § 58; 1985 c 300 § 1; 1977 c 79 § 2; 1953 c 188 § 9. Formerly RCW 68.08.105.]



**REPORT OF POSTMORTEM EXAMINATION AND CASE SUMMARY**

**SUMMARY OF CASE FINDINGS:**

1. Blunt head injury.
  - A. Fractures of the skull.
  - B. Subdural and subarachnoid hemorrhages.
  - C. Contusions and lacerations of the brain.
2. Blunt trunk and extremity injury, with multiple contusions and abrasions.
3. Uterine leiomyomata.
4. Evidence of medical care.

**OPINION:**

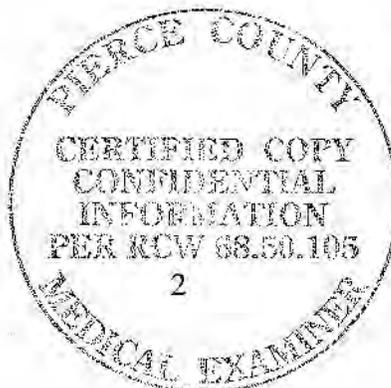
This woman was injured as a passenger involved in an off-road recreational vehicle accident. Death was caused by blunt head injury.

(b)(3)CPSA Section 25(c),(b)(6)

Forensic Pathologist  
Chief Medical Examiner

9-28-05  
Date Signed

(b)(3)CP 09/14/05



**REPORT OF AUTOPSY**

A postmortem examination is performed on the body of an adult white female, identified as [REDACTED] at the Pierce County Medical Examiner's Office, 3619 Pacific Avenue, in Tacoma, Washington, on Monday, September 12, 2005. The examination is conducted by [REDACTED], and is begun at 8:37 A.M. Assisting in the examination is autopsy technician [REDACTED]. Digital photographs are taken. Standard sample collections are made.

**EXTERNAL EVIDENCE OF MEDICAL CARE:**

1. Bloodstained hospital towels are received with the body.
2. Tubing passes through the left nostril and is surrounded by gauze packing.
3. A gastric tube passes through the oral cavity.
4. An endotracheal tube passes through the oral cavity and is secured with tape.
5. A plastic collar encircles the lower face and the neck.
6. A vascular catheter is positioned in the left subclavian region.
7. Needle puncture sites are present in the upper chest area, one on each side.
8. Cardiac monitor pads are adherent to the skin.
9. A chest tube passes through an incision in the right lateral chest area and is covered with a tape bandage.
10. \* A chest tube passes through a surgical incision in the left side of the chest and is covered by a tape bandage.
11. An intravenous catheter is positioned in the left antecubital fossa.
12. An intravenous catheter is positioned in the right antecubital fossa.
13. A vascular catheter is positioned in the right groin region.

14. Needle puncture sites are present in the left groin region.
15. A Foley catheter is present in the urethra and is attached to urine collection tubing and a collection bag. Urine is obtained from the tubing.
16. Hospital identification bands encircle the right wrist.
17. A Washington State Trauma Registry band encircles the right wrist (#0275094).
18. A hospital identification tag is attached to the right great toe.

**CLOTHING AND PERSONAL ITEMS:**

1. The body, when first viewed, is unclothed.
2. An elastic band holds the scalp hair in a braided ponytail.

**EXTERIOR OF THE BODY:**

The body is that of an adult female, appearing normally developed, adequately nourished, and consistent with the reported age of 46 years. Lividity is faint purple, fixed to pressure, and present in a predominantly posterior distribution. Rigor is present. Blood and dried disinfectant material are present on the body surfaces in multiple areas. The skin shows areas of solar tanning and freckling. The body is cool to touch and has been refrigerated.

**HEAD & NECK:**

Brown hair with scattered gray hairs covers the scalp. The external ears are normally positioned. Pierce holes are present in the lobes of the ears. Injuries are described separately. The eyes show cloudy corneas, brown irides, and round pupils. Irregular hemorrhages involve the conjunctivae bilaterally. The conjunctivae are edematous. There are no petechiae. The skeleton of the nose is intact. Blood-tinged fluid is present in the nostrils. Natural teeth are present in the upper and lower jaws. The neck is symmetrically formed. The trachea is in the midline.

**TRUNK:**

The chest and abdomen are symmetrically formed. The abdomen is slightly protuberant and is soft. The external genitalia are those of a normally formed female, without evidence of injury. The back and buttocks are symmetrically formed. The anus shows normal anatomic features, without evidence of injury.

**EXTREMITIES:**

The upper and lower extremities are symmetrically formed. Injuries are described separately. Red polish is present on the fingernails. Purple polish is present on the toenails.

**IDENTIFYING MARKS AND SCARS:**

Dark tattooing of lettering ("BEAU") and a feather is present in the skin of the upper left chest area.

**EXTERNAL EVIDENCE OF INJURY:**

1. Purple ecchymoses involve the upper and lower eyelids bilaterally.
2. Irregular faint ecchymoses involve the skin of the cheeks, the chin, and the upper neck, varying from pinpoint to 3/4 inch.
3. Irregular purple contusions involve the posterior aspects of the mid to distal right forearm, the right wrist, and the right hand areas. The injuries vary from 3/4 to 2-1/4 inches.
4. Irregular purple contusions involve the anterolateral aspect of the mid region of the left arm, the posterior and ulnar aspects of the proximal to distal left forearm, and the back of the left hand. The injuries vary from 5/8 to 2 inches in greatest dimension.
5. An irregular 3/8-inch area of abrasion is present in the anterior chest at the margin of the left breast medially.
6. Faint purple contusions involve the skin of the left upper quadrant to the abdomen, the right lower quadrant of the abdomen, and the anterior right hip area. The alterations vary from 1/8 to 1/2 inch in greatest dimension.
7. Multiple purple contusions involve the medial, anterior, and lateral aspects of the mid to distal right thigh, the right knee, and the proximal right leg. The alterations vary from 1/2 to 1-1/2 inches in greatest dimension.
8. A linear, longitudinally oriented 7/8-inch dried abrasion is present in the anterior aspect of the left leg distally.
9. Irregular purple contusions involve the anterior aspects of the left knee and leg and the dorsal aspect of the left great toe proximally, varying from 1/2 to 2-1/4 inches.

10. A linear, obliquely oriented laceration involves the left side of the scalp, above and anterior to the upper attachment of the left ear. The wound is maximally 7/8 inches. There is undermining superiorly and posteriorly.
11. A stellate laceration involves the right side of the scalp, above the right ear. Undermining is present superiorly and posteriorly. The wound is maximally 2 inches.

**INTERNAL EVIDENCE OF INJURY:**

1. Hemorrhages are present in all layers of the scalp, extending to the surface of the skull, bilaterally and anteriorly.
2. There are comminuted fractures of the vault and base of the skull. Fractures extend throughout the frontal, parietal, and temporal regions bilaterally. Portions of the fracture margins are widely separated and depressed (inward displacement). Depression extends up to 8 millimeters on the right side and 6 millimeters on the left side. Lines of fracture extend throughout the floor of the right middle cranial fossa. Fractures involve the petrosal ridges and the sphenoid bone. Fractures extend through both orbital roofs. Portions of the basilar skull fractures are separated and freely mobile. Hemorrhage surrounds all of the fracture sites. There are lacerations of the associated dura.
3. Patchy areas of subdural hemorrhage, varying up to 2 millimeters in thickness are present over all regions of the brain.
4. Patchy subarachnoid hemorrhages are scattered over all regions of the brain.
5. Multiple contusions and lacerations involve the inferior aspects of both frontal lobes of the brain and the anterior and inferior aspects of the right temporal lobe of the brain.

**INTERNAL EVIDENCE OF MEDICAL CARE:**

1. The endotracheal tube and the chest tubes are appropriately positioned.
2. The gastric tube is doubled back upon itself with the tip directed superiorly. The gastric tube is positioned in the pharynx and proximal esophagus.

**BODY CAVITIES:**

The usual Y-shaped incision is made. The organs of the thorax and abdomen are in their general normal anatomic relations. Both lungs are partly collapsed away from the chest wall. The pericardium and diaphragm are intact. Approximately 30 milliliters of blood-tinged fluid are

present in each chest cavity. The internal organs and connective tissues contain little blood and are generally pale. These observations will not be specifically referenced in the following sections.

**ORGAN WEIGHTS AND FLUID VOLUMES:**

<b><u>HEART:</u></b>	350 grams.
<b><u>RIGHT LUNG:</u></b>	570 grams.
<b><u>LEFT LUNG:</u></b>	510 grams.
<b><u>LIVER:</u></b>	1560 grams.
<b><u>RIGHT KIDNEY:</u></b>	140 grams.
<b><u>LEFT KIDNEY:</u></b>	140 grams.
<b><u>SPLEEN:</u></b>	115 grams.
<b><u>BRAIN:</u></b>	1110 grams.
<b><u>BILE:</u></b>	Two milliliters.
<b><u>URINE:</u></b>	A Foley catheter is present.

**STOMACH CONTENTS:** The stomach contains approximately 75 milliliters of dark fluid and semisolid, partly digested food.

**CARDIOVASCULAR SYSTEM:** The heart is normally formed and positioned. The chambers demonstrate normal relations. The cut surfaces of the myocardium have normal colorations. The coronary arteries pursue normal courses and are patent. The valves and great vessels are normally formed and positioned. The aorta follows the normal course. All major branches of the aorta are visibly patent.

**RESPIRATORY SYSTEM:** The lungs are normally formed and positioned. The pleural surfaces are generally smooth and glistening. The larynx, trachea, and bronchi are normally formed. Serial sectioning of the lungs reveals generalized congestion without specific or focal change. The pulmonary vasculature is free of thromboemboli.

**HEPATOBIILIARY SYSTEM:** The liver is normally formed and positioned. Serial sectioning reveals normal anatomic features. The gallbladder is present and normally positioned. No calculi are present. The pancreas lies in a normal position and is without visible alteration.

**ENDOCRINE SYSTEM:** The pituitary gland region has normal relations. The adrenal glands show normal positions and configurations. The thyroid gland is symmetrically formed without focal change.

**DIGESTIVE SYSTEM:** The esophagus follows the normal course and is intact. The stomach is normally positioned. The stomach lining is intact. The stomach continues in the usual fashion into a normally positioned small bowel and colon. The appendix is present.

**GENITOURINARY SYSTEM:** The kidneys are normally formed and positioned. The cortical regions are intact. Serial sectioning reveals normal anatomic relations. The ureters follow normal courses. The bladder is normally formed. The uterus and adnexa lie in normal positions. The uterus is distorted by the presence of multiple leiomyomata, varying up to 4 centimeters in diameter. No acute alterations are present. The vaginal mucosa is intact.

**HEMATOPOIETIC SYSTEM:** The spleen is normally formed. Serial sectioning reveals normal anatomic features. The thymus shows the usual age appropriate appearance. The lymph nodes and bone marrow, where visualized, show normal anatomic features.

**MUSCULOSKELETAL SYSTEM:** The general musculature is normally formed. Head injuries are described separately. No other fractures or other acute skeletal abnormalities are present.

**NECK:** The neck is dissected in layers showing normal anatomic relations. The neck musculature is free of hemorrhage. The hyoid bone and thyroid cartilage are intact.

**HEAD AND CENTRAL NERVOUS SYSTEM:** Injuries are described separately. The cerebral hemispheres, brain stem, and cerebellum are symmetrically formed. Serial sectioning of the brain reveals areas of mechanical disruption and hemorrhage, without other focal change. The vessels at the base of the brain are normally formed. The dura is stripped from the skull revealing a multitude of fractures involving the vault and base of the skull. The first portion of the spinal cord, viewed through the foramen magnum, has normal anatomic relations.

**OTHER STUDIES:**

Representative tissue sections are submitted for histologic slide preparation, with subsequent microscopic examination. The microscopic findings are considered in the overall review of the

case. Per current policy, histology slides (glass tissue slides) are held for twenty years by the Medical Examiner's Office. Sections submitted at the time of the autopsy: heart, lung, liver, kidney, and brain.

Hospital records, including alcohol and drug screen analysis, are reviewed as a part of the examination.

**RETENTION:**

**Blood, body fluids, tissues, and physical/trace materials that may be collected (the exact samples vary by case) during the examination are routinely held for a two year period prior to biohazard disposal, unless transferred to a laboratory or other agency by the Medical Examiner's Office, or otherwise released by special arrangement.**

**RCW 68.50.106**

**Autopsies, post mortems -- Analyses -- Opinions -- Evidence -- Costs.**

**In any case in which an autopsy or post mortem is performed, the coroner or medical examiner, upon his or her own authority or upon the request of the prosecuting attorney or other law enforcement agency having jurisdiction, may make or cause to be made an analysis of the stomach contents, blood, or organs, or tissues of a deceased person and secure professional opinions thereon and retain or dispose of any specimens or organs of the deceased which in his or her discretion are desirable or needful for anatomic, bacteriological, chemical, or toxicological examination or upon lawful request are needed or desired for evidence to be presented in court. Costs shall be borne by the county.**

[1993 c 228 § 19; 1987 c 331 § 59; 1975-'76 2nd ex.s. c 28 § 1; 1953 c 188 § 10. Formerly RCW 68.08.106.]

Kaur, Amritpal

JAN 24 2007

X071 0295

From: mecap@cpsc.gov  
Sent: Tuesday, January 16, 2007 12:29 PM  
To: Hazard  
Subject: Mecap Report

Medical Examiner's/Coroner's Case No. = 05-1077 Medical Examiner's/Coroner's Name =

Date of accident = 09/10/2005  
Date of death = 09/10/2005  
Accident location - city = Carbonado  
Accident location - state = Washington

Your name  
Office  
City = Tacoma  
State = Washington  
County = Pierce  
Telephone  
Email address =

Brief description of accident sequence = The 46 year old female decedent was a passenger in a 2005 Yamaha Rhino. She was riding with a friend on one of trails at the Evens Creek RV Area in Mt Baker National Forest when the vehicle turned on its side going about 2 mph. The decedent was pinned between the vehicle and a tree and died at the scene. Name, address and telephone number of any state/local personnel who investigated the accident = Shane Wyrach - Forrest Service. Case # 788-9705 (360-825-6585)

Type of consumer product involved = Recreational Vehicle

Manufacturer and brand name of product = Yamaha

Product model and serial numbers = Rhino Cause of death = Blunt Head Injury Is product available for examination? = No If yes, where? =

For processing at CPSC:  
Report received by: \_\_\_\_\_  
Chief Med. Exam. Rpt ( )  
Copy for MECAP News ( )  
Regular MECAP ( )  
Document No. \_\_\_\_\_



**070314HCC3312**

**EXHIBITS:**

1. (4) photographs of incident product and scene
2. California Highway Patrol Traffic Collision Report
3. Coroner Autopsy Report
4. Coroner Toxicology Report
5. Status of Missing Documents
6. Report Identifiers  
ATV-D Form

Exhibit1

Photographs provided by law enforcement officials.



Photo 1 Incident product (Utility Vehicle).



Photo 2 Incident product.



**Photo 3** Incident product.



**Photo 4** Arial view showing the incident product and the other vehicle involved in the incident.

FILE

ORIGINAL REPORT

SPECIAL CONDITIONS FATAL	NUMBER INJURED 2	HIT & RUN FELONY <input type="checkbox"/>	CITY UNINCORPORATED	JUDICIAL DISTRICT CENTRAL COURT	LOCAL REPORT NUMBER 0504-198
	NUMBER KILLED 1	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY ORANGE	REPORTING DISTRICT	BEAT 034

LOCATION	COLLISION OCCURRED ON: SANTIAGO CANYON ROAD	MO 4/9/2005	DAY	YEAR	TIME (2400) 1000	NCIC # 9675	OFFICER I.D. 15109
	MILEPOST INFORMATION:	DAY OF WEEK SATURDAY	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY: OF CR MONTOYA <input type="checkbox"/> NONE & CHP AIR OPS			
	<input type="checkbox"/> AT INTERSECTION WITH: <input checked="" type="checkbox"/> DR. 42 MIL(S) NORTH OF GERTNER ESTATE ROAD	STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	H-62				

PARTY 1	DRIVER'S LICENSE NUMBER C3858139	STATE CA	CLASS C	AIR BAG P	SAFETY EQUIP. H	VEH. YEAR 2004	MAKE / MODEL / COLOR YAM RHINO 66 GRN	LICENSE NUMBER NONE	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST) (b)(3) CPSA Section 25(c),(b)(6)					OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER			
PEDES- TRIAN	STREET ADDRESS (b)(3) CPSA Section 25(c),(b)(6)					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY / STATE / ZIP (b)(3) CPSA Section 25(c),(b)(6)					DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICY- CLIST	SEX M	HAIR BRN	EYES BRN	HEIGHT 5-10	WEIGHT 180	BIRTHDATE Mo Day Year (b)(3) CPSA Section 25(c),(b)(6)	RACE O	SEA COUNTRY TOWING - (949)770-2617	
OTHER	HOME PHONE (b)(3) CPSA Section 25(c),(b)(6)	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER: M305E016518		PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
INSURANCE CARRIER NONE		POLICY NUMBER			VEHICLE TYPE 06	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA TOP VIEW <input checked="" type="checkbox"/> XXX	
DIR OF TRAVEL S		ON STREET OR HIGHWAY SANTIAGO CANYON RD			SPEED LIMIT 55	CAL-T _____ DOT _____ TCP/PSC _____ MCMX _____			

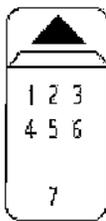
PARTY 2	DRIVER'S LICENSE NUMBER A8891616	STATE CA	CLASS C	AIR BAG L	SAFETY EQUIP. G	VEH. YEAR 1998	MAKE / MODEL / COLOR MAZD B4000 PK RED	LICENSE NUMBER 7F11064	STATE CA
DRIVER	NAME (FIRST, MIDDLE, LAST) (b)(3) CPSA Section 25(c),(b)(6)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER			
PEDES- TRIAN	STREET ADDRESS (b)(3) CPSA Section 25(c),(b)(6)					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY / STATE / ZIP (b)(3) CPSA Section 25(c),(b)(6)					DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICY- CLIST	SEX M	HAIR BRN	EYES BRN	HEIGHT 6-01	WEIGHT 220	BIRTHDATE Mo Day Year (b)(3) CPSA Section 25(c),(b)(6)	RACE W	BLAIR'S TOWING - (800)339-8698	
OTHER	HOME PHONE (b)(3) CPSA Section 25(c),(b)(6)	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		PRIOR MECHANICAL DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
INSURANCE CARRIER STATE FARM		POLICY NUMBER 94 3582-E28-75B			VEHICLE TYPE 22	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA TOP VIEW <input checked="" type="checkbox"/> XXXXXX	
DIR OF TRAVEL S		ON STREET OR HIGHWAY SANTIAGO CANYON RD			SPEED LIMIT 55	CAL-T _____ DOT _____ TCP/PSC _____ MCMX _____			

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)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER			
PEDES- TRIAN	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY / STATE / ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICY- CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE	
OTHER	HOME PHONE	BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER:		PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE			
INSURANCE CARRIER		POLICY NUMBER			VEHICLE TYPE	DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA	
DIR OF TRAVEL		ON STREET OR HIGHWAY			SPEED LIMIT	CAL-T _____ DOT _____ TCP/PSC _____ MCMX _____			

PREPARER'S NAME A. JONBS 15109	DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	REVIEWER'S NAME WESTER	DATE REVIEWED 051605
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DATE OF COLLISION (MO. DAY YEAR) 4/9/2005	TIME(2400) 1000	NCIC # 9675	OFFICER I.D. 15109	NUMBER 0504-198
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<b>PROPERTY DAMAGE</b>	OWNER OWNER ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DAMAGE		

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

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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
1 A VC SECTION VIOLATED: CITED 22107	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE		X		B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*	X	X		D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
	TYPE OF COLLISION				E SCHOOL BUS RELATED		X		E MAKING LEFT TURN
	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	X B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H				H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE
X A CLEAR	E HIT OBJECT				J				J CHANGING LANES
B CLOUDY	F OVERTURNED				K				K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
D SNOWING	H OTHER*:				M				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.	MOTOR VEHICLE INVOLVED WITH				N				N XING INTO OPPOSING LANE
F OTHER*:	A NON - COLLISION				O				O PARKED
G WIND	B PEDESTRIAN				P				P MERGING
LIGHTING	C OTHER MOTOR VEHICLE				Q				Q TRAVELING WRONG WAY
X A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY		1	2	3	OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)			R OTHER*:
B DUSK - DAWN	E PARKED MOTOR VEHICLE					A VC SECTION VIOLATED: CITED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
C DARK - STREET LIGHTS	F TRAIN					B VC SECTION VIOLATED: CITED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
D DARK - NO STREET LIGHTS	G BICYCLE					C VC SECTION VIOLATED: CITED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
E DARK - STREET LIGHTS NOT FUNCTIONING*	H ANIMAL:					SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)			
ROADWAY SURFACE	I FIXED OBJECT:					D		X	A HAD NOT BEEN DRINKING
X A DRY	J OTHER OBJECT:					E VISION OBSCUREMENT:			B HBD - UNDER INFLUENCE
B WET						F INATTENTION*:			C HBD - NOT UNDER INFLUENCE*
C SNOWY - ICY	PEDESTRIAN'S ACTIONS					G STOP & GO TRAFFIC			D HBD - IMPAIRMENT UNKNOWN*
D SLIPPERY (MUDDY, OILY, ETC.)	A NO PEDESTRIANS INVOLVED					H ENTERING / LEAVING RAMP			E UNDER DRUG INFLUENCE*
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	B CROSSING IN CROSSWALK AT INTERSECTION					I PREVIOUS COLLISION			F IMPAIRMENT - PHYSICAL*
A HOLES, DEEP RUT*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION					J UNFAMILIAR WITH ROAD		X	G IMPAIRMENT NOT KNOWN
B LOOSE MATERIAL ON ROADWAY*	D CROSSING - NOT IN CROSSWALK					K DEFECTIVE VEH. EQUIP.: CITED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		H NOT APPLICABLE
C OBSTRUCTION ON ROADWAY*	E IN ROAD - INCLUDES SHOULDER					L UNINVOLVED VEHICLE			I SLEEPY / FATIGUED
D CONSTRUCTION - REPAIR ZONE	F NOT IN ROAD		X	X		M OTHER*:			
E REDUCED ROADWAY WIDTH	G APPROACHING / LEAVING SCHOOL BUS					N NONE APPARENT			
F FLOODED*						O RUNAWAY VEHICLE			
G OTHER*:									
X H NO UNUSUAL CONDITIONS									

<b>SKETCH</b> <div style="text-align: center;">                   INDICATE NORTH             </div>	<b>MISCELLANEOUS</b> (Empty space for notes)
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DATE OF COLLISION (MO. DAY YEAR) 4/9/2005	TIME(2400) 1000	NCIC # 9675	OFFICER I.D. 15109	NUMBER 0504-198
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WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
<input type="checkbox"/> #	<input type="checkbox"/>	60	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	P	H	1

NAME / D.O.B. / ADDRESS: (b)(3):CPSA Section 25(c),(b)(6) TELEPHONE: \_\_\_\_\_

(INJURED ONLY) TRANSPORTED BY: MEDIX TAKEN TO: MISSION COMMUNITY HOSPITAL

DESCRIBE INJURIES: SEVERE HEAD TRAUMA, ABRASIONS TO ARMS AND LEGS

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>	49	M	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	P	H	1
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NAME / D.O.B. / ADDRESS: (b)(3):CPSA Section 25(c),(b)(6) TELEPHONE: \_\_\_\_\_

(INJURED ONLY) TRANSPORTED BY: MERCY AIR TAKEN TO: MISSION COMMUNITY HOSPITAL

DESCRIBE INJURIES: COMPLAINT OF PAIN(HEAD AND NECK) ABRASIONS/LACERATIONS TO BACK, ARMS, AND FACE.

VICTIM OF VIOLENT CRIME NOTIFIED

<input type="checkbox"/> #	<input type="checkbox"/>	28	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	1	L	G	0
----------------------------	--------------------------	----	---	--------------------------	--------------------------	--------------------------	-------------------------------------	-------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	---	---	---	---	---

NAME / D.O.B. / ADDRESS: (b)(3):CPSA Section 25(c),(b)(6) TELEPHONE: \_\_\_\_\_

(INJURED ONLY) TRANSPORTED BY: MEDIX TAKEN TO: MISSION COMMUNITY HOSPITAL

DESCRIBE INJURIES: COMPLAINT OF PAIN(HEAD AND NECK)

VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/> # 1	<input type="checkbox"/>	37	M	<input type="checkbox"/>													
---	--------------------------	----	---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--	--	--	--	--

NAME / D.O.B. / ADDRESS: (b)(3):CPSA Section 25(c),(b)(6) TELEPHONE: \_\_\_\_\_

(INJURED ONLY) TRANSPORTED BY: \_\_\_\_\_ TAKEN TO: \_\_\_\_\_

DESCRIBE INJURIES:

VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/> # 2	<input type="checkbox"/>	41	M	<input type="checkbox"/>													
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NAME / D.O.B. / ADDRESS: (b)(3):CPSA Section 25(c),(b)(6) TELEPHONE: \_\_\_\_\_

(INJURED ONLY) TRANSPORTED BY: \_\_\_\_\_ TAKEN TO: \_\_\_\_\_

DESCRIBE INJURIES:

VICTIM OF VIOLENT CRIME NOTIFIED

<input checked="" type="checkbox"/> # 3	<input type="checkbox"/>	32	M	<input type="checkbox"/>													
---	--------------------------	----	---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--	--	--	--	--

NAME / D.O.B. / ADDRESS: (b)(3):CPSA Section 25(c),(b)(6) TELEPHONE: \_\_\_\_\_

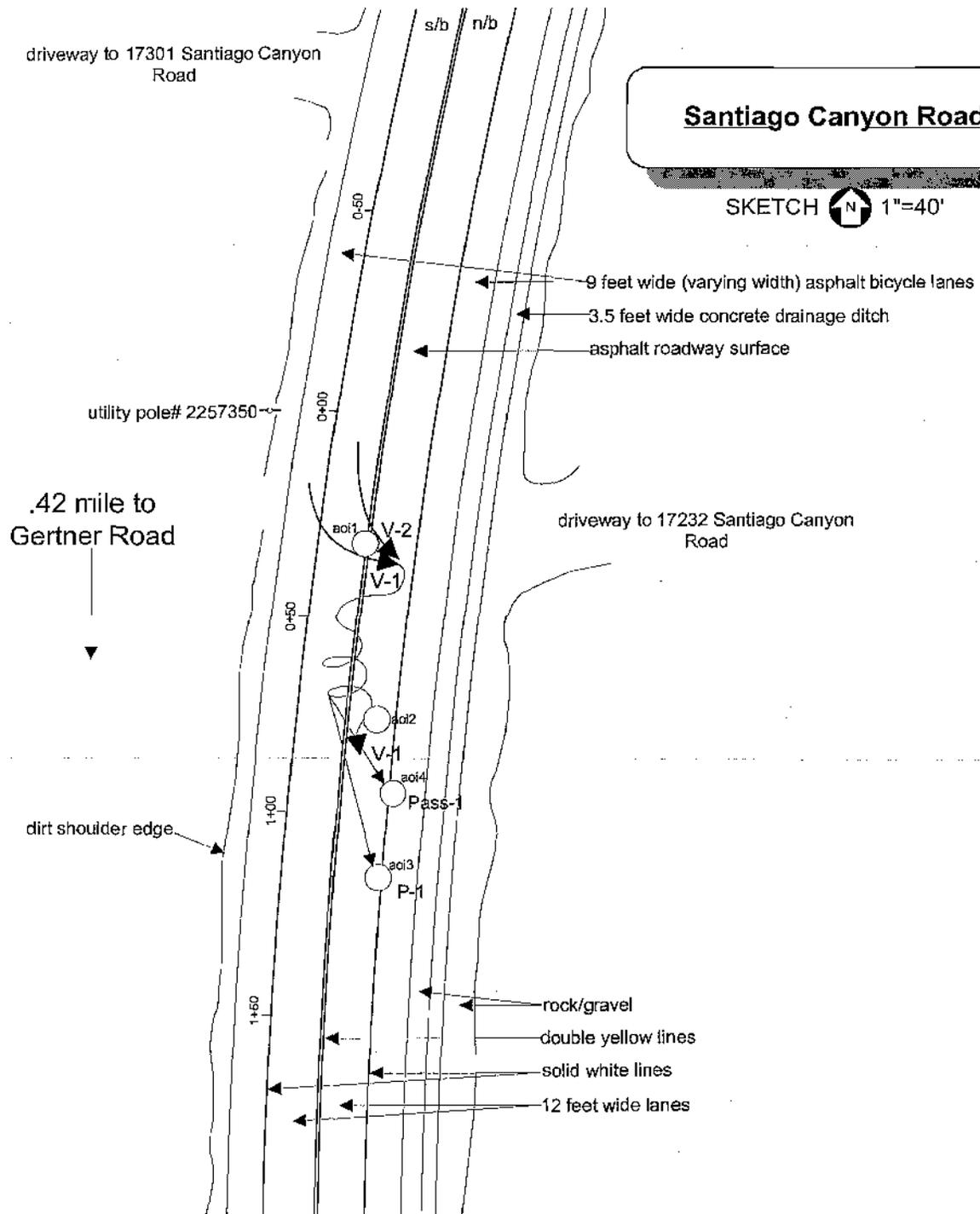
(INJURED ONLY) TRANSPORTED BY: \_\_\_\_\_ TAKEN TO: \_\_\_\_\_

DESCRIBE INJURIES:

VICTIM OF VIOLENT CRIME NOTIFIED

PREPARER'S NAME A. JONES	I.D. NUMBER 15109	MO. DAY YEAR 4/9/2005	REVIEWER'S NAME _____	MO. DAY YEAR _____
-----------------------------	----------------------	--------------------------	--------------------------	-----------------------

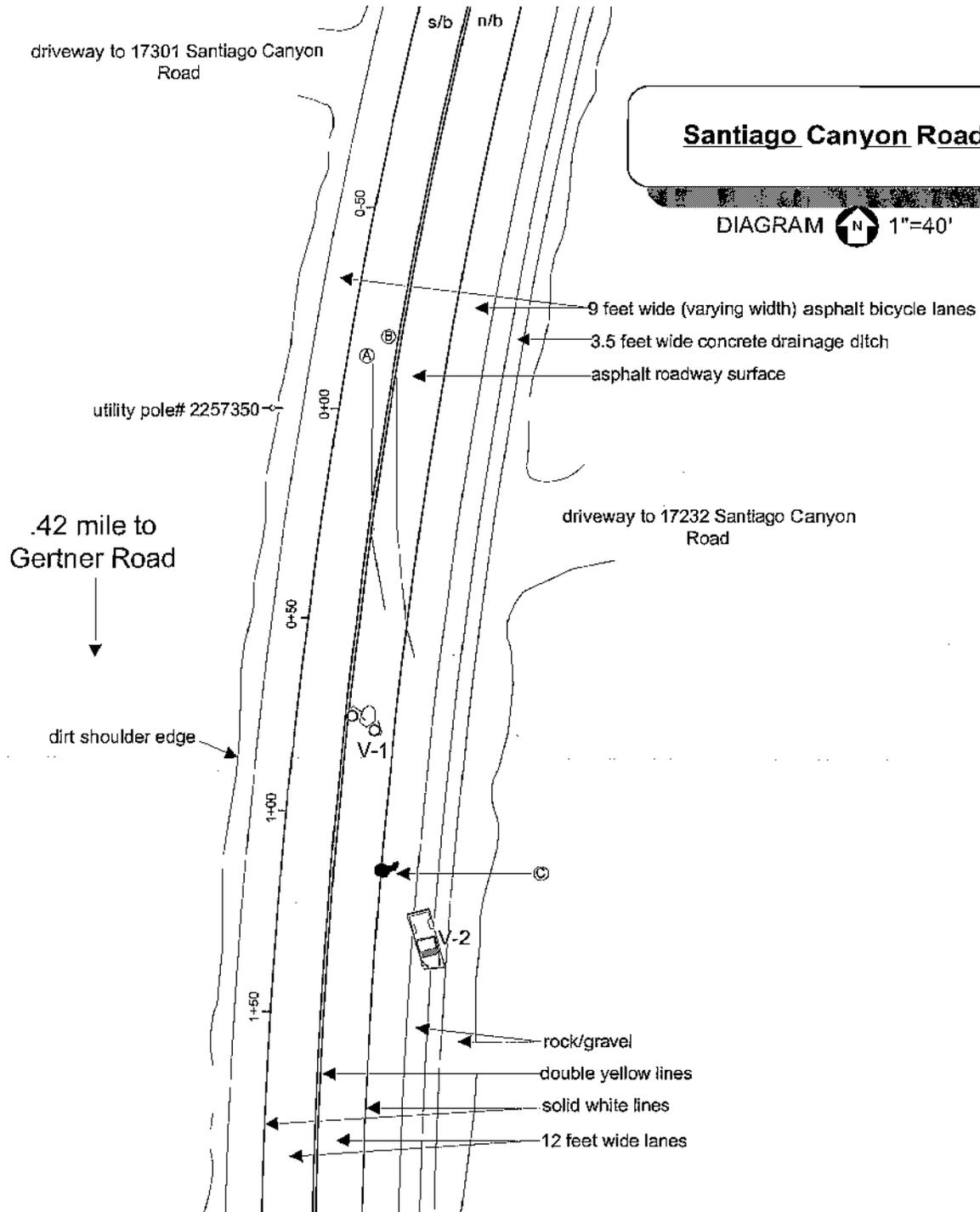
DATE OF INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER ID NUMBER	COLLISION NUMBER
04-09-2005	1000	9675	15109	0504-198



1

PREPARER'S NAME	ID NUMBER	DATE	REVIEWER'S NAME	DATE
A. JONES	15109	04-09-05		

DATE OF INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER ID NUMBER	COLLISION NUMBER
04-09-2005	1000	9675	15109	0504-198



1

PREPARER'S NAME	ID NUMBER	DATE	REVIEWER'S NAME	DATE
A. JONES	15109	04-12-05		

**Factual Diagram Legend**

CHP Legend

DATE OF INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER ID NUMBER	COLLISION NUMBER
04-09-2005	1000	9675	10897	0504-198

**Station Line**

A station line was established along the painted solid white edgeline on the southbound roadway edge of Santiago Canyon Road. 0+00 was located at utility pole# 2257350 and increases as it proceeds south. All factual measurements were taken using metal tape and/or rollmeter at right angles to the station line.

**Vehicle Points of Rest**

V-1's left rear wheel was located 13.4 feet east of 0+76.6.  
V-1's right front wheel was located 19.1 feet east of 0+80.1.  
V-2's right rear wheel was located 32.5 feet east of 1+29.4.  
V-2's right front wheel was located 35.4 feet east of 1+37.6.

**Physical Evidence**

- A Skidmark from the right front tire of V-2 measuring 69.5 feet in length.
- B Skidmark from the left front tire of V-2 measuring 77.7 feet in length.
- C Puddle of blood from P-1 measuring approx. 2 feet in diameter trailing toward the northbound roadway shoulder.

**Location of Physical Evidence**

A begins 6.9 feet east of 0-9.6 and ends 18 feet east of 0+49.7.

Midpoints for A... 11 feet east of 0+6  
12 feet east of 0+30.1

B begins 12 feet east of 0-15.3 and ends 27.2 feet east of 0+62.4.

Midpoints for B... 14.3 feet east of 0+6  
18.4 feet east of 0+34.3  
24 feet east of 0+54.7

C center of puddle located 24 feet east of 1+15.4.

PREPARER'S NAME	ID NUMBER	DATE	REVIEWER'S NAME	DATE
A. JONES	15109	04-09-05		

STATE OF CALIFORNIA  
**NARRATIVE/SUPPLEMENTAL**  
CHP 556

DATE OF INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER ID NUMBER	NUMBER
04-09-2005	1000	9675	15109	0504-198

1 **FACTS:**

2  
3 **NOTIFICATION:**

4  
5 At approximately 1015 hours, I was notified by CHP dispatch of a traffic collision on Santiago  
6 Canyon Road approximately two miles north of Cook's Corner. I responded from northbound  
7 I-5 at Lake Forest Drive and arrived on scene at approximately 1031 hours.

8  
9 All times, speeds, and measurements are approximations and all measurements were obtained  
10 by visual estimation, rollmeter, steel tape, and/or patrol vehicle odometer.

11  
12  
13 **SCENE:**

14  
15 This collision occurred on Santiago Canyon Road north of Gertner Estate Road in an  
16 unincorporated portion of Orange County. Santiago Canyon Road is a north-south designated,  
17 curving and hilly, asphalt, county-maintained roadway at the scene of this collision. Santiago  
18 Canyon Road has two twelve feet wide traffic lanes at this location. The lanes are separated  
19 from each other by a set of solid yellow lines with raised yellow reflectors. The lanes are  
20 bordered on both sides by paved asphalt bicycle lanes with approximate widths of nine feet.  
21 There were no vision obstructions claimed by Party #2 and the weather was clear, dry and  
22 warm at the time of the collision.

23  
24  
25 **PARTIES:**

26  
27 Party #1 (b)(3) CPSA Section 25(c) (b)(6) sustained fatal injuries and was pronounced deceased during  
28 transport to Mission Hospital, Mission Viejo. Party #1 was placed as a party to this collision  
29 based on the fact that he owned Vehicle #1, he sustained fatal head injuries in the collision, and  
30 the fact that Passenger #1 identified Party #1 as the driver of Vehicle #1 at the time of the  
31 collision. Party #1 had been transported from the scene prior to my arrival.

32  
33 **24 Hour Profile for Party #1:**

34 On April 27<sup>th</sup>, 2005, I spoke to (b)(3) CPSA Section 25(c) (b)(6) the wife of Party #1, and obtained a  
35 chronological account of the activities of Party #1 for the twenty four hours preceding the  
36 collision. She stated that on Friday, April 8<sup>th</sup>, her husband woke up at approximately 0700  
37 hours in the morning. He spoke on the telephone with his mother and brother. He then  
38 telephoned Passenger #1 (b)(3) CPSA Section 25(c) and left to go to the lot on Santiago Canyon Road. She said  
39 Party #1 was at the lot until approximately 1200 or 1300 hours. Party #1 then returned home  
40 and had lunch and took a nap. Party #1 worked in the garage after he slept for a while and had  
41 dinner at home. At approximately 2030 to 2100 hours, his daughter arrived at the residence

PREPARER'S NAME	ID NUMBER	DATE	REVIEWER'S NAME	DATE
A. Jones, Officer	15109	05-10-05		

## NARRATIVE/SUPPLEMENTAL

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8

DATE OF INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER ID NUMBER	NUMBER
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1 with his grandson, who spent the night at their home. She said Party #1 woke up early on  
 2 Saturday morning and had coffee at his residence. At approximately 0830 hours, he said  
 3 goodbye to his wife and left for the lot on Santiago Canyon Road to meet Passenger #1. Party  
 4 #1 told her that he would be home by noon or so. She said that Party #1 was not taking any  
 5 medications and had not consumed any alcoholic beverages.  
 6

7 Vehicle #1 (Yamaha Rhino 660) was found on its left side with major driver's side damage.  
 8 Vehicle #1 was blocking both lanes resting on the double yellow lines on Santiago Canyon  
 9 Road. (See Factual Diagram.) There were traces of red paint located along the bottom portion  
 10 of the left front side of Vehicle #1. The left side of Vehicle #1 had minimal damage intrusion  
 11 because of the protective roll cage that extended from the floor board up and over the top of the  
 12 passenger compartment. However, the bottom portion of the roll cage at the floor was dented  
 13 in approximately 2 inches. The left front wheel and tire of Vehicle #1 had been sheered off the  
 14 vehicle and was wedged under the right front of Vehicle #2. The seatbelts in Vehicle #1 were  
 15 in good and working condition. Both seatbelts were tested and had no signs of stretching or  
 16 wear due to the collision.  
 17

18 Party #2 (b)(3)-CPSA Section 25(C)(b) was contacted at the scene and was identified by his valid  
 19 California Driver's License. Party #2 was placed as a party to this collision based on his  
 20 statement and the fact that Party #2 had a complaint of pain and was transported to Mission  
 21 Hospital, Mission Viejo, for medical evaluation. Party #2 was evaluated by emergency room  
 22 doctors and was released as uninjured.  
 23

24 24 Hour Profile for Party #2:

25 Party #2 was contacted by telephone on May 1<sup>st</sup>, 2005, and related in essence the following  
 26 information regarding the twenty four hours preceding the collision: Party #2 said he had been  
 27 at work at the Irvine Auto Center as a car salesman on Friday, April 8<sup>th</sup>, 2005. He stated he left  
 28 work at approximately 2230 hours and arrived at his residence at approximately 2300 hours.  
 29 He said he watched television and fell asleep. He woke up at approximately 0830 hours and  
 30 had breakfast and got ready for work. Party #2 stated he left for work at approximately 0930  
 31 hours and was involved in the collision on the way to work.  
 32

33 Vehicle #2 (Mazda B4000) was found on its damaged wheels facing south on the bicycle lane  
 34 and right shoulder of northbound Santiago Canyon Road. (See Factual Diagram.) Vehicle #2  
 35 had major right front end and side damage that extended back along the passenger side of the  
 36 vehicle. The airbags were deployed during the collision with Vehicle #1. The cargo bed of  
 37 Vehicle #2 had shifted during the collision and damage was also present on the left side of  
 38 Vehicle #2's cargo bed.  
 39  
 40  
 41

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1 **PHYSICAL EVIDENCE:**

2  
3 See Sketch, Factual Diagram and Physical Evidence Legend for scene details.  
4  
5

6 **OTHER FACTUAL INFORMATION:**

7  
8 Orange County [redacted] responded to the scene of the collision at  
9 approximately 1200 hours and officially notified me that Party #1 [redacted] had died as  
10 a result of the severe head trauma he had sustained during the collision. [redacted] was  
11 given a set of car keys and a wallet (found on the roadway) that belonged to Party #1 at that  
12 time. [redacted] informed me that a Coroner's case number 05-02723RA had been  
13 assigned to Party #1. (Refer to this case number for additional information regarding the  
14 mechanism of injury for Party #1.) Party #1 was pronounced deceased at 1033 hours by [redacted]  
15 [redacted] who was the radio base physician at Mission Hospital. Party #1 was pronounced  
16 deceased while being transported to the hospital. [redacted] Orange County Coroner's  
17 office, conducted the autopsy of P-1 and directed [redacted] to take (49)  
18 photographs during the examination.  
19

20 At Mission Hospital, I contacted several family members of Party #1. I spoke to Party #1's  
21 daughter [redacted] and her husband, [redacted]. They informed  
22 me that Party #1 was in the process of building a house on the lot at [redacted]  
23 Road. They said Party #1 was in good health and was at the home site with his builder,  
24 Passenger #1 [redacted] that morning. They stated that Party #1 did not usually drive Vehicle  
25 #1 on the roadway. They said he only used it to drive around his land. They did not think  
26 that Party #1 had any independent insurance for Vehicle #1 as he rarely used it. I also spoke  
27 to [redacted] Party #1's brother [redacted]. He stated that Party #1 knew he was  
28 not supposed to drive Vehicle #1 on the road and was surprised to hear how the collision  
29 occurred. [redacted] stated his brother was usually very careful and responsible.  
30  
31

32 **STATEMENTS:**

33  
34 Party #1 [redacted] sustained fatal head injuries during the collision and was pronounced  
35 deceased during transport to Mission Hospital, Mission Viejo. Party #1's wife signed an  
36 authorization form to release medical information concerning Party #1's injuries and treatment.  
37

38 Party #2 ([redacted]) was contacted at the scene of the collision and related in  
39 essence the following information: Party #2 stated he was driving Vehicle #2 in the  
40 southbound lane at approximately fifty miles per hour prior to the collision. Party #2 said he  
41 saw Vehicle #1 stopped on the bicycle lane approximately one hundred feet ahead of him.

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## NARRATIVE/SUPPLEMENTAL

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1 Party #2 stated that as he approached the rear of Vehicle #1, he saw it suddenly turn left into  
 2 the southbound lane directly in front of him. Party #2 said he applied the brakes of Vehicle #2  
 3 and turned toward the left to avoid colliding with Vehicle #1, but could not and struck the left  
 4 front of Vehicle #1. Party #2 stated he then skidded into the opposite (northbound) lanes.  
 5 Party #2 stated he exited Vehicle #2 on his own, and was not sure if he was injured or not.  
 6 (The Orange County Fire Authority had Party #2 transported to the hospital to make sure he  
 7 was not injured.) Party #2 stated he was wearing his seatbelt and there were no prior  
 8 mechanical defects with Vehicle #2.

9  
 10 Passenger #1 [REDACTED] was contacted at 1400 hours at Mission Hospital, Mission Viejo, in  
 11 room 354. He stated in essence the following information regarding the collision: Passenger  
 12 #1 stated he was riding in the right seat of Vehicle #1 when the collision occurred. Passenger  
 13 #1 stated he and Party #1 were looking at the property at 17232 Santiago Canyon Road together  
 14 as he was building a house for Party #1. Passenger #1 stated they had exited the lower portion  
 15 (north end) of the property, driven across the two traffic lanes onto the southbound bicycle  
 16 lane, and had driven only four hundred to five hundred feet south to the location where they  
 17 intended to cross the lanes again into the driveway of the property. Passenger #1 stated Party  
 18 #1 reached down and put Vehicle #1's transmission back into two wheel drive from four wheel  
 19 drive and turned out onto the roadway toward the driveway at 17232 Santiago Canyon Road.  
 20 Passenger #1 stated that he did not know what had happened, but there was a loud sound and he  
 21 ended up lying on the roadway. Passenger #1 stated several people were there right away and  
 22 came to help him. Passenger #1 said he did not know if Party #1 had checked for approaching  
 23 traffic before he turned out onto the roadway. Passenger #1 stated he and Party #1 were not  
 24 wearing seatbelts at the time of the collision. Passenger #1 said he had been x-rayed and did  
 25 not have any broken bones or major internal injuries. Passenger #1 signed an authorization  
 26 form to release medical information.

27  
 28 Witness #1 [REDACTED] was contacted at the scene and stated in essence the following  
 29 regarding the collision: Witness #1 stated he was riding his bicycle on southbound Santiago  
 30 Canyon Road a couple hundred feet behind Vehicle #1. He stated Vehicle #1 had been driving  
 31 on the bicycle lane and then stopped for a few seconds. Witness #1 said Vehicle #1, all of a  
 32 sudden, made a left turn into the roadway in front of Vehicle #2 and was hit by Vehicle #2.  
 33 Witness #1 stated it happened very quickly and Party #2 could not have avoided Vehicle #1.  
 34 Witness #1 stated he did not see the occupants of Vehicle #1 get ejected from the vehicle, but  
 35 did see them lying on the northbound bicycle lane when he arrived on scene.

36  
 37 Witness #2 [REDACTED] was contacted at the scene and stated in essence the following  
 38 regarding the collision: Witness #2 stated he was driving at approximately fifty to fifty five  
 39 miles per hour on northbound Santiago Canyon Road and saw Vehicle #2 driving toward him  
 40 at an unknown speed in the southbound lane. Witness #2 did not think Vehicle #2 was going  
 41 very fast. Witness #2 stated he also saw a "jeep-like" vehicle (Vehicle #1) in the bicycle lane

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1 of southbound Santiago Canyon Road south of Vehicle #2. Witness #2 stated he thought  
 2 Vehicle #1 was rolling slowly while it was in the bicycle lane. Witness #2 stated that as  
 3 Vehicle #2 was only a "couple car lengths" away, Vehicle #1 "pulled out right in front of  
 4 [Vehicle #2]." Witness #2 stated that the "driver (Party #1) had to know the truck (Vehicle #2)  
 5 was there." Witness #2 stated he saw Vehicle #2 collide with the side of Vehicle #1 and  
 6 stopped to help.  
 7

8 Witness #3 [REDACTED] was contacted at the scene and related in essence the  
 9 following information regarding the collision: Witness #3 stated he was riding his bicycle at  
 10 approximately twelve miles per hour in the southbound bicycle lane near the driveway to 17341  
 11 Santiago Canyon Road. He stated he saw Vehicle #1 approximately fifty feet ahead of him  
 12 also in the bicycle lane at approximately seventeen to twenty miles per hour. Witness #3 stated  
 13 Vehicle #2 passed him at approximately forty miles per hour in the southbound lane. He stated  
 14 that Vehicle #1 turned left onto the roadway as Vehicle #2 was only five to ten feet behind  
 15 Vehicle #1. Witness #3 said Vehicle #2 turned away quickly toward the left, but collided with  
 16 the side of Vehicle #1.  
 17  
 18

**OPINIONS AND CONCLUSIONS:****SUMMARY:**

21 Party #1 [REDACTED] was traveling in Vehicle #1 (Yamaha Rhino 660) in the southbound  
 22 bicycle lane of Santiago Canyon Road north of Gertner Road prior to the collision. Vehicle #1  
 23 was either stopped or traveling at a very slow speed prior to turning onto the roadway. Party #2  
 24 [REDACTED] was traveling in Vehicle #2 (Mazda B4000) on southbound Santiago  
 25 Canyon Road to the rear of Vehicle #1 prior to the collision. Vehicle #2 was traveling at a  
 26 speed between forty and fifty miles per hour. Party #1 turned Vehicle #1 left onto the roadway  
 27 in the path of Vehicle #2 and was struck in the left front side causing Vehicle #1 to overturn  
 28 ejecting both its occupants who were not wearing their seatbelts. Party #1 struck his head on  
 29 the asphalt pavement and died as a result of his injuries and Passenger #1 [REDACTED] was  
 30 admitted into the hospital with minor injuries. Party #2 had a complaint of pain at the scene  
 31 and was also transported to the hospital where he was evaluated and released. Both vehicles  
 32 had major damage. (See CHP555, page 1.)  
 33  
 34  
 35  
 36

**AREA OF IMPACT (AOI's):**

37  
 38  
 39 Aoi#1 The area where the right front and side of Vehicle #2 collided with the left front side of  
 40 Vehicle #1 was found to be approximately 15.3 feet east of the west roadway edge of

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DATE OF INCIDENT	TIME (2400)	NCIC NUMBER	OFFICER ID NUMBER	NUMBER
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1 southbound Santiago Canyon Road and approximately 36.3 feet south of utility pole# 2257350  
2 (.42 mile north of the north roadway edge prolongation of Gertner Estate Road).

3 **Aoi#2** The area where the left side of Vehicle #1 collided with the roadway was found to be  
4 approximately 15 feet east of the west roadway edge of southbound Santiago Canyon Road and  
5 approximately 70 feet south of utility pole# 257350 (.42 mile less 33.7 feet north of the north  
6 roadway edge prolongation of Gertner Estate Road).

7 **Aoi#3** The area where the ejected Party #1 landed on the roadway was found to be  
8 approximately 23.6 feet east of the west roadway edge of southbound Santiago Canyon Road  
9 and approximately 115.4 feet south of utility pole# 257350 (.42 mile less 79.1 feet north of the  
10 north roadway edge prolongation of Gertner Estate Road).

11 **Aoi#4** The area where the ejected Passenger #1 landed on the roadway was estimated to be  
12 approximately 25 feet east of the west roadway edge of southbound Santiago Canyon Road and  
13 approximately 94.5 feet south of utility pole# 257350 (.42 mile less 58.2 feet north of the north  
14 roadway edge prolongation of Gertner Estate Road). Passenger #1 had also been moved from  
15 the scene prior to obtaining measurements and no physical evidence was located at Aoi#4.  
16

17 The areas of impact were determined by the statements and physical evidence.  
18  
19

**CAUSE:**

20  
21  
22 Party #1 caused this collision by being in violation of section 22107 VC, unsafe turning  
23 movement. Party #1 was driving Vehicle #1 on the southbound bicycle lane of Santiago  
24 Canyon Road and turned left into the southbound traffic lane in front of Vehicle #2. Party #2  
25 saw Vehicle #1 turn into the lane as he was approaching from the rear in the southbound traffic  
26 lane and attempted to brake and turn left to avoid colliding with Vehicle #1. Party #1  
27 apparently did not see Vehicle #2 to his left rear and proceeded across the southbound lane  
28 toward a driveway along the east road edge. Vehicle #2 collided with the left front of Vehicle  
29 #1 causing Vehicle #1 to eject both its unseatbelted occupants onto the roadway before  
30 overturning onto its left side. The cause of this collision was based upon the statements of  
31 Party #1 and the witnesses, as well as the vehicle damage.  
32  
33

**RECOMMENDATIONS:**

34 None.  
35  
36

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ORANGE COUNTY SHERIFF-CORONER  
1071 W. Santa Ana Blvd.  
Santa Ana, CA 92703

070314HCC3312  
Exhibit 3  
Pages 7

Michael S. Carona, Sheriff-Coroner

Autopsy Record

DECEDENT:

CASE NUMBER: 05-02723-RA

Official Records of the Coroner's Office  
DO NOT REPRODUCE

Official Records of the Coroner's Office  
DO NOT REPRODUCE

AGE: 60 Years DOB: [REDACTED] SEX: Male RACE: White

PLACE OF DEATH: Mission Hospital Regional Medical Center  
ADDRESS: 27700 Medical Center Road  
CITY: Mission Viejo STATE: CA ZIP CODE 92691

DATE/TIME OF DEATH: 04/09/2005 10:33  
CAUSE OF DEATH: Multiple traumatic injuries  
Due to: Blunt force trauma

OTHER CONDITIONS: None  
AUTOPSY DATE/TIME: 04/10/2005 9:02  
PLACE OF AUTOPSY: Sheriff-Coroner Forensic Science Center  
1071 W. Santa Ana Blvd.  
Santa Ana, CA 92703

AUTOPSY  
ATTENDANTS:

[REDACTED]

DATE D. C. ISSUED: 4/11/2005

MANNER: Accident

DATE AMENDED:

[REDACTED]

Forensic Pathologist

Certified to be a true copy of original report  
on file in Orange County Coroner's Office.  
MICHAEL S. CARONA, SHERIFF-CORONER  
BY *[Signature]*  
CUSTODIAN OF RECORDS

ORANGE COUNTY SHERIFF-CORONER  
AUTOPSY RECORD

(b)(3);CPSA Section 25(c),(b)(6)

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Page 2

IDENTIFICATION: Height 70 inches; weight 187 pounds; decomposition, none; unembalmed; gray-brown hair with frontal and central baldness, mustache and small French beard; rigor present; algor, refrigerated; livor present; pallor absent; well-developed; well-nourished; brown eyes; mouth, own teeth, in good state of repair.

EXTERNAL EXAMINATION: The body is that of an unembalmed, well-developed, well-nourished Caucasian male, exhibiting normal male genitalia. Orange County Coroner tags are on both big toes.

Hospital intervention lines include an endotracheal tube in the mouth and a name band on the right wrist.

Blood smears the face and exudes from the external ears smearing the back of the body. External photographs of the body are taken. After the body is washed, it is re-examined.

The head appears to be normocephalic with a 4 inch linear laceration on the left side of the temporoparietal area of the scalp through which blood, brain tissue and fractured bone extrude. There is a 4 x 2 inch abrasion on the back of the head, going from the top to the occipital region. Crepitation is felt around the back of the head and left side, suggesting fracture of the skull bone.

Examination of the face reveals abrasions on the right side of the forehead, right eyebrow and both cheeks, mid-nose, both nostrils, upper lip, and left angle of the mouth. The external ears are unremarkable. There is no external trauma. There are no conjunctival hemorrhages. There is no obvious fracture to the nose. There is no laceration of the upper and lower lips. There is no fracture to the jaw or avulsion of the teeth.

The trachea is midline.

A 3 x 2 inch abrasion is noted on top of the left shoulder. There is a 1 inch abrasion on top of the right shoulder area.

The chest is symmetrical.

There is a 6 inch healed surgical scar on the midline anterior abdomen above the umbilicus.

The external genitalia are those of a normal male.

04/14/05 (b)(3);CPSA  
05-02723a

(b)(3);CPSA Section 25(c),(b)(6)

ORANGE COUNTY SHERIFF-CORONER  
AUTOPSY RECORD

(b)(3) CPSA Section 25(c)  
(b)(6)

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Page 3

Examination of the upper extremities reveals abrasions on both elbows and a small abrasion on the back of both hands and knuckles of the fingers. There is no obvious fracture.

Examination of the lower extremities reveals a 5 x 1-1/2 inch abrasion/laceration on top of the left kneecap. There are abrasions of both shins and a 2 inch abrasion on top of the right kneecap. There are two 1 inch abrasions on the right anterior shin.

Examination of the back of the body reveals a small abrasion on the right scapula with minimal contusion. The back is otherwise clear. Again, external photographs of the body are taken.

**PRIMARY INCISION:** The body is opened by the usual Y-shaped incision. There is fracture of the anterior left 3rd, 4th and 5th ribs. The anterior chest plate is removed. There are about 300 cc of liquid blood in the left chest cavity and a small amount of blood in the left upper quadrant of the abdomen. The major chest and abdominal organs are in their normal locations.

**CARDIOVASCULAR SYSTEM:** The pericardial sac is intact. The heart weighs 430 grams. The epicardial surface of the heart has the usual amount of adipose tissue. The left and right coronary arteries are in their normal locations with mild segmental coronary atherosclerosis. The left and right sides of the heart are dilated and have a small amount of liquid blood in the cardiac chambers. The endocardial surface of the heart is unremarkable. Both papillary muscles are slightly hypertrophied, and the chordae tendineae are unremarkable. The left ventricular wall is 1.8 cm in thickness, and the right ventricular wall is 0.3 cm. Section of the myocardium reveals an old healed fibrotic myocardial infarction of the anterior wall of the left ventricle (photographs are taken). There is no recent myocardial necrosis. The cardiac valves are unremarkable. The atrial appendages are unremarkable. The abdominal and thoracic aorta is intact with smooth and glistening surfaces.

**RESPIRATORY SYSTEM:** The left lung weighs 310 grams, and the right lung weighs 440 grams. There is a laceration of the posterior aspect of the upper and lower lobes of the left lung (photographs are taken), which probably leads to the intrathoracic hemorrhage. Sections of the pulmonary artery are unremarkable. The major bronchi and bronchioles show liquid blood in the lumen. Section of the lung parenchyma reveals a congested, atelectatic and hemorrhagic right lung and a hemorrhagic and lacerated left lung. No gross pneumonia is seen. There are no other obvious lesions.

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Section 25(c)  
05-02723a

(b)(3) CPSA Section 25(c), (b)(6)

ORANGE COUNTY SHERIFF-CORONER  
AUTOPSY RECORD

(b)(3);CPSA Section 25(c);(b)(6)

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NECK ORGANS: The mucosa of the larynx, trachea and vocal cord is unremarkable, as is the mucosa of the pharynx and esophagus. Hemorrhage is noted in the subserosal adipose tissue of the posterior upper esophageal area, corresponding to the hemorrhage in the paravertebral soft tissues. The tongue is unremarkable; there are no bite marks. The soft tissues around the neck are unremarkable. The hyoid bone and thyroid cartilages are intact bilaterally.

DIAPHRAGM: Unremarkable.

LIVER: The liver weighs 1550 grams. There is marked adhesion of both superior and inferior aspects of the liver. The gallbladder is in its normal location. There are no gallstones. The vessels in the porta hepatis are unremarkable. Section of the liver parenchyma reveals it to be pale and soft with smooth and glistening surfaces. No cirrhosis or fibrosis is noted.

PANCREAS: The pancreas is of normal size, revealing a normal acinar pattern. The pancreatic duct is patent, as is the bile duct. There is no fat necrosis or hemorrhage.

SPLEEN: The spleen is massively lacerated. It weighs 120 grams. Photographs are taken. The cut surface reveals hemorrhagic lacerated spleen.

ENDOCRINE SYSTEM: Both lobes of the thyroid, the pituitary and adrenals are grossly unremarkable.

GENITOURINARY SYSTEM: The left kidney weighs 150 grams, and the right kidney weighs 140 grams. The capsules strip off with ease. The cortical surfaces of both kidneys are pale, smooth and glistening with occasional cortical cysts. The corticomedullary junction is well-demarcated. The pyramids are unremarkable. The mucosae of the calyces, pelves and ureters are smooth and glistening. Both ureters are patent. The urinary bladder contains about 120 ml of clear urine. The bladder mucosa is unremarkable. The prostate is slightly enlarged with a nodular configuration. The prostatic urethra is patent. The testicles are descended in their scrotal sac. Cut surface reveals an unremarkable pattern.

GASTROINTESTINAL SYSTEM: The stomach has 200 ml of liquid blood with some admixed gastric content. The mucosa of the stomach is smooth and glistening. No gastric or duodenal ulcers or esophageal varices are noted. The mucosa of the small and large bowel is unremarkable. The appendix is in its normal location.

04/14/05 (b)(3) CPSA  
Section 25(c)  
05-02723a

(b)(3);CPSA Section 25(c);(b)(6)

ORANGE COUNTY SHERIFF-CORONER  
AUTOPSY RECORD

(b)(3) CPSA Section 25(c), (b)(6)

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**CENTRAL NERVOUS SYSTEM:** The scalp is reflected in the usual fashion. Hemorrhage is noted on the inner aspect of the scalp on the left side. There is massive fracturing of the left temporal bone and left parietal bone with multiple loose bony fragments. No fracture on the right side is seen. Both temporalis muscles are reflected. There is contusion and laceration of the left temporalis muscle; the right is unremarkable. In addition, there is also subgaleal hemorrhage in the vault of the skull. The calvarium is opened by the usual triple notch incision. The dorsal surface of the brain is covered with fresh liquid subdural and subarachnoid hemorrhage. The brain is removed from the skull cavity. It weighs 1350 grams. Both lobes of the cerebellum and cerebrum are symmetrical. The cerebral peduncle is midline. The vessels in the circle of Willis show patency. The base of the brain also shows fresh liquid subdural and subarachnoid hemorrhage. Section of the brain reveals contusion and laceration of the left temporal, parietal and occipital cortical areas (photographs are taken). The rest of the brain is soft and edematous. A small amount of hemorrhage is noted in the lateral, third and fourth ventricles. Otherwise, there is no other obvious trauma. The dura is removed from the base of the skull, revealing massive fracture at the base including the left anterior fossa, orbital plate, ethmoid bone and left middle fossa and a hinge fracturing extending from one petrous portion of the temporal bone to the other side through the sphenoidal fossa. There is fracture of the left occipital fossa which also crosses the midline extending to the right occipital fossa. Photographs are taken.

**RIBS AND SPINE:** After removing the chest and abdominal organs, the vertebral column and rib cage are examined. There is massive rib fracture on the left side including the 1st through the 12th ribs anteriorly and laterally. Some of the ribs are fractured at more than one site. The right side of the rib cage is intact. The vertebral column is intact, as are the pelvic and pubic bones.

**AUTOPSY FINDINGS:**

- A. Fracture of the vault of the skull and base of the skull.
1. Contusion and laceration of the brain.
  2. Acute subdural and subarachnoid hemorrhage.
  3. Due to blunt force trauma.

04/14/05  
05-02723a

(b)(3) CPSA  
Section 25(c),  
(b)(6)

(b)(3) CPSA Section 25(c), (b)(6)

ORANGE COUNTY SHERIFF-CORONER  
AUTOPSY RECORD

(b)(3) CPSA Section 25(c), (b)(6)

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Page 6

B. Cardiovascular system:

1. Cardiomegaly (heart weight 430 grams).
2. Left ventricular hypertrophy (left ventricular thickness 1.8 cm).
3. Mild coronary atherosclerosis.
4. Old fibrotic myocardial infarction.
5. ASCVD.

C. Respiratory system:

1. Intrathoracic hemorrhage, left chest cavity.
2. Left lung 310 grams; right lung 440 grams.
3. Laceration, left lung.
4. Massive fracture of left side of the rib cage.
5. Blood in the bronchi and bronchioles.

D. Laceration of the liver with hemorrhage into left upper quadrant of abdomen.

E. Swallowed blood in the stomach.

F. Above-mentioned injuries are due to blunt force trauma.

04/14/05 (b)(3) CPSA  
Section 25(c)  
05-02723a

(b)(3) CPSA Section 25(c), (b)(6)

COUNTY OF ORANGE

SHERIFF-CORONE

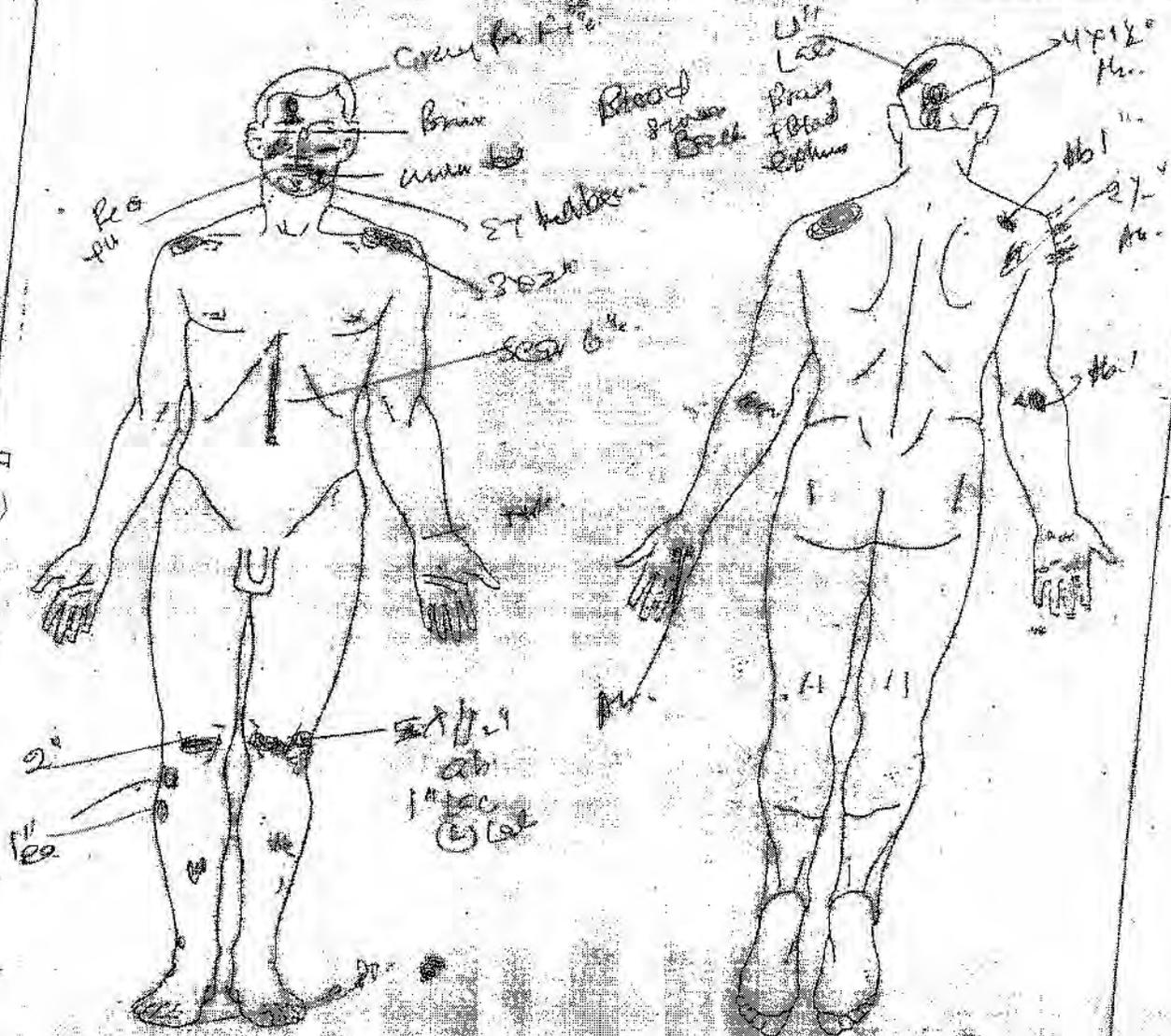
65 year  
CAU M  
70" 187 1/2"

AUTOPSY RECORD

60 Years  
DOB: 04/08/2005

Male

1038



M.D.

1

Orange County Sheriff-Coroner  
Forensic Science Services / Toxicology Laboratory  
Report of Toxicological Examination

FR NUMBER: 05-45322

CORONER CASE NUMBER: 05-02723RA

NAME OF DECEASED: (b)(3) CP/SA Section 25(c), (b)(6)

INVESTIGATOR: RALSTEN / SINGHANIA

AGE: 60 Year(s) SEX: Male

SPECIMENS SUBMITTED:  Postmortem Blood  Brain  Stomach Contents  Urine  
 Antemortem Samples  Liver  Vitreous Humor  Peripheral Blood

Other Specimens:

BLOOD RECEIVED BY: Osuna

FROM: Boyd

TISSUE RECEIVED BY:

FROM:

Page 1 of 1

Findings

Drug	Matrix	Method	Result	Scientist
None Detected				

Analyses

Drug	Matrix	Method	Result	Scientist
Ethanol/Volatiles	Postmortem Blood	Headspace/GC	None Detected	DTE
Barbiturates	Postmortem Blood	Immunoassay	Negative	MXG
Cocaine and/or Metabolite	Postmortem Blood	Immunoassay	Negative	MXG
Phenethylamines	Postmortem Blood	Immunoassay	Negative	MXG
Opiates	Postmortem Blood	Immunoassay	Negative	MXG
Cannabinoids	Postmortem Blood	Immunoassay	Negative	MXG

**Task Number:** 070314HCC3312

**Date:** 06/13/2007

### **Status of Missing Document(s)**

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

1. **Coroner's Office Investigative Report**  
\_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Report Identifiers**

Victim:  
(Decedent)

(b)(3):CPSA Section 25(c),(b)(6) (60 year-old male, DOB (b)(3):CPSA Section 25(c),(b)(6))  
(b)(3):CPSA Section 25(c),(b)(6)

Driver of the incident vehicle - 2004 Yamaha Rhino 660, Utility Vehicle.

Other:

(b)(3):CPSA Section 25(c),(b)(6) (49 year-old male, DOB (b)(3):CPSA Section 25(c),(b)(6))  
(b)(3):CPSA Section 25(c),(b)(6)

Passenger in the Utility Vehicle, hospitalized with minor injuries.  
(Negative contact)

Other:

(b)(3):CPSA Section 25(c),(b)(6) (28 year-old male, DOB (b)(3):CPSA Section 25(c),(b)(6))  
(b)(3):CPSA Section 25(c),(b)(6)

Driver of a 1998 Mazda B4000 Pick-up truck involved in the incident, hospitalized for evaluation and released.  
(Negative contact)

Other:

Orange County Sheriff-Coroner  
1071 W. Santa Ana Blvd  
Santa Ana, CA 92703  
(714) 647-7400  
(Contacted on 04-09-07)

Other:

California Highway Patrol  
203 E. Santa Clara  
Santa Ana, CA. 92705  
(714) 567-6000  
(Contacted 04-09-07)

Task Number 070314HCC3312

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 02 - Yamaha	Manufacturer:

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

Model: rhino 660	VIN: M305E016518
------------------	------------------

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

Model Year: 2004

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

Engine Size: 625-650

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: 04/09/2005	
Age/Sex: 60/Male	/
State of Death: CA	
City of Death: MISSION VIEJO	
County of Death: Orange	

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

A 60-year-old male driving a four-wheeled utility vehicle with a 49-year-old male passenger, collided with a vehicle on a paved roadway. The victim turned his vehicle in the path of the other vehicle causing the victim's vehicle to overturn ejecting both occupants. The 60-year-old victim sustained fatal injuries. The 49-year-old victim sustained minor injuries. Neither of the victims wore helmets.

8. Did the ATV overturn/tipover/rollover? Yes

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

Victim 1:			Victim 2:		
Yes	No	<input checked="" type="radio"/> Unknown	Yes	No	<input checked="" type="radio"/> Unknown

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

<input checked="" type="radio"/> - Driver	3 - Bystander	8 - Other/Unknown
2 - Passenger	4 - Driver/Other Vehicle	

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

Victim 1:			Victim 2:		
Yes	<input checked="" type="radio"/> No	Unknown	Yes	<input checked="" type="radio"/> No	Unknown

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

0 - Unknown	<input checked="" type="radio"/> - Two riders	4 - Four or more riders
1 - One rider	3 - Three riders	9 - No riders

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

Age: 60	Height: 70 (inches)
Weight: 04 = 150 - 199	Sex: Male



1. Task Number 070320CCC1376		2. Investigator's ID 9075		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 810	4. Date of Accident YR MO DAY 2007 02 20	5. Date Initiated YR MO DAY 2007 03 23		
6. Synopsis of Accident or Complaint UPC UNKNOWN  No injuries occurred when the throttle on a 2005 700cc 4 wheel ATV stuck causing the ATV to strike the side porch of the operator's home. The ATV suffered an estimated \$1,000 in property damage. The extended warranty on the ATV covered the replacement of the throttle but declined to cover the property damage.				
7. Location (Home, School, etc) 1 - HOME		8. City DANVILLE		9. State WV
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name POLARIS VIN [REDACTED]		10C. Model Number RANGER
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 1817 porch		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 0	13. Sex 1 - Male	14. Disposition 0 - No Injury	15. Injury Diagnosis 70 - No Injury	
16. Body Part(s) Involved 99 - NO INJURY	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 12 / 0	
20. Attachment(s) 9 - multiple		21. Case Source 07 - Consumer Complaint		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 05/01/2007		25. Reviewed By 9099		26. Regional Office Director Eric B. Ault
27. Distribution Topka, Tanya			28. Source Document Number X0730530A	

EXHIBIT FOR EXHIBIT  
 ATTACHED  
 EXHIBIT FOR EXHIBIT 35C  
 DO NOT RE-NOTIFY  
 11/13/07 *le*

<b>1. Task Number</b> 070320CCC1376		<b>2. Investigator's ID</b> 9075		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
<b>3. Office Code</b> 810	<b>4. Date of Accident</b> YR MO DAY 2007 02 20		<b>5. Date Initiated</b> YR MO DAY 2007 03 23	
<b>6. Synopsis of Accident or Complaint</b> <b>UPC UNKNOWN</b>  No injuries occurred when the throttle on a 2005 700cc 4 wheel ATV stuck causing the ATV to strike the side porch of the operator's home. The ATV suffered an estimated \$1,000 in property damage. The extended warranty on the ATV covered the replacement of the throttle but declined to cover the property damage.				
<b>7. Location (Home, School, etc)</b> 1 - HOME		<b>8. City</b> DANVILLE		<b>9. State</b> WV
<b>10A. First Product</b> 3286 - All Terrain Vehicles (four W		<b>10B. Trade/Brand Name</b> POLARIS (b)(3);CPSA Section 25(c),(b)(6)		<b>10C. Model Number</b> RANGER
<b>10D. Manufacturer Name and Address</b> POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
<b>11A. Second Product</b> 1817 porch		<b>11B. Trade/Brand Name</b> NONE		<b>11C. Model Number</b> NONE
<b>11D. Manufacturer Name and Address</b> NONE				
<b>12. Age of Victim</b> 0	<b>13. Sex</b> 1 - Male		<b>14. Disposition</b> 0 - No Injury	<b>15. Injury Diagnosis</b> 70 - No Injury
<b>16. Body Part(s) Involved</b> 99 - NO INJURY		<b>17. Respondent</b> 1 - Victim/Complainant		<b>18. Type of Investigation</b> 2 - Telephone
<b>19. Time Spent (Operational / Travel)</b> 12 / 0				
<b>20. Attachment(s)</b> 9 - multiple		<b>21. Case Source</b> 07 - Consumer Complaint		<b>22. Sample Collection Number</b>
<b>23. Permission to Disclose Name (Non NEISS Cases Only)</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
<b>24. Review Date</b> 05/01/2007		<b>25. Reviewed By</b> 9099		<b>26. Regional Office Director</b> Eric B. Ault
<b>27. Distribution</b> Topka, Tanya			<b>28. Source Document Number</b> X0730530A	

**070320CCC1376**

All relevant information pertaining to this incident was obtained by telephone from the following source: the female respondent.

There are no known related injuries as a result of this incident.

This case was initiated in response to a consumer's direct contact with headquarters compliance regarding the product involved in this incident.

The product involved in this incident is depicted by the owner as being a 2005, 700cc, 4 wheel drive, 4 wheeled ATV. She stated that a soft type enclosure was purchased and utilized in the cold months during the ATV's operation. The respondent purchased the ATV from a private owner when it was five months old. The dealership from which the original owner purchased the ATV has since gone out of business and the current owner was directed by the Manufacturer to take to another dealership for service. After the factory warranty expired the respondent purchased an extended warranty through the financing company which is currently in force.

According to the female respondent the ATV throttle accelerated to the wide open position for no apparent reason, causing her husband the male operator to run into their wooden side porch.

The female respondent indicated that the ATV suffered approximately \$1,000. in damages as a result of the impact. She also stated that the extended warranty covered the replacement of the throttle cable but would not cover the damages sustained when it impacted the porch.

According to the female, the dealership replaced the cable but stated that they were not sure that was the problem.

The respondent is concerned that the throttle cable may not have been the problem which may have been another component of the throttle assembly. She and her husband are concerned that the throttle may stick again and someone could get hurt. She also is of the opinion that the warranty should have covered the other damage to the ATV because it was caused by an item covered under warranty.

The female indicated that she resides with her husband on their family farm. In September of 2005 she and her husband decided to purchase an ATV to assist her husband in conducting the farm chores and for recreational use around the farm.

She indicated that she was made aware of an ATV that was being sold by a private owner which was only five months old.

**070320CCC1376**

She stated that she and her husband looked at the ATV and decided to purchase it from the private individual. She stated that they paid approximately \$8,500 for the ATV and they also purchased the extended warranty until the year 2009 through the financier.

The ATV is that of a 700cc automatic style transmission which operates in both two and four wheel drive. She stated that she felt that the ATV was in good condition and it was only six months old when they made the purchase.

The ATV was utilized to travel back and forth to their barn and occasional recreational use around the farm.

The respondent indicated that the ATV was taken back to the dealership by the previous owner because of the seat becoming very hot. She stated that it resulted from a recall in 2005.

She also stated that the seat was not replaced as the recall intended. She stated that it appeared as though extra padding was placed to help dissipate the heat. She stated that they continue to experience heat problems. She stated that it gets so hot after about a half hour of operation that it's intolerable to sit near the middle area of the seat.

The respondent indicates that the previous owner had also on 08/30/05 taken the ATV back to the dealership to repair a throttle problem. She states that the repair order indicates that the ATV would not throttle up and when it does it sticks.

She stated that sometime before the incident date the ATV's throttle stuck on several occasions and her husband was able to bring the ATV under control. It had only happened on one or two occasions so he had not thought that much about it.

The respondent and her husband purchased an extended warranty on their ATV through their financing company. The extended warranty is in effect through the year 2009.

On or about 02/20/07 the female respondent indicated that she was operating the 4 wheel ATV with her 4 year old granddaughter. She stated that she drove the ATV down to her mailbox which is located near the bottom of her driveway.

She stated that she drove back up the driveway near her home and stopped the ATV placing it into the neutral position and setting the brake with the ATV idling. The ATV seemed to operate without incident on her trip down to the mailbox.

She stated that her husband shortly after her getting off of the ATV got onto the ATV and upon placing it into reverse at which time the throttle stuck and began to run away. The male was able to get the ATV stopped and the throttle apparently worked loose and began to operate correctly.

**070320CCC1376**

The male took the ATV out of its reverse gear and began moving forward on an incline toward the house when the throttle suddenly stuck and began running away with itself.

The male was unable to stop the ATV with its brakes and the ATV slammed into the side treated lumber porch.

The respondent indicated that her husband was not injured as a result of the incident. She stated that the ATV suffered substantial front end damage as a result of the impact. She stated that it actually was fortunate that her husband struck the porch because he narrowly averted a nearby steep ravine.

She stated that she and her husband both were overwhelmed with what could have happened if she and her granddaughter were on the ATV when the throttle had stuck. She reiterated that it had done so within a minute or two after they had gotten off of the ATV.

She stated that she took the ATV to the local dealership and a factory certified warranty repair shop. She indicated that the repair estimate was approximately \$1,000. in damages. She stated that she informed the Warranty Company of which a representative examined the ATV. She stated that the extended warranty company denied coverage. She said that she thought that the representative denied coverage for the following reasons: she had informed him that the throttle had stuck on one or two previous occasions; she also stated that he had observed a melted area on the black rubber pad section of the gas pedal. She assumed that he suggested that the melted area indicated that pedal mechanism was altered in some way which would void the extended warranty.

She informed him that the pedal had melted when a trouble light which her husband had suspended within the cab of the ATV during the winter months for temporary heat had fallen onto the rubber pedal melting a section of it.

The respondent indicated that she was not sure exactly why the Warranty representative denied coverage. She said that he never responded in writing, he just verbally informed the dealership that the warranty would not cover the damage.

The repair of the throttle cable was originally denied and she argued the point with the dealership who reapplied for the repair coverage of the throttle cable with the Warranty Company. They agreed to cover the replacement and repair of the throttle cable and did so at the dealership under the warranty coverage.

The respondent stated that a female dealership representative informed her that although they had replaced the throttle cable they were not sure of that being the specific problem. She stated that the representative told her that they had operated the ATV and the throttle did not stick so it could be that that another throttle component may have malfunctioned. She said she was directed by the female to follow the following precautions if the throttle

**070320CCC1376**

stuck after the repair: immediately turn the key to the off position and utilize the full brake capacity.

She stated that as a result she and her husband are very concerned to operate the ATV because of what the dealership representative informed her of.

The respondent had originally requested that the original Manufacturer's warranty cover the damage. She was informed that it had expired and they denied coverage. She then requested that the extended warranty that she had paid for through the finance company cover the damage. They also denied coverage but ultimately did pay for the throttle replacement. She stated that the Warranty representative indicated that she should turn the incident in on her Home Owner's insurance policy.

The respondent along with her husband are of the opinion that the damage should be covered by the Warranty Company. They both feel that the mechanical failure caused the ATV to strike the side porch which ultimately caused the physical damage to the ATV.

The respondent provided copies of the following information: a print out of the dealership unit inquiry which includes the work repair history description specific to the ATV (SEE Attachment #1), repair work dated 6/16/2006 (fuel injector repair) (SEE Attachment #2), throttle repair dated 2/21/07 No:100240 (SEE Attachment #3), 2/24/07 damage estimate to repair physical damage to ATV (SEE:Attachment#4) and Two repair order invoices 105576 & 105595 (SEE Attachment #5).

The respondent indicated that she did not possess any photographs of the ATV.

The respondent as a result of being denied the extended Warranty coverage which she paid for and is currently in force until 2009 contacted the US Consumer Product Safety Commission (Compliance Division) to report the incident. She has since contacted the State Attorney General's Office regarding the denial of Warranty by the company.

No further information is available.

#### **PRODUCT IDENTIFICATION:**

The respondent identified the product involved in this incident as a 700cc, 2005 **POLARIS** Ranger , 4 wheel drive, green in color, 4 wheel ATV displaying front end damage. At the time of the damage the ATV was being operated with a soft top style enclosure. The ATV Model is depicted as being: R05RD68AA, VIN#: 4XARD68A55D456739 with a Production Date: 11/04/2004. GE is the extended warranty vender.

The ATV examination of damage and throttle repair was conducted At 119 POWERSPORTS located at 298 Tricorn Rd. Danville, WV 25053

**070320CCC1376**

The respondent indicated that they purchased the ATV from (b)(3), CPUSA Section 25(c), (b)(6) for a purchase price of \$8,500. She stated that he purchased the ATV new from Thorn hill performance PO Box 1599 Danville, WV 25053 noting that it after the purchase went out of business.

No further information is available.

**EXHIBITS:**

- Attachment #1: Polaris print out of ATV identification and work information. (1)
- Attachment #2: Dealership repair order dated 6/16/2006 regarding fuel injector. (1)
- Attachment #3: 119 POWERSPORTS repair estimate No. 100240. (1)
- Attachment #4: 119 POWERSPORTS Invoices 105576 & 105595 for throttle repair. (2)
- Attachment #5: 119 POWERSPORTS parts cost dated 2/24/07 (1)
- Attachment #6: Contact Sheet



# Thornhill Performance

PO Box 1599  
Danville, WV 25055  
304-369-7171 304-369-4278

## Repair Order Invoice

R/O Number: 824  
Invoice Number: 8914  
Cashed: (b)(3):CPSA Section 25(c),(b)  
Date: 6/18/2006  
Date Promised: 6/18/2006

**Repair Order For:**

(b)(3):CPSA Section 25(c),(  
2090 MUD RIVER ROAD  
DANVILLE, WV 25053  
360-4928

**Description:**

**Units For This Repair Order:**

**Service Writer:**

Year	Make	Model	VIN/Serial No.	Plate	Key Code	Color
2005	POLARIS	RANGER	4XARD68A550466739			

**Job: INJECTOR ASSEMBLY (Warranty Claim Number: 002365)**

Job For: 2005 POLARIS RANGER AP 700 4XARD68A550466739

**Description**

**Parts**

Part Number	Quantity	Description	Each Price	Extension
1202863	1	FUEL INJECTOR ASM	Warranty	Warranty
			<b>Parts Subtotal</b>	<b>Warranty</b>

**Labor**

Description	Job Code	Technician	Time Total
		(b)(3) CPSA Section 25 (c),(b)(6)	Warranty
			<b>Labor Subtotal</b>
			<b>Warranty</b>
			<b>Job Subtotal</b>
			<b>Warranty</b>

**Job DEDUCTIBLE**

Job For: 2005 POLARIS RANGER AP 700 4XARD68A550466739

**Description**

<b>Other Charges</b>	
DEDUCTABLE	\$50.00
<b>Job Subtotal</b>	<b>\$50.00</b>



070320CCC1376 Attachment #4 (page 1 of 2)

119 POWERSPORTS  
298 TRICKUM ROAD P.O. BOX 1600  
DANVILLE, WV 25853  
304-359-7171

REPAIR ORDER INVOICE - DUPLICATE

Repair Order # 100248,1

Invoice # 105595

where [redacted]

Sold to [redacted]

Invoice Date 4/ 5/07  
Date In 4/ 4/07  
Promised 4/ 4/07  
Closed Out 4/ 5/07

Make	Model	Color	Class	Plate #	VIN	Key Board#	Hrs/Days
POLARIS	RANGER	GREEN	A		[redacted]		421

DEDUCTIBLE

1 05 Make: POLARIS Model: RANGER Color: GREEN Class: A

Part #/Labor Code	Description	Src	Cat	Tech	Hrs/Qty	Total
<del>7001247</del>	<del>CABLE-THROTTLE</del>	<del>PO</del>	<del>P50</del>		<del>1</del>	<del>37.13</del>
<del>7001247</del>	<del>CABLE-THROTTLE</del>	<del>PO</del>	<del>P50</del>		<del>1</del>	<del>37.13</del>
<del>7001247</del>	<del>CABLE-THROTTLE</del>	<del>PO</del>	<del>P50</del>		<del>1</del>	<del>37.13</del>
<del>7001247</del>	<del>CABLE-THROTTLE</del>	<del>PO</del>	<del>P50</del>		<del>1</del>	<del>37.13</del>
<del>7001247</del>	<del>CABLE-THROTTLE</del>	<del>PO</del>	<del>P50</del>		<del>1</del>	<del>37.13</del>
Labor					JP .33	21.40
Job Subtotal \$	58.00					

Job	Parts	Labor	Sublet	Other	Total of all Jobs	
akdom -)	28.60	21.40	.00	.00		50.00

EFFECTIVE AUGUST 1 2004 LABOR RATE IS \$ 32.50 PER 1/2 HOUR. Before Tax Total 50.00  
THANK YOU FOR YOUR BUSINESS Sales Tax 3.00

\*\* Total Amount Due 53.00  
CHECK Tendered 53.00

Wednesday, April 25th, 2007 11:37 am

070320CCC1376 Attachment #4 (page 2 of 2)

RT 119 POWERSPORTS  
296 TRICORN ROAD P.O. BOX 1608  
DUNVILLE, WV 25853  
304-369-7171

REPAIR ORDER INVOICE - DUPLICATE

shipped: [Redacted]

Repair Order # 120246

Invoice # 185576

Sold to: [Redacted]

Invoice Date 4/ 4/07  
Date In 3/ 8/07  
Promised 3/ 8/07  
Closed Out 4/ 4/07

Make	Model	Color	Class	Plate #	VIN	Key Board#	Hrs/Odom
POLARIS	RANGER	GREEN	A		[Redacted]		421

Part Name	Reas/UC	Length/Cyl	H.P.	Engine Number	Key Number
	506				

Job: THROTTLE CABLE

Make: POLARIS Model: RANGER Color: GREEN Class: A

Part #/Labor Code	Description	Qty	Est Tech	Hrs/Qty	Total
Parts 7881247	CABLE-THROTTLE	1	PD P56	1	WARRANTY
7881247	CABLE-THROTTLE	1	PD P56	1	WARRANTY
Labor			JP	.43	WARRANTY

Job Breakdown ->	Parts	Labor	Sublet	Other	Total of all Jobs
	.00	.00	.00	.00	.00

EFFECTIVE AUGUST 1 2004 LABOR RATE IS \$ 32.00 PER 1/8 HOUR.      Before Tax Total      .00  
 THANK YOU FOR YOUR BUSINESS      Sales Tax      .00  
 \* Total Amount Due      .00

Wednesday, April 25th, 2007 11:37 am

070320CCC1376 Attachment # 5 (1 page)

RT 119 POWERSPORTS  
 PICKING TICKET  
 (THIS IS NOT AN INVOICE)

cat. 2/24/07

Q	U	W/T	Lay	P/U	Part Number	End Part#	Src	Cat	Description	Sold	Now	Bin
1	0	0	0	0	5435703-492				PO P9 HOOD-D. GREEN	379.99		
2	0	0	0	0	7670134				PO P50 CLIP-WIRE, ADHESIVE B	7.98		
2	0	0	0	0	5410163				PO PPO O RING	2.00	P.3.C	
1	0	0	0	0	2410503				PO P30 ASN-HEADLIGHT	69.99		
1	0	0	0	0	1014991-410				PO PPO BUMPER, FRN	259.99		
2	0	0	0	0	7510278				PO P50 SCR-3/8-16X2 FLG HX	1.52		
1	0	0	0	0	3211106				PO P10 BELT-DRIVE	83.99		
1	0	0	0	0	7173299				PO P50 DECAL-700 TWIN EFI, H	4.94		
1	0	0	0	0	7173300				PO P50 DECAL-700 TWIN EFI, H	4.94		

Labor 815.42 + tax

48.93

864.34

Excludes collision  
 damage...

**070320CCC1376**

**Contact Sheet**

**Attachment# 6**

The following individual was contacted by phone in an attempt to obtain all relevant information pertaining to this incident.

(b)(3):CPSA Section 25(c),(b)(6)

3/23, 4/12, 4/25 & 4/26



**Polaris Industries Inc.**  
2100 Highway 55  
Medina, Minnesota 55340-9770  
763-542-0500  
763-542-0599 fax

John J. Wackman  
(763) 542-2309  
fax (763) 417-2131  
john.wackman@polarisind.com

September 17, 2007

**Via U.S. Mail**

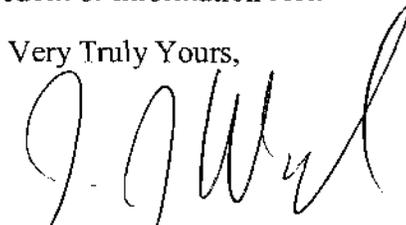
Pamela McDonald  
Lead, Technical Information Specialist  
U.S. Consumer Product Safety Commission  
4330 East West Highway, Room 504  
Bethesda, Maryland 20814

RE: 070313HCC2354 ✓ 07032CCC1376 ✓ 070426HCC3422 ✓  
I0730198A ✓ I0730485A ✓ 070319CCC1374 ✓  
070405HCC3372 ✓ H0730199A ✓ I0730253A ✓

Dear Ms. McDonald:

Thank you for the information provided in the above files. We will review the information provided in these documents and will conduct additional investigations as may be required. We request that we be notified prior to releasing any of the information contained in these files under the Freedom of Information Act.

Very Truly Yours,



John J. Wackman  
Assistant General Counsel

X 073 0530

MAR 20 2007

1000E 25

I have received a phone call on 3/19/07 from a (b)(3) CPSA Section 25(c), (b)(6) She has brought to my attention two issues with her Model Year 2005 Polaris Ranger 700. I think this information should be logged into our database as a consumer reported incident.

(b)(3) CPSA Section 25(c), (b)(6)

She stated that approximately one year ago she had a throttle issue with her vehicle and either the ECM or the throttle assembly was replaced. Approximately 2 weeks ago, she was riding the vehicle with her 4 year old grandchild down to get the mail and back. Her and her grandchild then dismounted the vehicle and (b)(3) CPSA Section 25(c), (b)(6) husband got on and was riding solo for approximately 1-2 minutes when he reports that the throttle stuck in the on position. She stated the vehicle quickly accelerated even though her husband had the brake pedal completely depressed. The vehicle continued until it slammed into her property while narrowly missing a big ravine nearby. The vehicle suffered over \$1000 in damages and the dealer in WV stated that the throttle stuck and replaced the throttle cable under her GE Extended Warranty Plan. GE refused to pay for any other damages to the vehicle even though they stated to her that the throttle did stick causing the incident. The dealer told the consumer that even though the throttle cable had been replaced she should be careful using the vehicle because they are not sure that it was the throttle cable that caused the sticking and it could have been the ECM or another part so it is very likely that it will stick again. (These are all (b)(3) CPSA Section 25(c), (b)(6) words relaying what she was told)

(b)(3) CPSA Section 25(c), (b)(6) is now stuck with a vehicle that she can't operate because of the \$1000 in damage and she is not sure she wants to operate because the throttle could stick again if another part besides the throttle cable was involved in the incident. Additionally, she called Polaris and was that they would not cover any body damage and that the vehicle is out of warranty so she should call GE. She called GE and was told they would not cover body damage and only the throttle cable and she should file the damages under her homeowner's policy.

She is also concerned about the heat generated under the seat. The seat gets so hot she stated that she could not even sit on it without something on top of the seat to help insulate her legs. This is even after she had the seat insulation replaced under a warranty program from Polaris in 2005. She feels this is also a safety issue with the vehicle.

I informed the consumer that I could not help her recover the \$1000 in damage to the vehicle and referred her to her state's Attorney General's Office, which handles these types of issues.

Tanya Topka, Compliance Officer  
U.S. CPSC  
301-504-7594  
www.cpsc.gov

070831

1. Task Number 070430HNE2274		2. Investigator's ID 8942		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 810	4. Date of Accident YR MO DAY 2007 04 28	5. Date Initiated YR MO DAY 2007 05 07		

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

A 13-year-old male was riding a 4-wheeled ATV solo, on a roadway and when he proceeded to turn around, the ATV overturned, ejected the victim and hit him in the head before landing on top of him. The victim was transported to a hospital where he was pronounced DOA. The cause of death is determined to be accidental death by the county coroner.

*Handwritten notes:*  
4/21/07  
3052

7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City LATTA	9. State SC
--	--	------------------	----------------

10A. First Product 3296 - All Terrain Vehicles (four W	10B. Trade/Brand Name YAMAHA/ RHINO 450	10C. Model Number 4X4
---	--	--------------------------

**10D. Manufacturer Name and Address**  
YAMAHA MOTOR CORPORATION, USA  
6555 Katella Avenue  
Cypress, CA 90630

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

**11D. Manufacturer Name and Address**  
NONE

12. Age of Victim 13	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.
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16. Body Part(s) involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 4 / 0
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20. Attachment(s) 9 - Multiple Attachments	21. Case Source 05 - Newspaper	22. Sample Collection Number
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**23. Permission to Disclose Name (Non NEISS Cases Only)**  
 Yes     No     Verbal

24. Review Date 07/13/2007	25. Reviewed By 9108	26. Regional Office Director Eric B. Ault
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27. Distribution Streeter, Robin; Twitchell, Jason; Harris, Paulette	28. Source Document Number N0740625A
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**070430HNE2274**

**ATTACHMENTS:**

- 1. Police Report**
- 2. Contact Sheet**
- 3. Status of Missing Document(s)**
- 4. Questionnaire**



# INCIDENT REPORT SUPPLEMENTAL

Case Number: 2007-0916

Officer: FINKLEAF, TRACY Date Entered/Changed: 04/30/2007 Reviewer: Review Date:

DETAILED STATEMENT OF INVESTIGATION: ON 4-28-07 I WAS DISPATCHED TO 1020 CATFISH CREEK ROAD BY CENTRAL DISPATCH. WHEN I ARRIVED P/O INFORMED ME THAT THE VICTIM HAD BEEN RIDING A HONDA 450 XRG AND THAT HE WAS THROWN OUT AND THE VEHICLE TURNED OVER ON TOP OF HIM AND THE ROLL BAR LANDED ON HIS HEAD AND FRACTURED HIS SKULL. VICTIM HAD BEEN TRANSPORTED TO McLEODS HOSPITAL DILLON. HE WAS DEAD ON ARRIVAL. AFTER TALKING WITNESS [REDACTED] AND AND CORNER [REDACTED] WITNESS I DETERMINED THAT IT WAS AN ACCIDENTAL DEATH.

**WITNESS INFORMATION**

Case #: 2007-0916      Officer: PVT MELVIN LEE      Date Entered: 04/28/2007

Witness: (b)(3),CPSA Section 25(c),(b)(6)

Address: (b)(3),CPSA Section 25(c),(b)(6)

City: (b)(3),CPSA Section 25(c),(b)(6)

Phone: \_\_\_\_\_ Race: W Sex: M Birth Date: (b)(3),CPSA Section 25(c),(b)(6) Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ SSN: \_\_\_\_\_

Witness  
Notes:

**070430HNE2274**

**ATTACHMENT #2**

**Contact Sheet**

Contacted on 05/07/07  
Dillon County Sheriff  
305 West Hampton Street  
Dillon, SC. 29536  
843-774-1433

Contacted on 05/07/07  
Dillon County Coroner  
P.O. Box 1006  
Dillon SC. 29536  
843-774-1444

**Task Number: 070430HNE2274**

**Date: 07/13/07**

**ATTACHMENT #3**

**Status of Missing Document(s)**

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

1. Medical Examiner's Report

2. Photos

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

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

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

Task Number 070430HNE2274

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

Type of respondent: Other

Other, specify: Sheriff

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: 02 - Yamaha	Manufacturer:

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

Model: Rhno 4X4 / VIN: UNKNOWN

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

Model Year: 2006

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

Engine Size: 425-450

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: 04/28/2007	
Age/Sex: 13/Male	/
State of Death: SC	
City of Death: DILLON	
County of Death: Dillon	

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

A 13-year-old-male was riding a 4-wheeled ATV solo, on a roadway and when he proceeded to turn around, the ATV overturned, ejected the victim and hit him in the head before landing on top of him. The victim was transported to a hospital where he was pronounced DOA. The cause of death is determined to be accidental death by the county coroner.

8. Did the ATV overturn/tipover/rollover? Yes

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

Victim 1:                      Victim 2:

Yes   No   Unknown      Yes   No   Unknown

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

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

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

Victim 1:                      Victim 2:

Yes   No    Unknown      Yes   No   Unknown

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

0 - Unknown      2 - Two riders      4 - Four or more riders  
 1 - One rider      3 - Three riders      9 - No riders

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

Age: 13                      Height:              (inches)  
Weight:                      Sex: Male





I graduated in:

1966
1986
1978
1966

classmates.com



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#070430HNE2274 N0740625A 4/30/07

4/29/2007 8:08:03 PM

A 13-year-old Dillon County boy is dead after an accident on his all terrain vehicle.

The accident happened late Saturday afternoon near Latta.

ISSUE; 31

Authorities tell us [REDACTED] 13, was riding with friends when the accident happened.

The Dillon County Coroner tells us Lee went around a curve and the ATV flipped and landed on top of him.

He was taken to a hospital where he died.

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070731

1. Task Number 070501HCC3437		2. Investigator's ID 9105		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2005 10 25	5. Date Initiated YR MO DAY 2007 06 08		
6. Synopsis of Accident or Complaint UPC				
<p>Victim, a 30 yr. old male, was driving an off-road utility vehicle in a rural area in the evening with a friend. Victim drove into a desert wash causing the vehicle to overturn, ejecting both passengers. Neither was reported to be wearing helmets or using the seatbelts in the vehicle. Victim was driven to a paved road by the friend and then transported via ambulance to a local hospital where Victim was pronounced deceased at 1:40 am on 10/26/2005. Alcohol had been used prior to the accident.</p>				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City LAS VEGAS		9. State NV
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name YAMAHA UTILITY VEHICLE		10C. Model Number RHINO 660 4X4
10D. Manufacturer Name and Address YAMAHA CORP. OF AMERICA INTERNATIONAL 660 Orangethorpe Ave. Buena Park, CA 90622				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 30	13. Sex 1 - Male	14. Disposition 8 - Death		15. Injury Diagnosis 54 - Crushing
16. Body Part(s) Involved 31 - UPPER TRUNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 3 - Other		19. Time Spent (Operational / Travel) 10 / 2
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 07/06/2007	25. Reviewed By 8554		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin; Topka, Tanya			28. Source Document Number 0532015778	

070501HCC3437

This investigation was based on a Certificate of Death (document #0532015778) that indicated a 30 year old male was killed while driving an Off-Highway Utility Vehicle (OHUV) in a desert location. The information in this report was obtained from the Police Dept. Report (attachment #1), the Coroners Report (attachment #2), and the Manufacturers Internet Web Site (attachments #3 & 4).

The Police Report indicated that at about 7:30 pm to 8:00 pm on 10/25/2005 Victim and a friend/roommate left their residence on the OHUV to drive in the desert at night. It was noted in the Police Report and the Coroners Report that Victim and the friend had consumed alcohol prior to leaving the residence. It was estimated that at about 12:41 am victim drove the OHUV into a wash causing the vehicle to flip forward and partially ejecting Victim. The Report indicated that the friend was pinned under the roll bar but was able to extricate himself, right the vehicle, and place Victim into the OHUV. The friend was reported to have driven Victim to the highway where the 911 emergency number was called. Upon arrival of emergency units Victim was pronounced deceased on the scene at 1:40 am. The report stated that the friend suffered minor injuries but was not transported for medical care.

The Coroners Report confirmed the above information and provided the additional information. Cause of Death was listed as Blunt Force Trauma of the Chest. The Coroners Report also indicated that neither Victim nor the friend were using the seatbelts and Victim was not wearing a helmet. It was stated by the friend that Victim was driving the vehicle when the accident occurred.

### **PRODUCT INFORMATION**

The OHUV involved in this fatal accident was a 2005 Yamaha Rhino 660 made by Yamaha Corporation of America International, 660 Orangethorpe Ave., Buena Park, CA. This vehicle is a golf cart like vehicle having four wheels and two seats with seat belts located side by side. It has a roll bar around the passenger compartment and a cargo area behind the seats. The dimensions were listed as being 112.2 in (L) X 54.1 in. (W) X 73.6 in. (H). Dry weight was listed as being 1,049 pounds. The Reports indicated above reflected that Victims vehicle was green in color.

070501HCC3437

**ATTACHMENTS**

1. Police Department Report (3 pages)
2. Coroners Report (3 pages)
3. Vehicle Specifications (07 & 06 models) (2 pages)
4. Manufacturers Web Site Photographs (3 pages)

Event Number: 051025-3517	<b>STATE OF NEVADA</b> <b>TRAFFIC ACCIDENT REPORT</b> SCENE INFORMATION SHEET Revised: 5/21/2003	Accident Number: LVMPD-051025-3517
Code Revision:	<input type="checkbox"/> Preliminary Report <input type="checkbox"/> Resubmission <input type="checkbox"/> Hit and Run <input type="checkbox"/> Emergency <input type="checkbox"/> Office Report <input checked="" type="checkbox"/> Initial Report <input type="checkbox"/> Supplement Report <input checked="" type="checkbox"/> Private Property	<input type="checkbox"/> Property <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Fatal Agency Name: LAS VEGAS METROPOLITAN POLICE DEPARTMENT

Collision Date: 10/25/2005	Time: 2341	Day: TUESDAY	Beat/Sector: 83	County: CLARK COUNTY	City:	Surface: <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input checked="" type="checkbox"/> Dirt <input type="checkbox"/> Other	Intersection: <input type="checkbox"/> Four Way <input type="checkbox"/> > Four Way <input type="checkbox"/> T <input type="checkbox"/> Y <input type="checkbox"/> Roundabout	Paddle Marker: <input checked="" type="checkbox"/> None <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side <input type="checkbox"/> Both Sides <input type="checkbox"/> Unknown
Mile Marker:	#Vehicles: 1	#Non Motorists: 0	#Occupants: 2	#Fatalities: 1	#Injured: 1	#Restrained: 0		

Occurred On: (Highway # or Street Name) DESERT AREA

At Intersection With:  Or: 10 Feet  Miles SOUTH Of (Cross Street) STATE ROUTE 150  Approximate

<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural	Access Control: <input type="checkbox"/> None <input type="checkbox"/> Full <input type="checkbox"/> Partial	Total All Lanes:
Roadway Character: <input type="checkbox"/> Curve & Grade <input type="checkbox"/> Curve & Hillcrest <input type="checkbox"/> Curve & Level <input type="checkbox"/> Straight & Grade <input type="checkbox"/> Straight & Hillcrest <input type="checkbox"/> Straight & Level	Roadway Conditions: <input type="checkbox"/> Dry <input type="checkbox"/> Icy <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input checked="" type="checkbox"/> Sand/Mud/Oil/Dir/Gravel	Total Thru Lanes: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> > 5	Average Roadway Widths: Travel Lane: Ft. <input checked="" type="checkbox"/> Not Determined <input type="checkbox"/> Relatively <input type="checkbox"/> Level Roadway <input type="checkbox"/> (+) Up Slope <input type="checkbox"/> (-) Down Slope

Pavement Markings and Type: <input checked="" type="checkbox"/> None	Highway Description: <input type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Divided, Unpro. Median <input type="checkbox"/> Two-Way, Divided, Median Barrier <input type="checkbox"/> One-Way, Not Divided <input type="checkbox"/> Unknown <input type="checkbox"/> Other	Weather Conditions: <input type="checkbox"/> Unknown <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Rain <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Off Road <input type="checkbox"/> Fog, Smog, Smoke, Ash <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Steel/Trail <input type="checkbox"/> Other <input type="checkbox"/> Blowing Sand, Dirt, Soil, Snow
Centerline, Broken Yellow Centerline, Solid Yellow Centerline, Double Yellow Lane Line, Broken White Lane Line, Solid White Other	Edge Line, Left, Yellow Edge Line, Right, White Center Turn Lane Lines Turn Arrow Symbols No Passing, Either Dir. Unknown	

Light Conditions: <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Dark-No Roadway Lighting <input type="checkbox"/> Dark-Spot Roadway Lighting <input type="checkbox"/> Dark-Continuous Roadway Lighting <input type="checkbox"/> Dark-Unknown Roadway Lighting	Vehicle Collision Type: <input type="checkbox"/> Unknown <input type="checkbox"/> Head On <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear End <input type="checkbox"/> Sideswipe, Meeting <input type="checkbox"/> Backing <input type="checkbox"/> Sideswipe, Overtaking <input checked="" type="checkbox"/> Non-Collision <input type="checkbox"/> Angle	Location of First Event: <input type="checkbox"/> Travel Lane <input type="checkbox"/> Turn Lane <input type="checkbox"/> Gore <input type="checkbox"/> Median <input type="checkbox"/> Inside Shoulder <input type="checkbox"/> Outside Shoulder <input type="checkbox"/> Ramp# <input type="checkbox"/> Private Property <input checked="" type="checkbox"/> Other
--	--	--

Highway/Environment Factors: <input type="checkbox"/> None <input type="checkbox"/> Weather <input type="checkbox"/> Debris <input type="checkbox"/> Glare <input type="checkbox"/> Shoulders <input type="checkbox"/> Road Obstruction <input type="checkbox"/> Worn Traffic Surface <input type="checkbox"/> Wet, Icy, Snow, Slush <input type="checkbox"/> Ruts, Holes, Bumps <input type="checkbox"/> Active Work Zone <input type="checkbox"/> Inactive Work Zone <input type="checkbox"/> Animal in Roadway <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other Environmental <input type="checkbox"/> Other Highway	Property Damage To Other Than Vehicle: Describe: _____ Owner Name and Address: _____ <input type="checkbox"/> Owner Notified
---	---

First Harmful Event

Code #	1	Description:	1 OVERTURNED/ROLLOVER
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Describe Other Entries

Description of Accident/Narrative

see page 2

Investigation Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Photos Taken: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Scene Diagram: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Statements: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Notified: 10/25/2005	Time Notified: 2343	Arrival Time: 0038	Elapsed Time: 0065
Investigator: Robert Holland	ID Number: 3410	Date: 10/25/2005	Reviewed By: 3410 ROBERT HOLLAND	Date Reviewed: 11/9/2005 1:33:19 PM	Page: 1 of 3		

Event Number: 051025-3517	<b>STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET</b> Revised: 5/21/2003	Accident Number: LVMPD-051025-3517
Code Revision:		

## Description of Accident/Narrative

ON 10/25/2005 AT 2341 HOURS, A FATAL ATV ROLLOVER OCCURRED IN THE DESERT AREA, APPROXIMATELY 10 MILES SOUTH OF STATE ROUTE 160. [REDACTED] THE DRIVER OF THE 2005 YAMAHA ATV, AND [REDACTED] THE PASSENGER, WERE TRAVELING THROUGH THE DESERT AREA AT NIGHT. ACCORDING TO [REDACTED] DROVE THE ATV INTO A WASH AREA. AS A RESULT, THE ATV FLIPPED FORWARD AND PARTIALLY EJECTED. [REDACTED] WAS PINNED UNDER THE ROLL CAGE. [REDACTED] WAS ABLE TO FREE HIMSELF AND RIGHT THE ATV BACK ONTO ITS WHEELS. [REDACTED] PLACED [REDACTED] IN THE ATV AND DROVE TO STATE ROUTE 160 AND CALLED 9-1-1.

RESPONDING MEDICAL UNITS ARRIVED AND REPORTED [REDACTED] HAD DIED AS A RESULT OF HIS INJURIES. [REDACTED] SUFFERED MINOR INJURIES AND WAS NOT TRANSPORTED. LVMPD RESIDENT OFFICER K. FROST WAS DISPATCHED TO THE SCENE TO BEGIN A PRELIMINARY INVESTIGATION. UPON LEARNING THAT THE DRIVER WAS DECEASED, OFFICER FROST REQUESTED THE LVMPD FATAL DETAIL RESPOND.

AT 12:41 A.M., I WAS CONTACTED BY LVMPD DISPATCH AND ADVISED OF THE CALL. I CONTACTED DETECTIVE DENNIS MAGILL AND REQUESTED HE RESPOND TO ASSIST. I ALSO REQUESTED CRIMINALISTICS RESPOND TO PHOTOGRAPH THE SCENE.

UPON MY ARRIVAL, I SPOKE WITH OFFICER FROST AND HE RELATED THE ABOVE DETAILS TO ME. I SPOKE WITH [REDACTED] AND HE SAID [REDACTED] HAD BEEN DRINKING EARLIER IN THE EVENING. THEY LEFT THEIR RESIDENCE AT APPROXIMATELY 7:30 - 8:00 P.M. [REDACTED] SAID THEY HAD A COOLER IN THE BACK OF THE ATV. [REDACTED] WAS THE DRIVER, BUT THERE WERE NO WITNESSES TO VERIFY HIS STORY. [REDACTED] COULD NOT PROVIDE ME WITH A DEFINITE LOCATION OF THE ROLLOVER. HE SAID HE COULD SEE THE LIGHTS OF THE TOWN OF GOODS SPRINGS.

OSA J. SMITH ARRIVED AND PHOTOGRAPHED THE 2005 YAMAHA RHINO 660 ATV. THERE WAS DAMAGE TO THE LEFT FRONT CORNER AND THE LEFT REAR PORTION OF THE HOOD. THE ROLL CAGE WAS BENT ON THE DRIVERS SIDE OVERHEAD CROSSBAR.

CLARK COUNTY CORONER INVESTIGATOR [REDACTED] RESPONDED AND DECLARED THE OFFICIAL TIME OF DEATH AT 1:40 A.M. ON 10/26/2005. I PROVIDED INVESTIGATOR [REDACTED] DETAILS OF THE COLLISION. I TOLD HER THERE WOULD BE NO PROSECUTION SINCE THIS ROLLOVER OCCURRED OFF ROAD. UPON COMPLETION OF HER ON-SCENE INVESTIGATION, SHE DIRECTED REPRESENTATIVES OF VALLEY MORTUARY TO PLACE THE DECEDENT ON A CLEAN WHITE SHEET AND INTO A NEW BODY BAG. THE DECEDENT WAS TRANSPORTED TO THE CLARK COUNTY CORONERS OFFICE LOCATED AT 1704 PINTO LANE.

INVESTIGATOR [REDACTED] AND MYSELF RESPONDED WITH URIOSTE TO HIS RESIDENCE TO OBTAIN FAMILY INFORMATION ON [REDACTED]. INVESTIGATOR [REDACTED] NOTIFIED THE MOTHER AND SISTER OF [REDACTED].

ON 10/26/2005 AT 9:30 A.M. [REDACTED] OF THE CLARK COUNTY CORONERS OFFICE, COMPLETED AN EXTERNAL EXAMINATION OF [REDACTED]. DETERMINED THE IMMEDIATE CAUSE OF DEATH WAS BLUNT FORCE TRAUMA OF CHEST DUE TO A MOTOR VEHICLE COLLISION. THE INJURY OCCURRED AS A RESULT OF "UNRESTRAINED, NON-HELMETED ATV OPERATOR, SINGLE VEHICLE COLLISION". THE MANNER OF DEATH IS LISTED AS ACCIDENT.

Investigator	ID Number	Date	Reviewed By	Date Reviewed	Page

Event Number: 051025-3517		<b>STATE OF NEVADA</b> <b>TRAFFIC ACCIDENT REPORT</b> VEHICLE INFORMATION SHEET Revised 5/21/2003			Accident Number: LVMPD-051025-3517		
At Fault <input checked="" type="checkbox"/> Vehicle # 1		# Occupants 2			Agency Name: LAS VEGAS METROPOLITAN POLICE DEPARTMENT		
Vehicle Factors: <input checked="" type="checkbox"/> Unknown		Driver Factors: Unknown <input type="checkbox"/>		Traffic Control: <input checked="" type="checkbox"/> Unknown (F=Functioning NF=Not Functioning O=Obstructed)			
<input type="checkbox"/> Fail to Yield Right of Way <input type="checkbox"/> Disregard Control Device <input type="checkbox"/> Too Fast for Conditions <input type="checkbox"/> Exceeding Speed Limit <input type="checkbox"/> Wrong Way/Direction <input type="checkbox"/> Mechanical Defect <input type="checkbox"/> Drove Left of Center <input type="checkbox"/> Fail to Maintain Lane <input type="checkbox"/> Aggressive/Reckless/Careless		<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Hit and Run <input type="checkbox"/> Road Defect <input type="checkbox"/> Object Avoidance <input type="checkbox"/> Driverless Vehicle <input type="checkbox"/> Following Too Close <input type="checkbox"/> Unsafe Lane Change <input type="checkbox"/> Made Improper Turn <input type="checkbox"/> Over Correct Steering		<input type="checkbox"/> Apparently Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Drug Involvement <input type="checkbox"/> Apparently Fatigued/Sleep <input type="checkbox"/> Obstructed View <input type="checkbox"/> Driver Ill/Injured <input type="checkbox"/> Other Improper Driving <input type="checkbox"/> Driver Inattention/ Distracted <input type="checkbox"/> Physical Impairment		<input type="checkbox"/> F <input type="checkbox"/> NF <input type="checkbox"/> O <input type="checkbox"/> Speed Zone <input type="checkbox"/> Signal Light <input type="checkbox"/> Flashing Light <input type="checkbox"/> School Zone <input type="checkbox"/> Ped. Signal. <input type="checkbox"/> No Passing <input type="checkbox"/> No Controls <input type="checkbox"/> Warning Sign	
Direction of Travel: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input checked="" type="checkbox"/> West		Highway/Street Name: DESERT AREA			Travel Lane#		
<input type="checkbox"/> CDI <input checked="" type="checkbox"/> License Valid		Compliance <input type="checkbox"/> Restrict <input type="checkbox"/> Endorse		OLN: D00775107		State: <input type="checkbox"/> NV <input type="checkbox"/> AZ	
Endorsements		Restrictions		Speed Estimate: From: To: Limit:		License Status: 0	
<input checked="" type="checkbox"/> Driver Last Name: [REDACTED]		Suffix:		DOB: [REDACTED]		<input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk:	
Street Address:		Transported To:		Person Type		Seating Position	
City: State: <input checked="" type="checkbox"/> NV Zip:		By: <input type="checkbox"/> EMS <input type="checkbox"/> Not Trans. <input type="checkbox"/> Unknown <input type="checkbox"/> Police <input checked="" type="checkbox"/> Other VALLEY MORTUARY		Injury Severity		Injury Location	
Last Name: [REDACTED]		Suffix:		DOB: [REDACTED]		<input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk:	
Street Address:		Transported To:		Person Type		Seating Position	
City: State: <input checked="" type="checkbox"/> NV Zip:		By: <input type="checkbox"/> EMS <input type="checkbox"/> Police <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Not Trans.		Injury Severity		Injury Location	
Veh. Yr.: 2005 Make: YAMAHA Model: RHINO 660 Type: UT-UTILITY Plate/Permit Number: NONE State: Exp.: Color: GREEN VIN: [REDACTED]		Registered Owner Name: (Same as )		Insured/Company: NONE		Policy Number: Effective:	
R.O. Address:		Company Address:		Trailing Unit 1 VIN:		Trailing Unit 2 VIN:	
Trailing Unit 1 VIN:		Trailing Unit 2 VIN:		Trailing Unit 3 VIN:			
Plate #	State	Type	Plate #	State	Type	Plate #	
1st Contact		Damaged Areas		Extent of Damage		Code #	
<input type="checkbox"/> Front <input type="checkbox"/> Right Side <input type="checkbox"/> Left Side <input type="checkbox"/> Rear		<input type="checkbox"/> Right Front <input type="checkbox"/> Right Rear <input checked="" type="checkbox"/> Left Front <input type="checkbox"/> Left Rear <input checked="" type="checkbox"/> Top <input type="checkbox"/> Under Carriage		<input type="checkbox"/> None <input type="checkbox"/> Unk. <input type="checkbox"/> Major <input type="checkbox"/> Total		1st 1	
<input type="checkbox"/> Overide <input type="checkbox"/> Under Ride		Vehicle Towed: <input checked="" type="checkbox"/> By: QUALITY TOWING. Removed To:		Sequence of Events Description		Collision with Fixed Object	
<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Backing <input type="checkbox"/> Left Turn <input type="checkbox"/> Right Turn <input type="checkbox"/> Wrong Way <input type="checkbox"/> Other		<input type="checkbox"/> Parked <input type="checkbox"/> U-Turn <input type="checkbox"/> Lane Change <input type="checkbox"/> Passing <input type="checkbox"/> Driverless Veh <input type="checkbox"/> Leaving Parked		<input type="checkbox"/> Bus, 9-15 Occupants <input type="checkbox"/> Bus, >15 Occupants <input type="checkbox"/> Single 2 Axle & 6 Tire <input type="checkbox"/> Single >= 3 Axle <input type="checkbox"/> Any 4 Tire Vehicle		2nd	
<input type="checkbox"/> Entering Lane <input type="checkbox"/> Leaving Lane <input type="checkbox"/> Stopped <input type="checkbox"/> Racing <input type="checkbox"/> Other Turning <input type="checkbox"/> Enter Parked(1)		<input type="checkbox"/> Tractor Only <input type="checkbox"/> Tractor/Trailer <input type="checkbox"/> Tractor/Doubles <input type="checkbox"/> Tractor/Triples		<input type="checkbox"/> Tractor/Semi-Trailer <input type="checkbox"/> Pass. Velt. (Haz-Mat) <input type="checkbox"/> Light Truck (Haz. Mat) <input type="checkbox"/> Other Heavy Vehicle <input type="checkbox"/> Truck with Trailer		3rd	
Carrier Name:		Power Unit GVWR:		Haz-Mat Released		Source:	
Carrier Street Address:		City: State: Zip:		<input type="checkbox"/> <= 10,000 Lbs <input type="checkbox"/> 10,001-26,000 Lbs <input type="checkbox"/> >26,000 Lbs		<input type="checkbox"/> Driver - <input type="checkbox"/> State Reg. <input type="checkbox"/> Log Book <input type="checkbox"/> Side of Vehicle <input type="checkbox"/> Shipping Papers/Trip Mnfrs	
Cargo Body Type <input type="checkbox"/> Unknown		Placard #:		ICC MC		NAS Safety Report #	
<input type="checkbox"/> Pole <input type="checkbox"/> Van/Box <input type="checkbox"/> Grain, Gravel Chips <input type="checkbox"/> Tank <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Bus, 9-15 Occupants <input type="checkbox"/> Flatbed <input type="checkbox"/> Auto Carrier <input type="checkbox"/> Bus, >15 Occupants <input type="checkbox"/> Dump <input type="checkbox"/> Garbage/Refuse <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable		Diamond #:		<input type="checkbox"/> Single State <input type="checkbox"/> USDOT <input type="checkbox"/> None <input type="checkbox"/> Canada <input type="checkbox"/> Mexico		Number:	
<input type="checkbox"/> NRS <input type="checkbox"/> CFR <input type="checkbox"/> CC/MC <input type="checkbox"/> Pending		Violation		NOC		Citation Number	
<input type="checkbox"/> NRS <input type="checkbox"/> CFR <input type="checkbox"/> CC/MC <input type="checkbox"/> Pending		Violation		NOC		Citation Number	
Suspected Impairment Alcohol		Method of Determination		<input type="checkbox"/> Unknown <input type="checkbox"/> Drugs <input type="checkbox"/> Driver Admission		<input type="checkbox"/> Preliminary Breath <input type="checkbox"/> Blood Test <input type="checkbox"/> Test Results: 0.12	
Investigator: Robert Holland		ID Number: 3410		Date: 10/25/2005		Reviewed By: 3410 ROBERT HOLLAND	
Date Reviewed: 11/9/2005 1:33:19 PM		Page: 3 of 3					

**Clark County Coroner's Office**  
 1704 Pinto Lane  
 Las Vegas, NV 89106  
 (702) 455-3210



**REPORT OF INVESTIGATION**  
**Coroner Case**

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) [REDACTED]		AKA		CASE NUMBER <b>05-08218</b>	
	INVESTIGATOR [REDACTED]		REPORTED BY Dispatch		REPORTING AGENCY Las Vegas Metropolitan Police Departm	
	DISPATCH DATE AND TIME 10/26/2005 1:00:00 AM		ARRIVAL DATE AND TIME 10/26/2005 1:35:00 AM		RETURN DATE AND TIME 10/26/2005 3:55:00 AM	
DECEDENT	DATE AND TIME OF DEATH <b>10/26/2005 1:40:00 AM</b>		AGE 30 Yrs		GENDER Male	
	RESIDENT COUNTY Clark		TELEPHONE NO. (702) 210-1919		DATE OF BIRTH 11/03/1974	
	SOCIAL SECURITY NO. [REDACTED]		DRIVER'S LIC. NO. AND STATE [REDACTED]		OCCUPATION [REDACTED]	
	EMPLOYER [REDACTED]		MARITAL STATUS Single		HEIGHT 71	
	WEIGHT 200		EYE COLOR Brown		HAIR COLOR Brown	
	CLOTHING Blue denim pants, black belt, plaid boxer underwear, blue shirt, black shirt, white socks and 1 black shoe.		SCARS/TATTOOS/MARKS None noted/ Sun with face on upper middle back/ None noted			
DEATH	LOCATION OF DEATH State Route 160, Mile Marker #17 <span style="float:right">AT RESIDENCE <input type="checkbox"/></span>					
	ADDRESS (STREET, CITY, STATE, ZIP) Rural Las Vegas , NV				COUNTY Clark	
	<input checked="" type="checkbox"/> PRONOUNCED BY [REDACTED]		AGENCY Clark County Coroner Office			
INCIDENT	LOCATION OF INCIDENT <span style="float:right">AT WORK <input type="checkbox"/></span>					
	Desert area, approx. 10 miles south of SR #160				COUNTY Clark	
	DATE AND TIME OF INCIDENT 10/25/2005 11:41:00 PM		INVESTIGATING AGENCY Las Vegas Metropolitan Police Department		OFFICERS Fatal Det. Holland	
NOTIFICATION	LEGAL NEXT OF KIN [REDACTED]		RELATIONSHIP Mother		TELEPHONE NO. [REDACTED]	
	NOTIFIED BY [REDACTED]		METHOD Telephone		DATE AND TIME 10/26/2005 2:50:00 AM	
	NAME OF PERSON NOTIFIED [REDACTED]		RELATIONSHIP Mother		TELEPHONE NO. [REDACTED]	
	IDENTIFIED BY [REDACTED]		METHOD Viewing		DATE AND TIME 10/26/2005 2:00:00 AM	
DISP	TRANSPORTED TO MORGUE BY Valley Funeral Home		TRANSPORTED TO MORTUARY BY Valley Funeral Home			
	FUNERAL HOME		PROPERTY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
VEHICULAR	TYPE OF EXAM External exam		EXAM BY [REDACTED]			
	DECEDENT WAS <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Motorcyclist <input type="checkbox"/> Skateboard <input type="checkbox"/> Motorized Wheelchair					
	VEHICLE Yamaha Rhino 660 ATV		LICENSE NUMBER		STATE	
	OCCURRED ON PRIVATE PROPERTY Unknown		DECEDENT WEARING SEATBELT? No		SEAT POSITION Driver	
DECEDENT WEARING CRASH HELMET? No						

Clark County Coroner  
1704 Pinto Lane  
Las Vegas, NV 89106  
(702) 455-3210



# REPORT OF INVESTIGATION

Case Number: 05-08218

DECEDENT NAME: (b)(3) CPSA Section 25(c), (b)(6)

DATE OF BIRTH: 11/3/1974

ALSO KNOWN AS:

AGE: 30

LOCATION OF DEATH: State Route 160, Mile Marker #17

SSN: (b)(3) CPSA Section 25(c), (b)(6)

DATE OF DEATH: 10/26/2005

TIME OF DEATH: 1:40AM

## SUMMARY OF INVESTIGATION

### Reason for Coroner Jurisdiction:

Las Vegas Metropolitan Police Department (LVMPD)-all terrain vehicle (ATV) accident fatality.

### Circumstances of Death:

No prosecution. On 10/25/05, the decedent and his friend/roommate left their residence on the ATV at approximately 1930 hours after consuming several beers. The decedent was the unrestrained driver of the ATV and he was not wearing a helmet. The friend was in the passenger seat when the decedent drove into a desert wash and the ATV rolled ejecting both occupants. The decedent was unresponsive and his friend put him in the ATV and drove to the nearest paved road seeking help, arriving at approximately 2340 hours. Emergency Medical Services (EMS) arrived and found the decedent to be beyond resuscitation therefore no aid was rendered. I pronounced death on 10/26/05 at 0140 hours.

### Medical History:

The decedent's medical history is unknown.

### Scene:

This incident occurred in the desert area, approximately 10 miles south of State Route 160 in rural Clark County. The decedent was driven out from the incident location to State Route 160, Mile Marker 17, in rural Clark County.

The all terrain vehicle (ATV) was a green 4x4 Yamaha Rhino 660. This ATV was a golf cart like vehicle with 4 wheels and two front seats with seatbelts. There was damage noted to the left front plastic above the left front tire area. This ATV was parked on the paved road that turned to dirt alongside State Route 160. The decedent was lying on the ground next to the ATV.

### Body:

I viewed a Caucasian male lying supine on the ground with his head directed to the north. The decedent was clothed in blue denim pants, a black belt, gray plaid boxer underwear, a blue shirt, a black shirt, white socks and one black shoe on his left foot. There was apparent blood noted in his left nostril. There was an abrasion noted to his left eyelid, the left side of his face and to the right upper forehead area. There was an open wound noted to his great right toe with apparent blood on his foot and ripped sock. There was a tattoo of a sun with an angry facial expression noted to his upper middle back. There were no significant scars noted.

Dissemination is restricted.  
Secondary dissemination of this document is prohibited.

Signature: \_\_\_\_\_  
Investigator

Clark County Coroner  
1704 Pinto Lane  
Las Vegas, NV 89106  
(702) 455-3210



# REPORT OF INVESTIGATION

Case Number: 05-08218

The decedent's skin was cold to the touch with no rigor mortis present. Blanching positional lividity was noted. I found no signs of life and pronounced death on 10/26/05 at 0140 hours.

The decedent was removed and transported to Clark County Coroner Office (CCCO) by Valley Mortuary per rotation.

### Property:

Property Receipt #84108 shows that property was taken and later released per the request of the legal next of kin.

### Forensic Issues and Reasons for Seal:

Multiple abrasions and contusions.

### Witnesses and Information Sources:

LVMPD Fatal Detail Det. Holland

(b)(3) CPSA Section 25(c),  
(b)(6)

### Narrative:

Today, 10/26/05, at approximately 0100 hours, I received a call of an apparent death occurring at State Route 160, at Mile Marker 17, in rural Clark County, Nevada. The call was reported by the Las Vegas Metropolitan Police Department (LVMPD) Dispatch Center and I responded at approximately 0105 hours.

Upon my arrival, at approximately 0135 hours, I met with LVMPD Fatal Det. Holland who provided me with the circumstances surrounding this incident. The decedent's friend/roommate, (b)(3) CPSA Se, was also present at the scene. He advised me that they were not wearing the seatbelts and that the decedent was not wearing a helmet when this incident occurred. He further advised me that the decedent was not married and he did not have any children. I later went to the decedent's residence to obtain the decedent's next of kin information.

I spoke on the telephone with the decedent's sister, (b)(6) who stated that she would contact their mother and advise her of the decedent's demise. I spoke on the telephone with the decedent's mother (b)(6) and provided her with the necessary information regarding this case. She also gave permission for the decedent's property to be left with his roommate.

### Special Requests:

None

### Tissue/Organ Donation:

Nevada Donor Network (NDN) protocol followed.  
DMS

Dissemination is restricted.  
Secondary dissemination of this document is prohibited.

Signature: \_\_\_\_\_

(b)(6)

Investigator



**OUTDOORS**

**SPORT STAR**

- [MODELS](#) | [ACCESSORIES](#) | [APPAREL & GIFTS](#) | [PARTS & SERVICE](#) | [NEWS & EVENTS](#) | [EXTENDED SERVICE](#)

**MODELS**

- [Utility ATV](#)
- [Side x Side](#)
- [Generator](#)

**2007 Rhino 660 Auto. 4x4**

- [Model Home](#) | [Features](#) | [Specifications](#) | [Gallery](#) | [Head-to-Head](#) | [Accessories](#) | [Build Your Own](#)



2007 Rhino 660 Auto. 4x4



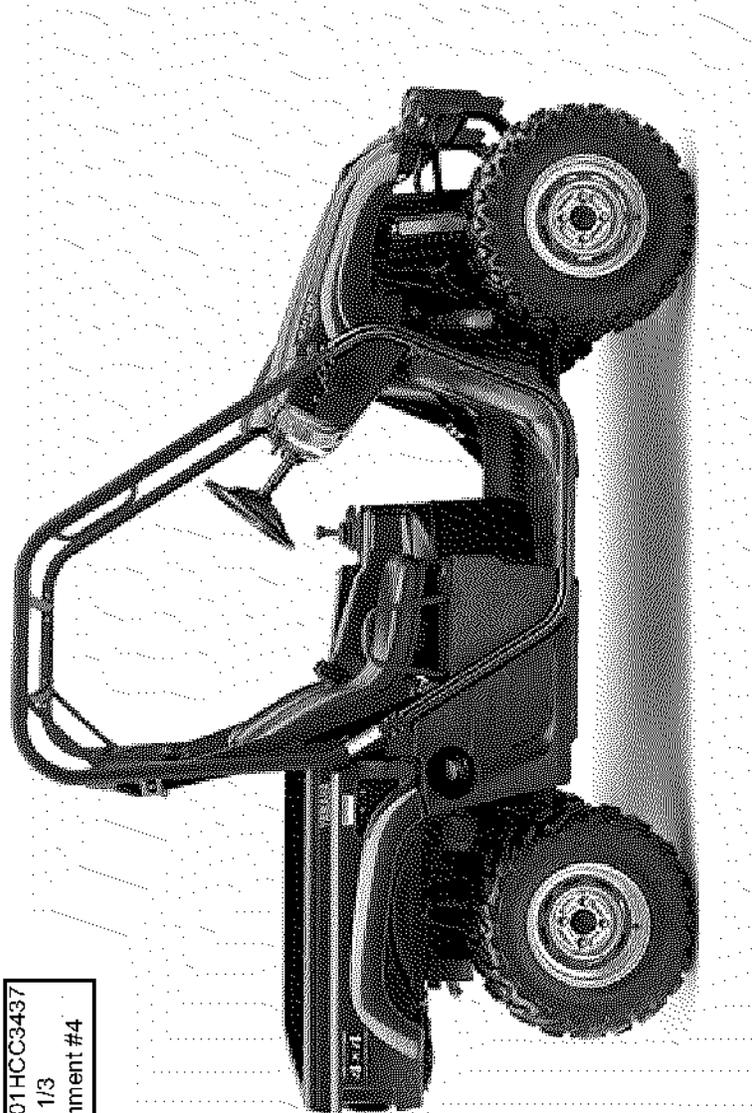
2005 Rhino 660 Auto. 4x4

-Choose Comparison Model-

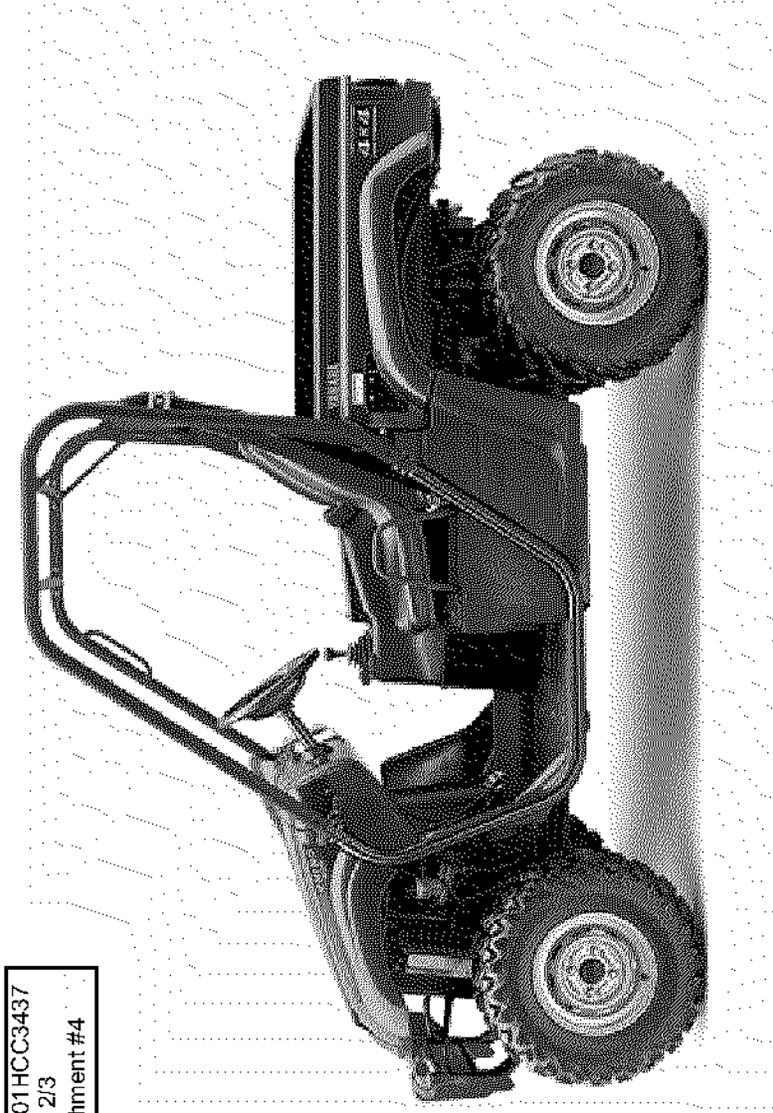
Engine	2007 Rhino 660 Auto. 4x4	2005 Rhino 660 Auto.
Bore x Stroke	100mm x 84mm	100mm x 84mm
Carburetion	Mikuni 42mm BSR	Mikuni 42mm BSR
Compression Ratio	9.1:1	9.1:1
Drive Train	Yamaha On-Command® pushbutton 3-way locking differential, 2WD, 4WD, locked 4WD; Shaft	Yamaha On-Command® push button locking differential, 2WD, 4WD, Shaft
Engine Braking	All Wheel	Spec Not Available
Ignition	DC – CDI	DC – CDI
Starting System	Electric	Electric
Transmission	Yamaha Ultramatic® V-Belt /H, L, N, R	Yamaha Ultramatic® V-Belt with engine braking / High,Low,Neut
Type	660cc liquid-oil-cooled w/fan, SOHC four-stroke; 5-valve	660cc, 4-Stroke Single, Liquid/C Fan, 5-Valve SOHC
Chassis	2007 Rhino 660 Auto. 4x4	2005 Rhino 660 Auto.
Brakes/Front	Dual hydraulic disc, twin pistons	Dual Hydraulic Disc, Twin Piston
Brakes/Rear	Hydraulic disc, self-adjust parking system, shaft mounted	Hydraulic Disc, Self adjust parki Shaft Mounted
Suspension/Front	Independent double wishbone, 7.3" travel w/5-way preload adjustment	Independent Double Wishbone, way Preload Adjustment.
Suspension/Rear	Independent double wishbone, 7.3" travel w/5-way preload adjustment	Independent Double Wishbone, way Preload Adjustment.
Tires/Front	AT25x8-12 NHS	25 x 8-12 NHS
Tires/Rear	AT25x10-12 NHS	25 x 10-12 NHS

Dimensions	2007 Rhino 660 Auto. 4x4	2005 Rhino 660 Auto.
Bed Capacity	400 lb.	400 Lbs.
Dry Weight	1049 lb.	1,049 Lbs.
Fuel Capacity	7.9 gal.	8.5 Gallons
Ground Clearance	12.1"	12.1"
L x W x H	113.6" x 54.5" x 73.0"	112.2" x 54.1" x 73.6"
Towing Capacity	1212 lb.	1,212 Lbs.
Turning Radius	153.5"	153.5"
Wheelbase	75.2"	75.3"
Other	2007 Rhino 660 Auto. 4x4	2005 Rhino 660 Auto.
Colors	Spec Not Available	Hunter Green; Realtree Hardwood Definition Camouflage
DC Outlet	Standard	Standard
Instrumentation	Digital LCD, multifunction display, fuel gauge, speedometer, odometer, dual trip, hour meter, clock and gear position	Fuel sight gauge, 4WD Indicator
Lighting	Dual 30W Krypton multireflector headlights & dual 21/5W brake light	Dual 30W Krypton Multi-reflector & Dual 21/5W Brake light
Warranty	6 Month (Limited Factory Warranty)	6 Month (Limited Factory Warra
<b>MSRP*</b>	<b>\$9,799</b> (Hunter Green) Available from September 2006 <b>\$9,799</b> (Red) Available from September 2006 <b>\$10,249</b> Hunter (Hardwoods HD Camo) Available from September 2006	<b>\$8,999</b> (Green) <b>\$9,449</b> (RealTre Hunter Edition)

\*Price and specifications subject to change without notice.  
Please read your Owner's Manual and all labels before operation.

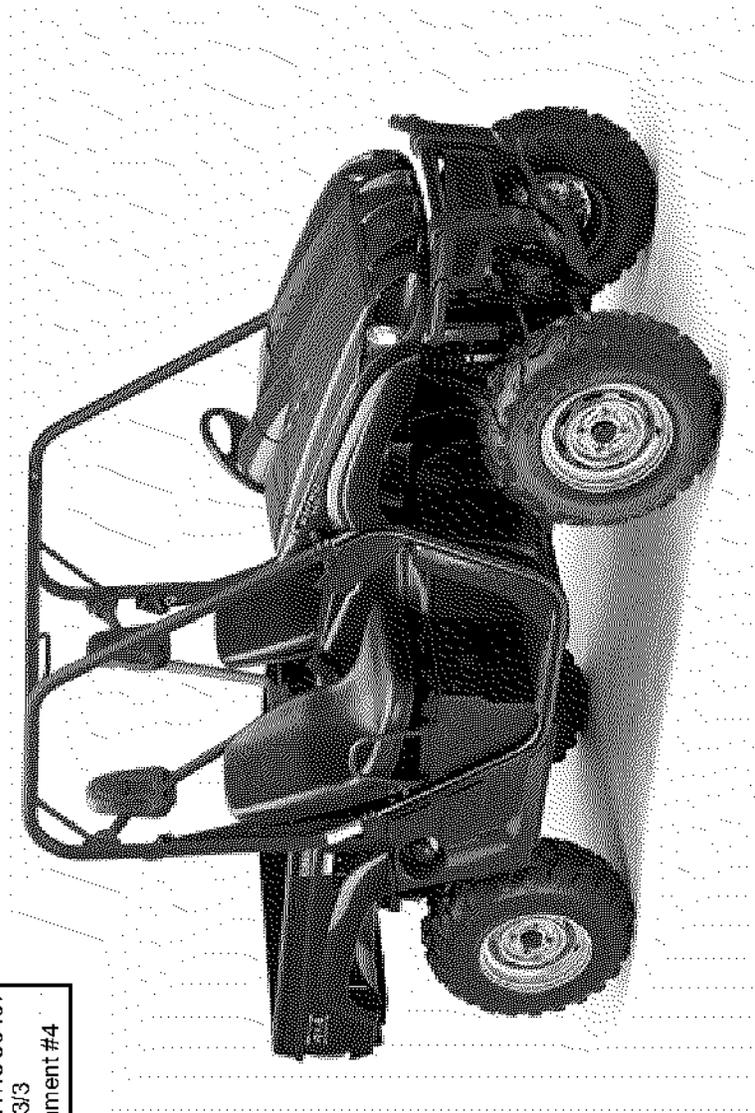


070501HCC3437  
page 1/3  
attachment #4



070501HCC3437  
page 2/3  
attachment #4

070501HCC3437  
page 3/3  
attachment #4



Task Number 070501HCC3437

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

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

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

ATV #1

ATV #2

Manufacturer: 02 - Yamaha

Manufacturer:

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

Model: rhino 660 4x4

VIN: (b)(3);CPSA Section 25(c),(b)(6)

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

Model Year: 2005

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

Engine Size: 625-650

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: 10/26/2005

Age/Sex: 30/Male

State of Death: NV

City of Death: RURAL CLARK COUNTY

County of Death: clark

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

Victim, a 30 yr. old male, was driving an off-road utility vehicle in a rural area in the evening with a friend. Victim drove into a desert wash causing the vehicle to overturn, ejecting both passengers. Neither was reported to be wearing helmets or using the seatbelts in the vehicle. Victim was driven to a paved road by the friend and then transported via ambulance to a local hospital where Victim was pronounced deceased at 1:40 am on 10/26/2005. Alcohol had been used prior to the accident.

8. Did the ATV overturn/tipover/rollover? Yes

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

Victim 1:                      Victim 2:

Yes    No    Unknown            Yes    No    Unknown

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

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

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

Victim 1:                      Victim 2:

Yes     No    Unknown            Yes    No    Unknown

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

0 - Unknown     2 - Two riders            4 - Four or more riders  
1 - One rider    3 - Three riders        9 - No riders

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

Age: 30                      Height: 71 (inches)  
Weight: 05 = 200 - 249        Sex: Male



1. Task Number 070501HCC3437		2. Investigator's ID 9105		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2005 10 25	5. Date Initiated YR MO DAY 2007 06 08		
6. Synopsis of Accident or Complaint UPC Victim, a 30 yr. old male, was driving an off-road utility vehicle in a rural area in the evening with a friend. Victim drove into a desert wash causing the vehicle to overturn, ejecting both passengers. Neither was reported to be wearing helmets or using the seatbelts in the vehicle. Victim was driven to a paved road by the friend and then transported via ambulance to a local hospital where Victim was pronounced deceased at 1:40 am on 10/26/2005. Alcohol had been used prior to the accident.				
				<b>MFR/PRVLRB NOTIFIED</b> COMMENTS: <u>YES</u> / <input checked="" type="checkbox"/> <b>NO</b> <del>OVERRULED</del> ; <del>ATTACHED</del> <input checked="" type="checkbox"/> <b>EXCISIONS/FOIA E.O. _____</b> <input checked="" type="checkbox"/> <b>DO NOT RE-NOTIFY</b> / <del>RE-NOTIFY</del> <i>12/7/09 lc</i>
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City LAS VEGAS		9. State NV
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name YAMAHA UTILITY VEHICLE		10C. Model Number RHINO 660 4X4
10D. Manufacturer Name and Address YAMAHA CORP. OF AMERICA INTERNATIONAL 660 Orangethorpe Ave. Buena Park, CA 90622				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 30		13. Sex 1 - Male		14. Disposition 8 - Death
15. Injury Diagnosis 54 - Crushing		16. Body Part(s) Involved 31 - UPPER TRUNK		17. Respondent 3 - 2nd Hand Info Only
18. Type of Investigation 3 - Other		19. Time Spent (Operational / Travel) 10 / 2		
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 07/06/2007		25. Reviewed By 8554		26. Regional Office Director Frank J. Nava
27. Distribution Streeter, Robin; Topka, Tanya			28. Source Document Number 0532015778	

1. Task Number 070501HCC3437		2. Investigator's ID 9105		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2005 10 25	5. Date Initiated YR MO DAY 2007 06 08		
6. Synopsis of Accident or Complaint UPC Victim, a 30 yr. old male, was driving an off-road utility vehicle in a rural area in the evening with a friend. Victim drove into a desert wash causing the vehicle to overturn, ejecting both passengers. Neither was reported to be wearing helmets or using the seatbelts in the vehicle. Victim was driven to a paved road by the friend and then transported via ambulance to a local hospital where Victim was pronounced deceased at 1:40 am on 10/26/2005. Alcohol had been used prior to the accident.				
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20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 07/06/2007	25. Reviewed By 8554		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin; Topka, Tanya			28. Source Document Number 0532015778	

070501HCC3437

This investigation was based on a Certificate of Death (document #0532015778) that indicated a 30 year old male was killed while driving an Off-Highway Utility Vehicle (OHUV) in a desert location. The information in this report was obtained from the Police Dept. Report (attachment #1), the Coroners Report (attachment #2), and the Manufacturers Internet Web Site (attachments #3 & 4).

The Police Report indicated that at about 7:30 pm to 8:00 pm on 10/25/2005 Victim and a friend/roommate left their residence on the OHUV to drive in the desert at night. It was noted in the Police Report and the Coroners Report that Victim and the friend had consumed alcohol prior to leaving the residence. It was estimated that at about 12:41 am victim drove the OHUV into a wash causing the vehicle to flip forward and partially ejecting Victim. The Report indicated that the friend was pinned under the roll bar but was able to extricate himself, right the vehicle, and place Victim into the OHUV. The friend was reported to have driven Victim to the highway where the 911 emergency number was called. Upon arrival of emergency units Victim was pronounced deceased on the scene at 1:40 am. The report stated that the friend suffered minor injuries but was not transported for medical care.

The Coroners Report confirmed the above information and provided the additional information. Cause of Death was listed as Blunt Force Trauma of the Chest. The Coroners Report also indicated that neither Victim nor the friend were using the seatbelts and Victim was not wearing a helmet. It was stated by the friend that Victim was driving the vehicle when the accident occurred.

### **PRODUCT INFORMATION**

The OHUV involved in this fatal accident was a 2005 Yamaha Rhino 660 made by Yamaha Corporation of America International, 660 Orangethorpe Ave., Buena Park, CA. This vehicle is a golf cart like vehicle having four wheels and two seats with seat belts located side by side. It has a roll bar around the passenger compartment and a cargo area behind the seats. The dimensions were listed as being 112.2 in (L) X 54.1 in. (W) X 73.6 in. (H). Dry weight was listed as being 1,049 pounds. The Reports indicated above reflected that Victims vehicle was green in color.

070501HCC3437

**ATTACHMENTS**

1. Police Department Report (3 pages)
2. Coroners Report (3 pages)
3. Vehicle Specifications (07 & 06 models) (2 pages)
4. Manufacturers Web Site Photographs (3 pages)

Event Number: <span style="background-color: red; color: black;">[REDACTED]</span>	<b>STATE OF NEVADA</b> <b>TRAFFIC ACCIDENT REPORT</b> SCENE INFORMATION SHEET Revised: 5/21/2003	Accident Number: <span style="background-color: red; color: black;">[REDACTED]</span>
Code Revision:		<input type="checkbox"/> Property <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Fatal
<input type="checkbox"/> Preliminary Report <input type="checkbox"/> Resubmission <input type="checkbox"/> Hit and Run	Agency Name: <b>LAS VEGAS METROPOLITAN POLICE DEPARTMENT</b>	
<input type="checkbox"/> Emergency <input type="checkbox"/> Office Report <input checked="" type="checkbox"/> Initial Report <input type="checkbox"/> Supplement Report <input checked="" type="checkbox"/> Private Property		

Collision Date: 10/25/2005	Time: 2341	Day: TUESDAY	Beat/Sector: 83	County: CLARK COUNTY	City:	Surface: <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input checked="" type="checkbox"/> Dirt <input type="checkbox"/> Other	Intersection: <input type="checkbox"/> Four Way <input type="checkbox"/> > Four Way <input type="checkbox"/> T <input checked="" type="checkbox"/> Y <input type="checkbox"/> Roundabout	Paddle Marker: <input checked="" type="checkbox"/> None <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side <input type="checkbox"/> Both Sides <input type="checkbox"/> Unknown
Mile Marker:	#Vehicles: 1	#Non Motorists: 0	#Occupants: 2	#Fatalities: 1	#Injured: 1	#Restrained: 0		

Occurred On: (Highway # or Street Name) DESERT AREA

At Intersection With:  Approximate

Or: 10  Feet  Miles SOUTH Of (Cross Street) STATE ROUTE 150

<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Urban <input checked="" type="checkbox"/> Rural	Access Control: <input type="checkbox"/> None <input type="checkbox"/> Full <input type="checkbox"/> Partial	Total All Lanes:
<b>Roadway Character</b>	<b>Roadway Conditions</b> <input type="checkbox"/> Unknown	<b>Total Thru Lanes</b>	<b>Average Roadway Widths</b>
<input type="checkbox"/> Curve & Grade	<input type="checkbox"/> Dry <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Moving Water <input type="checkbox"/> Other	Main Road: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> > 5	Travel Lane: Ft. <input checked="" type="checkbox"/> Not Determined <input type="checkbox"/> Relatively
<input type="checkbox"/> Curve & Hillcrest	<input type="checkbox"/> Icy <input type="checkbox"/> Wet <input type="checkbox"/> Snow	Cross Road: <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input type="checkbox"/> > 5	Storage/Turn Lane: Ft. <input type="checkbox"/> Level Roadway <input type="checkbox"/> (+) Up Slope <input type="checkbox"/> (-) Down Slope
<input type="checkbox"/> Curve & Level			Median: Ft. <input type="checkbox"/> Inside <input type="checkbox"/> Outside
<input type="checkbox"/> Straight & Grade	<input checked="" type="checkbox"/> Sand/Mud/Oil/Dir/Gravel		Paved Shoulder: Ft. <input type="checkbox"/> Inside <input type="checkbox"/> Outside
<input type="checkbox"/> Straight & Hillcrest			
<input type="checkbox"/> Straight & Level			Grade: %

<b>Pavement Markings and Type</b> <input checked="" type="checkbox"/> None	<b>Highway Description</b>	<b>Weather Conditions</b> <input type="checkbox"/> Unknown
Centerline, Broken Yellow	<input type="checkbox"/> Two-Way, Not Divided	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Fog, Smog, Smoke, Ash
Centerline, Solid Yellow	<input type="checkbox"/> Two-Way, Divided, Unpro. Median	<input type="checkbox"/> Cloudy <input type="checkbox"/> Severe Crosswinds
Centerline, Double Yellow	<input type="checkbox"/> Two-Way, Divided, Median Barrier	<input type="checkbox"/> Snow <input type="checkbox"/> Sleet/Hail
Lane Line, Broken White	<input type="checkbox"/> One-Way, Not Divided	<input type="checkbox"/> Rain <input type="checkbox"/> Other
Lane Line, Solid White	<input type="checkbox"/> Unknown <input type="checkbox"/> Other	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Off Road
Other		<input type="checkbox"/> Blowing Sand, Dirt, Soil, Snow

<b>Light Conditions</b> <input type="checkbox"/> Unknown	<b>Vehicle Collision Type</b> <input type="checkbox"/> Unknown	<b>Location of First Event</b>
<input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Dark-No Roadway Lighting	<input type="checkbox"/> Head On <input type="checkbox"/> Rear to Rear	<input type="checkbox"/> Travel Lane <input type="checkbox"/> Inside Shoulder <input type="checkbox"/> Roadside
<input type="checkbox"/> Dawn <input type="checkbox"/> Dark-Spot Roadway Lighting	<input type="checkbox"/> Rear End <input type="checkbox"/> Sideswipe, Meeting	<input type="checkbox"/> Turn Lane <input type="checkbox"/> Outside Shoulder <input type="checkbox"/> Intersection
<input type="checkbox"/> Daylight <input type="checkbox"/> Dark-Continuous Roadway Lighting	<input type="checkbox"/> Backing <input type="checkbox"/> Sideswipe, Overtaking	<input type="checkbox"/> Gore <input type="checkbox"/> Ramp# <input type="checkbox"/> Unknown
<input type="checkbox"/> Other <input type="checkbox"/> Dark-Unknown Roadway Lighting	<input type="checkbox"/> Angle <input checked="" type="checkbox"/> Non-Collision	<input type="checkbox"/> Median <input type="checkbox"/> Private Property <input checked="" type="checkbox"/> Other

<b>Highway/Environment Factors</b>	<b>Property Damage To Other Than Vehicle</b>
<input type="checkbox"/> None <input type="checkbox"/> Road Obstruction <input type="checkbox"/> Inactive Work Zone	Describe:
<input type="checkbox"/> Weather <input type="checkbox"/> Worn Traffic Surface <input type="checkbox"/> Animal in Roadway	Owner Name and Address: <input type="checkbox"/> Owner Notified
<input type="checkbox"/> Debris <input type="checkbox"/> Wet, Icy, Snow, Slush <input checked="" type="checkbox"/> Unknown	
<input type="checkbox"/> Glare <input type="checkbox"/> Ruts, Holes, Bumps <input type="checkbox"/> Other Environmental	
<input type="checkbox"/> Shoulders <input type="checkbox"/> Active Work Zone <input type="checkbox"/> Other Highway	

**First Harmful Event**

Code #	1	Description:	1 OVERTURNED/ROLLOVER
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**Describe Other Entries**

**Description of Accident/Narrative**

see page 2

[REDACTED]

<b>Investigation Complete</b>	<b>Photos Taken</b>	<b>Scene Diagram</b>	<b>Statements</b>	<b>Date Notified</b>	<b>Time Notified</b>	<b>Arrival Time</b>	<b>Elapsed Time</b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes # <input checked="" type="checkbox"/> No	10/25/2005	2343	0038	0065
<b>Investigator</b>	<b>ID Number</b>	<b>Date</b>	<b>Reviewed By</b>	<b>Date Reviewed</b>	<b>Page</b>		
Robert Holland	3410	10/25/2005	3410 ROBERT HOLLAND	11/9/2005 1:33:19 PM	1	of	3

Event Number: [REDACTED]	<b>STATE OF NEVADA TRAFFIC ACCIDENT REPORT SCENE INFORMATION SHEET</b> Revised: 5/21/2003	Accident Number: [REDACTED]
Code Revision:		

## Description of Accident/Narrative

ON 10/25/2005 AT 2341 HOURS, A FATAL ATV ROLLOVER OCCURRED IN THE DESERT AREA, APPROXIMATELY 10 MILES SOUTH OF STATE ROUTE 160. [REDACTED] THE DRIVER OF THE 2005 YAMAHA ATV, AND [REDACTED] THE PASSENGER, WERE TRAVELING THROUGH THE DESERT AREA AT NIGHT. ACCORDING TO [REDACTED] DROVE THE ATV INTO A WASH AREA. AS A RESULT, THE ATV FLIPPED FORWARD AND PARTIALLY EJECTED [REDACTED] WAS PINNED UNDER THE ROLL CAGE. [REDACTED] WAS ABLE TO FREE HIMSELF AND RIGHT THE ATV BACK ONTO ITS WHEELS. [REDACTED] PLACED [REDACTED] IN THE ATV AND DROVE TO STATE ROUTE 160 AND CALLED 9-1-1.

RESPONDING MEDICAL UNITS ARRIVED AND REPORTED [REDACTED] HAD DIED AS A RESULT OF HIS INJURIES. [REDACTED] SUFFERED MINOR INJURIES AND WAS NOT TRANSPORTED. LVMPD RESIDENT OFFICER K. FROST WAS DISPATCHED TO THE SCENE TO BEGIN A PRELIMINARY INVESTIGATION. UPON LEARNING THAT THE DRIVER WAS DECEASED, OFFICER FROST REQUESTED THE LVMPD FATAL DETAIL RESPOND.

AT 12:41 A.M., I WAS CONTACTED BY LVMPD DISPATCH AND ADVISED OF THE CALL. I CONTACTED DETECTIVE DENNIS MAGILL AND REQUESTED HE RESPOND TO ASSIST. I ALSO REQUESTED CRIMINALISTICS RESPOND TO PHOTOGRAPH THE SCENE.

UPON MY ARRIVAL, I SPOKE WITH OFFICER FROST AND HE RELATED THE ABOVE DETAILS TO ME. I SPOKE WITH [REDACTED] AND HE SAID [REDACTED] HAD BEEN DRINKING EARLIER IN THE EVENING. THEY LEFT THEIR RESIDENCE AT APPROXIMATELY 7:30 - 8:00 P.M. [REDACTED] SAID THEY HAD A COOLER IN THE BACK OF THE ATV. [REDACTED] SAID [REDACTED] WAS THE DRIVER, BUT THERE WERE NO WITNESSES TO VERIFY HIS STORY. [REDACTED] COULD NOT PROVIDE ME WITH A DEFINITE LOCATION OF THE ROLLOVER. HE SAID HE COULD SEE THE LIGHTS OF THE TOWN OF GOODSPRINGS.

GSA J. SMITH ARRIVED AND PHOTOGRAPHED THE 2005 YAMAHA RHINO 660 ATV. THERE WAS DAMAGE TO THE LEFT FRONT CORNER AND THE LEFT REAR PORTION OF THE HOOD. THE ROLL CAGE WAS BENT ON THE DRIVERS SIDE OVERHEAD CROSSBAR.

CLARK COUNTY CORONER INVESTIGATOR [REDACTED] RESPONDED AND DECLARED THE OFFICIAL TIME OF DEATH AT 1:40 A.M. ON 10/26/2005. I PROVIDED INVESTIGATOR [REDACTED] WITH THE DETAILS OF THE COLLISION. I TOLD HER THERE WOULD BE NO PROSECUTION SINCE THIS ROLLOVER OCCURRED OFF ROAD. UPON COMPLETION OF HER ON-SCENE INVESTIGATION, SHE DIRECTED REPRESENTATIVES OF VALLEY MORTUARY TO PLACE THE DECEDENT ON A CLEAN WHITE SHEET AND INTO A NEW BODY BAG. THE DECEDENT WAS TRANSPORTED TO THE CLARK COUNTY CORONERS OFFICE LOCATED AT 1704 PINTO LANE.

INVESTIGATOR [REDACTED] AND MYSELF RESPONDED WITH [REDACTED] TO HIS RESIDENCE TO OBTAIN FAMILY INFORMATION ON [REDACTED]. INVESTIGATOR [REDACTED] NOTIFIED THE MOTHER AND SISTER OF [REDACTED].

ON 10/26/2005 AT 9:30 A.M., DOCTOR [REDACTED] OF THE CLARK COUNTY CORONERS OFFICE, COMPLETED AN EXTERNAL EXAMINATION OF [REDACTED]. DOCTOR [REDACTED] DETERMINED THE IMMEDIATE CAUSE OF DEATH WAS BLUNT FORCE TRAUMA OF CHEST DUE TO A MOTOR VEHICLE COLLISION. THE INJURY OCCURRED AS A RESULT OF "UNRESTRAINED, NON-HELMETED ATV OPERATOR, SINGLE VEHICLE COLLISION". THE MANNER OF DEATH IS LISTED AS ACCIDENT.

Investigator	ID Number	Date	Reviewed By	Date Reviewed	Page



**Clark County Coroner's Office**  
 1704 Pinto Lane  
 Las Vegas, NV 89106  
 (702) 455-3210



**REPORT OF INVESTIGATION**  
**Coroner Case**

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) <b>(b)(3) CPSA Section 25</b>		AKA		CASE NUMBER <b>(b)(3) CPSA Section 25</b>	
	REPORTED BY <b>(b)(3) CPSA Section 25</b>		REPORTING AGENCY Las Vegas Metropolitan Police Departm		REFERENCE NUMBER <b>(b)(3) CPSA Section 25</b>	
	CALL DATE AND TIME 10/26/2005 1:00:00 AM		DISPATCH DATE AND TIME 10/26/2005 1:00:00 AM		ARRIVAL DATE AND TIME 10/26/2005 1:35:00 AM	
					RETURN DATE AND TIME 10/26/2005 3:55:00 AM	
DECEDENT	DATE AND TIME OF DEATH 10/26/2005 1:40:00 AM		AGE 30 Yrs		GENDER Male	
			RACE Caucasian		VET? <input type="checkbox"/>	
	RESIDENT COUNTY <b>(b)(3) CPSA Section 25</b>		TELEPHONE NO.		DATE OF BIRTH	
	SOCIAL SECURITY NO. <b>(b)(3) CPSA Section 25</b>		DRIVER'S LIC. NO. AND STATE		OCCUPATION	
					EMPLOYER	
	MARITAL STATUS Single		HEIGHT 71		WEIGHT 200	
		EYE COLOR Brown		HAIR COLOR Brown		
CLOTHING Blue denim pants, black belt, plaid boxer underwear, blue shirt, black shirt, white socks and 1 black shoe.		SCARS/TATTOOS/MARKS None noted/ Sun with face on upper middle back/ None noted				
DEATH	LOCATION OF DEATH State Route 160, Mile Marker #17 <span style="float:right">AT RESIDENCE <input type="checkbox"/></span>					
	ADDRESS (STREET, CITY, STATE, ZIP) Rural Las Vegas , NV				COUNTY Clark	
	<input checked="" type="checkbox"/> PRONOUNCED BY <b>(b)(3) CPSA Section 25</b>		AGENCY Clark County Coroner Office			
INCIDENT	LOCATION OF INCIDENT <span style="float:right">AT WORK <input type="checkbox"/></span>					
	Desert area, approx. 10 miles south of SR #160					
	ADDRESS (STREET, CITY, STATE, ZIP) Rural Clark County , NV				COUNTY Clark	
DATE AND TIME OF INCIDENT 10/25/2005 11:41:00 PM		INVESTIGATING AGENCY Las Vegas Metropolitan Police Department			OFFICERS Fatal Det. Holland	
NOTIFICATION	LEGAL NEXT OF KIN Jean DiDio		RELATIONSHIP Mother		TELEPHONE NO. <b>(b)(3) CPSA Section 25</b>	
	NOTIFIED BY <b>(b)(3) CPSA Section 25</b>		METHOD Telephone		DATE AND TIME 10/26/2005 2:50:00 AM	
	NAME OF PERSON NOTIFIED <b>(b)(3) CPSA Section 25</b>		RELATIONSHIP Mother		TELEPHONE NO. <b>(b)(3) CPSA Section 25</b>	
	IDENTIFIED BY <b>(b)(3) CPSA Section 25</b>		METHOD Viewing		DATE AND TIME 10/26/2005 2:00:00 AM	
DISP	TRANSPORTED TO MORGUE BY Valley Funeral Home		TRANSPORTED TO MORTUARY BY Valley Funeral Home			
	FUNERAL HOME		PROPERTY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	TYPE OF EXAM External exam		EXAM BY <b>(b)(3) CPSA Section 25</b> M.S. D.O.			
VEHICULAR	DECEDENT WAS <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Motorcyclist <input type="checkbox"/> Skateboard <input type="checkbox"/> Motorized Wheelchair					
	VEHICLE Yamaha Rhino 660 ATV		LICENSE NUMBER		STATE	
	OCCURRED ON PRIVATE PROPERTY Unknown		DECEDENT WEARING SEATBELT? No		SEAT POSITION Driver	
				DECEDENT WEARING CRASH HELMET? No		

Clark County Coroner  
1704 Pinto Lane  
Las Vegas, NV 89106  
(702) 455-3210



# REPORT OF INVESTIGATION

Case Number: [REDACTED]

DECEDENT NAME: [REDACTED]  
ALSO KNOWN AS: [REDACTED]

DATE OF BIRTH: [REDACTED]

AGE: 30

LOCATION OF DEATH: State Route 160, Mile Marker #17

SSN: [REDACTED]

DATE OF DEATH: 10/26/2005

TIME OF DEATH: 1:40AM

## SUMMARY OF INVESTIGATION

### Reason for Coroner Jurisdiction:

Las Vegas Metropolitan Police Department (LVMPD)-all terrain vehicle (ATV) accident fatality.

### Circumstances of Death:

No prosecution. On 10/25/05, the decedent and his friend/roommate left their residence on the ATV at approximately 1930 hours after consuming several beers. The decedent was the unrestrained driver of the ATV and he was not wearing a helmet. The friend was in the passenger seat when the decedent drove into a desert wash and the ATV rolled ejecting both occupants. The decedent was unresponsive and his friend put him in the ATV and drove to the nearest paved road seeking help, arriving at approximately 2340 hours. Emergency Medical Services (EMS) arrived and found the decedent to be beyond resuscitation therefore no aid was rendered. I pronounced death on 10/26/05 at 0140 hours.

### Medical History:

The decedent's medical history is unknown.

### Scene:

This incident occurred in the desert area, approximately 10 miles south of State Route 160 in rural Clark County. The decedent was driven out from the incident location to State Route 160, Mile Marker 17, in rural Clark County.

The all terrain vehicle (ATV) was a green 4x4 Yamaha Rhino 660. This ATV was a golf cart like vehicle with 4 wheels and two front seats with seatbelts. There was damage noted to the left front plastic above the left front tire area. This ATV was parked on the paved road that turned to dirt alongside State Route 160. The decedent was lying on the ground next to the ATV.

### Body:

I viewed a Caucasian male lying supine on the ground with his head directed to the north. The decedent was clothed in blue denim pants, a black belt, gray plaid boxer underwear, a blue shirt, a black shirt, white socks and one black shoe on his left foot. There was apparent blood noted in his left nostril. There was an abrasion noted to his left eyelid, the left side of his face and to the right upper forehead area. There was an open wound noted to his great right toe with apparent blood on his foot and ripped sock. There was a tattoo of a sun with an angry facial expression noted to his upper middle back. There were no significant scars noted.

*Dissemination is restricted.  
Secondary dissemination of this document is prohibited.*

Signature: [REDACTED]

Clark County Coroner  
1704 Pinto Lane  
Las Vegas, NV 89106  
(702) 455-3210



# REPORT OF INVESTIGATION

Case Number: [REDACTED]

The decedent's skin was cold to the touch with no rigor mortis present. Blanching positional lividity was noted. I found no signs of life and pronounced death on 10/26/05 at 0140 hours.

The decedent was removed and transported to Clark County Coroner Office (CCCO) by Valley Mortuary per rotation.

**Property:**

Property Receipt [REDACTED] shows that property was taken and later released per the request of the legal next of kin.

**Forensic Issues and Reasons for Seal:**

Multiple abrasions and contusions.

**Witnesses and Information Sources:**

LVMPD Fatal Detail Det. Holland

[REDACTED] friend  
[REDACTED] sister  
[REDACTED] mother

**Narrative:**

Today, 10/26/05, at approximately 0100 hours, I received a call of an apparent death occurring at State Route 160, at Mile Marker 17, in rural Clark County, Nevada. The call was reported by the Las Vegas Metropolitan Police Department (LVMPD) Dispatch Center and I responded at approximately 0105 hours.

Upon my arrival, at approximately 0135 hours, I met with LVMPD Fatal Det. Holland who provided me with the circumstances surrounding this incident. The decedent's friend/roommate, [REDACTED] was also present at the scene. He advised me that they were not wearing the seatbelts and that the decedent was not wearing a helmet when this incident occurred. He further advised me that the decedent was not married and he did not have any children. I later went to the decedent's residence to obtain the decedent's next of kin information.

I spoke on the telephone with the decedent's sister, [REDACTED] who stated that she would contact their mother and advise her of the decedent's demise. I spoke on the telephone with the decedent's mother, [REDACTED] and provided her with the necessary information regarding this case. She also gave permission for the decedent's property to be left with his roommate.

**Special Requests:**

None

**Tissue/Organ Donation:**

Nevada Donor Network (NDN) protocol followed.  
DMS

*Dissemination is restricted.  
Secondary dissemination of this document is prohibited.*

Signature [REDACTED]



**OUTDOORS**

**SPORT STAR**

- [MODELS](#)
- [ACCESSORIES](#)
- [APPAREL & GIFTS](#)
- [PARTS & SERVICE](#)
- [NEWS & EVENTS](#)
- [EXTENDED SERVICE](#)

**MODELS**

- [Utility ATV](#)
- [Side x Side](#)
- [Generator](#)

**2007 Rhino 660 Auto. 4x4**

- [Model Home](#)
- [Features](#)
- [Specifications](#)
- [Gallery](#)
- [Head-to-Head](#)
- [Accessories](#)
- [Build Your Own](#)



2007 Rhino 660 Auto. 4x4



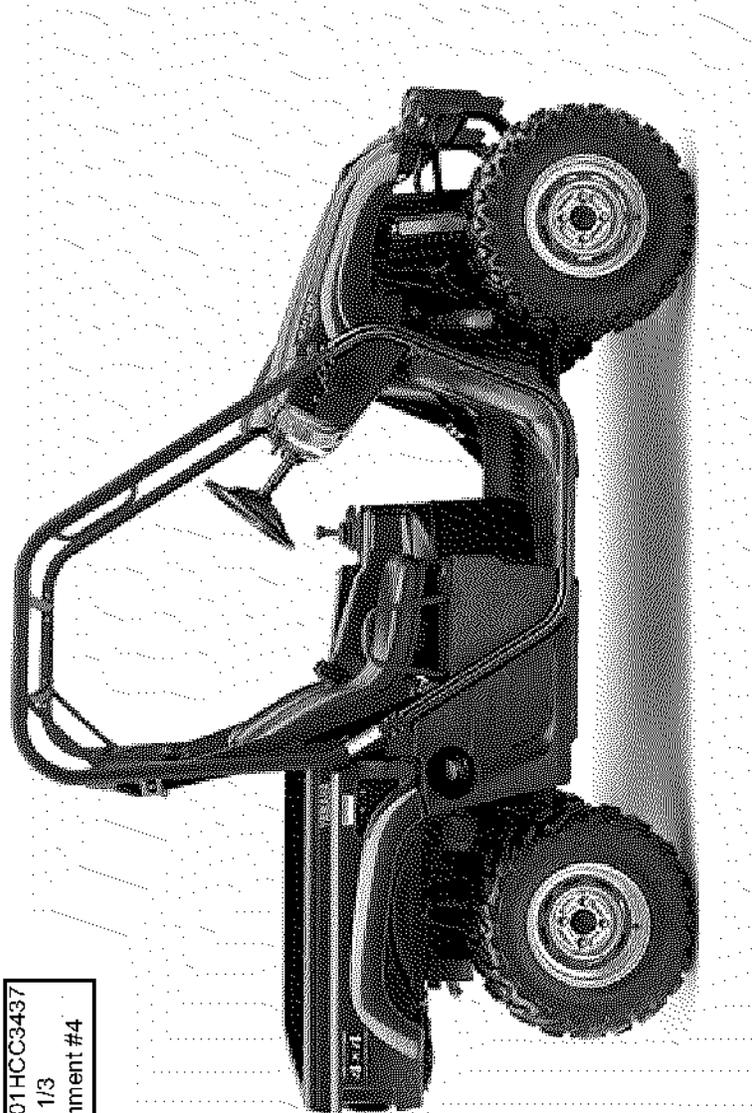
2005 Rhino 660 Auto. 4x4

-Choose Comparison Model-

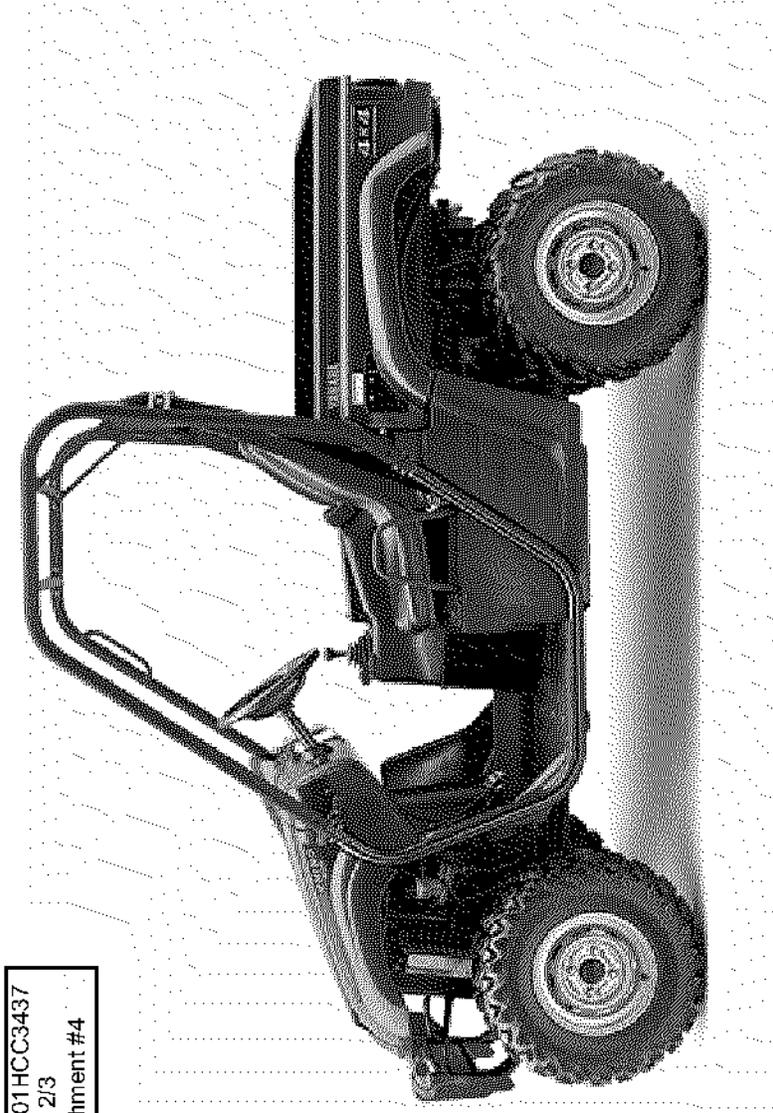
Engine	2007 Rhino 660 Auto. 4x4	2005 Rhino 660 Auto.
Bore x Stroke	100mm x 84mm	100mm x 84mm
Carburetion	Mikuni 42mm BSR	Mikuni 42mm BSR
Compression Ratio	9.1:1	9.1:1
Drive Train	Yamaha On-Command® pushbutton 3-way locking differential, 2WD, 4WD, locked 4WD; Shaft	Yamaha On-Command® push button locking differential, 2WD, 4WD, Shaft
Engine Braking	All Wheel	Spec Not Available
Ignition	DC – CDI	DC – CDI
Starting System	Electric	Electric
Transmission	Yamaha Ultramatic® V-Belt /H, L, N, R	Yamaha Ultramatic® V-Belt with engine braking / High,Low,Neut
Type	660cc liquid-oil-cooled w/fan, SOHC four-stroke; 5-valve	660cc, 4-Stroke Single, Liquid/C Fan, 5-Valve SOHC
Chassis	2007 Rhino 660 Auto. 4x4	2005 Rhino 660 Auto.
Brakes/Front	Dual hydraulic disc, twin pistons	Dual Hydraulic Disc, Twin Piston
Brakes/Rear	Hydraulic disc, self-adjust parking system, shaft mounted	Hydraulic Disc, Self adjust parki Shaft Mounted
Suspension/Front	Independent double wishbone, 7.3" travel w/5-way preload adjustment	Independent Double Wishbone, way Preload Adjustment.
Suspension/Rear	Independent double wishbone, 7.3" travel w/5-way preload adjustment	Independent Double Wishbone, way Preload Adjustment.
Tires/Front	AT25x8-12 NHS	25 x 8-12 NHS
Tires/Rear	AT25x10-12 NHS	25 x 10-12 NHS

Dimensions	2007 Rhino 660 Auto. 4x4	2005 Rhino 660 Auto.
Bed Capacity	400 lb.	400 Lbs.
Dry Weight	1049 lb.	1,049 Lbs.
Fuel Capacity	7.9 gal.	8.5 Gallons
Ground Clearance	12.1"	12.1"
L x W x H	113.6" x 54.5" x 73.0"	112.2" x 54.1" x 73.6"
Towing Capacity	1212 lb.	1,212 Lbs.
Turning Radius	153.5"	153.5"
Wheelbase	75.2"	75.3"
Other	2007 Rhino 660 Auto. 4x4	2005 Rhino 660 Auto.
Colors	Spec Not Available	Hunter Green; Realtree Hardwo Definition Camouflage
DC Outlet	Standard	Standard
Instrumentation	Digital LCD, multifunction display, fuel gauge, speedometer, odometer, dual trip, hour meter, clock and gear position	Fuel sight gauge, 4WD Indicator
Lighting	Dual 30W Krypton multireflector headlights & dual 21/5W brake light	Dual 30W Krypton Multi-reflecto & Dual 21/5W Brake light
Warranty	6 Month (Limited Factory Warranty)	6 Month (Limited Factory Warra
<b>MSRP*</b>	<b>\$9,799</b> (Hunter Green) Available from September 2006 <b>\$9,799</b> (Red) Available from September 2006 <b>\$10,249</b> Hunter (Hardwoods HD Camo) Available from September 2006	<b>\$8,999</b> (Green) <b>\$9,449</b> (RealTre Hunter Edition)

\*Price and specifications subject to change without notice.  
Please read your Owner's Manual and all labels before operation.

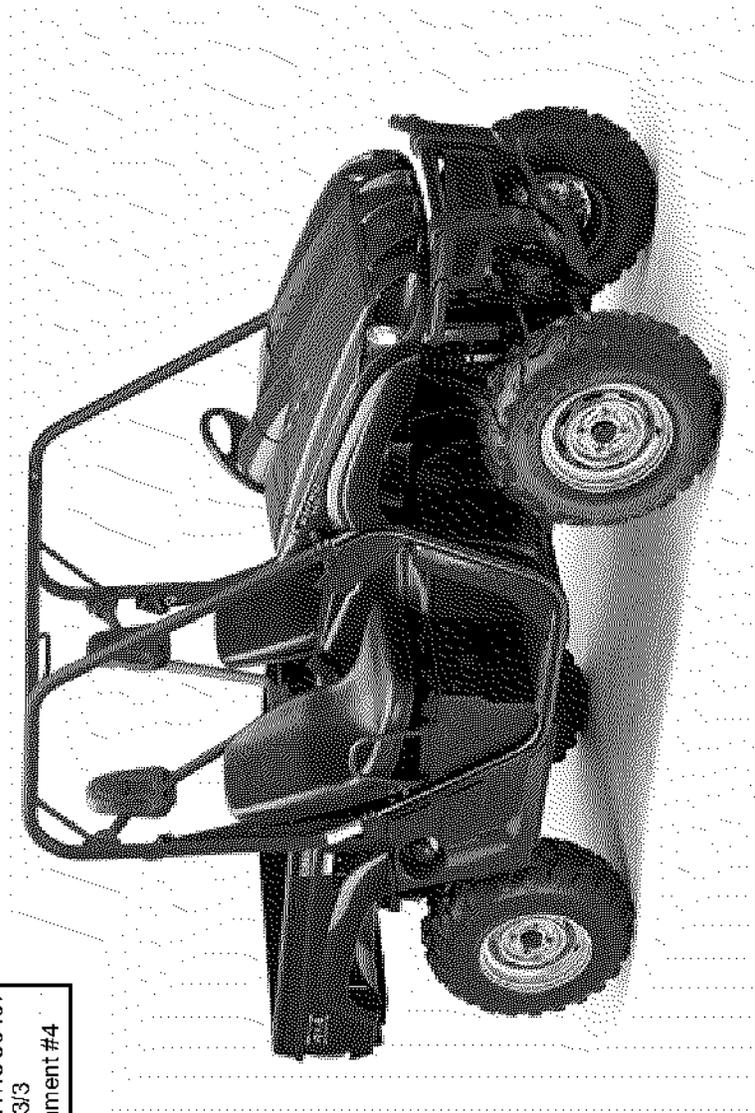


070501HCC3437  
page 1/3  
attachment #4



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attachment #4



Task Number 070501HCC3437

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

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

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

ATV #1	ATV #2
Manufacturer: 02 - Yamaha	Manufacturer:

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

Model: rhino 660 4x4

VIN: XXXXXXXXXXXX

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

Model Year: 2005

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

Engine Size: 625-650

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: 10/26/2005	
Age/Sex: 30 / Male	/
State of Death: NEVADA	
City of Death: las vegas	
County of Death: clark	

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

Victim, a 30 yr. old male, was driving an off-road utility vehicle in a rural area in the evening with a friend. Victim drove into a desert wash causing the vehicle to overturn, ejecting both passengers. Neither was reported to be wearing helmets or using the seatbelts in the vehicle. Victim was driven to a paved road by the friend and then transported via ambulance to a local hospital where Victim was pronounced deceased at 1:40 am on 10/26/2005. Alcohol had been used prior to the accident.

8. Did the ATV overturn/tipover/rollover? Rolled Over

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

Victim 1:                      Victim 2:

Yes    No    Unknown      Yes    No    Unknown

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

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

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

Victim 1:                      Victim 2:

Yes     No    Unknown      Yes    No    Unknown

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

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

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

Age: 30                      Height: 71 (inches)  
Weight: 05 = 200 - 249      Sex: Male



070831

1. Task Number 070501HCC3446		2. Investigator's ID 9107		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2007 04 07	5. Date Initiated YR MO DAY 2007 05 01		
6. Synopsis of Accident or Complaint UPC A 25-year-old male ATV driver, 24-year-old female passenger, and 26-year-old female passenger were on a four-wheel, ATV traveling at about 25 to 30 miles per hour. The ATV began to skid and then it went off the road. The ATV rolled as it went over the embankment. The three victims were found lying in the sand and rock. The 26-year-old female passenger died on scene due to a crushing injury to her trunk. The other two victim were taken to the hospital and treated for their injuries.				REVISIONS: _____ COMMENTS: YES _____ NO _____ OVERSULED: _____ ATTORNEY _____ EXCLUSIONS/FOIA Exempt _____ REVISIONS _____ DO NOT RE-NOTIFY RE-NOTIFY _____ 11/13/07 le
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City MAGNA	9. State UT	
10A. First Product 3286 - All Terrain Vehicles (four W	10B. Trade/Brand Name RANGER		10C. Model Number UNKNOWN	
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12. Age of Victim 26	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 54 - Crushing	
16. Body Part(s) Involved 31 - UPPER TRUNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 8 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper	22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 07/16/2007	25. Reviewed By 9021		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin; Mills, Alberta E.			28. Source Document Number X0740093A	



This In-Depth Investigation (IDI) was initiated based upon articles found at on line newspapers concerning a fatality involving an All Terrain Vehicle (ATV). The following information was obtained from investigating officials.

During this IDI, photocopies of the local police report and coroner's report were requested. Photographs of the incident were requested but have not been received.

There were three persons involved in this IDI.

Victim #1 was a 26 year old female, her date of birth was (b)(3):CPSA Section 25(c). She weighed 110 pounds and was 5'5" tall. She died at the scene. She was a passenger on the ATV.

Victim #2 was a 24 year old female, her date of birth is (b)(3):CPSA Section 25(c). She weighed 125 pounds and is 5' tall. She was a passenger on the ATV.

Victim #3 is a 25 year old male, his date of birth is (b)(3):CPSA Section 25(c). He weight is 200 pounds and he measures 5' 11" tall. He was the driver of the ATV.

On 4/7/2007, the three victims were riding on a single ATV in a park. The ATV passed a Bureau of Land Management Ranger and a local Sheriff Deputy while they were driving. The ATV was being operated at about 25 to 30 miles per hour. The ATV passed the officers and traveled about 50 yards when the Ranger heard the ATV begin to skid. He looked up and saw the ATV go off the road to the left. The ATV rolled as it went over the embankment. The three victims were found lying in the sand and rocks. One of the victims was pronounced dead on the scene. The other two victims were taken to the hospital.

The Coroners report listed the cause of death as being due to crush injury to heart and lungs. Per the police report, the driver had drank some alcohol prior to the accident.

#### **Product Identification:**

The product involved in this In-Depth Investigation was an All Terrain Vehicle (ATV). The ATV is identified on the police report as a green **2006 Polaris Ranger**.

VIN# is (b)(3):CPSA Section 25(c),(b)(6)

No further information was obtained.

#### **Exhibits:**

- (1) Police Report
- (2) Coroner's Report

**Contacts**

Utah Medical Examiner  
48 N. Medical Drive  
Salt Lake City, UT 84113  
Agency contacted to obtain a copy of the coroner's

Grand county Sheriff  
125 E Center Street  
Moab, UT 84532  
Agency contacted to obtain a copy of the sheriff's report

**Task Number: 070501HCC3446**

**Date: 7/12/2007**

### **Status of Missing Document(s)**

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

1. \_\_\_\_\_ Police Photographs \_\_\_\_\_

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

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

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

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

**Task Number: 070501HCC3446**

**Date: 7/12/07**

### **Status of Missing Document(s)**

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

1. \_\_\_\_\_Police Photographs\_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

TIME: Date of Crash 4/7/07 Day of Week S M T W T F Military Time 00:30 DLD Number

PLACE WHERE CRASH OCCURRED: 19 COUNTY CODE City or Town of Jurisdiction MOAB  
7.5 Miles N E W of MOAB  
ROAD, STREET, HWY CRASH OCCURRED: Kane Creek Rd  
Street Name or Highway Number

Case Number 07-191  
Latitude 38°30.378 Longitude 109°35.944  
REPORTABLE CRASH YES NO  
UDOT USE

1. AT THE INTERSECTION WITH  
2. IF NOT AT INTERSECTION .3 Feet of  
N E W of Mile Post Grand County line

VEH # 1 VIN# (b)(3):CPSA Section 25(c),(b)(6) PLATE NUMBER (b)(3):CPSA Se STATE UT EXP DATE 04/08 COLOR GRN MAKE Polaris MODEL Ranger YEAR 2006 OCCUPANTS 3

DRIVER (b)(3):CPSA Section 25(c),(b)(6) STREET, CITY, STATE, ZIP PHONE

DRIVER LICENSE STATE UT (b)(3):CPSA Section 25(c),(b)(6) AGE 25

OWNER (b)(3):CPSA Section 25(c),(b)(6)

COMMERCIAL VEHICLE INFO NAME (b)(3):CPSA Section 25(c),(b)(6) STREET, CITY, STATE, ZIP PHONE

1ST TRAILER LICENSE PLATE # STATE EXP DATE LENGTH 2ND TRAILER LICENSE PLATE # STATE EXP DATE LENGTH

SPEED 25 POSTED ADV. SORRY 25-30 EST. TRAVEL EST. IMPACT EST. IMPACT BY: [ ] Officer [ ] Driver

VEHICLE DAMAGE ESTIMATED DAMAGE \$1,000 or MORE NO DAMAGE \$1,000 or MORE UNKNOWN

INSURANCE APPROVAL AGENCY/AGENT THAT SOLD POLICY ADDRESS PHONE

VEH # 2 VIN# STATE NUMBER CLASS (ENDORSEMENT(S) RESTRICTION(S) DATE OF BIRTH AGE CHARGE(S)

DRIVER LICENSE STATE NUMBER CLASS (ENDORSEMENT(S) RESTRICTION(S) DATE OF BIRTH AGE CHARGE(S)

OWNER (b)(3):CPSA Section 25(c),(b)(6)

COMMERCIAL VEHICLE INFO NAME (b)(3):CPSA Section 25(c),(b)(6) STREET, CITY, STATE, ZIP PHONE

1ST TRAILER LICENSE PLATE # STATE EXP DATE LENGTH 2ND TRAILER LICENSE PLATE # STATE EXP DATE LENGTH

SPEED POSTED POSTED ADV. SORRY EST. TRAVEL EST. IMPACT EST. IMPACT BY: [ ] Officer [ ] Driver

VEHICLE DAMAGE ESTIMATED DAMAGE \$1,000 or MORE NO DAMAGE \$1,000 or MORE UNKNOWN

INSURANCE APPROVAL AGENCY/AGENT THAT SOLD POLICY ADDRESS PHONE

Work Zone? Total # of Lanes on Roadway 2 Damage to Property Other than Vehicles NONE

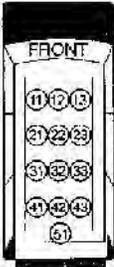
Workers Present? # Vehicles Involved 1 Name and Address of Owner of Object Struck PROPERTY DAMAGE ESTIMATE

WITNESSES Name (b)(3):CPSA Section 25(c),(b)(6) Address SAN JUAN Sheriff's Office Phone (435) 587-2237

Law Enforcement Activity Time Notified of Crash 00:48 Arrived at Scene 01:15 Date Notified of Crash 04/07/07 Investigation Completed 04/09/07

Field Diagram [ ] Yes [ ] No Video [ ] Yes [ ] No Photo (s) [ ] Yes [ ] No Digital [ ] Yes [ ] No

ORIGINAL REPORT ADDITIONAL PERSONS REPORT SUPPLEMENTAL REPORT AMENDED REPORT



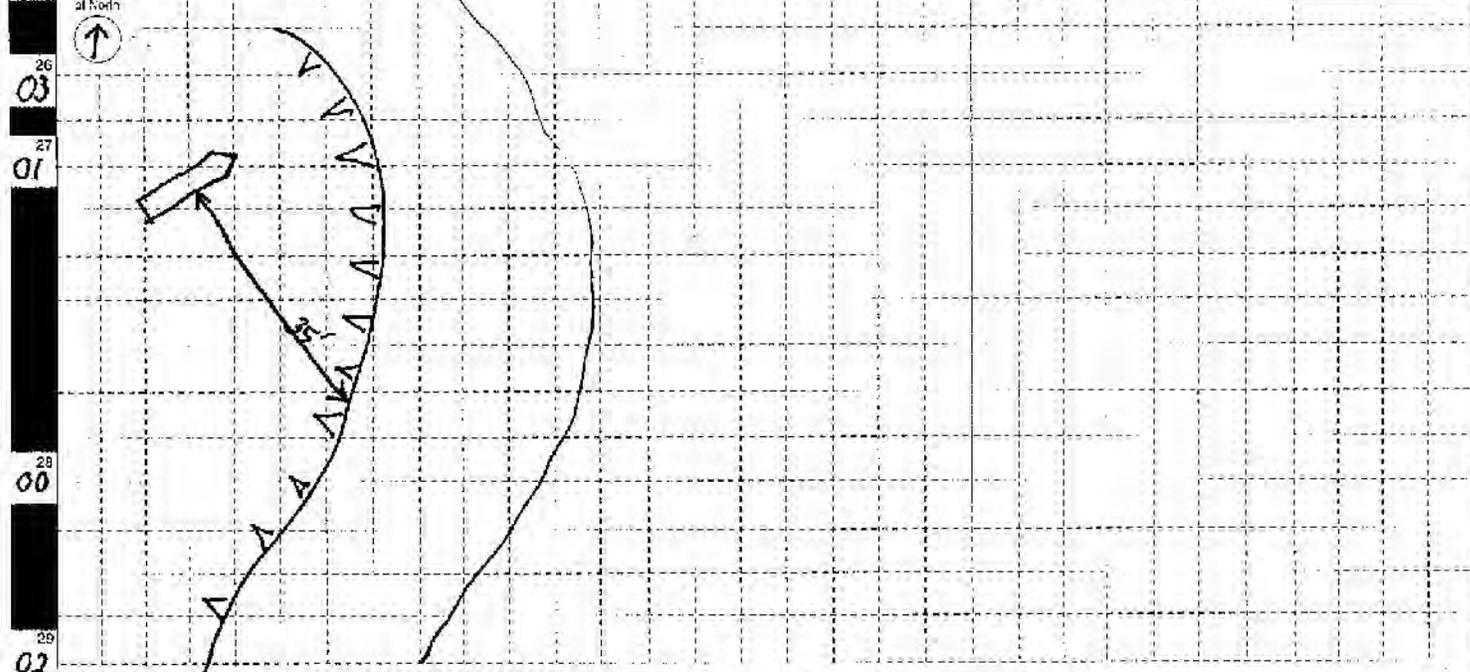
**SEATING POSITION**  
 11 - Motorcycle Driver  
 21 - Motorcycle Passenger  
 18 - Front Row Other  
 28 - Second Row Other  
 38 - Third Row Other  
 48 - Fourth Row Other  
 50 - Sleeper Section of Cab (Truck)  
 51 - Enclosed Cargo Area  
 52 - Unenclosed Cargo Area  
 54 - Trailing Unit  
 55 - Riding on Vehicle Exterior  
 56 - Seating Position 11, Not Driver  
 57 - Right Side Driver  
 60 - Non-Motorist  
 97 - Other  
 99 - Unknown

EMS Time Called: \_\_\_\_\_ EMS Time Arrived: \_\_\_\_\_  
 Disposition of Vehicle # 1 02 TOWED BY: NATION'S TOWING  
 Disposition of Vehicle # \_\_\_\_\_ TOWED BY: \_\_\_\_\_

Person Type	Seating Position	Sex	INJURY		Transported By	Safety Equipment	Used Property	Air Bag	Ejection	Ejection Path	Extraction
			Level	Area							

PERSON(S) INVOLVED	VEH #	DRIVER	Transported to:	BAC	Person Type	Seating Position	Sex	Level	Area	Cause	Transported By	Safety Equipment	Used Property	Air Bag	Ejection	Ejection Path	Extraction
		99	24	ATM Memorial Hospital	BAC	01	11	M	04	07	99	02	03	02	00	01	99
	96	24		BAC													
		25	(b)(3) CPSA Section 25(c),(b)(6)	Age 29	Transported to:												
	# 1		(b)(3) CPSA Section 25(c),(b)(6)		AMH												
		26	(b)(3) CPSA Section 25(c),(b)(6)	Age 26	Transported to:												
	# 1		(b)(3) CPSA Section 25(c),(b)(6)														
		27	Name _____ DOB _____ Age _____		Transported to:												
	#		Address _____ Phone ( _____ )														
		28	Name _____ DOB _____ Age _____		Transported to:												
	#		Address _____ Phone ( _____ )														

DIAGRAM of CRASH  NO DIAGRAM - Reason: \_\_\_\_\_  
 1. Officer not at scene 2. Vehicles moved 3. Other \_\_\_\_\_  
 DLD# \_\_\_\_\_



DESCRIBE WHAT HAPPENED (Refer to Vehicle by Number)  
ATM Polaris Ranger left Road Rolled, ejecting  
All three, One died at scene,  
\* Dirt Road  
\* Briana Weight Transported by (b)(3) CPSA Section 25(c),(b)(6)



TIME Date of Crash **4 / 7 / 07** Day of Week **S M T W T F S** Military Time **00:30** DLD Number

LOCATION PLACE WHERE CRASH OCCURRED: **19** COUNTY CODE **2.5** Miles  N  S  E  W of **MOAB** City or Town of Jurisdiction  
 ROAD, STREET, HWY CRASH OCCURRED: **HAVE CREEK Rd** Street Name or Highway Number  
 1. AT THE INTERSECTION WITH \_\_\_\_\_  
 2. IF NOT AT INTERSECTION \_\_\_\_\_ Foot \_\_\_\_\_ of \_\_\_\_\_  
 .3 \_\_\_\_\_ N S E W of Mile Post **Grand County line** Near or Intersection, Street, House No., Landmark  
 Tenth of a mile     of Mile Post **Grand County line** Be sure to complete if road has mile post  
 Case Number: **07-191**  
 Latitude **38° 30.378'** Longitude **109° 55.944'**  
 REPORTABLE CRASH  YES  NO  
 UDOT USE

VEH # **1** (b)(3) CPSA Section 25(c), (b)(6) STATE **UT** EXP DATE **04/08** COLOR **GRN** MAKE **POLARIS** MODEL **RANGER** YEAR **2006** OCCUPANT(S) **3**  
 DRIVER (b)(3) CPSA Section 25(c), (b)(6) STREET CITY STATE ZIP PHONE #  
 DRIVER LICENSE **UT** (b)(3) CPSA Section 25(c), (b)(6) CLASS ENDORSEMENT(S)/RESTRICTIONS: DATE OF BIRTH **25** AGE **25** CHARGE(S)  YES  NO  PENDING  UNKNOWN  
 OWNER (b)(3) CPSA Section 25(c), (b)(6)

VEH # **96** (b)(3) CPSA Section 25(c), (b)(6) STATE **UT** EXP DATE **04/08** COLOR **GRN** MAKE **POLARIS** MODEL **RANGER** YEAR **2006** OCCUPANT(S) **3**  
 DRIVER (b)(3) CPSA Section 25(c), (b)(6) STREET CITY STATE ZIP PHONE #  
 DRIVER LICENSE **UT** (b)(3) CPSA Section 25(c), (b)(6) CLASS ENDORSEMENT(S)/RESTRICTIONS: DATE OF BIRTH **25** AGE **25** CHARGE(S)  YES  NO  PENDING  UNKNOWN  
 OWNER (b)(3) CPSA Section 25(c), (b)(6)

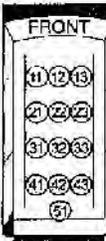
VEH # **96** (b)(3) CPSA Section 25(c), (b)(6) STATE **UT** EXP DATE **04/08** COLOR **GRN** MAKE **POLARIS** MODEL **RANGER** YEAR **2006** OCCUPANT(S) **3**  
 DRIVER (b)(3) CPSA Section 25(c), (b)(6) STREET CITY STATE ZIP PHONE #  
 DRIVER LICENSE **UT** (b)(3) CPSA Section 25(c), (b)(6) CLASS ENDORSEMENT(S)/RESTRICTIONS: DATE OF BIRTH **25** AGE **25** CHARGE(S)  YES  NO  PENDING  UNKNOWN  
 OWNER (b)(3) CPSA Section 25(c), (b)(6)

VEH # **96** (b)(3) CPSA Section 25(c), (b)(6) STATE **UT** EXP DATE **04/08** COLOR **GRN** MAKE **POLARIS** MODEL **RANGER** YEAR **2006** OCCUPANT(S) **3**  
 DRIVER (b)(3) CPSA Section 25(c), (b)(6) STREET CITY STATE ZIP PHONE #  
 DRIVER LICENSE **UT** (b)(3) CPSA Section 25(c), (b)(6) CLASS ENDORSEMENT(S)/RESTRICTIONS: DATE OF BIRTH **25** AGE **25** CHARGE(S)  YES  NO  PENDING  UNKNOWN  
 OWNER (b)(3) CPSA Section 25(c), (b)(6)

VEH # **96** (b)(3) CPSA Section 25(c), (b)(6) STATE **UT** EXP DATE **04/08** COLOR **GRN** MAKE **POLARIS** MODEL **RANGER** YEAR **2006** OCCUPANT(S) **3**  
 DRIVER (b)(3) CPSA Section 25(c), (b)(6) STREET CITY STATE ZIP PHONE #  
 DRIVER LICENSE **UT** (b)(3) CPSA Section 25(c), (b)(6) CLASS ENDORSEMENT(S)/RESTRICTIONS: DATE OF BIRTH **25** AGE **25** CHARGE(S)  YES  NO  PENDING  UNKNOWN  
 OWNER (b)(3) CPSA Section 25(c), (b)(6)

VEH # **96** (b)(3) CPSA Section 25(c), (b)(6) STATE **UT** EXP DATE **04/08** COLOR **GRN** MAKE **POLARIS** MODEL **RANGER** YEAR **2006** OCCUPANT(S) **3**  
 DRIVER (b)(3) CPSA Section 25(c), (b)(6) STREET CITY STATE ZIP PHONE #  
 DRIVER LICENSE **UT** (b)(3) CPSA Section 25(c), (b)(6) CLASS ENDORSEMENT(S)/RESTRICTIONS: DATE OF BIRTH **25** AGE **25** CHARGE(S)  YES  NO  PENDING  UNKNOWN  
 OWNER (b)(3) CPSA Section 25(c), (b)(6)

Work Zone?  Yes  No  Unknown  
 Total # of Lanes on Roadway **2**  
 Damage to Property Other than Vehicles (Name object and state nature) **NONE**  
 Workers Present?  Yes  No  Unknown  
 # Vehicles Involved **1**  
 Name and Address of Owner of Object Struck \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 PROPERTY DAMAGE ESTIMATE  \$1,000 OR MORE  LESS THAN \$1,000  
 WITNESSES  
 Name (b)(3) CPSA Section 25(c), (b)(6) Address **SAN JUAN Sheriff's Office** Phone **(435) 587-2237**  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Law Enforcement Activity  
 Time Notified of Crash **00:48** Arrived at Scene **01:15** Date Notified of Crash **04/07/07** Investigation Completed **04/09/07**  
 Field Diagram  Yes  No Video  Yes  No Photo (s)  Yes  No  Digital  Film



- SEATING POSITION**
- 11 - Motorcycle Driver
  - 21 - Motorcycle Passenger
  - 18 - Front Row Other
  - 28 - Second Row Other
  - 38 - Third Row Other
  - 48 - Fourth Row Other
  - 50 - Sleeper Section of Cab (Truck)
  - 51 - Enclosed Cargo Area
  - 52 - Unenclosed Cargo Area
  - 54 - Trailing Unit
  - 55 - Riding on Vehicle Exterior
  - 56 - Seating Position 11, Not Driver
  - 57 - Right Side Driver
  - 60 - Non-Motorist
  - 97 - Other
  - 99 - Unknown

EMS Time Called: \_\_\_\_\_ EMS Time Arrived: \_\_\_\_\_

Disposition of Vehicle # 7 02 TOWED BY: NATION'S TOWING

Disposition of Vehicle # \_\_\_\_\_ TOWED BY: \_\_\_\_\_

Person Type	Seating Position	Sex	INJURY			Transported By	Safety Equipment	Used Properly	Air Bag	Ejection	Ejection Path	Extraction
			Level	Area	Cause							

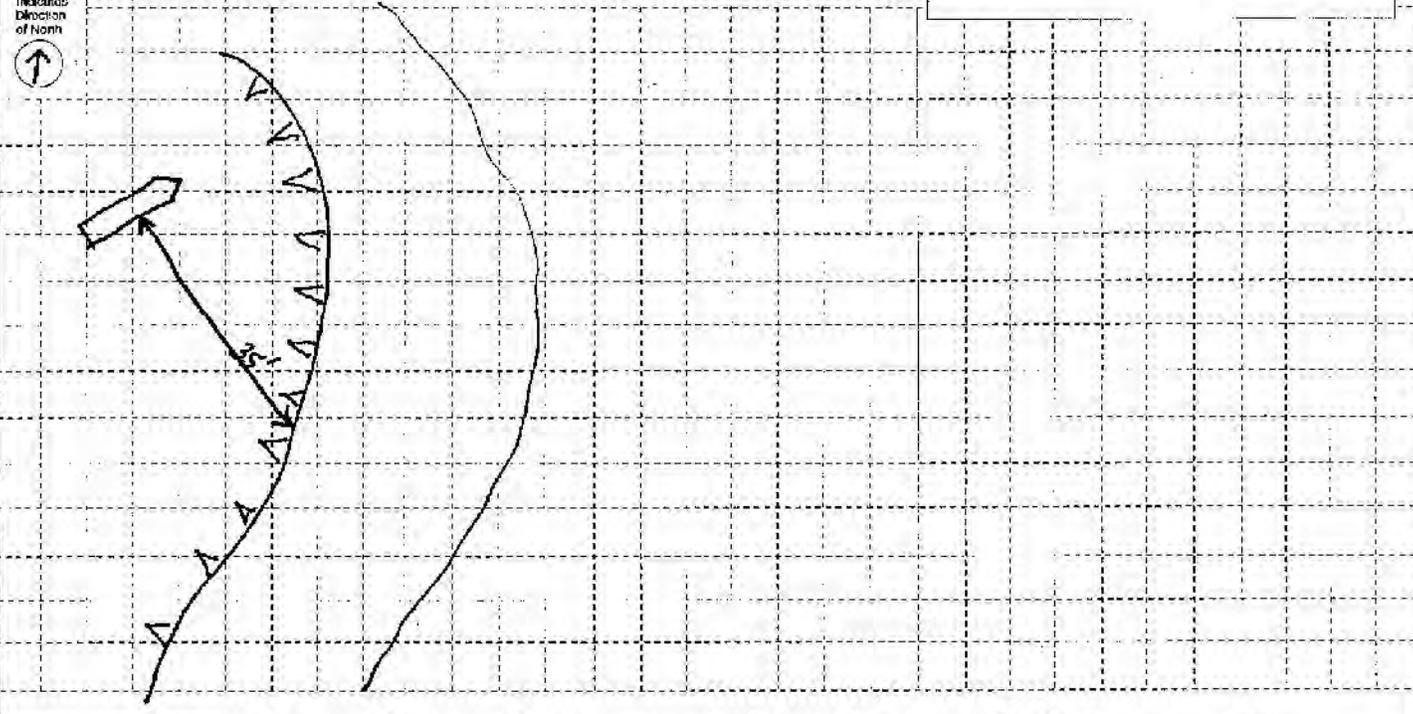
PERSON(S) INVOLVED

VEH # <u>7</u>	DRIVER	Transported to: <u>Allen Memorial Hospital</u>	BAC	01	11	M	04	07	99	02	03	02	00	01	99	01	
VEH # _____	DRIVER	Transported to: _____	BAC														
VEH # <u>1</u>	(b)(3) CPSA Section 25(c),(b)(6)	Age <u>24</u>	Transported to: <u>AMH</u>	BAC	02	12	F	02	06	99	02	03	02	00	01	99	01
VEH # <u>1</u>	(b)(3) CPSA Section 25(c),(b)(6)	Age <u>26</u>	Transported to: _____	BAC	02	13	F	05	99	99	97	03	02	00	01	99	01
VEH # _____	Name _____	DOB _____	Age _____	Transported to: _____	BAC												
VEH # _____	Address _____	Phone ( ) _____															
VEH # _____	Name _____	DOB _____	Age _____	Transported to: _____	BAC												
VEH # _____	Address _____	Phone ( ) _____															

DIAGRAM of CRASH  NO DIAGRAM - Reason: \_\_\_\_\_

1. Officer not at scene 2. Vehicles moved 3. Other \_\_\_\_\_

DLD# \_\_\_\_\_



DESCRIBE WHAT HAPPENED (Refer to Vehicle by Number) ATM Polaris Ranger left Road Rolled, extracting  
All three, one died at scene,

\* Dirt Road

\* Brianna P Weight Transported by (b)(3) CPSA Section 25(c),(b)(6)

4/16/2007  
10:18:40PM

# GRAND COUNTY SHERIFF'S OFFICE

STATUS: ACTIVE - SUBMITTED

ORI #: UT0100000  
OWNER: MANSON L S023

## OFFENSE REPORT 2007000191

<b>Report Type</b> CRIME REPORT	<b>Report Date/Time</b> 04/08/2007	<b>Reporting Officer</b> MANSON L S023		
<b>Incident Type</b> TRAFFIC ACCIDENT	<b>Incident Date/Time</b> 04/07/2007 00:52:30	<b>Originator (if different)</b> MANSON L S023		
<b>Occurred From Date/Time</b> 04/07/2007 00:30:00	<b>Occurred To Date/Time</b>	<b>Arresting Officer</b>		
<b>Location</b> KANE CREEK RD JUST NORTH OF COUNTY LINE	<b>Address</b> HURRAH PASS CHICKEN CORNERS MOAB, UT 84532	<b>Heat</b> GRID2	<b>Location Grid:</b> X Y	
<b>Short Synopsis</b> CAD#200704070003 VEHICLE ROLLOVER, 3 PATIENTS, SAN JUAN HAS CALLED OUT AIRLIFE				

### Charges

Type	Section	Description	Person Charged	Counts	UCR	NCIC
M	53-3-227.S	DRIVE ON SUSPENDED LICENSE	I. <input type="text"/> H	1		5499
M	41-6A-1708	MAINTAIN CONTROL ON CANYON ROAD		1		5499
M	41-6A-502(1)(A/C)	DUI - DRIVING UNDER THE INFLUENCE OF ALCOHOL		1	90D	5404

### Involved Party

<b>Party #</b> 1	<b>Party Type</b> REPORTING PARTY	<b>Party Name</b> JUAN, SAN COUNTY			<input type="checkbox"/> <b>Business</b>	<b>DOB</b>	<b>Age</b>
<b>Gender</b>	<b>Race</b>	<b>Hair</b>	<b>Eyes</b>	<b>Height</b>	<b>Weight</b>	<b>DL #</b>	<b>State</b>
<b>Home Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b> (435) 587-2237		
<b>Business Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>			

Party # 2	Party Type VICTIM	Party Name (b)(3):CPSA Section 25(c),(b)(6)	<input type="checkbox"/> Business		DOB	Age 26
Gender F	Race WHITE	Hair BROWN	Eyes HAZEL	Height 5'5"	Weight 110	DL # (b)(3):CPSA Section 25(c)
Home Address (b)(3):CPSA Section 25(c),(b)(6)		City	State	Zip	Phone	
Business Address		City	State	Zip		

VICTIM INFO  
[VICTIM TYPE] INDIVIDUAL  
SEATING POSITION  
3  
INJURY  
[MEDICAL TREATMENT REQUIRED] YES  
INJURY TYPE  
OTHER MAJOR INJURY  
NOTES  
DIED AT SCENE

Party # 3	Party Type VICTIM	Party Name (b)(3):CPSA Section 25(c),(b)(6)	<input type="checkbox"/> Business		DOB	Age 24
Gender F	Race WHITE	Hair BROWN	Eyes HAZEL	Height 5'0"	Weight 125	DL # (b)(3):CPSA Se
Home Address (b)(3):CPSA Section 25(c),(b)(6)		City	State	Zip	Phone	
Business Address		City	State	Zip		

VICTIM INFO  
[VICTIM TYPE] INDIVIDUAL  
SEATING POSITION  
2  
INJURY  
[MEDICAL TREATMENT REQUIRED] YES  
INJURY TYPE  
POSSIBLE INTERNAL INJURY

Party # 4	Party Type WITNESS	Party Name (b)(3):CPSA Section 25(c),(b)(6)	<input type="checkbox"/> Business		DOB	Age
Gender M	Race WHITE	Hair	Eyes	Height	Weight	DL #
Home Address (b)(3):CPSA Section 25(c),(b)(6)		City	State	Zip	Phone	
Business Address		City	State	Zip		

VICTIM INFO  
[VICTIM TYPE] INDIVIDUAL

Party # 5	Party Type WITNESS	Party Name (b)(3):CPSA Section 25(c),(b)(6)	<input type="checkbox"/> Business		DOB	Age
Gender M	Race WHITE	Hair	Eyes	Height	Weight	DL #
Home Address (b)(3):CPSA Section 25(c),(b)(6)		City	State	Zip	Phone	
Business Address (b)(3):CPSA Section 25(c),(b)(6)		City	State	Zip		

VICTIM INFO  
[VICTIM TYPE] INDIVIDUAL

<i>Party #</i> <b>6</b>	<i>Party Type</i> <b>WITNESS</b>	<i>Party Name</i> (b)(3) CPSA Section 25(c),(b)(6)		<input type="checkbox"/> <i>Business</i>	<i>DOB</i>	<i>Age</i>
<i>Gender</i> <b>M</b>	<i>Race</i> <b>WHITE</b>	<i>Hair</i>	<i>Eyes</i>	<i>Height</i>	<i>Weight</i>	<i>DL #</i>
<i>Home Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>	
<i>Business Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>		
(b)(3) CPSA Section 25(c),(b)(6)						
<i>VICTIM INFO</i>						
<b>[VICTIM TYPE] INDIVIDUAL</b>						

<i>Party #</i> <b>7</b>	<i>Party Type</i> <b>WITNESS</b>	<i>Party Name</i> (b)(3) CPSA Section 25(c),(b)(6)		<input type="checkbox"/> <i>Business</i>	<i>DOB</i>	<i>Age</i> <b>31</b>
<i>Gender</i> <b>M</b>	<i>Race</i> <b>WHITE</b>	<i>Hair</i>	<i>Eyes</i>	<i>Height</i>	<i>Weight</i>	<i>DL #</i> (b)(3) CPSA Section 25(c),(b)(6)
<i>Home Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>	
<i>Business Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>		
(b)(3) CPSA Section 25(c),(b)(6)						
<i>VICTIM INFO</i>						
<b>[VICTIM TYPE] INDIVIDUAL</b>						

### Arrestees - Suspects - Offenders

Person # <b>1</b>	Person Type <b>P.C. FOR COMP.</b>	Person Name <input type="text"/>			Date of Birth <input type="text"/>	Age <b>25</b>
Sex <b>M</b>	Race <b>WHITE</b>	Ethnicity <b>NOT OF HISPANIC ORGIN</b>			DL # <input type="text"/>	State <b>UT</b>
Hair <b>BLONDE</b>	Eyes <b>BLUE</b>	Height <b>5'11"</b>	Weight <b>200</b>	SSN <b>529-45-0905</b>		
Home Address <input type="text"/>			City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	Home Phone <input type="text"/>
Employer Name <input type="text"/>				Occupation <input type="text"/>		
Business Address <input type="text"/>			City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	Phone <input type="text"/>
<i>CRIME COMMITTED</i>						
[TYPE] M [SECTION/SUBSECTION] 41-6A-502(1)(A/C) [DESCRIPTION] DUI - DRIVING UNDER THE INFLUENCE OF ALCOHOL [STATUTE CODE / ID] STATE B [COUNTS] 1 [ATTEMPTED/COMPLETED] COMPLETED [CRIMINAL ACTIVITY] NOT APPLICABLE/UNKNOWN						
<i>CRIME COMMITTED</i>						
[TYPE] M [SECTION/SUBSECTION] 41-6A-1708 [DESCRIPTION] MAINTAIN CONTROL ON CANYON ROAD [STATUTE CODE / ID] STATE [COUNTS] 1 [ATTEMPTED/COMPLETED] COMPLETED [CRIMINAL ACTIVITY] NOT APPLICABLE/UNKNOWN						
<i>CRIME COMMITTED</i>						
[TYPE] M [SECTION/SUBSECTION] 53-3-227.S [DESCRIPTION] DRIVE ON SUSPENDED LICENSE [STATUTE CODE / ID] STATE [COUNTS] 1 [ATTEMPTED/COMPLETED] COMPLETED [CRIMINAL ACTIVITY] NOT APPLICABLE/UNKNOWN						

### Vehicle Data

NO. <b>1</b>	Status <b>STORED/IMPOUNDE D</b>	License Number <input type="text"/>	License State <b>UT</b>	Make <input type="text"/>	Model <input type="text"/>
Style <b>OTHER VEHICLE</b>		Color <b>GREEN</b>	Year <b>0</b>	VIN <input type="text"/>	Associated To <input type="text"/>
Owner <b>PLAZA CYCLE</b>		Owner's Home Address <b>1379 W 3300 SOUTH</b>		City <b>SALT LAKE CITY</b>	State <b>UT</b>
Home Phone <input type="text"/>		Vehicle Storage <input type="text"/>	Insured By <input type="text"/>		Insurance # <input type="text"/>
Zip <b>84119</b>					

### Modus Operandi

CRIME <b>RURAL</b>	
WHERE OCCURRED <input type="text"/>	

HIGHWAY/ROAD/ALLEY

**Additional Case Data**

<i>Case NO.</i> 2007000191	<i>Title</i> FATAL ATV ACCIDENT	<i>Case Type</i> FELONY	<i>Court File Date</i>
<i>Case Group</i>	<i>OCA No.</i>	<i>Case Manager</i> <NONE>	<i>Assign Date</i>
<i>Crime Report No.</i>	<i>Lead Prosecutor</i>		
<i>Copies Sent To</i>	<i>Case Status</i> ACTIVE	<i>Clearance</i>	<i>Disposition</i>
<i>Reviewed By</i>		<i>Reviewd By Date</i>	
<i>Consolidation File No.</i>	<i>Prosecutor</i> (b)(3) CPESA Section 25(c),(b)(6)	<i>Further Action</i> OPEN/PENDING	

**Narrative Data**

<i>No.</i>	<i>Description</i>	<i>Author</i>
1	07-191	MANSON, LOUIS



## Grand County Sheriff's Office

### Narrative Report Case # 07-191

1  
2  
3  
4  
5  
6 **Fatal ATV Traffic Accident**  
7 **Kane Creek Road**

8 **Date: April 7, 2007**  
9 **Time: 00:30**

10  
11 **Location: Kane Creek Road, .3 miles North of Grand / San Juan County line.**  
12 **GPS coordinates: 38° 30.378' North x 109° 35.944' West**  
13

14  
15 **Synopsis:** Grand County dispatch was advised by San Juan County of a serious ATV  
16 accident. Deputies were enroute to assist San Juan in a search for an escaped prisoner and while  
17 enroute learned that this accident was in Grand County and that CPR had been started on one of  
18 the victims.  
19

20 On arrival we assisted with medical and transportation to the Grand County Ambulance.  
21

22 One victim died at the scene and two were transported to Allen Memorial Hospital, by Grand  
23 County EMS.  
24

25  
26 **Statement:** [redacted] San Juan County SO told me that he  
27 was walking up the road looking for the escapee when a Polaris Ranger went by him at about 25  
28 to 30 miles per hour. He said that just after it passed him and had gone about 50 yards, he heard  
29 it begin to skid and looked up and saw it go over the bank.  
30

31 He flagged over a pick up that was coming up behind it and ask for help. When he reached the  
32 ATV in the wash, he saw three people laying in the sand and rocks.  
33

34 He went to the female laying face down and unconscious. He could get no response from her  
35 and then rolled her over. He checked for a pulse and finding none started CPR with the  
36 assistance on one of the people in the pickup [redacted]  
37

38 He called for assistance through [redacted] and 3 BLM Rangers  
39 were with him within fifteen minutes. Grand County Deputies and Weber County Deputies  
40 arrived shortly after that.  
41

42 A copy of [redacted] statement is included with this report.  
43



## Grand County Sheriff's Office

44 Follow up with (b)(3):CPSA On Monday April 9, 2007, Sheriff Nyland informed me that the  
45 driver of this ATV was telling the media that a cop had shined a light in his eyes causing him to  
46 crash.

47  
48 I called (b)(3):CPSA Section and ask him about this and he stated that he didn't shine his light at the  
49 ranger or occupants at all. (b)(3):CPSA reiterated that the Ranger was about 50 yards beyond him  
50 when it crashed. He told me that the BLM guys were a couple of hundred yards south of the  
51 cattle guard.

52  
53  
54 **Conversation with BLM Ranger:** On April 8<sup>th</sup>, 2007, I spoke with one of the Rangers who  
55 had been at the scene and ask about a report I had that one of them saw beer cans in the ATV  
56 when it when by them. He told me that he had. He said that when the Ranger went by them he  
57 had raised his light up to about waist to chest high on the people riding in the Ranger, looking for  
58 the suspect. As the ranger went by he could see silver can in the cup holder.

59  
60 **He is going to send me a written statement and copy of his report. When it arrives it I will**  
61 **be included with this report along with reports from the other involved Rangers.**

62  
63  
64 **Grand County Response:** Grand County received a request from San Juan to assist in looking  
65 for a prisoner who had run from deputies in the Kane Creek area. (b)(3):CPSA Section 25(c),(b)(6)  
66 Weber County K-9 teams were assigned to assist. As we were about to respond we heard an  
67 ambulance being dispatched to the Chicken Corner area.

68  
69 While we were responding to assist in this search we learned that the accident was in Grand  
70 County from a BLM Ranger who was close to the scene.

71  
72 On our arrival Lt. White instructed (b)(3):CPSA Section to take the K-9 units on-down and assist San  
73 Juan and placed me at the accident to take care of it. There we saw that most of the San Juan  
74 guys and BLM Rangers were there and assisting. So all units stayed and assisted.

75  
76 CPR was still in progress on our arrival and when EMS arrived they took over. CPR was  
77 continued on the victim (b)(3):CPSA Section 25(c), until two rounds of heart drugs and been  
78 administered and there was no response. On instructions of the on duty doctor at AMH. CPR  
79 was stopped at 01:09 am.

80  
81 During this time the other two patients were treated and moved up to the ambulance.

82  
83  
84 (b)(3):CPSA Section was handling communications with dispatch and the St. Mary's Air Care  
85 Helicopter, which had been called by San Juan. The Helicopter declined to land in the area.

86



## Grand County Sheriff's Office

- 130 2. (b)(3), CPSA Section 25(c), (b) Statement  
131 (6) Statement  
132 4. Statement  
133 5. Press Release  
134 6. TTY to SLC county  
135 7. Salt Lake Tribune Article  
136 8. Blood draw consent form and Blood collection report (copies)  
137 9. Toxicology Analysis Request Form  
138 10. Dispatch incident reports #'s 20070407001, 20070407002, 20070407003  
139 11. Copy of DI-9 Form  
140 12. Photographs of scene

141 *13 Copies of Drivers License Info*

142  
143 Blood draw was sent to the state lab on 4-12-07 by certified mail.  
144  
145  
146  
147  
148

Homer L. Manson Jr.  
S023

4/16/2007  
10:18:40PM

## GRAND COUNTY SHERIFF'S OFFICE

ORI #: UT0100000  
OWNER: RYAN S S046

STATUS: ACTIVE - SUBMITTED

### SUPPLEMENTAL OFFENSE REPORT 2007000191.1

<i>Report Type</i> <b>INCIDENT REPORT</b>	<i>Report Date/Time</i> 04/10/2007	<i>Reporting Officer</i> RYAN S S046		
<i>Incident Type</i> <b>TRAFFIC ACCIDENT</b>	<i>Incident Date/Time</i> 04/07/2007 03:00:00	<i>Originator (if different)</i> RYAN S S046		
<i>Occurred From Date/Time</i>	<i>Occurred To Date/Time</i>	<i>Arresting Officer</i>		
<i>Location</i> <b>ALLEN MEMORIAL</b>	<i>Address</i>	<i>Beat</i> N/A	<i>Location Grid: X Y</i>	
<i>Short Synopsis</i> <b>FATAL 10-50, KEANE CREEK. BLOOD DRAW ON SUSPECT THAT WAS DRIVING</b>				

### Additional Case Data

<i>Case NO.</i> 2007000191.1	<i>Title</i>	<i>Case Type</i>	<i>Court File Date</i>
<i>Case Group</i>	<i>OCA No.</i>	<i>Case Manager</i> RYAN, SCOTT J S046	<i>Assign Date</i> 04/10/2007 19:52
<i>Crime Report No.</i>		<i>Lead Procecutor</i>	
<i>Copies Sent To</i>	<i>Case Status</i> ACTIVE	<i>Clearance</i>	<i>Disposition</i>
<i>Reviewed By</i>		<i>Reviewd By Date</i>	
<i>Consolidation File No.</i>	<i>Prosecutor</i>	<i>Further Action</i>	

### Narrative Data

No.	Description	Author
1	<b>CASE # 07-191.1 BLOOD DRAW</b>	RYAN, SCOTT J



## Grand County Sheriff's Office

Case # 07-191.1

Blood Draw

1  
2  
3  
4  
5 **Narrative:** On April 7, 2007 I was dispatched to Allen Memorial Hospital to take a blood draw  
6 from a subject that was driving when an accident occurred with a fatality. I responded to the  
7 hospital with a blood draw kit and spoke to (b)(3)CPSA an EMT working at the hospital, and  
8 advised that I would need blood drawn from the individual.  
9

10 The hospital was very busy with the subject and other patients in the ER so I had (b)(3)CPSA  
11 take the kit and go draw the blood so I would not be in the way. The ER was crowded and I  
12 decided that I would be in the way of medical personnel if I entered the room while they were  
13 trying to care for the patients.  
14

15 Ashley advised the subject that she needed to draw his blood for alcohol content and he  
16 allowed her to do so. Blood was drawn and I received the blood from (b)(3)CPSA I then had her get a  
17 signature from the subject consenting to the blood draw, which he did sign.  
18

19 I took the blood and filled out the proper forms. I turned the blood over to (b)(3)CPSA Section  
20 (b)(3)CPSA later that morning at around 5am. (b)(3)CPSA Section 25(c), (b)(6) is the lead officer in the investigation  
21 of the accident.  
22

23 End Report  
24 S. Ryan  
25  
26  
27  
28  
29  
30  
31



**U.S. Department of the Interior**  
Bureau of Land Management  
Law Enforcement Office  
82 East Dogwood Ave  
Moab, Utah 84532



Grand County Sheriff's Office  
Grand County, Utah

Attached are witness statements of observations for the ATV Accident that occurred on Saturday April 7, 2007 at approximately 0015 hours on Kane Creek Road. Once we get names and DOB's for all victims our report will be completed and available to the Sheriff's Office. If you need any other information in the mean time, please do not hesitate to let us know.

Sincerely;

Tyler Fouss  
U.S. Law Enforcement Ranger  
435-259-2131 (Office)

Attachments:

Statement:  
Statement:  
Statement:

(b)(3) CPSA Section 25(c), (b)(6)

Witness Statement:

(b)(3) CPSA Section 25(c), (b)(6)

San Juan Field Office  
Anasazi Heritage Center  
27501 HWY 184  
Dolores, CO 81323  
(970) 882-5623

On April 7, 2007, while patrolling lands administered by the Bureau of Land Management (BLM), specifically in the Kane Creek Area, while parked alongside the roadway, I observed a Polaris Ranger ATV driving northbound at a rapid rate of speed. The time was approximately 0015 hours. I was standing on the south shoulder of the road at the time, assisting the San Juan County Sheriff's Department in locating an escaped prisoner. As the ATV approached, I shined my flashlight in the roadway in an attempt to slow the ATV down. When the vehicle passed, I shined my flashlight into the vehicle in an attempt to identify the occupants. I observed three occupants in the vehicle when it passed my location. The driver of the vehicle was a white male; the other two passengers appeared to be female. Several minutes later, a San Juan County Deputy also assisting us in the search was notified by his partner of an ATV rollover on Kane Creek Road with a critically injured passenger.

At this point, I followed the deputy and BLM Ranger [REDACTED] in my patrol vehicle, heading south up Kane Creek. Approximately 10 minutes later, the deputy notified us that we were driving in the wrong direction, and stated that we needed to head north. Several minutes later we arrived on scene and assisted in providing aid to the three victims. A Polaris Ranger ATV was lying on its side, approximately 35 feet below the roadway. Two of the victims were sitting in the upright position; a San Juan County deputy was performing chest compressions on a female who was unconscious and not breathing. An unidentified white male was performing the breath portion of the CPR. Once additional officers arrived on scene, I heard an officer ask who was driving the vehicle; the male victim responded that he was driving. The unidentified male performing rescue breathing then left the scene. One of the victims, a 26 year old female, was pronounced dead on scene. The other two victims were taken by ambulance to the hospital.

Witness Statement:

[REDACTED]  
San Juan Field Office  
Anasazi Heritage Center  
27501 HWY 184  
Dolores, CO 81323  
(970) 882-5625

On April 7, 2007, at approximately 0015; while patrolling lands administered by the Bureau of Land Management (BLM), in the vicinity of the San Juan County and Grand County border in the Kane Creek Area, I observed a Polaris Ranger ATV driving northbound at a high rate of speed. At the time, I was standing on the shoulder of the road, assisting the San Juan County Sheriff's Department in an effort to locate an escaped prisoner. As the vehicle passed, I shined my flashlight into it in an attempt to determine if any of the occupants matched the description of the escaped prisoner. In doing so, I observed a white male driving the vehicle and two other front seat passengers. I also noticed what appeared to be a can of beer in the driver's side dash board cup holder. There was a similar looking can in the right side cup holder as well. Several minutes later; the San Juan County Deputy, with whom BLM [REDACTED] and I were working, informed us that there was an ATV rollover near Chicken Corner.

I got into [REDACTED] patrol vehicle and we began to follow the San Juan County Deputy south, towards Chicken Corner. As we started up Hurrah Pass, the San Juan County Deputy turned around; as his partner had informed him that the crash was north of our original location. Several minutes later [REDACTED] and I arrived at the location of the crash.

I observed an ATV lying at the bottom of a thirty to thirty five foot embankment, off the west shoulder of Kane Creek Road. There appeared to be three victims and the second San Juan County Deputy was administering CPR to one of the female victims. I assisted in providing CPR to the female victim, who was later pronounced dead at the scene. I also assisted in treating two other victims, a second female and a male victim. The male victim appeared to be the same individual that I had previously observed operating the ATV at a high rate of speed on Kane Creek Road. I heard him admit several times that he had been the operator of the vehicle at the time of the crash. I also noticed a strong odor of alcohol on all three victims.

Witness Statement:

[REDACTED]

Moab Field Office  
82 E Dogwood Ave  
Moab, UT 84532  
(435) 259-2109

On April 7, 2007, at approximately 0015 hours, while patrolling lands administered by the Bureau of Land Management (BLM), in the Kane Creek Area, in Grand County, Utah: I observed a Polaris Ranger ATV drive by my location at the cattle guard with three occupants in it. I was on the shoulder of the road at the time, assisting the San Juan County Sheriff's Department in locating an escaped prisoner. When the ATV passed my location I shined my flashlight into the ATV to see if the escape prisoner was one of the passengers. The driver of the vehicle was a white male with two female passengers. None of the occupants of the vehicle matched the description of the suspect we were looking for. When the ATV passed, I did observe what appeared to be cans of beer in the dash cup holders. Several minutes later, the San Juan County Deputy who we were assisting in the search was notified by his partner of an ATV rollover on Kane Creek Road with a critically injured passenger. The deputy informed us that the accident was in the Chicken Corners Area.

At that time, myself and [REDACTED] followed the deputy in my patrol vehicle in the direction of Chicken Corners. [REDACTED] followed. Approximately 10 minutes later, the deputy turned around and informed us that he had gone the wrong way and that the accident was not at Chicken Corners. While en-rout back to the location of the accident, I notified Kane County Dispatch that the accident was not at Chicken Corners as reported.

Once on scene of the accident, which was approximately 150 – 200 yards from our original location, I observed the Polaris Ranger over the side of the road, down a steep embankment, approximately 35 feet down. At that time I notified dispatch of the correct location, while [REDACTED] went down the embankment to assist the San Juan County Deputy who was already administering CPR. I further notified dispatch that there were 3 victims, one of which was critical and CPR was being administered on.

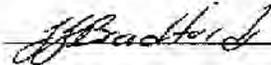
Once other units arrived on scene, I went down the embankment to relieve [REDACTED] who was administering chest compressions. During this time, I heard a Grand County Deputy ask who the operator of the ATV was. The male subject stated that he was the operator. The female subject that we were administering CPR on was later pronounced dead at the scene, at approximately 0139 hours.

DATE: April 7, 2007  
TIME: 00:30 hours (approximately)  
LOCATION: Kane Creek  
INCIDENT: ATV CRASH with FATALITY

On the Morning of April 7, 2007 at approximately 00:30 hours I was walking up the Kane Creek Road just inside Grand County. I was looking for a prisoner that had escaped from custody. I was passed by a Polaris Ranger with three occupants. The Ranger was traveling approximately twenty five - thirty miles per hour. Just after it passed me and had gone about fifty yards up the road I heard the Ranger begin to skid. I looked up and saw the Ranger go off the road to the left. The Ranger rolled as it went over the embankment. I flagged down a pickup that was following behind the Ranger and told the occupants that an ATV had just gone over the edge and asked for assistance. As I got the Ranger I found the three occupants out of the Ranger and lying in the sand and rocks. I went to the female patient who was face down and unconscious. I tried to get a response from the patient with no luck. I rolled the patient over and began trying to get a response. I checked for a pulse and could not get one. CPR was started. I did compressions as [REDACTED] provided the mouth to mouth. I called for assistance through Deputy Eschtruth. Three BLM Rangers and Deputy Eschtruth were on scene with me in about fifteen minutes. They began to assist with CPR. EMS and Grand County Sheriff's Deputies arrived on scene. CPR was continued until about 01:39 hours when the doctor instructed EMT's the patient had been pronounced dead.

The other two patients were brought up and taken by ambulance to Moab.

J.J. Bradford  
Deputy Sheriff San Juan County



OFFICE OF THE  
MEDICAL EXAMINER  
STATE OF UTAH  
REPORT OF INVESTIGATION

Case No. 200700550

Scene (Cont.)

**General**

Case Type: DME Rep To: CJB  
Date Rep: 4-7-07 Time Rep: 01:30

**City**

County: Grand State/Zip: UT 84532  
Body Position:  
Lividity: N/A Rigor: N/A  
Body Temp: N/A Ambient: N/A  
Time:

I.D. Status  Y  N Animal Case  
Hazardous? Reason:

**NAME AND ADDRESS:**

Last: [Redacted]  
First: [Redacted]  
Middle: [Redacted]  
Alias: N/A  
Res Name: [Redacted]  
Res Add: [Redacted]  
Res Add 2: [Redacted]  
City: [Redacted]  
State: [Redacted]  
Phone: ( )  
Race: White Sex: Female  
DOB: [Redacted] Age:  
SSN: [Redacted] Smoker: N/A  
Emp Status: D/K Trade: D/K  
Occupation: D/K

**PLACE OF DEATH:**

LSA Date: 4-7-07 LSA Time: 0030  
LSA By: [Redacted]  
LSA Add:  
DOD: 4-7-07 Actual  Found  
TOD: 0030 Actual Found  
Death Add: Kane Creek Canyon  
City: 38° 30.379 N X 109° 35.944 W  
County: Grand State/Zip: UT 84532  
Location of Death: Kane Creek Canyon

Initial MOD: Accident  
Initial COD: Vehicle Rollover  
LE Agency: Grand Co Sheriff  
LE Case#: 200701020003  
Assign Det: Louis Mansala

**TRAUMA INCIDENT:**

Date Inj: 4-7-07 Time Inj: 0030  
Location: Kane Creek Canyon  
Witnessed: Yes  
Address:  
City:  
County: Grand State/Zip: UT 84532

I.D. Method: Visual ID By: Family Member  
I.D. Agency:  
I.D. Date: 4-7-07

Weapon Type: \_\_\_\_\_ Make: \_\_\_\_\_  
Caliber: \_\_\_\_\_ Serial#: \_\_\_\_\_  
Model: \_\_\_\_\_ Barrel Lgth: \_\_\_\_\_  
Veh Type: \_\_\_\_\_ Make: \_\_\_\_\_  
Model: \_\_\_\_\_ Color: \_\_\_\_\_  
Lic No: \_\_\_\_\_ Lic State: \_\_\_\_\_

**SCENE:**

Scene Date: 4-7-07  
OME Invest @ Scene: NONE  
OME MD @ Scene: NONE  
Time Arr: N/A Time Left: N/A  
OME Photo? N/A OME Video: N/A  
Other Agency Photo? Yes  
Other Agency Video? N/A

**NEXT OF KIN:**

Name: [Redacted]  
Relationship: MOTHER  
Address: [Redacted]  
City: [Redacted]  
County: \_\_\_\_\_ State/Zip: [Redacted]  
Phone: [Redacted]  
Date Notif: 4-7-07 Time Notif: 08:00  
By:  
Notif By: [Redacted]



## Grand County Sheriff's Office

### Narrative Report Case # 07-191

1  
2  
3  
4  
5  
6 **Fatal ATV Traffic Accident**  
7 **Kane Creek Road**

8 **Date:** April 7, 2007

9 **Time:** 00:30

10  
11 **Location:** Kane Creek Road, .3 miles North of Grand / San Juan County line.

12 **GPS coordinates:** 38° 30.378' North x 109° 35.944' West  
13  
14

15 **Synopsis:** Grand County dispatch was advised by San Juan County of a serious ATV  
16 accident. Deputies were enroute to assist San Juan in a search for an escaped prisoner and while  
17 enroute learned that this accident was in Grand County and that CPR had been started on one of  
18 the victims.

19  
20 On arrival we assisted with medical and transportation to the Grand County Ambulance.

21  
22 One victim died at the scene and two were transported to Allen Memorial Hospital, by Grand  
23 County EMS.  
24

25  
26 **Statement:** [REDACTED] San Juan County SO told me that he  
27 was walking up the road looking for the escapee when a Polaris Ranger went by him at about 25  
28 to 30 miles per hour. He said that just after it passed him and had gone about 50 yards, he heard  
29 it begin to skid and looked up and saw it go over the bank.  
30

31 He flagged over a pickup that was coming up behind it and ask for help. When he reached the  
32 ATV in the wash, he saw three people laying in the sand and rocks.  
33

34 He went to the female laying face down and unconscious. He could get no response from her  
35 and then rolled her over. He checked for a pulse and finding none started CPR with the  
36 assistance on one of the people in the pickup [REDACTED]  
37

38 He called for assistance through [REDACTED] and 3 BLM Rangers  
39 were with him within fifteen minutes. Grand County Deputies and Weber County Deputies  
40 arrived shortly after that.  
41

42 A copy of [REDACTED] statement is included with this report.  
43

STATE OF UTAH - DEPARTMENT OF HEALTH - CERTIFICATE OF DEATH

FILE COPY

STATE FILE NUMBER 2007004059

Form with sections: LOCAL FILE NUMBER, DECEDENT, PARENTS, INFORMANT, DISPOSITION, CERTIFIER, CAUSE OF DEATH, RACE AND EDUCATION. Includes fields for name, date of birth, sex, date of death, place of death, and cause of death.

Task Number 070501HCC3446

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1

ATV #2

Manufacturer: 05 - Polaris

Manufacturer:

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

Model: Ranger

VIN: 4XARD50A76D033359

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

Model Year: 2006

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

Engine Size: 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: 04/07/2007

Age/Sex: 26/Female

State of Death: UT

City of Death: KANE CREEK CANYON

County of Death: Grand

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

The victim and two other victims were on an ATV traveling at about 25 to 30 miles per hour. The ATV began to skid and then it went off the road. The ATV rolled as it went over the embankment. The three victims were found lying in the sand and rock. One of the victims died on scene and the other two were taken to the hospital and treated for their injuries.

8. Did the ATV overturn/tipover/rollover? Yes

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

Victim 1:		Victim 2:	
Yes	No	Yes	No
	<input checked="" type="radio"/> Unknown		<input checked="" type="radio"/> Unknown

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

1 - Driver	3 - Bystander	8 - Other/Unknown
<input checked="" type="radio"/> 2 - Passenger	4 - Driver/Other Vehicle	

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

Victim 1:		Victim 2:	
Yes	No	Yes	No
	<input checked="" type="radio"/> Unknown		<input checked="" type="radio"/> Unknown

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

0 - Unknown	2 - Two riders	4 - Four or more riders
1 - One rider	<input checked="" type="radio"/> 3 - Three riders	9 - No riders

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

Age: 25                      Height: 71 (inches)  
Weight: 05 = 200 - 249      Sex: Male





**Polaris Industries Inc.**  
2100 Highway 55  
Medina, Minnesota 55340-9770  
763-542-0500  
763-542-0599 fax

John J. Wackman  
(763) 542-2309  
fax (763) 417-2131  
john.wackman@polarisind.com

September 17, 2007

**Via U.S. Mail**

Pamela McDonald  
Lead, Technical Information Specialist  
U.S. Consumer Product Safety Commission  
4330 East West Highway, Room 504  
Bethesda, Maryland 20814

RE: 070417HCC3391 ✓ 070425HNE2264 ✓ 070426HCC3425 ✓  
070426HCC3428 ✓ 070501HCC3446 ✓ 070508HWE5895 ✓  
070509HNE2329 ✓ 070510HNE2336 ✓ 070523HCC2518 ✓  
070529HNE2402 ✓ 070531HCC1533 ✓ 070531HWE5951 ✓  
070531HWE5953 ✓ 070604HCC3485 ✓ 070611HCC2568 ✓  
070613HWE5984 ✓ C0750009A ✓ H0750306A ✓  
I0750056A ✓ I0750257A ✓ I0750488A ✓  
I0750500A ✓ I0750522A ✓ I0750533A ✓  
I0760124A ✓

Dear Ms. McDonald:

Thank you for the information provided in the above files. We will review the information provided in these documents and will conduct additional investigations as may be required. We request that we be notified prior to releasing any of the information contained in these files under the Freedom of Information Act.

Very Truly Yours,

John J. Wackman  
Assistant General Counsel

©Apr 9, 2007 7:57 am US/Mountain

APR 10 2007

## Magna Woman Killed In ATV Accident In Eastern Utah

(KUTV) MOAB A Magna woman died over the weekend in an ATV accident in eastern Utah.

The Grand County sheriff's office said 26-year-old (b)(3) CPSA Section 25(c), (b)(6) died after the ATV she was riding on rolled down a 35-foot embankment.

Weight and two others-- (b)(3) CPSA Section 25(c), (b)(6) and (b)(3) CPSA Section 25(c), (b)(6) were driving a Polaris Ranger down a county road in the Kane Springs area on Saturday when the accident happened.

No seatbelts were in use, police said.

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[http://kutv.com/topstories/local\\_story\\_099100017.html](http://kutv.com/topstories/local_story_099100017.html)

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1. Task Number 070531HWE5952		2. Investigator's ID 9080		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2007 05 27	5. Date Initiated YR MO DAY 2007 06 15		
6. Synopsis of Accident or Complaint UPC A 13-year-old, female victim was driving a four-wheel, all-terrain vehicle (ATV) when she lost control of it. The ATV rolled over and landed on top of her. She died as a result of injuries she received during this incident. The victim sustained fatal, abdominal trauma and died after being transported by air to a trauma hospital.  <p style="text-align: right;"><u>MFR/PRVLBR NOTIFIED</u> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. 25E, 3, 6 <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 081119 RD</p>				
7. Location (Home, School, etc) 0 - UNKNOWN		8. City SABINE PARISH		9. State LA
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name UNKNOWN		10C. Model Number RHINO
10D. Manufacturer Name and Address UNKNOWN				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 13	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 59 - Laceration	
16. Body Part(s) Involved 84 - 25 - 50% BODY	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 5 / 0	
20. Attachment(s) 2 - Documents		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 06/27/2007	25. Reviewed By 8631		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number N0750609A	

# Sabine Parish Coroner

Warren Founds, M.D.  
395 South Capital St.  
Many, LA 71449

Ron Rivers  
Investigator

PAGE 03/03

PAGE 1

FAMILY MEDICAL CENTER

3182556237

09:37

06/20/2007

05-28-2007 17:34 RON RIVERS 3186499916

Date of Investigation May 28, 2007		Time of Investigation 7:50 AM		Date Expired 05-27-07		Time Expired 10:50 PM	
Name : First		Middle		Last			
Address				City		State	
Race W	Sex F	Date of birth	Age 13	Phone			
Social Security Number		Driver's License Number		State			
Family Physician UNKNOWN		Address / Hospital					
Next of Kin		Relationship		Phone			
Address				City		State	
Law Enforcement Agency NOT ANY		Detective/Officer					
Valuables (List & Describe)							
1) UNKNOWN				5)			
2)				6)			
3)				7)			
4)				8)			
Current Medications							
1) UNKNOWN				5)			
2)				6)			
3)				7)			
4)				8)			
Manner Of Death							
<input type="checkbox"/> Natural		<input checked="" type="checkbox"/> Accident		<input type="checkbox"/> Suicide		<input type="checkbox"/> Homicide	
<input type="checkbox"/> Pending Investigation				<input type="checkbox"/> Undetermined			
Place Of Death L S U HOSPITAL							
Address PICU		City SHREVEPORT		State LA			

**Narrative Summary:** [REDACTED] WAS THE OPERATOR OF A RHINO ATV WHICH WAS INVOLVED IN A SINGLE VEHICLE ACCIDENT. SUBJECT OVER CORRECTED THE ATV CAUSING IT TO ROLL OVER PINNING SUBJECT UNDERNEATH THE STEERING WHEEL. MS. BLAND WAS REMOVED AND TRANSPORTED TO SABINE MEDICAL CENTER BY MED EXPRESS WHERE SHE WAS EVENTUALLY AIR LIFTED TO LSU IN SHREVEPORT. [REDACTED] EXPIRED IN THE PICU AS A RESULT OF ABDOMINAL TRAUMA. LISTED IN THE TRAUMA WERE A LACERATED LIVER, KIDNEY, AND SPLEEN. DEATH RULED AS ACCIDENT.

From LSU PICU	To [REDACTED] MOSS BLUFF, LA.
Signature: Coroner/ Investigator [REDACTED] DEPUTY CORONER	

Notes  
*MVA  
Lacerations Spleen  
Liver & Kidney.*

Task Number 070531HWE5952

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 02 - Yamaha	Manufacturer:

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

Model: Rhino	VIN: UNKNOWN
--------------	--------------

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

Model Year: UNK

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

Engine Size: 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: 05/27/2007	
Age/Sex: 13/Female	/
State of Death: LA	
City of Death: SHREVEPORT	
County of Death: CADDO PARISH	

7. Describe how the incident occurred. (Use additional sheets if necessary).  
A 13 year old female was driving a UTILITY VEHICLE when she lost control of it. The VEHICLE rolled over and landed on top of her. She died as a result of injuries she received during this incident.

8. Did the ATV overturn/tipover/rollover? Yes

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

Victim 1:		Victim 2:	
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input checked="" type="radio"/> Unknown

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

<input checked="" type="radio"/> 1 - Driver	<input type="radio"/> 3 - Bystander	<input type="radio"/> 8 - Other/Unknown
<input type="radio"/> 2 - Passenger	<input type="radio"/> 4 - Driver/Other Vehicle	

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

Victim 1:		Victim 2:	
<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Unknown	<input checked="" type="radio"/> Unknown

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

<input type="radio"/> 0 - Unknown	<input type="radio"/> 2 - Two riders	<input type="radio"/> 4 - Four or more riders
<input type="radio"/> 1 - One rider	<input checked="" type="radio"/> 3 - Three riders	<input type="radio"/> 9 - No riders

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

Age: 13	Height: (inches)
Weight:	Sex: Female

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?

09 - Non-paved road

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

05 - Road (Nothing else known)

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

09 - NA (Not a traffic incident)

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:

Police report not available.

SOURCE DOC: N0750609A (CANNOT BE SAVED TO ATVD BECAUSE PRODUCT CODE = 5044).

ISSUE; 35

Teen dies in ATV accident  
Sabine Parrish, LA.

05/29/2007

MANY (AP) -- A 13-year-old Lake Charles girl has died of injuries received in an ATV accident in south Sabine Parish.

Deputy Coroner (b)(6) said (b)(3):CPSA Section 25(c)(b) died Sunday night from abdominal trauma caused by injuries sustained in the rollover accident.

(b)(3):CPSA who was with family in the Little Flock community, was accompanied by two friends on a Yamaha Rhino 4-by-4 as they traveled down a gravel dirt road.

The ATV ran over a bump on the right, which caused (b)(3):CP to take a hard left turn. (b)(6) said the off-road vehicle zoomed across the road and overturned in the ditch.

(b)(3):CPSA was pinned underneath the steering wheel, authorities said.

All three who had been aboard the ATV were taken to Sabine Medical Center in Many (b)(3):CPSA Section 25(c) was airlifted to LSU Hospital in Shreveport but doctors and nurses could not save her.

12/30/07

<b>1. Task Number</b> 070601HNE2422		<b>2. Investigator's ID</b> 8942		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
<b>3. Office Code</b> 810	<b>4. Date of Accident</b> YR MO DAY 2007 05 27	<b>5. Date Initiated</b> YR MO DAY 2007 06 06		
<b>6. Synopsis of Accident or Complaint</b> <b>UPC</b>  A 50-year-old male was riding on a 4-wheeled ATV as a passenger with his 16-year-old son as the driver. Both individuals were wearing helmets and traveling on a dirt ATV trail, when the operator hit a rock and lost control, sending the ATV over a 74-80 foot embankment. EMS transported both individuals to the hospital where the victim expired with the cause of death listed as multiple injuries.				
<b>7. Location (Home, School, etc)</b> 9 - SPORTS OR RECREATION PLACE		<b>8. City</b> GILBERT		<b>9. State</b> WV
<b>10A. First Product</b> 3286 - All Terrain Vehicles (four W		<b>10B. Trade/Brand Name</b> YAMAHA		<b>10C. Model Number</b> RHINO
<b>10D. Manufacturer Name and Address</b> YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
<b>11A. Second Product</b> 0		<b>11B. Trade/Brand Name</b> NONE		<b>11C. Model Number</b> NONE
<b>11D. Manufacturer Name and Address</b> NONE				<del>EXEMPTED FROM FOIA</del> <b>COMMENTS:</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED <input type="checkbox"/> <del>ATTACHED</del> EXEMPTIONS/FOIA EXEMPTIONS <input type="checkbox"/> DO NOT RE-NOTIFY <input checked="" type="checkbox"/> RE-NOTIFY <input type="checkbox"/>
<b>12. Age of Victim</b> 50	<b>13. Sex</b> 1 - Male	<b>14. Disposition</b> 8 - Death	<b>15. Injury Diagnosis</b> 71 - Other	
<b>16. Body Part(s) Involved</b> 84 - 25 - 50% BODY	<b>17. Respondent</b> 3 - 2nd Hand Info Only	<b>18. Type of Investigation</b> 2 - Telephone	<b>19. Time Spent (Operational / Travel)</b> 4 / 0	
<b>20. Attachment(s)</b> 9 - Multiple Attachments		<b>21. Case Source</b> 05 - Newspaper		<b>22. Sample Collection Number</b>
<b>23. Permission to Disclose Name (Non NEISS Cases Only)</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
<b>24. Review Date</b> 09/05/2007	<b>25. Reviewed By</b> 9093		<b>26. Regional Office Director</b> Eric B. Ault	
<b>27. Distribution</b> Streefer, Robin; Kessler, Charles; Harris, Paulette			<b>28. Source Document Number</b> N0760003A	



**070601HNE2422**

**ATTACHMENTS:**

- 1. Police Report**
- 2. Medical Examiner's Report**
- 3. Death Certificate**
- 4. Contact Sheet**
- 5. Status of Missing Document(s)**
- 6. Questionnaire**

Date of Crash <b>5/27/07</b>		M Y TIME OF DAY <b>1643</b>		Time of Crash <b>1643</b>		CHASER REPORTED BY <b>1644</b>		Date of Arrest <b>1940</b>		Priority <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire & Rescue <input type="checkbox"/> Ambulance <input type="checkbox"/> Other					
COUNTY <b>Mingo</b>		CITY OR TOWN <b>Gilbert</b>		HIGHWAY CLASSIFICATION <b>12-17 Interstate</b>		ROAD TYPE <b>12-17 Interstate</b>		ROAD TYPE <b>12-17 Interstate</b>		RELATION TO ROADWAY <b>12-17 Interstate</b>					
DRAGON OCCURRED ON <b>ROUTE 1</b>		STREET <b>200</b>		MAXIMUM SPEED LIMIT <b>70</b>		ADVISORY SPEED <b>70</b>		IF ON CONTROLLED ACCESS HIGHWAY, FILL IN ONE <input type="checkbox"/> Main Road <input type="checkbox"/> Exit Road of Interchange <input type="checkbox"/> Entrance Ramp On <input type="checkbox"/> Exit Ramp On		RELATION TO ROADWAY <b>12-17 Interstate</b>					
INTERSECTION WITH <b>200</b>		STREET <b>200</b>		MAXIMUM SPEED LIMIT <b>70</b>		ADVISORY SPEED <b>70</b>		IF ON CONTROLLED ACCESS HIGHWAY, FILL IN ONE <input type="checkbox"/> Main Road <input type="checkbox"/> Exit Road of Interchange <input type="checkbox"/> Entrance Ramp On <input type="checkbox"/> Exit Ramp On		RELATION TO ROADWAY <b>12-17 Interstate</b>					
IF NOT AT INTERSECTION <b>200</b>		STREET, HIGHWAY, TOWN ETC. <b>12-17 Interstate</b>		MAXIMUM SPEED LIMIT <b>70</b>		ADVISORY SPEED <b>70</b>		IF ON CONTROLLED ACCESS HIGHWAY, FILL IN ONE <input type="checkbox"/> Main Road <input type="checkbox"/> Exit Road of Interchange <input type="checkbox"/> Entrance Ramp On <input type="checkbox"/> Exit Ramp On		RELATION TO ROADWAY <b>12-17 Interstate</b>					
SPECIAL INCIDENT OR OTHER INFORMATION <b>Rock House Trail #17 AKA (HIGH CLIMB)</b>		SPECIAL INCIDENT OR OTHER INFORMATION <b>Rock House Trail #17 AKA (HIGH CLIMB)</b>		SPECIAL INCIDENT OR OTHER INFORMATION <b>Rock House Trail #17 AKA (HIGH CLIMB)</b>		SPECIAL INCIDENT OR OTHER INFORMATION <b>Rock House Trail #17 AKA (HIGH CLIMB)</b>		SPECIAL INCIDENT OR OTHER INFORMATION <b>Rock House Trail #17 AKA (HIGH CLIMB)</b>		SPECIAL INCIDENT OR OTHER INFORMATION <b>Rock House Trail #17 AKA (HIGH CLIMB)</b>					
DRIVER'S FULL NAME <b>John Ridge Off-Road</b>		ADDRESS <b>Box 123 Gilbert, NV</b>		CITY <b>Gilbert</b>		STATE <b>NV</b>		ZIP <b>89421</b>		OTHER INFORMATION					
DATE OF BIRTH <b>1/1/1940</b>		SOCIAL SECURITY NUMBER <b>111-11-1111</b>		DRIVER LICENSE NUMBER <b>11A</b>		STATE <b>NV</b>		LICENSE RES. PROVISIONS VIOLATED <input type="checkbox"/> None <input type="checkbox"/> Operator's License <input type="checkbox"/> Learner's Permit		OTHER INFORMATION					
STATION NUMBER <b>1111</b>		OFFICER CHARGE <b>11A</b>		DRIVER CONDITION <input type="checkbox"/> Normal <input type="checkbox"/> Fatigued <input type="checkbox"/> Intoxicated		DRIVER CONDITION <input type="checkbox"/> Normal <input type="checkbox"/> Fatigued <input type="checkbox"/> Intoxicated		DRIVER CONDITION <input type="checkbox"/> Normal <input type="checkbox"/> Fatigued <input type="checkbox"/> Intoxicated		OTHER INFORMATION					
SECURITY TEST GIVEN <input type="checkbox"/> Yes <input type="checkbox"/> No		TYPE OF TEST GIVEN <input type="checkbox"/> Field <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other		TEST RESULTS <input type="checkbox"/> Pass <input type="checkbox"/> Fail		TEST RESULTS <input type="checkbox"/> Pass <input type="checkbox"/> Fail		TEST RESULTS <input type="checkbox"/> Pass <input type="checkbox"/> Fail		OTHER INFORMATION					
DRIVER ACCIDENT <input type="checkbox"/> 1 Going Slow Ahead <input type="checkbox"/> 2 Turning Right <input type="checkbox"/> 3 Turning Left		DRIVER ACCIDENT <input type="checkbox"/> 4 Overtaking <input type="checkbox"/> 5 Changing Lanes <input type="checkbox"/> 6 Stopping		DRIVER ACCIDENT <input type="checkbox"/> 7 Parking <input type="checkbox"/> 8 Backing <input type="checkbox"/> 9 Stopping in Traffic Lane		DRIVER ACCIDENT <input type="checkbox"/> 10 Stopping <input type="checkbox"/> 11 Stopping in Traffic Lane <input type="checkbox"/> 12 Stopping in Traffic Lane		DRIVER ACCIDENT <input type="checkbox"/> 13 Entering or Leaving Driveway <input type="checkbox"/> 14 Pulling Out from Parking Space <input type="checkbox"/> 15 Other (SEE NARRATIVE)		DRIVER ACCIDENT <input type="checkbox"/> 13 Entering or Leaving Driveway <input type="checkbox"/> 14 Pulling Out from Parking Space <input type="checkbox"/> 15 Other (SEE NARRATIVE)		OTHER INFORMATION			
DRIVER'S FULL NAME <b>John Ridge Off-Road</b>		ADDRESS <b>Box 123 Gilbert, NV</b>		CITY <b>Gilbert</b>		STATE <b>NV</b>		ZIP <b>89421</b>		OTHER INFORMATION					
YEAR <b>2007</b>		MAKE <b>Yamaha</b>		MODEL <b>Blade</b>		COLOR <b>Green</b>		VEHICLE IDENTIFICATION NUMBER <b>12345678901234567890</b>		OTHER INFORMATION					
LICENSE PLATE NUMBER <b>1234</b>		STATE <b>NV</b>		YEAR <b>2007</b>		VEHICLE IDENTIFICATION NUMBER <b>12345678901234567890</b>		VEHICLE IDENTIFICATION NUMBER <b>12345678901234567890</b>		OTHER INFORMATION					
DIRECTION TRAVEL <input type="checkbox"/> On <input type="checkbox"/> Off		ROUTE <b>12-17 Interstate</b>		TOTAL OCCUPANTS OF THIS VEHICLE <b>2</b>		EXTENT OF DAMAGE <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major		DAMAGEABLE <input type="checkbox"/> Yes <input type="checkbox"/> No		DAMAGED AREAS <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right					
TOWED DUE TO DAMAGE <input type="checkbox"/> Yes <input type="checkbox"/> No		TOWED BY <b>Self</b>		TOWED TO <b>Self</b>		TOWED TO <b>Self</b>		TOWED TO <b>Self</b>		OTHER INFORMATION					
AUTO LIABILITY INSURANCE <input type="checkbox"/> Yes <input type="checkbox"/> No		INSURANCE COMPANY <b>Self</b>		POLICY NO. <b>Self</b>		AGENT <b>Self</b>		AGENT <b>Self</b>		OTHER INFORMATION					
CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 1 No Improper Driving <input type="checkbox"/> 2 Exceeding Speed Limit <input type="checkbox"/> 3 Exceeding Safe Speed		CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 4 Driving Lane Improperly <input type="checkbox"/> 5 Following Too Closely <input type="checkbox"/> 6 Disobeyed Traffic Control <input type="checkbox"/> 7 Did Not Have Right of Way <input type="checkbox"/> 8 Failure to Maintain Control <input type="checkbox"/> 9 Driving Under Impaired Speed <input type="checkbox"/> 10 No Signal or Improper Signal		CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 11 Turning Improperly <input type="checkbox"/> 12 Parking Improperly <input type="checkbox"/> 13 Backing Improperly <input type="checkbox"/> 14 Stopping Improperly <input type="checkbox"/> 15 Stopping in Traffic Lane <input type="checkbox"/> 16 Stopping in Traffic Lane		CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 17 Other (SEE NARRATIVE) <input type="checkbox"/> 18 Driver Under Influence <input type="checkbox"/> 19 Improper Use of Driveway <input type="checkbox"/> 20 Pulling Out from Parking Space <input type="checkbox"/> 21 Other (SEE NARRATIVE)		CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 22 Other (SEE NARRATIVE) <input type="checkbox"/> 23 Previous Accident <input type="checkbox"/> 24 List of Cases <input type="checkbox"/> 25 Other (SEE NARRATIVE)		CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 26 Other (SEE NARRATIVE) <input type="checkbox"/> 27 Previous Accident <input type="checkbox"/> 28 List of Cases <input type="checkbox"/> 29 Other (SEE NARRATIVE)		CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 30 Other (SEE NARRATIVE) <input type="checkbox"/> 31 Previous Accident <input type="checkbox"/> 32 List of Cases <input type="checkbox"/> 33 Other (SEE NARRATIVE)		OTHER INFORMATION	
DRIVER'S FULL NAME <b>John Ridge Off-Road</b>		ADDRESS <b>Box 123 Gilbert, NV</b>		CITY <b>Gilbert</b>		STATE <b>NV</b>		ZIP <b>89421</b>		OTHER INFORMATION					
DATE OF BIRTH <b>1/1/1940</b>		SOCIAL SECURITY NUMBER <b>111-11-1111</b>		DRIVER LICENSE NUMBER <b>11A</b>		STATE <b>NV</b>		LICENSE RES. PROVISIONS VIOLATED <input type="checkbox"/> None <input type="checkbox"/> Operator's License <input type="checkbox"/> Learner's Permit		OTHER INFORMATION					
STATION NUMBER <b>1111</b>		OFFICER CHARGE <b>11A</b>		DRIVER CONDITION <input type="checkbox"/> Normal <input type="checkbox"/> Fatigued <input type="checkbox"/> Intoxicated		DRIVER CONDITION <input type="checkbox"/> Normal <input type="checkbox"/> Fatigued <input type="checkbox"/> Intoxicated		DRIVER CONDITION <input type="checkbox"/> Normal <input type="checkbox"/> Fatigued <input type="checkbox"/> Intoxicated		OTHER INFORMATION					
SECURITY TEST GIVEN <input type="checkbox"/> Yes <input type="checkbox"/> No		TYPE OF TEST GIVEN <input type="checkbox"/> Field <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other		TEST RESULTS <input type="checkbox"/> Pass <input type="checkbox"/> Fail		TEST RESULTS <input type="checkbox"/> Pass <input type="checkbox"/> Fail		TEST RESULTS <input type="checkbox"/> Pass <input type="checkbox"/> Fail		OTHER INFORMATION					
DRIVER ACCIDENT <input type="checkbox"/> 1 Going Slow Ahead <input type="checkbox"/> 2 Turning Right <input type="checkbox"/> 3 Turning Left		DRIVER ACCIDENT <input type="checkbox"/> 4 Overtaking <input type="checkbox"/> 5 Changing Lanes <input type="checkbox"/> 6 Stopping		DRIVER ACCIDENT <input type="checkbox"/> 7 Parking <input type="checkbox"/> 8 Backing <input type="checkbox"/> 9 Stopping in Traffic Lane		DRIVER ACCIDENT <input type="checkbox"/> 10 Stopping <input type="checkbox"/> 11 Stopping in Traffic Lane <input type="checkbox"/> 12 Stopping in Traffic Lane		DRIVER ACCIDENT <input type="checkbox"/> 13 Entering or Leaving Driveway <input type="checkbox"/> 14 Pulling Out from Parking Space <input type="checkbox"/> 15 Other (SEE NARRATIVE)		DRIVER ACCIDENT <input type="checkbox"/> 13 Entering or Leaving Driveway <input type="checkbox"/> 14 Pulling Out from Parking Space <input type="checkbox"/> 15 Other (SEE NARRATIVE)		OTHER INFORMATION			
DRIVER'S FULL NAME <b>John Ridge Off-Road</b>		ADDRESS <b>Box 123 Gilbert, NV</b>		CITY <b>Gilbert</b>		STATE <b>NV</b>		ZIP <b>89421</b>		OTHER INFORMATION					
YEAR <b>2007</b>		MAKE <b>Yamaha</b>		MODEL <b>Blade</b>		COLOR <b>Green</b>		VEHICLE IDENTIFICATION NUMBER <b>12345678901234567890</b>		OTHER INFORMATION					
LICENSE PLATE NUMBER <b>1234</b>		STATE <b>NV</b>		YEAR <b>2007</b>		VEHICLE IDENTIFICATION NUMBER <b>12345678901234567890</b>		VEHICLE IDENTIFICATION NUMBER <b>12345678901234567890</b>		OTHER INFORMATION					
DIRECTION TRAVEL <input type="checkbox"/> On <input type="checkbox"/> Off		ROUTE <b>12-17 Interstate</b>		TOTAL OCCUPANTS OF THIS VEHICLE <b>2</b>		EXTENT OF DAMAGE <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Major		DAMAGEABLE <input type="checkbox"/> Yes <input type="checkbox"/> No		DAMAGED AREAS <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right					
TOWED DUE TO DAMAGE <input type="checkbox"/> Yes <input type="checkbox"/> No		TOWED BY <b>Self</b>		TOWED TO <b>Self</b>		TOWED TO <b>Self</b>		TOWED TO <b>Self</b>		OTHER INFORMATION					
AUTO LIABILITY INSURANCE <input type="checkbox"/> Yes <input type="checkbox"/> No		INSURANCE COMPANY <b>Self</b>		POLICY NO. <b>Self</b>		AGENT <b>Self</b>		AGENT <b>Self</b>		OTHER INFORMATION					
CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 1 No Improper Driving <input type="checkbox"/> 2 Exceeding Speed Limit <input type="checkbox"/> 3 Exceeding Safe Speed		CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 4 Driving Lane Improperly <input type="checkbox"/> 5 Following Too Closely <input type="checkbox"/> 6 Disobeyed Traffic Control <input type="checkbox"/> 7 Did Not Have Right of Way <input type="checkbox"/> 8 Failure to Maintain Control <input type="checkbox"/> 9 Driving Under Impaired Speed <input type="checkbox"/> 10 No Signal or Improper Signal		CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 11 Turning Improperly <input type="checkbox"/> 12 Parking Improperly <input type="checkbox"/> 13 Backing Improperly <input type="checkbox"/> 14 Stopping Improperly <input type="checkbox"/> 15 Stopping in Traffic Lane <input type="checkbox"/> 16 Stopping in Traffic Lane		CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 17 Other (SEE NARRATIVE) <input type="checkbox"/> 18 Driver Under Influence <input type="checkbox"/> 19 Improper Use of Driveway <input type="checkbox"/> 20 Pulling Out from Parking Space <input type="checkbox"/> 21 Other (SEE NARRATIVE)		CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 22 Other (SEE NARRATIVE) <input type="checkbox"/> 23 Previous Accident <input type="checkbox"/> 24 List of Cases <input type="checkbox"/> 25 Other (SEE NARRATIVE)		CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> 26 Other (SEE NARRATIVE) <input type="checkbox"/> 27 Previous Accident <input type="checkbox"/> 28 List of Cases <input type="checkbox"/> 29 Other (SEE NARRATIVE)		OTHER INFORMATION			

**PHOTOGRAPHIC RECORD SHEET** (ON REVERSE OF THIS SHEET)

**DATE:** 09/03/07 **TIME:** 10:32 AM

**REPORTING OFFICER:** [Name] **OFFICE:** [Office Name]

**VEHICLE INFORMATION:** MAKE: [Make] MODEL: [Model] YEAR: [Year] COLOR: [Color]

**DRIVER INFORMATION:** NAME: [Name] ADDRESS: [Address] CITY: [City] STATE: [State] ZIP: [ZIP]

**VEHICLE DAMAGE:** FRONT: [ ] SIDE: [ ] REAR: [ ]

**INVESTIGATING OFFICER'S SIGNATURE:** [Signature]

**DATE OF COMPLETION:** 9/31/07

DRAW SCENE AS OBSERVED

DRAW SCENE AS OBSERVED, INCLUDING ROADWAY LAYOUT, VEHICLE, PEDESTRIAN OR OBJECT S'WHICK, TRAFFIC CONTROLS, SKIDMARKS, ETC.

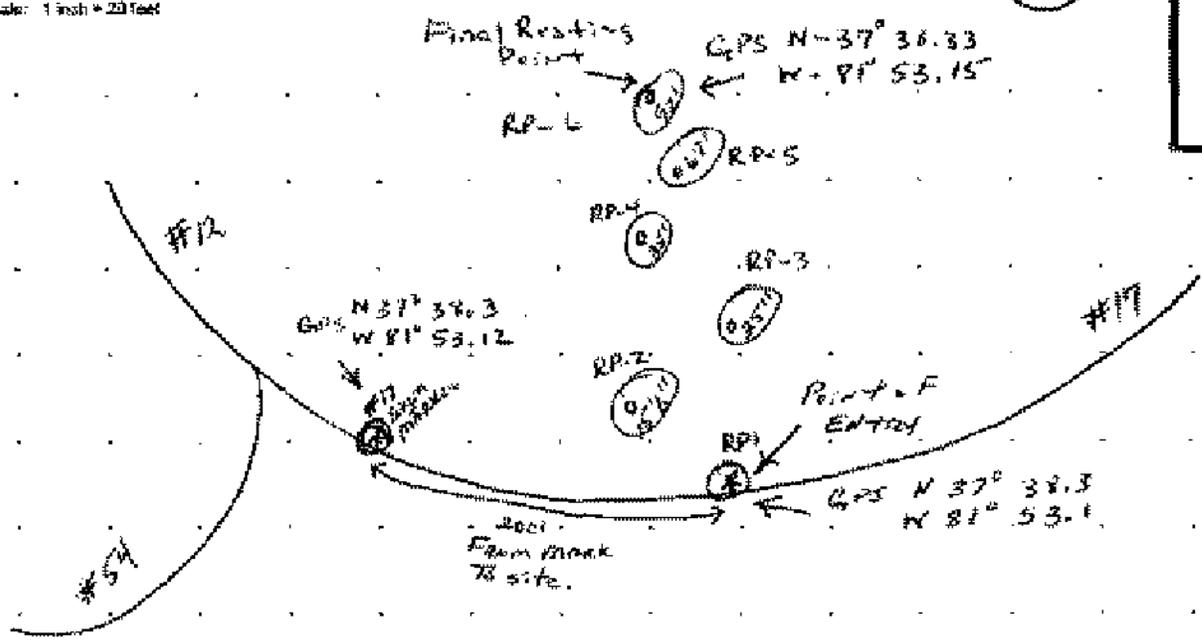
DRAW ARROW POINTING NORTH IN CIRCLE

IMPORTANT: NUMBER THE VEHICLES ACCORDING TO THE VEHICLE NUMBERS ON THE FRONT PAGE.

Scale: 1 inch = 20 feet



COLLISION DIAGRAM



**DESCRIBE WHAT HAPPENED (Refer to Vehicles by Number)**

NARRATIVE

- RP-1 ★ Point of Entry GPS N 37° 38.3 W 81° 53.1
- RP-2 First Impact Tree 15' 6"
- RP-3 2nd Impact Tree 25'
- RP-4 3rd Impact Tree 35'
- RP-5 4th Impact Tree 67'
- RP-6 Final Resting Point 92' N 37° 36.33 W 81° 53.15

STATEMENTS OF INVOLVED DRIVERS AND WITNESSES (IF AVAILABLE)

Statement of Driver

WE WERE DRIVING, GOING DOWN HILL, HIT A ROCK, THEN THE STEERING WHEEL WOULDN'T WORK, FELL OVER HILL, WENT DOWN HILL 15 FEET.

Driver

(b)(3), CPSA Section 25(c), (b)(6)

Witnesses

(b)(6)

Q- About How fast were you going?

A- 10 mph. a small rock was in the road we went over it and the steering locked up. by that time we were on the embankment I couldn't stop and we rolled over the hill.

Q- Did you and your father have your safety belts on?

A- Yes, by the time we got to the bottom my dad asked me to take off his belt.

Q- Did you & your dad have a helmet on at the time of the crash?

A- yes.

Q- How much experience do you have riding ATV's or ATVs?

A- I don't have to much experience driving ATV's or ATVs I always rode Dirt Bikes.

Q- What time did you start riding the trails today?

A- Around 12:30 pm today.

ATTACH ADDITIONAL STATEMENT SHEETS AS NEEDED



STATEMENTS OF INVOLVED DRIVERS AND WITNESSES (IF AVAILABLE)

~~Statement of Driver~~

Q - How long were you driving before the crash happened?

A - Every since 12:30 pm About 4 1/2 hours

Q - Do you have any medical problems that may have contributed to the crash?

A - NO - NONE what so ever

Q - Have you drinking on the trip today?

~~End of~~

A - NO - NO Alcohol (what so ever)

End of Questions 8:07 pm

X	(b)(3), CPSA Section 25(c), (b)(6)
X	(b)(6)
X	
X	

ATTACH ADDITIONAL STATEMENT SHEETS AS NEEDED

# Hatfield-McCoy Regional Recreation Authority



## LAW ENFORCEMENT DIVISION



P. O. Box 938 • Rich Creek Road • Lyburn, West Virginia 26032 • (304) 752-3255 • Fax (304) 831-2041

### Supplemental Accident Information Report

This supplemental information report is to be completed on all accidents in addition to the West Virginia Uniform Traffic Crash Report and made a permanent part of the Crash Report.

Operator's Name: (b)(3) CPSA Section 25(c), (b)(6) Date of Accident: 5-26-07

Trail System: Browning Fork Trail #: 17

GPS Coordinates: N 37° 39.5 W 81° 53.1

1. How much ATV riding experience do you have? Very little experience
2. How many times have you ridden on Hatfield-McCoy Trails? this is the first time
3. How many times have you ridden on this particular trail system? first time
4. Does the machine you were riding belong to you? no
5. If not, who does it belong to? Indian Ridge IFF-Road Custom
6. How many times have you ridden this machine? first time on machine
7. How long have you been riding today? about 4 hours
8. Are you under the care of a doctor? no
9. Are you taking any medication that could affect your riding ability? no
10. What were you doing immediately prior to the accident? coming down trail going home
11. What were the events leading up to the accident? riding trail
12. Have you ever taken an ATV Safety Course? no
13. Do you have any physical handicaps or conditions that could affect your riding ability? None

Sgt. John Hill Jr  
Investigating Officer's Name (Please Print)

[Signature]  
Investigating Officer's Signature



001197 2007 05:42 0646643200

4000000000 THE ABOVE PRINTS ONLY IF YOU HAVE THE APPROPRIATE SOFTWARE

11 Supply Maintenance Dept. Inc.  
10 ROUTE 14 CORN. HWY 811  
Lynch, WV 26002  
(304) 751-4345

1 GENERAL SUPPLY CORP  
0 Repair Order # 25325

Page 2

1 0 For INDIAN RIBBON OFF HOA (841245)

Date Printed 8/12/07

Job	Part	QTY	PRICE	AMT			
0000000000	2.558.05	643.00	.00	10.00	TOTAL OF 817 QTY'S	3,428.33	
EFFECTIVE JANUARY 1 OUR LABOR RATE IS \$1.00 PER 1/2 HOUR.						Before Tax Total	2,020.31
THANK YOU FOR YOUR BUSINESS!						SALES TAX	178.22
						Repair Order Total	3,028.53



**Hatfield  
McCoy  
Trails**

**P.O. Box 539  
Rich Creek Road  
Lyburn, WV 25632  
(304) 752-3255**

Date 5-26-07  
 First Name (b)(3) CPSA Section 25(c), (b)(6) Last Name (b)(3) CPSA Section 25(c), (b)(6)  
 Address (b)(3) CPSA Section 25(c), (b)(6)  
 City (b)(3) CPSA Section 25(c), (b)(6)  
 Telephone Number (b)(3) CPSA Section 25(c), (b)(6)  
 Drivers License Num (b)(3) CPSA Section 25(c), (b)(6) E-Mail Bluminous1@yahoo.com  
 How did you hear about us? Internet

**CHECK THE TYPE OF PERMIT PURCHASED**

Prices include 6% sales tax

1 Day - \$19.00 Date Issued 5-26-07  
 3-7 Days - \$37.00 Dates Issued (must identify the dates) \_\_\_\_\_  
 Annual In-State - \$28.50 Annual Out-of-State - \$79.50  
 Permit Number Issued 64709  
 Name of the Seller (b)(6)  
 Name of the Establishment Trail & Hunt  
 Check  Cash  Credit Card Approval No. \_\_\_\_\_  
 Credit Card No. \_\_\_\_\_ Type \_\_\_\_\_ Exp. \_\_\_\_\_

**ATTENTION: READ THE FOLLOWING STATEMENTS CAREFULLY.**

Your use of the Hatfield-McCoy Regional Recreation Area (hereinafter the "Area") is conditioned upon compliance with all user rules and West Virginia Law. Your acceptance of the permit constitutes your agreement to comply with all the rules and laws. Violation of any rule or law renders the permit null and void, and makes it subject to immediate revocation by the Hatfield-McCoy Regional Recreation Authority (hereinafter the "Authority").

**ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK:** I understand the use of the area involves the danger of encountering both known and unknown hazards and risks which could result in injury, death, illness or disease, physical or mental or damage to myself, to my property, or to spectators or other third-parties. I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the Authority, its owners, agents, officers, employees or, its licensors and lessors

**INDEMNIFICATION AGREEMENT:** For and in consideration of being permitted by the Authority to use its facilities and to participate in its recreational events and activities, I agree to this **WAIVER, RELEASE AND INDEMNIFICATION**; the undersigned joins in this **WAIVER AND RELEASE** and stipulates and agrees to **SAVE AND HOLD HARMLESS, INDEMNIFY, AND FOREVER DEFEND** the **AUTHORITY, ITS LICENSORS AND LESSORS** from and against any and all claims, actions, demands, expenses, liabilities (including reasonable attorney's fees) and **NEGLIGENCE** made or brought by the undersigned or by anyone on behalf of the undersigned, as a result of the undersigned's participation in **AUTHORITY'S** recreational events and activities and my use of the Area

**WAIVER AND RELEASE OF LIABILITY:** By signing this form, I acknowledge that I am aware of the dangers and, even so, I do hereby, on behalf of myself, my personal representatives and my heirs, voluntarily agree to **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, DEMAND AND INDEMNIFY** the authority and its licensors, lessors, owners, agents, officers and employees from any and all claims, actions, or losses or damages for bodily injury, property, wrongful death, loss of services or otherwise which may arise out of my use of the Area or my participation in any activities thereon. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the licensors, lessors, owners, agents or employees of the Authority. This document shall be binding on my heirs, executors, administrators, and assigns.

(b)(3) CPSA Section 25(c), (b)(6)

Signature

5-26-07  
Date

(b)(3) CPSA Section 25(c), (b)(6)

50 yrs  
Age

Signature of Parent or Guardian required if participant is under age 18.

By signing this form as the Parent or Guardian of a participant under the age of 18 (minor), in addition to binding myself and the participant to the terms hereof, I am also certifying the following: 1) any machine operated by the minor will be of a model that is recommended by the manufacturer as appropriate to the minor's age and size; 2) all rules governing the use of the Area have been reviewed by me and explained to the minor in sufficient detail so that the minor can abide by the same; and 3) any minor for whom I am signing that is under the age of 18 shall remain under my immediate supervision and within my sight at all times.

White - Hatfield & McCoy    Yellow - Vendor    Pink - User



# Hatfield -McCoy Trails

P.O. Box 539  
Rich Creek Road  
Lyburn, WV 25632  
(304) 752-3255

Date 05-26-07  
 First Name (b)(3) CPSA Section 25(c), (b)(6) Last Name (b)(3) CPSA Section 25  
 Address (b)(3) CPSA Section 25(c), (b)(6)  
 City P.  
 Telephone Number (b)(3) CPSA Section 25(c), (b)(6)  
 Drivers License Number \_\_\_\_\_ E-Mail \_\_\_\_\_  
 How did you hear about us? friend

### CHECK THE TYPE OF PERMIT PURCHASED

Prices include 6% sales tax

1 Day - \$19.00 \_\_\_\_\_ Date Issued 5-26-07  
 3-7 Days - \$37.00 \_\_\_\_\_ Dates Issued (must identify the dates) \_\_\_\_\_  
 Annual In-State - \$26.50  Annual Out-of-State - \$79.50 \_\_\_\_\_  
 Permit Number Issued 64171  
 Name of the Seller (b)(6)  
 Name of the Establishment Trail's end  
 Check  Cash  Credit Card  Approval No. \_\_\_\_\_  
 Credit Card No. \_\_\_\_\_ Type \_\_\_\_\_ Exp. \_\_\_\_\_

### ATTENTION: READ THE FOLLOWING STATEMENTS CAREFULLY.

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**INDEMNIFICATION AGREEMENT:** For and in consideration of being permitted by the Authority to use it's facilities and to participate in it's recreational events and activities, I agree to this **WAIVER, RELEASE AND INDEMNIFICATION**; the undersigned joins in this **WAIVER AND RELEASE** and stipulates and agrees to **SAVE AND HOLD HARMLESS, INDEMNIFY, AND FOREVER DEFEND** the **AUTHORITY, IT'S LICENSORS AND LESSORS** from and against any and all claims, actions, demands, expenses, liabilities (including reasonable attorney's fees) and **NEGLIGENCE** made or brought by the undersigned or by anyone on behalf of the undersigned, as a result of the undersigned's participation in **AUTHORITY'S** recreational events and activities and my use of the Area.

**WAIVER AND RELEASE OF LIABILITY:** By signing this form, I acknowledge that I am aware of the dangers and, even so, I do hereby, on behalf of myself, my personal representatives and my heirs, voluntarily agree to **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, DEFEND AND INDEMNIFY** the authority and it's Licensors, Lessors, owners, agents, officers and employees from any and all claims, actions, or losses or damages for bodily injury, property, wrongful death, loss of services or otherwise which may arise out of my use of the Area or my participation in any activities thereon. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the Licensors, Lessor, owners, agents or employees of the Authority. This document shall be binding on my heirs, executors, administrators, and assigns.

(b)(3) CPSA Section 25(c), (b)(6)  
 Signature \_\_\_\_\_  
(b)(3) CPSA Section 25(c), (b)(6)

05-26-07  
 Date \_\_\_\_\_  
16  
 Age \_\_\_\_\_

Signature of Parent or Guardian required if participant is under age 18.

By signing this form as the Parent or Guardian of a participant under the age of 18 (minor), in addition to binding myself and the participant to the terms hereof, I am also certifying the following: 1) any machine operated by the minor will be of a model that is recommended by the manufacturer as appropriate to the minor's age and size; 2) all rules governing the use of the Area have been reviewed by me and explained to the minor in sufficient detail so that the minor can abide by the same; and 3) any minor for whom I am signing that is under the age of 16 shall remain under my immediate supervision and within my sight at all times.

White - Hatfield & McCoy    Yellow - Vendor    Pink - User

DPS Form 27  
Rev. 3-97

WEST VIRGINIA UNIFORM TRAFFIC CRASH REPORT  
FATAL CRASH SUPPLEMENT

COUNTY <u>Mingo</u>		DETACHMENT <u>Hoffield McCoy Trails LE</u>	
DRIVER # <u>(b)(3),CPSA Section 25(c),(b)(6)</u>		CORRECTIVE LENSES OR CONTACTS	
DRIVER #2 _____		DRIVER: <u>N/A</u>	
OTHER _____		DRIVER: _____	
ROADWAY FLOW:		TRAVEL SPEED:	
<input type="checkbox"/> DIVIDED HIGHWAY <input type="checkbox"/> IF YES, CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> MEDIAN STRIP <input type="checkbox"/> GUARD RAIL <input type="checkbox"/> OTHER BARRIER <input checked="" type="checkbox"/> NOT PHYSICALLY DIVIDED <input type="checkbox"/> ONE WAY TRAFFICWAY		ACTUAL      ESTIMATED      UNKNOWN DRIVER #1 _____ DRIVER #2 _____	
HELMET USAGE (MOTORCYCLIST/PEDESTRIAN) <u>ATV</u> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CHILD SAFETY SEAT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> (IF PROPERLY USED)	
		ESTIMATED EMS TIMES:	
		CALLED      ARRIVED      DEPARTED LAST# <u>07</u> <u>1643.07</u> <u>1702.10</u> <u>1745.37</u> UNIT# _____ UNIT# _____	
		EMS ARRIVAL TIME AT HOSPITAL <u>1815.53</u> IF MORE THAN ONE UNIT RESPONDS, LIST TIME FOR FIRST UNIT ARRIVING AT HOSPITAL	
CRASH AVOIDANCE MANEUVER (MARK FOR EACH VEHICLE)			
NO AVOIDANCE MANEUVER	VEHICLE# <u>1</u>	BRAKING (SKI MARKS EVIDENT)	VEHICLE# _____
STEERING (EVIDENCE STATED)	VEHICLE# _____	BRAKING (NO SKI MARKS, DRIVER STATED)	VEHICLE# _____
STEERING & BRAKING (EVIDENCE OR STATED)	VEHICLE# _____	OTHER AVOIDANCE MANEUVER	VEHICLE# _____
METHOD OF ALCOHOL/DRUG DETERMINATION (LIST NAME, VEHICLE# AND TEST FOR ALL PASSENGERS INVOLVED)			
NAME:	VEH#:	NAME:	VEH#:
<input type="checkbox"/> EVIDENTIAL TEST (BREATH, BLOOD OR URINE)		<input type="checkbox"/> EVIDENTIAL TEST (BREATH, BLOOD OR URINE)	
<input type="checkbox"/> PST		<input type="checkbox"/> PST	
<input type="checkbox"/> FIELD SOBRIETY TESTING		<input type="checkbox"/> FIELD SOBRIETY TESTING	
<input type="checkbox"/> OBSERVATION		<input type="checkbox"/> OBSERVATION	
<input type="checkbox"/> DRUG USE SUSPECTED		<input type="checkbox"/> DRUG USE SUSPECTED	
EJECTION PATH LIST NAME, VEHICLE, AND PATH OF THOSE EJECTED			
NAME: <u>(b)(3),CPSA Section 25(c),(b)(6)</u>	VEH#: <u>1</u>	NAME:	VEH#:
<input checked="" type="checkbox"/> SIDE DOOR	<input type="checkbox"/> SIDE WINDOW	<input type="checkbox"/> SIDE DOOR	<input type="checkbox"/> SIDE WINDOW
<input type="checkbox"/> BACK WINDOW		<input type="checkbox"/> BACK WINDOW	
<input type="checkbox"/> WINDSHIELD		<input type="checkbox"/> WINDSHIELD	
<input type="checkbox"/> BACK DOOR/TAILGATE		<input type="checkbox"/> BACK DOOR/TAILGATE	
<input type="checkbox"/> ROOF OPENING (CONVERTIBLE TOP UP)		<input type="checkbox"/> ROOF OPENING (CONVERTIBLE TOP UP)	
<input type="checkbox"/> OTHER PATH (BED OF PICKUP/TRUCK)		<input type="checkbox"/> OTHER PATH (BED OF PICKUP/TRUCK)	
AIR BAG FUNCTION			
<input type="checkbox"/> DEPLOYED	VEHICLE# _____	<input type="checkbox"/> DRIVER SIDE	<input type="checkbox"/> PASSENGER SIDE
<input type="checkbox"/> NON-DEPLOYED	VEHICLE# _____	<input type="checkbox"/> DRIVER SIDE	<input type="checkbox"/> PASSENGER SIDE
DATE OF DEATH: <u>5-27-07</u>	TIME OF DEATH: <u>1835</u>	DATE OF DEATH: _____	TIME OF DEATH: _____

SEND ORIGINAL TO: TRAFFIC RECORDS SECTION, FATAL ANALYSIS REPORTING SYSTEM (NO COPIES NEEDED)

# FATALITY ANALYSIS REPORTING SYSTEM (FARS)

US DEPARTMENT OF TRANSPORTATION

## FATAL CRASH SUPPLEMENT

County: Mingo Date of Crash: 05-29-07  
 Agency: Haffield M.E. Co. Troops LE  
 Phone: 304-752-3255 Fax: 304-752-1134

Please Mail or Fax a Copy of the following documents to FARS and the WV Division of Highways:  
 A copy of the Uniform Traffic Crash Report, Final Crash Supplement, Statements, Diagram, Photocopies of  
 Crash Scene Photographs, RMS / Medical Records, and any other pertinent documents.

(SUBMIT BY MAIL OR FAX)  
 Robin M. Turley  
 Fatality Analysis Reporting System  
 725 Jefferson Road  
 South Charleston, WV 25385-1598  
 Phone: (304) 746-2235 Fax: (304) 746-2206

(SUBMIT BY MAIL ONLY)  
 Traffic Engineering Division  
 WV Division of Highways  
 1908 Kanawha Blvd. E.  
 Building 5, Room 4-338  
 Charleston, WV 25303

REMARKS: All Agencies MUST Submit a "Death Message" (WV Family Report) by Teletype  
 to FARS at 811/MSM101 and SP Coordinator at WV Department within 24 hrs of the death.

### Date and Time of Death

Victim #	Veh#	Victim(s)	Date of Death *	Time of Death *	Place of Death or City Where Pronounced	Race
1	1	(b)(3) CPSA Section 25(c),(b)(6)	05-29-07	1835	Logan, WV	W

\* Every Possible Effort Should Be Made to Obtain the Date and Time of Death.

### Roadway Flow

Roadway Divided By	Number of Travel Lanes*	Warning / Advisory Sign Posted	Roadway Divided By Options
04	1	NO	01 Divided by Median 02 Divided by Guardrail 03 Divided by Color Barrier 04 Not Physically Divided 05 One-Way Trafficway

\* When counting the Number of Travel Lanes, include turn lanes and continuous turn lanes.  
 For divided highways, count only the number of lanes in one direction.

### Driver and Vehicle Information (Complete for ALL Drivers and Vehicles involved in crash.)

Veh#	Driver Name(s)	VEHICLE TRAVEL SPEED			CELL PHONE USE / PRESENCE			Crash Avoidance Maneuver Codes
		Speed (mph)	Actual / Estimated / Unknown	Crash Avoidance Maneuver	Cell Phone In Car (Y/N)	Driver Using Cell Phone (Y/N)	Coast Truck (Y/N)	
1	(b)(3) CPSA Section 25(c),(b)(6)	N/A	N/A	00	N	N	N	00 No Avoidance 01 Steering Only 02 Steering Braking 03 Braking WITH Skidmarks 04 Braking with NO Skidmarks 05 Braking (Driver Stated) 06 Braking (Other Evidence) 07 Other Avoidance

**Emergency Medical Service Times** (Complete for ALL Individuals Involved in crash that were medically transported due to injury.)

Time of First Notification: 1643

Time First Unit Arrived at Scene: 1702

Indiv #	Veh#	Name(s)	Departure	To Hospital	Name of Hospital / Facility	Taken By
1	1	(b)(3) CPSA Section 25(c),(b)(6)	1735	1735	LOGAN Regional	Stafford-07
1	1	(b)(3) CPSA Section 25(c),(b)(6)	1735	1735	LOGAN Regional	Stafford-07

**Use of Safety Equipment** (Complete ALL APPLICABLE elements for ALL Individuals Involved in crash.)

Indiv #	Veh#	Name(s)	CHILD SAFETY SEAT		Airbag	Ejection	HELMET	
			Usage	Type	Deployment	Path	Usage	Veh Type
		(b)(3) CPSA Section 25(c),(b)(6)	/	/	00	/	01	02
		(b)(3) CPSA Section 25(c),(b)(6)	/	/	00	99	01	02

- Ejection Path Codes**
- 01 Side Door (Side of Vehicle)
  - 02 Side Window
  - 03 Front Windshield
  - 04 Back Window
  - 05 Tailgate / Rear Door / Hatchback
  - 06 Staircase / T-Top
  - 07 Convertible Top Up
  - 08 Convertible Top Down
  - 09 Other Path (Vehicle Function 312, ATV)
  - 99 Unknown

- Child Safety Seat Usage Codes**
- 00 In Use
  - 01 Not In Use
  - 02 Improper Usage
  - 03 Improperly Installed

- Child Safety Seat Type Codes**
- 00 Front Facing
  - 01 Rear Facing
  - 02 Approved Booster

- Airbag Deployment / Usage Codes**
- 00 No Airbag for Make and Model Year
  - 01 Airbag Did Not Deploy (Airbag Available)
  - 02 Airbag Did Not Deploy (Airbag Switch Turned Off)
  - 03 Airbag Deployed (Front Seat Driver / Passenger)
  - 04 Airbag Deployed (Side Airbag)
  - 05 Airbag Deployed (Other Type Airbag)
  - 06 Partially Deployed and Not Replined
  - 07 Disabled or Removed
  - 08 Airbag Malfunctioned

- Helmet Use Codes**
- 01 Used
  - 02 Not Used
  - 03 Improper Use
  - 04 Unknown
- Vehicle Type Codes**
- 01 Motorcycle
  - 02 ATV
  - 03 Bicycle
  - 04 Moped/Scooter

**Alcohol and Drug Involvement** (Complete ALL APPLICABLE elements for ALL Individuals Involved in crash.)

Indiv #	Veh#	Name(s)	ALCOHOL			DRUGS			
			Substance Suspected	Method of Determination	Test Type	IAC Results	Test Type	Drugs Detected	Testing Agency

- Substance Suspected by Officer**
- 01 Alcohol
  - 02 Drugs
  - 03 Alcohol and Drugs

- Method of Determination Used by Investigating Officer - Codes**
- 01 Evidential (Blood, Breath, Urine)
  - 02 EBT (Aceton Results)
  - 03 PBT (Pass / Fail)
  - 04 Field Sobriety
  - 05 Observed (Color, Slurred Speech)
  - 06 Passive Alcohol Sensor
  - 07 Serum / Plasma
  - 08 Liver
  - 09 Other (Saliva, Vitreous)

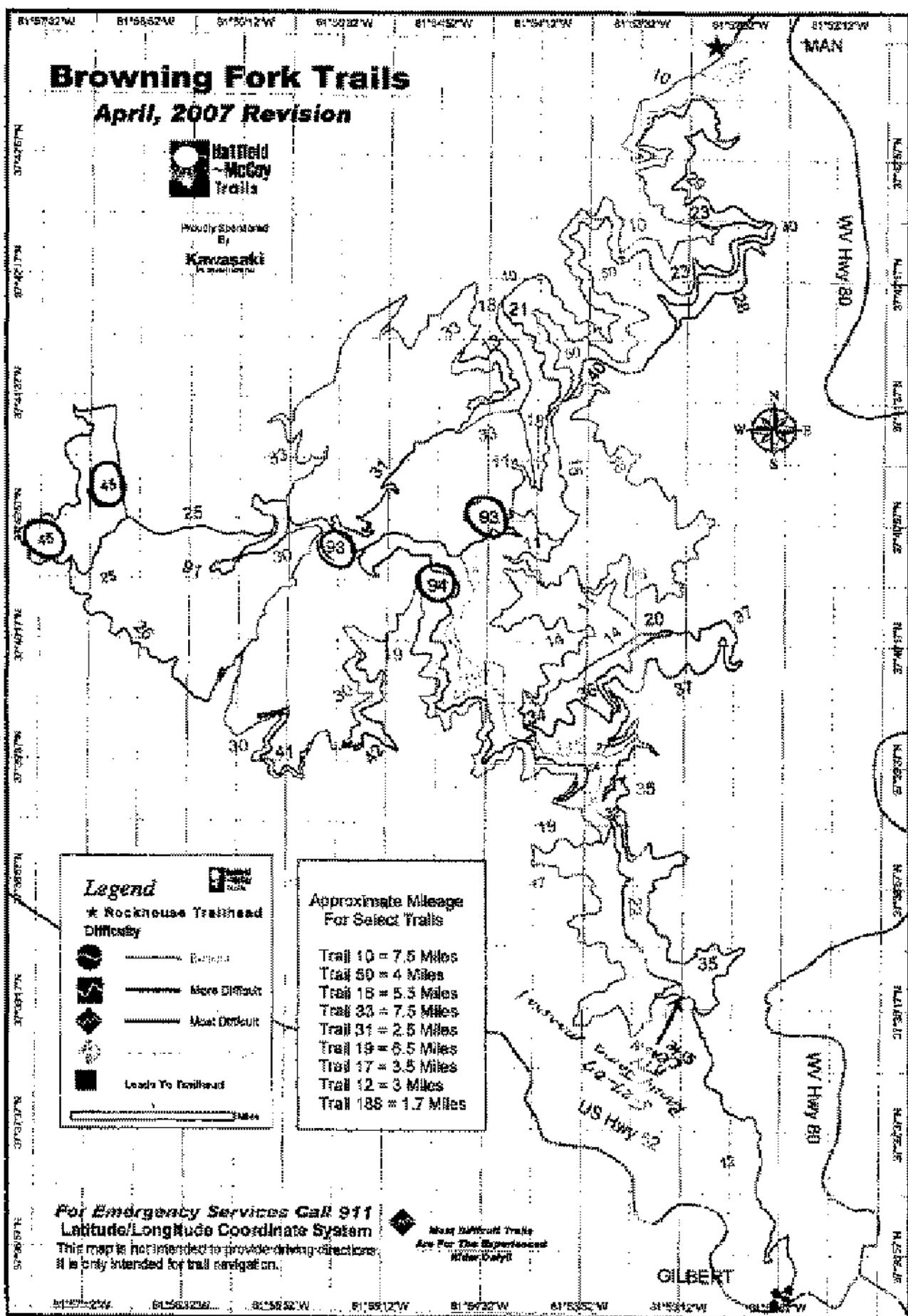
- Substance Test Type Codes**
- 01 Whole Blood
  - 02 Breath BAC
  - 03 Urine
  - 04 Serum / Plasma
  - 05 Vitreous / Tissue

- Testing Agency**
- 01 Medical Examiner
  - 02 County Coroner
  - 03 State Police
  - 04 Hospital
  - 05 Other

Sep 04 07 10:43a

45 93 94 Temp Closed

USE Caution on Trails 25+31



MEDICAL EXAMINER'S/CORONER'S REPORT FORM

539703

To report a case by telephone, call (toll free) 1-800-638-8095. Say "THIS IS A MECAP REPORT." You will then be placed in contact with the MECAP Project Manager, who will ask for the information below. Or send by FAX to (301)504-0032.

Date of Incident: 5/27/07 Date of Death: 5/27/07 ISSUE 38

Type of Consumer Product Involved: ATV JUN 18 2007

Manufacturer, Model, Brand Name and Serial No. of Product: Yamaha "Rhino" ATV

Is Product available for examination? Yes  No  If Yes, Where?

Cause of Death: Multiple Injuries

Location of Incident: City: Gilbert State: AZ

Brief Description of incident sequence: Please indicate the Age, Sex and Race of victim(s):

A= 50 S= Male R= White

See following 11 pages

Contact information: Please include the name, address and telephone number of any state/local personnel who investigated the accident:

Sgt. Noah Lombardo Harford McCoy Trail Ranger (904) 752-3255

Medical Examiner's/Coroner's case no: OCO70418 County Case

Reporter's name: L.J. Policastro Date reported: 6/7/07

Telephone number of office reporting the case: (304) 558-3920

Reporter's office address: OCME 619 Virginia Street, West Charleston, WV 25302 Kanawha County

Medical Examiner's/Coroner's Name: Mike Casey

Chief Medical Examiner's Name (if Applicable): n/a

\*\*\*\*\* For Processing at CPSC: Report Received By: \*\*\*\*\*

Chief Medical Examiners Report ( ) Copy for MECAP News ( ) Regular MECAP ( )

Document No. \_\_\_\_\_

STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH & HUMAN RESOURCES  
OFFICE OF THE CHIEF MEDICAL EXAMINER  
619 Virginia Street, West  
Charleston, WV 25302  
(304) 558-6920 - FAX (304) 558-7039

OFFICE OF THE CHIEF  
MEDICAL EXAMINER

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

Security Seal Tab #:

FOR OCME USE ONLY:

CASE #: \_\_\_\_\_ DR.: \_\_\_\_\_

MECAP

County of Death: LOGAN

Date: 5-27-07

County MEC: Mike + Cheryl Casey

Notified by/Date/Time: LOAN 911 5/27/07 7:30 PM

DECEDENT: (b)(3) CPSA Section 25(c), (b)(6)	Occupation: <u>Coal Miner</u> (Do not use retired)
ADDRESS: _____	SSN: (b)(3) CPSA Section 25(c), (b)(6)
Next of Kin: (b)(6)	DOB: _____
Relationship: <u>Wife</u>	AGE: <u>50</u> SEX: <u>MALE</u> RACE: <u>White</u>
Phone: (b)(6)	

Date of Death: \_\_\_\_\_ m. Witnesses: \_\_\_\_\_

Last Known Alive: 5-27-07 @ 10:40 m. By: SON - (b)(3) CPSA Section 25(c), (b)(6)

Found Dead: \_\_\_\_\_ m. By: \_\_\_\_\_

Pronounced: 5-27-07 @ 1:35 m. By: \_\_\_\_\_

PLACE OF DEATH: Logan Regional - ER

City/Town: Logan

DDA  HR  CHRR  Nursing Home  At Home  other \_\_\_\_\_  Found (died elsewhere)

**Complete this block if any Suspected Incident is checked below**

Suspected Incident(s) (check all that apply)	DATE OF INJURY:	TIME OF INJURY:	WITNESSED? (yes or no)	PLACE OF INJURY (home, no.)
<input type="checkbox"/> Electrocution <input type="checkbox"/> Fall <input type="checkbox"/> Firearm <input type="checkbox"/> Assault <input type="checkbox"/> Fire <input type="checkbox"/> Neglect <input type="checkbox"/> Toxic <input type="checkbox"/> Exposure <input type="checkbox"/> Drowning <input type="checkbox"/> Hanging <input checked="" type="checkbox"/> Suffocation <input checked="" type="checkbox"/> MVA <input type="checkbox"/> Postictal apnea <input type="checkbox"/> Compression apnea <input type="checkbox"/> Other _____	<u>5-27-07</u>	<u>Approx 11:40 AM</u>	By: <u>YES</u>	<u>ATV TRAIL #17</u>
INJURY LOCATION ADDRESS: <input type="checkbox"/> Same as place of death <u>Hatfield-McCoy TRAIL #17 Near Gilbert WV</u>				
IF MVA: Restrained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Airbag <input type="checkbox"/> Yes <input type="checkbox"/> No Helmet <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Ped <input type="checkbox"/> Yes <input type="checkbox"/> No				
Work-related: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____				

Investigation by: DR. LAMARDO Agency: Hatfield-McCoy TRAIL #17 Phone: 752-3255

OCME I  
REVISED 03-01-97

DCMR Consult

Reino

Date/Time: 5/27/01 9 P

Page 2

NAME:

(b)(3),CPSA Section 25(c),(b)(6)

**CIRCUMSTANCES OF DEATH:**

Came Recd call from Logan 911 reporting Male decedent at  
 Logan Regional Med Center ER. Arrived at ER, Consulted  
 w. Dr (b)(6) who reports that decedent is a 50 y/o  
 male who was a passenger on a Yamaha "Rhino" ATV  
 Operated by decedent's 16 y/o son, Apparently Lost Control and  
 Went over 75-80 ft Embankment after hitting rock and losing  
 control. Son is inexperienced with ATV. They were operating  
 a Yamaha "Rhino"

Check here if supplemental information sheet used.

DCMR 1  
REVISED 03-01-07

NAME: (b)(3):CPSA Section 25(c),(b)(6)

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

ER Bed 102  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position found:  supine  prone  on right/left side  other \_\_\_\_\_  
Describe surface under body: ER Bed

**HISTORY:**

Primary Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Other Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Surgeries/Hospitalizations: \_\_\_\_\_

Illnesses/Accidents: \_\_\_\_\_

Psych: \_\_\_\_\_

Family/Social: \_\_\_\_\_

Other: \_\_\_\_\_

MEDICAL RECORDS: Requested/Received  Yes  No Reviewed  Yes  No Copy Attached  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 03-01-07

NAME: (b)(3), CPUSA Section 25(c), (b)(6)

TIME OF DEATH EXAMINATION

EXAMINATION:

Location: ER Bed 102 Date/Time Started: 5/27/07 8:20 PM Completed at: 8:50 PM

Witness: (b)(6) Witness:

IDENTIFICATION: Confirmed: X Yes [ ] No

Method:

X Visual I.D. by whom: wife
[ ] Photo I.D. [ ] WVDL [ ] Other Photo I.D.: Describe
Please submit I.D. document used

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

[ ] Marked [ ] Absent [ ] Reduced [ ] Ill-Defined [ ] Patterned
Location: Posterior Color: light purple
Blanches: X Readily [ ] Sluggishly [ ] Fixed Lividity

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

Jaw [ ] None [ ] Slight X Moderate [ ] Full [ ] Marked/Muscular
Arms X None [ ] Slight [ ] Moderate [ ] Full [ ] Marked/Muscular
Legs [ ] None [ ] Slight X Moderate [ ] Full [ ] Marked/Muscular
Fingers X None [ ] Slight [ ] Moderate [ ] Full [ ] Marked/Muscular
X Developing [ ] Receding Factors Affecting:

If rigor has been broken explain:

TEMPERATURES: X Indoor Scene [ ] Outdoor Scene

Torso temp: [ ] Cold (ambient) [ ] Cool X Warm [ ] Hot Time: 8:40 PM
Rectal temp: Time: Ambient temp: Time:
[ ] Focal heat source? (Describe type and location relative to body):

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

If Outdoor Scene: Weather [ ] Rainy [ ] Sunny [ ] Cloudy [ ] Windy

(b)(3) CPSA Section 25(c),(b)(6)  
NAME: \_\_\_\_\_

**EXTERNAL EXAMINATION**

(This block should not be completed if case sent for autopsy)

Development:  Normal  Other \_\_\_\_\_  Adult  Adolescent  Child  Infant  
BUILD: Medium NUTRITIONAL STATUS: Good HT 6' WT 200 SEX MALE  
RACE: White AGE: 50 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  Full Body A/P  
 Head diagram; A/P  Full Body, lateral  
 Head diagram, lateral and vertex  Head R & L  
 Neck, inferior view

TOXICOLOGY: Specimens Obtained:  Subclavian/Femoral Blood  Urine  Vitreous  
Time Collected: 0855pm Date Collected: 6/3/07  Admission/Hospital Blood (# tubes \_\_\_\_\_)

PHOTOS REQUESTED:  Yes  No TYPE: DIGITAL  35mm  POLAROID  APS  PHOTO # \_\_\_\_\_

Photo taken by: \_\_\_\_\_ Agency: \_\_\_\_\_ Date/Time: \_\_\_\_\_

EVIDENCE COLLECTED FROM BODY:  None  List \_\_\_\_\_

Collected by: \_\_\_\_\_ Agency: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Submitted to: \_\_\_\_\_ Agency: \_\_\_\_\_ Date/Time: \_\_\_\_\_

CAUSE OF DEATH: Multiple Injuries  PENDING AUTOPSY  
Other Significant Conditions: Refracted - Helicopter Passenger Air Accident  
MANNER OF DEATH:  Natural  Accident  Suicide  Homicide  Pending Autopsy

**FOR BILLING PURPOSES - I attest that I performed the procedures indicated below:**

- Death Scene Visit/External exam of body/review of pertinent records/completed death certificate
- Death Scene Visit/Partial exam of body/body submitted for autopsy
- External exam of body/Review of pertinent records/completed death certificate

(b)(6)  
\_\_\_\_\_  
Er

OCME I  
REVISED 03-21-07

NAME: (b)(3) CPSA Section 25(c), (b)(6)

CLOTHING AND VALUABLES

EXTERNAL CLOTHING: (List number and clothing color)

<input checked="" type="checkbox"/> Socks	# Hose	# Belt
# Slacks	# Panties	# Hat
# Shirt	# Shtp	# Gloves
# Socks	# Day Shorts	# Scarf
# Undershirt	# Sweatpants	# Coat
# Underwear	# Sweatshirt	# Dentures <input type="checkbox"/>
# Tie	# Pajamas <input type="checkbox"/>	# Eyeglasses
# Sweater	# Nightgown	# Cell Phone
# Dress/Skirt	# Robe	# Hospital gown
# Thermals <input type="checkbox"/>	# Shoes/Boots	# Other
# Bra		

Currency: \$  Coins: \$  Credit Cards:  Cash Cards:

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

DISPOSITION OF CLOTHING:

- LEFT ON BODY
- GIVEN TO FUNERAL HOME
- SEE EVIDENCE, PG. 6
- GIVEN TO \_\_\_\_\_

DISPOSITION OF VALUABLES:

- LEFT ON BODY
- GIVEN TO FUNERAL HOME
- SEE EVIDENCE, PG. 6
- GIVEN TO \_\_\_\_\_

Person accepting custody of clothing / valuables: \_\_\_\_\_

Signature: \_\_\_\_\_ Agency: \_\_\_\_\_ Date: \_\_\_\_\_

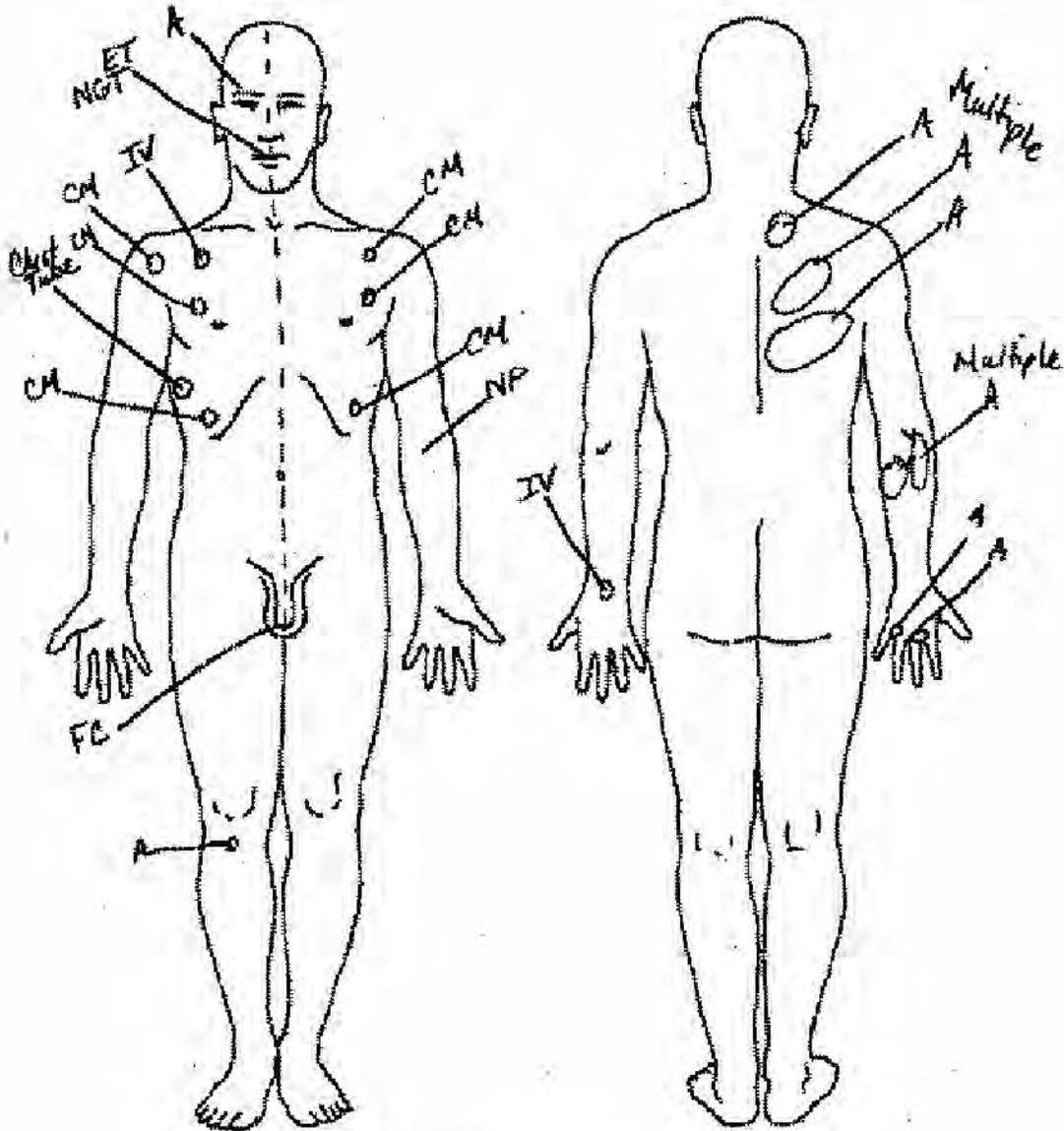
WITNESS: \_\_\_\_\_ Date: \_\_\_\_\_

OCME 1  
REVISED 12-06-07

Full body anterior views (ventral and dorsal)

(b)(3)CPSA Section 25(c), (b)(6)

Name \_\_\_\_\_  
 Age 50 Race White Sex Male Date 5/27/07  
 Left \_\_\_\_\_ Right \_\_\_\_\_



LEGEND TO SYMBOLS

- |  |                        |  |
|--|------------------------|--|
| Contusion (Bruise) - B                                     | Cx - C                 | Cardiac Monitor Pad (ECG Electrode) - CM |
| Laceration - L   | Eye - E                | Esophageal Chestor Tube - ET             |
| Abrasions - A  | Fracture - F           | 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 - SOW (denote entrance or exit, if possible) |                        |  |

<b>LOGAN REGIONAL MEDICAL CENTER</b> 20 Hospital Drive Logan, WV 25601		<b>OUTPATIENT REGISTRATION FORM (Form 3)</b>  <i>RM # 102</i>	
<b>Acct#</b> M00003857261 <b>Adm Type:</b> REG ER <b>PH:</b> 304-873-2807 <b>County:</b> MONONGALIA	<b>SVC Date:</b> 05/27/07 <b>ADM Time:</b> 1825 <b>Arrived Via:</b> AMB <b>LOC:</b> NQ-ER	<b>Med Rec #</b> M000092304 <b>FC 13</b> <b>ESR</b> (b)(3) CPSA Section 25 <b>DOB:</b> (b)(3) CPSA Sec <b>Age:</b> 50 <b>Sex:</b> M <b>Race:</b> W <b>Religion:</b> NONE <b>Marital status:</b> N	<b>Name:</b> (b)(3) CPSA Section 25(c),(b)(6) <b>Addr:</b> [Redacted] <b>Ph:</b> [Redacted]
<b>Employer</b> CONSOLIDATION COAL - ICCO 1800 WASHINGTON ROAD PITTSBURGH, PA 15241-1421 <b>Ph:</b> 412-831-4000		<b>Mobility In Case of Emergency</b> (b)(6)	
<b>Guarantor:</b> (b)(3) CPSA Section 25(c),(b)(6) (6)		<b>Name of Spouse</b> (b)(6)	
<b>Spouse Emp</b> CONSOLIDATION COAL - ICCO <b>Ph:</b> (b)(3) CPSA Section 25(c),(b)(6)			
<b>INSURANCE</b> BLUE CROSS OTHER	<b>Pol#</b> C00105091245001	<b>Coverage #</b>	<b>Subscriber</b> (b)(3) CPSA Section 25(c),(b)(6)
<b>Accident:</b> OTHER ACCIDENT 05/27/07 1700 <b>Attending:</b> ER Dr. Emergency Room Protocol		<b>Family Dr:</b> ERDr: NQ00XNG	

DR. MEMONIC: \_\_\_\_\_  
for Clinic # 14 50

Reason for visit: ATV ACCIDENT

Medical Record # M000092304

LOGAN REGIONAL MEDICAL CENTER - ALEX RACADAG, MD DIRECTOR  
20 HOSPITAL DRIVE, LOGAN, WV 25601

RUN DATE: 05/27/07  
RUN TIME: 1936  
RUN USER: LABHQJON

DOCTOR REPORT

PAGE 1

PATIENT: [REDACTED]  
REG DR: [REDACTED]

ACCT #: M000092309 LOC: M2.RR  
AGE/SEX: 58/M ROOM:  
DOB: [REDACTED] SMO:  
STATUS: REG EX TLOC:

D #: M000092309  
REQ: 05/27/07  
DIN:

Specimen: 0927.LR:M000988 Collected: 05/27/07-1918 Status: COMP Req#: 08582737  
Received: 05/27/07-1932 Sub Dr: [REDACTED]

Ordered: CBC  
Comments: Lab Comment: ROOM 102

Test	Result	Flag	Reference
<u>CBC w/AUTO DIFF</u>			
<u>CBC</u>			
> WBC	2.1	L	4.8-10.8
> RBC	1.48	L	4.2-5.9 M/mm3
> HEMOGLOBIN	[REDACTED]	*L	14-18 g/dl
CALLED RESULTS TO MR IF RESULTS VERIFIED BY REPEAT TESTING			
> HCT	[REDACTED]	*L	42-52 %
CALLED RESULTS TO AT RESULTS VERIFIED BY REPEAT TESTING			
> MCV	99.4	H	78-98 fL
> MCH	34.8	H	27-31 pg
> MCHC	35.0	H	12-16 g/dL
> RDW	15.0	H	10.7-14.8 %
> PLATELET COUNT	[REDACTED]	*L	130-400 K/mm3
CALLED RESULTS TO AT RESULTS VERIFIED BY REPEAT TESTING			
> MPV	9.5	H	6.8-9.3 fL

\*\* END OF REPORT \*\*

LOGAN REGIONAL MEDICAL CENTER - ALEX SACABRO, MD DIRECTOR  
 10 HOSPITAL DRIVE, LOGAN, WV 25601

RUN DATE: 05/27/07  
 RUN TIME: 1934  
 RUN USER: LABRGRJOB

DOCTOR REPORT

PAGE 1

PATIENT: [REDACTED] ACCT #: M09003867251 LOC: MQ.ER W #: M090092309  
 AGE/SEX: 50/M ROOM: REG: 05/27/07  
 REQ DR: [REDACTED] DOB: [REDACTED] BED: DIS:  
 STATUS: REG.ER TLOC:

Specimen: 0527.LR.C00133B Collected: 05/27/07-1919 Status: COMP Reg#: 00582737  
 Received: 05/27/07-1921 Sub Dr: Flanagan, Christopher

Ordered: METPROP, BILI, D, AMY, CK, ETOH, BLOOD  
 Comments: Lab Comment: ROOM 102

Test	Result	Flag	Reference
METPROP	[REDACTED]	+L	70-110 mg/dL
CREATININE	[REDACTED]		
GLUCOSE	[REDACTED]		
<p>CALLER RESULTS TO SUR AT 1922                  RESULTS VERIFIED BY REPEAT TESTING</p>			
BUN	15		7-18 mg/dL
CREATININE, S	0.8		0.6-1.3 mg/dL
eGFR	> 50		
<p>A normal eGFR is any result &gt;60ml/min/1.73m2</p>			
LYTES			
SODIUM	153	N	135-145 mmol/L
POTASSIUM	5.3	N	3.5-5.1 mmol/L
CHLORIDE	116	N	96-107 mmol/L
CO2	18.3	L	21-32 mmol/L
CALCIUM	9.8	L	8.5-10.1 mg/dL
> BILI, C	0.1	N	0-0.3 mg/dL
> AMYLASE	48	N	29-115 Units/L
> CK	426	N	21-232 Units/L
> ETHYL ALCOHOL			<5.0 mg/dL

\*\* END OF REPORT \*\*



**070601HNE2422**

**ATTACHMENT #4**

**Contact Sheet**

Contacted on 06/06/07

Mingo County Sheriff's Office

2<sup>nd</sup> Avenue

Williamson, WV. 25661

304-235-0300

**Task Number: 070601HNE2422**

**Date: 9/4/07**

**ATTACHMENT #5**

**Status of Missing Document(s)**

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

1. Photos

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

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

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

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

Task Number 070601HNE2422

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 02 - Yamaha	Manufacturer:

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

Model: RHINO	VIN: UNKNOWN
--------------	--------------

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

Model Year: UNK

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

Engine Size: 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: 05/27/2007	
Age/Sex: 50/Male	/
State of Death: WV	
City of Death: LOGAN	
County of Death: LOGAN	

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

A 50-year-old male was riding on a 4-wheeled ATV as a passenger with his 16-year-son as the driver. Both individuals were wearing helmets and traveling on a dirt trail, when the operator hit a rock and lost control, sending the ATV over a 74-80 foot embankment. EMS transported both individuals to the hospital where the victim expired with the cause of death listed as multiple injuries. The extent of the operator's injuries and medical treatment could not be determined.

8. Did the ATV overturn/tipover/rollover? Unknown

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

Victim 1:			Victim 2:		
Yes	No	<input checked="" type="radio"/> Unknown	Yes	No	Unknown

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

<input type="radio"/> 1 - Driver	<input type="radio"/> 3 - Bystander	<input type="radio"/> 8 - Other/Unknown
<input checked="" type="radio"/> 2 - Passenger	<input type="radio"/> 4 - Driver/Other Vehicle	

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

Victim 1:			Victim 2:		
<input checked="" type="radio"/> Yes	No	Unknown	Yes	No	Unknown

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

<input type="radio"/> 0 - Unknown	<input checked="" type="radio"/> 2 - Two riders	<input type="radio"/> 4 - Four or more riders
<input type="radio"/> 1 - One rider	<input type="radio"/> 3 - Three riders	<input type="radio"/> 9 - No riders

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

Age: 16	Height:	(inches)
Weight:	Sex:	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?

03 - Off-highway vehicle park (special ATV track)

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

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

2 - No

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

2 - No, Drugs

Additional Comments:

070928

1. Task Number 070606HCC3497		2. Investigator's ID 9080		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2007 04 25	5. Date Initiated YR MO DAY 2007 07 24		
6. Synopsis of Accident or Complaint <b>UPC</b> A 22 year old female was a passenger on an atv along with several others. The atv flipped over and landed on the victim. She died at the scene as a result of injuries sustained during the incident. It is unknown whether or not the victim was wearing a helmet.				
7. Location (Home, School, etc) 2 - FARM		8. City PIPE CREEK	9. State TX	
10A. First Product 5044 - Farm Utility Vehicle	10B. Trade/Brand Name POLARIS Vin [REDACTED]	10. Model Number Ranger		
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12. Age of Victim 22	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 54 - Crushing	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 6 / 0	
20. Attachment(s) 2 - Documents	21. Case Source 05 - Newspaper		22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 07/31/2007	25. Reviewed By 8631		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number N0750014A	

NEISS CASES NOTICED  
 COMPLETELY FILED  NO  
 ATTACHED  
 EXCLUDED  25  
 DO NOT REACTIFY  RE-NOTIFY  
 11/13/07 *le*



IDI 070606HCC3497

**EXHIBITS**

Exhibit A – Bandera County Sheriffs Report

Exhibit B - Missing Report Form

Exhibit C - Contacts

Date: 7/25/07  
Time: 15:37:43

BANDERA CO SHERIFF'S DEPT.  
Offense Report

Page: 1  
Program: CMS301L

Case Number . . : 1-07-002290 Dept Class . . : Manslaughter  
Occur From Date: 4/25/07 0:03 Occur To Date : 4/25/07 0:03  
Day Of Week . . : Wednesday  
Common Name . . : LIGHTNING RANCH, 818 FM 1283  
City . . . . . : PIPE CREEK, TX 78063  
County . . . . . : Bandera Map Reference : 11  
Report Officer : JACOBSEN, MATTHEW Report Date . . : 4/25/07 0:03  
Date Verified : SHARP, SCOTT 0/00/00 Supervisory Emp: SHARP, SCOTT 4/25/07  
Entry Date . . : JACOBSEN, MATTHEW 4/25/07  
Case Status . . : Pending Investigation Results  
Case Status Dt : 4/25/07 Alcohol Related: Yes  
Drug Related? : Unknown Offenses? . . . :  
Names? . . . . . : Property? . . . :  
Vehicles? . . . : Narrative? . . . :  
Relationships? : Related Cases? :  
Interfaces? . . :

\*\*\*\*\* O F F E N S E R E P O R T # 1 \*\*\*\*\*

Case Number . . : 1-07-002290  
State Class . . : Homicide-Negligent Manslaughter  
Federal Class : Negligent Manslaughter Attmp/Committ : Completed  
Statute/Ordin : PC 19.04 Computer Theft : N/A  
Attack Reason : None (no bias) Weapon Type . . : N/A  
How/Where Entry: N/A Forced Entry . . : N/A  
Premises Enter : 0 Structure Occup: N/A  
Evid Collected : Yes  
Crim Activity : Operating/Promoting/Assisting  
Location Type : Field/Woods State Dispo . . :  
UCR Disposition: Open/Active Dispo Date . . : 5/17/07  
Exception Clear: Not Applicable Arrest Case No.:  
People Arrested: 0 Domestic Viol. :  
Homicide/Asslt?: Solvability? . . :  
Statute Desc . . :

\*\*\*\*\* P R O P E R T Y I N F O R M A T I O N # 1 \*\*\*\*\*

Case number . . : 1-07-002290 Category . . . : Evidence  
UCR Prop Type : Recordings-Audio/Visual  
Property type : Miscellaneous  
Description . . : VHS TAPE TAKEN FROM UNIT #24  
Make . . . . . : Model . . . . . :  
Color . . . . . : Year . . . . . : 0  
Quantity/weight: 1 Serial number :  
Value . . . . . : 0.00 Insured? . . . :  
Insured by . . . : OAN No. . . . . :  
NCIC number . . : NCIC Entry Date: 0/00/00  
NCIC Cancel Dt.: 0/00/00 Recovered by . . : S SHARP  
Recovered Date : 4/25/07 4:00  
Common name . . : BCSO,  
City . . . . . :  
Drug? . . . . . : Document? . . . :  
Recovery value : 0.00 Property Msg . . :  
Property Seq . . :

\*\*\*\*\* P R O P E R T Y I N F O R M A T I O N # 2 \*\*\*\*\*

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Case number . . . : 1-07-002290 Category . . . : Evidence  
UCR Prop Type : Recordings-Audio/Visual  
Property type : Miscellaneous  
Description . . . : DIGITAL IMAGES OF CRIME SCENE  
Make . . . . . : Model . . . . . :  
Color . . . . . : Year . . . . . : 0  
Quantity/weight: 1 Serial number . . . :  
Value . . . . . : 0.00 Insured? . . . . . :  
Insured by . . . : OAN No. . . . . :  
NCIC number . . . : NCIC Entry Date: 0/00/00  
NCIC Cancel Dt.: 0/00/00 Recovered by . . . : S SHARP  
Recovered Date : 4/25/07 1:30  
Common name . . : LIGHTNING RANCH,  
City . . . . . :  
Drug? . . . . . : Document? . . . :  
Recovery value : 0.00 Property Msg . . . :  
Property Seq . . :

\*\*\*\*\* P R O P E R T Y I N F O R M A T I O N # 3 \*\*\*\*\*

Case number . . . : 1-07-002290 Category . . . : Evidence  
UCR Prop Type : Recordings-Audio/Visual  
Property type : Miscellaneous Description . . . : 35MM ROLLS  
Make . . . . . : Model . . . . . :  
Color . . . . . : Year . . . . . : 0  
Quantity/weight: 2 ROLLS Serial number . . . :  
Value . . . . . : 0.00 Insured? . . . . . :  
Insured by . . . : OAN No. . . . . :  
NCIC number . . . : NCIC Entry Date: 0/00/00  
NCIC Cancel Dt.: 0/00/00 Recovered by . . . : S SHARP  
Recovered Date : 4/25/07 1:30  
Common name . . : LIGHTNING RANCH,  
City . . . . . :  
Drug? . . . . . : Document? . . . :  
Recovery value : 0.00 Property Msg . . . :  
Property Seq . . :

\*\*\*\*\* P R O P E R T Y I N F O R M A T I O N # 4 \*\*\*\*\*

Case number . . . : 1-07-002290 Category . . . : Evidence  
UCR Prop Type : Other Property type : Miscellaneous  
Description . . . : SUSPECT WRITTEN STATEMENT  
Make . . . . . : Model . . . . . :  
Color . . . . . : Year . . . . . : 0  
Quantity/weight: 1 Serial number . . . :  
Value . . . . . : 0.00 Insured? . . . . . :  
Insured by . . . : OAN No. . . . . :  
NCIC number . . . : NCIC Entry Date: 0/00/00  
NCIC Cancel Dt.: 0/00/00 Recovered by . . . : S SHARP  
Recovered Date : 4/25/07 4:00  
Common name . . : BCSO,  
City . . . . . :  
Drug? . . . . . : Document? . . . :  
Recovery value : 0.00 Property Msg . . . :

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Property Seq . . :

\*\*\*\*\* PROPERTY INFORMATION # 5 \*\*\*\*\*

Case number . . . : 1-07-002290  
UCR Prop Type . . : Other  
Description . . . : WITNESS STATEMENTS  
Model . . . . . :  
Year . . . . . : 0  
Serial number . . :  
Insured? . . . . :  
OAN No. . . . . :  
NCIC Entry Date: 0/00/00  
Recovered by . . . : JACOBSEN/TUCKER  
Common name . . . : BCSO,  
City . . . . . :  
Drug? . . . . . :  
Recovery value : 0.00  
Property Seq . . :

Category . . . . : Evidence  
Property type . . : Miscellaneous  
Make . . . . . :  
Color . . . . . :  
Quantity/weight: 4  
Value . . . . . : 0.00  
Insured by . . . :  
NCIC number . . . :  
NCIC Cancel Dt.: 0/00/00  
Recovered Date : 4/25/07 4:00  
Document? . . . :  
Property Msg . . :

\*\*\*\*\* VEHICLE INFORMATION # 1 \*\*\*\*\*

Case number . . . : 1-07-002290  
Category . . . . : Involved  
State Veh Type : Other  
Make . . . . . : Polaris  
Model Name . . . : RANGER  
Color - Top . . . : GREEN  
VIN . . . . . : (b)(3)CPSA Section 25(c),(b)(6)  
Disposition . . . : Other (See Narrative)  
Insured . . . . : Yes  
Keys in car . . . : Yes  
NCIC number . . . :  
NCIC entry date: 0/00/00  
Recovered by . . . : N/A  
Recovery value : 0  
Owner notified :  
Common name . . . : LIGHTNING RANCH,  
City . . . . . :  
Be On Look Out?:

License # . . . . :  
Vehicle type . . : Farm Equipment  
Year . . . . . : 2002  
Model . . . . . : RANGER  
Style . . . . . : All-Terrain Vehicle  
Color - Bottom : GREEN  
Damaged . . . . :  
Stolen value . . : 0  
Insured by . . . : JOE MCMULLEN INS  
Vehicle locked : No  
OAN Number . . . :  
NCIC cancel dat: 0/00/00  
Date recovered : 0/00/00  
Recovery code . . :  
Owner notified :

\*\*\*\*\* PERSON REPORTING INFO - # 1 \*\*\*\*\*

Case Number . . . : 1-07-002290  
Street Number : (b)(3)CPSA Section 25(c),(b)(6)  
City . . . . . :  
Home Phone No. :  
Birth Date . . . :  
Race . . . . . : White  
Ethnic Origin . . : Non-Hispanic  
Weight . . . . . : 0  
Local ID# . . . . :  
Be On Look Out?:  
Hair Length . . . :  
Eye Color . . . . :

Last Name . . . . : (b)(3)CPSA Section 25(c),(b)(6)  
Business Phone :  
DL No. . . . . :  
Sex . . . . . : Female  
Height . . . . . : 0  
Juvenile . . . . :  
Other ID . . . . :  
Hair Color . . . . :  
Hair Style . . . . :  
Glasses . . . . :

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Complexion . . . :  
Teeth . . . . :  
Speech . . . . :  
Weapon Held . . :  
Caution . . . . :  
Residency Sts :  
Marital Status :  
Grade . . . . :  
Body Marks #2 :  
Body Marks #4 :  
NCIC Entry Date: 0/00/00  
FBI Number . . . :  
ID Number . . . :  
Arrest Case No.:  
Coat . . . . . :  
Pants . . . . . :

Facial Hair . . :  
Build . . . . . :  
Citizenship . . :  
Hand Use . . . . :  
Residency Type :  
Religion . . . . :  
Status . . . . . :  
Body Marks #1 :  
Body Marks #3 :  
NCIC Number . . :  
NCIC Cancel Dt : 0/00/00  
State Number . . :  
Photo Number . . :  
Hat . . . . . :  
Shirt . . . . . :  
Shoes . . . . . :

\*\*\*\*\* S U S P E C T / A R R E S T E E I N F O R M A T I O N - # 1 \*\*

Case Number . . : 1-07-002290  
Street Number : (b)(3):CPSA Section 25(c),(b)(6)  
City . . . . . :  
Home Phone No. :  
Birth Date . . . :  
Birth State . . :  
Race . . . . . : White  
Ethnic Origin : Non-Hispanic  
Maximum Height : 0  
Maximum Weight : 0  
Juvenile . . . . :  
Other ID . . . . :  
Be On Look Out?:  
Hair Length . . :  
Eye Color . . . :  
Complexion . . . :  
Teeth . . . . . :  
Speech . . . . . :  
Weapon Held . . :  
Caution . . . . :  
Residency Sts :  
Marital Status :  
Grade . . . . . :  
Body Marks #2 :  
Body Marks #4 :  
NCIC Entry Date: 0/00/00  
FBI Number . . . :  
ID Number . . . :  
Arrest Case No.:  
Coat . . . . . :  
Pants . . . . . :

Prompt valid in: (b)(3):CPSA Section 25(c),(b)(6)  
Business Phone :  
Maximum Age . . : 22  
DL No. . . . . : TX  
Sex . . . . . : Male  
Minimum Height : 0  
Minimum Weight : 0  
Occupation . . . :  
Local ID# . . . :  
Aliases? . . . . :  
Hair Color . . . :  
Hair Style . . . :  
Glasses . . . . :  
Facial Hair . . . :  
Build . . . . . :  
Citizenship . . . :  
Hand Use . . . . :  
Residency Type :  
Religion . . . . :  
Status . . . . . :  
Body Marks #1 :  
Body Marks #3 :  
NCIC Cancel Dt : 0/00/00  
NCIC Number . . . :  
State Number . . . :  
Photo Number . . . :  
Hat . . . . . :  
Shirt . . . . . :  
Shoes . . . . . :

\*\*\*\*\* V I C T I M I N F O R M A T I O N - # 1 \*\*\*\*\*

Case Number . . : 1-07-002290  
Prompt valid in: (b)(3):CPSA Section 25(c),(b)(6)

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Street Number : (b)(3):CPSA Section 25(c),(b)(6)  
City : (b)(3):CPSA Section 25(c),(b)(6)  
Home Phone No. :  
Birth Date :  
Race : White  
Ethnic Origin : Non-Hispanic  
Weight : 0  
Juvenile :  
Other ID :  
Aliases? :  
Eye Color :  
Complexion :  
Citizenship :  
Caution :  
Residency Sts :  
Grade :  
Body Marks #2 :  
NCIC Entry Date: 0/00/00  
Victim Type :  
Can Identify :  
Injury Type 1 :  
Med Treatment :  
Phys Last Name :

Business Phone : 830/000-0000  
DL No. :  
Sex : Female  
Height : 0  
Occupation :  
Local ID# :  
Be On Look Out?:  
Hair Color :  
Glasses :  
Facial Hair :  
Weapon Held :  
Residency Type :  
Marital Status :  
Body Marks #1 :  
NCIC Number :  
NCIC Cancel Dt : 0/00/00  
File Charges :  
Victim Sobriety:  
Injury Type 2 :  
Hospital ID :  
Phys First Name:

\*\*\*\*\* O T H E R P E R S O N

Case Number : 1-07-002290  
Person Type : Occupant (Vehicle)  
Street Number : (b)(3):CPSA Section 25(c),(b)(6)  
City : (b)(6)  
Home Phone No. :  
Birth Date :  
Race : White  
Ethnic Origin : Non-Hispanic  
Weight : 0  
Local ID# :  
Be On Look Out?:  
Hair Length :  
Eye Color :  
Complexion :  
Teeth :  
Speech :  
Weapon Held :  
Caution :  
Residency Sts :  
Marital Status :  
Grade :  
Body Marks #2 :  
Body Marks #1 :  
NCIC Entry Date: 0/00/00  
FBI Number :  
ID Number :  
Arrest Case No. :

I N F O R M A T I O N - # 1 \*\*\*\*\*

Last Name : (b)(3):CPSA Section 25(c),(b)(6)  
Business Phone : 830/000-0000  
DL No. :  
Sex : Male  
Height : 0  
Juvenile :  
Other ID :  
Hair Color :  
Hair Style :  
Glasses :  
Facial Hair :  
Build :  
Citizenship :  
Hand Use :  
Residency Type :  
Religion :  
Status :  
Body Marks #1 :  
Body Marks #3 :  
NCIC Number :  
NCIC Cancel Dt : 0/00/00  
State Number :  
Photo Number :  
Hat :

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Coat . . . . . :  
Pants . . . . . :

Shirt . . . . . :  
Shoes . . . . . :

\*\*\*\*\* O T H E R P E R S O N I N F O R M A T I O N - # 2 \*\*\*\*\*

Case Number . . : 1-07-002290  
Person Type . . : Occupant (Vehicle)  
Street Number . : (b)(3) CPSA Section 25(c),(b)(6)  
City . . . . . : (b)(3) CPSA Section 25(c),(b)(6)  
Home Phone No. . :  
Birth Date . . . :  
Race . . . . . : White  
Ethnic Origin . . : Non-Hispanic  
Weight . . . . . : 0  
Local ID# . . . . :  
Be On Look Out? :  
Hair Length . . . :  
Eye Color . . . . :  
Complexion . . . . :  
Teeth . . . . . :  
Speech . . . . . :  
Weapon Hold . . . :  
Caution . . . . . :  
Residency Sts . . :  
Marital Status . . :  
Grade . . . . . :  
Body Marks #2 . . :  
Body Marks #4 . . :  
NCIC Entry Date: 0/00/00  
FBI Number . . . . :  
ID Number . . . . . :  
Arrest Case No. . :  
Coat . . . . . :  
Pants . . . . . :

Last Name . . . : (b)(3) CPSA Section 25(c),(b)(6)  
Business Phone . : 830/000-0000  
DL No. . . . . :  
Sex . . . . . : Female  
Height . . . . . : 0  
Juvenile . . . . . :  
Other ID . . . . . :  
Hair Color . . . . :  
Hair Style . . . . :  
Glasses . . . . . :  
Facial Hair . . . . :  
Build . . . . . :  
Citizenship . . . . :  
Hand Use . . . . . :  
Residency Type . . :  
Religion . . . . . :  
Status . . . . . :  
Body Marks #1 . . :  
Body Marks #3 . . :  
NCIC Number . . . . :  
NCIC Cancel Dt . : 0/00/00  
State Number . . . :  
Photo Number . . . :  
Hat . . . . . :  
Shirt . . . . . :  
Shoes . . . . . :

\*\*\*\*\* O T H E R P E R S O N I N F O R M A T I O N - # 3 \*\*\*\*\*

Case Number . . : 1-07-002290  
Last Name . . . : (b)(3) CPSA Section 25(c),(b)(6)  
Person Type . . : Occupant (Vehicle)  
Street Number . : (b)(3) CPSA Section 25(c),(b)(6)  
City . . . . . : (b)(3) CPSA Section 25(c),(b)(6)  
Home Phone No. . :  
Birth Date . . . :  
Race . . . . . : White  
Ethnic Origin . . : Non-Hispanic  
Weight . . . . . : 0  
Local ID# . . . . :  
Be On Look Out? :  
Hair Length . . . :  
Eye Color . . . . :  
Complexion . . . . :  
Teeth . . . . . :  
Speech . . . . . :

Business Phone . : 830/000-0000  
DL No. . . . . :  
Sex . . . . . : Male  
Height . . . . . : 0  
Juvenile . . . . . :  
Other ID . . . . . :  
Hair Color . . . . :  
Hair Style . . . . :  
Glasses . . . . . :  
Facial Hair . . . . :  
Build . . . . . :  
Citizenship . . . . :

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Weapon Held :  
Caution :  
Residency Sts :  
Marital Status :  
Grade :  
Body Marks #2 :  
Body Marks #4 :  
NCIC Entry Date: 0/00/00  
FBI Number :  
ID Number :  
Arrest Case No.:  
Coat :  
Pants :

Hand Use :  
Residency Type :  
Religion :  
Status :  
Body Marks #1 :  
Body Marks #3 :  
NCIC Number :  
NCIC Cancel Dt : 0/00/00  
State Number :  
Photo Number :  
Hat :  
Shirt :  
Shoes :

\*\*\*\*\* O T H E R P E R S O N

Case Number : 1-07-002290  
Person Type : Owner of Property  
Street Number :  
City :  
Home Phone No.:  
Birth Date :  
Race : white  
Ethnic Origin : Non-Hispanic  
Weight : 0  
Local ID# :  
Be On Look Out?:  
Hair Length :  
Eye Color :  
Complexion :  
Teeth :  
Speech :  
Weapon Held :  
Caution :  
Residency Sts :  
Marital Status :  
Grade :  
Body Marks #2 :  
Body Marks #4 :  
NCIC Entry Date: 0/00/00  
FBI Number :  
ID Number :  
Arrest Case No.:  
Coat :  
Pants :

I N F O R M A T I O N - # 4 \*\*\*\*\*

Last Name :  
Business Phone :  
DL No. :  
Sex : Male  
Height : 0  
Juvenile :  
Other ID :  
Hair Color :  
Hair Style :  
Glasses :  
Facial Hair :  
Build :  
Citizenship :  
Hand Use :  
Residency Type :  
Religion :  
Status :  
Body Marks #1 :  
Body Marks #3 :  
NCIC Number :  
NCIC Cancel Dt : 0/00/00  
State Number :  
Photo Number :  
Hat :  
Shirt :  
Shoes :

\*\*\*\*\* N A R R A T I V E # 2 \*\*\*\*\*

REPORT Reported By: JACOBSEN, MATTHEW 4/25/07  
Entered By.: JACOBSEN, MATTHEW 4/25/07

On 04-25-07 Cpl. Jacobsen went en-route to the Lightning Ranch to assist EMS with a report of a female that had been injured in an ATV accident.

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1. Cpl. Jacobsen made the location and was met at the front gate by the ranch foreman. Cpl. Jacobsen followed him back into a pasture where the accident had taken place.
2. When Cpl. Jacobsen arrived in the pasture he observed several subjects clustered around a white female that appeared to have severe head trauma. Cpl. Jacobsen knew that airlife would not be able to fly due to the strong lightning and storms in the area.
3. Cpl. Jacobsen observed EMS/Firefighter (b)(3) CPSA Section 25(c)(6) was checking on the injured female. Cpl. Jacobsen observed the female was bleeding from her mouth and nose, was unconscious, but was trying to breath.
4. A short while later EMS arrived and began to work on the female, later identified as (b)(3) CPSA Section 25(c)(6). Cpl. Jacobsen observed (b)(3) CP stop breathing, as EMS started CPR. Cpl. Jacobsen overheard one of the paramedics speaking on the phone with his medical director, and advising him as to the severity of the injuries to (b)(3) CPSA. Cpl. Jacobsen observed the paramedic advise the EMT's to stop CPR at their medical director's order's, due to (b)(3) CPSA Section 25(c)(6) high level of head trauma.
5. At this point Cpl. Jacobsen called for a JP to make the location as well as secured the crime scene. Cpl. Jacobsen also called Sgt. Johnson and advised him of the situation and to have CID make the location.
6. Cpl. Jacobsen asked who was driving the vehicle and (b)(3) CPSA Section 25(c)(6) advised that he was. Cpl. Jacobsen asked (b)(3) CPSA what happened. (b)(3) CPSA advised that he and the Norwigen's had got into the ATV and were driving around in the pasture when he hit something and the ATV flipped over landing on kine.
7. At this point Cpl. Jacobsen seperated (b)(3) CPSA from everyone else and had him stand next to Cpl. Jacobsen's patrol vehicle until CID made the location. Cpl. Jacobsen noticed that in the short time that he spoke with (b)(3) CPSA he observed the odor of an unknown type of alcoholic beverage emitting from his breath as he spoke.
8. Cpl. Jacobsen had (b)(3) CPSA Section 25(c)(6) take the other subjects involved in the accident back to the ranch house and stay with them until CID arrived to get them out of the rain and away from the sight of their friend.
9. (b)(3) CPSA Section 25(c)(6) made the location and pronounced the victim dead at the scene.
10. Cpl. Jacobsen kept the scene secure until CID showed up, at which time, the scene was turned over to Sgt. Sharp.

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11. Once back at the office Cpl. Jacobsen helped CID obtain statements from the other passengers that were on the ATV at the time of the accident.

\*\*\*\*\* N A R R A T I V E # 3 \*\*\*\*\*  
CID CRIME SCENE INVESTIGA Reported By: SHARP, SCOTT A. 4/30/07  
Entered By.: SHARP, SCOTT A. 4/30/07

1. On 04/25/2007, at about 0025 hours, Sgt. Scott A. Sharp was contacted by Patrol Sgt. (b)(3)CPSA Section 25(c) in reference to an ATV accident at the Lightning Ranch. Sgt. Johnson requested CID to make the location to take over the investigation as there was one fatality at the location.
2. Sharp arrived at the scene shortly after being notified of the call and was led to a back pasture at the Lightning Ranch by fire department personnel. Sharp was accompanied by Lt. Allen Tucker during the investigation.
3. Sharp and Tucker were briefed by Cpl. Matthew Jacobsen about the situation. Sharp took photographs of the scene and of the victim, who was lying in a pasture next to a dirt trail or road approximately ¼ mile from the main housing area of the Lightning ranch.
4. Sharp observed that it was difficult to determine the path that the ATV had taken prior to the accident, as it had rained, just prior to investigators arriving at the scene. Sharp observed that there had been fire, EMS and police vehicles at the scene and these vehicles had made fresh tracks in and around the scene due to very muddy conditions.
5. Due to Sharp being advised that there had been alcohol involved in the incident, as well as the reported reckless actions of the driver involved, Sharp determined the scene a crime scene investigation.
6. Sharp was able to locate signs in the pasture that the vehicle had made several sharp turns commonly known as "donuts". Sharp was unable to locate the actual ATV tracks in the area of where the victim was laying.
7. Sharp made a visual observation of the victim who was lying on a backboard and had medical supplies still attached to her. Sharp observed what appeared to be a baseball sized indentation at the top frontal area of the forehead just below the hairline.
8. Sharp photographed the injury observed and then made contact with the driver of the vehicle who was identified as (b)(3)CPSA Section 25(c),(b)(6) who was a wrangler and employed by Lightning Ranch.
9. Sharp asked Cpl. Jacobsen if he would turn on his in car video camera as Sharp spoke with (b)(3)CPSA about the incident. Sharp

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observed a strong smell of alcohol on (b)(3)CPSA Section 25(c)(b) breath as Sharp spoke with him.

10. Sharp observed that (b)(3)CPSA Section 25(c)(b) was distraught about the situation but Sharp was able to speak with (b)(3)CPSA about the incident. (b)(3)CPSA was asked if he would come to the Bandera County Sheriff's to give a written statement about the incident and (b)(3)CPSA agreed.

11. Sharp took a written statement from (b)(3)CPSA Section 25(c)(b) after (b)(3)CPSA Section 25(c)(b) had been Mirandized. In (b)(3)CPSA Section 25(c)(b) statement, (b)(3)CPSA Section 25(c)(b) said that he and a co-worker named (b)(3)CPSA Section 25(c)(b) went to the Pipe Creek EZ-Mart to buy some beer. (b)(3)CPSA Section 25(c)(b) advised that they bought a 20 pack of Coors light bottles and brought the beer back to the ranch. (b)(3)CPSA Section 25(c)(b) advised that he and (b)(3)CPSA Section 25(c)(b) met up with four or five Norwegian visitors, who were staying at the ranch and they all began drinking at around 8:00 or 8:30 PM. (b)(3)CPSA Section 25(c)(b) said that during this time he had about 6-7 beers.

12. (b)(3)CPSA Section 25(c)(b) said at around midnight he asked the group if they agreed to go out on the ATV and look for deer. (b)(3)CPSA Section 25(c)(b) said that all agreed and they all got in the ATV. (b)(3)CPSA Section 25(c)(b) said that he was driving and one girl was in the front seat in the middle position of the vehicle. The victim, identified as (b)(3)CPSA Section 25(c)(b) was in the front right passenger side seat area. (b)(3)CPSA Section 25(c)(b) advised that the other three subjects, one female and two males, were in the rear bed area of the ATV.

13. (b)(3)CPSA Section 25(c)(b) advised that he did not know the names of all the other subjects in the vehicle as they were all from Norway.

14. (b)(3)CPSA Section 25(c)(b) said that after several minutes of driving around, he began doing "donuts" in the pasture area and that during one of these maneuvers, the vehicle flipped on its side and that the victim was found trapped under the vehicle as it laid on its right side. (b)(3)CPSA Section 25(c)(b) said that everyone at the scene pushed the vehicle upright and immediately knew that the victim was hurt.

15. (b)(3)CPSA Section 25(c)(b) said that several people including him ran to get help. (b)(3)CPSA Section 25(c)(b) said that he returned and awaited Police and EMS to arrive as the victims friends tried to assist the victim in any way they could.

16. During the time Sharp spoke with (b)(3)CPSA Section 25(c)(b) he wept and seemed truly remorseful for what had occurred.

17. The occupants who were in the vehicle at the time of the incident were also brought in to the Sheriff's Office where all were asked to provide statement of what occurred prior to and during the incident.

18. At this time, Sharp is awaiting the final autopsy and toxicology results of the victim from the Travis County Medical Examiner Office.

19. Upon receiving the Autopsy and Toxicology results in this case, this case may be presented to the 216th District Attorney's Office

Date: 7/25/07  
Time: 15:37:43

BANDERA CO SHERIFF'S DEPT.  
Offense Report

Page: 11  
Program: CMS301L

1-07-002290 (Continued)

towards prosecution for the offense of Manslaughter.

\*\*\*\*\* N A R R A T I V E # 4 \*\*\*\*\*

AUTOPSY REPORT RECEIVED      Reported By: SHARP, SCOTT A.      5/17/07  
   Entered By.: SHARP, SCOTT A.      5/17/07

On 05/17/2007, Sgt. Scott A. Sharp received the autopsy report from the Travis County Medical Examiners Office on the decedent in this case. Upon Sharp reviewing the report, Sharp observed that the cause of death of (b)(3)CPSA Section 25(C) was determined to be the result of blunt force and crushing head injuries consistent with the information witnesses gave at the scene relating to the ATV accident.

Sharp reviewed the toxicolog results in the autopsy results and found that (b)(3)CPSA Se had no alcohol or illegal narcotics in her system at the time of her death.

Sharp will forward this case to the 216th District Attorney's Office towards prosecution of this case.

\* \* \* \* \* E N D O F R E P O R T \* \* \* \* \*

**Task No: IDI 070606HCC3497**

**Date: 07-31-2007**

**STATUS OF MISSING DOCUMENT(S)**

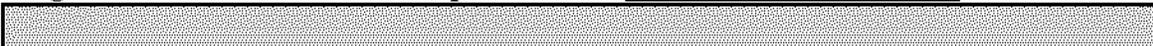
**The official records below were requested for this investigation report, but could not be obtained.**

Medical Examiner's Report

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Date: 07-31-2007      Investigator No: 9080

**Regional Office: CFIW      Supervisor No: \_\_\_\_\_**



070606HCC3497

**CONTACTS**

Bandera County Sheriff's Report  
512 12th St.  
Bandera, TX. 78003  
830-796-3771

(b)(3):CPSA Section 25(c),  
(b)(6)

512 12th St.  
Bandera, TX. 78003  
830-796-3593

Task Number 070606HCC3497

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

Type of respondent: Police Department

Other, specify:

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

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

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

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

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

Model: Ranger / VIN: 4XARB42A32D150329

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

Model Year: 2002

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

Engine Size: 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: 04/25/2007	
Age/Sex: 28 / Female	/
State of Death: TX	
City of Death: Pipe Creek	
County of Death: Bandera	

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

A 28 year old female was a passenger on an atv along with several others. The atv flipped over and landed on the victim. She died at the scene as a result of injuries sustained during the incident. It is unknown whether or not the victim was wearing a helmet.

8. Did the ATV overturn/tipover/rollover? Yes

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

Victim 1:                      Victim 2:

Yes   No   Unknown      Yes   No    Unknown

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

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

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

Victim 1:                      Victim 2:

Yes   No    Unknown      Yes   No    Unknown

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

0 - Unknown      2 - Two riders       4 - Four or more riders  
1 - One rider      3 - Three riders      9 - No riders

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

Age: 28                      Height:      (inches)  
Weight:                      Sex: Male



N0750014A 5/2/07



ISSUE; 31

TX

## Dude ranch visitor dies in ATV crash

Web Posted: 04/26/2007 10:06 PM CDT

**Zeke MacCormack**  
Express-News

Bandera County investigators say a 28-year-old Norwegian died at a dude ranch in Pipe Creek when an all-terrain vehicle carrying too many passengers flipped on top of her during a midnight ride early Wednesday.

Sgt. Scott Sharp said (b)(3) CPSA Section 25(c)(b)(6), a Lightning Ranch employee, was spinning the ATV in circles when it overturned, killing the woman passenger, whose name was withheld pending notification of next of kin.

"He was very remorseful," Sharp said of (b)(3) CPSA Section 25(c)(b)(6) 22, who ranch employees said returned home to Missouri on Thursday.

Although (b)(3) CPSA Section 25(c)(b)(6) was not given a sobriety test, Sharp said: "He admitted to drinking and he did have a heavy odor on his breath of alcohol."

DWI laws don't apply because the accident occurred on private property, said Sharp, who plans to recommend prosecutors seek an indictment for manslaughter against (b)(3) CPSA Section 25(c)(b)(6).

Sharp concluded the Polaris ATV — with three seats and a small bed in the rear — flipped because the weight of six passengers made it top-heavy.

"It's a very tragic thing," said (b)(3) CPSA Section 25(c)(b)(6) owner of the Lightning Ranch, noting workers aren't supposed to take guests on such late-night rides.

Sharp said (b)(3) CPSA Section 25(c)(b)(6) was "doing doughnuts" in a muddy pasture when the ATV crashed.

None of the other riders were injured.

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*zeke@express-news.net*

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Online at: [http://www.mysanantonio.com/news/metro/stories/MYSA042707\\_05B.ATV\\_fatal.3212a0d.html](http://www.mysanantonio.com/news/metro/stories/MYSA042707_05B.ATV_fatal.3212a0d.html)

1. Task Number 070627HNE2516		2. Investigator's ID 8942		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 810	4. Date of Accident YR MO DAY 2007 06 26	5. Date Initiated YR MO DAY 2007 08 29		
6. Synopsis of Accident or Complaint UPC A 78-year-old-male was riding a 4-wheeled utility vehicle solo on a roadway when for undetermined reasons he lost control and struck a building. The victim expired while en route to the hospital and was pronounced by the attending physician upon arrival with the cause of death listed as blunt impact injuries of the head, chest and extremities.				
MFR/PRVLBR NOTIFIED <i>Jan 16/26/09</i> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>6</u> ; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY				
7. Location (Home, School, etc) 7 - INDUSTRIAL PLACE		8. City GROVE CITY		9. State OH
10A. First Product 5044 - Utility Vehicles	10B. Trade/Brand Name POLARIS 4XARDSUA64D437914		10C. Model Number RANGER	
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12. Age of Victim 78	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational) / Travel 4 / 0	
20. Attachment(s) 9 - Multiple Attachments	21. Case Source 05 - Newspaper		22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 09/20/2007	25. Reviewed By 9093		26. Regional Office Director Eric B. Ault	
27. Distribution Streeter, Robin; Kessler, Charles; Harris, Paulette			28. Source Document Number N0760516A	



**070627HNE2516**

**ATTACHMENTS:**

- 1. Police Report**
- 2. Coroner's Report**
- 3. Contact Sheet**
- 4. Status of Missing Document(s)**
- 5. Questionnaire**

# TRAFFIC CRASH REPORT

070627HNE2516

ATTACHMENT #1 PG 1 OF 6

OH-1 (Rev. 10/08)



CRASH SEVERITY  
1 FATAL  
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PERMANENT PROPERTY  
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REPORTING AGENCY  
COPPO

REPORTING AGENCY  
COLUMBUS POLICE

CRASH DATE  
01/01

CRASH TIME  
08:00

YEAR OF CRASH  
2004

DAY OF WEEK  
TUE

GROUP  
X

NAME (OF CITY, TOWNSHIP OR TOWNSHIP)  
GROVE CITY

COUNTY  
25

LATITUDE  
LONGITUDE

CRASH LOCATION  
W R/O 643 LONDON-GROVEPORT RD  
TYPE LOCATION  
1 NUMBERED STREET  
2 NUMBERED STREET

REFERENCE POINTS USED  
01 STATE ROAD  
02 INTERSECTION  
03 COUNTY ROAD  
04 MILE NUMBER  
05 MILEPOST MILEMARK  
06 MILEPOST  
07 CORPORATION TOWN  
08 ROAD NAME AND ROAD NUMBER  
09 HIGHWAY  
10 SHORTEST OR LONGEST ROAD MILEMARK

DRIVER LICENSE # [REDACTED]

DRIVER NAME (LAST, FIRST, MIDDLE) [REDACTED]

DRIVER ADDRESS (STREET, CITY, STATE, ZIP CODE) [REDACTED]

DRIVER PHONE # [REDACTED]

VEHICLE MAKE  
2004 OLDSMOBILE RANGER GREEN

VEHICLE MODEL  
RANGER GREEN

VEHICLE COLOR  
GREEN

VEHICLE TYPE  
RANGER GREEN

VEHICLE YEAR  
2004

VEHICLE MAKE  
OLDSMOBILE

VEHICLE MODEL  
RANGER

VEHICLE COLOR  
GREEN

VEHICLE TYPE  
RANGER

VEHICLE YEAR  
2004

VEHICLE MAKE  
OLDSMOBILE

VEHICLE MODEL  
RANGER

VEHICLE COLOR  
GREEN

VEHICLE TYPE  
RANGER

VEHICLE YEAR  
2004

VEHICLE MAKE  
OLDSMOBILE

VEHICLE MODEL  
RANGER

VEHICLE COLOR  
GREEN

Motorist/Non-Motorist

Occupant

SEATING POSITION  
01 Driver - Left (MC Driver)  
02 Passenger - Middle  
03 Passenger - Rear  
04 Second - Left (MC Pass)  
05 Second - Middle  
06 Second - Right  
07 Third - Left  
08 Third - Middle  
09 Third - Right  
10 Fourth Section of Cab  
11 Extended Cargo Area  
12 Unlabeled Cargo Area  
13 Trunk/Lift  
14 Unknown  
15 Unknown  
16 Unknown  
17 Unknown

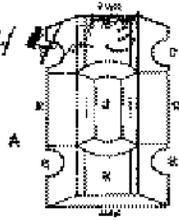
SAFETY EQUIPMENT  
01 None Used  
02 Air Bag Only  
03 Lap Belt Only  
04 Shoulder/Lap Belt  
05 Child Safety Seat  
06 Not Installed  
07 Not Occupied  
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Air Bag  
1 Not Deployed  
2 Deployed/Phone  
3 Deployed/Seat  
4 Deployed/Both  
5 Not Applicable  
6 Unknown

Air Bag Switch  
1 Not Present  
2 In On Position  
3 In Off Position  
4 Unknown

REACTION  
1 Not Reacted  
2 Timely Reaction  
3 Partially Reacted  
4 Not Applicable  
5 Unknown

TRAPPED  
1 Not Trapped  
2 Trapped by Secondary  
3 Trapped by Non-Mechanical Means  
4 Unknown  
5 Not Trapped  
6 Trapped by Mechanical Means  
7 Unknown

<b>UNIT NUMBERS</b> <input type="text" value="01"/> <input type="text" value="02"/> <input type="text" value="03"/>	<b>DAMAGE AREA</b> 	<b>PRE-TRIP ACTION</b> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="0"/>	<b>SEQUENCE OF EVENTS</b> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="0"/>	<b>POSTER SPEEDS</b> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="0"/>
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<b>VEHICLE TYPE</b> 01 Car 02 Truck 03 Bus 04 Motorcycle 05 Other	<b>VEHICLE DAMAGE</b> <input type="text" value="1"/> <input type="text" value="0"/>	<b>MOTORIST</b> 01 None 02 Driver 03 Passenger 04 Pedestrian 05 Unknown 06 Other	<b>NEARBY VEHICLE</b> 01 None 02 Front 03 Rear 04 Side	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="0"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="0"/> <input type="text" value="1"/>
<b>VEHICLE DAMAGE</b> <input type="text" value="1"/> <input type="text" value="0"/>	<b>VEHICLE DAMAGE</b> <input type="text" value="1"/> <input type="text" value="0"/>	<b>MOTORIST</b> 01 None 02 Driver 03 Passenger 04 Pedestrian 05 Unknown 06 Other	<b>NEARBY VEHICLE</b> 01 None 02 Front 03 Rear 04 Side	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="0"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="0"/> <input type="text" value="1"/>
<b>VEHICLE DAMAGE</b> <input type="text" value="1"/> <input type="text" value="0"/>	<b>VEHICLE DAMAGE</b> <input type="text" value="1"/> <input type="text" value="0"/>	<b>MOTORIST</b> 01 None 02 Driver 03 Passenger 04 Pedestrian 05 Unknown 06 Other	<b>NEARBY VEHICLE</b> 01 None 02 Front 03 Rear 04 Side	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="0"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="0"/> <input type="text" value="1"/>

**Narrative** DRIVER OF UNIT #1 WAS EMB IN A PRIVATE DR IN THE REAR OF 643 W. LONDON (W. LONDON GROVEPORT RD. DRIVER OF UNIT #1 WAS DRIVING A 2004 POLARIS RANGER A.T.V VIN # 4XARD5064C437914. DRIVER OF UNIT #1 FOR UNKNOWN REASONS LOST CONTROL AND STRUCK A BUILDING. DRIVER OF UNIT #1 WAS PROVIDED BY HAMILTON TWP. MEDIC #172 ENROUTE TO GRANT AT 1910 HRS.

<b>PLANNER OF COLLISION OR EMERGENCY</b> <input checked="" type="checkbox"/> 3 1. NOT COLLISION BETWEEN TWO VEHICLES OR TRANSPORT 2. REAR-IMP 3. HEAD-ON 4. REAR-TO-REAR 5. BACKUP 6. ANGLE 7. SIDEWALL, SAME DIRECTION 8. SIDEWALL, OPPOSITE DIRECTION 9. UNKNOWN		<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 1. No 2. YES, DRIVER INVOLVED 3. YES, INDICATED INVOLVED 4. UNKNOWN		<b>Diagram</b> 	
<b>WEATHER</b> <input checked="" type="checkbox"/> 01 01. CLEAR 02. CLOUDY 03. FOG, SMOG, SMOG 04. RAIN 05. SLEET, HAIL (FROSTING FROM DRIZZLE) 06. SNOW 07. SPRING CHALKWINDS 08. BLUING SAND, SNOW, DUST, SNOW 09. OTHER 10. UNKNOWN		<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 1. No 2. YES 3. UNKNOWN			
<b>LIGHT CONDITIONS</b> DAYLIGHT <input type="checkbox"/> NIGHT <input type="checkbox"/> 1. DAYLIGHT 2. DARK 3. DARK 4. DARK - LIMITED ROADWAY 5. DARK - NO LIGHTS 6. DARK - UNKNOWN LIGHTING 7. CLAY 8. OTHER 9. UNKNOWN		<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 1 1. LAKE CROSSING 2. LAKE SHIP/CROSSOVER 3. WORK ON SHOULDER OR SHOULDER 4. PREPARATION OF ROADWORK 5. OTHER			
<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 1 1. BEFORE FINAL WORK ZONE 2. APPROXIMATE WARNING AREA 3. TRANSITION AREA 4. ACTIVITY AREA		<b>WORKERS PRESENT</b> <input type="checkbox"/> 1 1. No 2. YES 3. UNKNOWN			
<b>COMPLAINANT (FROM BEARING PERSON)</b> _____ ADDRESS (STREET, CITY, ST, ZIP CODE) _____		<b>COMPLAINANT PHONE</b> _____			

<b>Truck/Bus</b> BUS # <input type="checkbox"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOVING VEHICLE) WITH A GVWR RANGING FROM 10,000 POUNDS OR A TRUCK (MOVING VEHICLE) WITH A HAZARDOUS MATERIAL PLACARD OR A BUS (DESIGNED FOR AT LEAST 9 PERSONS, INCLUDING THE DRIVER).	THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY, OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT, OR AT LEAST ONE VEHICLE WAS TOWED DUE TO HEAVY DAMAGE OR REQUIRED INTERFERING ASSISTANCE BEFORE BEING TOWED UNDER ITS OWN POWER.
--	---	--

<b>CG DOT</b> <input type="checkbox"/>	<b>ICE INC</b> <input type="checkbox"/>	<b>PLC#</b> <input type="checkbox"/>	<b>TRAILER LP ST</b> <input type="checkbox"/>	<b>TRAILER LP YEAR</b> <input type="checkbox"/>	<b>TRAILER LP P</b> <input type="checkbox"/>	
<b>CARGO BODY TYPE</b> OR NOT APPLICABLE 01. Box (4-5 Sided) (Flatbed) 02. Van/Buses/Box 03. Bulk/Container	<b>05. PALS</b> 06. CARGO TANK 07. FLATBED 08. DUMP	<b>09. CONCRETE/MIXER</b> 10. AXLE TRANSPORTER 11. CATERPILLAR/ROPS 12. OTHER 13. UNKNOWN	<b>Weight (GVWR)</b> <input type="checkbox"/> 1. 10,000-19,999 <input type="checkbox"/> 2. 20,000 - 29,999 <input type="checkbox"/> 3. MORE THAN 29,999	<b>COE Class</b> <input type="checkbox"/> 1. CLASS A <input type="checkbox"/> 2. CLASS B <input type="checkbox"/> 3. CLASS C <input type="checkbox"/> 4. CLASS M <input type="checkbox"/> 5. CLASS D	<b>Hazardous Materials Placed</b> <input type="checkbox"/> 1. No <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. UNKNOWN	<b>Hazardous Materials Released</b> <input type="checkbox"/> 1. No <input type="checkbox"/> 2. YES <input type="checkbox"/> 3. Not Applicable <input type="checkbox"/> 4. UNKNOWN

<b>Police Action</b> CITY OR TOWNSHIP REPORT # <input type="checkbox"/>		TO POLICE # <input type="checkbox"/>		DISPATCH # <input type="checkbox"/>		OTHER # <input type="checkbox"/>	
OFFICER'S NAME # <input type="checkbox"/>		SIGNED BY <input type="checkbox"/>		CHECKED BY <input type="checkbox"/>		DATE REPORT FILED # <input type="checkbox"/>	
REPORT TAKEN BY <input type="checkbox"/>		1. POLICE AGENCY 2. NUMBER		REPORT TAKEN AT <input type="checkbox"/>			
1. SCENE 2. STRAP 3. OTHER		1. SCENE 2. STRAP 3. OTHER		1. SCENE 2. STRAP 3. OTHER			

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER: 16441	REPORTING AGENCY: COLUMBUS POLICE	DATE OF CRASH: 06/26/07
----------------------------	-----------------------------------	-------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

070627HNE2516 ATTACHMENT #1 PG 4 OF 6

I, Det. A. Horper #249 (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

DET. J. HERMAN #681 (OFFICERS NAME) AT \_\_\_\_\_ (LOCATION)

ON 6-26-07 at approximately 1809 hrs I was dispatched to back up Hamilton Township Fire on the call of an unconscious person at 675 W. London-Groveport. I arrived on scene at approximately 1816 hrs. As I pulled up I was directed by an employee to the rear of the property. I then noticed an ATV up against a brown brick vehicle with a male white slouched to the left, partially out of the left side of the vehicle.

With the assistance of one of the two men on the scene, [redacted] and I straightened the victim, I did as [redacted] and attempted to find vital signs and any breath signs, at this time [redacted] (when slouched over) had been bleeding from a wound, and his left arm had turned purple. After sitting the victim up I noticed a wound to his forehead. [redacted]

[redacted] was pulling up and began treating for his injuries. [redacted] and [redacted] Fire also responded to assist.

Medic #172 called for Life-Flight to

ADDRESS OF WITNESS: [redacted]	OFFICERS SIGNATURE: J. Herman 681
SIGNATURE OF WITNESS: [redacted]	

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/81

LOCAL REPORT NUMBER

644

REPORTING AGENCY

COLUMBUS POLICE

DATE OF CRASH

M 06 10 26 IV 07

FOR LOCAL USE ONLY -- DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

070627HNE2516 ATTACHMENT #1 PG 5 OF 6

I, Dep. A. Harper #249

(PRINTED)

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

DET. J. HERMAN 1081

(OFFICER'S NAME)

AT

(LOCATION)

respond. Life Flight arrived on scene, however it was decided that Medic #172 would continue the transport to Grant Hospital. Medic # 172 pronounced the victim MR. [REDACTED] enroute to Grant at 1910 hrs.

ADDRESS OF WITNESS

SIGNATURE OF WITNESS

[REDACTED]

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 16441	REPORTING AGENCY COLUMBUS POLICE	DATE OF CRASH M 06   D 26   Y 07
------------------------------	-------------------------------------	-------------------------------------

FOR LOCAL USE ONLY — DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

070627HNE2516 ATTACHMENT #1 PG 6 OF 6

I, [REDACTED] BY MAKE THIS VOLUNTARY STATEMENT TO

DET. J. HERMAN 681 AT [REDACTED]  
(OFFICER'S NAME)

We were unloading straw in barn. We finished the load and were going to the river to pick up ~~some~~ corn. As we were driving down the lane we noticed a car and his front against the building. As we walked up to the car, I saw a car hanging out of the side of his car. I put my hand on his back and noticed he was not breathing. [REDACTED] called 911.

[REDACTED]

# FRANKLIN COUNTY OHIO

Office Of  
Bradley J. Lewis, M.D.  
520 King Avenue  
Columbus, OH 43201  
Ph 614-462-5290 Fax 614-462-6002  
Coroner

## Coroner's Report: Finding of Facts and Verdict

In Compliance with the Ohio Revised Code, Chapter 313, the Coroner's Report and Findings 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 the County Board of Health, Bureau of Vital Statistics, 240 Parsons Avenue, Columbus OH 43215, Phone (614) 645-7331, Fax (614) 645-0730.

Case No: **07-2096**

### DECEASED'S IDENTIFICATION

[REDACTED]		Date of Death	Time of Death
[REDACTED]		06-26-2007	19:10
Call Taken By	Person Reporting Death	Title	Pronounced By/Competent Observer
Eliza McUne	Chaplain Donna Morley, GMC		Dr. Gregory Seidensticker
Facility or Address of Death		Phone at Scene	Place of Death
Grant Medical Center, Columbus, OH 43215			ER/Outpatient
DOB	[REDACTED]		
S	[REDACTED]		
C	[REDACTED]		
L	[REDACTED]		
R	[REDACTED]		
V	[REDACTED]		

### CAUSE AND MANNER OF DEATH

Immediate Cause	Time Interval
Blunt impact injuries of the head, chest, and extremities.	Minutes
As Consequence Of:	Time Interval
As Consequence Of:	Time Interval
As Consequence Of:	Time Interval
Other Significant Conditions	Autopsy?
	No
Manner of Death	Name, Title and License Number of Person Who Completed Cause of Death
[REDACTED]	[REDACTED]

Date Body Viewed 06-27-2007	Time Body Viewed 5:45	Tattoos/Scars	Hair Color Natural	Eye Color Gray
Body Heat Posterior	LIVOR Posterior	RIGOR Full		
Pathologist's Notes		Hair Color Gray	Height 66"	Weight 189lbs.
		Body Appearance		

**INVESTIGATION**

Investigating Agency Columbus Accident	Phone (614) 645-4767	Date of Injury 06-26-2007	Time of Injury 18:40
Injury Location (Address, City, State, Zip) R/O 675 Landon-Groveport Road, Lockbourne, OH 43137			Injury at Work? No
How Injury Occurred Operator in a single ATV accident			Place of Injury Outdoors
[Redacted]			
			Give

In Witness Whereof, I have hereunto set by  
hand and affixed my seal at Columbus, Ohio  
This 1st day of 08/01/2007

[Redacted Signature]

Bradley J. Lewis, M.D.  
Coroner



FRANKLIN COUNTY CORONER'S OFFICE  
BRADLEY J. LEWIS, M.D.  
Columbus, Ohio

EXTERNAL EXAMINATION AND CAUSE OF DEATH

Case Number:

07-2096

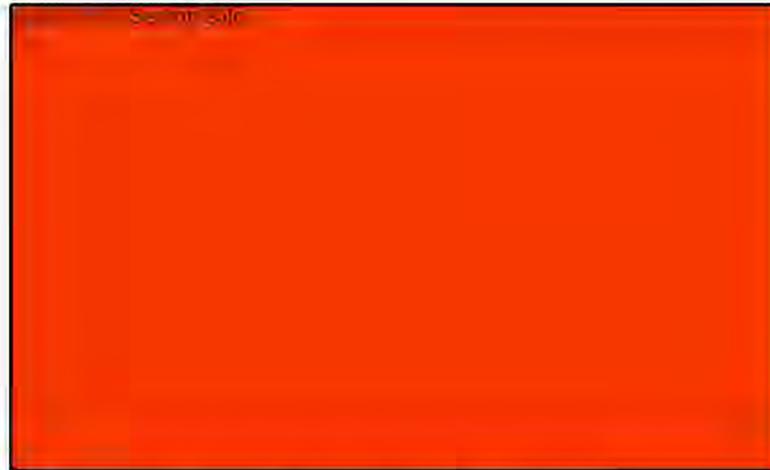
Name:

Date and Time of Death:

View Date and Time:

Performed by:

Performed for:



CAUSE OF DEATH: Blunt impact injuries of the head, chest, and extremities

SCARS AND IDENTIFYING MARKS: None

TATTOOS: None

EXTERNAL EVIDENCE OF RECENT INJURY:

1. 2 x 1" laceration with exposed skull, mid forehead
2. red-blue periorbital ecchymoses
3. multiple abrasions of the face
4. closed left humerus fracture, palpable
5. 4 x 1 1/2" area of multiple abraded lacerations, right forearm/hand
6. multiple abrasions, lower extremities
7. multiple red contusions, lower extremities
8. closed right femur fracture, palpable
9. dark red-blue contusions of left upper extremity

EXTERNAL EVIDENCE OF RECENT THERAPY:

1. status post cricotomy
  - a. endotracheal tube, anterior neck
2. electrocardiogram pads x 4
3. defibrillator/pacer pads x 2
4. cervical collar
5. intraosseous line, left superior tibia
6. white gauze, head



The body is that of a well developed, well nourished, white, male, compatible with the reported age of 78 years. The body measures 68 inches in length and weighs 189 pounds. The body is in full rigor mortis. Lividity is posterior. The skin temperature is cool.

The scalp hair is gray and of normal amount, distribution, and texture. The face is clean shaven. The conjunctivae are pale, the corneas are clear, and irides are blue. There is no icterus. The pupils are round, equal, and symmetrical. Scleral hemorrhage is noted, left > right. The ears, nose and mouth show no abnormalities. The lower teeth are natural and in fair repair. Upper dentures are intact and in place. There are no abnormalities of the neck, trunk or extremities. The distribution of the pubic hair is normal. The abdomen is flat. The external genitalia are not remarkable, and there are no external lesions. The extremities appear normal, and the joints are not deformed. All digits are present. The skin is of normal texture and presents no significant lesions.



# FORENSIC TOXICOLOGY DIVISION



Office of Bradley J. Lewis, M.D.  
520 King Avenue  
Columbus, OH 43201  
Ph 614-462-5299 Fax 614-462-6002

EX

NAME:

DATE COMPLETED:



A Comprehensive Analysis Has Been Performed.

The Following Agents Were Detected:

## **BLOOD:**

<i>X</i> Ethanol	0.22 g% *
<i>T</i> Tramadol	0.45 µg/ml *
Desmethyltramadol	Positive *
Cotinine (nicotine metabolite)	Positive *
Caffeine	Positive *
Quinine	Positive *

## **VITREOUS:**

Ethanol 0.21 g%

### **Other Chemical Pathology:**

Sodium	134 mmol/L
Potassium	8.5 mmol/L
Chloride	113 mmol/L
Calcium	1.2 mmol/L
Magnesium	0.62 mmol/L
Glucose	35 mg/dL
Lactate	17 mmol/L
Urea	9.0 mg/dL

# FORENSIC TOXICOLOGY DIVISION



Office of Bradley J. Lewis, M.D.  
520 King Avenue  
Columbus, OH 43201  
Ph 614-462-5290 Fax 614-462-6062

## EXAMINATION REPORT

**NAME:**



**DATE COMPLETED:**

July 24, 2007

Creatinine

0.8 mg/dL

No Other Agents Were Detected.

NOTE: \* Testing Performed on Femoral Blood

**T:** Levels present are consistent with therapeutic concentration.

**X:** Levels present are consistent with toxic concentration.



**070627HNE2516**

**ATTACHMENT #3**

**Contact Sheet**

Contacted on 08/29/07  
Columbus Police Department  
120 Marconi Boulevard  
Columbus, OH. 43215  
614-645-4981

Contacted on 08/29/07  
Franklin County Coroner  
520 King Avenue  
Columbus, OH. 43201  
614-462-5290

**Task Number: 070627HNE2516**

**Date: 09/19/07**

**ATTACHMENT #4**

**Status of Missing Document(s)**

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

1. Photos

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

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

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

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

Task Number 070627HNE2516

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

Type of respondent: Police Department

Other, specify:

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

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

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

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

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

Model: RANGER / VIN: 4XARDSUA64D437914

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

Model Year: 2004

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

Engine Size: 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: 06/26/2007	
Age/Sex: 78 / Male	/
State of Death: OH	
City of Death: COLUMBUS	
County of Death: FRANKLIN	

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

A 78-year-old-male was riding a 4-wheeled ATV solo on a roadway when for undetermined reasons he lost control and struck a building. The victim expired while en route to the hospital and was pronounced by the attending physician upon arrival with the cause of death listed as blunt impact injuries of the head, chest and extremities.

8. Did the ATV overturn/tipover/rollover? No

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

Victim 1:	Victim 2:
Yes <input checked="" type="radio"/> No Unknown	Yes No Unknown

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

<input checked="" type="radio"/> - Driver	3 - Bystander	8 - Other/Unknown
2 - Passenger	4 - Driver/Other Vehicle	

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

Victim 1:	Victim 2:
Yes No <input checked="" type="radio"/> Unknown	Yes No Unknown

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

0 - Unknown	2 - Two riders	4 - Four or more riders
<input checked="" type="radio"/> - One rider	3 - Three riders	9 - No riders

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

Age: 78	Height: 68 (inches)
Weight: 04 = 150 - 199	Sex: 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?

02 - Private road

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

09 - NA (Not a traffic incident)

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

1 - Yes

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

3 - Yes, Medication

Additional Comments:

# The Columbus Dispatch

Ohio's Greatest Online Newspaper

#070627HNE2516 N0760516A 6/27/07

Man, 78, killed when ATV crashes into wall  
Tuesday, June 26, 2007 10:42 PM

ISSUE: 39

OH

The Columbus Dispatch

A 78-year-old man riding an ATV crashed into a wall and died in southern Franklin County tonight, investigators said.

The crash occurred at 6:04 p.m. at 643 W. London-Groveport Rd., near the city's Southerly Waste-Water Treatment Plant, 6977 S. High St., said detective John Herman of the Columbus Police accident-investigation unit.

 lives on property next to the plant, had been riding his all-terrain vehicle all day long, when he inexplicably drove down a hill and into the plant's west wall, Herman said.

"He traveled 30 feet and right into the wall," Herman said.

 was pronounced dead in an ambulance on the way to Grant Medical Center, Herman said.

For additional health information, visit OhioHealth

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1. Task Number 070702CWE6021		2. Investigator's ID 8156		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2007 06 29	5. Date Initiated YR MO DAY 2007 07 18		
6. Synopsis of Accident or Complaint UPC The 34 year old male was driving a four wheeled utility vehicle for the first time. He had his three year old son. Both were wearing their seat belts. He sped the utility vehicle up to 55 MPH and let up on the gas. He said the back wheels locked up and it stopped suddenly. It flipped over end for end. No one was seriously injured. His son sustained abrasions to his upper trunk from the seat belt harness and his sustained a minor neck strain.				
MFR/PRVLBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO OVERRULED: <input type="checkbox"/> ATTACHED EXCISIONS/FOIA EXS. <u>250</u> 3, 6 DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 081105 GR				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City ESTEVAN		9. State FN
10A. First Product 5044 - Utility Vehicles	10B. Trade/Brand Name POLARIS		10C. Model Number RAZOR	
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12. Age of Victim 3	13. Sex 1 - Male	14. Disposition 1 - Injured, not Hosp.	15. Injury Diagnosis 53 - Cont./Abrs.	
16. Body Part(s) Involved 31 - UPPER TRUNK	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 8 / 0	
20. Attachment(s) 5 - Other	21. Case Source 07 - Consumer Complaint		22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 07/31/2007	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number I0760599A	



070702CWE6021

SUMMARY

The vehicle involved in this incident is a four wheeled utility vehicle. It was purchased from a dealer in Canada on June 28, 2007. It was purchased by a 34 year old male.

The owner said the next day he was going to take the utility vehicle out for its first trip. He had his three year old son with him. His son was wearing a protective snowmobile helmet. Both of them had secured and were wearing seat belts.

He drove the utility vehicle for a while without any problems. He then decided to see how fast it would go. He said it is suppose to go about 55 MPH. He stepped on the gas and got it going as fast as it would go. He then let up on the gas. At this point the back wheels locked up and the utility vehicle flipped over end for end.

He said luckily no one was injured seriously. His son had abrasions on his upper trunk from the seat belt. He sustained a neck strain from the whiplash effect as it was flipping over. He neck is still stiff, but he hasn't had to miss any work.

He contacted the dealer in Estevan, Saskatchewan where it was purchased. He said the dealer didn't believe that the utility failed as described. He said they sent out a stunt driver to try to reenact what had happened. They couldn't get it to fail. However, later the son of the dealer was driving the utility vehicle and it failed when he was driving.

The complainant said the dealer finally fixed his utility vehicle. He thought they replace or adjusted the linkage on the shifter. They told him that it would vibrate out of high gear and attempt to drop into reverse. He said it appears to be running and braking as designed.

I told the complainant that there was suppose to be a service bulletin out in May 2007 to correct this problem. I asked if the dealer mentioned this service bulletin to him. He said this was the first that he had heard of any

Page 2

factory authorized repair to correct the locking up of the wheels on his utility vehicle.

PRODUCT IDENTIFICATION

The product involved in this incident is a four wheeled utility vehicle that was purchased on 6-28-2007 from:

Thunder City  
Esteven, Saskatchewan

It was described as a Polaris Razor and it manufactured by:

Polaris Industries  
Medina, MN 55340

ATTACHMENTS

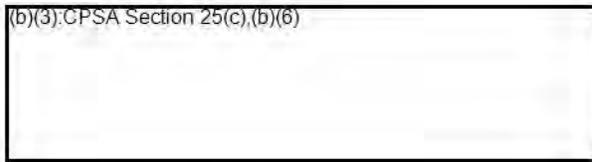
1. Contact List

070702CWE6021

Attachment #1

Contact List

(b)(3);CPSA Section 25(c),(b)(6)

A rectangular box with a black border, containing the text "(b)(3);CPSA Section 25(c),(b)(6)". The rest of the box is empty, indicating that the contact list information has been redacted.

06/30/2007 01:06:02

Name = (b)(3) CPSA Section 25(c),(b)(8)  
Address =  
City =  
State =  
Zip = 5  
Email =  
Telephone =  
Name =

Victim's Address = same as mine

Victim's City =

Victim's State =

Victim's Zip =

Victim's Telephone =

Incident Description = The back tires lock up on the Polaris Ranger Razor ATV once you reach top speed and let go of the gas pedal. They caused a spin out the first time and a flip / end over end causing injuries.

Victim's age at time of incident = 34/3

Victim's sex = male

Date of incident = June 29/07

Product involved = 2007/2008 polaris ranger razor

Product brand name/manufacture = Polaris Industries inc.

Manufacturer street address = 2100 highway 55

Place where manufactured (City and State or Country) = Medina, MN 55340

Product involved still available = yes

Product model and serial number, manufacture date =

Date product purchased = June 29/07

Name Release = Release name to manufacturer only

1. Task Number 070718HWE6036		2. Investigator's ID 9044		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2007 07 07	5. Date Initiated YR MO DAY 2007 07 18		
6. Synopsis of Accident or Complaint UPC Unknown  One of five other passengers along with the driver, were riding together on a multiple passenger size ATV, and he was critically injured when the ATV flipped over while they were riding up a steep hill in a heavily wooded ravine in a rural area at about midnight. He was found conscious but his condition deteriorated quickly and he stopped breathing and died at the scene. Alcohol was involved in this incident. No helmets were being worn.  <b>MFR/PRVLBR NOTIFIED</b> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <del>EXCISIONS/FOIA EXS. 25c, 3, 6</del> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 081105 GO				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City MALCOMB		9. State NE
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name POLARIS		10C. Model Number RANGER
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 24	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 54 - Crushing	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 12 / 0	
20. Attachment(s) 2 - Documents		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 10/04/2007	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number N0770283A	

<b>1. Task Number</b> 070718HWE6036		<b>2. Investigator's ID</b> 9044		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
<b>3. Office Code</b> 840	<b>4. Date of Accident</b> YR MO DAY 2007 07 07		<b>5. Date Initiated</b> YR MO DAY 2007 07 18	
<b>6. Synopsis of Accident or Complaint</b> <b>UPC</b> Unknown  One of five other passengers along with the driver, were riding together on a multiple passenger size ATV, and he was critically injured when the ATV flipped over while they were riding up a steep hill in a heavily wooded ravine in a rural area at about midnight. He was found conscious but his condition deteriorated quickly and he stopped breathing and died at the scene. Alcohol was involved in this incident. No helmets were being worn.				
<b>7. Location (Home, School, etc)</b> 5 - OTHER PUBLIC PROPERTY		<b>8. City</b> MALCOMB		<b>9. State</b> NE
<b>10A. First Product</b> 3286 - All Terrain Vehicles (four W		<b>10B. Trade/Brand Name</b> POLARIS		<b>10C. Model Number</b> RANGER
<b>10D. Manufacturer Name and Address</b> POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
<b>11A. Second Product</b> 0		<b>11B. Trade/Brand Name</b> NONE		<b>11C. Model Number</b> NONE
<b>11D. Manufacturer Name and Address</b> NONE				
<b>12. Age of Victim</b> 24	<b>13. Sex</b> 1 - Male		<b>14. Disposition</b> 8 - Death	<b>15. Injury Diagnosis</b> 54 - Crushing
<b>16. Body Part(s) Involved</b> 75 - HEAD	<b>17. Respondent</b> 3 - 2nd Hand Info Only		<b>18. Type of Investigation</b> 2 - Telephone	<b>19. Time Spent (Operational / Travel)</b> 12 / 0
<b>20. Attachment(s)</b> 2 - Documents		<b>21. Case Source</b> 05 - Newspaper		<b>22. Sample Collection Number</b>
<b>23. Permission to Disclose Name (Non NEISS Cases Only)</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
<b>24. Review Date</b> 10/04/2007	<b>25. Reviewed By</b> 8929		<b>26. Regional Office Director</b> Frank J. Nava	
<b>27. Distribution</b> Streeter, Robin			<b>28. Source Document Number</b> N0770283A	

All information contained in this report, was obtained through telephone contact with the County Sheriff and Attorney's offices. An on-line news story is the source of this incident (source document).

On the evening of 7/7/2007, a group of five young men were gathered outside the house of one of the men. He was a co-worker of one of the other men. He lived in a small town about 8 miles from a large city in eastern Nebraska. They were hanging out and reportedly drinking beer that was left over in a keg from the 4<sup>th</sup> of July, and playing yard games such as horse shoes.

Later in the evening after dark, they asked the occupant of the house to give them a tour of his property. He agreed to give them all a tour using his 4-wheel ATV. It had a bench seat in the front and three of the men including the driver sat on it and reportedly the passengers each had their seatbelts on but the driver did not. The other two men climbed into the back of the ATV and the tour began.

As the tour of the surrounding area continued, they entered a heavily wooded area and were approaching a steep hill. The driver had reportedly driven in this area before. After some convincing from the passengers of the ATV, the driver attempted to climb the hill but he was unsuccessful causing the ATV to flip backwards landing on top of one of the passengers who had been sitting in the cargo area. Just before impact, the other rider in the cargo area jumped out of the vehicle and he sustained no injuries.

The four other riders including the driver climbed out from the ATV including one who was initially trapped but he was able to free himself. They began to ask each other if they were alright until they came upon the 24-year-old male who they found under the ATV. It was just after midnight, when they found him. He initially was only able to nod his head and was unable to answer questions. When they asked him if he was ok, he nodded his head no. They asked if he could breath and he again nodded his head no.

One of the men went for help. The driver called his wife who was an RN, and who was nearby at home and asked her to help them. They began CPR until they were relieved by medical personnel arriving on the scene. However, he was

pronounced dead at the scene.

Investigation by the Police determined that alcohol was involved in this incident. Some of the blood alcohol levels found included 0.132, 0.120 and the driver of the ATV was found to have 0.144. No helmets were reportedly being worn by any of the riders on the ATV.

The ATV driver reported that he was very sorry and remorseful and he was cooperative. He also stated that he *"felt it was a freak accident, that he could understand if they were being reckless and crazy but he stated that the entire time they were calm and subdued manner, very slow in the driving, nothing erratic or out of the ordinary and that it just was a freak accident."*

An on-line news story (source document) reported this incident. They reported that the 24-year-old male was pronounced dead at the scene and that he was one of four passengers on the ATV when it flipped over while they were riding in a heavily wooded ravine. They also reported that alcohol was involved in this accident.

I collected the County Sheriff's report (exhibit 1) and the County Medical Examiners report (exhibit 2). They listed the many detailed injuries to the 24 year-old male including *"blunt for trauma of the head, of the neck, of the trunk, of the extremities."* They also reported the cause of death was *"severe blunt force trauma of the head and neck with extensive craniocerebral trauma"* and the *"manner of death was accidental."* They report the 24-year-old male was 5'10" tall and he weighed 150 pounds.

**PRODUCT IDENTIFICATION:**

**All Terrain Vehicle** (Product Code 3286)  
Type: 4-Wheel, multiple passengers; Model: Ranger; Color: Green; VIN # 4XARD50A56D739522; Brand: Polaris;  
Manufacturer: Polaris Industries Inc., 1225 Highway 169 North, Minneapolis, MN 55441

**ATTACHMENTS:**

**Exhibit 1 - Sheriff's Report**  
**Exhibit 2 - Medical Examiners Reports**  
**Exhibit 3 - Description of Respondents**

## Sheriff's Incident: A7005985

List other reports for this case	Previous soft	X IR	PHOTOS
GENERAL			
Reported: 07-07-2007		( 0411 ) Death Accidental Other	
Location: 015100 NW 98TH ST		Case Status: Z NO OFFEN	
Occurred: 0003 07-07-2007 to		LCode: 052 , RD: WO34	
Other Reports: ACL,SUPP,PHOTO,PROPERTY #Q0716949/#Q0716950			
Related Cases: A7005991			
Domestic: N	Child? N	Weapon? N	Veh Towed? NO N/A
	Alc/Drgs? N	ProtOrder? N	Reason: N/A
Employee Reporting (b)(6)			Entered By: MOOBERRY
PERSONS INVOLVED			
Contact	Name	Race/Sex/DOB	
Other :	(b)(3) CPSA Section 25(c), (b)(6)		
Other :			
Other :			
Victim :			
Driver :			
ASSOCIATED PROPERTY			
Recovered:	1-EACH BROWN LEATHER WALLET	\$.00	
BRO			
Recovered:	\$40 IN CASH (2-EACH TWENTY DOLLAR BILLS)	\$40.00	
UNITED STATES			
TAPED STATEMENTS		(b)(3) CPSA Section 25 (c), (b)(6)	

Evidence :	(b)(3):CPSA Section 25(c),(b)(6)	\$ .00
Evidence :	TAPED STATEMENT OF (b)(3):CPSA Section 25(c),(b)(6) (b)(3):CPSA Section 25(c),(b)(6)	\$ .00
Recovered:	MISCELLANEOUS PAPERS	\$ .00
Recovered:	1-EACH I.D. CARD	\$ .00
Recovered:	1-EACH SOCIAL SECURITY CARD	\$ .00
UNITED STATES		
Total Damage:	\$ .00	Total Loss: \$ .00
<b>NARRATIVE DESCRIPTION</b>		
ON 07/07/07, AT 0003HRS, (b)(3):CPSA Section 25(c),(b)(6)		
(b)(3):CPSA Section 25(c),(b)(6)		
<p>WERE INVOLVED IN AN ATV ACCIDENT IN A WOODED AREA NORTHEAST OF NW 98TH STREET AND WEST MILL ROAD. THE POLARIS RANGER WAS DRIVEN BY (b)(3):CPSA Section 25(c),(b)(6) THE OWNER OF THE ATV. THE ATV ROLLED AFTER (b)(3):CPSA Section 25(c),(b)(6) TRIED TO CLIMB A STEEP (b)(3):CPSA Section 25(c),(b)(6) THE ACCIDENT CLAIMED THE LIFE OF (b)(3):CPSA Section 25(c),(b)(6) WHO WAS RIDING IN THE BACK. NO ONE ELSE WAS INVOLVED (b)(3):CPSA Section 25(c),(b)(6) FIRE (b)(3):CPSA Section 25(c),(b)(6) AND LER MEDIC-3 RESPONDED TO THE SCENE AND PRONOUNCED (b)(3):CPSA Section 25(c),(b)(6) DEAD AT 0036HRS. ALCOHOL WAS INVOLVED IN THE INCIDENT. INVESTIGATION ON-GOING. SEE ACI AND SUPPLEMENTAL REPORT.</p>		
<input type="checkbox"/> Reports for this case <input type="checkbox"/> Previous IR <input type="checkbox"/> Next IR		

CASE#: A7005985  
ACI AT 0526 hrs. 07-07-2007 BY SCHMIDT 22132

DEATH-ACCIDENTAL

LANCASTER COUNTY SHERIFF'S OFFICE

ADDITIONAL CASE INVESTIGATION

CLASSIFICATION: DEATH-ACCIDENTAL

LOCATION: NW 98TH STREET AND WEST MILL ROAD

PERSONS MENTIONED:

INTERVIEWED:

(b)(3) CPSA Section 25(c), (b)(6)

NARRATIVE:

[redacted] was notified at 0407hrs on 07/07/07, at her residence, of her son's [redacted] death. [redacted] advised that the father of [redacted] is [redacted]. A Lincoln Police Department (LPD) Chaplain was contacted and left to be with [redacted] and her fiance, [redacted].

[redacted] last known address is [redacted] and he was notified of the death at 0558hrs.

[redacted] advised that [redacted] was a smoker. It is unknown who [redacted] primary care physician was. There has not been a decision made as to the family choice of a funeral home. [redacted] will contact this office will funeral home information.

END OF NARRATIVE

REVIEWING SUPERVISOR: SERGEANT HILLABRAND (LSO 90289)

END OF ACI

Typing started 09:32, 07-07-07 BY 395  
finished 09:45, 07-07-07

COPY SENT TO CRIME ANALYSIS 09:45, 07-07-2007  
COPY SENT TO LSO RECORDS 09:45, 07-07-2007  
COPY SENT TO COUNTY ATTY'S OFFICE 09:45, 07-07-2007

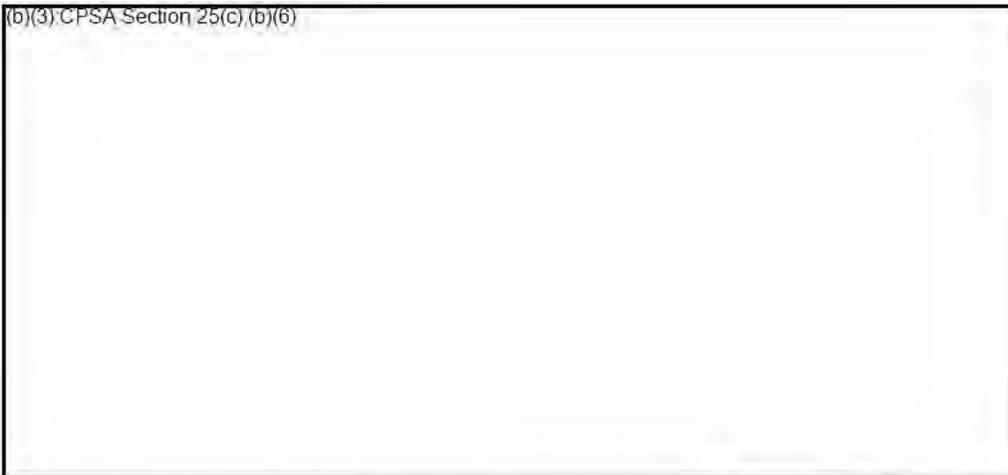
CASE#: A7005985  
ACI AT 0530 hrs. 07-07-2007 BY SCRIVEN 22112

DEATH AC

-----  
LANCASTER COUNTY SHERIFF'S OFFICE  
-----  
ADDITIONAL CASE INVESTIGATION  
-----

INTERVIEWED

(b)(3) CPSA Section 25(c), (b)(6)



On 070707, I conducted a taped statement with (b)(3) CPSA Section 25(c), (b)(6) in my cruiser while parked at (b)(3) CPSA Section 25(c), (b)(6) refused to speak with me regarding the incident so no information was obtained. (b)(3) CPSA S tested a 0.133 on a preliminary breath test.

While at the scene I did record the VIN number off of the green Polaris ATV. It is (b)(6)

I placed the taped statement from (b)(6) as well as taped statements from (b)(3) CPSA Section 25(c), (b)(6) into property. (b)(6) statements were conducted by Deputy Brady and (b)(3) CPSA was conducted by Deputy Schmuecker.

Reviewed by Sgt Hillabrand

Typing started 05:55, 07-07-07 BY 369  
finished 06:10, 07-07-07

COPY SENT TO CRIME ANALYSIS	06:10, 07-07-2007
COPY SENT TO LSO RECORDS	06:10, 07-07-2007
COPY SENT TO COUNTY ATTY'S OFFICE	06:10, 07-07-2007

CASE#: A7005985  
ACI AT 0638 hrs. 07-07-2007 BY GUTHARD 22126

DEATH-ACCIDENTAL

-----  
LANCASTER COUNTY SHERIFF'S OFFICE  
-----

ADDITIONAL CASE INVESTIGATION

-----  
DISTRIBUTION: LANCASTER COUNTY SHERIFF/ATTN: INVESTIGATIONS

CLASSIFICATION: DEATH-ACCIDENTAL

LOCATION: NORTHEAST CORNER OF NW 98TH STREET AND WEST MILL ROAD

PROPERTY: REPORT #Q0716949/#Q0716950

PERSON MENTIONED:

VICTIM:

(b)(3) CPSA Section 25(c),(b)(6)

NO PHONE GIVEN

NARRATIVE:

An autopsy has been scheduled for Monday, July 9th, 2007, at 0830hrs.  
Please have an Investigator attend.

END OF NARRATIVE

REVIEWING SUPERVISOR: SERGEANT HILLABRAND (LSO 90289)

END OF ACI

Typing started 09:04, 07-07-07 BY 395  
finished 09:10, 07-07-07

COPY SENT TO CRIME ANALYSIS	09:11, 07-07-2007
COPY SENT TO LSO RECORDS	09:11, 07-07-2007
COPY SENT TO LSO INVESTIGATIONS	09:11, 07-07-2007
COPY SENT TO COUNTY ATTY'S OFFICE	09:11, 07-07-2007
COPY SENT TO LSO RECORDS	09:46, 07-07-2007

CASE#: A7005985  
ACI AT 0844 hrs. 07-07-2007 BY SCHMIDT 22132

DEATH AC

LANCASTER COUNTY SHERIFF'S OFFICE

ADDITIONAL CASE INVESTIGATION

OTHER

Wells Fargo Trust

PO Box 3959  
Omaha, Ne  
5362514

INTERVIEWED

(b)(3) CPSA Section 25(c), (b)(6)

9915151

(b)(6) was contacted via telephone at his residence in Omaha, Nebraska, at 0830 hours, on 070707. (b)(6) name is listed as one of the contact points identified on the TAM map. (b)(6) is identified as a co trustee with Wells Fargo located in Omaha, Nebraska. The property identified on the TAM map as S3, T11, R5, 6th principal was confirmed as the same site held in trust by Wells Fargo and as the site of the accidental death. France was given the case number and contact information of this office for any documentation needed by Wells Fargo.

Reviewed by Sgt Trotter

Typing started 22:30, 07-07-07 BY 369  
finished 22:34, 07-07-07

COPY SENT TO CRIME ANALYSIS 22:34, 07-07-2007  
COPY SENT TO LSO RECORDS 22:34, 07-07-2007  
COPY SENT TO COUNTY ATTY'S OFFICE 22:34, 07-07-2007

CASE#: A7005985  
DICTATED 1345 hrs, 07-07-2007 BY BRADY 22137

DEATH AC

LANCASTER COUNTY SHERIFF'S OFFICE

SUPPLEMENTARY INVESTIGATION REPORT

NAMES MENTIONED                      RACE/SEX                      DOB                      ADDRESS

DECEASED

(b)(3);CPSA Section 25(c),(b)(6)

Distribution: Lancaster county case files, Lancaster county attorney's office.

SYNOPSIS

The following report contains information regarding the interview and taped statement of one (b)(3);CPSA Section 25(c),(b)(6) was involved in a ATV rollover accident at the southeast section of NW 98th and Raymond Rd resulting in the death of (b)(3);CPSA Section 25(c),(b)(6). The taped statement taken was taken in the cruiser number 0026 just south of the intersection of NW 98th and W Raymond Rd. The following statement given by (b)(3);CPSA Section 25(c),(b)(6) were given at free will.

BODY OF REPORT

On 070707, at approximately 0145 hours, I Deputy Brady conducted an interview and taped statement of (b)(3);CPSA Section 25(c),(b)(6) regarding the events that took place at the southeast section of NW 98th and Raymond Rd resulting in the death of (b)(3);CPSA Section 25(c),(b)(6) was informed he was not under arrest and was asked to conduct a taped statement on his own free will. (b)(3);CPSA Section 25(c),(b)(6) agreed and the taped statement began.

(b)(3);CPSA Section 25(c),(b)(6) advised earlier in the evening at an unknown time himself and his friend (b)(3);CPSA Section 25(c),(b)(6) arrived at (b)(3);CPSA Section 25(c),(b)(6) coworker's residence (b)(3);CPSA Section 25(c),(b)(6) located at (b)(3);CPSA Section 25(c),(b)(6) stated himself as well as (b)(3);CPSA Section 25(c),(b)(6) and

(b)(3)CPSA Section 2 all were hanging out at (b)(3)CPSA Se residence drinking beer and playing yard games such as (inaudible) horse shoes. Later in the evening (b)(3)CPSA Sec advised that they asked (b)(3)CPSA Section to give them an ag (?) tour of the surrounding area and their property. (b)(3)CPSA agreed to do so and all five men got onto a Polaris Ranger and the tour began.

advised that he was sitting in the front middle seat utilizing a seatbelt. was driving the vehicle and directly to his right was believed that all three parties in the front of the vehicle were utilizing their seatbelts. stated that the two parties located in the cargo area of the vehicle was

As the tour of the surrounding area continued advised the all terrain vehicle entered a wooded area approaching a very steep hill. After some convincing from the passengers of the Polaris indicated that attempted to climb the hill with the Polaris and was unsuccessful causing the ATV to flip backwards landing on top of indicated that he was initially trapped in the vehicle following the accident but was able to free himself. At this time indicated that all the parties involved began to ask each other if they were okay until they came upon

was unable to answer any questions and was only able to nod his head. stated they asked if he was okay and nodded his head no. They asked if he could breath and indicated that he could not by nodding his head no.

At this point in time indicated that he left the immediate area in an attempt to get some help for indicated he returned back to the area where he observed attempting CPR on indicated he again left the area in the attempt to find some help and wait for emergency personnel.

Following statement was asked if he had any additional information that he may like to share regarding this incident. stated he wanted to make it very clear that was not at fault for the accident. stated that all four men referring to all strongly encouraged to attempt to climb the steep hill in the ATV. was asked to describe his relationship with the other four men involved in the incident.

stated that he had just met the day of the incident and was introduced to them by his friend who is a coworker of

Upon completion of the taped statement was requested to perform a preliminary breath test. was cooperative and agreed to take a preliminary breath test upon his own free will. As a result of the preliminary breath test indicated a .132. Following the preliminary breath test was escorted to the residence where he waited for the arrival of a party to give him a ride home.

END OF REPORT

Typing started 00:38, 07-08-07 BY 369  
finished 01:24, 07-08-07

COPY SENT TO CRIME ANALYSIS	01:24, 07-08-2007
COPY SENT TO LSO RECORDS	01:24, 07-08-2007
COPY SENT TO COUNTY ATTY'S OFFICE	01:24, 07-08-2007

CASE#: A7005985 DEATH AC  
DICTATED 1425 hrs. 07-07-2007 BY BRADY 22137

-----  
LANCASTER COUNTY SHERIFF'S OFFICE  
-----  
SUPPLEMENTARY INVESTIGATION REPORT

-----  
NAMES MENTIONED RACE/SEX DOB ADDRESS  
-----

DECEASED

(b)(3):CPSA Section 25(c),(b)(6)

Distribution: Lancaster county case files, Lancaster county attorney's office.

SYNOPSIS

The following report contains information regarding the interview and taped statement of one (b)(3):CPSA Section 25(c),(b)(6) was one of four parties involved in a fatality ATV rollover accident located at the southeast section of NW 98th St and W Raymond Rd.

BODY OF REPORT

On 070707, at approximately 0200 hours, a taped statement and interview was conducted with (b)(3):CPSA Section 25(c),(b)(6) was involved in a rollover ATV accident resulting in the death of one (b)(3):CPSA Section 25(c) prior to the taped statement (b)(3):CPSA was advised that he was not under arrest and was under no obligation to provide a taped statement at this time. (b)(3):CPSA Section advised that he would provide a statement regarding the incident that took place.

After ascertaining the pertinent information regarding (b)(3):CPSA Section 25(c),(b)(6) was asked to describe the incident as best as he recalled (b)(3):CPSA Section stated that he and (b)(3):CPSA Section 25(c),(b)(6) and (b)(3):CPSA (b) were all together at the (b)(3):CPSA residence located at 15100 NW 98th St where they were playing games and drinking beer together. (b)(3):CPSA Section indicated that all five men hopped onto a ATV where (b)(3):CPSA Section was going to

give them a tour of the surrounding areas and their property. At this point in time [REDACTED] indicated that the ATV came upon a ravine at which time [REDACTED] attempted to drive out of the ravine, climbing a hill and the vehicle rolled back landing on top of [REDACTED] at the bottom of the ravine.

I asked [REDACTED] where he was located in the vehicle during the incident [REDACTED] indicated that he was located in the cargo area of the ATV with [REDACTED] stated that just prior to the vehicle rolling over he jumped out of the vehicle sustaining no injuries in the accident. Shortly after the accident [REDACTED] indicated that he realized that [REDACTED] was not breathing. [REDACTED] stated he began CPR on Stasch for what he described as what felt like a very long time. [REDACTED] was unable to provide any more information regarding the incident and the taped statement was concluded.

Following the taped statement [REDACTED] upon his own free will provided a preliminary breath test which indicated a blood alcohol level of .120. At the conclusion of the contact I escorted [REDACTED] to the [REDACTED] residence where he remained with [REDACTED] until I arrived to pick him up and return them home.

END OF REPORT

Typing started 00:20, 07-08-07 BY 369  
finished 00:35, 07-08-07

COPY SENT TO CRIME ANALYSIS	00:35,07-08-2007
COPY SENT TO LSO RECORDS	00:35,07-08-2007
COPY SENT TO COUNTY ATTY'S OFFICE	00:35,07-08-2007

CASE#: A7005985  
ACT AT 1510 hrs. 07-07-2007 BY SCHMUECKER 22123

DEATH AC

LANCASTER COUNTY SHERIFF 'S OFFICE

ADDITIONAL CASE INVESTIGATION

INTERVIEWED

[Redacted]

OTHER

[Redacted]

On 070707, at approximately 0130 hours, I met with [Redacted] at 15100 NW 98th to obtain a taped statement concerning this evening's accident. [Redacted] told me that while she was at home she received a call on her house phone from her husband [Redacted] told me that [Redacted] told her that there had been an accident involving "the ranger". [Redacted] told [Redacted] that CPR was being performed. [Redacted] told [Redacted] that the accident took place where they usually ride the ranger. [Redacted] stated that she then left their residence to go to the accident scene and assist with CPR. [Redacted] told me that when she arrived at the accident scene she immediately noticed a male party laying on the ground receiving CPR. [Redacted] told me that she went and assisted with CPR by performing the breathing part. [Redacted] stated that she assisted in performing CPR until relieved by medical personnel.

[Redacted] stated that while at the accident scene she was only familiar with [Redacted] her husband and her father. [Redacted] stated that the only parties present at the accident scene were unfamiliar to her prior to this evening. [Redacted] was unable to provide names of any other parties at the accident scene.

[Redacted] stated that the male that was receiving CPR appeared to be bleeding from his nose and [Redacted] was unable to describe any other notable injuries/deformities. [Redacted] denies being at the accident scene with the accident took place. [Redacted] also denies receiving any type of detailed description regarding how the accident happened from her husband [Redacted] prior to my contact with her. During my contact with [Redacted] I did not detect an odor of alcoholic beverages coming from her person nor did [Redacted] exhibit any obvious impairment.

For additional information please refer to the transcript of [Redacted] taped statement if/when it becomes available.

After I obtained the taped statement from [Redacted] the cassette was turned over to Deputy Scriven, 902112, to be turned in with other taped statements obtained at the scene. This concluded my role in this investigation.

Reviewed by Sgt Trotter

Typing started 23:05, 07-07-07 BY 369  
finished 23:23, 07-07-07

COPY SENT TO CRIME ANALYSIS 23:23,07-07-2007  
COPY SENT TO LSO RECORDS 23:23,07-07-2007  
COPY SENT TO COUNTY ATTY'S OFFICE 23:23,07-07-2007

CASE#: A7005985  
DICTATED 2035 hrs. 07-07-2007 BY BOLZER 22131

DEATH AC

LANCASTER COUNTY SHERIFF'S OFFICE

SUPPLEMENTARY INVESTIGATION REPORT

NAMES MENTIONED	RACE/SEX	DOB	ADDRESS
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PARTY ARRESTED



Distribution: a copy of this should go to the county attorney's office.

SYNOPSIS

This report will detail my investigation into the driving under the influence portion of this accident death occurring in northeast of NW 98th and W Mill Rd. It was determined that [REDACTED] was operating the ATV which the accident was involved in which as a result had a person pass. [REDACTED] was taken into Sgt Hillabrand's cruiser from the scene, transported to my cruiser northeast of the scene and then from my cruiser back to his house where field sobriety tests were performed which showed impairment. A PBT was performed on behalf of [REDACTED] which he tested a .144, failing. He was then taken into custody, transported to Bryan LGH West for a statistical and a DUI blood draw which was performed by phlebotomist [REDACTED] [REDACTED] read and waived post arrest chemical test advisement form, submitted to two vials of blood being drawn from the hospital. Once released from the hospital he was placed back into custody and my Lancaster county sheriff's car where he was read and signed his Miranda warning waiver and waived his rights to Miranda at which time he did give me a statement of the events. After the taped statement was concluded he was transported to Detox where he was placed into their custody. He did PBT at Detox as a .069 and turned over to Detox staff. For more information see post arrest chemical advisement form, the certificate of blood specimen taken in a medically acceptable manner, the Lincoln Police Department Miranda warning and waiver form, Lincoln Police Department DWI field observation performance testing and property under Q0716923 which is the DVD taken of his statement in my cruiser number 0083 and property under Q0716922 which is the diagnostic blood kit taken at LGH West.

BODY OF REPORT

At approximately 0003 hours, on 070707, I was dispatched along with Deputy Scriven and Deputy Guthard to the area of NW 98th and W Raymond Rd and the report of a possible rollover accident. There was a problem dealing with the exact location of where it was exactly at from dispatch. Once it was learned the exact location I along with rural fire went down to the scene which is directly northeast of NW 98th and W Mill Rd. We were taken down into a ravine in that area and at that time I made contact with [REDACTED] who admitted to being the operator of the ATV which was involved in the accident and resulted in another person's passing.

[REDACTED] at that time was very remorseful and cooperative with me and at contacting him initially at the scene I could smell a strong odor of an alcoholic beverage coming from his breath. I asked [REDACTED] if he had any physical injuries which (inaudible) treated by medical staff which was already on scene and he stated that he did not have any injuries.

[REDACTED] was then placed in the back of Sgt Hillabrand's cruiser due to the geographical area being accessible by my vehicle and transported approximately five to six hundred yards back to where my car was parked as it was as far as I could make it. Once there he was placed in the backseat of my car and he was advised that he was not under arrest. We were just using the vehicle to transport him back to his residence where field sobriety tests could be performed.

[REDACTED] was then taken back to his residence which is 15100 NW 98th St which is the northeast corner, NW 98th and W Raymond. According to 911 address is actually [REDACTED]. Once there he was asked to step out of my car at which time I looked inside of his mouth and began a fifteen minute waiting period which on my cellular phone was 0121 hours. He was then allowed to go into his residence to retrieve some sort of comfortable shoe in which he could provide field sobriety tests in. [REDACTED] was never allowed to leave my sight and I did advise him that if he ever burped, belched, vomited or had any type of thing come into his mouth to allow me or to make me aware of it. [REDACTED] did grab a pair of brown tennis shoes, tenny type shoes, tennis type shoes from inside the residence and we proceeded back to the area in front of my cruiser which was currently at this time recording but due to the distance from the scene to my cruiser my microphone was beeping which advises me that it's out of range and at which time I did shut that off so all the field sobriety tests taken in front of his house are on video but not in audio as I had shut my microphone off and did not turn it back on at this point.

[REDACTED] was asked to perform HGN first. He stated he did not have any blindness. He was able to follow the stimulus. He had equal tracking in both eyes. His eyelids were normal and he did have watery bloodshot eyes. He did not have any vertical nystagmus and did not wear any contact lenses. His pupils size were dialated but were equal. He did have lack of smooth pursuit in both left and right eyes and nystagmus prior to forty five degrees in both left and right eye and nystagmus at maximum deviation in both his left and right eye.

The next test performed was the one legged stand. He did put his foot down and used his arms to balance. His footwear was again brown tennis shoes. He did not have any socks on.

The next test performed after that was the nine step walk and turn. He could not keep his balance in the instructional phase and he did start too soon one time. He did raise his arms and did not perform the turn as instructed. I did ask [REDACTED] what his education background was and he stated that he had an associates degree and graduated high school and would be able to perform his alphabet and simple mundane tasks like that.

I then had him read the alphabet H to M which he did do correctly and I asked for his date of birth, month and date only which he did give me as seven sixteen. At that time I asked [REDACTED] if he would submit to a preliminary breath test. He did state that he would do that. He did say his mouth was very dry but at which time he stated he had not burped, belched or vomited in any way. I did wait sixteen minutes and at 0137 hours, I did perform a preliminary breath test with PT number 54 which belongs to Deputy Dennis Guthard and at that time he submitted to a test

which gave me a sample of .144 on the PBT. Directly thereafter he was placed into custody and advised he was under arrest for driving under the influence and taken to Bryan LGH West where he stated he would provide a blood sample for both a DUI investigation and a statistical blood draw as a result of a fatality accident.

Once at the hospital I received a blood kit from the hospital. The blood kit was sealed and at 0121 hours. Prior to that he was read post arrest chemical test advisement at 0211 hours, which he did sign which was a direction of blood for alcohol content and then the blood kit was opened at which time the seal was broken by [REDACTED] the phlebotomist on duty. The blood test was performed as directed with iodine instead of alcohol and [REDACTED] did seal the tubes dating his name or putting his name, subject's name and the time taken. The first tube was taken at 0225 hours, and the second tube was taken at 0226 hours.

Once the blood was taken it was placed back in the box which it was completely sealed and the box was sealed up and initials put by myself at 0243 hours. The certificate of blood specimen taken in a medically acceptable manner was filled out by [REDACTED] and it was sworn before by general notary state of Nebraska [REDACTED] which her commission expires on 022410. I did note on the blood test kit that it was valid and current and does not expire till July of 2008. The blood kit was taken into custody by myself and placed into my locked Lancaster county cruiser as well as certificate of blood specimen taken in a medically acceptable manner form and at 0251 hours [REDACTED] was read his Miranda warning and signed the sheet inside my cruiser at 0251 hours, on 070707, and he did give me a statement.

He stated that he was having a get together at his house in which beer was provided. He stated it was a Busch Light keg which was purchased earlier in the week by himself as a fourth of July party and this what was left over. He stated that they had all been sitting around drinking at the house and decided to go for a ride. People present at the time they decided to go ride in the Polaris Ranger was [REDACTED] which is the driver, [REDACTED] is a friend of his [REDACTED] was another friend of his [REDACTED] who would be the deceased [REDACTED] his wife [REDACTED] his father in law, and another friend of [REDACTED] which would make five people in the Polaris. He stated that he then pulled out onto NW 98th and drove south to the field drive which is the exact same entrance we went to to get into the area. He said this happened approximately eleven thirty p.m. on 070607. He stated he only proceeded down the highway at approximately five mph and went down through the field back into the ravine where the deceased was eventually located. He stated they went down in there. The ATV then slid down into the bottom of the ditch and in an attempt to get back up out of there [REDACTED] said the ATV flipped over directly backwards and pinned down [REDACTED] underneath.

I did ask him where everybody was seated in the vehicle. He stated that he was driving, did not have his seatbelt on [REDACTED] friend was in the middle seat between him and [REDACTED] who was the passenger on the right side. He did state that [REDACTED] friend and [REDACTED] both did have their seatbelts on and [REDACTED] were in the back. He said when it flipped over it did pin [REDACTED] underneath the roll bar but he was unable to tell exactly where on his body the roll bar was pushing as it was dark out there and he had to get the seatbelt both off of [REDACTED] friend and [REDACTED] the passenger [REDACTED] stated he flipped it back over exactly like it rolled on its back and his friends were attending to [REDACTED] He stated he did know that [REDACTED] was having trouble breathing and that eventually his breathing stopped but he did have a pulse and then he did advise that [REDACTED] called 911

and then (b) (3) CPSA Section 25(c) called his wife with (b) (3) CPSA Section 25(c) cellphone to try to get her down there to help them out as he was an RN.

Shortly after his wife got down there he stated that his wife (b) (3) CPSA Section 25(c) did stay there and (b) (3) CPSA Section 25(c) left in his Jeep to go back to the road to get help. He said prior to trying to get help he did try to move the ATV which was show as a different location than exactly where it was flipped over from.

Once back on the road (b) (3) CPSA Section 25(c) led both the Sheriff's Office and rural fire back down to the location at which time when he made contact with us and that part of the statement has already been dictated. (b) (3) CPSA Section 25(c) did state that he did consume alcohol in the evening prior to this event and did not consume any alcohol after the accident or prior to being contacted by law enforcement.

My in car video was then stopped at that time at which point (b) (3) CPSA Section 25(c) was transported to Cornhusker Place Detox where he was placed into protective custody there. Once at Detox the PT sample there was a .069 (b) (3) CPSA Section 25(c) was very cooperative and remorseful and stated that he felt that it was an extremely grief situation and that it was an horrendous accident and he didn't know exactly what would happen from this point forward. I did try to do my best to give him his options from both the extreme to the minimum civally and legally of what possibly could happen but I did advise him that at this time he was not being arrested for DUI and issued a citation and that we would work it as a DUI and all reports would be compiled and forwarded to the county attorney's office for further examination at which point they would make a final determination.

(b) (3) CPSA Section 25(c) was very remorseful during the entire time of my contact with him and he stated that he felt it was a freak accident. He said he could understand if they were being reckless and crazy but he stated that the entire time they were very calm and subdued, very slow in the driving, nothing erratic or out of the ordinary and that it just was a freak accident which happened and he was very sorry and remorseful for it and he advised myself of whatever cooperation he could give us and further investigation he would be glad to do so.

(b) (3) CPSA Section 25(c) was then turned over to Cornhusker Place Detox staff without any further problems and I came back to Lancaster County Sheriff's Office where I took the blood kit out of my cruiser and placed it into fridge box number 1, filled out a property sheet for both it and my in car DVD which recorded the statement given by (b) (3) CPSA Section 25(c). The blood was put into property Q0716922 and the DVD was Q0716923. A DWI field observation and performance testing report was filled out as well as post arrest chemical test advisement was turned in and a copy of the Miranda should be placed in the case file as well as the certificate of blood specimen taken in a medically acceptable manner.

This concludes my report.

END OF REPORT

Typing started 01:46, 07-08-07 BY 369  
finished 03:22, 07-08-07

COPY SENT TO CRIME ANALYSIS	03:23, 07-08-2007
COPY SENT TO LSO RECORDE	03:23, 07-08-2007
COPY SENT TO COUNTY ATTY'S OFFICE	03:23, 07-08-2007

CASE#: A7005985 DEATH AC  
DICTATED 2200 hrs. 07-07-2007 BY GUTHARD 22126

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LANCASTER COUNTY SHERIFF'S OFFICE  
-----  
SUPPLEMENTARY INVESTIGATION REPORT

-----  
NAMES MENTIONED RACE/SEX DOB ADDRESS  
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VICTIM

(b)(3) CPSA Section 25(c),(b)(6)

DRIVER

(b)(3) CPSA Section 25(c),(b)(6)

OTHER

(b)(3) CPSA Section 25(c),(b)(6)

LAW ENFORCEMENT

- Sgt Hillabrand, 289
- Deputy Schmidt, 2132
- Deputy Scriven, 2112
- Deputy Schmuecker, 2123
- Deputy Brady, 2137

Deputy Bolzer, 2131

Captain Young, 292

Distribution: Lancaster county attorney's office.

SYNOPSIS

On 070707, at 0003 hours, (b)(3):CPSA Section 25(c),(b)(6) were involved in a ATV accident in a heavily wooded area northeast of NW 98th St and W Mill Rd. The Polaris Ranger was driven by (b) who is the owner of the ATV. The ATV rolled after (b) tried to climb a steep ravine. The accident claimed the life of (b)(3):CPSA who was riding in the back along with (b)(3):CPSA Sect (b)(3):CPSA Section 25(c),(b)(6) attempted CPR on (b) until LFR medic 3 and Raymond fire personnel arrived and eventually pronounced Stasch dead at 0036 hours. No one else in the ATV was injured and alcohol was involved in the accident. Investigation is ongoing. For further under this case number refer to ACI and other reports done by deputies involved as well as property reports Q0716949, Q0716950 and related case number A7005991 which is the coroner report.

BODY OF REPORT

While on duty in Lancaster county on 070707, I was dispatched to the area of NW 98th and W Raymond Rd at approximately 0003 hours, reference a rescue alarm rollover accident which had occurred at that intersection. Dispatch advised that one of the parties involved in the accident was unconscious and not breathing, that CPR had been in progress. I was at Branched Oak Lake prior to the rescue alarm call. It took me approximately three and a half minutes to arrive in the area. When I arrived at NW 98th and W Raymond Rd I proceeded past the residence of (b)(3):CPSA Section 25(c),(b)(6) in an attempt to locate the accident scene. As I was arriving at the scene dispatch advised that the accident had occurred in a field just west of the residence. I then proceeded to go northbound on NW 98th from W Raymond Rd in an attempt to locate the accident scene. I was unable to locate the accident scene and about the time I went northbound on NW 98th I observed Raymond Fire and Rescue arrive at the scene as well as other deputies who began searching for the accident scene.

I then advised dispatch that we were unable to locate the scene and asked them to get a better location. At that time dispatch advised that they were possibly north of Raymond Rd on NW 98th between Branched Oak and Middle Rd. I then proceeded to that location and was unable to find the scene. Deputy Scriven proceeded northbound on the dam road in an attempt to get a bird's eye view of the fields on the east side of the dam. He was also unable to locate the scene on that side of the road. We then advised dispatch that we were unable to find the scene north of W Raymond Rd. Dispatch then advised that a male was going to come out to the road to attempt to lead us into the accident scene. At that time it was learned that the accident had occurred in a field south of W Raymond Rd on the east side of NW 98th just south of the residence of (b)(3):CPSA Section 25(c),(b)(6). All units then proceeded southbound on NW 98th and from W Raymond Rd. It was still very difficult to locate the male, however he was located and he was able to lead all rescue and law enforcement personnel through a corn field approximately a half a mile to a hay field where we proceeded on four wheel drives, pickups to get into the bottom of the ravine where the accident had occurred.

When we arrived we observed that the area was extremely wooded and that

it was a deep ravine. Myself and Deputy Bolzer as well as Sgt Hillabrand and medical personnel from LFR Medic 3 and Raymond Fire 3 proceeded down into the ravine. It took us approximately ten minutes to find the male that was directing us into the accident scene and another ten minutes to get to the accident scene from NW 98th just south of W Raymond Rd through the fields. As we walked through the wooded area being led by the unidentified male we came to the edge of the ravine. At that time I observed two parties attempting CPR on the deceased who was later identified as [REDACTED]. Also we observed a green Polaris Ranger just east of where [REDACTED] and his friends were at.

We then proceeded down into the ravine and LFR Medic 3 personnel who were [REDACTED] as well as Raymond Fire personnel [REDACTED] attempted to perform CPR. Medic 3 personnel [REDACTED] attached an AD to [REDACTED] and at that time was given instruction not to shock. They then attempted to perform other lifesaving measures, however were unsuccessful and [REDACTED] from LFR Medic 3 pronounced [REDACTED] dead at 0036 hours. Medical personnel then cleared the scene.

Sgt Hillabrand then took control of the scene and began coordinating assignments to certain deputies. I was assigned at the incident scene and Deputy Bolzer was assigned the investigation with the driver [REDACTED] who also owns the Polaris Ranger. For further on that refer to Deputy Bolzer's supplemental report.

Deputy Schmuecker, Deputy Brady and Deputy Scriven took statements from the three other passengers in the Polaris. For further on that refer to their reports.

Deputy Scriven also came to the incident scene and accessed the scene along with Captain Young who arrived a short time later.

While waiting for transports due to the rough terrain I was able to speak with [REDACTED] who was very uncooperative at the scene. [REDACTED] stated that he was the front seat passenger in the Polaris and that [REDACTED] was driving the Polaris. He also stated that [REDACTED] was in the middle of himself and [REDACTED] all three seatbelted in. [REDACTED] also advised that [REDACTED] was in the back standing up with the deceased [REDACTED] stated that they were all at [REDACTED] residence of [REDACTED] shooting off fireworks and celebrating the fourth of July and that when the fireworks were finished they decided to go for a ride on [REDACTED] Polaris Ranger [REDACTED] stated that [REDACTED] took them through several fields and down into a ravine and it was decided that they were going to try and climb a steep embankment of the ravine [REDACTED] stated that [REDACTED] began climbing the ravine and then the Polaris toppled backwards and [REDACTED] and [REDACTED] were thrown from the Polaris and that the Polaris had rolled over the top of [REDACTED] fatally wounding him.

[REDACTED] stated that himself and [REDACTED] attempted CPR on [REDACTED] until medical personnel arrived. I also asked [REDACTED] approximately how long before 911 was called did the accident occur. [REDACTED] stated that [REDACTED] had his cellphone and called 911 immediately after the accident. This is all the information I could retrieve from [REDACTED] most likely because he was very intoxicated and very uncooperative [REDACTED] was then transported out of the ravine along with [REDACTED] by Sgt Hillabrand. For further statements from [REDACTED] and [REDACTED] refer to Deputy Schmuecker, Deputy Brady, Deputy Scriven and Deputy Bolzer's reports.

I did stay with [REDACTED] body and waited the arrival of Captain Young, Sgt Hillabrand and Deputy Scriven. When they arrived I began taking pictures of the scene. I began taking pictures from the top of the ravine down into it. I then took pictures of [REDACTED] body which was laying with his head facing southeast. [REDACTED] was laying on his back. [REDACTED] was wearing a red T shirt, blue jeans, underwear, white socks and velcro tennis shoes. [REDACTED] also had a bandana strung through his belt loops and tied in the front. [REDACTED] did not have extensive external injuries, however he did have a scratch and bruise on his right forearm and a scratch on the left side of his ribcage. There were no other signs of trauma on [REDACTED] body.

I then began taking photographs of the Polaris Ranger which was approximately fifty feet away from [REDACTED] body to the east. The Polaris was facing east on its wheels and it had only minor damage to the passenger front tire which appeared to have the axle broke. Please refer to the photographs for more detail of the accident scene.

When I was done taking photographs and Captain Young and Deputy Scriven were through accessing the accident scene Captain Young contacted [REDACTED] [REDACTED] advised that she was going to order an autopsy on [REDACTED]

Captain Young and Deputy Scriven then left the scene. Sgt Hillabrand then began coordinating the removal of the body with Lincoln Memorial and Raymond Fire personnel. Raymond fire personnel did come to the scene and extricated [REDACTED] body from the bottom of the ravine. Raymond then transported [REDACTED] body to NW 98th where we met up with Lincoln Memorial employees [REDACTED] Lincoln Memorial and myself then left the scene at 0451 hours, and I followed Lincoln Memorial to the VA hospital where we arrived at 0528 hours. [REDACTED] body was then sealed with evidence tape in a body bag and placed in the cooler at the VA Hospital by myself at 0531 hours.

This then ended my involvement in this case. For further under this case number refer to statements from all involved as well as my ACI and property reports Q0716949, Q0716950 and also refer to coroner report which was done under case number A7005991.

END OF REPORT

Typing started 04:34, 07-08-07 BY 369  
finished 05:42, 07-08-07

COPY SENT TO CRIME ANALYSIS	05:42, 07-08-2007
COPY SENT TO LSO RECORDS	05:42, 07-08-2007
COPY SENT TO COUNTY ATTY'S OFFICE	05:42, 07-08-2007

CASE#: A7005985  
ACI AT 0030 hrs. 07-08-2007 BY HILLABRAND 2289

DEATH AC

LANCASTER COUNTY SHERIFF'S OFFICE

ADDITIONAL CASE INVESTIGATION

VICTIM

(b)(3) CPSA Section 25(c),(b)(6)

DRIVER

(b)(3) CPSA Section 25(c),(b)(6)

PASSENGER

(b)(3) CPSA Section 25(c),(b)(6)

Upon [redacted] being pronounced dead I began coordinating deputy assignments at the scene. I also notified Captain Young about the death and he later responded to the scene. Due to the area of the ATV accident I had the only LSO cruiser initially at the scene. While Deputy Guthard remained at the scene I transported [redacted] out to NW 98th. I turned [redacted] over to Deputy Bolzer and [redacted] over to Deputy Brady.

I then returned to the accident site and picked up [redacted] I transported them as well out to NW 98th. I turned [redacted] over to Deputy Scriven and [redacted] to Deputy Brady. Please refer to their reports regarding taped witness statements.

At 0320 hours, I contacted coroner's assistant [redacted] and scheduled [redacted] autopsy for Monday, 070907, at 0830 hours. I also contacted the on call mortuary, Lincoln Memorial, and requested they come to the scene. Again, due to the area of the accident I had dispatch request Raymond Fire return to the scene to assist in removing Stasch from the ravine for Lincoln Memorial. Raymond Fire responded and transported [redacted] to NW 98th where they turned him over to Lincoln Memorial staff.

Typing started 01:32, 07-08-07 BY 369  
finished 01:44, 07-08-07

COPY SENT TO CRIME ANALYSIS 01:44, 07-08-2007  
COPY SENT TO LSO RECORDS 01:44, 07-08-2007  
COPY SENT TO COUNTY ATTY'S OFFICE 01:44, 07-08-2007

CASE#: A7005985  
ACI AT 1030 hrs. 07-10-2007 BY PITTS, JR 22125

DEATH-ACCIDENTAL

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LANCASTER COUNTY SHERIFF'S OFFICE  
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ADDITIONAL CASE INVESTIGATION  
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VICTIM:

(b)(3) CPSA Section 25(c),(b)(6) DECEASED

Two sets of post mortum prints are being submitted to the LPD ID Unit  
in the death of (b)(3) CPSA Section 25(c),(b)(6)

SUPERVISOR REVIEWING: SGT BLIEMEISTER, #90293 LSO.

Typing started 16:24, 07-10-07 BY 405  
finished 16:37, 07-10-07

COPY SENT TO CRIME ANALYSIS 16:38, 07-10-2007  
COPY SENT TO LSO RECORDS 16:38, 07-10-2007

CASE#: A7005985 DEATH AC  
DICTATED 1245 hrs. 07-10-2007 BY PITTS, JR 22125

LANCASTER COUNTY SHERIFF'S OFFICE

SUPPLEMENTARY INVESTIGATION REPORT

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NAMES MENTIONED RACE/SEX DOB ADDRESS  
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Related case number, A7005991.

DECEASED

(b)(3) CPSA Section 25(c), (b)(6)

OTHER

(b)(6)

(b)(6)

SYNOPSIS

This supplemental report will detail the autopsy performed on 070907, at the VA medical center by [redacted] on a deceased party [redacted] Dr [redacted] preliminary findings from the autopsy cite the cause of death as severe blunt force trauma of the head and fracture of the neck. The manner of death is accidental. Please refer to the case file on both case numbers A7005985 and A7005991. Also refer to property reports as submitted under this case number.

BODY OF REPORT

On 070907, I arrived at the VA medical center located at 600 S 70th St, Lincoln, Nebraska, for the scheduled autopsy at 0830 hours, of the deceased party [redacted]. At 0830 hours, autopsy assistant [redacted] unlocked the secured autopsy room number 025 and we both entered the room at this time. Board certified forensic entomologist [redacted] arrived shortly after [redacted] let us into the autopsy room. Also in attendance for the autopsy was [redacted] the VA doctor of pathology. The autopsy was numbered MLA07104 and began at 0839 hours, with autopsy assistant [redacted] opening the cooler door. At this time and throughout the entire autopsy I obtained digital photographs with a Sony Mavica digital camera of the deceased in the cooler [redacted] was identified as the body bag he was secured in had his information and case number placed on the outside of the body bag with white masking tape.

At 0844 hours [redacted] removed [redacted] body from the cooler to begin the

autopsy. At 0846 hours [redacted] cut the white zip tie that secured the body bag by its zippers together. This white zip tie was also observed to be covered by red evidence tape. The zip tie red evidence tape and masking tape with [redacted] information was all obtained and tagged into Lincoln Police Department property unit. The body bag itself was white in color and at 0848 hours [redacted] opened the body bag. Once the body bag was opened I observed inside the body bag there to be three sets of blue medical gloves which were possibly placed in the bag by either medical professionals at the scene or the on call mortuary that transported [redacted] remains to the VA medical center. I observed [redacted] to be a white male of very thin build. [redacted] was observed to be fully clothed when the body bag was opened. All of [redacted] clothing was removed by [redacted] and [redacted].

At 0851 hours [redacted] shoes which were black in color Impact Zone brand velcro style tennis shoes size ten and a half were placed into brown paper sack and gathered along with all his clothing and tagged into the Lincoln Police Department property unit. [redacted] was also wearing white socks. These were also placed inside of the brown paper sack. [redacted] was observed to be wearing blue jeans, Lee brand dungaree style, size 32 by 32. These were removed at 0853 hours. Holding the pants up was a black handkerchief that was tied together with a couple of front belt loops which appeared to act as a belt or a device to keep [redacted] pants secured. When [redacted] pants were removed he was observed to be wearing a plaid colored boxers, unknown brand size small. As soon as the blue jeans were removed personal items that [redacted] had in his possession were removed from his pockets. Removed from the right front pocket of [redacted] pants was a clear baggie that contained a green leafy substance which I know from training and experience as a law enforcement officer this item to be marijuana. Also in the right front pocket was one US currency quarter and two US currency pennies. Found in the left front pocket were four US currency one dollar bills, one red Bic brand lighter and one US currency quarter. Again all of these items are being bagged in brown paper sacks to be placed into the Lincoln Police Department unit at the conclusion of the autopsy.

[redacted] shirt was removed. It was a red in color three extra large size shirt with the word Summer on the front. There was no brand found on the T shirt that he was wearing. When the T shirt was removed there were several Silvon EKG patches observed on the upper portion of [redacted] body. A transdermal medical patch was also observed in the middle portion of [redacted] abdomen just below his ribcage. Grass fragments and dirt was also observed on the chest area and also on the face area of [redacted]. There was also a significant amount of dirt and grass still inside of the body bag. There was dried blood on [redacted] face that came from the nose area and lividity was observed on the back of his neck area, the back of his legs, and also on his lower portion of his back. Numerous old healed scars were observed on both of [redacted] lower legs, lacerations were seen on Josh's left ear and on his upper middle portion of his lip. Numerous abrasions were seen on [redacted] forehead along his hairline, on his nose, on the right side of his upper lip area, on his lower right chin area, on his outer elbow area and on his left lateral torso area. There were no signs of any injuries to the back area when [redacted] body was rolled. Rigor mortis had set in to both of [redacted] legs and hands as it was difficult to obtain two sets of post mortem prints.

Prior to the autopsy [redacted] was furnished with copies of the Sheriff's Office coroner's report, incident report and supplemental reports regarding this incident.

No jewelry was observed on [redacted] body as there were no tattoos

noticed either.

Dissection of the head began at 0931 hours, by [redacted] and dissection of the torso area began at 0933 hours, by [redacted] using a Y incision. As [redacted] was moving the scalp from the skull lots of injuries to the skull and head were detected. Specifically there was lots of trauma observed on the right side of the skull which numerous photographs were taken of this area. As [redacted] continued with the torso portion as he cut up towards the neckline lots of hemorrhaging was observed in the neck area and it was found that [redacted] had suffered a neck fracture.

At 0947 hours, the brain was removed from the skull by [redacted] Prior to the removal of the heart as [redacted] removed the sternum plate hemorrhaging on the right side of the sternum was seen by [redacted] and this area was photographed. At 1006 hours, the heart was removed by [redacted] The left lung was removed by [redacted] at 1007 hours, and the right lung at 1008 hours. The spleen was removed by [redacted] at 1011 hours. The liver was removed by [redacted] at 1015 hours. The kidney were both removed by [redacted] the right at 1017 and the left at 1020. At 1025 the stomach was removed by [redacted]

At the conclusion of the autopsy [redacted] gave his preliminary findings [redacted] cites the cause of death as being severe blunt force trauma of the head and fracture of the neck. The manner of death is accidental. At the conclusion of the autopsy two sets of post mortem prints were obtained from [redacted] and turned over to the Lincoln Police Department identification unit. The autopsy was completed at 1100 hours.

At the conclusion of the autopsy the body was released to [redacted] as this was the family's choice of mortuary. This information was given to me by Sgt Bliemeister.

Property tagged in from the autopsy under property number Q0717148, 4.9 grams weight and baggie of green leafy substance suspected to be marijuana. Property number Q0717155 recovered four green US currency one dollar bills, recovered two silver in color US currency quarters and recovered two copper in color US currency pennies totaling four dollars and fifty two cents. Property number Q0717157 recovered one red Bic lighter, recovered one pair of blue Lee dungaree jeans size 32 X 32, recovered one red T shirt with the word summer size 3 extra large, recovered one black handkerchief, recovered one pair of black Impact Zone brand velcro tennis shoes, size ten and a half, recovered one pair of white socks, recovered one pair of plaid colored boxers size small. Property number Q0717159 evidence one cut white zip tie, evidence one piece of red evidence tape and evidence one piece of masking tape with deceased's information, case number and deputy number. Property number Q0717235 evidence one white and purple Memorex pocket CDR containing photos of [redacted] autopsy.

END OF REPORT

COPY SENT TO LSO RECORDS  
COPY SENT TO COUNTY ATTY'S OFFICE

23:27,07-11-2007  
23:27,07-11-2007

CASE#: A7005985  
ACI AT 0840 hrs. 07-12-2007 BY PITTS, JR 22125

DEATH ACCIDENTAL

-----  
LANCASTER COUNTY SHERIFF'S OFFICE  
-----

ADDITIONAL CASE INVESTIGATION

VICTIM:

[REDACTED]

DECEASED

Provisional autopsy findings report dated 07/09/07 from [REDACTED] at Nebraska Forensic Medical Services was received at LSO in the death of [REDACTED]. The summary states that the cause of death is "severe blunt force trauma of the head and neck with extensive craniocerebral trauma. The manner of death is accident. The deceased is a victim of a motor vehicle accident" Final autopsy report will be issued in two to three weeks with toxicology, histology, and microbiology results. Copy of provisional report will be added to case file.

SUPERVISOR REVIEWING: CAPT HOUCHIN, #90284 LSO.

Typing started 21:32, 07-12-07 BY 405  
finished 21:36, 07-12-07

COPY SENT TO CRIME ANALYSIS 21:37, 07-12-2007  
COPY SENT TO LSO RECORDS 21:37, 07-12-2007

CASE#: A7005985  
ACI AT 2300 hrs. 07-20-2007 BY BOLZER 22131

CORONER

-----  
LANCASTER COUNTY SHERIFF'S OFFICE  
-----

ADDITIONAL CASE INVESTIGATION

-----  
DRIVER

(b)(3) CPSA Section 25(c),(b)(6)

The blood results have come back for (b)(3) CPSA Section 25(c) with a result of .96g/100ml of blood. Original has been placed in case file.

Copy to county attorney  
Reviewed by Sgt Trotter

Typing started 00:26, 07-21-07 BY 369  
finished 00:29, 07-21-07

COPY SENT TO CRIME ANALYSIS	00:29,07-21-2007
COPY SENT TO LSO RECORDS	00:29,07-21-2007
COPY SENT TO COUNTY ATTY'S OFFICE	00:29,07-21-2007

CASE#: A7005985  
ACI AT 1450 hrs. 07-24-2007 BY BLIEMEISTER 2293

DEATH ACCIDENTAL

LANCASTER COUNTY SHERIFF'S OFFICE

ADDITIONAL CASE INVESTIGATION

OTHER:

[Redacted area]

VICTIM:

[Redacted name]

DECEASED

On 07/24/07 the following list of property was released to [Redacted]  
[Redacted] mother [Redacted] Q0716949 (\$40.00), Q0716950 (Wallet and  
contents), Q0717155 (\$4.52), and Q0717157 (clothing, shoes, lighter).  
[Redacted] was accompanied by [Redacted]

SUPERVISOR REVIEWING: SGT BLIEMEISTER, #90293 LSO.

Typing started 16:22, 07-24-07 BY 405  
finished 16:35, 07-24-07

COPY SENT TO CRIME ANALYSIS 16:35, 07-24-2007  
COPY SENT TO LSO RECORDS 16:35, 07-24-2007

CASE#: A7005985  
 ACI AT 1305 hrs. 08-16-2007 BY PITTS, JR 22125

DEATH ACCIDENT FATAL

LANCASTER COUNTY SHERIFF'S OFFICE

ADDITIONAL CASE INVESTIGATION

OTHER ROUTING: 902126

RELATED CASE #'S: A7005991

VICTIM:

[REDACTED]

DECEASED

The Final Anatomic Diagnosis report dated 08/10/07 was received at LSO from [REDACTED] of Nebraska Forensic Medical Services in the death of [REDACTED]

[REDACTED] The summary of the findings shows that the cause of death "is severe blunt force trauma of the head and neck with extensive craniocerebral trauma. The manner of death is accident. The deceased is a victim of motor vehicle accident". Toxicology results were also included in the final report. Blood analysis shows alcohol/ethanol level at 0.158 ml/dl and positive for cannabinoids. The cannabinoid quantitation analysis shows the presence of DELTA-9-THC greater than 25 nanograms/ml, and 11-NOR-DELTA-9THC-COOH greater than 150 nanograms/ml. Vitreous analysis shows a presence of alcohol/ethanol at 0.151 mg/dl. Urine analysis shows a presence of cannabinoid quantitation. DELTA-9-THC is negative, 11-HYDROXY-THC is greater than 25 nanograms/ml and 11-NOR-DELTA-9-THC-COOH is greater than 150 nanograms/ml. Toxicology findings show that [REDACTED] had an elevated level of alcohol content in his body at the time of the autopsy. [REDACTED] was also positive for the use of cannabinoids/marijuana. A copy of the final report will be added to the case file.

SUPERVISOR REVIEWING: SGT BLIEMEISTER, #90293 LSO.

Typing started 22:12, 08-16-07 BY 405  
 finished 22:41, 08-16-07

COPY SENT TO CRIME ANALYSIS	22:41,08-16-2007
COPY SENT TO LSO RECORDS	22:41,08-16-2007
COPY SENT TO LSO RECORDS	22:42,08-16-2007

LANCASTER COUNTY SHERIFF  
CORONER REPORT A7005991

Age: 24 LANDSCAPING  
ACCIDENTAL DEATH Date of Death: 07-JUL-07 0036  
or Range :  
Place of Death: NW 98TH & OLD MILL ROAD Date Reported: 07-JUL-07 0036

Persons Date of Birth Telephone  
RptDeath: [REDACTED]  
WithDecd: [REDACTED]  
AlsoWith: [REDACTED]  
FindDecd: [REDACTED]  
AlsoFind: [REDACTED]  
SawAlive: [REDACTED]

Examination of the Body

THE DECEASED [REDACTED] WAS OBSERVED LYING ON HIS BACK IN THE BOTTOM OF A REVINE NEAR NW 98TH STREET AND WEST MILL ROAD. HE WAS WEARING A RED T-SHIRT, BLUE JEANS, UNDERWEAR, TENNIS SHOES, SOCKS, AND A BANDANA TIED AROUND HIS WAIST. NO JEWELRY PRESENT. THERE WERE TWO EKG PADS ON HIS UPPER TORSO. THERE WAS ALSO A SCRATCH AND A BRUI SE ON HIS RIGHT FOREARM, AS WELL AS A SCRATCH ON THE LEFT SIDE OF HIS RIBS. NO OTHER SIGNS OF TRAUMA.

Past General Health

THE DECEASED WAS AN APPARENTLY HEALTHY 24 -YEAR-OLD MALE, WHO SMOKED AND WAS INVOLVED IN AN ATV ACCIDENT NEAR NW 98TH S TREET AND WEST MILL ROAD ON 07/07/07. THE ATV APPEARS TO HAVE ROLLED O VER THE DECEASED AFTER HE WAS THROWN FROM THE BACK OF THE ATV, WHERE HE WAS RIDING. LFR MEDIC -3 AND RAYMOND FIRE RESPONDED TO THE SCENE AND PR ONOUNCED DEATH AT 0036HRS.

Tobacco Contrib? N Recent Preg? Organ Don. Considered? N Granted? N

Physicians

Attending Physician: N/A Co. Attorney Notified: [REDACTED]  
Decd Pers Physician: NONE Coroner Phys. Consulted: [REDACTED]  
Autopsy performed: N/A By: [REDACTED]

Transportation

Decd Transp To: VA MEDICAL CENTER Family's Mortuary: N/A  
Decd Transp By: LINCOLN MEMORIAL which was the ON-CALL MORTUARY

Notification

Notification: 07-JUL-07 , 0407 [REDACTED]  
Relationship: MOTHER

Property

Property taken into custody appears on Pro perty Report N/A

Death Certificate to be signed by [REDACTED] showing cause of death  
as: N/A  
OtherRpts: LFD: N/A Report Date: 07-JUL-07 , [REDACTED]



AUG 15 2007

(402) 486-3447  
FAX (402) 486-3477

(b)(6)

NEBRASKA FORENSIC MEDICAL SERVICES, P.C. ■ 600 SOUTH 70TH STREET, THIRD FLOOR ■ LINCOLN, NEBRASKA 68510

NAME: (b)(3) CPSA Section 25(c),  
(b)(6)

DOB: (b)(6)

CLIENT: LANCASTER COUNTY ATTORNEY

REPORT DATE: 8-10-2007

ACCESSION NO.: MLA07-00104

EXPIRATION DATE: 7-7-2007

AUTOPSY DATE: 7-9-2007

### FINAL ANATOMIC DIAGNOSIS

#### BODY AS A WHOLE:

Unembalmed, well-developed, well-nourished white male.

#### INTEGUMENTARY SYSTEM:

Irregular scar of the anterior aspect of left forearm.

Multiple linear and irregular scars of anterior aspects of both legs and left knees.

Linear scar of the back of right elbow.

Refer to Evidence of Injury.

Refer to Evidence of Recent Medical Intervention.

#### EVIDENCE OF INJURY:

##### BLUNT FORCE TRAUMA OF THE HEAD:

- A. Recent small linear abrasion of the right frontal scalp.
- B. Recent brush-type abrasion of right forehead.
- C. Recent brush-type abrasion of bridge of nose.
- D. Group of three (3) recent small abrasions of the upper and lower lips and lower jaw.
- E. Recent small laceration of the upper lip.
- F. Recent small laceration of the left ear lobe.
- G. Extensive subgaleal contusion with hemorrhage, right frontal and right temporal scalp regions.
- H. Extensive acute subdural hemorrhage of the base of the brain.
- I. Extensive acute subarachnoid hemorrhage involving the convexity and the base of the brain.

##### BLUNT FORCE TRAUMA OF THE NECK:

- A. Extensive acute hemorrhage of anterior aspect of right and left sides of the neck with fracture of C1/C2 vertebral spine.
- B. Extensive hemorrhage of retropharyngeal and posterior neck soft tissues.

##### BLUNT FORCE TRAUMA OF THE TRUNK:

- A. Extensive brush-type abrasion of the left flank and anterior aspect of left lower abdomen.
- B. Extensive acute hemorrhage of the right retrosternal soft tissues.

##### BLUNT FORCE TRAUMA OF THE EXTREMITIES:

- A. Recent linear abrasion of the anterior aspect of right forearm and elbow joint.
- B. Small healing abrasion of the anterior lateral aspect of right wrist.
- C. Small recent laceration of back of right index finger.

NAME: 

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- D. Group of two (2) healing abrasions of the anterior aspect of right leg.  
 E. Small healing abrasion of the anterior aspect of right distal leg and ankle.

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Exhibit 2, page 2 of 11**EVIDENCE OF RECENT MEDICAL INTERVENTION:**

Multiple electrocardiogram patches of anterior chest and abdomen and both groins.  
 Transdermal medical patch of the anterior abdomen.

**MUSCULOSKELETAL SYSTEM:**

Refer to Evidence of Injury.

**RESPIRATORY SYSTEM:**

Bilateral acute pulmonary edema and congestion, all lobes of both lungs.  
 No gross evidence of pneumonic consolidation is identified in both lungs.  
 No gross evidence of occlusive thromboemboli is identified in both lungs.

**CARDIOVASCULAR SYSTEM:**

Not remarkable.

**HEMIC SYSTEM:**

Acute passive congestion of spleen.

**GASTROINTESTINAL SYSTEM:**

Acute passive congestion of liver.

**GENITOURINARY SYSTEM:**

Acute passive congestion of kidneys.

**ENDOCRINE SYSTEM:**

Not remarkable.

**CENTRAL NERVOUS SYSTEM:**

Refer to Evidence of Injury.

**ORGANS OF SPECIAL SENSES:**

Eyes: Not remarkable.  
 Internal Ear Structures: Not remarkable.

**TOXICOLOGY:**

Vitreous fluid, blood, urine, stomach content and bile are submitted to Department of Forensic Toxicology, St. Louis University School of Medicine, St. Louis, Missouri for comprehensive toxicology and blood alcohol.  
 Refer to Toxicology Report, attached herewith.

**SUMMARY**

In view of the findings at autopsy and the police investigation(s), the cause of death in this white male,  is severe blunt force trauma of the head and neck with extensive craniocerebral trauma. The manner of death is accident. The deceased is a victim of motor-vehicle accident.

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ACCESSION NO.: MLA07-00104

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(b)(6)

D: 7-9-2007

T: 7-9-2007

(b)(6)

NAME: [REDACTED]

ACCESSION NO.: MLA07-00104

070718HWE6036  
Exhibit 2, page 4 of 11**CLINICAL**

The deceased [REDACTED] with date of birth [REDACTED] was an apparently healthy 24-year old male, who smoked and was involved in an ATV accident near Northwest 98th Street and West Mill Road on 7-7-2007. The ATV appears to have rolled over the deceased after he was thrown from the back of the ATV, where he was riding. Lincoln Fire and Rescue Medic 3 and Raymond Fire and Rescue responded to the scene and pronounced the deceased dead at 0036 hours on 7-7-2007. The law enforcement personnel who attended the scene contacted the Lancaster County Attorney's Office and Deputy County Attorney, Krista Ideus authorized an unrestricted and complete autopsy to be performed by Nebraska Forensic Medical Services, P.C. The autopsy was scheduled for 7-9-2007 at approximately 0830 hours. The body was then transported to the VA Medical Center Morgue and sealed with evidence tape and locked up in the cooler by the law enforcement and the funeral directors on call, Lincoln Memorial Funeral Home. The autopsy was performed by [REDACTED] M.D., J.D., of Nebraska Forensic Medical Services, P.C. on 7-9-2007 at approximately 0830 hours. Assisting at the autopsy is [REDACTED] Autopsy Assistant at Nebraska Forensic Medical Services, P.C. Witnessing the autopsy is Deputy J. Pitts, Investigator with the Lancaster County Sheriff's Office.

**GROSS DESCRIPTION**

This is the body of a well-developed and well-nourished white male who appears to be the stated age of 24-years. The body measures 178 cm tall and the estimated body weight is 150 pounds. The scalp hair is brown and measures 6.5 cm long. The mustache is brown and measures 0.2 cm long. The beard is also brown and measures 0.2 cm long. The irides are brown, while the conjunctiva and sclera are clear. The pupils are equal and each measures 0.4 cm long. The dentition is natural and in fair state of repair. The skin is white. The evidence of injury and the evidence of recent medical intervention are described below. An irregular scar of the anterior aspect of the left forearm measuring 2.0 x 0.5 cm is noted. There are multiple linear and irregular scars of the anterior aspects of both legs and left knee that vary in circumferential diameter from 2.0 x 1.0 to 3.0 x 0.5 cm. There is a linear scar of the back of the right elbow that measures 2.5 x 0.5 cm. Rigor mortis is fully developed in the cold body and lividity is posterior, fixed, as well as, in the dependent portions. The external genitalia are those of an adult male with a circumcised penis and well-descended testicles. The extremities are symmetrical and show no evidence of fractures. The posterior torso and anus are unremarkable.

**CLOTHING**

The clothing on the body consists of blue jeans, Lee, size 32X32, black shoes, Impac Zone, size 10 1/2, black handkerchief, white socks, blue-white-gray-purple plaid boxers, size small, no brand, red t-shirt, size XXXL.

**EVIDENCE OF INJURY****BLUNT FORCE TRAUMA OF THE HEAD:**

There is a recent small linear abrasion of the right frontal scalp that measures 2.4 x 1.5 cm. There is also a recent brush type abrasion on the right side of the forehead that measures 4.8 x 3.0 cm. A recent brush type abrasion of the bridge of the nose showing 3.0 x 3.0 cm is noted, as well. A group of three (3) recent small abrasions of the upper and lower lips and the lower jaw varying from 1.5 x 1.0 cm to 3.1 x 1.0 cm. A recent small laceration of the upper lip measuring 1.0 x 0.1 cm is also noted. There is a recent small laceration of the left ear lobe measuring 0.4 x 0.4 cm. The reflected scalp shows extensive subgaleal contusion with hemorrhage involving the right frontal scalp and right temporal scalp regions and covering a circumferential area of 9.5 x 7.2 cm.

On entering the cranial cavity, there is extensive acute subdural hemorrhage involving the base of the brain. There is also extensive acute subarachnoid hemorrhage involving the convexity and base of the brain especially bilateral parietal lobes of the brain and bilateral occipital lobes of the brain.

The base of the skull and the calvarium show no evidence of fractures.

**BLUNT FORCE TRAUMA OF THE NECK:**

The anterior aspects of the right and left side of the neck show extensive acute hemorrhage of the soft tissues measuring respectively 5.0 x 4.8 cm for the right side of the neck and 4.0 x 7.0 cm for the left side of the neck. The middle portion of the neck, as well as, the retropharyngeal and posterior neck soft tissues show extensive acute hemorrhage involving the soft tissues and extending deep to

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1.3 cm from the skin surface to the paravertebral soft tissues and covering a circumferential area of 4.5 x 17.5 cm. There is also fracture of the C1-C2 vertebral spine.

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 Exhibit 2, page 5 of 11

#### BLUNT FORCE TRAUMA OF THE TRUNK:

There is extensive brush-type abrasion of the left flank and anterior aspect of left lower abdomen covering a circumferential area of 10.0 x 3.0 cm. The right retrosternal soft tissues show extensive acute hemorrhage that covers a circumferential diameter of 6.0 x 4.0 cm.

#### BLUNT FORCE TRAUMA OF THE EXTREMITIES:

There is a recent linear abrasion of the anterior aspect of the right forearm and elbow joint that measures 4.5 x 5.2 cm. A small healing abrasion of the anterior lateral aspect of the right wrist measuring 0.2 x 0.1 cm is also noted. There is another small recent laceration of the back of the right index finger measuring 0.3 x 0.3 cm. A group of two (2) healing abrasions of the anterior aspect of the right leg covering a circumferential area of 3.0 x 0.3 cm is noted. There is also a small healing abrasion of the anterior aspect of the right distal leg and ankle that measures 1.0 x 0.3 cm.

#### EVIDENCE OF RECENT MEDICAL INTERVENTION

There are multiple electrocardiogram patches of the anterior chest and abdomen and both groins. A transdermal medical patch on the anterior abdomen is also noted.

#### PRIMARY INCISION

The usual "Y" incision is carried out. The panniculus adiposus is up to 2.0 cm thick. The gray-white fibrous breast tissue is that of a male and has minimal amount of fat. The nipples are unremarkable. The anterior mediastinum contains a moderate amount of lobulated fat. The diaphragm is unremarkable.

#### MUSCULOSKELETAL SYSTEM

**MUSCULATURE:** The musculature is red-brown with the muscle bundles well delineated. Refer to Evidence of Injury.

**THORACIC CAGE:** The bony development is normal. Refer to Evidence of Injury.

**VERTEBRAE:** The vertebral column has the usual curves and configurations. Refer to Evidence of Injury.

**CALVARIUM:** The calvarium is intact.

**BASE OF SKULL:** The base of the skull is unremarkable.

#### RESPIRATORY SYSTEM

**PLEURAL CAVITIES:** The parietal pleura is smooth and glistening. The cavities are free of measurable fluid and adhesions.

**LARYNX, TRACHEA AND BRONCHI:** The mucosa is tan-pink. There is moderate amount of tenacious mucus in the bronchial tree.

**PULMONARY VESSELS:** The pulmonary vessels are patent and free of emboli.

**LUNGS:** The right lung weighs 680 gm while the left lung weighs 650 gm. The visceral pleura is smooth. Each lung is gray-pink to red-brown and mottled with black. Hypostatic congestion is evident in the dependent lung segments. On section, the gray-pink to red-brown pulmonary parenchyma exudes a moderate amount of serosanguineous fluid.

#### CARDIOVASCULAR SYSTEM

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**PERICARDIAL CAVITY:** The pericardial cavity contains moderate amount of clear, yellow, serous fluid. The pericardium is smooth and glistening.

**HEART:** The heart weighs 320 gm. The outer surface is smooth and red-brown with moderate amount of epicardial fat, particularly over the right ventricle and along the course of the coronary vessels. There is moderate right auricular ventricular cardiac dilatation. The right ventricular myocardium measures 0.5 cm thick. The left ventricular myocardium measures 2.0 cm thick. The interventricular septum measures 1.8 cm thick. The musculature is fairly uniform and red-brown throughout. The endocardium is smooth and gray-brown. The cardiac valves and the valve orifices are not remarkable. Their circumferences are: tricuspid 12.5 cm; pulmonary 6.5 cm; mitral 10.5 cm; and aortic 5.5 cm. There is minimal intimal atherosclerotic streaking of the aortic root without encroachment on the coronary ostia. The coronary arteries arise and distribute in a right-dominant fashion. There are no congenital malformations of the heart myocardium or the heart chambers.

The aortic arch and descending thoracic aorta have minimal atherosclerosis.

**ABDOMINAL AORTA AND ILIAC ARTERIES:** There is minimal intimal atherosclerosis of the abdominal aorta and iliac arteries.

**PORTAL VEIN AND INFERIOR VENA CAVA:** The portal vein and inferior vena cava contain only fluid blood and postmortem clot.

### HEMIC SYSTEM

**SPLEEN:** The spleen weighs 130 gm and is gray-red. On section, the white pulp and trabeculae are sharply demarcated from the red pulp.

**THORACIC LYMPH NODES:** The lymph nodes are up to 8 mm in greatest dimension. The peribronchial, peritracheal and mediastinal lymph nodes contain a mild amount of black pigment.

**ABDOMINAL LYMPH NODES:** The abdominal lymph nodes are unremarkable.

**RETROPERITONEAL LYMPH NODES:** The retroperitoneal lymph nodes are unremarkable.

**BONE MARROW:** The marrow is firm and red-brown.

### GASTROINTESTINAL SYSTEM

**PERITONEAL CAVITY:** The organs lie in their normal anatomic locations. The peritoneum is smooth and glistening. There is no excess fluid nor are there adhesions.

**OMENTUM AND MESENTERY:** The omentum and mesentery are unremarkable.

**GASTROINTESTINAL TRACT - ESOPHAGUS -** The esophagus is not remarkable. **STOMACH -** The stomach is contracted and contains approximately 100 ml to 150 ml of slightly bile-stained, watery, mucoid fluid. The mucosal pattern is intact and not remarkable. **SMALL BOWEL -** The small bowel is not remarkable. **APPENDIX -** The appendix is not remarkable. **LARGE BOWEL -** The large bowel contains a moderate amount of soft brown feces and gas.

**LIVER:** The liver weighs 1,700 gm. The surface is smooth and glistening. The margins are sharp. On section, the hepatic parenchyma is brown and soft with distinct lobular markings.

**BILE DUCTS AND GALLBLADDER:** The bile ducts are patent. The gallbladder is thin-walled and contains a moderate amount of green viscid bile. There are no calculi.

### GENITOURINARY SYSTEM

**KIDNEYS:** The right kidney weighs 130 gm and the left kidney weighs 130 gm. The capsule of each strips with relative ease revealing a moderately smooth, red-brown surface. On section, the corticomedullary markings are distinct. The cortex averages 10

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mm thick. The pelvis and calices are not remarkable.

**URETERS:** The ureters are unremarkable.

**URINARY BLADDER:** The urinary bladder is contracted and contains a moderate amount of straw colored urine. There is slight hyperemia and edema of the mucosa, particularly in the area of the trigone.

**URETHRA:** The urethra is unremarkable.

**GENITALIA - PROSTATE:** The prostate weighs 30 gm and is moderately nodular. **SEMINAL VESICLES:** The seminal vesicles are not remarkable. **SPERMATIC CORDS, EPIDIDYMIDES AND TESTES:** The spermatic cords, epididymides and testes are not remarkable.

#### ENDOCRINE SYSTEM

**THYROID:** The thyroid is symmetrical. On section, the parenchyma is uniform and red-brown. The surrounding neck structures are not remarkable.

**PANCREAS:** The pancreas is of the usual contour and size. The lobules are firm and gray-tan.

**ADRENALS:** The adrenals are of the usual contour and size. The yellow-orange cortex is sharply demarcated from the gray medulla.

**PITUITARY:** The pituitary is unremarkable.

**NECK ORGANS:** Refer to Evidence of Injury. Evisceration of the neck organs show extensive retropharyngeal soft tissue hemorrhages and posterior aspect of the neck organs. The tongue is unremarkable on sectioning. There are no fractures of the laryngeal cartilages or hyoid bone and trachea. The thyroid gland is unremarkable as described above.

#### CENTRAL NERVOUS SYSTEM

**SCALP:** Refer to Evidence of Injury.

**DURA AND DURAL SINUSES:** Refer to Evidence of Injury.

**LEPTOMENINGES:** Refr to Evidence of Injury.

**BRAIN:** The brain weighs 1,490 gm. Refer to Evidence of Injury. The cerebral hemispheres are symmetrical. The gyri are prominent and the sulci are moderately deep. Coronal serial sections of the brain show diffuse acute cerebral edema and congestion with bilateral herniations of the cerebellar tonsils and uncus hippocampi gyri. The extensive subarachnoid hemorrhage over the convexity and the base of the brain has been described above. There is extension of the subarachnoid hemorrhage involving the brain stem, cerebellum, cervical spinal cord. There is no evidence of tumor or malignancy or necrosis of the brain parenchyma or hemorrhages of the brain parenchyma.

**BASAL VESSELS:** The basal vessels are intact and not remarkable.

#### ORGANS OF SPECIAL SENSES

**EYES:** The eyes are not remarkable.

**EARS:** The internal ear structures are not remarkable.

**TOXICOLOGY:** Specimens submitted - Whole blood, bile, stomach contents, vitreous fluid, and urine are submitted to the Department of Forensic Toxicology, St. Louis University School of Medicine, St. Louis, Missouri.

Tests requested - Comprehensive toxicology and blood alcohol.

NAME: 

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Exhibit 2, page 8 of 11**CULTURES:** None.**PHOTOS:** Yes

**MICROSCOPIC LOG:** 1) bone; 2) pituitary and adrenals; 3) dura; 4) pons, medulla, cerebellum, spinal cord; 5) right and left frontal lobes; 6) right and left parietal lobes; 7) right and left temporal lobes; 8) right and left occipital lobes; 9) right and left hippocampi; 10) right and left basal ganglia; 11) left main, left anterior descending, circumflex, right coronary artery; 12) interventricular septum, right ventricle, left ventricular free wall; 13) left lung; 14) right lung; 15) liver, spleen; 16) gastrointestinal tract, pancreas; 17) kidney, bladder, prostate; 18) right and left neck muscle, tongue, trachea, thyroid.

MIO/smk

D: 7-16-2007

T: 7-16-2007

### MICROSCOPIC EXAMINATION

The microscopic examination of the various tissue sections depicted in the microscopic log listed above confirm the previously identified gross autopsy findings.

**MUSCULOSKELETAL SYSTEM:** Sections of the bone with included marrow show normal marrow elements and normal hematopoietic cell lines with no significant inflammation or tumor or malignancy or granulomata formation. Sections of the bone spicules are unremarkable. Sections of the neck skeletal muscles show no histologic evidence of tumor or malignancy. However, there are interstitial hemorrhages of the neck skeletal muscles and the surrounding neck organs including the thyroid gland.

**CARDIOVASCULAR SYSTEM:** Multiple sections of the epicardial coronary vessels show no significant atherosclerosis and widely patent lumens with no luminal compromise. Sections of the myocardium show acute congestion of the interstitium and no histologic evidence of inflammation or necrosis or acute myocardial infarction.

**RESPIRATORY SYSTEM:** Sections of the lungs show diffuse interstitial and parenchymal hemorrhages and absence of inflammation or tumor or malignancy or acute bronchopneumonic changes. There is no evidence of significant emphysematous changes.

**GASTROINTESTINAL SYSTEM:** Sections of the esophagus, stomach and intestines show acute congestive changes. There is no evidence of tumor or malignancy or significant inflammation. Sections of the tongue show unremarkable mucosa and submucosa and muscularis.

**LIVER:** Sections of the liver show normal hepatic lobular architecture, acute congestion of the sinusoids and unremarkable portal tracts.

**SPLEEN:** Sections of the spleen show extensive acute congestion and acute parenchymal hemorrhages, but no evidence of tumor or malignancy or granulomata formation.

**GENITOURINARY SYSTEM:** Sections of the kidneys show diffuse acute congestion and no vascular lesions. There is no histologic evidence of significant inflammation or tumor or malignancy or granulomata formation. The glomeruli and tubules are unremarkable. Sections of the urinary bladder and prostate gland are unremarkable without significant inflammation or tumor or malignancy.

**ENDOCRINE SYSTEM:** Sections of the pituitary gland are unremarkable. Sections of the adrenal glands show peri-adrenal gland soft tissue hemorrhages and congestive changes. Sections of the pancreas show normal endocrine and exocrine glands with no significant inflammation or tumor or malignancy. Sections of the thyroid gland show peri-glandular and soft tissue hemorrhages described above. However, the gland is unremarkable histologically.

**CENTRAL NERVOUS SYSTEM:** Multiple sections of the dura show acute subdural hemorrhage with no histologic evidence of organizational changes. Multiple sections of the brain including the cerebral cortex, pons, medulla, hippocampus and cerebellum,

NAME: (b)(3) CPSA Section 25(c), (b)(6)

ACCESSION NO.: MLA07-00104

as well as, basal ganglia show extensive acute subarachnoid hemorrhage involving the cerebral cortices and the base and the convexity of the brain. Elsewhere, there are parenchymal hemorrhages and acute congestive changes with no significant inflammation or evidence of tumor or malignancy or granulomata formation. Scattered anoxic neuronal changes are also seen. Sections of the spinal cord show extension of the acute subarachnoid hemorrhage.

070718HWE6036  
Exhibit 2, page 9 of 11

(b)(6)

D: 8-10-2007

T: 8-10-2007

St. Louis University Toxicology Laboratory Report  
 6039 Helen Ave, Berkeley, Missouri 63134

Name: (b)(3)CPSA Section 25(c),(b)(6)

Tox # 2007-4315

Age: 24 years

Race: White

Sex: Male

Requesting Agency: Lancaster County, NE Attorney

070718HWE6036  
 Exhibit 2, page 10 of 11

Blood:

Alcohol: \_\_\_\_\_  
 ETHANOL: \_\_\_\_\_ 0.158 gm% (158 mg/dl)  
 Acetone: \_\_\_\_\_ Negative  
 Isopropanol: \_\_\_\_\_ Negative  
 Methanol: \_\_\_\_\_ Negative

Blood Drug Screen:

Amphetamines: \_\_\_\_\_ Negative  
 Antidepressants: \_\_\_\_\_ Negative  
 Barbiturates: \_\_\_\_\_ Negative  
 Benzodiazepines: \_\_\_\_\_ Negative  
 CANNABINOIDS: \_\_\_\_\_ POSITIVE  
 Cocaine/Metabolites: \_\_\_\_\_ Negative  
 Lidocaine: \_\_\_\_\_ Negative  
 Methadone: \_\_\_\_\_ Negative  
 Non-Opiate Narcotic Analgesic: \_\_\_\_\_ Negative  
 Opiates: \_\_\_\_\_ Negative  
 Phencyclidine: \_\_\_\_\_ Negative  
 Phenothiazines: \_\_\_\_\_ Negative  
 Propoxyphene: \_\_\_\_\_ Negative  
 Acetaminophen: \_\_\_\_\_ Negative  
 Salicylates: \_\_\_\_\_ Negative  
 Oxycodone: \_\_\_\_\_ Negative  
 Fentanyl: \_\_\_\_\_ Negative

Cannabinoid Quantitation:

DELTA-9-THC: \_\_\_\_\_ GREATER THAN 25 NANOGRAMS/ML  
 11-HYDROXY-THC: \_\_\_\_\_ 10.7 NANOGRAMS/ML  
 11-NOR-DELTA-9-THC-COOH: \_\_\_\_\_ GREATER THAN 150 NANOGRAMS/ML

Vitreous:

Alcohol: \_\_\_\_\_  
 ETHANOL: \_\_\_\_\_ 0.151 gm% (151 mg/dl)  
 Acetone: \_\_\_\_\_ Negative  
 Isopropanol: \_\_\_\_\_ Negative  
 Methanol: \_\_\_\_\_ Negative

Urine:

Cannabinoid Quantitation:

St. Louis University Toxicology Laboratory Report  
6039 Helen Ave. Berkeley, Missouri 63134

Name: (b)(3) CPSA Section 25(c), (b)(6)

Tox # 2007-4315

Sex: Male

Age: 24 years

Race: White

070718HWE6036  
Exhibit 2, page 11 of 11

Urine: (cont')

Cannabinoid Quantitation: (cont')

DELTA-9-THC:	_____	Negative
11-HYDROXY-THC:	_____	GREATER THAN 25 NANOGRAMS/ML
11-NOR-DELTA-9-THC-COOH:	_____	GREATER THAN 150 NANOGRAMS/ML

Requested by: (b)(6)

Date/Time: 07/09/07//09:00 AM

Received in Lab by: (b)(6)

Date/Time: 07/13/07//08:10 AM

Report by: (b)(6)

Date/Time: 07/23/2007//08:01 AM



**070718HWE6036**

**Exhibit 3**

DESCRIPTION OF RESPONDENTS:

1. Sergeant Brent Moore, Lancaster County Sheriff's Office, 575 S. 10<sup>th</sup> St., Lincoln, NE 68508  
402-441-6500, Fax 402-441-8320

Initially contacted on 9/5/2007

2. (b)(6)  
Lincoln, NE, 68850, 402-441-7341, Fax 402-441-7336

Initially contacted on 9/17/2007

3. (b)(6) Lancaster County Vital Records, Lincoln, NE, 402-471-0915, Fax 402-471-0913,  
[stan.cooper@dhhs.ne.gov](mailto:stan.cooper@dhhs.ne.gov)

Initially contacted on 9/5/2007

Task Number 070718HWE6036

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1

ATV #2

Manufacturer: 05 - Polaris

Manufacturer:

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

Model: Ranger

VIN: (b)(3)CPSA Section 25(c),(b)(6)

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

Model Year: unk

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

Engine Size: 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: 07/07/2007

Age/Sex: 24/Male

State of Death: NE

City of Death: Malcomb

County of Death: Lancaster

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

One of five other passengers along with the driver, were riding together on a multiple passenger size ATV, and he was critically injured when the ATV flipped over while they were riding up a steep hill in a heavily wooded ravine in a rural area at about midnight. He was found conscious but his condition deteriorated quickly and he stopped breathing and died at the scene. Alcohol was involved in this incident. No helmets were being worn.

8. Did the ATV overturn/tipover/rollover? Yes

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

Victim 1:                      Victim 2:

No    Unknown            Yes    No    Unknown

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

1 - Driver                      3 - Bystander            8 - Other/Unknown  
 - Passenger            4 - Driver/Other Vehicle

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

Victim 1:                      Victim 2:

Yes     No    Unknown            Yes    No    Unknown

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

0 - Unknown    2 - Two riders     - Four or more riders  
1 - One rider    3 - Three riders    9 - No riders

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

Age: 30                      Height:            (inches)  
Weight:                      Sex: Male



1. Task Number 070725HNE2609		2. Investigator's ID 8925		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 810	4. Date of Accident YR MO DAY 2007 07 23	5. Date Initiated YR MO DAY 2007 07 25		
6. Synopsis of Accident or Complaint UPC none  The victim, a 10-year-old female, was riding on a 4-wheeled utility vehicle on a dry, dirt, trail located on her family's property and she was not wearing a helmet. She was an experienced driver, but failed to maintain control and the utility vehicle overturned on her. She sustained a head injury and she was taken to a hospital, where she was pronounced dead.				
MFR/PRVLBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. 25c: 6 <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>5/6/09</i>				
7. Location (Home, School, etc) 1 - HOME		8. City LAFAYETTE		9. State IN
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS/RANGER		10C. Model Number 4X4
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC/VIN: XARD50AX4D165707 2100 Hwy 55 Medina, MN 55340				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 10	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 5 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 10/30/2007	25. Reviewed By 8978		26. Regional Office Director Eric B. Ault	
27. Distribution Streeter, Robin			28. Source Document Number N0770381A	

The information in this report was based on information received from the police department and the vital records department. The medical examiner's office has not responded; therefore, a written autopsy report is not provided. Contact with the victim's next-of-kin/owner of the utility vehicle was unsuccessful.

On Monday, July 23, 2007, at 7:15 p.m., in Lafayette, IN, the victim, a 10-year-old female, was riding on a 4-wheeled utility vehicle on her family's property. She was not wearing a helmet and she was an experienced driver. The weather condition was clear and the temperature was 80 degrees.

She traveled at a high rate of speed on a dry, dirt, trail and she failed to maintain control. The utility vehicle overturned on her and she was severely injured.

The incident was not witnessed and it is unknown what speed she was traveling at prior to the incident. The victim's father realized she was gone for some time and he went to locate her. He observed the overturned ATV on the property and he discovered her lying underneath the vehicle.

The victim's father instructed another person who came out to assist, to leave the scene and summon for emergency medical assistance. The victim's father assisted her, performed CPR for about 20 minutes until medical assistance arrived at the scene.

The victim's height and weight was not known. She sustained a severe head injury. She was taken to a hospital located in Tippecanoe County, Lafayette, IN, where she was pronounced dead. Her immediate cause of death was cerebral contusion. Alcohol and/or an illegal drug use were not contributing factors to the incident.

**Product:** 4-wheeled utility vehicle

**Brand/Year:** Polaris/2005

**Manufacturer:** Polaris Industries Inc.  
2100 Hwy 55  
Medina, MN55340

**Model:** Ranger

VIN: XARD50AX4D165707

Description: green in color

Condition: maintenance history, bought new or used, and prior problems is unknown.

Modification: unknown

ATTACHMENTS:

1. Law Enforcement Incident Report and photographs (3).
2. Death Certificate.
3. Missing Document, medical examiner's autopsy report.
4. Contact Information.

**IDNR LAW ENFORCEMENT**

03-07-00446

7/23/2007

OFFICER: T4113

MATTHEW THOLEN

- Administrative  
 Investigation  Accident  Arrests Made  Suspects

**Incident Report Form**

1. Log Number 03-07-00446		1a. Incident Number ORV ACCIDENT		1b. File Number		1c. Case Number		2. UCR							
3. INCIDENT Type OA OFF ROAD VEHICLE ACCIDENT			4. Dispatcher		5. Source F		6. District 379		7. Status CLEAR						
8. Date Received 7/23/2007		8a. Road 2253		8b. Disap		8c. Arrv 1948		8d. Clrd 2204		9. Disposition INVEST INVESTIGATION					
INCIDENT OCCURRED AT OR BETWEEN						8e. Earliest Date and Time 7/23/2007 1823			8f. Latest Date and Time 7/23/2007 1838						
10. Location (b)(6)				10a. Cross Street				10b. Intersection <input type="checkbox"/>							
11. Premise Code 000 OTHER/PRIVATE PROPERTY				12. Business Name											
13. Modus Operandi Coding						VICTIM: PROPERTY AREA: TIME OF DAY:									
14. Caller / Complainant Type															
15. Involved Persons															
J		AR DATE		ARREST#		PTCHG		DESCRIPTION		INVL DOB					
										R S PHONE					
										Cnl PL Vd					
✓		(b)(6)								W F					
										W M					
16. Involved Vehicles															
		(b)(6)		STATE		PTYPE		INVL		YEAR MAKE MODEL COLOR VIN					
				XX		AT				2005 POLARI RANGER GRN (b)(6)					
17. Name / Vehicle Involvement															
		(b)(6)		NAME		INVL		PLATE		ST YEAR MAKE MODEL COLOR					
				(b)(6)											
28. Comments / Narratives															
				CREATED BY / ON				UPDATED BY / ON				LOCK			
WSIRF-01 03-07-00446 7/23/2007 <input checked="" type="checkbox"/> APPROVED BY: <i>L. Woodhouse</i> ON: <i>8-2-07</i>															

①

# IDNR LAW ENFORCEMENT

03-07-00446 7/23/2007

- Administrative
- Investigation  Accident  Arrests Made  Suspects

OFFICER: T4113 MATTHEW THOLEN

## Incident Report Form

On 7/23/07, this unit was dispatched by the Tippecanoe County Sheriff's Department to 10223 south 400 east reference an off-road vehicle accident involving a child. This unit arrived on scene and was advised by the Tippecanoe County dispatchers that CPR was being done on the girl and PHI Medical Helicopter was enroute from Purdue University. This unit was shown where the accident scene was started to take pictures and measurements of tire tracks. This unit talked with Tippecanoe County Sheriff's Deputy Rob Hanjl and he advised of what he had seen while being on scene. This unit also talked with several volunteer fire fighters and they had suggested that the Polaris Ranger was lying on its driver side when they arrived and flipped it back onto its 4 wheels. This unit was also advised that the father of the victim had been doing CPR for about 20 minutes till the first person arrived. This unit took pictures of wheel marks on the ground in the tall grass that had the same tire tread pattern the Polaris Ranger had which was not on the groomed path. This unit released the Polaris Ranger to the neighbor who was on scene that said (b)(6) requested him to have it released to him. This unit left the scene and arrived at Home Hospital in Lafayette and was advised that (b)(6) was pronounced dead. This unit spoke with John and (b)(3):CPSA Secti (b)(6) explained to this unit that (b)(3):C was riding the Polaris Ranger and had been gone for a little bit so he went to find her. When he turn the corner of his property he observed the Polaris Ranger on its side and he thought it was strange. He then advised this unit that (b)(6) he pulled up to the Polaris ranger that it was on top of (b)(3):CPSA Section (b)(6) (b)(6) said he lifted the Ranger off of her and started to do CPR on her. (b)(6) told an individual that was with him to call 911 and that was when the Tippecanoe County diapatchers recieved the call. (b)(6) had suggested to this unit that (b)(3):C had more that 200 hours of experience riding on an ORV and that she was not wearing a helmet or using the seat belt of the Polaris Ranger. When this unit asked what the top speed of the Polaris Ranger was (b)(6) suggested that it could reach speeds up to 45 miles-per-hour and that (b)(6) was known to go fast on the Polaris Ranger.

### GPS Cooridianates

- ORV (after it was moved by Medics and (b)(6) N 40°16.269'
- W086°49.112'
- Wheel off Path (heading south starting point)-N 40°16.260'
- W086°49.114'
- Wheel off Path (heading south ending point)-N 40°16.274'
- W086°49.115'
- Blood Spot (where (b)(6) was laying while CPR was in progress)-N 40°16.271'
- W086°49.114'

This unit was contacted by the Tippecanoe County coroner and advised an autopsy was going to be scheduled for 4:00 pm on 7/24/07.

This unit called the Tippecanoe County coroner Dr. Avolt on 7/25/07 at 12:30 pm for the results of the autopsy but Dr. Avolt was not available at this time.

2

Attachment 1 - 070725HNE2609



# REPORT OF RECREATION VEHICLE ACCIDENT

State Form 3815 (R4 / 8-85)  
Department of Natural Resources  
This form is not spaced for typewriter use.

Snowmobile

Off-road

Property code 000	Case number 03-07-00446
----------------------	----------------------------

ACCIDENTS RESULTING IN INJURY, DEATH OR DAMAGE OF \$100.00 OR MORE MUST BE REPORT AUTHORITY: IC 14-16-2-25 and IC 14-16-1-24

Date (month, day, year) 07/23/07	Day of week MON	Actual local time 653	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Number of veh. 1	Number injured 0	Number fatalities 1	Total damage \$0
City LAFAYETTE		Township LARAMIE	County TIPPECANOE		State IN	Exact location N 40°16.271 W 086°49.114	
Visibility <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Night	Wind (MPH) <input checked="" type="checkbox"/> None <input type="checkbox"/> Light (0-6) <input type="checkbox"/> Moderate (7-14) <input type="checkbox"/> Strong (15-25) <input type="checkbox"/> Storm (over 25)	Terrain/snow condition <input checked="" type="checkbox"/> Smooth <input type="checkbox"/> Rough <input type="checkbox"/> None	Type of terrain <input type="checkbox"/> Woods <input type="checkbox"/> Fields <input checked="" type="checkbox"/> Trail <input type="checkbox"/> Roadway <input type="checkbox"/> Lake ice		Weather <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Haz		

Name of Operator (last, first, m.i.) (b)(3); CPSA Section 25(c)	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Name of Operator (last, first, m.i.)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (street and number)		Address (street and number)	
City, state and ZIP code		City, state and ZIP code	
Telephone number	Age 10	Date of Birth (month, day, year) 9/29/96	Telephone number
Experience of operator <input type="checkbox"/> Under 20 hrs. <input checked="" type="checkbox"/> 20 to 100 hrs. <input type="checkbox"/> 100 to 500 hrs. <input type="checkbox"/> over 500 hrs.	Name of instructing agency		Experience of operator <input type="checkbox"/> Under 20 hrs. <input type="checkbox"/> 20 to 100 hrs. <input type="checkbox"/> 100 to 500 hrs. <input type="checkbox"/> over 500 hrs.
Formal instruction <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of instructing agency		Formal instruction <input type="checkbox"/> Yes <input type="checkbox"/> No
Test given <input type="checkbox"/> Alcohol <input checked="" type="checkbox"/> None <input type="checkbox"/> Drug <input type="checkbox"/> BAC	Type given <input type="checkbox"/> Urine <input type="checkbox"/> Blood <input type="checkbox"/> Breath	Test given <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> BAC <input type="checkbox"/> Urine <input type="checkbox"/> Blood <input type="checkbox"/> Breath	

Name of registered owner (last, first, m.i.) (b)(6)	Name of registered owner (last, first, m.i.)
Address (street and number)	Address (street and number)
City, state and ZIP code	City, state and ZIP code
Registration number (b)(6)	Registration number VIN

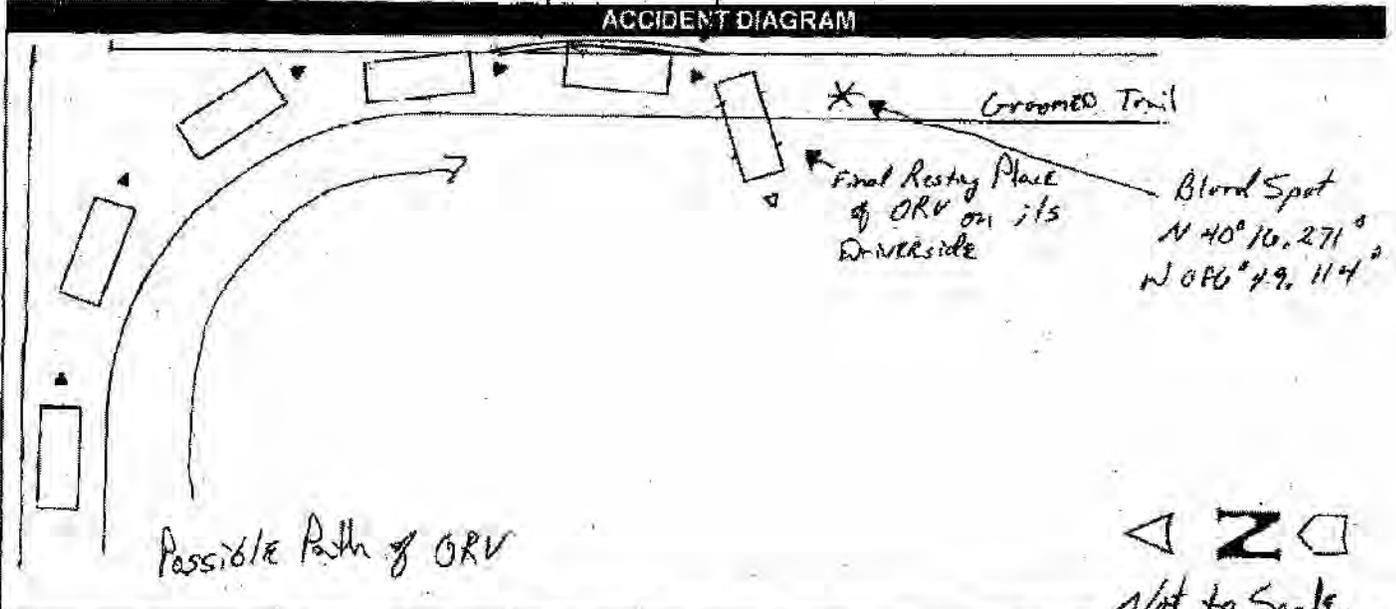
Make POLA RIS	Model RANGER	Year 2005	Number of wheels 4	Make	Model	Year	Number of wheels
No. of persons on/in vehicle 1	Vehicle damage \$0	Other property damage \$0		No. of persons on/in vehicle	Vehicle damage \$	Other property damage \$	
Operation at time of accident <input checked="" type="checkbox"/> Cruising <input type="checkbox"/> Being towed <input type="checkbox"/> Towing other <input type="checkbox"/> Towing aided <input type="checkbox"/> Fueling <input type="checkbox"/> Racing <input type="checkbox"/> Parked <input type="checkbox"/> Attended <input type="checkbox"/> Other				Operation at time of accident <input type="checkbox"/> Cruising <input type="checkbox"/> Being towed <input type="checkbox"/> Towing other <input type="checkbox"/> Towing aided <input type="checkbox"/> Fueling <input type="checkbox"/> Racing <input type="checkbox"/> Parked <input type="checkbox"/> Attended <input type="checkbox"/> Other			

Name (last, first, m.i.)	Name (last, first, m.i.)				
Address (street and number)	Address (street and number)				
City, state and ZIP code	City, state and ZIP code				
Date of birth (month, day, year)	Age	Telephone number	Date of birth (month, day, year)	Age	Telephone number
Nature of injury/cause of death <input type="checkbox"/> Interviewed <input type="checkbox"/> Statement			Nature of injury/cause of death <input type="checkbox"/> Interviewed <input type="checkbox"/> Statement		

Name (last, first, m.i.)	Name (last, first, m.i.)				
Address (street and number)	Address (street and number)				
City, state and ZIP code	City, state and ZIP code				
Date of birth (month, day, year)	Age	Telephone number	Date of birth (month, day, year)	Age	Telephone number
Nature of injury/cause of death			Nature of injury/cause of death		

(3)

Wheel Tracks



VEHICLE 1		VEHICLE 2	
Nature of classification of accident	<input type="checkbox"/> Collision with another off-road veh.	Nature of classification of accident	<input type="checkbox"/> Collision with another off-road veh.
<input type="checkbox"/> Fell from machine	<input type="checkbox"/> Fire or explosion	<input type="checkbox"/> Fell from machine	<input type="checkbox"/> Fire or explosion
<input checked="" type="checkbox"/> Over turning	<input type="checkbox"/> Collision with another snowmobile	<input type="checkbox"/> Over turning	<input type="checkbox"/> Collision with another snowmobile
<input type="checkbox"/> Skidding	<input type="checkbox"/> Collision with another object	<input type="checkbox"/> Skidding	<input type="checkbox"/> Collision with another object
<input type="checkbox"/> Collision with another person	<input type="checkbox"/> Struck hidden object in snow	<input type="checkbox"/> Collision with another person	<input type="checkbox"/> Struck hidden object in snow
<input type="checkbox"/> Collision with another vehicle	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Collision with another vehicle	<input type="checkbox"/> Other (specify)

**ACCIDENT DESCRIPTION**

Sequence of events (include failure of equipment, any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident and any descriptive information about the use of safety equipment. Continue on additional sheets if necessary.)

1 7/23/07, this unit was dispatched by the Tippecanoe County Sheriff's Department to 10223 South 400 East ference an off-road vehicle accident involving a child. This unit arrived on scene and was advised by the ppecanoe County dispatchers that CPR was being done on the girl and PHI Medical Helicopter was enroute on Purdue University. This unit was shown where the accident scene was and started to take pictures and asurements of tire tracks. This unit talked with Tippecanoe County Sheriff's Deputy Rob Hanji and he ivised of what he had seen while being on scene. This unit also talked with several volunteer fire fighters d they had suggested that the Polaris Ranger was lying on its driver side when they arrived and flipped it ck onto its 4 wheels. This unit was also advised that the father of the victim had been doing CPR for about 1 minutes till the first person arrived. This unit took pictures of wheel marks on the ground in the tall grass at had the same tire tread pattern the Polaris Ranger had which was not on the groomed path. This unit leased the Polaris Ranger to the neighbor who was on scene that John Randall requested him to have it leased to him. This unit left the scene and arrived at Home Hospital in Lafayette and was advised by at (b)(3):CPSA was pronounced dead. This unit spoke with (b)(1) and (b)(3):CPSA Se and asked em. questions about the accident. (b)(6) explained to this unit that (b)(3): was riding the Polaris inger and had been gone for a little bit so he went to find her. When he turn the corner of his property he served the Polaris Ranger on its side and he thought it was strange. He than advised this unit that when he illed up to the Polaris Ranger that it was on top of (b)(3):CPSA Sect. (b)(6) said he lifted the Ranger Ther and started to do CPR on her. (b)(6) told an individual that was with him to call 911 and that is

Operator 1 Insured by: American Community Hospital Mutual		Operator 2 Insured by:		Date of report (month, day, year) 7/25/07
Name of investigating officer Matthew S. Tholen	I.D. number T4113	Agency IDNR	Name of Field Supervisor J. Woodrum	Date (month, day, year) 7-2-07
Name of assisting Officer	I.D. number	Agency Tippecanoe County Sheriff's Department	Were photos taken? YES	Were any charges filed as a result of this accident? <b>(4)</b>

Attachment 1 - 070725HNE2609

When the Tippecanoe County dispatchers received the call, (b)(6) had suggested to this unit that (b)(3):CPSA Se had more than 200 hours of experience riding an Off-road vehicle and that she was not wearing a helmet or seat belt of the Polaris Ranger. When this unit asked what the top speed of the Polaris Ranger was, (b)(6) suggested that it could reach speeds up to 45 miles-per-hour and that (b)(3) was known to go fast on the Polaris Ranger.

RECEIVED  
 JUL 30 2007

Operator 1 Insured by: American Community Hospital Mutual		Operator 2 Insured by:		Date of report (month, day, year) 7/25/07
Name of investigating officer	I.D. number T4113	Agency IDNR	Name of Field Supervisor <i>H. Woodman</i>	Date (month, day, year) 8-2-07
Name of assisting Officer	I.D. number	Agency Tippecanoe County Sheriff's	Were photos taken?	Were any charges filed as a result of this accident? <b>(5)</b>

Photo 1: shows right side view of utility vehicle



Photo 2: shows view of dash board



Photo 3: shows view of the grassy dirt trail and the utility vehicle



INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. 023675

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-97-1-10

ATTENTION ESTATE: Disclosure of the need to pursue our responsibilities voluntarily and there will be no penalty for failure to do so.

PRINT INK SIGNATURE OF CERTIFYING PHYSICIAN HEALTH OFFICER CORONER SIGNATURE OF PERSON WHO COMPLETED CAUSE OF DEATH SIGNATURE OF CORONER MANNER OF DEATH DATE PRONOUNCED DEAD MOTOR VEHICLE ACCIDENT?

1. DECEASED NAME (Last, First, Middle Initial) <b>(b)(3) CPSA Section 25 (c)</b>		2. SEX <b>Female</b>	3a. TIME OF DEATH <b>8:28 PM</b>	3b. DATE OF DEATH (Month Day Yr) <b>July 23, 2007</b>	
4. AGE <b>10</b>	5a. UNDER 1 YEAR Months: Days	5b. UNDER 1 DAY Hours: Minutes	6. DATE OF BIRTH (Mo Day Yr) <b>September 29, 1996</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>Lafayette, IN</b>	
8a. WAS DECEASENT A U.S. VETERAN? <b>No</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES <b>n/a</b>	9. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____			
10. FACILITY NAME (If not institution, give street and number) <b>Lafayette Home Hospital</b>		11. CITY/TOWN OR LOCATION OF DEATH <b>Lafayette, IN</b>		12. COUNTY OF DEATH <b>Tippecanoe</b>	
13. MARITAL STATUS (Specify) <b>Never Married</b>	14. SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>	15. DECEASENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>N/A</b>		16. KIND OF BUSINESS INDUSTRY <b>N/A</b>	
17a. RESIDENCE - STATE <b>IN</b>	17b. COUNTY <b>Tippecanoe</b>	17c. CITY/TOWN OR LOCATION <b>Lafayette</b>		17d. STREET AND NUMBER <b>(b)(6)</b>	
18a. ZIP CODE <b>47909</b>	18b. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 18c. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	19. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	20. WAS DECEASENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	21. RACE - American Indian, Black, White, etc. (Specify) <b>White</b>	
22. DECEASENT'S EDUCATION (Specify only highest grade completed) <b>6</b>		16. FATHER'S NAME (First, Middle, Last) <b>(b)(6)</b>			
17. MOTHER'S NAME (First, Middle, Maiden Surname) <b>(b)(6)</b>		18. MARITAL ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>10233 S 400 E Lafayette, IN 47909</b>		19. Relationship <b>Father</b>	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Place of cemetery, crematory or other place) <b>July 27, 2007 Arrow Crematory</b>		21c. LOCATION - City or town state <b>Lafayette, IN</b>	
22. EMBALMER'S NAME <b>N/A</b>		23. EMBALMER'S LICENSE NO. <b>N/A</b>	24. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
25. SIGNATURE OF FUNERAL DIRECTOR <i>Frank H. Pugh</i>		26. LICENSE NUMBER (of Licensee) <b>FDO8600775</b>	27. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Soller-Baker Funeral Homes, Inc. 400 Twyckenham Boulevard Lafayette, Indiana 47909 FH19600018</b>		
28. PART I Enter the disease injuries or complications that caused the death. Do not enter nonanatomic terms such as cardiac or respiratory arrest, shock, or heart failure. (List only one cause on each line.)				Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>CEREBRAL CONTUSION</b>					
Conditions if any which gave rise to the immediate cause stating the underlying cause last					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEASENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>Yes</b>	29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>YES</b>		
29a. CERTIFIER (check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) as stated. <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>James H. Arnold</i>			
29c. MEDICAL LICENSE NO. <b>N/A</b>		29d. DATE SIGNED (Month Day Year) <b>JULY 26, 2007</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/print) <b>DOMINA AVOLT, CORONER 629 NORTH 6TH STREET, LAFAYETTE, INDIANA 47901</b>					
31. SIGNATURE OF CORONER'S SIGNATURE <i>Michael D. Bolger MD</i>			32. DATE FILED (Month Day Year) <b>JUL 26 2007</b>		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month Day Year) <b>JULY 23, 2007</b>	34b. TIME OF INJURY <b>APPROX. 7:15 PM</b>	34c. INJURY AT WORK? (Yes or no) <b>NO</b>	34d. DESCRIBE HOW INJURY OCCURRED <b>SHE WAS DRIVING AN ATV THAT ROLLED OVER ONTO HER.</b>
34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>TRAIL</b>		34f. LOCATION (Street and Number or Rural Route Number City or Town State) <b>10233 S 400 E, LAFAYETTE, IN</b>			
35. DATE PRONOUNCED DEAD (Month, Day, Year) <b>JULY 23, 2007</b>		36. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <b>YES, ATV, DRIVER</b>			

**Task Number: \_070725HNE2609**

**Date:10/30/07**

### **Status of Missing Document(s)**

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

1. autopsy report
- 2.
- 3.
- 4.
- 5.

CONTACT INFORMATION:

Contacted on 7/25/07

DNR Law Enforcement Department of Natural Resources  
402 W. Washington St, Rm W-255D  
Indianapolis, IN 46204  
(317)232-4010

Contacted on 10/11/07

IN Vital Records  
IN State Department of Health  
PO Box 7125  
Indianapolis, IN 46206  
(317)233-2700

Donna Avolt Tippecanoe  
County Coroner  
629 N. 6th Street  
Lafayette, IN 47901  
(765)420-7607

## Off-road rollover kills girl, 10

IN

**WHAT'S  
THIS?**

The death of a 10-year-old girl Monday night from an off-road vehicle rollover is being called a "freak accident" by an Indiana Department of Natural Resources officer.

Matt Tholen, a DNR public information officer, said (b)(3):CPSA was quite experienced on the Polaris Ranger. The off-road vehicle rolled on top of her just after 7:30 p.m. Monday. She was flown to Home Hospital where she died about an hour later.

"It wasn't like it was her first time riding," Tholen said. "She had hundreds of hours experience on a Ranger."

Tholen said there were few details available about the incident because there were no witnesses. He said speed might have been a factor, but he won't know more until the vehicle's tracks have been analyzed.

The Ranger, which is like a large golf cart with a roll cage, was driving on a groomed trail when it rolled onto Randall.

Earlier reports said that it was illegal for (b)(3) to be riding the vehicle without supervision, but that is incorrect. According to Indiana Code, anyone under 14 years old needs adult supervision on off-road vehicles unless they are being driven on property owned by themselves or their parents. Tholen said (b)(3) was riding on her parents' property.

Chris Johns, principal at First Assembly Christian Academy in Lafayette, where (b)(3) would have been in sixth grade this fall, said she always had a smile on her face and was popular among her classmates.

"She was a very energetic young girl, always had a smile on her face," Johns said. "She always had a friend."

<http://www.indystar.com/apps/pbcs.dll/article?AID=/20070724/LOCAL/707240422>

080131

1. Task Number 071004HCC1015		2. Investigator's ID 8925		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 810	4. Date of Accident YR MO DAY 2007 04 28	5. Date Initiated YR MO DAY 2007 10 10		
6. Synopsis of Accident or Complaint UPC none  Victim #1, a 26-year-old female passenger, was riding in a 4-wheeled utility vehicle on a dry, paved, road. She was accompanied by the driver, victim #2, a 29-year-old male and another passenger, victim #3, a 44-year-old female. The victims were not wearing helmets. Victim #2 attempted a turn and a motor vehicle passed them and struck the utility vehicle. The utility vehicle skidded and struck an embankment, rolled over and landed in a ditch. The victims were ejected. Victim #1 died at the scene. Victim #2 and victim #3 were not severely injured. Victim #2 was treated at the scene. Victim #3 was transported to a hospital, where she was treated and released.  <b>MFR/PRVLBR NOTIFIED</b> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. 25c, 3, 6 <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 081105 GR				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City LEE COUNTY		9. State FL
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS/RANGER		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address POLARIS INDUSTRIES, INC./MIN: (b)(3);CPSA Section 25(c), (b)(6) 2100 Hwy 55 Medina, MN 55340				
11A. Second Product 1901 - Motor Vehicles Or Parts (lic)		11B. Trade/Brand Name FORD/CROWN VICTORIA		11C. Model Number UNKNOWN
11D. Manufacturer Name and Address UNKNOWN				
12. Age of Victim 26	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 14 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 12 - MECAP		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 11/27/2007	25. Reviewed By 8978		26. Regional Office Director Eric B. Ault	
27. Distribution Streeter, Robin			28. Source Document Number X0780270A	

<b>1. Task Number</b> 071004HCC1015		<b>2. Investigator's ID</b> 8925		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
<b>3. Office Code</b> 810	<b>4. Date of Accident</b> YR MO DAY 2007 04 28	<b>5. Date Initiated</b> YR MO DAY 2007 10 10		
<b>6. Synopsis of Accident or Complaint</b> <b>UPC</b> none  Victim #1, a 26-year-old female passenger, was riding in a 4-wheeled utility vehicle on a dry, paved, road. She was accompanied by the driver, victim #2, a 29-year-old male and another passenger, victim #3, a 44-year-old female. The victims were not wearing helmets. Victim #2 attempted a turn and a motor vehicle passed them and struck the utility vehicle. The utility vehicle skidded and struck an embankment, rolled over and landed in a ditch. The victims were ejected. Victim #1 died at the scene. Victim #2 and victim #3 were not severely injured. Victim #2 was treated at the scene. Victim #3 was transported to a hospital, where she was treated and released.				
<b>7. Location (Home, School, etc)</b> 4 - STREET OR HIGHWAY		<b>8. City</b> LEE COUNTY		<b>9. State</b> FL
<b>10A. First Product</b> 5044 - Utility Vehicles		<b>10B. Trade/Brand Name</b> POLARIS/RANGER		<b>10C. Model Number</b> UNKNOWN
<b>10D. Manufacturer Name and Address</b> POLARIS INDUSTRIES, INC./VIN: (b)(3);CPSA Section 25(c),(b)(6) 2100 Hwy 55 Medina, MN 55340				
<b>11A. Second Product</b> 1901 - Motor Vehicles Or Parts (lic		<b>11B. Trade/Brand Name</b> FORD/CROWN VICTORIA		<b>11C. Model Number</b> UNKNOWN
<b>11D. Manufacturer Name and Address</b> UNKNOWN				
<b>12. Age of Victim</b> 26	<b>13. Sex</b> 2 - Female	<b>14. Disposition</b> 8 - Death		<b>15. Injury Diagnosis</b> 62 - Intern. Org. Inj.
<b>16. Body Part(s) Involved</b> 75 - HEAD	<b>17. Respondent</b> 3 - 2nd Hand Info Only	<b>18. Type of Investigation</b> 2 - Telephone		<b>19. Time Spent (Operational / Travel)</b> 14 / 0
<b>20. Attachment(s)</b> 9 - Multiple Attachments		<b>21. Case Source</b> 12 - MECAP		<b>22. Sample Collection Number</b>
<b>23. Permission to Disclose Name (Non NEISS Cases Only)</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
<b>24. Review Date</b> 11/27/2007	<b>25. Reviewed By</b> 8978		<b>26. Regional Office Director</b> Eric B. Ault	
<b>27. Distribution</b> Streeter, Robin			<b>28. Source Document Number</b> X0780270A	

071004HCC1015

The information in this report was based on information received from the sheriff's department and the medical examiner's office. A photo was not taken of the utility vehicle. Contact with the victims' next-of-kin and the owner of the utility vehicle were unsuccessful.

On Saturday, April 28, 2007, at 10:24 p.m., in Lee County, Ft. Myers, FL, victim #1, a 26-year-old female passenger was riding in a 4-wheeled utility vehicle on a dry, paved, road. The weather condition was clear and the temperature was 73 degrees.

Victim #2, a 29-year-old male driver and another passenger, victim #3, a 44-year-old female accompanied her in the vehicle. Victim #2 attempted to make a turn when a motor vehicle attempted to pass, but struck the utility vehicle.

The utility vehicle skidded off the roadway, struck an embankment, rolled over and landed in a ditch. The victims were ejected. The motor vehicle driver fled the scene.

It is unknown what rate of speed the victims were traveling at prior to the incident. The motor vehicle traveled at 50 mph.

The victims were not wearing any protective gear, such as helmets. Victim #2's knowledge regarding operation and/or handling the utility vehicle was unknown.

Victim #1 died at the scene. She was 68 inches tall and she weighed 142 pounds. She sustained a severe head injury. Her cause of death was blunt force injuries of head and brain due to a motor vehicle collision.

Victim #2 height and weight were not known. He sustained a fractured pelvis. He refused transport to a hospital by EMS. He was treated at the scene.

Victim #3 was not severely injured. She sustained one right rib fracture, subdural hematoma, various lacerations and road rash. She was taken to a hospital, where she was treated and released.

Alcohol was a contributing factor to the incident.

2

071004HCC1015

Product: 4-wheeled utility vehicle

Brand/Year: Polaris/2005

Manufacturer: Polaris Industries Inc.  
2100 Hwy 55  
Medina, MN 55340

Model: Ranger

VIN: (b)(3).CPSA Section 25(c),(b)(6)

Description: blue/black in color

Condition: maintenance history, bought new or used, and prior problems is unknown.

Modification: unknown

**ATTACHMENTS:**

1. Crash Report.
2. Medical Examiner's Report and Toxicology Report.
3. Contact Information.

A D M I N I S T R A T I V E	OBTS Number <b>3601221660</b>	Agency Report Number <b>07-164608</b>	ARREST / NOTICE TO APPEAR <b>Lee County Sheriff's Office</b>		Arrest (X) Juvenile: ( ) Notice to Appear: ( )
	Agency ORI Number <b>FL 0360000</b>	Agency Arrest Number <b>479441</b>	Charge Type: ( F ) ( F ) ( F )		Weapon Seized: ( ) Type: ( ) Court #
	Location of Arrest (include Name of Business) <b>Lehigh Regional Hospital 1500 Lee Blvd Lehigh Acres FL</b>			Case Numbers <b>07016647CF, 07016647CF, 07016647CF</b>	
	Location of Offense (Name and Address) <b>14801 Cemetery Rd Fort Myers FL 33905</b>			Date of Offense <b>04/28/2007</b>	Finger Print Type:
D E F E N D A N T	Date of Arrest <b>04/29/2007</b>	Arrest Time <b>2021</b>	Booking Date <b>04/29/2007</b>	Booking Time <b>1235</b>	Finger Printed by:
	Jail Date <b>4/29/07</b>	Jail No. <b>479441</b>	County ID No. <b>240473</b>	Other Local No.	FDLE No.
	Alias/Moniker				
	Name (Last, First, Middle)				
	Race: (W)	Sex: (M)	DOB:	HT: <b>5'11"</b>	WT: <b>150</b>
	Build (M)	Scars, Marks, Tattoos:			
	Indication of: Alcohol Influence: ( ) Drug Influence: ( )		Place of Birth		Citizenship (Y) <b>US</b>
	Local Address (Street, Apt #) City State Zip Phone				
	Permanent Address (Street, Apt #) City State Zip Phone				
	Business Address (Name, Street) City State Zip Phone				
Res Type: ( )	Occupation:	Driver's Lic No:	State <b>FL</b>	SS #:	Immigration No.
Nearest Relative					
Street City State Zip Phone					
C O D E F	Co-Defendant Name (Last, First, Middle)			Race ( ) Sex ( )	DOB or Age
	Co-Defendant Name (Last, First, Middle)			Race ( ) Sex ( )	DOB or Age
C H A R G E	Charge Description #1 <b>07016647CF-HOMICIDE-NEGLIG MANSL-VEH FAIL TO GIVE INFORMATION AND RENDER AID</b>	Counts (x) F.S. <b>1 ( )Ord</b>	Violation No <b>782.071 (1b)</b>	NARC ACT (N) TYPE (N) AMT / UNIT #	Bond Charge # Type ( )
	Charge Description #2 <b>07016647CF-HIT AND RUN FAIL TO STOP REMAIN AT CRASH INVOLVE DEATH</b>	Counts (x) F.S. <b>1 ( )Ord</b>	Violation No <b>316.027</b>	NARC ACT (N) TYPE (N) AMT / UNIT #	Bond Charge # Type ( )
	Charge Description #3 <b>07016647CF-HIT AND RUN FAIL TO STOP REMAIN AT CRASH INVOLVE INJURY</b>	Counts (x) F.S. <b>2 ( )Ord</b>	Violation No <b>316.027</b>	NARC ACT (N) TYPE (N) AMT / UNIT #	Bond Charge # Type ( )
	UCR Code #1		UCR Code #2		UCR Code #3
A U T O	Year <b>1998</b>	Make <b>Ford</b>	Model <b>Crown</b>	Tag <b>H646VA</b>	Color <b>White</b>
	Location of Vehicle / Towed From <b>18401 Cemetery Rd/Same</b>			Removed By / Stored At <b>Genes/LCSO Impound Facility</b>	
N O T I C E	( ) Mandatory Appearance in Court		Location (Court Room No, Address)		
			Month:	Day:	Year: Time: ( ) A.M. ( ) P.M.
	( ) You need not appear in Court but must comply with instructions on the reverse side		Location (Court Room No, Address)		
			Month:	Day:	Year: Time: ( ) A.M. ( ) P.M.
I Promise to appear at the above Date, Time, and assigned Court room, to answer the offense charged, or to pay the fine subscribed. Failure to appear will result in the issuance of a PICK-UP ORDER OR WARRANT.					
Signature of Defendant			Supervisor Review and Approval		

OBTS No <b>3601221660</b>	Agency Report Number <b>07154608</b>	<b>PROBABLE CAUSE STATEMENT</b>	1. Arrest (cont)	3. Arrest Affidavit
Agency ORI Number <b>FL0360000</b>	Agency Arrest Number		2. Notice to Appear (cont)	4. Complaint Affidavit
Lee County Sheriff's Office		JUVENILE	5. Request for Capias	

Defendant Name (last, first, middle)

Alias

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

The undersigned certifies and swears that he/she has just and reasonable grounds to believe that the above named Defendant committed the following violation of law: **HOMICIDE-NEGLECT MANSLAYER FAIL TO GIVE INFORMATION AND KENDUCK ADV, HIT AND RUN FAIL TO STOP REMAIN AT CRASH INVOLVE DEATH, HIT AND RUN FAIL TO STOP REMAIN AT CRASH INVOLVE INJURY**

On the **28** day of **April** **2007** at **2224** ( ) A.M. (X) P.M. (Specifically include facts constituting cause for arrest)

WRITE NARRATIVE IN THE 1st PERSON (i.e. I witnessed the suspect)

GIVE BASIS FOR KNOWLEDGE OF THE INCIDENT (i.e. I was told by)

**Narrative**

On April 28, 2007 at approximately 2224 hours, the Lee County Sheriff Office received a 911 call reference a serious traffic crash near 18401 Cemetery Road, Ft. Myers, Lee County, Florida. Units from the Lee County Sheriff's office patrol division along with Lee County Sheriff's Office Traffic Units responded.

(b)(3):CPSA Section 25(c),(b) responded to the crash and assumed the preliminary crash investigation. Upon (b)(3):CPSA Section 25(c),(b) arrival one occupant of the vehicle struck was pronounced deceased at 2247 hours by EMS paramedic (b)(3):CPSA Section 25(c),(b). The deceased was identified as (b)(3):CPSA Section 25(c),(b) of (b)(3):CPSA Section 25(c),(b). Due to the fatality Traffic Homicide investigators were requested.

The two other passengers that were injured in the crash, were identified as (b)(3):CPSA Section 25(c),(b) and (b)(3):CPSA Section 25(c),(b) DOB (b)(3):CPSA Section 25(c),(b) and (b)(3):CPSA Section 25(c),(b) DOB (b)(3):CPSA Section 25(c),(b). (b)(3):CPSA Section 25(c),(b) was unable to locate the driver of the white Ford Crown Victoria on scene. A perimeter was established with other patrol units and a extensive search for the driver began. K-9 track was attempted along with Helicopter was used to locate the driver without success. The attempt totaled approximately one hour and fifty minutes.

(b)(3):CPSA Section 25(c),(b) and (b)(3):CPSA Section 25(c),(b) responded to the scene as the Traffic Homicide investigators for the incident.

It was determined that two vehicles were involved in the crash, one was a 1998 Ford Crown Victoria white in color and a Polaris Ranger off road vehicle.

(b)(3):CPSA Section 25(c),(b) began the inspection of the scene along with the photographs of the scene and vehicles. (b)(3):CPSA Section 25(c),(b) began interviewing witnesses and occupants of the crash.

Witnesses to the crash provided the following information:

(b)(3):CPSA Section 25(c),(b) observed the crash and that the driver of the white Crown Victoria was personally known as a former co-worker. He identified the driver as (b)(3):CPSA Section 25(c),(b) and had seen him driving the same vehicle previously. (b)(3):CPSA Section 25(c),(b) stated he walk right up to (b)(3):CPSA Section 25(c),(b) and could tell he was intoxicated and had been drinking due to (b)(3):CPSA Section 25(c),(b) unsteadiness and bloodshot eyes.

(b)(3):CPSA Section 25(c),(b) was driving westbound on Cemetery when a white car which appeared to be a police car pull out in front of him from a side street. (b)(3):CPSA Section 25(c),(b) stated he ran the stop sign and accelerated quickly to about 50 MPH. He stated he could

NARRATIVE

Adults Only ( ) Hold for First Appearance Do Not Bond Out Reason:	<b>B O N D  I N F O R M A T I O N</b>	Date		
I swear/affirm the above and true and correct. OFFICERS SIGNATURE		Location of Appearance (Court Room No, Address)		
NAME (printed) (b)(3):CPSA Section 25(c),(b) ID No./Dist 89152-Traffic		Returnable Court Date	Returnable Court Time	( ) A.M. ( ) P.M.
Sworn and subscribed before me the undersigned authority This <b>29</b> day of <b>April</b> <b>2007</b>		Release Date	Release Time	( ) A.M. ( ) P.M.
SIGNATURE of Person Authorized to Administer Oath		Releasing Officer		
Deputy Sheriff (b)(3):CPSA Section 25(c),(b) PRINTED Name/Title of Person Authorized to Administer Oath	Page <b>2</b>	of	Page <b>3</b>	

**NARRATIVE/CONTINUATION**

1 Offense  2 Arrest  Juvenile  1 Original  2 Supplement

ADM	Agency ORI Number <b>FL0360000</b>	Agency Name <b>Lee County Sheriff's Office</b>	Agency Report Number <b>07164608</b>
	Original Date Reported <b>04/28/2007</b>	Case Reference	

could smell burning tires. As the vehicle was westbound in front of him he observed it go into the opposing lane of travel and then act odd like something happened. As [redacted] drove closer he observed the crash scene and people all in the ditch. [redacted] went to render aid to the injured.

Three additional witness in the same vehicle as [redacted] provided sworn statements that were similar in content, and describing the recklessness of the white Crown Victoria's driving.

On April 29, 2007 at approximately 1700 hours, the Lee County Sheriff's Office received a dispatch of a suspicious person in the woods at 4317 Skates Circle. In the dispatch it advised it was a white male in his 40's wearing a white t-shirt and blue jeans needing medical attention. It advised this was the male [redacted] that the Sheriff's Office is looking for in reference to the crash the previous night.

The physical description matches the one given by witness at the crash scene. [redacted] was transported to Lehigh Regional Hospital for injuries sustained. He was transported by Lee County EMS. Paramedics [redacted] provided statements that the subject they transported was identified as [redacted] and he stated he was in a crash last night and he injured himself jumping over a fence while fleeing from the crash scene.

[redacted] responded to Lehigh Regional Hospital and conducted an interview with [redacted] was given his Miranda warnings from card and stated he understood and would answer questions about the crash. [redacted] admitted he was the driver of the white Ford Crown Victoria and it was his car. [redacted] stated he was westbound on Cemetery when he saw a vehicle in front of him without any lights on. He stated he was traveling about forty five miles per hour when he struck the other vehicle, admitting the posted speed limit was thirty-five mile per hour. [redacted] stated he swerved to avoid but was unable to. [redacted] continued stating he walked up to the scene recognizing one of victims realizing the injuries were serious and became nervous and fled the scene just as the law enforcement officers were arriving. He stated he had several beers earlier in the day. The driver admitted that he failed to as required by law render aid to the injured parties in the crash and report the crash to law enforcement providing name, insurance and registration information.

The facts in the investigation show that the vehicle driven by [redacted] was done so in a reckless manner with disregard to public safety and protection of private property. That [redacted] did fail to remain at the scene of a crash that involved a fatality and two serious injuries. I do believe probable exists for the offenses of Vehicular Homicide, Leaving the scene of a crash involving a death and two counts of leaving the scene of a crash involving personal injury.

NARRATIVE / CONTINUATION

ADMINISTRATIVE	Report Contains	Related Report Number(s)					
	Officer(s) Reporting	ID Number(s) <b>Traffic</b>		Unit <b>Traffic</b>	Date <b>04/29/2007</b>		
	Officer Reviewing (If Applicable)	ID Number	Routed To	Referred To	Assigned To	By Date	
	Case Status <b>Closed</b>	Clearance Type 1 Arrest 2 Exceptional <b>1</b>	A - Adult J - Juvenile <b>A</b>	Date Cleared <b>042907</b>	Arrest Number <b>1</b>	Number Arrested <b>1</b>	
	Exception Type 1 Exemption Denied 2 Arrest on Primary Offense Secondary Offense Without Prosecution	3 Death of Offender 4 V/W Refused to Cooperate	5 Prosecution Denied 6 Juvenile / No Custody	OSTS Number	Page <b>3</b> of <b>3</b>		

FLORIDA TRAFFIC CRASH REPORT  
LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32309-0537

DO NOT WRITE IN THIS SPACE

DATE OF CRASH <b>4 29 2007</b>	TIME OF CRASH <b>10:24</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OFFICER NOTIFIED <b>10:30</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	TIME OFFICER ARRIVED <b>10:38</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER <b>07-164608</b>	FSMV CRASH REPORT NUMBER <b>74617402</b>
COUNTY / CITY CODE <b>18 Lee Co</b>	FEET or MILES <b>18</b> <input type="checkbox"/> FEET <input checked="" type="checkbox"/> MILES	H S E W <b>H</b>	CITY OR TOWN <b>Dana Rd</b>	(Check if In City or Town)	COUNTY <b>18 Lee County</b>
AT NODE NO.	FEET or MILES	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES <b>1</b>	1. DIVIDED 2. UNDIVIDED <b>1</b>
AT THE INTERSECTION OF (street, road or highway) <b>Dana Rd</b>			FROM INTERSECTION OF (street, road or highway)		

DRIVER ACTION <b>1 Phantom</b> <b>2 HR &amp; Run</b> <b>3 N/A</b>	YEAR <b>2</b>	MAKE <b>1998 Ford</b>	TYPE <b>01</b>	USE <b>01</b>	VEH. LICENSE NUMBER <b>H646VA</b>	STATE <b>FL</b>	VEHICLE IDENTIFICATION NUMBER	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF DAMAGE
TRAILER OR TOWED VEHICLE INFORMATION								2

VEHICLE TRAVELLING <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W	ON	AT	Est. MPH <b>45</b>	Posted Speed	EST. VEHICLE DAMAGE <b>1</b>	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	DAMAGE AND CRISLE DAMAGED AREA(S) <b>2</b>
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MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) <b>Geico Casualty Co.-1439354406</b>	POLICY NUMBER	VEHICLE REMOVED BY: <b>Gene's Towing</b>	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other <b>4</b>
--	---------------	---	---

NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/>	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
<b>Same As Driver</b>			

NAME OF MOTOR CARRIER (Commercial Vehicle Only)	CURRENT ADDRESS (Number and Street)	CITY, STATE AND ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS
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NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY, STATE & ZIP CODE	DATE OF BIRTH
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DRIVER LICENSE NUMBER	STATE <b>FL</b>	DL TYPE <b>5</b>	REQ. END. <b>3</b>	ALCOHOL/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS <b>0</b>	ALCOHOL	PHYS. DEF. <b>1</b>	RES. <b>1</b>	RACE <b>W</b>	SEX <b>M</b>	INJ.	S. EQUIP. <b>4</b>	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED <b>2</b>	PLACARDED <b>2</b>	IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED? <b>2</b>	RECOMMEND DRIVER RE-EXAM IF YES EXPLAIN IN NARRATIVE <b>2</b>	DRIVER'S PHONE NO. Home: Work:							

DRIVER ACTION <b>1 Phantom</b> <b>2 HR &amp; Run</b> <b>3 N/A</b>	YEAR <b>3</b>	MAKE <b>2005 Polaris</b>	TYPE <b>13</b>	USE <b>77</b>	VEH. LICENSE NUMBER <b>NONE</b>	STATE	VEHICLE IDENTIFICATION NUMBER	18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF DAMAGE
TRAILER OR TOWED VEHICLE INFORMATION								10

VEHICLE TRAVELLING <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W	ON	AT	Est. MPH <b>45</b>	Posted Speed	EST. VEHICLE DAMAGE <b>5000</b>	1. Disabling 2. Functional 3. No Damage <b>1</b>	EST. TRAILER DAMAGE	DAMAGE AND CRISLE DAMAGED AREA(S) <b>10</b>
--	----	----	-----------------------	--------------	------------------------------------	---	---------------------	--

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) <b>N/A-N/A</b>	POLICY NUMBER	VEHICLE REMOVED BY: <b>Gene's Towing</b>	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other <b>4</b>
--	---------------	---	---

NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/>	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
<b>Same As Driver</b>			

NAME OF MOTOR CARRIER (Commercial Vehicle Only)	CURRENT ADDRESS (Number and Street)	CITY, STATE AND ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS
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NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY, STATE & ZIP CODE	DATE OF BIRTH
--	-------------------------------------	------------------------	---------------

DRIVER LICENSE NUMBER	STATE <b>FL</b>	DL TYPE <b>5</b>	REQ. END. <b>3</b>	ALCOHOL/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS <b>0</b>	ALCOHOL	PHYS. DEF. <b>1</b>	RES. <b>1</b>	RACE <b>W</b>	SEX <b>M</b>	INJ. <b>3</b>	S. EQUIP. <b>1</b>	EJECT. <b>2</b>
HAZARDOUS MATERIALS BEING TRANSPORTED <b>2</b>	PLACARDED <b>2</b>	IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED? <b>2</b>	RECOMMEND DRIVER RE-EXAM IF YES EXPLAIN IN NARRATIVE <b>2</b>	DRIVER'S PHONE NO. Home:(238) 980-4136 Work:							

VEHICLE TYPE 01 Automobile 02 Van 03 Light Truck / PU, - 2 or 4 rear brs. 04 Medium Truck - 4 rear brs 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Over-Engine) 07 Motor Home (RV) 08 Bus (driver + seats for 9-15) 09 Bus (driver + seats for over 15) 10 Skycycle 11 Motorcycle 12 Aped 13 All Terrain Vehicle 14 Tractor 15 Low Speed Vehicle 77 Other	VEHICLE USE 01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire / Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other	TRAILER TYPE 01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 Horse Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other	RESIDENCE (Driver / Ped.) 1 County of Crash 2 Elsewhere in State 3 Non-Resident Out of State 4 Foreign 5 Unknown	PHYSICAL DEFECTS 1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect	ALCOHOL / DRUG USE 1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending ALCOHOL/DRUG Test Results	LOCATION IN VEHICLE 1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body Of Truck 8 Bus Passenger 9 Other EJECTED 1 No 2 Yes 3 Partial	
DL TYPE 1 A 2 B 3 C 4 D/ Chauffeur 5 E/ Operator 6 F/ Oper. Rest. 7 None		RACE 1 White 2 Black 3 Hispanic 4 Other		INJURY SEVERITY 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 Days) 6 Non-Traffic Fatality		SAFETY EQUIPMENT IN USE 1 Not in Use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air Bag - Not Deployed 6 Safety Helmet 7 Eye Protection	
REQUIRED ENDORSEMENTS 1 Yes 2 No 3 No Endorsement Required		SEX 1 Male 2 Female					

07-164608

74617402

DRIVER ACTION	1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER				
TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE		EST. VEHICLE DAMAGE		EST. TRAILER DAMAGE		DAMAGE AND CIRCLE DAMAGED AREAS		1. Tow Retention Limit 2. Tow Owner's Request 3. Other 4. Other			
VEHICLE TRAVELLING	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE		1. Disabling 2. Functional 3. No Damage		DAMAGE AND CIRCLE DAMAGED AREAS			
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER		VEHICLE REMOVED BY		1. Tow Retention Limit		3. Other		4. Other			
NAME OF VEHICLE OWNER (Check Box if Same As Driver)	CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
NAME OF DRIVER (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
NAME OF MOTOR CARRIER (Commercial Vehicle Only)	CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS							
NAME OF DRIVER (Take First Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH							
DRIVER LICENSE NUMBER	STATE	DL TYPE	REG. END	ALCOHOL TEST TYPE	RESULTS	ALCOHOL	PHYS. DEF.	RES.	RACE	SEX	HAZ. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1-6 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED	RECOMMEND DRIVER RE-EXAM IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					

# 1	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
	Mail Box & Pole	\$ 75.					
# 2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
		\$					

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN			VEHICLE DEFECT			VEHICLE MOVEMENT			VEHICLE SPECIAL FUNCTIONS									
01 No Improper Driving / Action	02 Careless Driving (Explain in Narrative)	03 Failed To Yield Right-of-Way	04 Improper Backing	05 Improper Lane Change	06 Improper Turn	07 Alcohol - Under Influence	08 Drugs - Under Influence	09 Alcohol & Drugs - Under Influence	10 Followed Too Closely	11 Disregarded Traffic Signal	12 Exceeded Safe Speed Limit	13 Disregarded Stop Sign	14 Failed To Maintain Equip. / Vehicle	15 Improper Passing	16 Drove Left of Center	17 Exceeded Stated Speed Limit	18 Obstructing Traffic	
01 No Defects	02 Def. Brakes	03 Worn / Smooth Tires	04 Defective / Improper Lights	05 Puncture / Skewout	06 Steering Mech.	07 Windshield Wipers	08 Equipment / Vehicle Defect	01 Straight Ahead	02 Slowing / Stopped / Stalled	03 Making Left Turn	04 Backing	05 Making Right Turn	06 Changing Lanes	07 Entering / Leaving / Parking Space	08 Property Parked	09 Improperly Parked	10 Making U-Turn	
01 None	02 None	03 None	04 None	05 None	06 None	07 None	08 None	01 None	02 None	03 None	04 None	05 None	06 None	07 None	08 None	09 None	10 None	
01 On Road	02 Not On Road	03 Shoulder	04 Median	05 Turn Lane	06 Work Area	07 None	08 Nearby	09 Entered	01 Crossing Not at Intersection	02 Crossing at Mid-block/Crosswalk	03 Crossing at Intersection	04 Walking Along Road With Traffic	05 Walking Along Road Against Traffic	06 Working on Vehicle in Road	07 Working in Road	08 Standing/Playing in Road	09 Standing in Pedestrian Island	10 Unknown

FIRST / SUBSEQUENT HARMFUL EVENTS			ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION																																																	
01 Collision With MV in Transport (Rear End)	02 Collision With MV in Transport (Head On)	03 Collision With MV in Transport (Angle)	04 Collision With MV in Transport (Left Turn)	05 Collision With MV in Transport (Right Turn)	06 Collision With MV in Transport (Sideswipe)	07 Collision With MV in Transport (Backed Into)	08 Collision With Parked Car	09 Collision With MV on Roadway	10 Collision With Pedestrian	11 Collision With Bicycle	12 Collision With Bicycle (Bike Lane)	13 Collision With Skipped	14 Collision With Train	15 Collision With Animal	16 MV Hit Sign / Sign Post	17 MV Hit Utility Pole / Light Pole	18 MV Hit Guardrail	19 MV Hit Fence	20 MV Hit Concrete Barrier Wall	21 MV Hit Bridge / Pier / Abutment / Rail	22 MV Hit Tree / Shrubbery	23 Collision With Construction Barricade Sign	24 Collision With Traffic Gate	25 Collision With Crush Attenuators	26 Collision With Fixed Object Above Road	27 MV Hit Other Fixed Object	28 Collision With Movable Object On Road	29 MV Ran Into Object/Culvert	30 Ran Off Road Into Water	31 Overturned	32 Occupant Fall From Vehicle	33 Tractor/Trailer Jackknifed	34 Fire	35 Explosion	36 Downhill Runaway	37 Cargo Load or Shift	38 Separation of Units	39 Median Crossover	77 All Other (Explain in Narrative)	01 Interstate	02 U.S.	03 State	04 County	05 Local	06 Turnpike / Toll	07 Forest Road	08 Private Roadway	77 All Other (Explain in Narrative)	01 Day Light	02 Dusk	03 Dawn	04 Dark (Street Light)	05 Dark (No Street Light)	06 Unknown	
01 No Defects	02 Obstruction With Warning	03 Obstruction Without Warning	04 Road Under Repair / Construction	05 Loose Surface Materials	06 Shoulders - Soft / Low Hgt	07 Holes / Pits / Unsafe Paved Edge	08 Standing Water	09 Worn / Polished Road Surface	77 All Other (Explain in Narrative)	01 Vision Not Obscured	02 Inclement Weather	03 Parked / Stopped Vehicle	04 Trees / Craps / Bushes	05 Load On Vehicle	06 Building / Fixed Object	07 Signs / Billboards	08 Fog	09 Smoke	10 Glare	77 All Other (Explain in Narrative)	01 No Control	02 Special Speed Zone	03 Speed Control Sign	04 School Zone	05 Traffic Signal	06 Stop Sign	07 Yield Sign	08 Flashing Light	09 Railroad Signal	10 Officer/Guard/Flagperson	11 Posted No U-Turn	12 No Passing Zone	77 All Other (Explain in Narrative)	01 Not At Intersection / RR X-ing / Bridge	02 At Intersection	03 Influenced By Intersection	04 Driveway Access	05 Railroad	06 Bridge	07 Entrance Ramp	08 Exit Ramp	09 Parking Lot - Public	10 Parking Lot - Private	11 Private Property	12 Toll Booth	13 Public Bus Stop Zone	77 All Other (Explain in Narrative)	01 Straight - Level	02 Straight - Upgrade / Downgrade	03 Curve - Level	04 Curve - Upgrade / Downgrade	05 Type Shoulder	01 Paved	02 Unpaved	03 Curb

VIOLATOR(S)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

**FLORIDA TRAFFIC CRASH REPORT  
NARRATIVE/DIAGRAM**

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS SECTION, NEEL KIRKMAN BUILDING, TALLAHASSEE, FL 32309-0500

DO NOT WRITE IN THIS SPACE

TIME EMS NOTIFIED (FATALITIES ONLY) 10:39 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	TIME EMS ARRIVED (FATALITIES ONLY) 10:38 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	DATE OF CRASH 4   29   2007	COUNTY / CITY CODE 18 Lee Co	INVEST AGENCY REPORT NUMBER 07-184608	HSMV CRASH REPORT NUMBER 74617402
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(NARRATIVE)

On listed date, I was already on a traffic accident at Buckingham and Cemetery Rd, when another vehicle pulled up and reported an roll over accident a short distance (approximately 1 mile) down the road. Communications already had dispatched another patrol car to the scene, so I continued to complete the investigation I was working on prior to heading to the second reported crash.

Immediately upon arrival at this reported crash along with the other patrol car, we were met by Fire Personnel and EMS paramedics in which we were informed that one of the passengers had expired at the scene.

[Redacted] of the Tice Fire Department, 9351 Workman Way, Ft. Myers were at the location and wrote brief statements.

The female passenger #1 was transported to Lee Memorial Hospital with moderate to serious injuries.

The driver of Vehicle #2 was also injured and transport with female passenger #1. Passenger #2 was treated at the scene but refuse transport by EMS and advised he would seek medical treatment later. The deceased passenger was later removed by the medical examiner.

All occupants of Vehicle #2 were ejected along the roadway into the shoulder/ditch on the south side of the roadway.

A check of Vehicle #1 revealed that the unidentified driver of this vehicle fled the scene. Keys were in the ignition and the airbags had deployed in the car. There was no observable blood inside the vehicle. A search of the area, failed to located Driver of Vehicle #1 prior to the clearing to the crash scene.

Vehicle #1 had extensive front end damage with the majority of damage to the right front. Vehicle #2 had left rear, right front as well as roll over damage.

Statements obtained as well as scene evidence indicated that Vehicle #2 was W/B on Cemetery Rd and starting to make a left turn

SECT	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
2	1	(b)(3) CPSA Section 25(c),(b)(6)					W	F	2	4	1	2
2	2	(b)(3) CPSA Section 25(c),(b)(6)					W	M	4	2	1	2
2	3	(b)(3) CPSA Section 25(c),(b)(6)					W	F	3	5	1	2

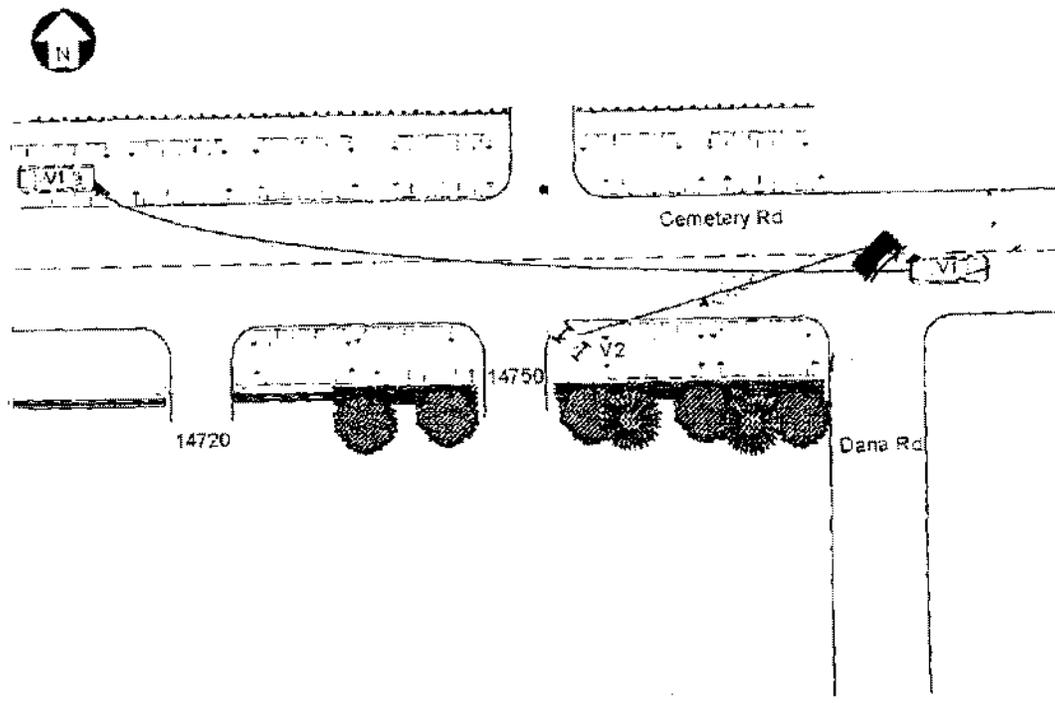
VIOLATOR(S)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (b)(3) CPSA Section 25(c),(b)(6)	CURRENT ADDRESS (b)(3) CPSA Section 25(c),(b)(6)	CITY & STATE (b)(3) CPSA Section 25(c),(b)(6)	ZIP CODE (b)(3) CPSA Section 25(c),(b)(6)	WITNESS NAME (b)(3) CPSA Section 25(c),(b)(6)	CURRENT ADDRESS (b)(3) CPSA Section 25(c),(b)(6)	CITY & STATE (b)(3) CPSA Section 25(c),(b)(6)	ZIP CODE (b)(3) CPSA Section 25(c),(b)(6)
FIRST AID GIVEN BY: Lee County EMS	1. Physical or Mental 2. First Aid 3. Other	4. Certified 1st Aider 5. Other	2	INJURED TAKEN TO: Lee Memorial Hospital	BY: NAME: Lee County EMS		
WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO	1	IS INVESTIGATION COMPLETE? 1. YES 2. NO	2	DATE OF REPORT: 4   30   2007	PHOTOS TAKEN? 1. YES 2. NO	2	IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER
INVESTIGATOR - RANK & SIGNATURE	ID/BADGE NUMBER	DEPARTMENT	Lee Co. Sheriff's Office				

74617402

DIAGRAM

07-164608



2007 MAY -2 AM 7:33  
FICCIDB

Attachment 1 - 071004HCC1015  
**FLORIDA TRAFFIC CRASH REPORT**

UPDATE  CONTINUATION

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32309-0500

DO NOT WRITE IN THIS SPACE

DATE OF CRASH 4   29   2007	COUNTY / CITY CODE 18 Lee Co	INVEST AGENCY REPORT NUMBER 07-164808	HSRV CRASH REPORT NUMBER 74617402
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DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF DAMAGE AND CIRCLE DAMAGED AREA(S)					
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE											
VEHICLE TRAVELLING N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		ON	AT	Est MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE						
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owners Request	3. Driver 4. Other					
NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE							
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE							
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)			CITY, STATE AND ZIP CODE		LIST DOT or ICC MC IDENTIFICATION NUMBERS							
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)			CITY, STATE & ZIP CODE		DATE OF BIRTH							
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALCO/RUG TEST TYPE 1. Blood 3. Urine 5. None 2. Breath 4. Refused	RESULTS	ALCO/RUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 7 DIGIT NUMBER FROM BOTTOM OF DIAMOND.				WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE.		DRIVER'S PHONE NO.					
1 Yes 2 No	1 Yes 2 No					1 Yes 2 No	1 Yes 2 No							

DRIVER ACTION 1. Phantom <input type="checkbox"/> 2. Hit & Run <input type="checkbox"/> 3. N/A <input type="checkbox"/>	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		18. Undercarriage 19. Overturn 20. Windshield 21. Trailer SHOW FIRST POINT OF DAMAGE AND CIRCLE DAMAGED AREA(S)					
	TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE											
VEHICLE TRAVELLING N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		ON	AT	Est MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE						
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owners Request	3. Driver 4. Other					
NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE							
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE							
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)			CITY, STATE AND ZIP CODE		LIST DOT or ICC MC IDENTIFICATION NUMBERS							
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)			CITY, STATE & ZIP CODE		DATE OF BIRTH							
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALCO/RUG TEST TYPE 1. Blood 3. Urine 5. None 2. Breath 4. Refused	RESULTS	ALCO/RUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 7 DIGIT NUMBER FROM BOTTOM OF DIAMOND.				WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE.		DRIVER'S PHONE NO.					
1 Yes 2 No	1 Yes 2 No					1 Yes 2 No	1 Yes 2 No							

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
	\$					
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
	\$					
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
	\$					
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
	\$					

WITNESS NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE
WAS INVESTIGATION MADE AT SCENE? 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> IF NO, THEN WHERE?				IS INVESTIGATION COMPLETE? 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> IF NO, THEN WHY? ATL Other Driver			
INVESTIGATOR - RANK & SIGNATURE				DATE OF REPORT 4   30   2007			
ID/AGENCY NUMBER				PHOTOS TAKEN? 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> IF YES BY WHOM? 1. INVESTIGATING AGENCY <input type="checkbox"/> 2. OTHER <input type="checkbox"/>			
DEPARTMENT Lee Co. Sheriff's Office				RFP SO PD OTHER <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

07-164608

74617402

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
1 No Improper Driving / Action	<input type="checkbox"/>	01 No Defects	<input type="checkbox"/>	01 Straight Ahead	<input type="checkbox"/>	1 None	<input type="checkbox"/>
2 Careless Driving (Explain in Narrative)	<input type="checkbox"/>	02 Def. Brakes	<input type="checkbox"/>	02 Slowing / Stopped / Stated	<input type="checkbox"/>	2 Farm	<input type="checkbox"/>
3 Failed To Yield Right-of-Way	<input checked="" type="checkbox"/>	03 Worn / Smooth Tires	<input checked="" type="checkbox"/>	03 Making Left Turn	<input checked="" type="checkbox"/>	3 Police Pursuit	<input checked="" type="checkbox"/>
4 Improper Backing	<input checked="" type="checkbox"/>	04 Defective / Improper Lights	<input checked="" type="checkbox"/>	04 Backing	<input checked="" type="checkbox"/>	4 Recreational	<input checked="" type="checkbox"/>
5 Improper Lane Change	<input checked="" type="checkbox"/>	05 Puncture / Blowout	<input checked="" type="checkbox"/>	05 Making Right Turn	<input checked="" type="checkbox"/>	5 Emergency Operation	<input checked="" type="checkbox"/>
6 Improper Turn	<input checked="" type="checkbox"/>	06 Steering Mech.	<input checked="" type="checkbox"/>	06 Changing Lanes	<input checked="" type="checkbox"/>	6 Construction / Maintenance	<input checked="" type="checkbox"/>
7 Alcohol - Under Influence	<input checked="" type="checkbox"/>	07 Windshield Wipers	<input checked="" type="checkbox"/>	07 Entering / Leaving / Parking Space	<input checked="" type="checkbox"/>	<b>SOURCE OF CARRIER INFORMATION</b>	
8 Drugs - Under Influence	<input checked="" type="checkbox"/>	08 Equipment / Vehicle Defect	<input checked="" type="checkbox"/>	08 Properly Parked	<input checked="" type="checkbox"/>	1 Not Applicable	<input type="checkbox"/>
9 Alcohol's Drugs - Under Influence	<input checked="" type="checkbox"/>	09 All Other (Explain in Narrative)	<input checked="" type="checkbox"/>	09 Improperly Parked	<input checked="" type="checkbox"/>	2 Shipping Papers	<input type="checkbox"/>
10 Followed Too Closely	<input checked="" type="checkbox"/>	<b>POINT OF COLLISION</b>		10 Making U-Turn	<input checked="" type="checkbox"/>	3 Vehicle Side	<input checked="" type="checkbox"/>
11 Disregarded Traffic Signal	<input checked="" type="checkbox"/>	01 On Road	<input type="checkbox"/>	<b>PEDESTRIAN ACTION</b>		4 Driver	<input checked="" type="checkbox"/>
12 Exceeded Safe Speed Limit	<input checked="" type="checkbox"/>	02 Not On Road	<input type="checkbox"/>	01 Crossing Not at Intersection	<input type="checkbox"/>	5 Other	<input checked="" type="checkbox"/>
13 Disregarded Stop Sign	<input checked="" type="checkbox"/>	03 Shoulder	<input checked="" type="checkbox"/>	02 Crossing at Mid-block Crosswalk	<input type="checkbox"/>		
14 Failed To Maintain Equip. / Vehicle	<input checked="" type="checkbox"/>	04 Median	<input checked="" type="checkbox"/>	03 Crossing at Intersection	<input type="checkbox"/>		
15 Improper Passing	<input checked="" type="checkbox"/>	05 Turn Lane	<input checked="" type="checkbox"/>	04 Walking Along Road With Traffic	<input type="checkbox"/>		
16 Drove Left of Center	<input checked="" type="checkbox"/>	<b>WORK AREA</b>		05 Walking Along Road Against Traffic	<input type="checkbox"/>		
17 Exceeded Stated Speed Limit	<input checked="" type="checkbox"/>	01 None	<input type="checkbox"/>	06 Working on Vehicle In Road	<input type="checkbox"/>		
18 Obstructing Traffic	<input checked="" type="checkbox"/>	02 Nearby	<input checked="" type="checkbox"/>	07 Working In Road	<input type="checkbox"/>		
		03 Entered	<input checked="" type="checkbox"/>	08 Standing In Pedestrian Island	<input type="checkbox"/>		
				09 Standing In Pedestrian Island	<input type="checkbox"/>		
				77 All Other (Explain in Narrative)	<input type="checkbox"/>		
				88 Unknown	<input type="checkbox"/>		

FIRST / SUBSEQUENT HARMFUL EVENTS		ADDITIONAL NARRATIVE	
11 Collision With MV in Transport (Rear End)	<input type="checkbox"/>	15 Collision With Animal	<input type="checkbox"/>
12 Collision With MV in Transport (Head On)	<input type="checkbox"/>	16 MV Hit Sign / Sign Post	<input type="checkbox"/>
13 Collision With MV in Transport (Angle)	<input type="checkbox"/>	17 MV Hit Utility Pole / Light Pole	<input type="checkbox"/>
14 Collision With MV in Transport (Left Turn)	<input type="checkbox"/>	18 MV Hit Guardrail	<input type="checkbox"/>
15 Collision With MV in Transport (Right Turn)	<input type="checkbox"/>	19 MV Hit Fence	<input type="checkbox"/>
16 Collision With MV in Transport (Sideswipe)	<input type="checkbox"/>	20 MV Hit Concrete Barrier Wall	<input type="checkbox"/>
17 Collision With MV in Transport (Backed Into)	<input type="checkbox"/>	21 MV Hit Bridge / Pier / Abutment / Pile	<input type="checkbox"/>
18 Collision With Parked Car	<input type="checkbox"/>	22 MV Hit Tree / Shrubbery	<input type="checkbox"/>
19 Collision With MV on Roadway	<input type="checkbox"/>	23 Collision With Construction Barricade Sign	<input type="checkbox"/>
20 Collision With Pedestrian	<input type="checkbox"/>	24 Collision With Traffic Gate	<input type="checkbox"/>
21 Collision With Bicycle	<input type="checkbox"/>	25 Collision With Crash Attenuators	<input type="checkbox"/>
22 Collision With Bicycle (Bike Lane)	<input type="checkbox"/>	26 Collision With Fixed Object Above Road	<input type="checkbox"/>
23 Collision With Moped	<input type="checkbox"/>	27 MV Hit Other Fixed Object	<input type="checkbox"/>
24 Collision With Train	<input type="checkbox"/>	28 Collision With Moveable Object On Road	<input type="checkbox"/>
		29 MV Ran Into Ditch / Culvert	<input type="checkbox"/>
		30 Ran Off Road Into Water	<input type="checkbox"/>
		31 Overturned	<input type="checkbox"/>
		32 Occupant Fell From Vehicle	<input type="checkbox"/>
		33 Tractor / Trailer Jackknifed	<input type="checkbox"/>
		34 Fire	<input type="checkbox"/>
		35 Explosion	<input type="checkbox"/>
		36 Downhill Runaway	<input type="checkbox"/>
		37 Cargo Loss or Shift	<input type="checkbox"/>
		38 Separation of Units	<input type="checkbox"/>
		39 Median Crossover	<input type="checkbox"/>
		77 All Other (Explain in Narrative)	<input type="checkbox"/>

(ADDITIONAL NARRATIVE)

S/B onto Dana Dr. Vehicle #1 approaching from the rear at a higher rate of speed started to pass Vehicle #2 at the same time. Vehicle #1 then struck the left rear of Vehicle #2 causing it to skid off the roadway, onto the shoulder and into the ditch. It struck the opposite side of the embankment and then proceeded to roll over and onto its side by the driveway. All occupants were ejected at this time. Vehicle #1 then continued on coming to rest on the north side shoulder approximately 100-150 down from Vehicle #2 final resting place.

While on scene, firemen up righted Vehicle #2 back onto its wheels to prevent oil and gas contamination on the ground.

Witnesses at scene indicated that the driver was well known in the area and could be positively ID 'ed and was also the owner of Vehicle #1.

A check of Vehicle #2 verified that the lights on the vehicle were working, even though Vehicle #2 was not an authorized nor licensed vehicle for the roadway.

Both Vehicles were impounded and removed by Gene's Towing and transported to the LCSO impound yard.

Investigation is still open pending location of Driver of Vehicle #1.

ADDITIONAL PASSENGERS												
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

FLORIDA TRAFFIC CRASH REPORT

UPDATE CONTINUATION

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32389-0500

DO NOT WRITE IN THIS SPACE

DATE OF CRASH 4 | 29 | 2007 COUNTY / CITY CODE 18 Lee Co INVEST AGENCY REPORT NUMBER 07-164608 HSMV CRASH REPORT NUMBER 74617402

Vehicle section 1: DRIVER ACTION 1. Flank on 2. HB & Run 3. N/A YEAR MAKE TYPE USE VEH LICENSE NUMBER STATE VEHICLE IDENTIFICATION NUMBER TRAILER OR TOWED VEHICLE INFORMATION TRAILER TYPE VEHICLE TRAVELLING ON AT Est MPH Posted Speed EST. VEHICLE DAMAGE 1. Disabled 2. Functional 3. No Damage EST. TRAILER DAMAGE DAMAGE AND CIRCLE DAMAGED AREA(S) MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) POLICY NUMBER VEHICLE REMOVED BY: 1. Tow Rotation List 3. Driver 2. Tow Owners Request 4. Other NAME OF VEHICLE OWNER (Check Box if Same As Driver) CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE NAME OF OWNER (Trailer or Towed Vehicle) CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE NAME OF MOTOR CARRIER (Commercial Vehicle Only) CURRENT ADDRESS (Number and Street) CITY, STATE AND ZIP CODE US DOT or ICC MC IDENTIFICATION NUMBERS NAME OF DRIVER (Take From Driver License) / PEDESTRIAN CURRENT ADDRESS (Number and Street) CITY, STATE & ZIP CODE DATE OF BIRTH DRIVER LICENSE NUMBER STATE DL TYPE REQ. END. ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused RESULTS ALC/DRUG PHYS DEF RES RACE SEX INJ S. EQUIP EJECT HAZARDOUS MATERIALS BEING TRANSPORTED PLACARDED IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. WAS HAZARDOUS MATERIAL SPILLED? RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE DRIVER'S PHONE NO. 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No

Vehicle section 2: DRIVER ACTION 1. Flank on 2. HB & Run 3. N/A YEAR MAKE TYPE USE VEH LICENSE NUMBER STATE VEHICLE IDENTIFICATION NUMBER TRAILER OR TOWED VEHICLE INFORMATION TRAILER TYPE VEHICLE TRAVELLING ON AT Est MPH Posted Speed EST. VEHICLE DAMAGE 1. Disabled 2. Functional 3. No Damage EST. TRAILER DAMAGE DAMAGE AND CIRCLE DAMAGED AREA(S) MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) POLICY NUMBER VEHICLE REMOVED BY: 1. Tow Rotation List 3. Driver 2. Tow Owners Request 4. Other NAME OF VEHICLE OWNER (Check Box if Same As Driver) CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE NAME OF OWNER (Trailer or Towed Vehicle) CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE NAME OF MOTOR CARRIER (Commercial Vehicle Only) CURRENT ADDRESS (Number and Street) CITY, STATE AND ZIP CODE US DOT or ICC MC IDENTIFICATION NUMBERS NAME OF DRIVER (Take From Driver License) / PEDESTRIAN CURRENT ADDRESS (Number and Street) CITY, STATE & ZIP CODE DATE OF BIRTH DRIVER LICENSE NUMBER STATE DL TYPE REQ. END. ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused RESULTS ALC/DRUG PHYS DEF RES RACE SEX INJ S. EQUIP EJECT HAZARDOUS MATERIALS BEING TRANSPORTED PLACARDED IF YES INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. WAS HAZARDOUS MATERIAL SPILLED? RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE DRIVER'S PHONE NO. 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No

Table with 4 columns: PROPERTY DAMAGED - OTHER THAN VEHICLES, EST. AMOUNT, OWNER'S NAME, ADDRESS, CITY, STATE, ZIP

WITNESS NAME CURRENT ADDRESS CITY & STATE ZIP CODE WITNESS NAME CURRENT ADDRESS CITY & STATE ZIP CODE WAS INVESTIGATION MADE AT SCENE? 1. YES 2. NO IF NO, THEN WHERE? IS INVESTIGATION COMPLETE? 1. YES 2. NO IF NO, THEN WHY? DATE OF REPORT PHOTOS TAKEN? 1. YES 2. NO IF YES BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER INVESTIGATOR - RANK & SIGNATURE ID/BADGE NUMBER DEPARTMENT Lee Co. Sheriff's Office EMP SO PI OTHER X



**FLORIDA TRAFFIC CRASH REPORT**

UPDATE  CONTINUATION

MAIL TO: DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH RECORDS, NEEL KRISHNAN BUILDING, TALLAHASSEE, FL 32309-0600

DO NOT WRITE IN THIS SPACE

DATE OF CRASH <b>4 29 2007</b>	COUNTY / CITY CODE <b>13 Lee Co</b>	INVEST AGENCY REPORT NUMBER <b>07-164608</b>	HSMV CRASH REPORT NUMBER <b>74817402</b>
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S e c t i o n	DRIVER ACTION 1. Phantom 2. Hi & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		10. Undercarriage 19. Overhaul 20. Windshield 21. Trailer SHOW FRONT POINT OF VEHICLE				
	TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE						DAMAGE AND OTHER DAMAGED AREAS				
V e h i c l e	VEHICLE TRAVELLING N S E W	ON	AT	Est MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE						
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR API)			POLICY NUMBER		VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owners Request	3. Driver 4. Other						
P e d e s t r i a n	NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE						
	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE						
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)			CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS						
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)			CITY, STATE & ZIP CODE		DATE OF BIRTH						
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REG. END.	ALCOHOL TEST TYPE 1. Blood 3. Urine 5. None 2. Breathal Refused	RESULTS	ALCOHOL	PHYS DEF	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES INDICATE HAZ OR 4 DOT NUMBER FROM DANGEROUS OR BOX ON PLACARD AND 1 DOT NUMBER FROM BOTTOM OF DANGEROUS		HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.							

S e c t i o n	DRIVER ACTION 1. Phantom 2. Hi & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER		18. Undercarriage 19. Overhaul 20. Windshield 21. Trailer SHOW FRONT POINT OF VEHICLE				
	TRAILER OR TOWED VEHICLE INFORMATION			TRAILER TYPE						DAMAGE AND OTHER DAMAGED AREAS				
V e h i c l e	VEHICLE TRAVELLING N S E W	ON	AT	Est MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE						
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR API)			POLICY NUMBER		VEHICLE REMOVED BY:	1. Tow Rotation List 3. Tow Owners Request	4. Other						
P e d e s t r i a n	NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE						
	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)			CITY AND STATE		ZIP CODE						
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)			CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS						
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)			CITY, STATE & ZIP CODE		DATE OF BIRTH						
	DRIVER LICENSE NUMBER	STATE	DL TYPE	REG. END.	ALCOHOL TEST TYPE 1. Blood 3. Urine 5. None 2. Breathal Refused	RESULTS	ALCOHOL	PHYS DEF	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.
	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES INDICATE HAZ OR 4 DOT NUMBER FROM DANGEROUS OR BOX ON PLACARD AND 1 DOT NUMBER FROM BOTTOM OF DANGEROUS		HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.							

PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

WITNESS NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE
(b)(3) CPSA Section 25(c), (b)(8)							
PHOTOS TAKEN?	1 YES 2 NO	IF YES BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER	IS INVESTIGATION COMPLETE?	1 YES 2 NO	IF NO, THEN WHY? <b>ATL Other Driver</b>	DATE OF REPORT <b>4 30 2007</b>	PHOTOS TAKEN? 1 YES 2 NO
INVESTIGATOR: RANK & SIGNATURE	ID/BADGE NUMBER	DEPARTMENT <b>Lee Co. Sheriff's Office</b>					



Photo 1: show view of where the incident took place



**LEE COUNTY SHERIFF'S OFFICE  
CRIMINAL INVESTIGATION REPORT  
TRAFFIC UNIT**



**INCIDENT** : (1) count-Vehicular Homicide, (1) count-Leaving scene of  
Crash involving death, (2) counts-Leaving scene of crash  
Involving personal injury

**DEFENDANT** : (b)(3) CPSA Section 25(c),(b)(6)

**LCSO CFS #** : 07-164608

**DATE** : April 28, 2007

INCIDENT INFORMATION	
<b>Location</b>	18401 Cemetery Road
<b>Date and Time</b>	April 28, 2007 at 2224 hours
COMPLAINANT	
<b>Name</b>	(b)(3) CPSA Section 25(c),(b)(6)
<b>Date of Birth</b>	(c),(b)(6)
<b>Sex</b>	Male
<b>Race</b>	White
<b>Address</b>	(b)(3) CPSA Section 25(c),(b)(6)
<b>City/State/Zip</b>	
<b>Home Telephone</b>	
<b>Cellular Telephone</b>	
VICTIM	
<b>Name</b>	(b)(3) CPSA Section 25(c),(b)(6)
<b>Date of Birth</b>	
<b>Sex</b>	Female
<b>Race</b>	White
<b>Address</b>	(b)(3) CPSA Section 25(c),(b)(6)
<b>City/State/Zip</b>	
<b>Home Telephone</b>	Deceased
<b>Business Telephone</b>	
DEFENDANT	
<b>Name</b>	(b)(3) CPSA Section 25(c),(b)(6)
<b>Date of Birth</b>	
<b>Sex</b>	Male
<b>Race</b>	White
<b>Address</b>	(b)(3) CPSA Section 25(c),(b)(6)
<b>City/State/Zip</b>	
<b>Home Telephone</b>	
<b>Business Telephone</b>	
CHARGES	
<b>F.S.S.</b>	782.071 (1)(b)-(1) count Vehicular Homicide-Fail to render aid 316.027 - (1) count Leaving scene of crash involving death 316.027 - (2) counts Leaving scene of crash involving personal injury
CASE STATUS	

**LEE COUNTY SHERIFF'S OFFICE  
CRIMINAL INVESTIGATION REPORT  
TRAFFIC UNIT**



**INCIDENT** : (1) count-Vehicular Homicide, (1) count-Leaving scene of  
Crash Involving death, (2) counts-Leaving scene of crash  
Involving personal injury

**DEFENDANT** : (b)(3) CPSA Section 25(c),(b)(6)

**LCSO CFS #** : 07-164608

**DATE** : April 28, 2007

<b>Case Detective</b>	
<b>Supervisor</b>	
<b>Division Commander</b>	
<b>Case Status</b>	Closed with arrest
<b>Date Closed</b>	April 29, 2007

VICTIM	
<b>Name</b>	(b)(3) CPSA Section 25(c),(b)(6)
<b>Date of Birth</b>	
<b>Sex</b>	Male
<b>Race</b>	White
<b>Address</b>	(b)(3) CPSA Section 25(c),(b)(6)
<b>City/State/Zip</b>	
<b>Home Telephone</b>	
<b>Business Telephone</b>	
VICTIM	
<b>Name</b>	(b)(3) CPSA Section 25(c),(b)(6)
<b>Date of Birth</b>	
<b>Sex</b>	Female
<b>Race</b>	White
<b>Address</b>	(b)(3) CPSA Section 25(c),(b)(6)
<b>City/State/Zip</b>	
<b>Home Telephone</b>	
<b>Business Telephone</b>	
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li>Was in vehicle at time of crash and to who was driver of vehicle she was in</li> </ul>
VICTIM	

**LEE COUNTY SHERIFF'S OFFICE  
CRIMINAL INVESTIGATION REPORT  
TRAFFIC UNIT**



**INCIDENT** : (1) count-Vehicular Homicide, (1) count-Leaving scene of Crash involving death, (2) counts-Leaving scene of crash Involving personal injury

**DEFENDANT** : (b)(3):CPSA Section 25(c),(b)(6)

**LCSO CFS #** : 07-164608

**DATE** : April 28, 2007

<b>Name</b>	(b)(3):CPSA Section 25(c),(b)(6)
<b>Date of Birth</b>	(b)(3):CPSA Section 25(c),(b)(6)
<b>Sex</b>	Female
<b>Race</b>	White
<b>Address</b>	(b)(3):CPSA Section 25(c),(b)(6)
<b>City/State/Zip</b>	(b)(3):CPSA Section 25(c),(b)(6)
<b>Home Telephone</b>	
<b>Business Telephone</b>	
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li>Was driver of struck vehicle, was ejected from vehicle. Attempted to render aid to victims. Requested help for the deceased from (b)(3):CPSA Section 25(c),(b)(6) fled scene.</li> </ul>

**LEE COUNTY SHERIFF'S OFFICE  
CRIMINAL INVESTIGATION REPORT  
TRAFFIC UNIT**



**INCIDENT** : (1) count-Vehicular Homicide, (1) count-Leaving scene of Crash involving death, (2) counts-Leaving scene of crash Involving personal injury

**DEFENDANT** : (b)(3) CPSA Section 25(c), (b)(6)

**LCISO CFS #** : 07-164608

**DATE** : April 28, 2007

WITNESS	
<b>Name</b>	(b)(3) CPSA Section 25 (c), (b)(6)
<b>Date of Birth</b>	
<b>Sex</b>	Male
<b>Race</b>	White
<b>Address</b>	(b)(2), (b)(6)
<b>City/State/Zip</b>	
<b>Home Telephone</b>	
<b>Cellular Telephone</b>	
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li>• Showed up to crash just after it occurred and identified driver of suspect vehicle as (b)(3) CPSA. Talked with (b)(6) face to face, and believed he was intoxicated. (b)(6) stated to him he had bin in a crash. Stated he has seen (b)(3) CPSA driving same vehicle before and knows he owns vehicle used in crash.</li> </ul>

WITNESS	
<b>Name</b>	(b)(3) CPSA Section 25 (c), (b)(6)
<b>Date of Birth</b>	
<b>Sex</b>	Male
<b>Race</b>	White
<b>Address</b>	(b)(3) CPSA Section 25(c), (b)(6)
<b>City/State/Zip</b>	
<b>Home Telephone</b>	
<b>Cellular Telephone</b>	
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li>• Observed a white male in the suspect vehicle in physical control of the vehicle. Was unable to pick suspect out of a photo line-up, but stated he was the same person that (b)(3) CPSA spoke with and that person was identified as (b)(3) CPSA Section 25(c) (b)(6). Assisted with the injured parties on scene.</li> </ul>

WITNESS	

**LEE COUNTY SHERIFF'S OFFICE  
CRIMINAL INVESTIGATION REPORT  
TRAFFIC UNIT**



**INCIDENT** : (1) count-Vehicular Homicide, (1) count-Leaving scene of Crash involving death, (2) counts-Leaving scene of crash involving personal injury  
**DEFENDANT** : (b)(3) CPSA Section 25(c),(b)(6)  
**LCSO CFS #** : 07-164608  
**DATE** : April 28, 2007

<b>Name</b>	(b)(3) CPSA Section 25(c),(b)(6)
<b>Date of Birth</b>	(b)(6)
<b>Sex</b>	Female
<b>Race</b>	White
<b>Address</b>	(b)(3) CPSA Section 25(c),(b)(6)
<b>City/State/Zip</b>	
<b>Home Telephone</b>	
<b>Cellular Telephone</b>	
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li>Observed the Polaris Ranger on Cemetery Road, assisted with the injured and CPR on Deceased</li> </ul>

WITNESS	
<b>Name</b>	(b)(3) CPSA Section 25(c),(b)(6)
<b>Date of Birth</b>	(b)(6)
<b>Sex</b>	Female
<b>Race</b>	White
<b>Address</b>	(b)(3) CPSA Section 25(c),(b)(6)
<b>City/State/Zip</b>	
<b>Home Telephone</b>	
<b>Cellular Telephone</b>	
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li>Observed the Polaris Ranger on Cemetery, assisted with injured.</li> </ul>

WITNESS	
<b>Name</b>	(b)(3) CPSA Section 25(c),(b)(6)
<b>Date of Birth</b>	(b)(6)
<b>Sex</b>	Female
<b>Race</b>	White
<b>Address</b>	(b)(3) CPSA Section 25(c),(b)(6)
<b>City/State/Zip</b>	
<b>Home Telephone</b>	
<b>Cellular Telephone</b>	
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li>Called 911 after finding a white male hiding in his yard. Male was wearing white t-shirt and blue jeans. Male stated he couldn't move, he hurt his hip, he's a wanted man. Stated his name was (b)(3) CPSA (b)(3) CPSA I'm the one they're looking for.</li> </ul>

WITNESS	

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**INCIDENT** : (1) count-Vehicular Homicide, (1) count-Leaving scene of Crash involving death, (2) counts-Leaving scene of crash involving personal injury

**DEFENDANT** : (b)(3):CPSA Section 25(c),(b)(6)

**LCSO CFS #** : 07-164608

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<b>Name</b>	(b)(3):CPSA Section 25(c),(b)(6)
<b>Date of Birth</b>	(b)(3):CPSA Section 25(c),(b)(6)
<b>Sex</b>	Male
<b>Race</b>	Black
<b>Address</b>	(b)(3):CPSA Section 25(c),(b)(6)
<b>City/State/Zip</b>	(b)(3):CPSA Section 25(c),(b)(6)
<b>Home Telephone</b>	(b)(3):CPSA Section 25(c),(b)(6)
<b>Cellular Telephone</b>	
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li>Observed the white Crown Victoria running a stop sign in front of them, then accelerate to at least 50 MPH. Smelled burning rubber from vehicle. Observed Suspect vehicle on wrong side of road and strike the Polaris Ranger. Stated suspect vehicle looked like a police car.</li> </ul>

WITNESS	
<b>Name</b>	(b)(3):CPSA Section 25(c),(b)(6)
<b>Date of Birth</b>	(b)(3):CPSA Section 25(c),(b)(6)
<b>Sex</b>	Female
<b>Race</b>	Black
<b>Address</b>	(b)(3):CPSA Section 25(c),(b)(6)
<b>City/State/Zip</b>	(b)(3):CPSA Section 25(c),(b)(6)
<b>Home Telephone</b>	(b)(3):CPSA Section 25(c),(b)(6)
<b>Cellular Telephone</b>	
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li>Observed the white Crown Victoria running a stop sign in front of them, then accelerate to at least 50 MPH. Smelled burning rubber from vehicle. Observed Suspect vehicle on wrong side of road and strike the Polaris Ranger. Stated suspect vehicle looked like a police car.</li> </ul>

LAW ENFORCEMENT WITNESS #1	
<b>Name</b>	(b)(3):CPSA Section 25(c),(b)(6)
<b>Place of Employment</b>	Lee County Sheriff Office
<b>Address</b>	14750 Six Mile Cypress Parkway
<b>City/State/Zip</b>	Ft. Myers FL 33912
<b>Work Telephone</b>	239-477-1636
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li>Lead investigator in arresting officer</li> </ul>
LAW ENFORCEMENT WITNESS #2	

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Involving personal injury  
DEFENDANT : (b)(3)CPSA Section 25(c),(b)(6)  
LCSO CFS # : 07-164608  
DATE : April 28, 2007

<b>Name</b>	
<b>Place of Employment</b>	Lee County Sheriff Office
<b>Address</b>	14750 Six Mile Cypress Parkway
<b>City/State/Zip</b>	Ft. Myers, FL 33912
<b>Work Telephone</b>	239-477-1636
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li>Preliminary crash investigator and was on scene</li> </ul>
<b>LAW ENFORCEMENT WITNESS #3</b>	
<b>Name</b>	
<b>Place of Employment</b>	Lee County Sheriff Office
<b>Address</b>	14750 Six Mile Cypress Parkway
<b>City/State/Zip</b>	Ft. Myers, FL 33912
<b>Work Telephone</b>	239-477-1636
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li>Assistant investigator, pictures, vehicle inspections, scene measurements</li> </ul>
<b>LAW ENFORCEMENT WITNESS #4</b>	
<b>Name</b>	
<b>Place of Employment</b>	Lee County Sheriff Office
<b>Address</b>	14750 Six Mile Cypress Parkway
<b>City/State/Zip</b>	Ft. Myers, FL 33912
<b>Work Telephone</b>	239-477-1636
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li>On Scene supervisor, scene security</li> </ul>
<b>LAW ENFORCEMENT WITNESS #5</b>	
<b>Name</b>	
<b>Place of Employment</b>	
<b>Address</b>	
<b>City/State/Zip</b>	
<b>Work Telephone</b>	
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li></li> </ul>
<b>LAW ENFORCEMENT WITNESS #6</b>	
<b>Name</b>	
<b>Place of Employment</b>	
<b>Address</b>	
<b>City/State/Zip</b>	
<b>Work Telephone</b>	
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li></li> </ul>
<b>MEDICAL WITNESS #1</b>	

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**INCIDENT** : (1) count-Vehicular Homicide, (1) count-Leaving scene of Crash involving death, (2) counts-Leaving scene of crash involving personal injury  
**DEFENDANT** : (b)(3) CPSA Section 25(c), (b)(6)  
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<b>Name</b>	(b)(3) CPSA Section 25(c), (b)(6)
<b>Place of Employment</b>	Tice Fire Department
<b>Address</b>	9351 Workmen Way
<b>City/State/Zip</b>	Ft. Myers, FL 33905
<b>Work Telephone</b>	239-8723377
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li>Responded to scene and assisted with injured and rolled the Polaris on its wheels due to leaking fuel</li> </ul>
<b>MEDICAL WITNESS #2</b>	
<b>Name</b>	(b)(3) CPSA Section 25(c), (b)(6)
<b>Place of Employment</b>	Tice Fire Department
<b>Address</b>	9351 Workmen Way
<b>City/State/Zip</b>	Ft. Myers, FL 33905
<b>Work Telephone</b>	239-694-0537
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li>Assisted with medical treatment on deceased until pronounced</li> </ul>
<b>MEDICAL WITNESS #3</b>	
<b>Name</b>	(b)(3) CPSA Section 25(c), (b)(6)
<b>Place of Employment</b>	Tice Fire Department
<b>Address</b>	9351 Workmen Way
<b>City/State/Zip</b>	Ft. Myers, FL 33905
<b>Work Telephone</b>	239-872-3625
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li>Stated that (b)(3) CPSA Section 25(c), (b)(6) told him that he was involved in a crash last nite and feared for his safety and ran when the ambulance came. He stated he injured himself while going over a fence. (b)(3) CPSA Section 25(c), (b)(6) admitted to him he was involved in the wreck on Cemetery Road.</li> </ul>
<b>MEDICAL WITNESS #4</b>	
<b>Name</b>	(b)(3) CPSA Section 25(c), (b)(6)
<b>Place of Employment</b>	Lee County Medical Examiners Office
<b>Address</b>	70 Danley Drive
<b>City/State/Zip</b>	Ft. Myers, FL 33907
<b>Work Telephone</b>	239-277-5020
<b>Can testify to:</b>	<ul style="list-style-type: none"> <li>Performed Autopsy on (b)(3) CPSA Section 25(c), (b)(6) on April 30, 2007</li> </ul>
<b>MEDICAL WITNESS #5</b>	

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INCIDENT : (1) count-Vehicular Homicide, (1) count-Leaving scene of  
Crash involving death, (2) counts-Leaving scene of crash  
involving personal injury  
DEFENDANT : (b)(3) CPSA Section 25(c), (b)(6)  
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Name	(b)(3):CPSA Section 25(c),(b)
Place of Employment	Lee County Emergency Medical Services
Address	1715 NW 10 Place
City/State/Zip	Cape Coral, FL 33993
Work Telephone	Unknown
Can testify to:	<ul style="list-style-type: none"> <li>Responded to (b)(3):CPSA Section 25(c),(b)(6) after he had been in the woods and injured his hip while climbing a fence, while fleeing a vehicle crash. (b)(3):CPSA told witness he struck a Polaris Ranger the night previous at around 2230 hours. (b)(3):CPSA stated he was traveling around 45 MPH when he crashed.</li> </ul>

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**INCIDENT** : (1) count-Vehicular Homicide, (1) count-Leaving scene of Crash involving death, (2) counts-Leaving scene of crash involving personal injury  
**DEFENDANT** : (b)(3) CPSA Section 25(c), (b)(6)  
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**EVIDENCE CHECKLIST**

Fingerprints									
<b>Developed:</b>	Yes/No:	No	By whom:						
<b>Detail:</b>	Sufficient:				Insufficient:				
<b>Comparison to defendant:</b>	Yes/No:	NO	<b>Identification made:</b>	Yes/No:					
<b>If Yes:</b>	Of whom:				By whom:				
Photographs									
<b>Scene:</b>	Yes/No:	Yes	By whom:						
<b>Victim:</b>	Yes/No:	Yes	By whom:						
<b>Evidence:</b>	Yes/No:	Yes	By whom:						
<b>Defendant:</b>	Yes/No:	Yes	By whom:						
Lineups									
<b>Photo Lineup:</b>	Yes/No:	Yes	Identified?	No					
<b>Physical Lineup:</b>	Yes/No:	No	Identified?						
<b>Confrontation:</b>	Yes/No:	No	Identified?						
Search and Seizure									
<b>Search Warrant:</b>	( Y )	From:	(b)(3) CPSA Section 25(c), (b)(6)	Where:	Suspect vehicle				
<b>Consent to Search:</b>	( Y )	From:	(b)(3) CPSA Section 25(c), (b)(6)	Where:	Victim Vehicle				
<b>Incident to Arrest:</b>	( N )	By:							
<b>Exigent Circumstance:</b>	( )	Destruction of Evidence:		Escape:		Safety:			
<b>Investigative Stop:</b>	( )	Frisk:	( )	By:					
<b>Citizen Contact:</b>	( )	By:							
<b>Inventory:</b>	( )	By:							
<b>Plain View Seizure:</b>	( )	By:							
<b>Abandonment:</b>	( )	By:							
<b>Property Seized:</b>	( )	By:							
Confession or Admission									
<b>To Law Enforcement:</b>	Yes:	Yes	No:		By whom:	(b)(3) CPSA Section 25(c), (b)(6)			
Oral:	Written:			Taped:	Yes	To whom:			
<b>To other person(s):</b>	Yes:	Yes	No:		By whom:	(b)(3) CPSA Section 25(c), (b)(6)			
<b>To whom:</b>	Oral:								

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Crash involving death, (2) counts-Leaving scene of crash  
involving personal injury  
**DEFENDANT** : (b)(3) CPSA Section 25(c), (b)(6)  
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**EVIDENCE AND CHAIN OF CUSTODY - DETAIL**

Evidence is to be listed in the following order; documentary, physical and recovered stolen property (with value). Number items of evidence consecutively. List all persons having custody of the item at one time or another.

Item	Description
1	Digital photographs on disc
2	Audible sworn statements on disc
3	Clothes of (b)(3) CPSA Section 25(c), (b)(6)
4	
5	
6	
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17	

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**INCIDENT** : (1) count-Vehicular Homicide, (1) count-Leaving scene of Crash involving death, (2) counts-Leaving scene of crash involving personal injury  
**DEFENDANT** : (b)(3);CPSA Section 25(c),(b)(6)  
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**DATE** : April 28, 2007

**CASE NARRATIVE**

On April 28, 2007 at approximately 2224 hours, the Lee County Sheriff Office received a 911 call reference a serious traffic crash near 18401 Cemetery Road, Ft. Myers, Lee County, Florida. Units from the Lee County Sheriff's office patrol division along with Lee County Sheriff's Office Traffic Units responded.

(b)(3);CPSA Section 25(c),(b)(6) responded to the crash and assumed the preliminary crash investigation. Upon (b)(3);CPSA Section 25(c),(b)(6) arrival one occupant of the vehicle struck was pronounced deceased at 2247 hours by EMS paramedic (b)(3);CPSA Section 25(c),(b)(6). The deceased was identified as (b)(3);CPSA Section 25(c),(b)(6). Due to the fatality Traffic Homicide investigators were requested.

The two other passengers that were injured in the crash were identified as (b)(3);CPSA Section 25(c),(b)(6) and (b)(3);CPSA Section 25(c),(b)(6). (b)(3);CPSA Section 25(c),(b)(6) was unable to locate the driver of the white Ford Crown Victoria on scene. A perimeter was established with other patrol units and an extensive search for the driver began. K-9 track was attempted along with Helicopter was used to locate the driver without success. The attempt totaled approximately one hour and fifty minutes.

(b)(3);CPSA Section 25(c),(b)(6) responded to the scene as the Traffic Homicide investigators for the incident.

It was determined that two vehicles were involved in the crash, one was a 1998 Ford Crown Victoria white in color and a Polaris Ranger off road vehicle.

(b)(3);CPSA Section 25(c),(b)(6) began the inspection of the scene along with the photographs of the scene and vehicles. (b)(3);CPSA Section 25(c),(b)(6) began interviewing witnesses and occupants of the crash.

**Witnesses to the crash provided the following information;**

(b)(3);CPSA Section 25(c),(b)(6) provided a taped sworn statement. (b)(3);CPSA Section 25(c),(b)(6) observed the crash and that the driver of the white Crown Victoria was personally known as a former co-worker. He identified the driver as (b)(3);CPSA Section 25(c),(b)(6) and had seen him driving the same vehicle previously. (b)(3);CPSA Section 25(c),(b)(6) stated he walk right up to (b)(3);CPSA Section 25(c),(b)(6) and could tell he was intoxicated and had been drinking due to (b)(3);CPSA Section 25(c),(b)(6) unsteadiness and bloodshot eyes. (b)(3);CPSA Section 25(c),(b)(6) stated (b)(3);CPSA Section 25(c),(b)(6) was wearing a white t-shirt, blue jeans and brown loafers at the time he fled.

(b)(3);CPSA Section 25(c),(b)(6) provided a taped sworn statement. (b)(3);CPSA Section 25(c),(b)(6) was driving westbound on Cemetery when a white car which appeared to be a police car pull out in front of him from a side street. (b)(3);CPSA Section 25(c),(b)(6) stated he ran the stop sign and accelerated quickly to about 50 MPH. He stated he could smell burning tires. As the vehicle was westbound in front of him he observed it go into the opposing lane

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**INCIDENT** : (1) count-Vehicular Homicide, (1) count-Leaving scene of Crash involving death, (2) counts-Leaving scene of crash involving personal injury

**DEFENDANT** : [REDACTED]

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of travel and then act odd like something happened. As [REDACTED] drove closer he observed the crash scene and people all in the ditch. [REDACTED] went to render aid to the injured.

[REDACTED] provided a taped sworn statement. [REDACTED] was in the back seat with her husband [REDACTED] and was westbound on Cemetery Road. She observed a white Crown Victoria, which she believes to be a police car due to the marking. She observed the car make a right turn from a side road, running the stop sign in front of them. The vehicle accelerated to her estimation of 50 MPH. She stated she smelled burning tires from the vehicle. [REDACTED] observed the white Crown Victoria move to eastbound side of the road and she believed the car had a tire blow out, until they came up to the crash. She could not identify the driver of the Crown Victoria. The passengers of the Ranger were in the culvert and she assisted with them.

[REDACTED] provided a taped sworn statement. [REDACTED] was the front seat passenger with [REDACTED]. [REDACTED] he stated he observed the white Crown Victoria make the right turn in front of them and accelerate quickly.

[REDACTED] provided a taped sworn statement. [REDACTED] was in the rear seat of [REDACTED] vehicle and was traveling west on Cemetery Road. A vehicle which she believed to be a police car pulled out and just missed their car. The vehicle swerved into the other lane then a crash. They stopped to render aid due to people injured in the crash. [REDACTED] stayed in the car and called 911. [REDACTED] stated the Crown Victoria didn't stop at the stop sign when the car made the right turn and then sped up to 50 to 60 MPH. She stated the car was going very fast.

[REDACTED] provided a taped sworn statement. [REDACTED] was driving on Cemetery Road and observed a Polaris with its lights on sitting on the right side of the road. He heard banging on the side window from [REDACTED] who was in the back of the pick-up and looked in the rear view mirror. [REDACTED] saw the Polaris rolling down the road. [REDACTED] turned around and came back to the crash. [REDACTED] began CPR on the deceased in an attempt to revive her. When [REDACTED] parked his car he was west of where the Crown Victoria had stopped and ran by it, with the driver still in the drivers seat. The driver of the Crown Victoria stumbled out of the car. The driver was wearing jeans and a t-shirt. [REDACTED] saw the Polaris from a good distance and it had its light on when he passed it as it was coming off Skates Circle. A second statement was obtained from [REDACTED] on April 30, 2007. [REDACTED] was unable to pick the driver out of a photo line, but did say the driver of the Crown Victoria is the same person that he saw [REDACTED] speaking with just after he ran by the car.

[REDACTED] provided written sworn statement that night. She was riding in the truck with [REDACTED]. She stated she saw the golf cart (Polaris Ranger) sitting at Skates Circle as they passed. Then [REDACTED] was banging on the window and said the cart was just hit. They turned around and went to assist. She got out and started chest compressions on the lady that died.

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Crash involving death. (2) counts-Leaving scene of crash  
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[redacted] provided written sworn statement that night. She was riding in the truck with [redacted]. She stated they passed the car and then her cousin [redacted] said he seen an accident. They turn around to make sure every one was ok.

[redacted] provided a taped sworn statement. [redacted] was riding in the rear area of the Polaris Ranger at the time of the crash. He stated he never saw the car coming up from behind. He stated he was ejected from the Ranger and struck the car, then fell to the ground. At the time of the statement [redacted] was in pain due to injuries sustained in the crash and distraught over the loss of his wife of three years.

[redacted] provided written sworn statements. [redacted] work for Tice Fire Department and responded to the crash. Upon there arrival the female identified as [redacted] was not breathing and had no pulse. They proceeded to begin life saving efforts until the medics on scene pronounced her deceased.

On April 29, 2007 at approximately 1700 hours, the Lee County Sheriff's Office received a dispatch of a suspicious person in the woods at 4317 Skates Circle. In the dispatch it advised it was a white male in his 40's wearing a white t-shirt and blue jeans needing medical attention. It advised this was the male [redacted] that the Sheriff's Office is looking for in reference to the crash the previous night.

A written sworn statement from [redacted] was obtained. [redacted] stated she heard her dog barking and found a guy wearing a white t-shirt and blue jeans lying in a ditch. The man stated to her that he couldn't move and had hurt his hip. He stated he lived in the shores. When the man was asked his name, he stated [redacted] I'm the one they're looking for.

The physical description matches the one given by witness at the crash scene. [redacted] was transported to Lehigh Regional Hospital for injuries sustained. He was transported by Lee County EMS.

Paramedics [redacted] provided written sworn statements that the subject they transported was identified as [redacted] and he stated he was in a crash last night and he injured himself jumping over a fence while fleeing from the crash scene.

On April 29, 2007 Corporal Sommers responded to Lehigh Regional Hospital and conducted a sworn taped interview with [redacted] was given his Miranda warnings from card and stated he understood and would answer questions about the crash. [redacted] admitted he was the driver of the white Ford Crown Victoria and it was his car. [redacted] stated he was westbound on Cemetery when he saw a vehicle in front of him without any lights on. He stated he was traveling about forty five miles per hour when he struck the other vehicle, admitting the posted speed limit was thirty-five mile per hour. [redacted] stated he swerved to avoid but was unable to. [redacted] continued stating he walked up to the scene recognizing one of victims realizing the injuries were serious and became nervous and fled the scene just as the law enforcement officers were arriving. He stated he had several beers earlier in the day. The driver

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admitted that he failed to as required by law render aid to the injured parties in the crash and report the crash to law enforcement providing name, insurance and registration information. [redacted] advised he was a retired from Hendry County Sheriff's Office as a Lieutenant and was well aware of Florida Statutes in reference to requirements of a driver at a crash.

Medical records from [redacted] provided the following medical facts about her injuries; one right rib fracture, a CT scan showed a intrahemispheric subdural hematoma, various lacerations and road rash. Medical records attached.

Injuries to [redacted] included a fracture pelvis, medical records to follow.

Investigational facts as follows;

**Highway Description**

Cemetery Road is an east-west road with two lanes, one for each direction. The road is an asphalt surface, in good condition with level surface. There are no curbing, with drainage culverts on each side of the road. There is a yellow divided center line, with no fog lines on the roadway. The road is 23.4 feet in total width. The posted speed limit on Cemetery is 35 MPH.

Dana Road is an asphalt roadway in a north-south direction with room for two vehicles. The roadway is not marked with lines. The width of Dana at intersection of Cemetery is 43.5 feet.

**Pre-Crash**

Vehicle one was south on Skates Circle and made a right turn onto Cemetery Road, heading west. Vehicle one ran the stop sign on Skates Circle when making the turn. Vehicle one accelerated to speeds in excess of 50 MPH. Vehicle one was traveling in the west bound lane and switched to the eastbound lane as it approached Dana Road. Vehicle one left roadway evidence of braking, vehicle one began to brake prior to impact leaving a 17 foot skid mark.

Vehicle two was south on Skates Circle and made a right turn onto Cemetery Road, heading west. Vehicle Two waited for traffic and no traffic approaching when Vehicle two made the turn onto Cemetery. Vehicle two neared Dana Road and was beginning to make the left turn to head south on Dana Road. Vehicle two was approximately at a 45 degree angle into the turn. There was no braking evident on roadway from Vehicle two.

**At-Crash**

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Vehicle one struck vehicle two in the left rear corner, with the front right side of vehicle one. Passengers of vehicle two were ejected, the passenger in the rear of the Ranger went to the rear and struck vehicle 1 on roof or hood. The seated passengers in the Ranger went out the doorways and were not seat belted, even though belts were available. Vehicle two left a side scuff from the left rear tire at impact. Vehicle one came off brakes after impact except for a short scuff from the left front tire. Vehicle one continued in the eastbound lane after impact and free rolled for approximately 41 feet excepted for the brief front left tire scuff. Vehicle one airbags deployed, driver & passenger side. Vehicle two rolled at angle towards south side of road.

Post-Crash

Vehicle one after free rolling after impact braked for 68 feet, still in the east bound lane. Vehicle one stopped braking and began fluid leak from radiator showing path of change lanes into westbound lane, then into the north side of roadway in grass. Vehicle one came to rest approximately 199 feet from point of impact.

Vehicle two rolled into grassy culvert on south side of road, crossing into the lowest point of the culvert and the front of the vehicle striking the upward slope of the culvert. The front end of Ranger dug into the grassy/dirt and rotated to the right and losing stability. Vehicle two rolled over to the right  $\frac{3}{4}$  of a revolution, coming to rest on the driver's side. Passenger [redacted] struck the concrete culvert on the east side of the drive way for 14750 Cemetery Road, with her head and was pronounced deceased. The driver and other front seat passenger landed in the culvert and suffered injuries.

[redacted] conducted a drag sled test of the roadway surface to determine the deceleration factor. A drag sled with the weight of 42 pounds was used, six pulls on the sled in the direction of the skids, resulted with an average of 31.83 lbs. A formula used to determine the friction of the surface of the roadway used was  $f = F/W$ . The friction rate calculated to  $f = .75$ . Investigation of the scene showed only front wheels assisted with braking on the Crown Victoria.

The complete calculations of the Crown Victoria's speed will follow the case report.

On April 29, 2007 at approximately 2021 hours, [redacted] was arrested for the violations and turned over to Lee County jail for processing. See attached booking sheet. The clothes that [redacted] was wearing at the time he was taken to the Hospital for medical clearance were placed into evidence, one white t-shirt, blue jeans, and brown loafers.

On April 30, 2007 at approximately 1150 hours a search warrant for the vehicle 1998 Crown Victoria, vin # [redacted] was signed by [redacted]. The search warrant was executed and served on the vehicle at the Lee County Sheriff's impound facility on Metro Parkway at 1340 hours

**LEE COUNTY SHERIFF'S OFFICE  
CRIMINAL INVESTIGATION REPORT  
TRAFFIC UNIT**



**INCIDENT** : (1) count-Vehicular Homicide, (1) count-Leaving scene of Crash involving death, (2) counts-Leaving scene of crash  
Involving personal injury  
**DEFENDANT** : (b)(3)CPSA Section 25(c),(b)(6)  
**LCSO CFS #** : 07-164608  
**DATE** : April 28, 2007

---

on the same date by [redacted] conducted vehicle inspections on both vehicles, see attached inspection forms. Additional photographs were taken of the vehicles. CST (b)(3)CPSA [redacted] assisted with evidence collection on the vehicles and took additional photos. CST (b)(3)CPSA [redacted] report to follow.

Inside the Crown Victoria was found numerous empty cans/bottles of alcoholic beverage were found inside the car, one in arms reach of the driver in between the seats. The bottle had a small amount of fluid still in the bottle. A prescription bottle of Zoloft was found on the drivers' floorboard.

The facts in the investigation show that the vehicle driven by [redacted] was done so in a willful and wanton manner with disregard to public safety and protection of private property. That [redacted] did fail to remain at the scene of a crash that involved a fatality and two serious injuries. I do believe probable cause exists for the offenses of Vehicular Homicide, Leaving the scene of a crash involving a death and two counts of leaving the scene of a crash involving personal injury.

**Lee County Sheriff's Office Field Measurements**

Date: 04-28-2007	Time: 22:24	Location: 18401 Cemetery Road, Ft. Myers FL 33905
Assigned Trooper	Crash Case Number	Conditions: Night
	THI Case Number: 07-164608	Vehicles: 1998 Ford Crown Victoria
		1
		2 2005 Polaris Ranger
Reference Pole: Electric pole SE corner of Cemetery Rd & Dana Rd. #5 6819 5591		3
Reference Line: Center dividing line E-W 24.9 ft. N of Ref pole		4

Reference Line			Zero Point			Description		
3	Feet	3 Inches	E	3	Feet	0 Inches	S	<b>A</b> SCRUB MARK
5	Feet	5 Inches	E	1	Feet	9 Inches	S	<b>B</b> END OF RIGHT SIDE SKID
22	Feet	10 Inches	E	0	Feet		S	<b>C</b> BEGINNING OF RIGHT SIDE SKID
26	Feet	6 Inches	E	5	Feet	7 Inches	S	<b>D</b> BEGINNING OF LEFT SIDE SKID
5	Feet	6 Inches	W	3	Feet	2 Inches	S	<b>E</b> END OF RIGHT SIDE SKID
15	Feet	7 Inches	W	3	Feet	1 Inches	S	<b>F</b> SCUFF MARK
16	Feet	5 Inches	W	8	Feet	1 Inches	S	<b>G</b> END OF LEFT SIDE SKID
36	Feet	6 Inches	W	3	Feet	9 Inches	S	<b>H</b> BEGINNING OF RIGHT SIDE SKID 2
43	Feet	6 Inches	W	8	Feet	7 Inches	S	<b>I</b> BEGINNING OF LEFT SIDE SKID 2
88	Feet	6 Inches	W	0	Feet			<b>J</b> SHOE
98	Feet	4 Inches	W	0	Feet	1 Inches	S	<b>K</b> END OF LEFT SIDE SKID 2
104	Feet		W	3	Feet	11 Inches	S	<b>L</b> END OF RIGHT SIDE SKID 2
116	Feet	3 Inches	W	16	Feet	3 Inches	S	<b>M</b> HEAD OF VICTIM VANCE
130	Feet		W	9	Feet	3 Inches	S	<b>N</b> CENTER OF V-2 FINAL REST
204	Feet	2 Inches	W	11	Feet	8 Inches	N	<b>O</b> V-1 OFF ROAD INTO GRASS
324	Feet	10 Inches	W	17	Feet	7 Inches	N	<b>P</b> END OF V-1 BUMPER
58	Feet	5 Inches	W	11	Feet	6 Inches	S	<b>Q</b> V-2 OFF ROAD INTO GRASS
101	Feet	7 Inches	W	22	Feet	11 Inches	S	<b>R</b> CENTER OF GOUGE IN GRASSY AREA FROM FRONT OF V-2
	Feet				Feet			<b>S</b>
	Feet				Feet			<b>T</b>
	Feet				Feet			<b>U</b>
	Feet				Feet			<b>V</b>
	Feet				Feet			<b>W</b>
	Feet				Feet			<b>X</b>
	Feet				Feet			<b>Y</b>
	Feet				Feet			<b>Z</b>

\_\_\_\_\_ MPH speed sign \_\_\_\_\_ miles N / S / E / W of \_\_\_\_\_ on \_\_\_\_\_ for \_\_\_\_\_ traffic.

\_\_\_\_\_ MPH speed sign \_\_\_\_\_ miles N / S / E / W of \_\_\_\_\_ on \_\_\_\_\_ for \_\_\_\_\_ traffic.

Notes: \_\_\_\_\_

# VEHICLE INFORMATION (Sheet #1)

## Post Collision Inspection

Vehicle No. ONE

Year and Make 1998 FORD Model CROWN VICTORIA Type FOUR DOOR Color(s) WHITE/ GREEN STRIPES

Owner (b)(3) CPSA Section 25(c),(b)(6) Address (b)(3) CPSA Section 25(c),(b)(6)

VIN (b)(3) CPSA Section 25(c),(b)(6) Mileage 117198 Weight 5170

Tag No. H646VA Decal No. \_\_\_\_\_ State FLORIDA

MVI Certificate No. \_\_\_\_\_ Expires \_\_\_\_\_ State \_\_\_\_\_

Transmission AUTOMATIC Gear ////////// Steering POWER ASSIST

Brakes: Front DISK Rear DRUM Type POWER ASSIST

Did brakes contribute to accident:  Yes  No Explain \_\_\_\_\_

### LIGHTING AND ELECTRICAL SYSTEM

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

Wipers:  Front  Rear Operative:  Yes  No Wiper Switch Position  On  Off Condition \_\_\_\_\_

Horn:  Yes  No Operative:  Yes  No

<input checked="" type="checkbox"/> Air Conditioning <input type="checkbox"/> On <input checked="" type="checkbox"/> Off	<input type="checkbox"/> CB Radio <input type="checkbox"/> On <input type="checkbox"/> Off
<input checked="" type="checkbox"/> Radio/Tape Player/CD Player <input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> Other <u>//////////</u>

### BODY EQUIPMENT AND CONDITION

<b>Exhaust System</b> <input checked="" type="checkbox"/> Good <input type="checkbox"/> Other _____	<b>Safety Glass Condition</b> <input type="checkbox"/> Good <input checked="" type="checkbox"/> Other <u>LF / RF CRACKED</u>	<b>Mirror(s)</b> Inside: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Outside: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Windows</b> Left Front: ___ Up <input checked="" type="checkbox"/> Down Right Front: <input checked="" type="checkbox"/> Up ___ Down Left Rear: <input checked="" type="checkbox"/> Up ___ Down Right Rear: <input checked="" type="checkbox"/> Up ___ Down Other: _____		
<b>Seat Belt</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Air Bags</b> <input type="checkbox"/> None <input checked="" type="checkbox"/> Drivers Side <input checked="" type="checkbox"/> Passengers Side <input type="checkbox"/> Side Curtain
<b>Body Condition</b> Interior: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor Exterior: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor Other: _____		
<b>Padded Interior</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Head Restraint</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____

Case Number \_\_\_\_\_

Page ONE

## VEHICLE INFORMATION (SHEET #2)

### Post Collision Inspection

Vehicle No. ONE

#### TIRE INFORMATION

Did tire condition contribute:     Yes     No    Explain \_\_\_\_\_

	Make	Design	Size	Pressure	Tread Depth		
					Inside	Middle	Outside
R/F	GOODYEAR	EAGLE RSA	P225/60R16	36	3 / 32"	3 / 32"	3 / 32"
L/F	GOODYEAR	EAGLE RSA	P225/60R16	18	3 / 32"	4 / 32"	3 / 32"
R/R	GOODYEAR	EAGLE RSA	P225/60R16	34	5 / 32"	6 / 32"	7 / 32"
L/R	GOODYEAR	EAGLE RSA	P225/60R16	32	6 / 32"	7 / 32"	7 / 32"
R/R	In. _____	_____	_____	_____	_____ / 32"	_____ / 32"	_____ / 32"
L/R	In. _____	_____	_____	_____	_____ / 32"	_____ / 32"	_____ / 32"

#### POST VEHICLE DIMENSIONS

Front Wheel to Bumper	L/S	<u>3' 4"</u>	R/S	<u>2' 8"</u>
Rear Wheel to Bumper	L/S	<u>9' 5"</u>	R/S	<u>4' 6"</u>
Wheelbase	L/S	<u>12' 7"</u>	R/S	<u>9' 3"</u>
Track Width	Front	<u>5' 3"</u>	Rear	<u>5' 5"</u>

#### DESCRIBE DAMAGE

Front: Heavy damage to the right front at contact point. Right front bumper pushed upward with black color transfer on the right side of the bumper right of center. The right corner of the bumper was mangled.

HOOD: Was bent backwards on the right side and buckled in the right rear. There was black paint transfer from V-2 where it slid on top of V-1's hood.

RIGHT FRONT FENDER: Fender was shoved backwards to right front wheel. The right front headlight was broken out with the bulb hanging. The filament in the bulb was stretched out of shape from impact. The right front fender was also bent outward.

RIGHT SIDE: The right front door was shoved back extending past the door jam approximately 1/2".

The Right Rear Quarter Panel, REAR, LEFT SIDE, AND LEFT FRONT FENDER, was not damaged in this crash

NOTE: The left front fender was shoved backwards touching the front edge of the left front door.

NOTE: Upon arrival at the scene V-1' head lights were turned off. Due to the air bag being deployed, it unknown if the horn was in working order. Both air bags did deploy.

Case Number \_\_\_\_\_

Page TWO

## VEHICLE INFORMATION (Sheet #1)

### Post Collision Inspection

Vehicle No. TWO

Year and Make 2005 POLARIS Model RANGER XP Type ATV Color(s) BLUE / BLACK

Owner (b)(3):CPSA Section 25(c),(b)(6) Address (b)(3):CPSA Section 25(c),(b)(6)

VIN (b)(3):CPSA Section 25(c),(b)(6) Mileage \_\_\_\_\_ Weight 1185

Tag No. None Decal No. \_\_\_\_\_ State DNA

MVI Certificate No. \_\_\_\_\_ Expires \_\_\_\_\_ State \_\_\_\_\_

Transmission AUTOMATIC Gear UNKNOWN Steering MANUEL

Brakes: Front HYDRAULIC DISK Rear HYDRAULIC DISK Type \_\_\_\_\_

Did brakes contribute to accident:  Yes  No Explain \_\_\_\_\_

### LIGHTING AND ELECTRICAL SYSTEM

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

Wipers:  Front  Rear Operative:  Yes  No Wiper Switch Position  On  Off Condition NO WIPERS

Horn:  Yes  No Operative:  Yes  No

<input type="checkbox"/> Air Conditioning <input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> CB Radio <input type="checkbox"/> On <input type="checkbox"/> Off
<input type="checkbox"/> Radio/Tape Player/CD Player <input checked="" type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> Other _____

### BODY EQUIPMENT AND CONDITION

<b>Exhaust System</b> <input checked="" type="checkbox"/> Good <input type="checkbox"/> Other _____	<b>Safety Glass Condition</b> <input checked="" type="checkbox"/> Good <input type="checkbox"/> Other <u>WINDSHIELD ONLY</u>	<b>Mirror(s)</b> Inside: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Outside: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Windows</b> Left Front: _____ Up _____ Down Right Front: _____ Up _____ Down Left Rear: _____ Up _____ Down Right Rear: _____ Up _____ Down Other: _____		
<b>Seat Belt</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Shoulder Harness</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Air Bags</b> <input type="checkbox"/> None <input type="checkbox"/> Drivers Side <input type="checkbox"/> Passengers Side <input type="checkbox"/> Side Curtain
<b>Body Condition</b> Interior: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor Exterior: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Average <input type="checkbox"/> Poor Other: _____		
<b>Padded Interior</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Head Restraint</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____

Case Number \_\_\_\_\_

Page ONE

## VEHICLE INFORMATION (SHEET #2)

Post Collision Inspection

Vehicle No. TWO

### TIRE INFORMATION

Did tire condition contribute:     Yes     No    Explain \_\_\_\_\_

	Make	Design	Size	Pressure	Tread Depth		
					Inside	Middle	Outside
R/F	MUDLITE	XTR	27X9R14	0	31 / 32"	31 / 32"	31 / 32"
L/F	MUDLITE	XTR	27X9R14	11	30 / 32"	30 / 32"	30 / 32"
R/R	MUDLITE	XTR	27X11R14	17	31 / 32"	31 / 32"	31 / 32"
L/R	MUDLITE	XTR	27X11R14	0	30 / 32"	30 / 32"	30 / 32"
R/R	In. _____	_____	_____	_____	_____ / 32"	_____ / 32"	_____ / 32"
L/R	In. _____	_____	_____	_____	_____ / 32"	_____ / 32"	_____ / 32"

### POST VEHICLE DIMENSIONS

Front Wheel to Bumper	L/S	<u>14"</u>	R/S	<u>21"</u>
Rear Wheel to Bumper	L/S	<u>24"</u>	R/S	<u>17.5"</u>
Wheelbase	L/S	<u>62"</u>	R/S	<u>6"</u>
Track Width	Front	<u>50.5"</u>	Rear	<u>50.5"</u>

### DESCRIBE DAMAGE

FRONT: The front bumper guard was folded forward with the right side bent outward approximately 80 degrees. Left front headlight was knocked out of socket, however, it does still works.

LEFT SIDE: Lower left front fender behind the left front wheel is cracked. The left side under the seat as pushed forward with the cargo door torn off. The left rear wheel was shoved forward and inward in the front due to impact from V-1. The left rear tire rim was bent inward in two places across from each due to impact.

REAR: The left rear area of the rear pipe bumper was bent inward from impact by V-1 with green and white paint transfer under the bumper. The rear bed on the left side was shoved forward from impact.

RIGHT SIDE: Right front tire is flat and the whole tire at the bottom was bent inward.. There was no noticeable rim damage.

TOP: The frame that the top is attached to is bent forward on the left rear "B" pillar. The top has scrape marks around the left side edge, on each side of the hump on the top and on the right rear area. There is blood located on the top at the rear center area.

Case Number \_\_\_\_\_

Page TWO

## 2005 Polaris Ranger Lineup

Is That a Picnic Basket, Mr. Ranger, Sir?

By Len Nelson



[VIEW LARGER IMAGE](#)



[VIEW LARGER IMAGE](#)

Polaris' classic "log hop" demonstrates the true 4WD's capabilities.

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This summer we had the opportunity to pilot the entire 2005 Polaris Ranger lineup at Brushy Mountain Motor Sports Park in Taylorsville, North Carolina. We negotiated a course laid out for us that consisted of off-cambered hills, rock-strewn rutted trails and plenty of water bars (jumps). While we don't recommend jumping your Ranger, we did learn that the plush suspension would handle an occasional bump in the trail at full speed, if unavoidable. Overall, the new Rangers seem to ride more comfortably, handle better and support an impressive line of accessories.

Oddly enough, we repeatedly overheard the Polaris marketing staff make references to the Yamaha Rhino and even go as far as to directly ask, "So is the new Ranger 4x4 better than the Rhino?" No, it's not better than the Rhino—it's a completely different animal, at the other end of the zoo; travel past the black-bear exhibit and the peacocks, and keep going.

Don't expect to win any money betting on the Ranger in a side-by-side speed race against the Rhino—it won't happen, not even downhill. But put both machines up to the task of hauling two huge piles of gravel, and we'd bet our paychecks on the Ranger. With a 1500-pound bed capacity, compared with the Yamaha's measly 400 pounds, in theory the Ranger will help you get your work done more quickly.

There are three Ranger models available this year: The Ranger TM (\$6299), a two-wheel-drive machine offering plenty of towing and payload capacity at a no-frills price; the Ranger 4x4 (\$8999 and \$9399, depending on paint), the one to buy if you need a rugged worker; and the Ranger 6x6 (\$9999), the big daddy of the Ranger lineup in terms of payload capacity, with the ability to go just about anywhere. If you can get this machine stuck, you've truly accomplished something—good luck trying.

We were very impressed with how smooth the new Ranger 4x4 rides compared with last year's model—it's noticeably quieter, too. Polaris has done its homework, and it shows. For 2005, the Ranger 4x4 sports independent rear suspension; 11 inches of ground clearance; and the innovative Lock & Ride cargo system, which allows riders to easily attach Polaris accessories to their machines. By using a special expanding plug, which is inserted into various places on the vehicle, you can quickly secure a cargo box or gun case and be on your way. Due to limited time, we didn't have a chance to work with the many accessories on hand, but this is definitely a very cool feature we'd like to evaluate further.

You should know that all Rangers are now prewired to accept a Polaris Warn winch. Thanks to color-coded wiring on both the winch and the machine, installation should be a fairly painless process for both dealers and do-it-yourselfers. This setup is as close to plug-and-play as it gets.

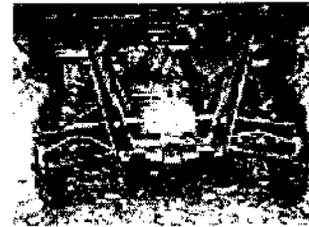
After riding the new Rangers, we can wholeheartedly recommend them to you working types out there—now please get that monstrosity off the trail so I can get my Predator around you. Thanks!

Visit [www.polarisindustries.com](http://www.polarisindustries.com) for more information.

Polaris Ranger 4x4 Specifications	
Retail price:	\$8999; Limited Edition, \$9399
<b>Engine</b>	
Type:	Four-valve single-cylinder four-stroke
Displacement:	499cc
Bore x stroke:	91x74mm
Cooling system:	Liquid-cooled
<b>Drivetrain</b>	
Drive system:	Shaft, 2x4/4x4
Transmission:	Automatic CVT with high/low range, reverse, engine-braking, electronic diff-lock
<b>Suspension (Type/Travel)</b>	
Front:	MacPherson strut/8.0 in.
Rear:	Independent/9.0 in.
<b>Tires</b>	
Front:	25x10-12; rear: 25x11-12



[VIEW LARGER IMAGE](#)



[VIEW LARGER IMAGE](#)

Independent rear suspension



[VIEW LARGER IMAGE](#)

Doing their best monster-truck imitation, Polaris employees romped the Ranger over some broken cars.

<b>Brakes</b>	
Front:	Hydraulic disc; rear: hydraulic disc
<b>Dimensions</b>	
Wheelbase:	76.0 in.
Claimed dry weight:	1185 lb
Ground clearance:	11.0 in.
Length/width/height:	113.0/60.0/75.0 in.
Fuel capacity:	8.0 gal.
<b>Load Capacity</b>	
Payload:	1500 lb
Towing capacity:	1500 lb
Bed length/width/height:	54.0/36.5/11.5 in.
Colors:	Ranger green; Limited Edition red

Retail price:	\$8999; Limited Edition, \$9399
<b>Engine</b>	
Type:	Four-valve single-cylinder four-stroke
Displacement:	499cc
Bore x stroke:	91x74mm
Cooling system:	Liquid-cooled
<b>Drivetrain</b>	
Drive system:	Shaft, 2x4/4x4
Transmission:	Automatic CVT with high/low range, reverse, engine-braking, electronic diff-lock
<b>Suspension (Type/Travel)</b>	
Front	MacPherson strut/8.0 in.
Rear:	Independent/9.0 in.
<b>Tires</b>	
Front:	25x10-12; rear: 25x11-12
<b>Brakes</b>	
Front:	Hydraulic disc; rear: hydraulic disc
<b>Dimensions</b>	
Wheelbase:	76.0 in.
Claimed dry weight:	1185 lb
Ground clearance:	11.0 in.
Length/width/height:	113.0/60.0/75.0 in.
Fuel capacity:	8.0 gal.
<b>Load Capacity</b>	
Payload:	1500 lb
Towing capacity:	1500 lb
Bed length/width/height:	54.0/36.5/11.5 in.
Colors:	Ranger green; Limited Edition red

**Specifications**

	4X4	XP	6X6 EFI
<b>Displacement / HP</b>	650cc / 18 hp	650cc / 40 hp	650cc / 40 hp
<b>Cooling</b>	Air-cooled	Liquid-cooled	Liquid-cooled
<b>Engine Type</b>	4-stroke twin-cylinder, OHV	4-valve 4-stroke single-cylinder, counterbalanced	Polaris twin cylinder
<b>Lubrication</b>	Pressurized wet sump	Dry sump	Pressurized wet sump
<b>Oil Capacity</b>	1.6 qt / 1.6 ltr	2 qt / 1.9 ltr	2 qt / 1.9 ltr
<b>Carburetion</b>	27 mm-CV Mikuni	34 mm-CV Mikuni	Electronic Fuel Injection (EFI)
<b>Fuel Capacity</b>	8 gal / 30.3 ltr	8 gal / 30.3 ltr	8.5 gal / 38 ltr
<b>Coolant Capacity</b>	N/A	2.3 qt / 2.1 ltr	3.3 qt / 3 ltr
<b>Alternator</b>	300 watts	250 watts	500 watts
<b>Starting / Battery</b>	Burst/12V-30 AH	Electric/12V-30 AH	Electric/12V-30 AH
<b>Transmission</b>	Automatic PVT (Polaris Variable Transmission)	Automatic PVT (Polaris Variable Transmission)	Automatic PVT (Polaris Variable Transmission)
<b>Gear Range</b>	In-line forward and reverse	In-line, dual-range forward and reverse	In-line, dual-range forward and reverse
<b>Drive</b>	2-wheel shaft drive	Switch-engaged on-demand true 4-wheel shaft drive	Switch-engaged on-demand true 4-wheel shaft drive
<b>Front Suspension</b>	MacPherson strut with 4.6 in / 11.7 cm of travel	MacPherson strut with 8 in / 20.3 cm of travel	MacPherson strut with 8 in / 20.3 cm of travel
<b>Center Suspension</b>	N/A	N/A	N/A
<b>Rear Suspension</b>	Swing arm dual shock, 4.3 in / 11 cm of travel	Independent, 9 in / 22.9 cm of travel	Independent, 9 in / 22.9 cm of travel
<b>Tires (Front / Rear)</b>	25 x 10-12 / 25 x 11-12	25 x 10-12 / 25 x 11-12	25 x 10-12 / 25 x 11-12
<b>Wheelbase</b>	76 in / 193 cm	78 in / 198 cm	80 in / 203 cm
<b>Turning Radius (approx.)</b>	146 in / 370 cm	146 in / 370 cm	166 in / 422 cm
<b>Dry Weight</b>	1050 lb / 476 kg	1185 lb / 539 kg	1410 lb / 641 kg
<b>Length / Width / Height</b>	113 in / 7.00 in / 72 in / 207 cm / 192.4 cm / 190.5 cm	113 in / 7.00 in / 75 in / 190.5 cm / 192.4 cm / 190.5 cm	120 in / 8.00 in / 78 in / 198 cm / 192.4 cm / 190.5 cm
<b>Brakes</b>	Foot-actuated 4-wheel hydraulic disc	Foot-actuated 4-wheel hydraulic disc	Foot-actuated 4-wheel hydraulic disc
<b>Parking Brake</b>	Foot-actuated mechanical	Foot-actuated mechanical	Foot-actuated mechanical
<b>TOW CAPACITY</b>			
<b>Boat Dimension / Capacity</b>	54x20.5x12.5 ft / 1500 lb / 680 kg	54x20.5x12.5 ft / 1500 lb / 680 kg	54x20.5x12.5 ft / 1500 lb / 680 kg
<b>Vehicle Payload Capacity</b>	1250 lb / 567 kg	1500 lb / 681 kg	1500 lb / 681 kg
<b>High Tow Capacity</b>	1000 lb / 454 kg	1500 lb / 681 kg	1750 lb / 794 kg



Over fifty years ago when Polaris began, people worked hard for themselves and their families, but knew getting out to recharge was important, too. It's time well spent that can shake off a week's worth of work and let the entire family have fun. Polaris gave them the way out in exhilarating new forms. Our machines inspired people, and discovering so many others shared our enthusiasm inspired us. People still work hard, and Polaris keeps adding exciting new products, from the snowmobiles we first invented to ATVs, RANGER off-road utility vehicles, Victory® motorcycles and Pure Polaris parts, apparel and accessories. To find a dealer, get a customized brochure and find information about accessorizing your RANGER, visit our Web site, [www.polarisindustries.com](http://www.polarisindustries.com), or call 1-800-POLARIS.

The Polaris R/V is a general-purpose utility vehicle is not intended for and may not be registered for on-road use. Printed in USA. 35 Polaris Sales Inc., 2100 Hwy 55, Medina, MN 55340 (763) 417-8690 Fax (763) 542-0599 Polaris reserves the right to change specifications at any time without incurring obligations. Part #9020307.



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  
Suncom # 729-5020

District Medical Examiner  
(b)(3):CPSA Section 25(c),(b)(6)

**NAME**

(b)(3):CPSA Section 25(c),(b)(6)

CASE NUMBER	00360-2007
COUNTY	Lee
AGE	26 year old, White Female
DATE OF DEATH	APRIL 28, 2007, 10:47 PM
DATE OF AUTOPSY	APRIL 30, 2007, 9:45 AM
PLACE OF AUTOPSY	District 21 Medical Examiner's Office
PROSECTOR	(b)(3):CPSA Section 25(c),(b)(6)
FUNERAL HOME	

**MANNER OF DEATH:** Accident

**CAUSE OF DEATH:**

- a. Blunt force injuries of head and brain  
DUE TO (OR AS A CONSEQUENCE OF) \_\_\_\_\_
- b. Motor vehicle collision  
DUE TO (OR AS A CONSEQUENCE OF) \_\_\_\_\_
- c. \_\_\_\_\_  
DUE TO (OR AS A CONSEQUENCE OF) \_\_\_\_\_
- d. \_\_\_\_\_

**OTHER SIGNIFICANT CONDITIONS:**

**DATE & TIME OF INJURY:** 4/28/2007 10:47:00 PM

**INJURY AT WORK?:** NO      **PLACE OF INJURY:** Roadway

**LOCATION:** Cemetery Road and Dana Road

**HOW INJURY OCCURED:** Passenger on ATV that collided with automobile

(b)(3):CPSA Section 25(c),(b)(6)

**COPY**

ASSOCIATE MEDICAL EXAMINER

0360-07

(b)(3):CPSA Section 25(c),(b)  
(6)

LEE COUNTY

NAME:

(b)(3):CPSA Section 25(c),(b)(6)

AGE:

26-year-old white female

DATE OF DEATH:

April 28, 2007; 10:47 a.m.

DATE OF AUTOPSY:

April 30, 2007; 9:45 a.m.

PLACE OF AUTOPSY:

District 21 Medical Examiner's Office

PROSECTOR:

(b)(3):CPSA Section 25(c),(b)(6)

ASSISTING:

(b)(3):CPSA Section 25(c),(b)(6) Forensic Investigator

PRESENT:

Detectives (b)(3):CPSA Section 25(c),(b)(6)

Lee County Sheriff's Office

TOX; MICROS

0360-07

(b)(3) CPSA Section 25(c),(b)  
(6)

Page: 2

**EXTERNAL DESCRIPTION:**

The body is that of a well-developed, well-nourished, white female measuring 68 inches, weighing 142 pounds and appearing compatible with the recorded age of 26 years. The body is received unclothed.

The scalp hair is brown-red, wavy, and approximately 11 inches in length. The irides are hazel. The corneas are clear. The sclerae are white. There are no conjunctival hemorrhages. The ears are unremarkable. Two pierced holes are present in each earlobe. The nasal bones are intact. The dentition is natural and remarkable only for traumatic injuries.

There are no palpable masses of the breasts. Striae radiate from the areolae bilaterally. The pubic hair has been shaved, with scant regrowth. The external genitalia have normal female configuration with no evidence of trauma. The anus is unremarkable.

The fingernails are slightly long and intact with no visible foreign material beneath them. The toenails bear blue polish. The extremities are otherwise remarkable only for injuries. No needle tracks or venipuncture sites are seen.

There is full rigor of the jaws and arms. The back shows faint, fixed, maroon lividity sparing the scapular regions and buttocks.

**METHOD OF IDENTIFICATION:**

Visual by her husband to Lee County Sheriff's Office.

**EVIDENCE OF RECENT MEDICAL INTERVENTION:**

There is a recent, sutured, "V" shaped surgical incision on the upper anterior torso. Internal examination reveals that the sternum has been split longitudinally in the midline and is re-approximated with a zip tie. The heart has been removed prior to postmortem examination.

Recent, sutured, surgical incisions extend from the anterior iliac crests to the ankles bilaterally, resulting from postmortem procurement of the long bones of the legs.

**EVIDENCE OF INJURY:**

There is a 4 inch x 2 inch, vertically oriented, pink-red abrasion on the mid-forehead. A 2 inch, pink-red abrasion intersects the medial aspect of the left eyebrow, beneath which is a 1/2 inch, pink-red abrasion. A 4 inch, pink-red abrasion is present on the left cheek and a 1 inch, pink-red abrasion on the right cheek. The skin of the nose is focally abraded. There is a 2 inch x 1-1/2 inch, pink-red abrasion on the chin and a 1 inch, pink-red abrasion in the submental region of the chin. There is a 1/2 inch, pink-red abrasion on the right upper lip. The lower lip bears a 1 inch abrasion having the configuration of the upper dentition. The upper central incisors are chipped.

0360-07

(b)(3);CPSA Section 25(c)(b)  
(6)

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**EVIDENCE OF INJURY** continued:

There is an 8 inch aggregate of horizontally oriented, linear and focally confluent, pink-red abrasions on the left upper chest. The back shows diffuse, pink-red abrasion extending from the apex of the right shoulder to the inferior border of the right scapula. There is a 10 inch x 12 inch, pink-red abrasion on the right flank region, extending to the superior aspect of the right buttock. A 4 inch, purple-red ecchymosis is present in the left flank region, inferior to which is a 3 inch x 1-1/4 inch, pink-red abrasion. There is a 10 inch, curved abrasion on the medial aspect of the left buttock.

Two 3/4 inch, pink-red abrasions are present on the dorsal aspect of the right forearm. A 4 inch, pink-red abrasion overlies the right elbow. There is a 3 inch, purple-red ecchymosis surrounding multiple small abrasions on the right upper arm in addition to scattered punctate, pink-red abrasions.

There are multiple punctate, apparent dicing and linear, pink-red abrasions on the dorsal aspect of the left forearm and the lateral aspect of the right upper arm. Multiple small, pink-red abrasions are present on the dorsal aspect of the left wrist. There is a 1 inch, purple-red ecchymosis overlying the dorsal aspect of the left second proximal interphalangeal joint.

A 4 inch, purple-red ecchymosis and a 2 inch x 1 inch, pink-red abrasion are present above the right knee. There is a 1 inch, pink-red abrasion on the right knee. A 5 inch aggregate of purple-red ecchymoses is present on the right shin. There is a 3 inch x 1/4 inch, pink-red abrasion on the right calf.

A 1 inch, purple-red ecchymosis is present on the lateral aspect of the left thigh. There is a 5-1/2 inch x 1 inch, vertically oriented, pink-red abrasion on the lateral aspect of the left knee. A 2 inch x 1/4 inch, pink-red abrasion is present on the left calf.

Reflection of the scalp reveals a 6 inch subgaleal hemorrhage in the occipital region, extending to the right temporal and parietal region. There is hemorrhage in the left temporalis muscle. There are multiple fractures of the right and left occipital bones, extending to the right temporal bone. A basilar skull fracture, hinge-type, extends through both petrous ridges and the sella turcica.

Opening the skull reveals focal, thin, subarachnoid hemorrhage overlying the medial aspects of the cerebral convexities, the base of the brain and the cerebellar hemispheres. Serial coronal sections reveal multiple hemorrhagic contusions of the inferior gyri of the cortical gray ribbons of the right and left temporal and occipital lobes.

0360-07

(b)(3)CPSA Section 25(c),  
(b)(6)

Page: 4

**INTERNAL DESCRIPTION:**

Thoracoabdominal incision reveals 2-1/2 inches of panniculus. The thoracic and abdominal viscera have normal anatomic relationships with no evidence of trauma.

**BODY CAVITIES:**

The pleural and peritoneal cavities are dry. There are no adhesions.

**MUSCULOSKELETAL SYSTEM:**

The muscles appear normally developed. There are no fractures of the axial skeleton or extremities.

**NECK ORGANS:**

The larynx and thyroid gland are unremarkable. The hyoid is homogeneously tan-brown without nodularity. The laryngeal cartilages and hyoid bone are intact. There are no laryngeal hemorrhages or hemorrhages in the soft tissues of the neck. The carotid arteries and jugular veins are intact. A remnant of fatty thymus gland is identified. The spine is intact.

**CARDIOVASCULAR SYSTEM:**

The aorta shows no atherosclerosis.

**LUNGS:**

The right lung weighs 410 grams, the left 360 grams. There is minimal anthracotic pigmentation. The parenchyma is crepitant without nodular or cavitary lesions. The tracheobronchial tree contains amorphous, gray-green material, consistent with gastric contents. The arterial tree is unremarkable. No thromboemboli are found.

**LIVER AND BILIARY TREE:**

The liver weighs 1160 grams and has normal tan-brown, lobular architecture. The gallbladder is intact and contains thin, green bile. The bile duct is patent to the duodenum.

**PANCREAS:**

Firm, lobulated, tan-brown parenchyma.

**ADRENALS:**

Thin, bright yellow-orange cortical ribbons and tan medullae.

0360-07

**INTERNAL DESCRIPTION** continued:**SPLEEN:**

The spleen weighs 120 grams. The capsular surface is smooth and intact. The parenchyma is soft with indistinct white pulp.

**GENITOURINARY SYSTEM:**

Each kidney weighs 110 grams. The capsules strip with ease. The capsular surfaces are smooth. The parenchyma is unremarkable. The ureters are patent into the bladder that contains approximately 300 cc of clear, straw-colored urine and is otherwise unremarkable.

The left ovary is unremarkable. The right ovary bears a 1 inch, unilocular cyst containing clear fluid. The fallopian tubes are intact. The endometrium is flat and tan. The myometrium shows no lesions. The cervix is unremarkable. The vaginal mucosa is atraumatic.

**GASTROINTESTINAL TRACT:**

The esophagus is unremarkable. The stomach contains approximately 150 cc of thin, gray-green fluid with admixed corn kernels and fragments resembling green vegetables. The mucosa shows focal autolytic changes. The small and large intestines have normal configuration and are unremarkable along their serosal surfaces. The appendix is present and unremarkable.

**CENTRAL NERVOUS SYSTEM:**

Opening the skull reveals no epidural or subdural hemorrhages. The 1440 gram brain is remarkable for the previously described injuries. The vessels at the base of the brain have normal configuration and show no atherosclerosis or aneurysms. The pituitary gland is not enlarged.

**TOXICOLOGY:** See Attached Report.

**MICROSCOPIC EXAMINATION:**

**LUNG:** Congestion.

**LIVER:** Unremarkable.

**KIDNEY:** Unremarkable glomeruli, tubules and blood vessels.

0360-07

(b)(3):CPSA Section 25(c),(b)  
(6)

Page: 6

**ANATOMIC DIAGNOSES**

1. Multiple cutaneous abrasions and ecchymoses.
2. Blunt force injuries of head and brain:
  - a. Subscalpular hemorrhage.
  - b. Multiple skull fractures.
  - c. Subarachnoid hemorrhage.
  - d. Cerebral cortical contusions.

**CAUSE OF DEATH:** Blunt force injuries of head and brain due to motor vehicle collision.

**MANNER OF DEATH:** Accident.

(b)  
[redacted] medi:100

cc: Lee County Sheriffs Office

RUN DATE: 05/31/07  
 RUN TIME: 1322

WUESTHOFF REFERENCE LABORATORY  
 6800 Spyglass Court  
 Melbourne, Fl 32940

PAGE 1

PATIENT: MEFM07-360 [REDACTED]  
 SSN #: [REDACTED]  
 REG DR: [REDACTED] M.D.

ACCT #: Q01054919    LOC: MEFM    U #: 0001224010  
 AGE/SX: 26/F    STATUS: REG REF    REG: 05/01/07  
 DISCHARGE DATE:

Test	Result	Cutoff Conc mg/L
<u>BLOOD DRUG SCREEN</u>		
SPECIMEN TYPE	PROCUREMENT BLOOD	
	LABELED [REDACTED]	DATED 04/29/07 @ 2203
GC/MS	Quant Not Sufficient	
<u>IMMUNOASSAY SCREEN</u>		
AMPHETAMINES	NEGATIVE	0.100
BARBITURATES	NEGATIVE	0.100
BENZODIAZEPINES	NEGATIVE	0.100
CANNABINOIDS		0.050
	<i>Screening result suggests the need for further testing</i>	
	<i>Insufficient specimen for Cannabinoids quantitation.</i>	
COCAINE METAB	NEGATIVE	0.100
FENTANYL	NEGATIVE	0.001
METHADONE	NEGATIVE	0.050
OPIATES	NEGATIVE	0.050
TRICYCLICS	NEGATIVE	0.100
SALICYLATE	NEGATIVE	10.0
<u>VOLATILES</u>		
SPECIMEN TYPE	PROCUREMENT BLOOD	
	LABELED [REDACTED]	DATED 04/29/07 @ 2203
ETHANOL	0.114 ✓	G/dL
<u>VOLATILES</u>		
SPECIMEN TYPE	VITREOUS	
ETHANOL	0.095 ✓	G/dl

\*\* CONTINUED ON NEXT PAGE \*\*

**RECEIVED**

JUN 1 2007

DISTRICT 24  
 MEDICAL EXAMINER [Signature]  
 BY: [REDACTED]

**CONTACT INFORMATION:**

Contacted on 10/10/07

Lee County Sheriff  
14750 Six Mile Cypress Pkway  
Ft. Myers, FL 33912  
(239) 477-1000

Medical Examiner  
70 Danley Drive  
Ft. Myers, FL 333907  
(239) 277-5020



Phone # (239) 277-5020  
Fax # (239) 277-5017  
Suncom # 729-5020

X078 0270 SC 59  
Office of the District Medical Examiner

District 21, State of Florida  
Lee-Hendry-Glades Counties

70 Danley Drive  
Fort Myers, Florida 33907-2437

ISSUE 47  
AUG 21 2007



District Medical Examiner  
(b)(3):CPSA Section 25 M.D.

**NAME**

(b)(3):CPSA Section 25(c),(b)(6)

CASE NUMBER 00360-2007  
COUNTY Lee  
AGE 26 year old, White Female  
DATE OF DEATH APRIL 28, 2007, 10:47 PM  
DATE OF AUTOPSY APRIL 30, 2007, 9:45 AM  
PLACE OF AUTOPSY District 21 Medical Examiner's Office  
PROSECTOR (b)(3) CPSA Section 25(c),(b)(6) M.D.  
FUNERAL HOME (b)(3):CPSA Section 25(c),(b)(6) Funeral Homes

**MANNER OF DEATH:** Accident

**CAUSE OF DEATH:**

- a. Blunt force injuries of head and brain  
DUE TO (OR AS A CONSEQUENCE OF) \_\_\_\_\_
- b. Motor vehicle collision  
DUE TO (OR AS A CONSEQUENCE OF) \_\_\_\_\_
- c. \_\_\_\_\_  
DUE TO (OR AS A CONSEQUENCE OF) \_\_\_\_\_
- d. \_\_\_\_\_

**OTHER SIGNIFICANT CONDITIONS:**

**DATE & TIME OF INJURY:** 4/28/2007 10:47:00 PM

**INJURY AT WORK?:** NO **PLACE OF INJURY:** Roadway

**LOCATION:** Cemetery Road and Dana Road

**HOW INJURY OCCURED:** Passenger on ATV that collided with automobile

(b)(3):CPSA Section 25(c),(b)(6) M.D.

ASSOCIATE MEDICAL EXAMINER

**Office of the District Medical Examiner**

District 21, State of Florida  
Lee-Hendry-Glades Counties

**Medical Examiner Case**

Year: 2007                      Number: 00360                      Date\_reported: 4/28/2007 11:23:00 PM

Reported: 4/28/2007 11:23:00 P                      By: LEE COUNTY EMS

Phone: (941) 875-3912    Informant's name: (b)(3):CPSA Section 25 (c) (b)(6) #11

**Decedent:** (b)(3):CPSA Section 25(c), (b)(6)

Age: 26                      Race: White                      Sex: FEMALE

Method of ID: BY HUSBAND TO LAW ENFORCEMENT

Permanent\_address1: NOT GIVEN

City: NOT GIVEN                      State: FLORIDA

Zip:                      Country: USA

Last\_seen\_alive:                      By\_whom:

In police custody?: NO                      Found?: NO

Date\_of\_death: 4/28/2007 10:47:00 PM                      Date\_of\_birth: (b)(3):CPSA Section 25(c)

Place\_of\_death: Other

Specify: Cemetery Road and Dana Road

Died in: Fort Myers                      County: Lee

Next\_of\_kin: [Redacted]

NOK\_notified: 4/28/2007 :                      NOK\_by\_whom: ON SCENE

Funeral\_code: HEM

**Concise Description:**

**PASSENGER INVOLVED IN UTILITY VEHICLE / MOTOR VEHICLE CRASH**

**Terminal\_event:**

This woman was the non-helmeted passenger in a Polaris utility vehicle that was involved in a crash with a motor vehicle on Cemetery Road in east Fort Myers. The utility vehicle was reportedly operating on the roadway when the driver pulled into the path of a motor vehicle. The impact caused all four of the occupants of the utility vehicle to be ejected. 9-1-1 was called and paramedics responded. Upon their arrival this woman was found to be asystole and was declared dead at the scene. The Lee County Sheriff's Office is investigating the crash and criminal charges are pending. [Redacted] of the sheriff's office will attend the autopsy. You can reach him at (239) 281-9212. Jurisdiction was accepted and the body transported to the medical examiner's office by Transcon removal service. This report is of a preliminary nature and subject to change.

Investigating\_agency: LCSO

Investigator: [Redacted]

ME\_Investigator: [Redacted]

1/30/08

<b>1. Task Number</b> 071009HNE2821		<b>2. Investigator's ID</b> 8942		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
<b>3. Office Code</b> 810	<b>4. Date of Accident</b> YR MO DAY 2007 10 07	<b>5. Date Initiated</b> YR MO DAY 2007 10 11		
<b>6. Synopsis of Accident or Complaint</b> <b>UPC</b>  A 27-year-old-male was riding a 4-wheeled ATV in a back yard on private property with a 26-year-old-male passenger, with neither wearing a helmet. The victim lost control as he attempted to fish tail on wet grass causing the ATV to overturn, landing on top of him. The victim was transported to a hospital where he succumbed to his injuries, with the cause of death determined to be multiple crush head injuries. The passenger complained of soreness to his right arm and hand and was briefly examined by EMS but he refused further treatment.  <b>MFR/PRVLBR NOTIFIED</b> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. 325, 6 <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY  CP 3/2/10				
<b>7. Location (Home, School, etc)</b> 1 - HOME		<b>8. City</b> HOWELL		<b>9. State</b> MI
<b>10A. First Product</b> 5044 - Utility Terrain		<b>10B. Trade/Brand Name</b> YAMAHA SY4AM08Y37A018832		<b>10C. Model Number</b> YXR66FSPW
<b>10D. Manufacturer Name and Address</b> YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
<b>11A. Second Product</b> 0		<b>11B. Trade/Brand Name</b> NONE		<b>11C. Model Number</b> NONE
<b>11D. Manufacturer Name and Address</b> NONE				
<b>12. Age of Victim</b> 27		<b>13. Sex</b> 1 - Male		<b>14. Disposition</b> 8 - Death
<b>15. Injury Diagnosis</b> 62 - Intern. Org. Inj.		<b>16. Body Part(s) Involved</b> 75 - HEAD		<b>17. Respondent</b> 3 - 2nd Hand Info Only
<b>18. Type of Investigation</b> 2 - Telephone		<b>19. Time Spent (Operational / Travel)</b> 6 / 0		
<b>20. Attachment(s)</b> 9 - Multiple Attachments		<b>21. Case Source</b> 05 - Newspaper		<b>22. Sample Collection Number</b>
<b>23. Permission to Disclose Name (Non NEISS Cases Only)</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
<b>24. Review Date</b> 01/17/2008		<b>25. Reviewed By</b> 9093		<b>26. Regional Office Director</b> Eric B. Ault
<b>27. Distribution</b> Streeter, Robin; Kessler, Charles; Harris, Paulette			<b>28. Source Document Number</b> N07A0145A	

071009HNE2821

**ATTACHMENTS:**

1. Police Report
2. Medical Examiner's Report
3. Contact Sheet
4. Status of Missing Document(s)
5. Questionnaire

Authority: 1949 PA 300, Sec. 257.922  
 Compliance: Required MGP UD-10  
 Penalty: \$100 and/or 90 days (Rev 1/04)

Do Not Use

Page 01 of 01

Incident # 1390870

File Class 9302

Incident Description Open Reviewer

ORI: MI-4714700 Department Name Livingston Co. Sheriff's Office

Crash Date: 10/02/2007 Crash Time: 2350 No. of Units: 01

Crash Type:  Single Motor Vehicle  
 Head On  
 Head On-Left Turn  
 Angle  
 Rear End  
 Rear End-Left Turn  
 Rear End-Right Turn  
 Sideswipe-Same  
 Sideswipe-Opposite  
 Other/Unknown

Special Circumstances:  None  
 School Bus  
 Hit and Run  
 Local  
 State  
 Special Study

Weather (Mark Only One):  Clear  
 Cloudy  
 Fog/Smoke  
 Rain  
 Daylight  
 Dawn  
 Dusk  
 Dry  
 Wet  
 Icy

Special Checks:  Fatal (Report All)  
 Corrected Copy  
 Replaces (Entire Report)  
 Delete (Entire Report)  
 Non-Traffic Area  
 ORV/Snowmobile

Area: 19 Total Lanes: 0

Speed Limit:    Posted:  Yes  No

County: 47 Traffic Control:  None of These  
 Signs  
 Stop Sign  
 Yield Sign

Relation to Roadway (Location of First Impact):  
 Shoulder  
 Outside of Shoulder/Curb  
 On Road  
 Median  
 Gore  
 Other/Unknown

Construction Zone (if applicable) (Mark One from Each Group):  
 Type:  Const./Maint.  Utility  
 Lane Closed:  Yes  No  
 Activity:  On Road  Off Road  None

Prefix: W Road Name: (b)(6) Divided Roadway:  N  S  E  W Road Type: AVE Suffix:   

Distance:    FT  North  East  Beginning of Ramp  
 MI  South  West  End of Ramp

Prefix:    Intersecting Road:    Divided Roadway:  N  S  E  W Road Type:    Suffix:   

Unit Number: 1 State: MI Driver License Number: (b)(3):CPSA Section 25(c) Date of Birth:   

Unit Type:  MV  B  F  E (train)  C (truck)

Driver Condition:  1  2  3  4  5  6  7  8  9  10  11  12

Interlock:  Yes  No  Refused  Not offered

Alcohol:  Yes  No Test Type:  Field  PBT  Breath  Blood  Urine Test Results

Drugs:  Yes  No Test Type:  Blood  Urine Test Results

Vehicle Registration:    State:    Insurance: STATE FARM  
 Towed by: HOWELL

License Type:  D  CY  C  F  M  R  H

Sex:  M  F Total Occup: 02 Hazard Action: 15

Position: 01 Restraint: 05 Hospital: 810060  
 Ambulance:    SURVIVAL FLIGHT

Eligible:  Yes  No  
 Trapped:  Yes  No  
 Airbag Deployed:  Yes  No  
 Citation Issued:  Yes  No  
 Hazardous:  Yes  No  
 Other:  Yes  No

VIN: (b)(6) Vehicle Description: YAMAHA YXR66FSPW Color: GRY Year: 2007

Location of Greatest Damage:  1  2  3  4  5  6  7  8  9  10  11  12

First Impact: 00 Extent of Damage: 0 Driveable:  Yes  No

Vehicle Type:  PA  VA  PU  ST  CY  MO  GC  SM  CR  Other  Truck/Bus

Vehicle Direction:  North  South  East  West

Special Vehicles:  1  2  3  4  5  6  7

Private Trailer Type:  1  2  3  4  5  6  7

Vehicle Use:  1  2  3  4  5  6  7  8  9  10

First Name: (b)(6) Date of Birth:    Sex:  M  F Position:    Restraint:    Hospital:   

Middle:    Last:    Street Address:    City:    State:    Zip:    Phone Number:   

Injury:  K  A  B  C  D  E  F  G  H  I  J  L  M  N  O  P  Q  R  S  T  U  V  W  X  Y  Z

Airbag Deployed:  Yes  No Not Equipped:  Yes  No

First Name: (b)(6) Date of Birth:    Sex:  M  F Position:    Restraint:    Hospital:   

Middle:    Last:    Street Address:    City:    State:    Zip:    Phone Number:   

Injury:  K  A  B  C  D  E  F  G  H  I  J  L  M  N  O  P  Q  R  S  T  U  V  W  X  Y  Z

Airbag Deployed:  Yes  No Not Equipped:  Yes  No

Person Advised of Damaged Traffic Control: (b)(6) Date:    Time:    Name:    Address:    Age:    Sex:    Race:   

Damaged Property:    Public:  Y  N  
 Owner's Phone:   

JD-10 SERIAL NUMBER: 8604647 Serial/Override Number:   

Do Not Write or Mark In This Area

Do Not Write or Mark Below This Line



LIVINGSTON COUNTY SHERIFF DEPT

13908-07

COPY FOR: RECORDS

INCIDENT REPORT

RUN TIME 15:38:53

150 S. HIGHLANDER WAY

RUN DATE-10/22/07

TELEPHONE:517-546-2440

HOWELL MI 48843 1954

INCIDENT # - 13908-07 FILE CLASS-93001/ STATUS-CLOSED

CITY/TOWN - 10 -HOWELL TWP LOCATION - 5080 W GRAND RIVER

OFFENSE - 9301 ACCIDENT, TRAFFIC  
5424 OPR U/INF INTOX LIQ OFF RD VEH

MAIN BADGE: 147 - 259

OCCURRED -10/06/07 22:52

ZONE-

REPORTED -10/07/07 00:02

RESPONSIBLE-147 -L.C.S.D.

DISPATCHED-10/07/07 00:03

RESPONDING -147 -L.C.S.D.

ARRIVED -10/07/07 00:03

CLEARED -10/07/07 00:00

WITNESSES:

(b)(6) SEX:F RACE:W DOB: 5/27/80 WI 5424  
HOME#:  
EYES:GRN HAIR:BLN HGT:5-08 WGT:145 SS#(b)(6) DL#:MI/D 400 461 778 399  
CELL #: (b)(6)

(b)(6) SEX:M RACE:W DOB:11/05/80 WI 5424  
HOME#:  
EYES: HAIR: HGT: WGT: SS# 000-00-0000 DL#:MI/V 530 603 755 851  
CELL #: (b)(6)

(b)(6) SEX:M RACE: DOB: 4/06/73 WI 5424  
HOME#:  
EYES: HAIR: HGT: WGT: SS# 000-00-0000 DL#:MI/C 255 676 777 270  
CELL #: (b)(6)

VICTIMS:

(b)(6) SEX:M RACE:W DOB: 8/01/79 VI 5424  
HOME#:  
EYES:BRO HAIR:BRO HGT:5-11 WGT:160 SS# (b)(6) DL#:MI/(b)(6)  
CELL #: (b)(6)

OFFENDERS:

(b)(6) SEX:M RACE:W DOB:10/01/79 OF 5424  
HOME#:  
EYES: HAIR: HGT: WGT: SS# 000-00-0000 DL#:MI (b)(6)  
CELL #: (b)(6)  
WORK:NELSON AUTO SERVICE 517-719-6356

PROPERTY:

(b)(6) PR 5424  
QUANTITY DISPOSITION CODE  
DESCRIPTION: MICHIGAN DRIVER LICENSE

(b)(6) PR 5424  
CODE E TYPE DRUG CLASS 10 QUANTITY DISPOSITION CODE  
DESCRIPTION: SUSPECTED MARIJUANA IN A '1 HITTER'

VEHICLES:

CHEESEMAN, PAUL STEPHEN SEX:M RACE: DOB: 4/06/73 VE 5424  
(b)(6) HOME#:  
CELL #: 517-862-3915  
VEHICLE LICENSE#: LIC. STATE: MAKE : YAMAHA RHINO YEAR : 07 OWNER

COPY FOR: RECORDS  
 TELEPHONE: (b)(6)

LIVINGSTON COUNTY SHERIFF DEPT  
 INCIDENT REPORT  
 150 S. HIGHLANDER WAY  
 HOWELL MI 48843 1954

13908-07  
 RUN TIME 15:38:53  
 RUN DATE-10/22/07

INCIDENT # - 13908-07 FILE CLASS-93001/ STATUS-CLOSED  
 CITY/TOWN - 10 -HOWELL TWP LOCATION - (b)(6)  
 OFFENSE - 9301 ACCIDENT, TRAFFIC  
 5424 OPR U/INF INTOX LIQ OFF RD VEH  
 MAIN BADGE: 147 - 259  
 OCCURRED -10/06/07 22:52  
 REPORTED -10/07/07 00:02 RESPONSIBLE-147 -L.C.S.D. ZONE-  
 DISPATCHED-10/07/07 00:03 RESPONDING -147 -L.C.S.D.  
 ARRIVED -10/07/07 00:03  
 CLEARED -10/07/07 00:00

VEHICLES CONT:

MODEL : YXR66FSPW STYLE: ORV COLOR:  
 VIN : SY4AM08YS7A018832 TOWED BY: HOWELL  
 NARRATIVE:

P/I ATV  
13908

REPORTING OFFICER *[Signature]* DATE 10/26/07  
 TYPIST - DEPUTY CHRISTINE HUR  
 REVIEWED BY *[Signature]* DATE 10/26/07

Livingston County Sheriff Dept  
Incident Report  
150 S. Highlander Way  
Howell MI 48843

Report 07-0013908  
Date 10/26/07  
Time 10:21 PM

Phone: (517) 546-2440

Narrative:

147 13908 07

DATE & TIME:

The incident occurred at approximately 11:50pm on Saturday October 6, 2007.

LOCATION:

The incident occurred in the back yard of 5080 W. Grand River Fowlerville, MI. Howell Twp.

INFORMATION:

(b)(6) and (b)(6) rent the residence at (b)(6) River. Mr. Cheeseman advised that he bought the Yamaha off-road-vehicle (ORV) yesterday and is insured by State Farm. The policy number is (b)(6) D27 226.

Several people were gathered at the residence for a bon-fire. Mr. (b)(6) advised that he and (b)(6) had been drinking Crown Royal (whiskey).

During the on-scene medical treatment, (b)(6) pants were removed. A fireman turned over Mr. Keehn's wallet and a wooden "1 hitter" container with suspected marijuana in it. The U/S removed the driver license and left the wallet on scene. (b)(6) was later advised that there was money in Mr. Keehn's wallet. The license and evidence were placed into the property room at LCSD.

(b)(6) was the passenger in the Yamaha at the time of the crash. He advised that (b)(6) was driving. He does not believe that Mr. (b)(6) was wearing the provided seat belt. (b)(6) was not wearing a seatbelt. Neither were wearing helmets. (b)(6) stated that he is not certain exactly what happened. He advised that they left the fire at the north end of the yard and traveled east. They then went south along the parked cars and then west, when they drove south around the bush, they turned, lost control and rolled over. (b)(6) stated that he held on and hoped that the ORV would stop rolling over. The ORV landed on Mr. (b)(6)

Several of the people who were at the bon-fire, turned the machine onto its wheels after the incident. (b)(6) was critically injured. At the

Livingston County Sheriff Dept  
Incident Report  
150 S. Highlander Way  
Howell MI 48843

Report 07-0013908  
Date 10/26/07  
Time 10:21 PM

Phone:(517)546-2440

Narrative:

time of the investigation, the pop-out driver seat was in the rear of the ORV. Someone had placed it there after the machine had been righted. There was a divot in the ground from the ORV.

The Yamaha was facing to the east. (b)(6) was laying on the north side of the Yamaha perpendicular to it. His head was to the south and his feet to the north. A Bud Light beer can was laying in very close proximity to Mr. Keehn and the machine.

There were numerous tire tracks in the back yard. At least 2 other ORVs were there at the time of the investigation. Several vehicles were parked in the yard.

(b)(6) will be moving from Illinois to 5944 Chase Lake Rd. Fowlerville, in November.

VEHICLE:

2007 Yamaha Rhino 4x4 660 Sport Edition RHI. Model YXR66FSPW. VIN - SY4AM08Y37A018832. The machine was impounded by Howell Towing for the purpose of investigation.

INJURY:

Massive head trauma to (b)(6) was evident at the scene. He experienced serious blood loss. Mr. Keehn was transported to the University of Michigan Medical Center by air ambulance. He succumbed to his injuries at the hospital.

(b)(6) advised that his right arm and hand were sore. He was briefly examined by Livingston County EMS, but refused further treatment.

ADDITIONAL STATEMENTS AND EVIDENCE:

Deputy Marino spoke with some of the guests at the party. Please refer to his supplemental report.

Howell Fire Department Lieutenant Needham was at the bon-fire. He indicated to the U/S that it looked like Mr. Keehn was attempting to 'fish-tail' on the wet grass.

Ms. Doyle & Mr. Vanatta were at the bon-fire. They did not see the crash.

Livingston County Sheriff Dept  
Incident Report  
130 N. Highlander Way  
Hovell MT 59843

Report 07-003908  
Date 10/26/07  
Time 10:31 PM

Phone: (517) 544-2440

Narrative:

Deputy Chaff took measurements and pictures. He will re-examine the area in daylight. Deputy Chaff will provide a supplemental report.

Status:

Closed.

**LIVINGSTON COUNTY SHERIFF DEPT**  
**INCIDENT REPORT**  
 150 S. HIGHLANDER WAY  
 HOWELL MI 48843 1954

COPY FOR: RECORDS  
 TELEPHONE:517-546-2440

13908-07 S1  
 RUN TIME 21:50:41  
 RUN DATE-10/07/07

INCIDENT # - 13908-07S1 FILE CLASS-93001/ STATUS-OPEN  
 CITY/TOWN - 10 -HOWELL TWP LOCATION - 5080 W GRAND RIVER  
 OFFENSE - 9301 ACCIDENT, TRAFFIC  
 5424 OPR U/INF INTOX LIQ OFF RD VEH  
 MAIN BADGE: 147 - 351  
 OCCURRED -10/06/07 22:52  
 REPORTED -10/06/07 23:00 RESPONSIBLE-147 -L.C.S.D. ZONE-  
 DISPATCHED-10/07/07 00:03 RESPONDING -147 -L.C.S.D.  
 ARRIVED -10/07/07 00:03  
 CLEARED -10/07/07 00:00

WITNESSES:

(b)(6) SEX:M RACE:W DOB: 2/25/75 WI 9301  
 HOME#:517-404-4926  
 EYES:BLU HAIR:BRO HGT: WGT: SS# 000-00-0000 DL#: /  
 WORK:FLAGSTAR BANK/LOAN OFFICER 877-296-8141

SANOW, MATTHEW PAUL SEX:M RACE:W DOB: 3/08/79 WI 9301  
 234 HOLLY DR APT 419 HOWELL, MI 48843 HOME#:517-548-1178  
 EYES:HAZ HAIR:BRO HGT:6-00 WGT:235 SS# (b)(6) DL#:MI/S500589676177  
 WORK:DPC CARPENTRY/CARPENTER

(b)(6) SEX:F RACE:W DOB:10/10/85 WI 9301  
 HOME#:517-548-1325  
 EYES:BRO HAIR:BRO HGT:5-08 WGT:130 SS# 000-00-0000 DL#:MI/M614 744 108 780  
 CELL #: 517-672-9502  
 WORK:196 SHELL STATION/CLERK 810-229-8577

(b)(6) SEX:M RACE:W DOB: 4/29/56 WI 9301  
 HOME#:810-459-7417  
 WORK:MCDONALDS/OWNER

(b)(6) SEX:F RACE:W DOB:12/19/75 WI 9301  
 HOME#:248-636-3187  
 EYES: HAIR: HGT: WGT: SS# 000-00-0000 DL#:MI/ S416305585962

RICHARDS, SHEILA LYNN SEX:F RACE:W DOB:10/24/68 WI 9301  
 11762 KINNEVILLE RD EATON RAPIDS, MI 48827 HOME#:517-388-0479  
 EYES:HAZ HAIR: HGT:5-00 WGT:145 SS# 000-00-0000 DL#:MI/ R263765564820

(b)(6) SEX:M RACE:W DOB: 7/18/59 WI 9301  
 HOME#:313-600-0276  
 EYES:BRO HAIR: HGT:6-05 WGT:200 SS# 000-00-0000 DL#:MI/ N350465615567

SEARL, ELIZABETH ANN SEX:F RACE:W DOB:12/11/74 WI 9301  
 (b)(6) HOME#:734-216-7783  
 EYES:BLU HAIR: HGT:5-02 WGT:125 SS# 000-00-0000 DL#:MI/ S640210067942

SEX: RACE: DOB: WI 9301

REPORTING OFFICER  
 TYPIST -

  
 DEPUTY R MARINO

DATE 10/07/07

COPY FOR: RECORDS  
TELEPHONE:517-546-2440

LIVINGSTON COUNTY SHERIFF DEPT  
INCIDENT REPORT  
150 S. HIGHLANDER WAY  
HOWELL MI 48843 1954

13908-07 S1  
RUN TIME 21:50:41  
RUN DATE-10/07/07

---

INCIDENT # - 13908-07S1 FILE CLASS-93001/ STATUS-OPEN  
 CITY/TOWN - 10 -HOWELL TWP LOCATION - (b)(6)  
 OFFENSE - 9301 ACCIDENT, TRAFFIC  
 5424 OPR U/INF INTOX LIQ OFF RD VEH  
 MAIN BADGE: 147 - 351  
 OCCURRED -10/06/07 22:52 ZONE-  
 REPORTED -10/06/07 23:00 RESPONSIBLE-147 -L.C.S.D.  
 DISPATCHED-10/07/07 00:03 RESPONDING -147 -L.C.S.D.  
 ARRIVED -10/07/07 00:03  
 CLEARED -10/07/07 00:00  
 REVIEWED BY \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

Livingston County Sheriff Dept  
Incident Report  
150 S. Highlander Way  
Howell MI 48843

Report 07-0013908  
Date 10/07/07  
Time 9:53 PM

Phone: (517) 546-2440

Narrative:

SUPPLEMENTAL REPORT:

147-13908-07-S1

INTERVIEW WITH WITNESSES:

Upon arrival I observed the victim lying on the ground being treated by Livingston County EMS, and members of the Howell Area Fire Department. The ORV vehicle was sitting up on its tires, facing east, above the head of the victim. The victim was lying on the ground on his back with his feet to the north and his head to the south. I also observed a large amount of blood on the ground where his head was laying. I was advised by Central Dispatch that U of M Life-flight was en-route for the victim.

I contacted Deputy Morse, who was working Livingston County Dispatch, and advised him that I needed to speak to either Sgt. Nast or Lt. Sanborn so they could be updated on the status of the call. I also advised him that I was requesting the Traffic Safety Division for scene investigation. I then spoke to Deputy Sell, and Lt. Sanborn who stated that Traffic Safety was not needed due to the fact that the victim involved lived on the property, and either Deputy Hur, or myself would handle the complaint.

While on scene I made contact with several individuals whom where at the scene most of which stated that they did not see the accident, due to the darkness and/or they were sitting by the bon-fire which was put them out of position to see the accident. They all did say that they heard it and went up the where the accident was after the vehicle came to rest. The following is a list of individuals that I spoke with and what they observed.

CONTACT WITH (b)(6)

(b)(6) stated that he was sitting by the bon-fire when he heard the crash, he stated that he was not in a position to see anything, however, after he heard it he ran over to the accident. He stated that he and other individuals lifted the ORV off of the victim as he heard someone calling 911. He further stated that the ORV was lying on its driver's side and on top of the victim.

CONTACT WITH (b)(6)

Ms. Shelford also stated that she was not in a position to see the incident, and it was too dark to see anything. She stated that after she heard the

## Livingston County Sheriff Dept

Incident Report  
150 S. Highlander Way  
Howell MI 48843

Report 07-0013908

Date 10/07/07

Time 9:53 PM

Phone: (517) 546-2440

## Narrative:

crash she ran behind (b)(6) and seen the victim lying on the ground after the ORV was lifted off of him.

CONTACT WITH (b)(6)

(b)(6) stated that he could see the accident happen where he was sitting; which was also at the bon-fire. He stated that the victim driving (Brian) looked as if he was attempting to purposely force the ORV to fishtail. He stated that it appeared that the victim, whom was also the driver, had the ORV "Floored". He stated that he does not what the actual speed that the ORV was traveling or the top speed for the ORV. He stated that it appeared that the victim was ejected from the ORV, prior to it landing on him. He then ran over to where the accident happened and helps pull the ORV off of him.

CONTACT WITH (b)(6)

(b)(6) advised me of the same statement as (b)(6) She did add that she seen the driver's seat of the ORV where the victim was sitting fall onto the victim's head when the ORV was being removed from on top of him.

CONTACT WITH (b)(6)

(b)(6) stated that she didn't see anything regarding the accident until she heard someone yell call 911. She stated that she went over to where the accident happened, and seen the victim lying on the ground and observed blood on his head.

CONTACT WITH (b)(6)

(b)(6) whom is a nurse, stated that after she heard the accident she assisted Ken Needham (Howell Fire) with trying to open the victim's airway. She stated that the victim was not talking, but she did feel that he was responding to her. She further stated that she would tell the victim to spit it out, (blood) and he would. She stated that after a short time the Livingston County EMS paramedics arrived and rendered aid.

CONTACT WITH (b)(6)

(b)(6) stated that when he arrived at the scene he observed the ORV already off of the victim and he was already being attended to.

CONTACT WITH (b)(6)

**Livingston County Sheriff Dept**

Incident Report  
150 S. Highlander Way  
Howell MI 48843

Report 07-0013908

Date 10/07/07

Time 9:53 PM

Phone: (517) 546-2440

---

Narrative:

(b)(6) who is a Howell Fire Fighter, stated that he believed he seen the ORV flip up on its front end prior to rolling. He stated that he does not know how many times it rolled, but believed it rolled all the way around because there was mud on both sides of the ORV. He stated that when the ORV was removed from the victim, he rendered aid to him. He stated that he spoke with Central Dispatch and advised them of the status, and told them to dispatch a Helicopter due to the severity of the injuries. He stated that he maintained a C-spine on the victim until the paramedics arrived to take over scene command.

STATUS:

Tot, Deputy Hur.

Respectfully submitted,

Deputy R. Marino #351  
Livingston County Sheriff Department

COPY FOR: RECORDS  
TELEPHONE:517-546-2440

LIVINGSTON COUNTY SHERIFF DEPT  
INCIDENT REPORT  
150 S. HIGHLANDER WAY  
HOWELL MI 48843 1954

13908-07 S2  
RUN TIME 15:19:33  
RUN DATE-10/21/07

INCIDENT # - 13908-07S2 FILE CLASS-93001/ STATUS-CLOSED  
CITY/TOWN - 10 -HOWELL TWP LOCATION - (b)(6)  
OFFENSE - 9301 ACCIDENT, TRAFFIC  
5424 OPR U/INF INTOX LIQ OFF RD VEH  
MAIN BADGE: 147 - 320  
OCCURRED -10/06/07 22:52  
REPORTED -10/07/07 14:05 RESPONSIBLE-147 -L.C.S.D. ZONE-  
DISPATCHED-10/07/07 00:00 RESPONDING -147 -L.C.S.D.  
ARRIVED -10/07/07 00:03  
CLEARED -10/07/07 00:00  
NARRATIVE:

Accident Investigation.

REPORTING OFFICER B. Chuff 320 DATE 10/21/07  
TYPIST - DEPUTY B CHUFF  
REVIEWED BY \_\_\_\_\_ DATE  / /

Livingston County Sheriff Dept  
Sheriff's Office  
100 N. Pleasant St  
P.O. Box 1000

Report # 100-133000  
Date 01/11/07  
Time 01:00 PM

Report # 100-133000

COMPLAINANT:

COMPLAINT NUMBER:

100-133000

INFORMATION:

While working duty, I was contacted by Mr. [Name] and Mr. [Name] and they advised that they had a problem with their car. They were unable to start the car and they were stuck on the side of the road. They were unable to get the car started and they were stuck on the side of the road. They were unable to get the car started and they were stuck on the side of the road.

SCENARIO:

While working duty, I was contacted by Mr. [Name] and Mr. [Name] and they advised that they had a problem with their car. They were unable to start the car and they were stuck on the side of the road. They were unable to get the car started and they were stuck on the side of the road. They were unable to get the car started and they were stuck on the side of the road.

While working duty, I was contacted by Mr. [Name] and Mr. [Name] and they advised that they had a problem with their car. They were unable to start the car and they were stuck on the side of the road. They were unable to get the car started and they were stuck on the side of the road. They were unable to get the car started and they were stuck on the side of the road.

VEHICLE:

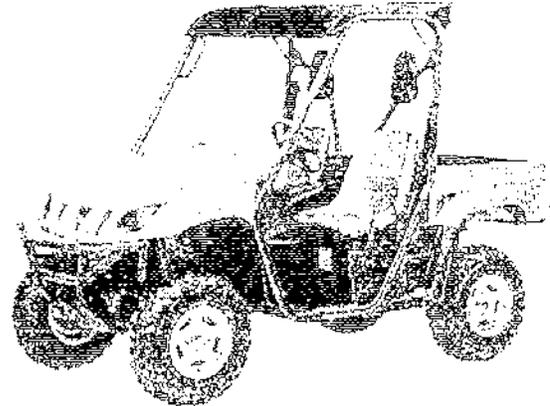
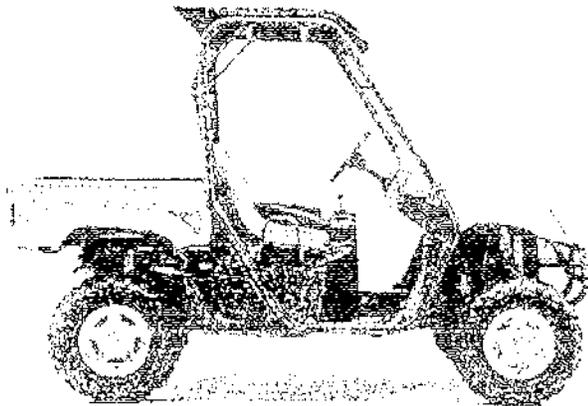
The vehicle involved in this incident was a [Year] [Make] [Model]. The vehicle was a [Year] [Make] [Model]. The vehicle was a [Year] [Make] [Model]. The vehicle was a [Year] [Make] [Model].

Livingston County Sheriff Dept  
Incident Report  
Officer: [Name], [Address]  
[Address]

Report # [Number]  
Date [Date]  
Time [Time]

Printer: [Name]

[Text]



INVESTIGATION:

Upon arrival of the scene, the following first tire marks were observed on the road surface. The marks were made on the road surface between the [Location] and the [Location]. The marks were made in a series of [Location] indicating the point of [Location] of the vehicle. Upon inspection of the vehicle, the driver's seat was found to be [Location] and the [Location] of the vehicle was found to be [Location]. The driver's seat was found to be [Location] and the [Location] of the vehicle was found to be [Location]. The driver's seat was found to be [Location] and the [Location] of the vehicle was found to be [Location]. The driver's seat was found to be [Location] and the [Location] of the vehicle was found to be [Location].

After a visual inspection of the scene at the [Location] area of [Location] was conducted. Upon completion of the search, nothing suspicious was observed.

WITNESS STATEMENTS:

The following statements were obtained from [Name] who was driving the vehicle at the time of the incident. [Name] advised that the vehicle was traveling at a speed of [Location] and was making a [Location] when the incident occurred. [Name] advised that the vehicle was traveling at a speed of [Location] and was making a [Location] when the incident occurred. [Name] advised that the vehicle was traveling at a speed of [Location] and was making a [Location] when the incident occurred. [Name] advised that the vehicle was traveling at a speed of [Location] and was making a [Location] when the incident occurred. [Name] advised that the vehicle was traveling at a speed of [Location] and was making a [Location] when the incident occurred.

INTERVIEW MARKER:

Livingston County Sheriff Dept  
Incident Report  
150 S. Highlander Way  
Howell MI 48843

Report 07-0013908  
Date 10/21/07  
Time 3:21 PM

Phone: (517) 546-2440

Narrative:

(b)(6) indicated that she had been friends with (b)(6) for about 6 years. (b)(6) stated that the party was a late party for Brian's birthday. (b)(6) stated that she and (b)(6) rode together to the party and arrived at around 11:00-11:30 p.m. (b)(6) stated that she had consumed two beers from the time she arrived until the time of the crash. (b)(6) stated that she believed that Brian had the same cup of Crown Royal from the time she arrived until the crash and indicated that, she knew it was Crown Royal because that was what he drank. (b)(6) stated that she watched Brian and the passenger pull away and take off relatively fast. (b)(6) stated that she heard the vehicle as it rolled over and that was when everyone ran up to help. (b)(6) stated that she observed (b)(6) as he was lying entirely underneath the vehicle while it lay on its driver's side. (b)(6) stated that she could see (b)(6)'s feet sticking out from underneath the vehicle. (b)(6) stated that after the vehicle was stood upright, Brian appeared to be laying in a "relaxed fetal position" with his feet pointing toward the fire.

INTERVIEW (b)(6)

(b)(6) indicated that he and (b)(6) arrived at the party together and had been sitting out at the bon fire. (b)(6) stated that just prior to the crash, he heard something said about going up to the house and then saw (b)(6) and the passenger as they pulled away in the vehicle. (b)(6) indicated that he paid attention to the vehicle on the way up to the house and noticed it starting to lose control. (b)(6) stated that he observed Brian inside the vehicle bouncing around as it started to roll. (b)(6) indicated that while Brian was bouncing around he still appeared to be in an upright seated position. (b)(6) stated that he watched the vehicle roll and immediately ran up to the vehicle. Mr. (b)(6) stated that he was the first person up to the vehicle aside from Mr. Radebach who was climbing out of the passenger seat. (b)(6) stated that it initially appeared as if Brian was still inside the vehicle with his head pinned beneath the roll bar, however, Mr. Sanow stated that when the vehicle was lifted off of Brian he remained stationary and did not fall out (indicating that he would not have been entirely inside the vehicle at the time it came to rest). (b)(6) stated that after the vehicle was lifted off of Brian, he was lying on his back with his neck turned. (b)(6) stated that Brian's position was with his head pointing toward the fire and his feet toward the house.

(b)(6) were both asked to write statements out which they did. All three witness statements will be attached to this supplement.

OFFICER OPINION:

Livingston County Sheriff Dept  
Accident Report  
110 S. Highways Way  
Howell NJ 08540

Report #: 98-011998  
Date: 11/14/98  
Time: 8:15 AM

Case #: 98-011998-1741

Re: [illegible]

Based on the information provided, it is believed that the driver was not the cause of the accident. The driver was not the cause of the accident and there was no evidence of any fault on the part of the driver. The driver was not the cause of the accident and there was no evidence of any fault on the part of the driver. The driver was not the cause of the accident and there was no evidence of any fault on the part of the driver.

CASE DISPOSITION:

The status of this case must be closed.

Reported by: [illegible]

Officer: [illegible]

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

27 (10-01-80)

Washtenaw County #07-635

October 08, 2007

## REPORT OF AUTOPSY

An autopsy was conducted on the body of **Brian Keelan** on the 8th day of October, 2007, at the University of Michigan Medical Center, 1500 East Medical Center Drive, Ann Arbor, Michigan. This death was reported to the Washtenaw County Medical Examiner on the preceding date. Chris Johnson witnessed the procedure.

### EXTERNAL EXAMINATION

*Identification:* Tag on body bag.

*Clothing:* None.

*Property:* None.

The body is cold (from refrigeration) and is that of a normally developed, apparently adequately nourished, white male adult, measuring 74 inches, weighing 175 pounds (following skeletal donation), and appearing consistent with the reported age 27 of years. Lividity is most prominent on the dorsolateral dependent surfaces and partially fixed. Rigidity is irregular and moderately firm (passing). Hair distribution is normal for age and sex. Scalp hair is brown, straight and measures up to ¼ inch. The eyelids are closed over plastic shields; the sclerae and conjunctivae are pale and clear, respectively. The nares, mouth and oropharynx contain liquid blood and some brain tissue. The teeth are natural and intact edentulous. The ears are symmetrical; liquid blood is in the external auditory canals. The neck has normal contour. The anterolateral thorax is symmetrical; conjoined postmortem incisions from each shoulder are extended in the midline to the epigastrium and are closed. The abdomen is moderately firm and mildly protuberant. The external genitalia are those of a normal adult circumcised male. The back is normal. The extremities are symmetrical; closed postmortem incisions extend from the lateral iliac crests anteriorly through the inguinal lines and inferiorly to the medial malleoli. Closed postmortem incisions likewise extend from both shoulders to the dorsum of both wrists.

*Evidence of Recent Medical Treatment:* Orotracheal tube (position confirmed); bilateral indwelling chest tubes; large needle puncture, right femoral triangle; multiple needle punctures, left femoral triangle; indwelling Foley catheter.

*Evidence of Injury:*

- ¾ inch abrasion posterior right frontal scalp.
- Horizontal ½ inch cut posterior left frontal scalp.
- ½ inch circular abrasion, left parietal scalp.
- 1½ inch horizontal cut, left frontotemporal scalp.
- ½ inch oblique cut, left occipital scalp.
- 4½ inch horizontal cut extending from posterior occipital midline through left external ear.
- Ecchymosis in bilateral superior eyelids. Horizontal contusion, inferoanterior left arm.
- Vertical linear abrasions, inferoanterior left thigh.
- Multiple vertical patterned clothing abrasions, bilateral posterior legs.
- Horizontal 3 inch deep abrasion, posterolateral right lower leg.
- ½ inch abrasion, anterolateral lower left leg.
- Contusion, dorsum left foot.

## INTERNAL EXAMINATION

*Head/Central Nervous System:* The scalp is reflected from a coronal incision; there is multifocal hemorrhage (left greater than right) with subjacent left depressed skull fractures. The calvarium is opened in the usual manner. Epidural and subdural hemorrhages are absent. Depressed left temporoparietal fractures extend to the sagittal midline; bilateral frontal fractures communicate with a partially separated frontal suture. The bilateral orbital plates are displaced by comminuted fractures. A transverse petrous ridge fracture extends into the 3 left fossae and into the right anterior and middle fossae. The brain weighs 1600 grams and has thin glistening meninges with diffuse subarachnoid hemorrhages. There is generalized swelling with symmetrical herniations of the unci and cerebellar tonsils. The cerebral hemispheres are generally symmetrical and the pattern of gyri and sulci is generally normal with somewhat softened consistency. Cortical lacerations are in the inferior bilateral frontal, left temporal, and lateral left occipitoparietal temporal surfaces. The arteries of the Circle of Willis have the usual configuration and distribution without abnormality. Multiple coronal sections reveal right greater than left basal ganglia contusions and an inferior left temporal cortical contusion. The lateral ventricles have compressed symmetry and bloody fluid. The cerebellum, brain stem, proximal spinal cord and pituitary gland are otherwise normal.

*Body Cavities:* The body is opened by an anterior thoracoabdominal incision, the sternum and adjacent costochondral segments removed, and the organs examined in place. With the exception of the heart and aorta, all organs are in their usual anatomic positions and have the usual relationships. The peritoneal fat is 1.5 cm. thick. The pleural and abdominal cavities have serosanguineous fluid without adhesions.

**Neck:** Laminar subglottic dissection, including en bloc removal of the tongue and hypopharynx, reveals no distinct hemorrhages. The hyoid and laryngotracheal cartilages have neither fracture nor deformity. The pharynx and larynx are unobstructed and have intact mucosae partially covered with gastric fluid. Major blood vessels are normal.

**Respiratory System:** The tracheobronchial configuration and distribution are normal with intact mucosae partially covered with gastric fluid. The pulmonary arteries are patent. The right and left lungs weigh 620 grams and 790 grams, respectively, and have smooth and glistening pleural surfaces. The parenchyma is markedly hyperemic without consolidation.

**Cardiovascular System:** The heart is absent and the pericardium open. The aortic arch is likewise sent. No atherosclerosis is in the distal thoracic and abdominal aorta.

**Hematopoietic/Lymphatic System:** The spleen weighs 190 grams and has a dark red, firm parenchyma with distinct white pulp; the capsule is thin, smooth and intact. The thoracic and abdominal lymph nodes are normal in size, color and texture. The thymus is not identified. The costal bone marrow is normally liquid within a characteristic osseous matrix.

**Gastrointestinal System:** The mucosa of the esophagus is intact and the lumen contains gastric fluid throughout its length. The stomach contains approximately 150 ml. of dark green particulate mucoid fluid and the mucosa is intact. The duodenum, jejunum, ileum and colon have intact muscularis and mucosae. The appendix is normal. The liver weighs 1960 grams and has a sharp anterior margin and smooth glistening capsule with homogeneous dark tan, lobular parenchyma. The gallbladder and extrahepatic biliary ducts are neither obstructed nor dilated; no calculi are in the residual green mucoid bile. The pancreas is yellow-tan, slightly softened and characteristically lobular.

**Genitourinary System:** The right and left kidneys each weigh 170 grams and have smooth firm cortical surfaces beneath capsules which strip with slight difficulty. The cortices on section have uniform thickness and are pale red and uniformly firm. The pyramids are symmetrical and intact below well-defined corticomedullary junctions. The pelves are likewise symmetrical with normal configuration and smooth mucosae. The ureters are neither obstructed nor dilated. The urinary bladder has a uniform intact muscularis with characteristic mucosal pattern and is contracted and empty. The prostate gland is normal in size and consistency.

**Endocrine System:** The thyroid gland weighs approximately 30 grams and has characteristic near-symmetry with dark red-brown glistening cut surfaces. The adrenal cortices are pale yellow and average 0.1 cm. in thickness. Adrenal medullae are narrow and uniformly gray.

**Musculoskeletal System:** The vertebral bodies are normally aligned and intact. Intervertebral discs are symmetrical and allow characteristic movement. Lateral osseous and cartilaginous structures have normal contour and articulations. Skeletal muscles are normal.

**Specimens taken:** 40 ml. blood (from GOL)  
4 ml. vitreous (from GOL)  
representative tissue

## MICROSCOPIC EXAMINATION

Lungs have diffuse atelectasis and bronchoalveolar blood. Liver has mild fatty change. Brain has subarachnoid and deep parenchymal hemorrhages, with moderate-severe hypoxic cellular changes. Additional organ sections are unremarkable.

## SUMMARY OF AUTOPSY EXAMINATION

### **Craniocerebral trauma**

**Multiple skull fractures (base and vault)**  
**Multiple cerebral cortical lacerations (left)**  
**Diffuse subarachnoid hemorrhages**  
**Inferior and intermediate contusions**  
**Intraventricular hemorrhages**

**Postmortem donation: Heart and aortic arch, long bones (all extremities)**

**Toxicology: Blood ethanol 0.03 gm/dl**  
**THC 1.8 ng/ml**  
**THC-COOH 10.1 ng/ml**  
**Vitreous ethanol 0.08 gm/dl**

## COMMENT

(b)(6) a 27-year-old man, was declared dead at 2:42 a.m. on October 7, 2007, at the University of Michigan Medical Center in Ann Arbor, following air transfer from his home at 5080 E. Grand River Ave., in Howell Township (Livingston County).

Death was caused by multiple crushing head injuries received as the driver of an all-terrain vehicle which rolled over at approximately 11:50 p.m. on October 6, 2007, behind his home. Principal injuries were depressed skull fractures and brain trauma.

No other serious injuries nor any sign of disease contributing to death were present at postmortem examination.

The manner of death is accident.

*Bader J. Cassin, M.D.*  
*Forensic Pathologist & Medical Examiner*  
*December 13, 2007*

## MICROSCOPIC EXAMINATION

Lungs have diffuse atelectasis and bronchoalveolar blood. Liver has mild fatty change. Brain has subarachnoid and deep parenchymal hemorrhages, with moderate-severe hypoxic cellular changes. Additional organ sections are unremarkable.

## SUMMARY OF AUTOPSY EXAMINATION

### Craniocerebral trauma

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Basil J. Cassin, M.D.  
Forensic Pathologist & Medical Examiner  
December 13, 2007

**071009HNE2821**

**ATTACHMENT #3**

**Contact Sheet**

Contacted on 10/11/07  
Livingston County  
Sheriff's Office  
150 Highlander Way  
Howell, MI. 48843  
517-546-2440

Contacted on 10/11/07  
Washtenaw County  
Medical Examiner  
1200 State Circle  
Ann Arbor, MI. 48108  
734-477-6310

**Task Number: 071009HNE2821**

**Date: 01/16/08**

**ATTACHMENT # 4**

### **Status of Missing Document(s)**

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

1. Photos

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

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

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

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

Task Number 071009HNE2821

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 02 - Yamaha	Manufacturer:

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

Model: RHINO	VIN: SY4AM08Y37A018832
--------------	------------------------

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

Model Year: 2007

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

Engine Size: 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: 10/07/2007	
Age/Sex: 28/Male	/
State of Death: MI	
City of Death: Ann Arbor	
County of Death: Washtenaw	

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

A 27-year-old-male was riding a 4-wheeled ATV in a back yard on private property with a 26-year-old-male passenger, with neither wearing a helmet. The victim lost control as he attempted to fish tail on wet grass causing the ATV to overturn, landing on top of him. The victim was transported to a hospital where he succumbed to his injuries, with the cause of death determined to be multiple crush head injuries. The passenger complained of soreness to his right arm and hand and was briefly examined by EMS b

8. Did the ATV overturn/tipover/rollover? Yes

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

Victim 1:                      Victim 2:

Yes    No    Unknown      Yes    No    Unknown

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

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

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

Victim 1:                      Victim 2:

Yes     No    Unknown      Yes    No    Unknown

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

0 - Unknown     2 - Two riders      4 - Four or more riders  
1 - One rider    3 - Three riders    9 - No riders

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

Age: 28                      Height: 74 (inches)  
Weight: 04 = 150 - 199      Sex: 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?

- 11 - Yard/Lawn

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

- 09 - NA (Not a road)

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

- 09 - NA (Not a traffic incident)

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

- 1 - Yes

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

- 0 - Unknown

Additional Comments:

1. Task Number 071010HCC3036		2. Investigator's ID 8999		EPIDEMIOLOGIC INVESTIGATION REPORT	
3. Office Code 840	4. Date of Accident YR MO DAY 2007 08 16	5. Date Initiated YR MO DAY 2007 10 22			
6. Synopsis of Accident or Complaint UPC A 19-year-old woman working at a dude ranch was killed when the off-road utility vehicle she was driving overturned and pinned her under the windshield frame. She was not using protective equipment.  <b>MFR/PRVLR NOTIFIED</b> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>3, 6</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 08 11 05 00					
7. Location (Home, School, etc) 2 - FARM		8. City ROUTT COUNTY		9. State CO	
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name RANGER		10C. Model Number 4XARD0A349442469	
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441					
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE					
12. Age of Victim 19		13. Sex 2 - Female		14. Disposition 8 - Death	
15. Injury Diagnosis 54 - Crushing		16. Body Part(s) Involved 31 - UPPER TRUNK		17. Respondent 3 - 2nd Hand Info Only	
18. Type of Investigation 2 - Telephone		19. Time Spent (Operational / Travel) 8 / 0		20. Attachment(s) 2 - Documents	
21. Case Source 05 - Newspaper		22. Sample Collection Number		23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal	
24. Review Date 10/26/2007		25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin		28. Source Document Number N0780512A			



This investigation was assigned based on a news story about a fatal crash involving an ATV. A 19-year-old woman died when she was trapped under the windshield frame on an overturned off-road vehicle. She was not using protective equipment.

The vehicle was a 2004 Polaris Ranger, an off-road vehicle with bench seats and a steering wheel. Based upon guidance from the CPSC Epidemiology staff, this vehicle does not fall under the CPSC definition of an ATV, and an abbreviated report was done.

The victim had just driven another employee at a dude ranch to the employee housing area on the property. She was driving at night, and worked at the dude ranch as a waitress.

The employee told Sheriff's officers that he saw her driving the vehicle back down the dirt road with the headlights on. He said that he saw the beams from the lights suddenly change from shining down the road to up in trees along the road. Another employee also told investigators that he noticed a pair of headlights on the hill that were oriented in a vertical position instead of the normal horizontal direction.

Employees and staff responded to the crash location and found the woman trapped beneath the windshield frame on the vehicle. Several people were able to lift the vehicle off of the victim, but were not able to revive her. She died at the scene of the crash.

The vehicle was a Polaris, 2004 Ranger, VIN: (b)(3) CPUSA Section 25(c),(b)  
(6) It was owned by the dude ranch.

### **Attachments**

Attachment 1 Routt County Sheriff's report.

Attachment 2 Ranger brochure from the Polaris website showing 2008 models.

**COLORADO OFFENSE REPORT**

ROUTT COUNTY SHERIFF'S OFFICE

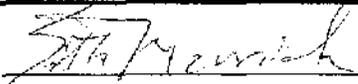
LOCATION

OR#: CO0540000		INCIDENT #: S0703484		REPORT DATE/TIME: 8/16/2007 9:08:40 PM	
DATE(S) OF INCIDENT: Start 08/16/2007 End 08/17/2007	TIME(S) OF INCIDENT: Start 21:08 End 03:37	REPORT TYPE: <input checked="" type="checkbox"/> INITIAL REPORT <input type="checkbox"/> SUPPLEMENT	INCIDENT STATUS: <input checked="" type="checkbox"/> UNFOUNDED <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> CLEARED EXCEPTIONAL	EXCEPTIONAL CLEARANCE DATE:  EXCEPTIONAL CLEARANCE:	
LOCATION OF INCIDENT: 73970 COUNTY RD 129			CITY: ROUTT	STATE: CO	OFFENSE TRACT:
METHOD OF OPERATION: ACC INJ/UNK - ACCIDENT MOTOR VEHICLE - WITH INJURIES OR UNKNOWN					
CONNECTING CASE NUMBERS:					

OFFENSE

NCIC CODE	OFFENSE DESCRIPTION:	STATUTE:	OFFENSE COMPLETED: <input type="checkbox"/>
BIAS MOTIVATION	PREMISE TYPE:	TYPE CRIMINAL ACTIVITY: 1. _____ 2. _____ 3. _____	TYPE WEAPON/FORCE INVOLVED: 1. _____ 2. _____ 3. _____
(FOR BURGLARY ONLY) NUMBER OF PREMISES ENTERED	METHOD OF ENTRY: <input checked="" type="checkbox"/> F - FORCIBLE <input type="checkbox"/> N - NO FORCE	OFFENDER(S) USED: <input type="checkbox"/> A - ALCOHOL <input type="checkbox"/> D - DRUGS <input type="checkbox"/> C - COMPUTER EQUIP	
NCIC CODE	OFFENSE DESCRIPTION:	STATUTE:	OFFENSE COMPLETED: <input type="checkbox"/>
BIAS MOTIVATION	PREMISE TYPE:	TYPE CRIMINAL ACTIVITY: 1. _____ 2. _____ 3. _____	TYPE WEAPON/FORCE INVOLVED: 1. _____ 2. _____ 3. _____
(FOR BURGLARY ONLY) NUMBER OF PREMISES ENTERED	METHOD OF ENTRY: <input type="checkbox"/> F - FORCIBLE <input type="checkbox"/> N - NO FORCE	OFFENDER(S) USED: <input type="checkbox"/> A - ALCOHOL <input type="checkbox"/> D - DRUGS <input type="checkbox"/> C - COMPUTER EQUIP	
NCIC CODE	OFFENSE DESCRIPTION:	STATUTE:	OFFENSE COMPLETED: <input type="checkbox"/>
BIAS MOTIVATION	PREMISE TYPE:	TYPE CRIMINAL ACTIVITY: 1. _____ 2. _____ 3. _____	TYPE WEAPON/FORCE INVOLVED: 1. _____ 2. _____ 3. _____
(FOR BURGLARY ONLY) NUMBER OF PREMISES ENTERED	METHOD OF ENTRY: <input type="checkbox"/> F - FORCIBLE <input type="checkbox"/> N - NO FORCE	OFFENDER(S) USED: <input type="checkbox"/> A - ALCOHOL <input type="checkbox"/> D - DRUGS <input type="checkbox"/> C - COMPUTER EQUIP	

ADMIN

MERRICK, SETH T	4210	8/23/2007	
REPORTING OFFICER	ID	DATE	REPORTING OFFICER SIGNATURE
REVIEWING SUPERVISOR	ID	DATE	REVIEWING SUPERVISOR SIGNATURE

**PERSONS INVOLVED**

ROUITT COUNTY SHERIFF'S OFFICE

OR# CO0540000		INCIDENT #: S0703484		REPORT DATE/TIME: 8/15/2007 9:08:40 PM	
INVOLVEMENT TYPE: Reportee		PERSON #1	NAME: COUNTY CARBON		MONIKER:
ADDRESS: (STREET, CITY, STATE, ZIP)					PO BOX:
SSN:	HOME PHONE:	WORK PHONE:	D.#:	STATE:	
TYPE OF VICTIM	RACE:	SEX:	RESIDENT STATUS:	ETHNICITY:	DOB: AGE:
					CONNECTED TO OFFENSES:
WEIGHT:	HEIGHT:	SKIN:	EYE COLOR:	HAIR COLOR:	
OCCUPATION:		EMPLOYER NAME:		EMPLOYER ADDRESS:	
AGGRAVATED ASSAULT CIRCUMSTANCES:		JUSTIFIABLE HOMICIDE CIRCUMSTANCE:		INJURY TYPE:	
1 _____		_____		<input type="checkbox"/> NONE <input type="checkbox"/> BROKEN BONES <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> POSS. INT INJURIES <input type="checkbox"/> LOSS OF TEETH <input type="checkbox"/> SEVERE LACERATION <input type="checkbox"/> OTHER <input type="checkbox"/> UNCONSCIOUSNESS	
2 _____		_____			
RELATIONSHIP OF VICTIM TO OFFENDER					
1 _____	2 _____	3 _____	4 _____	5 _____	
6 _____	7 _____	8 _____	9 _____	10 _____	
INVOLVEMENT TYPE: VICTIM		PERSON #1	NAME: _____		MONIKER:
ADDRESS: (STREET, CITY, STATE, ZIP)					PO BOX:
SSN:	HOME PHONE:	WORK PHONE: 970-583-2258	D.#:	STATE: AL	
TYPE OF VICTIM	RACE:	SEX:	RESIDENT STATUS:	ETHNICITY:	DOB: AGE: 19
PERSON/INDIV:	WHITE	FEMALE	NON RESIDENT	NON-HISPANIC	CONNECTED TO OFFENSES:
WEIGHT: 128	HEIGHT: 508	SKIN: LIGHT	EYE COLOR: Green	HAIR COLOR: Brown	
OCCUPATION: 03 / LABORER		EMPLOYER NAME: THREE FORKS RANCH CORP.		EMPLOYER ADDRESS: 73970RCR129, SLATER CO 81653-	
AGGRAVATED ASSAULT CIRCUMSTANCES:		JUSTIFIABLE HOMICIDE CIRCUMSTANCE:		INJURY TYPE:	
1 ALL OTHER		_____		<input checked="" type="checkbox"/> BROKEN BONES <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> POSS. INT INJURIES <input type="checkbox"/> LOSS OF TEETH <input checked="" type="checkbox"/> SEVERE LACERATION <input type="checkbox"/> OTHER <input type="checkbox"/> UNCONSCIOUSNESS	
2 ALL OTHER		_____			
RELATIONSHIP OF VICTIM TO OFFENDER					
1 _____	2 _____	3 _____	4 _____	5 _____	
6 _____	7 _____	8 _____	9 _____	10 _____	

12

**OFFENSE VEHICLES**  
 ROUTT COUNTY SHERIFF'S OFFICE

ORR: CO0540000		INCIDENT #: S0703484		REPORT DATE/TIME: 8/16/2007 9:08:40 PM	
VEHICLE TYPE: OTHER	MAKE: POLARIS	MODEL: RANGER	YEAR: 2004	COLOR: GREEN	
VEHICLE STYLE: UTILITY	LICENSE PLATE:	PLATE STATE:	PLATE YEAR:	PLATE EXPIRES:	
VIN: <input type="text"/>		STATUS:	TOL:	SECURED:	
TRANSMISSION TYPE:	TRANSMISSION SPEEDS:	COMMENTS:			
OWNER:			PHONE:		
ADDRESS: (STREET, CITY, STATE, ZIP)					PO BOX:
VEHICLE TYPE:	MAKE:	MODEL:	YEAR:	COLOR:	
VEHICLE STYLE:	LICENSE PLATE:	PLATE STATE:	PLATE YEAR:	PLATE EXPIRES:	
VIN:		STATUS:	TOL:	SECURED:	
TRANSMISSION TYPE:	TRANSMISSION SPEEDS:	COMMENTS:			
OWNER:			PHONE:		
ADDRESS: (STREET, CITY, STATE, ZIP)					PO BOX:
VEHICLE TYPE:	MAKE:	MODEL:	YEAR:	COLOR:	
VEHICLE STYLE:	LICENSE PLATE:	PLATE STATE:	PLATE YEAR:	PLATE EXPIRES:	
VIN:		STATUS:	TOL:	SECURED:	
TRANSMISSION TYPE:	TRANSMISSION SPEEDS:	COMMENTS:			
OWNER:			PHONE:		
ADDRESS: (STREET, CITY, STATE, ZIP)					PO BOX:

COLORADO OFFENSE REPORT  
NARRATIVE

ROUITT COUNTY SHERIFF'S OFFICE

\*\*\*\*\*

Narrative Title: Narrative From CAD  
Date Entered: 8/17/2007 8:22:24 AM

Complaint Type: ACC INJ/UNK - ACCIDENT MOTOR VEHICLE - WITH INJURIES OR UNKNOWN  
Caller Name: CARBON COUNTY  
Officer ID: 4210, Officer Name: MERRICK, SETH

[8/17/2007 01:26:29 : TSHUPP]  
S23 ONS 5 AGO

[8/17/2007 00:48:24 : TSHUPP]  
HEN1 REMAINING ONS TO TAKE PICTURES OF THE SCENE AND THEN WILL BE RETURNING  
TO STMBT

[8/17/2007 00:23:38 : TSHUPP]  
PARKS UNITS ENR W/ OHV REPORTS

[08/16/2007 23:24:14 : AMOSSER]  
PARKS OFFICER NOTIFIED  
COUNTY OFFICERS TO TAKE REPORT AND SEND INTO LITTLETON, PARKS NOT  
RESPONDING

[08/16/2007 23:19:01 : ERICK]  
PER (b)(3) CPSA Section 25  
(c)(4)(v)(6) OF MEN, THEY DO NOT KNOW IF IT WOULD BE THEIR RESPONSE OR  
SOME SORT OF BEREAVEMENT COUNSELORS FROM HOSPITAL. WILL CHECK AND CALL  
US BACK.

[08/16/2007 23:16:59 : NMC DONALD]  
CSP WILL NOT BE RESPONDING  
THEY DO NOT HANDLE ANY ATV ACCIDENTS BUT WILL NOTIFY THE PARKS THAT KEEPS  
TRACK OF ATV ACCIDENTS

[08/16/2007 23:14:33 : ERICK]  
S23 REQ VICTIMS ADVOCATES OR MENTAL HEALTH FOR APPROX 30 EMPLOYEES THAT  
WITNESSED ACCIDENT

[08/16/2007 23:11:13 : NMC DONALD]  
PER THREE FORKS THE ACCIDENT OCCURED ON THEIR PROPERTY

AGENCY: ROUTT COUNTY SHERIFF'S OFFICE  
Jurisdiction: CO0540000  
Report Date / Time: 8/16/2007 9:08:40 PM  
Incident/Case Number: S0703484  
Case Description: ACCIDENT MOTOR VEHICLE - WITH INJUR  
Primary Officer Name/ID: MERRICK, SETH T/4210  
Approved By:  
Date/Time Printed: 8/23/2007 9:17:09 PM

Narrative: Page 5

071010HCC3036

Attachment 1

[08/16/2007 23:11:04 : ERICK]  
HEN 1 ENR, ETA DRIVE TIME FROM SS

[08/16/2007 23:05:49 : ERICK]  
PER CSP, WILL CALL OUT TROOPER, REQ WE GET LOCATION OF ACCIDENT OCCURRENCE

[08/16/2007 22:49:36 : AMOSSER]  
PATIENT PRONOUNCE HEN 1 REQUESTED

[08/16/2007 22:48:03 : AMOSSER]  
AM63 OUT WITH CARBON COUNTY AT TENNESSEE CREEK

[08/16/2007 22:46:19 : ERICK]  
AM63 AT MM37

[8/16/2007 22:44:39 : TSHUPP]  
CONTACT A21 @ 846-1100 AND PROVIDE AN UPDATE

[08/16/2007 22:39:59 : ERICK]  
PER A21, AUTHORIZED EXPENSE OF HELICOPTER IF PATIENT IS ALIVE

[08/16/2007 22:38:32 : ERICK]  
PER FLIGHT FOR LIFE, ST ANTHONY'S, FRISCO, NO HELICOPTER AVAILABLE.  
PER ST MARY'S GRAND JUNCTION, AIRLIFE, WILL NOT FLY DO TO WEATHER CONDITIONS  
AROUND DIVIDE AND BETWEEN GJ AND HERE.

[08/16/2007 22:34:55 : AMOSSER]  
PER AM63 THEY WILL RENDEVOUS AT THAT POINT ON THE ROAD WHEN THEY SEE CARBON  
COUNTIES LIGHTS

[08/16/2007 22:34:13 : AMOSSER]  
PATIENT LOADED AND EN ROUTE SOUTH

[08/16/2007 22:24:16 : AMOSSER]  
CARBON COUNTY AMB IS GOING TO TRY AND STABALIZE PATIENT AND LOAD TO MEET AM63

[8/16/2007 22:23:59 : TSHUPP]  
PER S23 CONTACT A21

[8/16/2007 22:22:42 : TSHUPP]  
NO ANSWER ON BOTH CELL NUMBERS // MESSAGES LEFT

[8/16/2007 22:21:52 : TSHUPP]

5

AGENCY: ROUTE COUNTY SHERIFFS OFFICE  
Jurisdiction: CO0540000  
Report Date / Time: 8/16/2007 9:08:40 PM  
Incident/Case Number: SC703464  
Case Description: ACCIDENT MOTOR VEHICLE - WITH INJUR  
Primary Officer Name/ID: MERRICK, SETH 114210  
Approved By:  
Date/Time Printed: 8/23/2007 9:17:09 PM

Narrative: Page 6

071010HCC3036

Attachment 1

2ND PAGE FOR A23

[08/16/2007 22:20:43 : ERICK]

3 FORKS ADVISED OF REQ FOR PATIENT LOADING, IS NOT IN THE SAME LOCATION, STATED SHE DID NOT BELIEVE THEY WERE IN PROCESS OR INTENDING TO LOAD

[08/16/2007 22:19:05 : ERICK]

CARBON COUNTY WILL HAVE TO CALL THEIR EMS TO PASS ON REQ FOR RENDEZVOUS, WILL CALL BACK

[08/16/2007 22:18:32 : ERICK]

NOT BREATHING, SHOCKED 4 TIMES, EYES ARE FIXED AND OPEN, BODY BLOATING AND GURGLING, ATV ROLLOVER

[08/16/2007 22:17:11 : AMOSSER]

AM63 REQUESTED THAT PATIENT BE LOADED AND TO START HEADING SOUTH

[08/16/2007 22:14:09 : ERICK]

PER 3 FORKS, VERY FAINT PULSE, DEFIBRILLATOR HAS BEEN USED SEVERAL TIMES, WILL HAVE SOMEBODY ON 129, ALMOST 13 MILES PAST COLUMBINE, HELIPAD NO LANDING STRIP

[08/16/2007 22:06:49 : ERICK]

PER S23, PAGE A23 AND LET HIM MAKE THE CALL ON WHETHER WE ATTEMPT TO LOCATE FLIGHT FOR LIFE

[8/16/2007 22:00:34 : TSHUPP]

AM63 REQ ANY UPDATES FROM CARBON AND A FREQUENCY THAT THEY CAN USE FOR COMMUNICATIONS

[08/16/2007 21:57:08 : AMOSSER]

ETA ON SSFR 30-40 MINUTES

[08/16/2007 21:53:24 : ERICK]

F67 COPIED MEDICAL PAGE

[08/16/2007 21:51:48 : ERICK]

CARBON LAW ON SCENE, UNABLE TO CONTACT, CPR IN PROGRESS

[08/16/2007 21:50:59 : AMOSSER]

REQUESTING AMBULANCE

FLIGHT COMING OUT OF NEBRASKA, POSSIBLY

WYOMING AMBULANCE IS 5 MINUTES OUT

ONLY TWO PEOPLE IN THEIR AMBULANCE, NEED AMB ASSIST

AGENCY: ROUTT COUNTY SHERIFF'S OFFICE  
Jurisdiction: CO0540000  
Report Date / Time: 8/16/2007 9:08:40 PM  
Incident/Case Number: S0703484  
Case Description: ACCIDENT MOTOR VEHICLE - WITH INJUR  
Primary Officer Name/ID: MERRICK, SETH T/4210  
Approved By:  
Date/Time Printed: 8/23/2007 9:17:10 PM

## Narrative: Page 7

071010HCC3036

Attachment 1

[8/16/2007 21:15:30 : TSHUPP]

WILL MONITOR // HAVE THEM ADVISE IF THEY WANT LAW TO RESPOND

[08/16/2007 21:15:26 : AMOSSER]

CARBON COUNTY DOES NOT WANT OUR EMS. AS THEIRS IS RESPONDING, WILL ADVISE IF THERE IS FURTHER ASSISTANCE NEEDED

[8/16/2007 21:13:13 : TSHUPP]

S23 ADVISED

[08/16/2007 21:11:50 : AMOSSER]

Landmark: THREE FORKS RANCH

ATV ROLLOVER WITH CRITICAL INJURIES, BARELY BREATHING

BAGGS AMB RESPONDING

AT THE MAIN OFFICE

\*\*\*\*\*

Narrative Title: NARRATIVE BY SERGEANT SETH MERRICK

Date Entered: 8/23/2007 9:16:47 PM

The following is a summary of the events that occurred in Routt County, Colorado. On August 16, 2007 at approximately 2115 hours I, Sergeant Seth Merrick was working a scheduled shift for the Routt County Sheriff's Office. I was advised by Routt County communications that there was an Off Highway Vehicle (OHV) accident at 73970 Routt County Road 129, Three Forks Ranch.

Communications advised that Carbon County had an ambulance and a Deputy responding to the scene. I advised them that I would monitor radio traffic and I would respond if law enforcement was needed. At approximately 2206 hours I was advised by communications that a Flight For Life Medical Helicopter was being sought. I advised dispatch to page (b)(3):CPSA Section 25(c),(b) while they were looking for possible helicopters to fly in so he could make that decision and no time would be spared. I then responded to the call from Hayden, Colorado.

While driving north on RCR129 within mile 16, I was advised that the Steamboat Ambulance (Ambulance 63) was meeting with the Carbon County ambulance, for the transport to Yampa Valley Medical center. I was on scene with the ambulance rendezvous at mile post 37 on Routt County Road 129, when I found out that they had pronounced the patient; later know (b)(3):CPSA Section 25(c),(b) as deceased. I spoke with the owner of Three Forks Ranch, (b)(3):CPSA Section 25(c),(b) he explained to me that he noticed what looked light headlights only they were vertical in position instead of horizontal which would be there normal arrangement. He said that he responded to a Polaris Ranger that was on

its side on of the employees was standing beside the ranger. He then saw (b) pinned under the Ranger. He and the employee tried to move the Ranger but couldn't so he got on the ranch radio and called for help. Five of the ranch guests ran up the hill to help and they still couldn't move the Ranger. CPR was immediately started and an ambulance was called. They continued CPR for the next 40 minutes. The Carbon County Sheriff Brian Lally arrived on scene and assisted with the CPR. Approximately 50 minutes after the accident had occurred, the Carbon County ambulance arrived.

At approximately 0045 County Coroner (b)(3)CPSA Section 25(c),(b) arrived on scene he began conducting his investigation. I assisted him with his duties. When he was finished there we both responded to Three Forks Ranch. The ranch is located at mile post 42.5 on RCR129 and the accident occurred .6 miles north of the main entrance on the main driveway. It was on a hill. I saw the green Polaris Ranger on its driver's side facing south. It was just off the left hand side of the driveway as you face north. I took digital pictures of the Polaris Ranger and as I walked further up the hill I noticed that there were tire marks that started at the top of the hill and ended up at the final resting place of the Ranger. At the top of the hill the drive turned right as you face north. On that corner I noticed some mild corrugation (washboard). The drive itself was gravel and the rocks appeared to an average of one inch in diameter, some bigger some smaller. The vehicle appeared to lose control and veered to the right as the operator would see things and before it went off the right hand side of the drive a steering correction was made. The it looked like the correction was too severe and the Ranger veered hard to the left. On the left side of the road was a ditch that was approximately 1.5 to 2 feet deep. The ranger appeared to collide into the fare side of the ditch with its passenger side front tire causing the Ranger to roll to the driver's side. In my training and experience I know that typically if there is an over correction in steering in an attempt to regain control of a vehicle momentum can case the vehicle to rotate in the opposite direct. That, combined with a downhill gravel road surface and a slight corrugation can make a vehicle continue momentum that can be very tough to overcome causing the vehicle to be virtually uncontrollable.

I next spoke with (b)(3)CPSA Section 25(c),(b)(6) he explained to me that (b) had just given him a ride to the employee housing on the top of the earlier described hill. He explained that as turned to go back down the hill through the bushes he noticed the light of the Ranger jump and come to rest shining on the trees. He said that he then saw the Ranger on its side. He saw (b) pinned underneath the windshield frame. He said that he couldn't reach her upper body to see if she was conscious. He could move the Ranger and he went to go get help. When he noticed that help was arriving and he heard (b) radio traffic he went back to the Ranger to provide assistance.

I finished my investigation and determined that there was nothing that was criminal in nature in regards to accident. I detemrined that it was simply and accident. A copy of the report is being forwarded to the County Coroner's Office and Colorado State Parks.

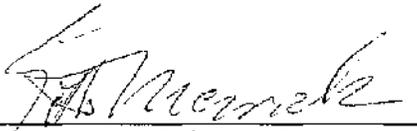
No further information at this time.

AGENCY: ROUTT COUNTY SHERIFF'S OFFICE  
Jurisdiction: CO0540000  
Report Date / Time: 8/16/2007 9:08:40 PM  
Incident/Case Number: S0703484  
Case Description: ACCIDENT MOTOR VEHICLE - WITH INJUR  
Primary Officer Name/ID: MERRICK, SETH T/4210  
Approved By:  
Date/Time Printed: 8/23/2007 9:17:10 PM

**Narrative: Page 9**

071010HCC3036

Attachment 1



Sergeant Seth Merrick  
Routt County Sheriff's Office

**COLORADO STATE PARKS**  
**OFFICE OF PUBLIC SAFETY VEHICLE INVESTIGATION**

REPORTING AGENCY Bozeman County Sheriff's Office I.O.C. CASE # \_\_\_\_\_  
CASE NUMBER 50763484  
CONNECTING CASE # \_\_\_\_\_ STATE PARKS L.E. UNIT USE

**Colorado State Parks Law Enforcement Unit, 13787 S. Highway 85, Littleton, CO 80125 (303) 791-1954 fax (303) 470-0782**

**C.O.R.S. NOTICE OF ACCIDENT** (1) The operator of an off-highway vehicle involved in an accident resulting in property damage of \$1,500 or more or injuries resulting in hospitalization or death or some person acting for the operator, or the owner of the off-highway vehicle having knowledge of the accident shall immediately, by the quickest available means of communication, notify an officer of the Colorado State Patrol, the sheriff's office of the county wherein the accident occurred, or the office of the police department of the municipality wherein the accident occurred. (2) Any law enforcement agency receiving a report of accident under this section shall forward a copy thereof to the Division, which shall compile statistics annually based upon such reports. (3) Within forty-eight hours after the accident involving an off-highway vehicle, the accident shall be reported to the Denver office of the Division. The reports shall be made on forms furnished by the Division and shall be made by the owner of the vehicle or someone acting for the owner or operator.

**ACCIDENT INFORMATION**

Number of vehicles in accident: 1 Disappearance of person indicating injury or death?  1 Yes  2 No  
Injuries requiring medical treatment?  1 Yes  2 No Death related to accident?  1 Yes  2 No

Date of Accident: 8/16/07 Time of Day: 2:05  am  pm Day of Week: Thursday  
General Location of Accident:  1 Private Land  4 Hwy Right-of-Way  7 Lake or Stream  
 2 Public Land  5 Public Trail  8 Route  
 3 Public Road  6 Private Trail

County: Bozeman City or Municipality: Slater Specific Location of Accident: 6 miles north on the mm 42.5 RCR 129 Driveway State: CO

**DI #1**

OPERATOR NAME (Last, First, MI): \_\_\_\_\_ SEX: F RACE: W AGE: 19 DOB: \_\_\_\_\_ OCCUPATION: Waitress  
ADDRESS (Res.): \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ ADDRESS (Bus.): Three Forks Ranch TELEPHONE: (970) 583-2258  
mm 42.5 RCR 129 73970 RCR ZIP: 81653  
Slater, CO

OPERATOR'S EXPERIENCE (hours):  1 Under 20 hours  3 101 - 500 hours  1 Three Wheel ATV  3 Motorcycle  
 2 20 - 100 hours  4 Over 500 hours  2 Four Wheel ATV  4 Other  
Has Operator Completed a Safety Course?  1 Yes  2 No  3 Unk BAC TEST?  1 Breath  2 Blood  3 No  
RESULTS: \_\_\_\_\_ %

REGISTRATION NUMBER: \_\_\_\_\_ MAKE: Polaris MODEL: Ranger YEAR: 2004 SERIAL NUMBER: \_\_\_\_\_  
RENTED MACHINE?  Yes  No WEARING HELMET?  1 Yes  2 No CC DISPLACEMENT: 500 ODOMETER: \_\_\_\_\_ ESTIMATED SPEED AT TIME OF ACCIDENT: \_\_\_\_\_

**DI #2**

OPERATOR NAME (Last, First, MI): \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
ADDRESS (Res.): \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ ADDRESS (Bus.): \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
\_\_\_\_\_ ZIP: \_\_\_\_\_ \_\_\_\_\_ ZIP: \_\_\_\_\_

OPERATOR'S EXPERIENCE (hours):  1 Under 20 hours  3 101 - 500 hours  1 Three Wheel ATV  3 Motorcycle  
 2 20 - 100 hours  4 Over 500 hours  2 Four Wheel ATV  4 Other  
Has Operator Completed an OHV Safety Course?  1 Yes  2 No  3 Unk BAC TEST?  1 Breath  2 Blood  3 No  
RESULTS: \_\_\_\_\_ %

REGISTRATION NUMBER: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_  
RENTED MACHINE?  1 Yes  2 No WEARING HELMET?  1 Yes  2 No CC DISPLACEMENT: \_\_\_\_\_ ODOMETER: \_\_\_\_\_ ESTIMATED SPEED AT TIME OF ACCIDENT: \_\_\_\_\_

**INDICATORS OF ACCIDENT**

TYPE OF ACCIDENT:  1 Fell from moving machine  6 Collision with parked vehicle  11 Injured by part of machine  
 2 Collision with fixed object  7 Broke through ice  12 Pedestrian struck by machine  
 3 Collision with another machine  8 Driven into open water  13 Being pulled by machine  
 4 Struck by another machine  9 Machine rolled over  14 Avalanche  
 5 Collision with moving vehicle  10 Struck fence or cable  15 Other

WEATHER:  1 Fog/mist  2 Raining  3 Snowing  4 Clear  
TRAIL CONDITION:  1 Muddy  4 Rough  5 Off trail  2 Ice  3 Smooth  
VISIBILITY:  1 Good  4 Day  2 Fair  5 Night  3 Poor

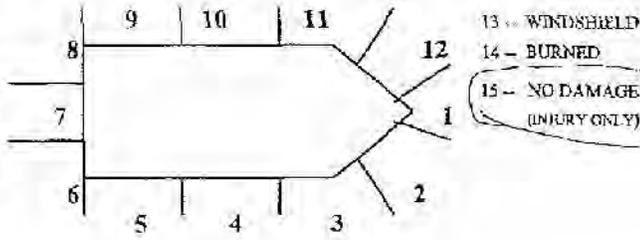
WHAT CONTRIBUTED TO THE ACCIDENT:  1 Alcohol and/or drug use  3 Fault of equipment  5 Fault of other person  7 Unfamiliar with terrain  
 2 Excessive speed  4 Fault of operator  6 Inexperience  8 Other

TEMPERATURE: 70 °F

071010HCC3036

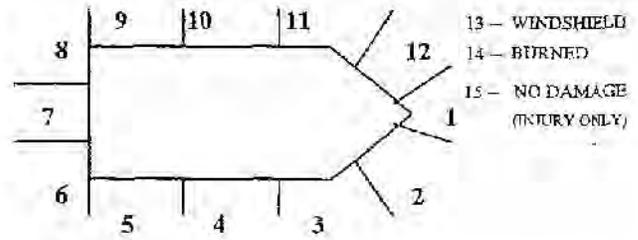
Attachment 1

OHV #1 INITIAL IMPACT POINT # \_\_\_\_\_ CIRCLE ALL DAMAGED AREAS



Estimated Damages: \$ \_\_\_\_\_

OHV #2 INITIAL IMPACT POINT # \_\_\_\_\_ CIRCLE ALL DAMAGED AREAS



Estimated Damages: \$ \_\_\_\_\_

INDICATE LOCATION OF OPERATOR / PASSENGERS ON MACHINE IN DIAGRAMS ABOVE USING LETTER + NUMBER CODES LISTED BELOW

**(D = DECEASED) Y = VICTIM O = OPERATOR P = PASSENGER (UNINJURED) I = PASSENGER (INJURED)**

1	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION
	ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES			BAC? %
2	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION
	ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES			BAC? %
3	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION
	ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES			BAC? %
4	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION
	ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES			BAC? %
5	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION
	ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES			BAC? %
6	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION
	ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES			BAC? %
7	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION
	ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES			BAC? %
8	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION
	ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES			BAC? %
9	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION
	ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES			BAC? %
10	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION
	ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES			BAC? %
11	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION
	ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES			BAC? %
12	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION
	ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES			BAC? %
13	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION
	ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES			BAC? %
14	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION
	ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES			BAC? %
15	NAME (Last, First, MI)	SEX	RACE	AGE	DOB	OCCUPATION
	ADDRESS (Res.)	TELEPHONE # ( )	NATURE OF INJURIES			BAC? %





ROUTT COUNTY SHERIFF'S OFFICE

Gary Wall, Sheriff

David Bustos, Undersheriff

STATEMENT FORM

DATE 8-14-07 TIME 11:35 PM CASE NUMBER \_\_\_\_\_  
 (b)(3) CPSA Section 25(c), (b)(6)  
 NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_  
 BUSINESS ADDRESS P.O. Box 69 Siltway Wyoming  
 HOME PHONE \_\_\_\_\_ WORK PHONE 970-583-2258  
 LOCATION OF OFFENSE Three Forks Ranch RCR129  
 DATE OF OFFENSE \_\_\_\_\_ TIME OF OFFENSE \_\_\_\_\_  
 TODAY'S DATE 8-16-07 TODAY'S TIME \_\_\_\_\_

At approx 9:05 PM when driving to my residence on the ranch I saw 2 lights in a vertical position at what looked like off the road. I drove closer my my lights saw a Polaris father overtake on the side of the hill. I saw engine. I saw cowi was standing beside the overturned Polaris. I initially thought someone was off the hill. When I got closer I saw [redacted] dead animal under the Polaris. I was able to move the Polaris with [redacted] I used the Ranch Radio to call for help. I was on site guests ran up the hill and are available to move the Polaris. We moved her to the road and one of the guests being an Army Ranger started CPR immediately. We called for the Ranger Ambulance. We contacted CPR for approx 40 min until County Sheriff Don Daly arrived when he continued to help. The Ranger Ambulance arrived approx 30 min from the time we found her.

Signature: \_\_\_\_\_ Date: 8-17-07  
 Witness: \_\_\_\_\_ Date: 8/17/07



ROUTT COUNTY SHERIFF'S OFFICE

Gary Wall, Sheriff

David Bustos, Undersheriff

STATEMENT FORM

DATE 8/17/07 TIME 0130 CASE NUMBER (b)(3):CPSA Section 25(c),(b)(6) NAME (b)(3):CPSA Section 25(c),(b)(6) DATE OF BIRTH (b)(3):CPSA Section 25(c),(b)(6) HOME ADDRESS (b)(3):CPSA Section 25(c),(b)(6) BUSINESS ADDRESS (b)(3):CPSA Section 25(c),(b)(6) HOME PHONE (b)(3):CPSA Section 25(c) WORK PHONE

LOCATION OF OFFENSE

DATE OF OFFENSE TIME OF OFFENSE 9:00 AM TODAYS DATE 8/17/07 TODAYS TIME

KARLA DROVE ME TO THE TOP OF THE HILL (EMPLOYEE PARKING) SHE DROPPED ME OFF AND TURNED TO HEAD BACK DOWN THE HILL TO THE OFFICE. AS I TURNED TO HEAD DOWN THE HILL THROUGH THE BUSHES I SAW HEAD LIGHTS JUMP AND COME TO REST SHINING ON THE TREES. AS I CAME AROUND THE BUSHES I SAW THE RANGER ON ITS SIDE, I STOPPED AND FOUND [REDACTED] PINNED UNDERNEATH THE WINDSHIELD FRAME. I COULD NOT REACH HER UPPER BODY TO SEE IF SHE WAS CONSCIOUS, I TRIED TO SEE IF I WOULD BE ABLE TO MOVE THE RANGER AND COULD NOT EVEN BUDGE IT. I THEN GOT BACK IN MY CAR TO GET HELP I PASSED BY [REDACTED] AND TOLD HER TO TALK TO [REDACTED] (SHE HAD SAW THE LIGHTS AND WAS RUNNING UP THE HILL). I THEN PASSED [REDACTED] I KNEW THEY HAD RADIOS SO I STOPPED AND RAN BACK UP THE HILL ON FOOT [REDACTED] HAD RADIOED THAT WE NEEDED HELP ON THE HILL. SEVERAL GUEST CAME UP THE HILL TO HELP. WE MANAGED TO PUSH THE RANGER ON ITS ROOF ENOUGH TO GET HANNA OUT, AT THAT POINT I COULD NOT AID ANYMORE SO I HELPED BY GLABBING WATER

Signature: (b)(3):CPSA Section 25(c),(b)(6) Date: 8/17/07 Witness: [REDACTED] Date: 8/17/07

FAX COVER SHEET



P.O. BOX 69

SAVERY, WY 82332

Phone: 970-583-2258 Fax: 970-583-2286

cthreeforks@aol.com www.threeforksranch.com

Send To:	From:
Routt County Sheriff Dept	(b)(3) CPSA Section 25(c), (b)(6)
Attention: Seth Merrick	Date: 8/20/07
Office Location:	Office Location:
Fax Number: 970/870-1272	Phone Number:

- Urgent
- Reply ASAP
- Please Comment
- Please Review
- For your Information

Total Pages Sent including cover \_\_\_\_\_

Comments:

Polaris Ranger VIN #

(b)(3) CPSA Section 25(c), (b)(6)

Year - 2004

071010HCC3036

Attachment 1

Received Time Aug. 20. 1:32PM

15



**POLARIS**  
2008

071010HCC3036  
Attachment 2



**WORK/PLAY**

ONLY

**BRAND**

# 500

## SERIES RANGER 4X4

499cc/30 hp

Liquid-cooled

4-valve 4-stroke single-cylinder, counterbalanced

Dry sump

2.0 qt./1.9 ltr

Electronic Fuel Injection (EFI)

9.0 gal./36 ltr

2.3 qt./2.1 ltr

250 watts

Electric/12V - 30 AH

Automatic PVT (Polaris Variable Transmission)

In-line, dual-range forward and reverse

Switch-engaged On-Demand True 4-Wheel Shaft Drive

MacPherson strut with 8.0 in./20.3 cm of travel

N/A

Independent, 9.0 in./22.9 cm of travel

25 x 10-12 / 25 x 11-12

76 in./193 cm

148 in./376 cm

1185 lb./539 kg

113 in. / 60 in. / 75 in. (287 cm / 152.4 cm / 190.5 cm)

Foot-activated 4-wheel hydraulic disc, Dual-piston caliper (front)/Single-piston caliper (rear)

Hand-activated dedicated mechanical disc with interlock

54x36.5x11.5 in. (143x101.5x31.5 cm) / 1000 lb. (454 kg)

1500 lb./681 kg

1500 lb./681 kg

Green / Solar Red

## RANGER 2X4

499cc/30 hp

Liquid-cooled

4-valve 4-stroke single-cylinder, counterbalanced

Dry sump

2.0 qt./1.9 ltr

34 mm - CV Mikuni

9.0 gal./36 ltr

2.3 qts./2.1 ltr

250 watts

Electric/12V - 30 AH

Automatic PVT (Polaris Variable Transmission)

In-line, dual-range forward and reverse

2-wheel shaft drive w/ electronic actuated differential

MacPherson strut with 8.0 in./20.3 cm of travel

N/A

Independent, 9.0 in./22.9 cm of travel

25 x 10-12 / 25 x 11-12

76 in./193 cm

148 in./376 cm

1105 lb./502 kg

113 in. / 60 in. / 75 in. (287 cm / 152.4 cm / 190.5 cm)

Foot-activated 4-wheel hydraulic disc, Dual-piston caliper (front)/Single-piston caliper (rear)

Hand-activated dedicated mechanical disc with interlock

54x36.5x11.5 in. (143x101.5x31.5 cm) / 1000 lb. (454 kg)

1500 lb./681 kg

1500 lb./681 kg

Green

# 800

## SERIES RANGER RZR™

76 lbs

Liquid-cooled

Polaris twin cylinder

Pressurized wet sump

2.0 qt./1.9 ltr

Electronic Fuel Injection (EFI)

7.25 gal./27.4 ltr

4.25 qt./4.0 ltr

5100 watts

Electric/12V - 18 AH

Automatic PVT (Polaris Variable Transmission)

In-line, dual-range forward, neutral, reverse and park

Switch-actuated On-Demand True 4-Wheel Shaft Drive

Preload Adj., Double 4-Arm w/ Anti-Sway Bar 6.9 in./22.9 cm of travel

N/A

Preload Adj., Eccentric Adjustment w/ Anti-Sway Bar 6.9 in./22.9 cm of travel

25 x 8-12 / 25 x 10-12 Maxxis®

77 lb./195 cm

101.5 in./258 cm

945 lb./429 kg

102 in. / 56 in. / 69 in. (259 cm / 147 cm / 75 cm)

Foot-activated 4-wheel hydraulic disc, Dual-piston caliper (front) Single-piston caliper (rear)

N/A

54x22 in. (107 x 56 cm)/3100 lb. (1361 kg)

7400 lb./3355 kg

1500 lb./681 kg

Dark Red / Fogcrush Green

# 7000

## SERIES

### SPECIFICATIONS RANGER XP™

### RANGER™ 6X6

### RANGER CREW™

#### ENGINE

Displacement / HP	683cc/40 hp	683cc/40 hp	683cc/40 hp
Cooling	Liquid-cooled	Liquid-cooled	Liquid-cooled
Engine Type	Polaris® twin cylinder	Polaris twin cylinder	Polaris twin cylinder
Lubrication	Pressurized wet sump	Pressurized wet sump	Pressurized wet sump
Oil Capacity	2.0 qt./1.9 ltr	2.0 qt./1.9 ltr	2.0 qt./1.9 ltr
Carburetion	Electronic Fuel Injection (EFI)	Electronic Fuel Injection (EFI)	Electronic Fuel Injection (EFI)
Fuel Capacity	9.0 gal./36 ltr	9.0 gal./36 ltr	9.0 gal./36 ltr
Coolant Capacity	3.3 qt./3 ltr	3.3 qt./3 ltr	3.3 qt./3 ltr
Alternator	500 watts	500 watts	500 watts
Starting / Battery	Electric/12V - 30 AH	Electric/12V - 30 AH	Electric/12V - 30 AH

#### DRIVETRAIN

Transmission	Automatic PVT (Polaris Variable Transmission)	Automatic PVT (Polaris Variable Transmission)	Automatic PVT (Polaris Variable Transmission)
Gear Range	In-line, dual-range forward and reverse	In-line, dual-range forward and reverse	In-line, dual-range forward and reverse
Drive	Switch-engaged On-Demand True 4-Wheel Shaft Drive	Switch-engaged On-Demand True 6-Wheel Shaft Drive	Switch-engaged On-Demand True 4-Wheel Shaft Drive

#### SUSPENSION

Front Suspension	MacPherson strut with 8.0 in./20.3 cm of travel	MacPherson strut with 8.0 in./20.3 cm of travel	MacPherson strut with 8.0 in./20.3 cm of travel
Center Suspension	N/A	N/A	N/A
Rear Suspension	Independent, 9.0 in./22.9 cm of travel	Swing arm dual shock, 6.25 in./15.9 cm of travel	Independent, 9.0 in./22.9 cm of travel
Tires (Front / Rear)	26 x 8-12 / 26 x 11-12 PXT Radial	25 x 10-12 / 25 x 11-12	26 x 9-12 / 26 x 11-12 PXT Radial

#### DIMENSIONS

Wheelbase	76 in./193 cm	90 in./229 cm	108 in./274.32 cm
Turning Radius (approx.)	148 in./376 cm	186 in./472 cm	224 in./568.96 cm
Dry Weight	1185 lb./539 kg	1410 lb./641 kg	1460 lb./662.25 kg
Length / Width / Height	113 in. / 60 in. / 75 in. (287 cm / 152.4 cm / 190.5 cm)	120 in. / 60 in. / 75 in. (305 cm / 152.4 cm / 190.5 cm)	145 in. / 60 in. / 75 in. (368.3 cm / 152.4 cm / 190.5 cm)
Brakes	Foot-activated 4-wheel hydraulic disc, Dual-piston caliper (front)/Single-piston caliper (rear)	Foot-activated 4-wheel hydraulic disc, Dual-piston caliper (front)/Single-piston caliper (rear)	Foot-activated 4-wheel hydraulic disc, Dual-piston caliper (front and rear)
Parking Brake	Hand-activated dedicated mechanical disc with interlock	Hand-activated dedicated mechanical disc with interlock	Hand-activated dedicated mechanical disc with interlock

#### LOAD CAPACITY

Box Dimension / Capacity	54x36.5x11.5 in. (143x101.5x31.5 cm) / 1000 lb. (454 kg)	54x42.5x11.5 in. (143x57.5x31.5 cm) / 1250 lb. (567 kg)	54x36.5x11.5 in. (143x57.5x31.5 cm) / 1000 lb. (454 kg)
Vehicle Payload Capacity	1500 lb./681 kg	1750 lb./794 kg	1750 lb./794 kg
Hitch Tow Capacity	2000 lb./907.19 kg	2000 lb./907.19 kg	2000 lb./907.19 kg

#### COLOR OPTIONS

Delta Green	Solar Red	Mossy Oak® New Breakup	Solar Red	Delta Green
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# LOCK & RIDE PURE POLARIS

## THE ONLY ACCESSORIES THAT INSTALL FAST ENOUGH FOR THE RANGER RZR.

ONLY RANGER LOCK & RIDE CARGO SYSTEM. No tools or extra time are required. With Polaris Expansion Anchor Technology, you can change out accessories in seconds. Attach a gun scabbard to the accessory rack and mount for a hunt, and then snap them out and put in a fuel-can mount to hit the trail. All of our RANGER RZR Lock & Ride accessories are guaranteed to fit perfectly so you don't have to worry about fallout when you rock the toughest trails.



ACCESSORIZE YOUR RANGER RZR  
ONLINE AT [therangerzr.com](http://therangerzr.com)

HUNT

GUN SCABBARDS

LOCK & RIDE  
GUN SCABBARD  
MOUNT

LOCK & RIDE  
FUEL-CAN MOUNT

LOCK & RIDE  
CARGO BOX

SPORT ROOF

LOCK & RIDE HARD CAB

UTILITY

LOCK & RIDE  
WINDSHIELD

GLACIER II  
PLOW SYSTEM

RZR  
POLARIS  
3.5 WINCH

RZR NERF BARS

RZR NERF BARS

DELUXE  
REAR BRUSHGUARD

12-IN. ALUMINUM RIM

MEET OUR DEVELOPMENT PARTNERS

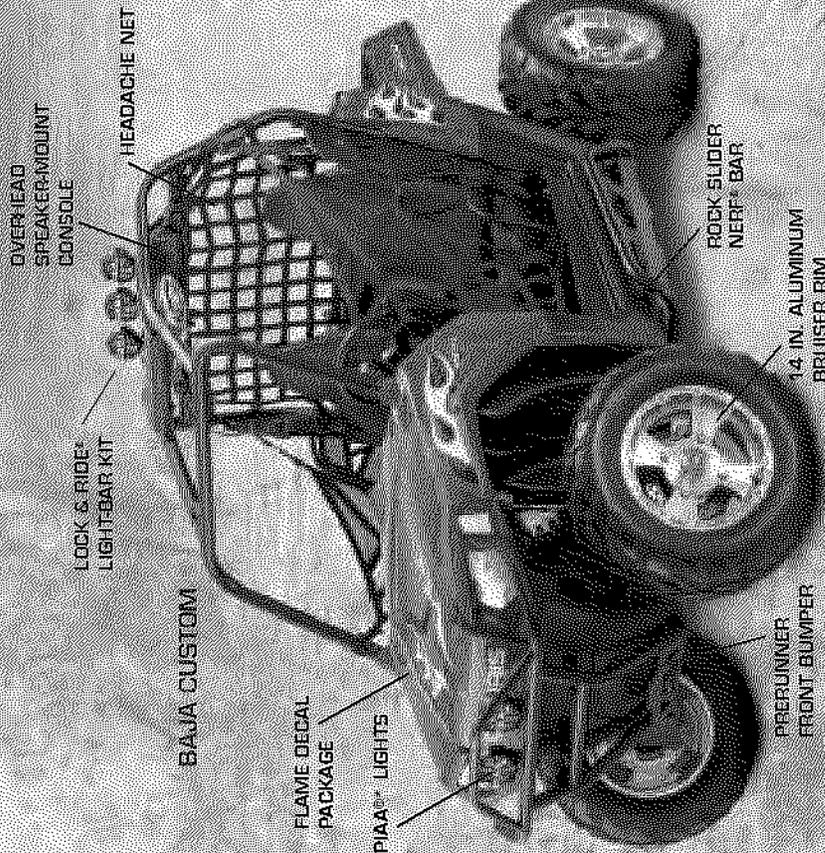


# POLARIS

## POLARIS ACCESSORIES

### SHARPEN YOUR RANGER RZR:

Make your *RANGER RZR* really yours with cutting-edge, Polaris designed accessories. We make just what you need to customize for the hunt, the trail, the dunes, or anywhere else you want to turn heads.



SPORT ROOF

HALF WINDSHIELD

DELUXE FRONT BRUSHGUARD

PIAA LIGHTS

TRAIL

# THIS IS RAZOR-SHARP SIDE X SIDE PERFORMANCE.

ONLY TRAIL-CAPABLE\* SIDE X SIDE AT 50 IN. WIDTH.

FASTEST TOP SPEED AND ACCELERATION.

LOWEST CENTER OF GRAVITY FOR UNPARALLELED AGILITY.

ALL THE UTILITY YOU NEED.

## TRAIL

Maneuver through the tightest places. Corner with confidence. Climb boulders. And pour on the power at every opportunity. *RANGER RZR* is the boldest, fastest, most trail-capable Side X Side out there.

## HUNT

The traction of a mountain goat. The speed and agility of a whitetail. The *RANGER RZR* is built to take you and your hunting buddy to the most remote locations on earth and then haul out that four-legged trophy.

## SPORT

The best power curve of any Side X Side. The only dual A-arm front suspension with an anti-sway bar for the flattest cornering and best handling. The *RANGER RZR* devours the entire class.



TRAIL



HUNT

## RANGER RZR VS. RHINO® THE FACTS.

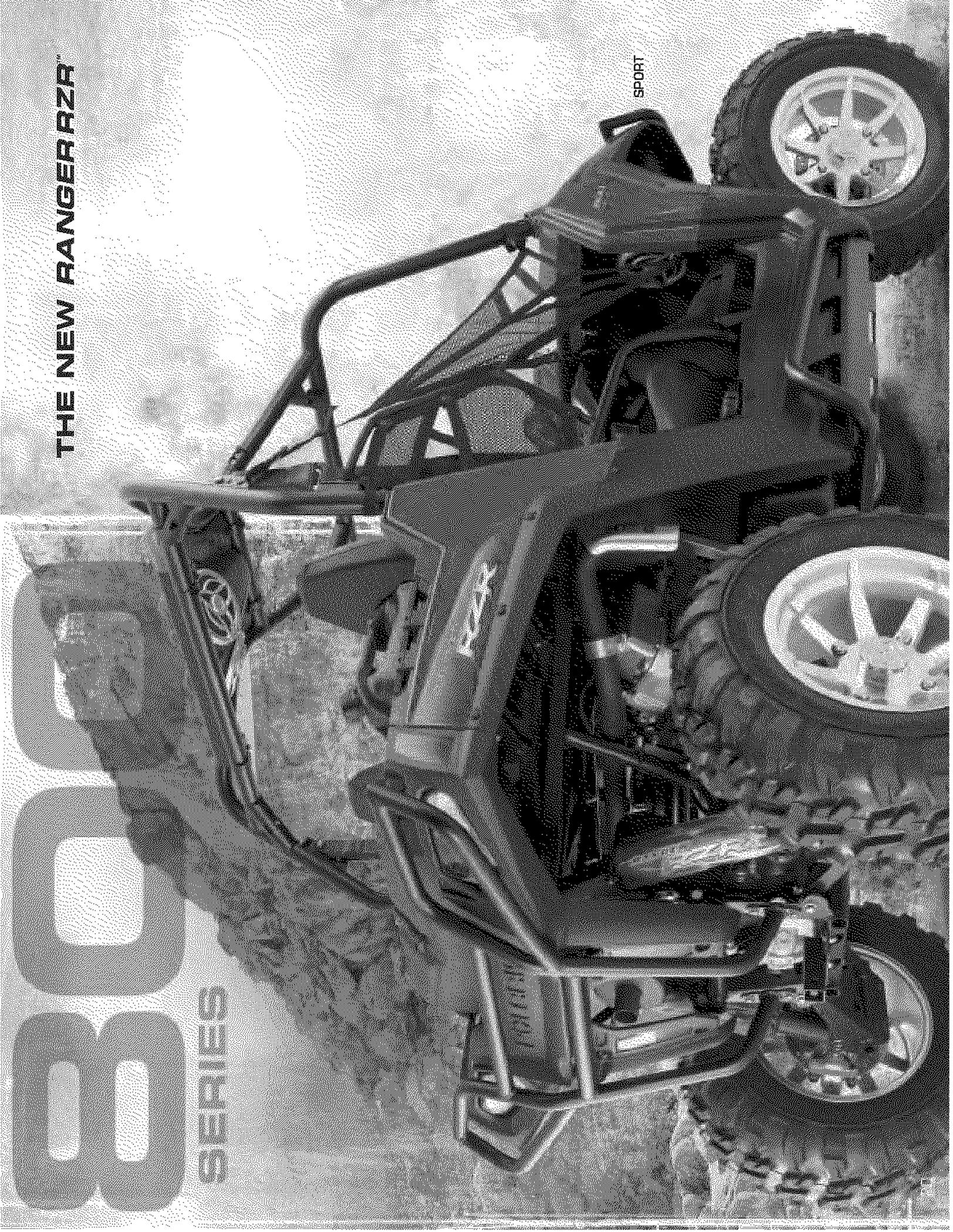
	RZR	vs.	RHINO®
100 lbs. Less Weight	945 lbs. 428.6 kg		1,048 lbs. 475.8 kg
44% Higher HP-to-Weight Ratio	055		108
26% Faster Acceleration From 0 to 35 mph	4 sec.		5.4 sec.
15 mph Higher Top Speed	55 mph 88.5 kmph		40 mph 64.4 kmph
30% More Rear Suspension Travel	9.5 in. 24.1 cm		7.3 in. 18.5 cm
Smaller, Trail-Worthy Width	50 in. 127 cm		54.5 in. 138.4 cm
Flatter Cornering			
More Responsive Handling			

\*Cornered only. Yamaha Rhino 600  
Rhino is the registered trademark of Yamaha Motor Co., Ltd. ©2007 Polaris Industries, Inc.

For more comparisons, visit [polarisindustries.com](http://polarisindustries.com).

THE NEW RANGER RZR™

SPORT



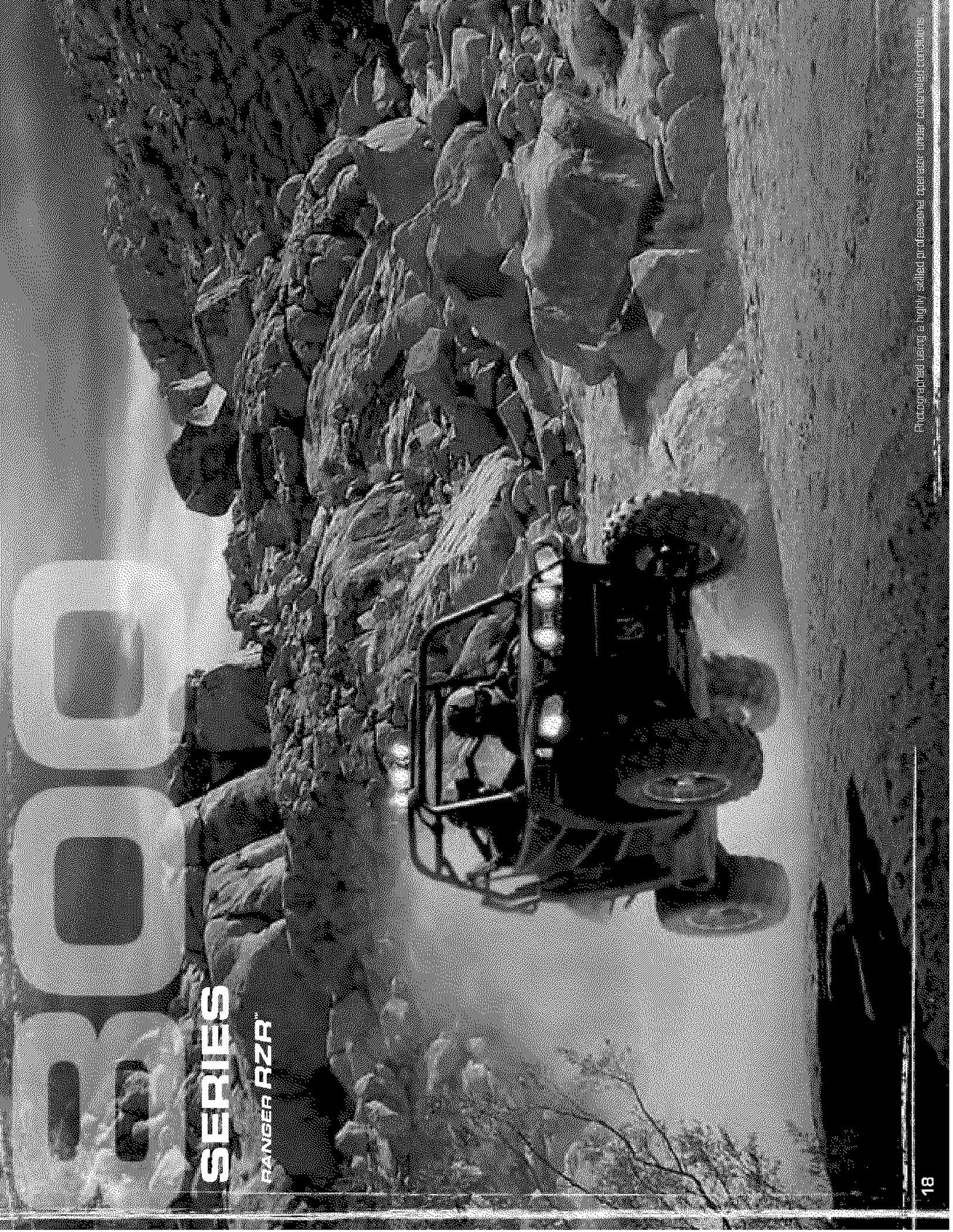
800  
SERIES



# THE GAME HAS CHANGED.

The new *RANGER RZR* delivers total Side X Side domination with its monstrous 800 Twin EFI. It's the only trail-capable Side X Side you can buy, going everywhere other Side X Sides can't. With the fastest acceleration, the highest top speed, incredibly responsive handling, and all the utility you need, the *RANGER RZR* leaves all other

Side X Sides choking in its dust.



# SERIES

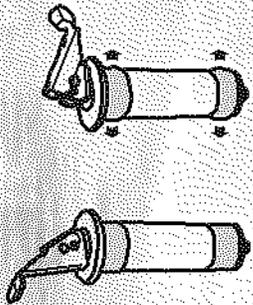
RANGER RZR™

Photographed using a highly skilled professional operator under controlled conditions.

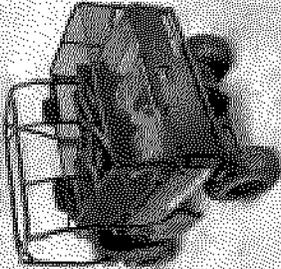
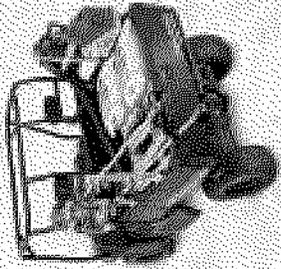
## LOCK & RIDE PURE CAPABILITY

### LOCK & RIDE CARGO SYSTEM

Add a gas can and a shovel rack for the job. Switch out to a gun scabbard or cargo box for the trails. Lock & Ride accessories give you instant-on, instant-off versatility, with no tools or parts to lose. And only Polaris guarantees a perfect fit on every RANGER we sell.

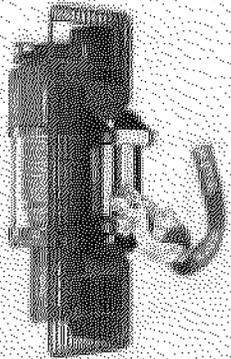


UNEXPANDED EXPANDED



### LOCK & RIDE GLACIER® PLOWS

Winter has met its match. Whether you choose the standard Glacier Plow or the extra-beefy Glacier Plow HD, you get the toughness of Glacier paired with the simplicity of the Lock & Ride system.



### WINCHES

Tackling off-road obstacles is what RANGER does best. Maximize your vehicle's capabilities with the rugged and reliable pulling power of WARN®\*

### NEW! ONLY RANGER PRODUCTS

Flexsteel™ Seat

Pherunner Brushguard System

Glass Flip-Up Windshield

Auxiliary Battery Kit

### NEW!

### THE BOSS® PLOW SYSTEM

From the makers of premier, highest-quality truck-plow accessories comes our newest plow system. Steel-reinforced polyethylene molded-board construction prevents snow buildup and reduces overall blade weight, and an enclosed hydraulic system protects interior components. Features vertical lift, left/right control, and down pressure or float modes along with an exclusive Smart-Hitch® 2 system for quick, easy, and reliable attachment.



\* Flexsteel is the registered trademark of Flexsteel, Inc. The Boss and Smart-Hitch are the registered trademarks of Northern Star Industries, Inc. WARN is the registered mark of Warn Industries, Inc.

# ADD

## POLARIS ACCESSORIES

**WORK. PLAY. CUSTOMIZE YOUR RANGER™ TO BE THE ULTIMATE UTILITY VEHICLE.**

Pure Polaris offers a full line of accessories designed by the same engineers that build and test *RANGER* vehicles. Every accessory is made for a perfect fit and built to last—just like your *RANGER*.



**BUILD YOUR OWN CUSTOMIZED RANGER AND SEE THE FULL LINE OF ACCESSORIES AT [polarisindustries.com](http://polarisindustries.com)**

### RANGER FREEDOM CAB

State-of-the-art doors push out quietly and swing back flush to the rear for lock-in-place, open-door driving. Perfect when you need to jump in and out or when you need a quiet exit for hunting. Features an expanded-visibility windshield and a full-feature overhead console, including stereo, speakers, and more.

### STANDARD STEEL CAB

Durable, no-frills, all-steel-and-glass system. Visor for sun protection, tempered-glass rear window, and option for steel doors with sliding windows. The same great weather sealing will keep you comfortable and dry for years to come.

### DELUXE STEEL CAB

Features a large front windshield, soft-sided doors, and a rugged design that offers full coverage, excellent protection, and full visibility. You can even tilt open the front windshield for greater ventilation.

### LOCK & RIDE® CAB

Designed for maximum versatility, it features multiple interchangeable components so it can go on or off in 5 minutes—even less if you want to leave the roof and windshield on for protection.



STANDARD STEEL CAB

LOCK & RIDE CAB

FREEDOM CAB

DELUXE STEEL CAB

# #1 CHOICE FOR POWER AND COMFORT.

From the easy starts and consistent performance of its EFI engine to the superior traction of its AWD, the **RANGER 4X4** is the industry standard, the utility vehicle by which all others are measured.

## 4X4 ELECTRONIC FUEL INJECTION (EFI)

Faster starts in extreme temperatures, reliable power at high altitudes. No wonder it's so popular from desert floor to mountain summit.

## INDEPENDENT REAR SUSPENSION (IRS)

Most proven, most adjustable IRS you can buy. Even fully loaded, the suspension keeps the ride smooth.

## 4X4 ON-DEMAND TRUE ALL-WHEEL DRIVE (AWD)

Meet unexpected mud or rough terrain on the competition, and you must stop to lock in the front wheels. **RANGER** does it automatically, so you keep your momentum and make it through.

## PUSH-BUTTON LOCKING REAR DIFFERENTIAL

Lock it to optimize traction, or unlock it for easier maneuvering and to minimize damage to grass and sensitive terrain.

## ONLY RANGER LOCK & RIDE® CARGO SYSTEM

Add or change accessories in seconds—cargo box, tool holder, chainsaw holder, gun scabbard, and more.

## RANGER 4X4 VS. THE COMPETITION / THE FACTS.

RANGER	VS.	COMPETITION
41 mph		25 mph
64% Faster Top Speed Vs. Kubota RTV300		
30 hp		23 hp
Over 3 Times More Rear Suspension Travel Vs. Kawasaki Mule™ 3010		9 in.
50% More Seating Vs. John Deere XUV™*		3

\*XUV is a trademark of Deere and Company  
\*\*Mule is a trademark of Kawasaki Heavy Industries, Inc.

For more comparisons, visit [polarisindustries.com](http://polarisindustries.com).



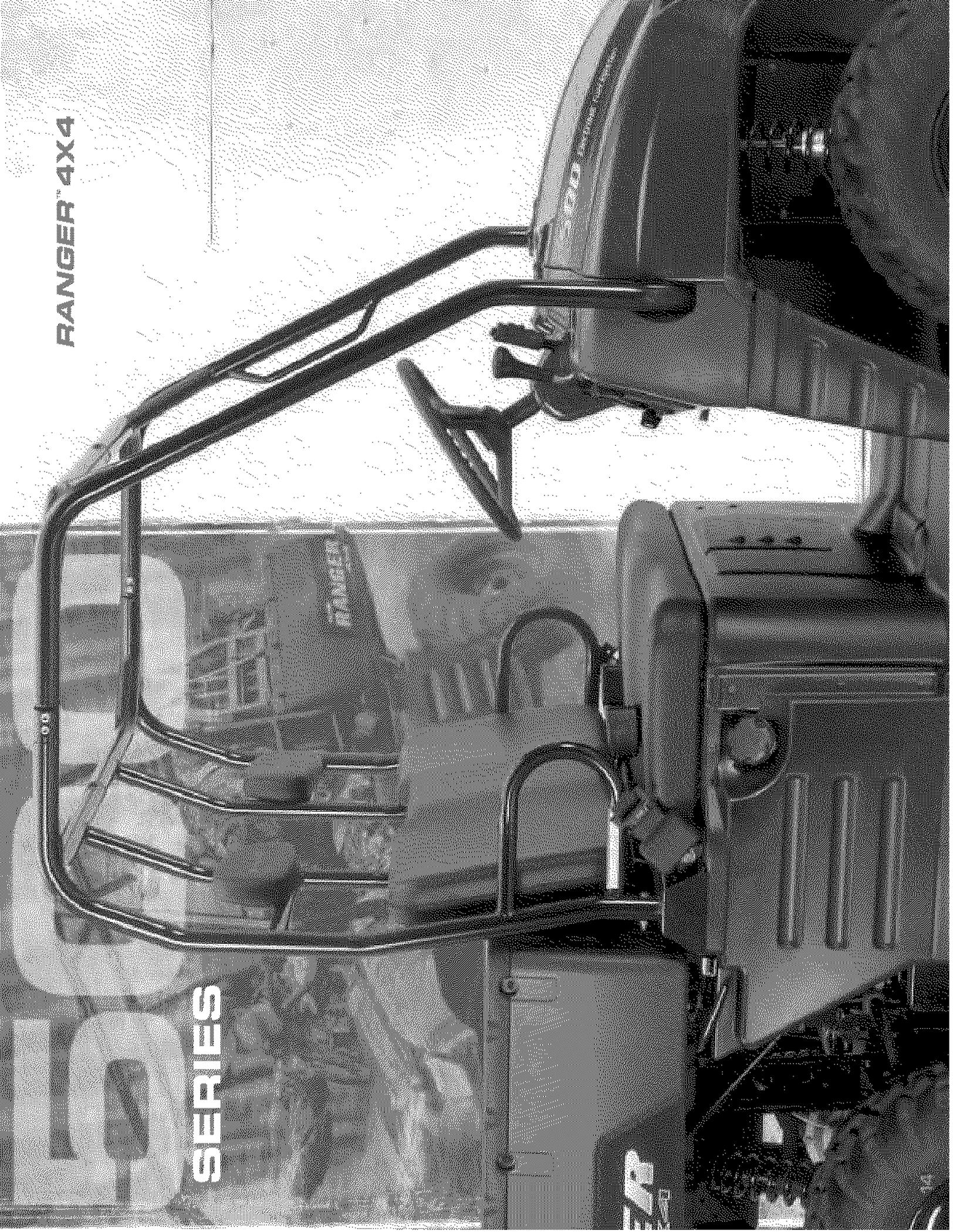
## RANGER 2X4 KING OF THE 2WD CLASS.

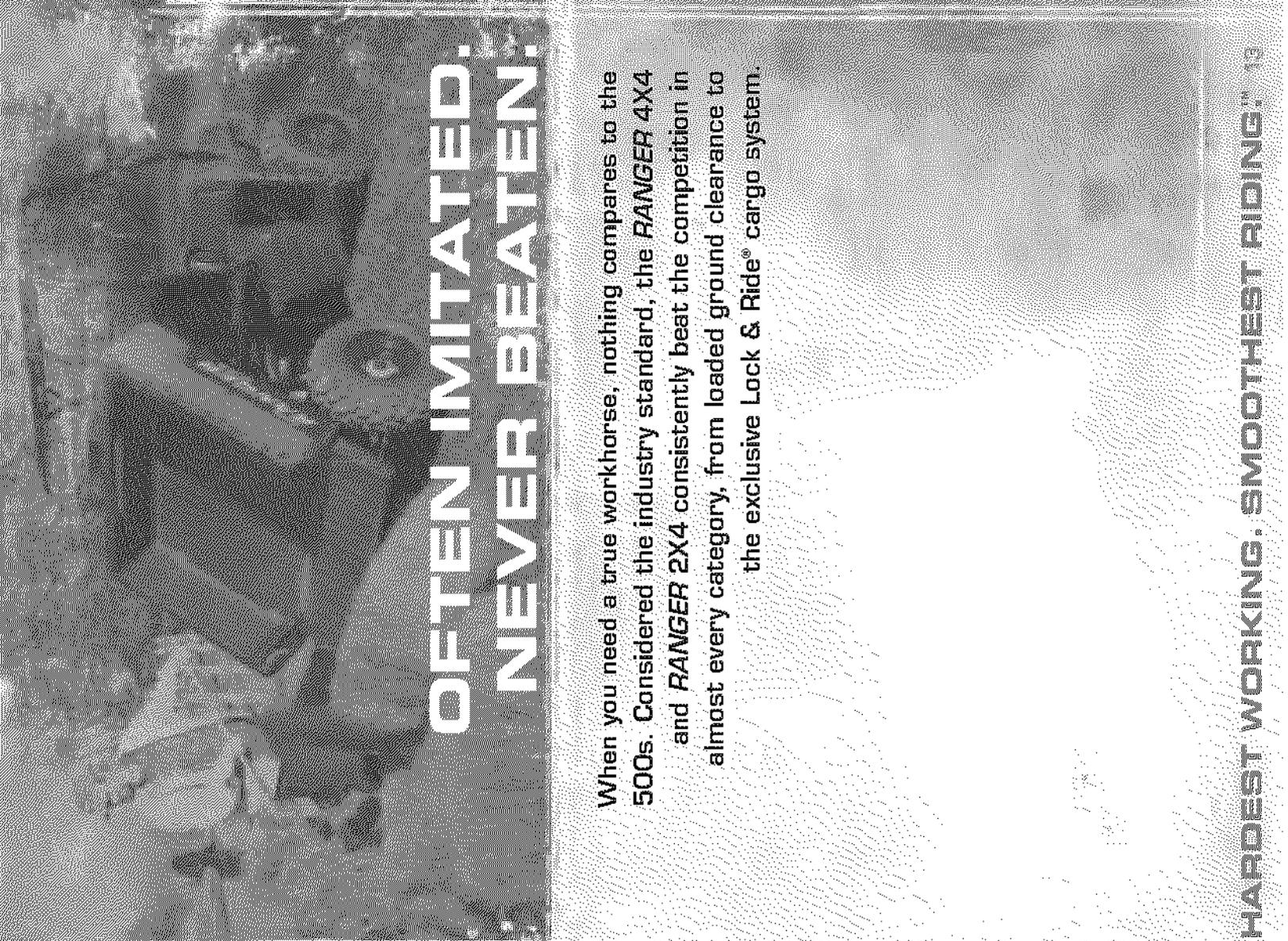
Class-leading in every way and an outstanding value, the **RANGER 2X4** is the Hardest Working, Smoothest Riding 2WD utility vehicle you can buy.

HARDEST WORKING. SMOOTHEST RIDING.™ 15

**RANGER™ 4X4**

**SERIES**

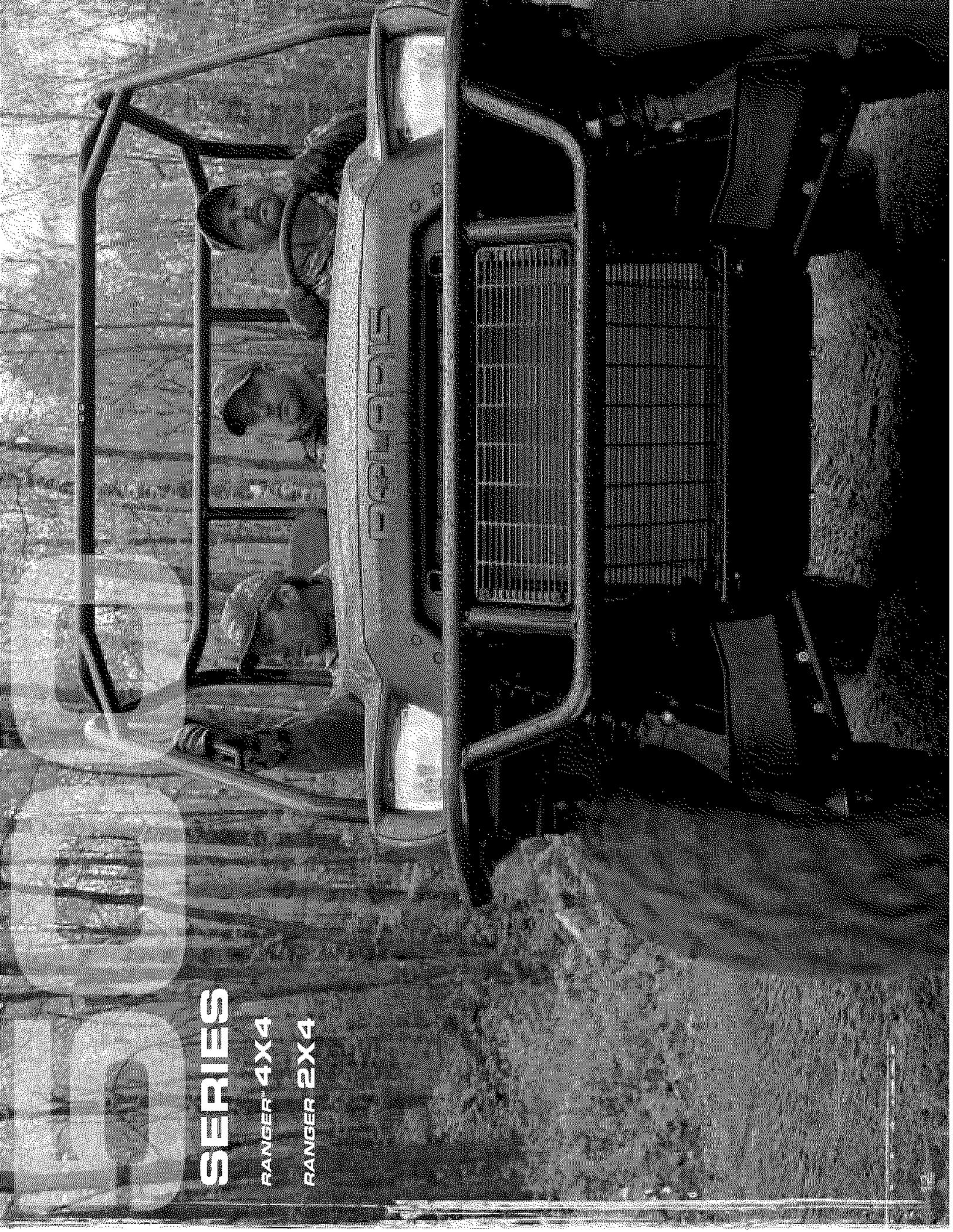




# OFTEN IMITATED. NEVER BEATEN.

When you need a true workhorse, nothing compares to the 500s. Considered the industry standard, the *RANGER 4X4* and *RANGER 2X4* consistently beat the competition in almost every category, from loaded ground clearance to the exclusive Lock & Ride® cargo system.

HARDEST WORKING. SMOOTHEST RIDING.™ 13



**SERIES**

**RANGER 4X4**

**RANGER 2X4**

## RANGER CREW VS. MULE™ TRANS / THE FACTS.

50% More Seating

More Than Double  
the Horsepower

76% Higher Top Speed

Over Three Times More  
Rear Suspension Travel

CREW

6

VS.

MULE TRANS\*

4

40 hp.

18 hp.

700 Twin EFI

617 Twin Carb.

44 mph

25 mph

IRS

with 9 in.

Straight-Axle

with 2.8 in.

\* Compared to Kawasaki Mule™ 3010 Trans 4x4  
Mule is a trademark of Kawasaki Heavy Industries Inc.



HARDEST WORKING. SMOOTHEST RIDING.™

# SIX-PERSON. SIX-SHOOTER.

## CLASS LEADING

### 44 MPH/71 KMPH TOP SPEED

Gets you up to top speed quickly with a powerful 700 Twin EFI engine.

## INDUSTRY LEADING

### 1-TON TOWING CAPACITY

## INDUSTRY LEADING

### MOVES UP TO SIX PEOPLE

Gives you two rows of three-across seating so no one gets left behind.

### ON-DEMAND TRUE ALL-WHEEL DRIVE (AWD)

Automatically senses when you need more traction and locks in the front wheels.

## NEW! DUAL-PISTON CALIPER

### FRONT & REAR DISC BRAKES

30% better braking than last year's RANGER, for sure stops on any terrain, empty or loaded.

## ONLY RANGER LOCK & RIDE®

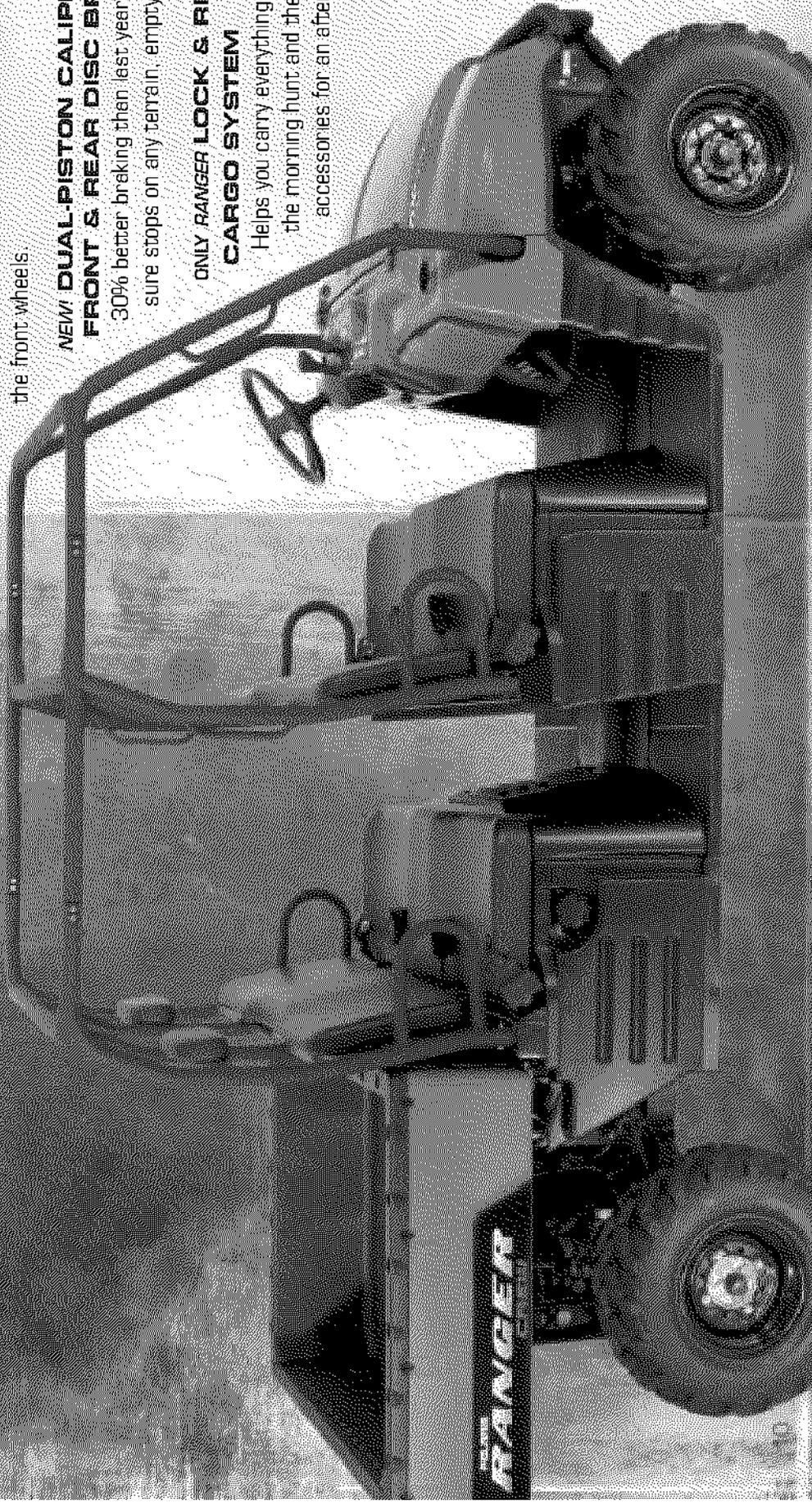
### CARGO SYSTEM

Helps you carry everything you need for the morning hunt and then quickly switch accessories for an afternoon of work.

# SERIES

## THE NEW RANGER CREW

All the power, towing, and handling you need, with seating for six. Proof that everything is bigger and better in RANGER® Country.



# 50 MPH AND XTREME OFF-ROAD PERFORMANCE.

When the two-track disappears and all that's in front of you is extreme terrain, the **RANGER XP** will separate you from the rest of the crowd. Fast.

## **ON-DEMAND TRUE ALL-WHEEL DRIVE (AWD)**

When more forward traction is needed, **RANGER™** locks in the front wheels automatically. Others make you stop to engage, so you lose momentum and get stuck.

## **INDEPENDENT REAR SUSPENSION (IRS)**

Our proven IRS keeps the ride smooth. Adjustable preload and two IRS top mounts allow you to stiffen suspension for heavy loads.

## **NEW! DUAL-PISTON CALIPER FRONT BRAKES**

Our four-wheel hydraulic disc brakes now have 30% better braking for more response and solid control, empty or loaded.

## **40 HP, 700 TWIN EFI ENGINE**

XP: 50 mph/80.47 kmph top speed.  
SX6: 44 mph/71 kmph top speed.

## **MULTIFUNCTIONAL DIGITAL GAUGE**

Digital fuel gauge, odometer, tachometer, clock, and indicators for gear selection and All-Wheel Drive, plus analog speedometer.

## **ONLY RANGER LOCK & RIDE® CARGO SYSTEM**

Add some quick-attach accessories, and you've got a go-anywhere, do-anything extreme off-road machine.

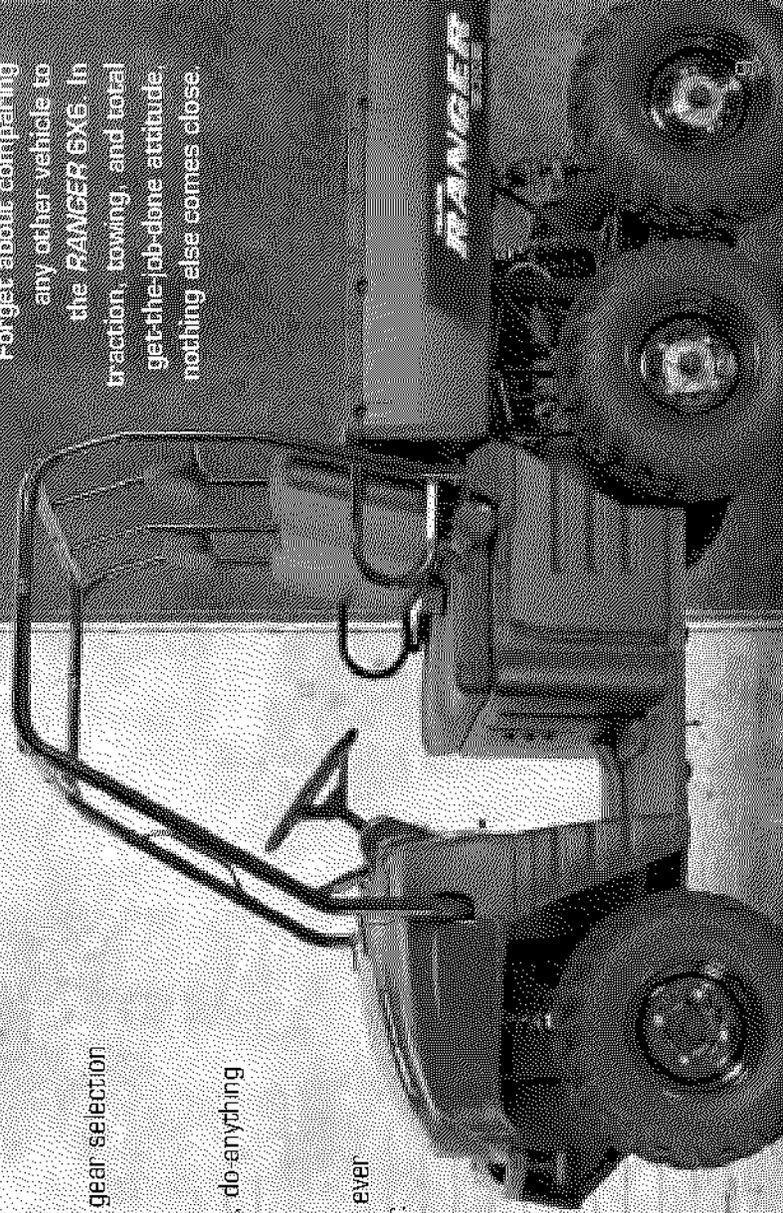
## **MONSTROUS TOWING CAPACITY**

**NEW!** 1-Ton towing makes these the strongest **RANGER** vehicles ever built. 1 ton! That's over 500 lbs. more than the closest competitor.

## **RANGER SX6**

### **GIANT CAPACITY. MONSTER TRACTION.**

Forget about comparing any other vehicle to the **RANGER SX6**. In traction, towing, and total get-the-job-done attitude, nothing else comes close.



RANGER XP™

SERIES

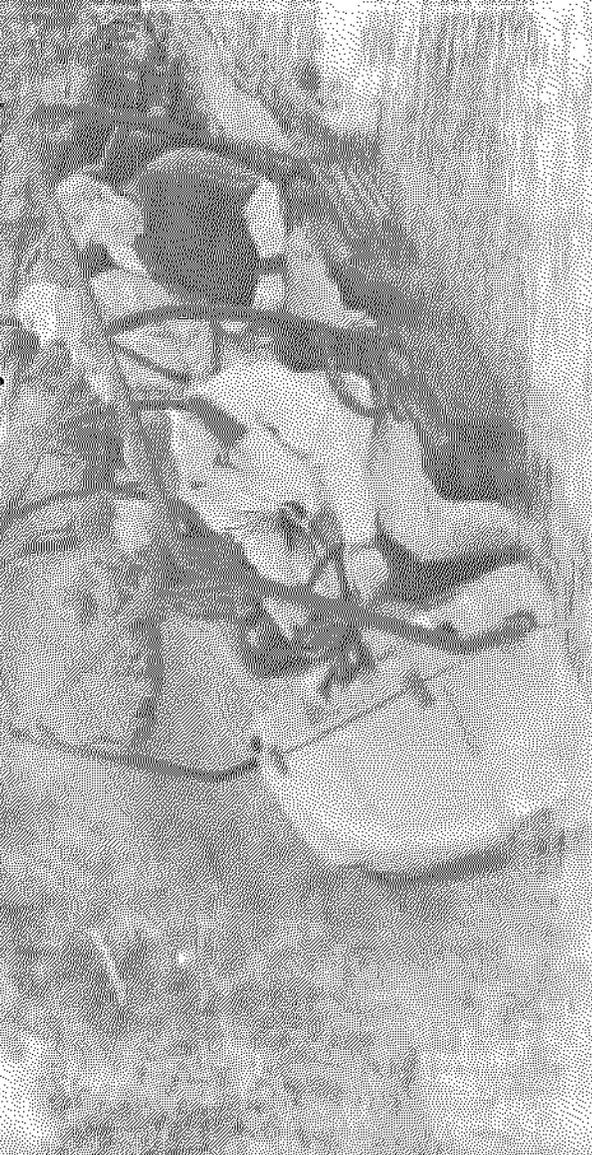


HARDEST WORKING. SMOOTHEST RIDING.™

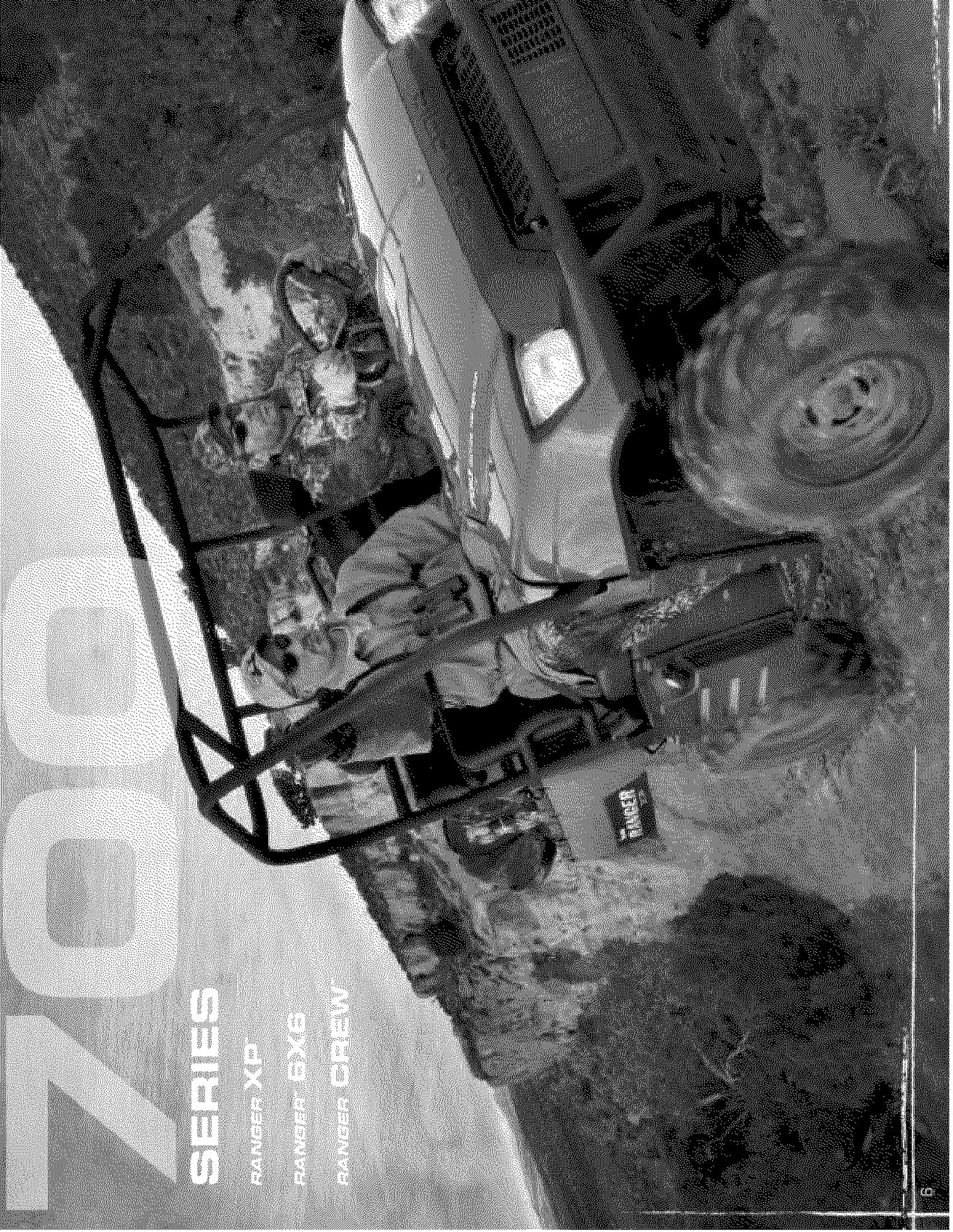


# 3 RANGERS. NO EQUAL.

Big engine. Tons of features. Superior handling and control. That's what's behind the top-selling *RANGER XP*, *RANGER 6X6*, and new *RANGER CREW*, our biggest, baddest, utility vehicles. They tow more, brake better, and push the limits of what a utility vehicle can conquer.



HARDEST WORKING. SMOOTHEST RIDING.™ 7



**SERIES**

**RANGER XLT**

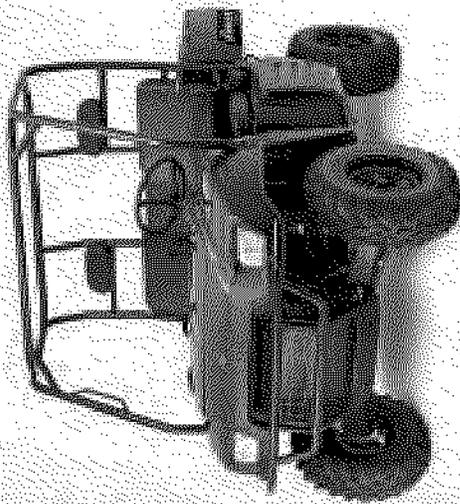
**RANGER EXL**

**RANGER CREW**

# 5000/

**5000**  
SERIES

TESTED AND PROVEN  
TO BE THE BEST.



## RANGER 4X4 EFI

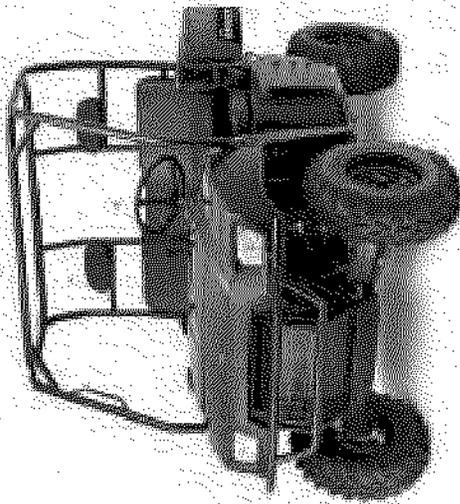
**#1 CHOICE FOR POWER  
AND COMFORT.**

### HARDEST WORKING

**ONLY RANGER** 30 hp, 500 EFI engine  
**ONLY RANGER** Lock & Ride cargo system  
1,500 lb./681 kg. total payload  
1,000 lb./454 kg. cargo box capacity  
13 cu. ft./37 m<sup>3</sup> cargo volume  
**CLASS-LEADING** 1,500 lb./681 kg. towing capacity  
41 mph/66 kmph top speed  
On-Demand True All-Wheel Drive  
**NEW** Dual-Piston Caliper Front Brakes

### SMOOTHEST RIDING

Independent Rear Suspension (IRS)  
9 in./22.9 cm long-travel rear suspension  
11 in./27.9 cm ground clearance  
Turf-friendly, electronic locking rear differential



## RANGER 2X4

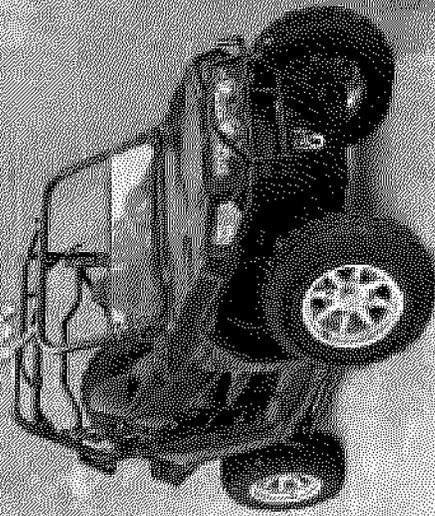
**KING OF THE  
2WD CLASS.**

### HARDEST WORKING

**CLASS-LEADING** 30 hp Polaris 500 engine  
**ONLY RANGER** Lock & Ride cargo system  
**CLASS-LEADING** 1,500 lb./681 kg. total payload  
1,000 lb./454 kg. cargo box capacity  
13 cu. ft./37 m<sup>3</sup> cargo volume  
**CLASS-LEADING** 1,500 lb./681 kg. towing capacity  
**CLASS-LEADING** 41 mph/66 kmph top speed  
**NEW** Dual-Piston Caliper Front Brakes

### SMOOTHEST RIDING

Independent Rear Suspension (IRS)  
**CLASS-LEADING** 9 in./22.9 cm long-travel suspension  
**CLASS-LEADING** 11 in./27.9 cm ground clearance  
Turf-friendly, electronic locking rear differential  
Optional SpeedKey® system for top speed control



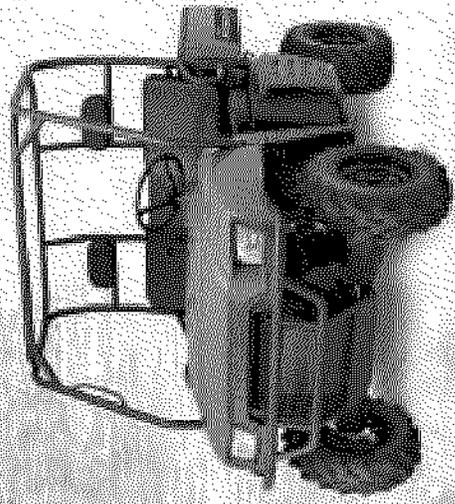
## NEW! RANGER RZR™

**RAZOR-SHARP  
SIDE X SIDE PERFORMANCE.**

**INDUSTRY-LEADING** Big Bore 800 161in EFI engine  
**ONLY RANGER** Lock & Ride cargo system  
300 lb./136 kg. box capacity  
1,500 lb./680 kg. towing capacity  
55 mph/88.5 kmph top speed  
On-Demand True All-Wheel Drive  
Lowest center of gravity among sport Side X Sides  
Multifunction Speedometer  
Adjustable, Rollover Independent Rear Suspension (IRS) with Rear Anti-Sway Bar and 9.5 in./24.1 cm of travel  
**ONLY RANGER** Dual A-Arm Adjustable Front Suspension with 9 in./22.9 cm of travel  
**ONLY RANGER** 6-rib Steering and Adjustable Passenger Grab Bar  
18 in./45.4 cm ground clearance

# 7000 SERIES

UNMATCHED POWER, PERFORMANCE,  
AND CAPACITY.



## RANGER XP™

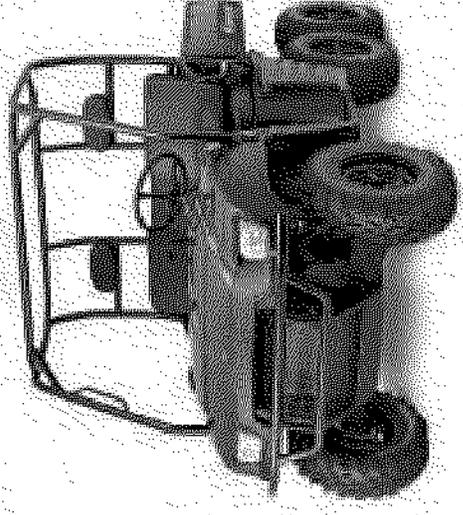
**50 MPH AND XTREME  
OFF-ROAD PERFORMANCE.**

### HARDEST WORKING

- ONLY RANGER** 40 hp, 700 Twin EFI engine
- ONLY RANGER** Lock & Ride® cargo system
- 1,500 lb./681 kg. total payload
- 1,000 lb./454 kg. cargo box capacity
- 13 cu. ft./37 m³ cargo volume
- INDUSTRY-LEADING** 1-Ton (2,000 lb./907.19 kg.) towing capacity
- INDUSTRY-LEADING** 50 mph/80 kmph top speed
- On-Demand True All-Wheel Drive
- Multifunction Speedometer
- ONLY RANGER** Under-seat storage
- NEW** Dual-Piston Caliper Front Brakes

### SMOOTHEST RIDING

- Independent Rear Suspension (IRS)
- 9 in./22.9 cm long-travel rear suspension
- 11 in./27.9 cm ground clearance
- Turf-friendly, electronic locking rear differential



## RANGER™ 6X6 EFI

**GIANT CAPACITY.  
MONSTER TRACTION.**

### HARDEST WORKING

- ONLY RANGER** 40 hp, 700 Twin EFI engine
- ONLY RANGER** Lock & Ride cargo system
- INDUSTRY-LEADING** 1,750 lb./794 kg. total payload
- INDUSTRY-LEADING** 1,250 lb./567 kg. cargo box capacity
- 15 cu. ft./42 m³ cargo volume
- INDUSTRY-LEADING** 1-Ton (2,000 lb./907.19 kg.) towing capacity
- 44 mph/71 kmph top speed
- ONLY RANGER** On-Demand True 6-Wheel Drive
- Multifunction Speedometer
- NEW** Dual-Piston Caliper Front Brakes

### SMOOTHEST RIDING

- ONLY RANGER** Independent Center, plus Swing-Arm Rear Suspension
- 5.3 in./13.3 cm Independent Center Suspension travel
- 6.25 in./15.9 cm rear suspension travel
- 7.2 in./18.3 cm ground clearance



## NEW! RANGER CREW™

**SIX-PERSON. SIX-SHOOTER.**

### HARDEST WORKING

- ONLY RANGER** 40 hp, 700 Twin EFI engine
- ONLY RANGER** Lock & Ride cargo system
- 1,750 lb./794 kg. total payload
- 1,000 lb./454 kg. cargo box capacity
- 13 cu. ft./37 m³ cargo volume
- INDUSTRY-LEADING** 1-Ton (2,000 lb./907.19 kg.) towing capacity
- 44 mph/71 kmph top speed
- On-Demand True All-Wheel Drive
- Multifunction Speedometer
- Massive 29-gal. under-seat storage
- NEW** Dual-Piston Caliper Front and Rear Brakes

### SMOOTHEST RIDING

- Independent Rear Suspension (IRS)
- 9 in./22.9 cm long-travel rear suspension
- 11 in./27.9 cm ground clearance
- Turf-friendly, electronic locking rear differential

# AX/ ALL RANGERS DOMINATE

## SUPERIOR RIDER ERGONOMICS

### RANGER

Every RANGER features comfortable bench seats with plenty of elbow room, leg room, easy-in/easy-out access, and seating for three (six in the new CREW).



### RANGER RZR

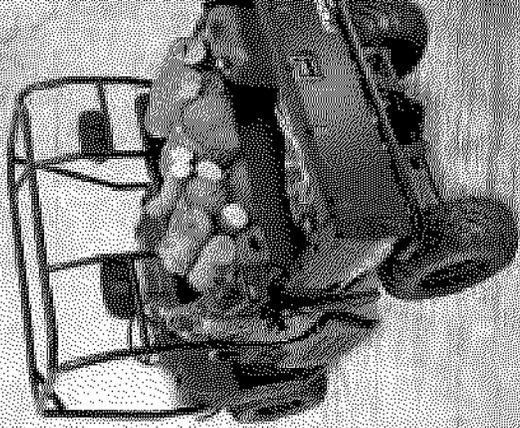
No matter what the terrain, RANGER RZR has the comfort and support you need. It features adjustable bucket seats with bolsters and three-point seatbelt harnesses with comfort stretch. Add to that tilt steering, contoured footwells, and adjustable passenger grab bar, and you're in for the ride of your life.



## EASY CUSTOMIZATION

### RANGER

Only Lock & Ride® accessories offer easy-on/easy-off cabs, gun scabbards, plows, cargo boxes, and more. With Lock & Ride, it takes just a few seconds to transform your RANGER into the perfect hunting or working machine.



### RANGER RZR

Lock & Ride custom accessories make it easy to sharpen the look and utility of your RANGER RZR. Attach a gun scabbard to the accessory rack and mount for a hunt, and then snap them out and put in a fuel-can mount to hit the trail in just a matter of seconds.

**LOCK & RIDE**  
PURE POLARIS

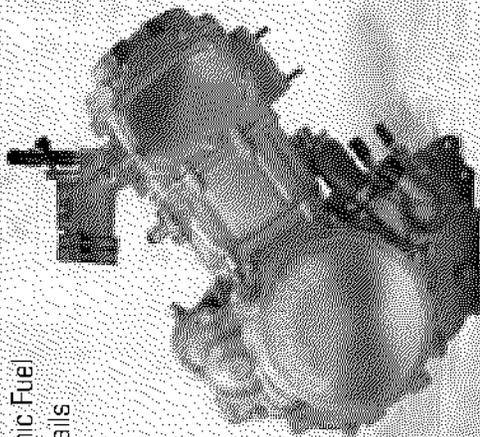
# SOME RANGERS WORK / SOME RANGERS PL

## UNBEATABLE TORQUE AND POWER

## BEST RIDE

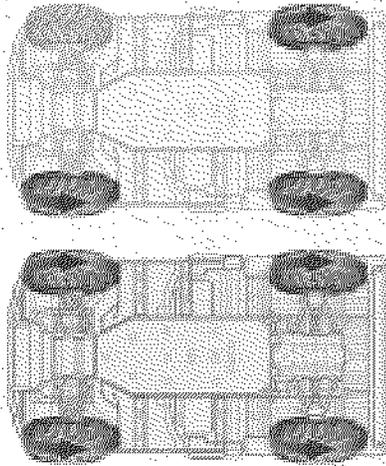
### RANGER

From the strength of the 500 Electronic Fuel Injected (EFI) Engine in the tough-as-nails 4X4 to the big-torque power of the 700 Twin EFI in the XP, your RANGER has the power to tackle the job. And EFI ensures fast starts in extreme temperatures and maintains reliable power at high altitudes.



### RANGER

Featuring long-travel Independent Rear Suspension (IRS) and On-Demand True All-Wheel Drive (AWD), which automatically engages for more forward traction when it's needed. Competitive vehicles use limited-slip technology; only RANGER uses all four. (Excludes 2X4)

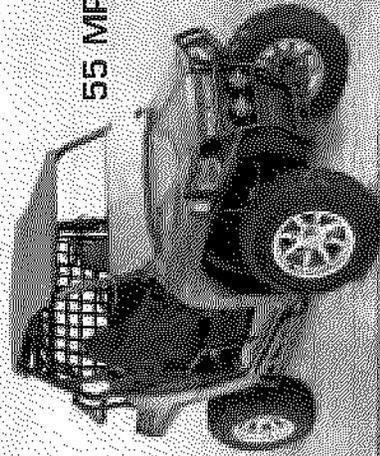


RANGER  
4 wheels

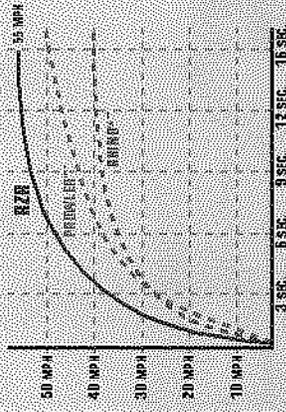
COMPETITOR  
3 wheels

### RANGER RZR™

Pair a powerful 800 Twin EFI engine with Razor-Sharp Side X Side Performance, and you get the RANGER RZR—with the fastest acceleration of any Side X Side and the fastest top speed (55 mph).

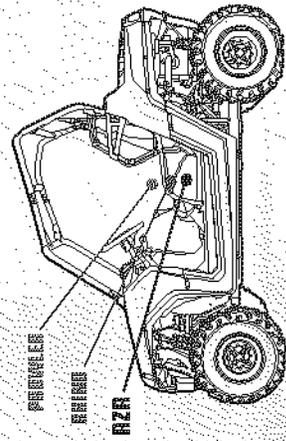


55 MPH



### RANGER RZR

Only RANGER RZR has rolled IRS with 9.5 in. (24.1 cm) rear suspension travel and the lowest center of gravity of all Side X Sides, giving you a smooth, fun ride over any terrain.



PROVELER  
RZR

# PLAY

**/RAZOR-SHARP SIDE X SIDE PERFORMANCE.**



**700 SERIES**

RANGER XP™

RANGER 6X6

NEW! RANGER CREW™

6-11

**500 SERIES**

RANGER 4X4

RANGER 2X4

12-15

**ACCESSORIES**

16-17

**800 SERIES**

NEW! RANGER RZR

18-21

**ACCESSORIES**

22-23

**SPECIFICATIONS**

24-25

**THERE ARE NO LIMITS  
TO RANGER™ COUNTRY.**

**CONSISTENTLY OUTPERFORMS  
THE COMPETITION.**

**RANGER** is the Hardest Working, Smoothest  
Riding off-road utility vehicle on the planet.

**THE NEW RANGER RZR™  
POURS IT ON.**

It revolutionizes the off-road by delivering  
Razor-Sharp Side X Side Performance.

**Work. Play. Only RANGER.**



# WORK

**/HARDEST WORKING. SMOOTHEST RIDING.™**

 POLARIS®  
**RANGER**™

 POLARIS  
**RANGER**™

[www.polarisindustries.com](http://www.polarisindustries.com)

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Part # 9921582

## Teen dies in ATV crash

CO

By Mike Lawrence

August 18, 2007

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Steamboat Springs — A young Alabama woman died Thursday night in an all-terrain vehicle accident at Three Forks Ranch in North Routt County.

Routt County Coroner Rob Ryg said (b)(3)CPSA Section 25(c)(b) 19, was driving a small ATV, similar to a John Deere Gator utility vehicle, down an inclined road at about 9 p.m. when she lost control of the vehicle, which rolled over. (b) was pinned beneath the vehicle and was pronounced dead at the scene, Ryg said.

(b)(3)CP was a member of the ranch's summer work crew, Ryg said. She was by herself when the accident occurred on a road near the ranch's primary compound.

Three Forks Ranch administrators could not be reached for comment Friday.

Ryg said an autopsy will be performed today to determine the cause of death. The Routt County Sheriff's Office was one of several agencies that responded to the scene. An ambulance arrived from Baggs, Wyo., Ryg said.

Three Forks Ranch is just south of the Wyoming border on Routt County Road 129. The ranch has multiple lodges and outfits fly fishing and hunting expeditions, leases grazing land for cattle, and hosts winter activities including snowmobile, snowshoe and cross-country skiing trips.

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**Originally published at:** [http://www2.craigdailynews.com/news/2007/aug/18/teen\\_dies\\_atv\\_crash/](http://www2.craigdailynews.com/news/2007/aug/18/teen_dies_atv_crash/)

080331

1. Task Number 071017HCC3068		2. Investigator's ID 9107		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2006 10 03	5. Date Initiated YR MO DAY 2007 10 17		
6. Synopsis of Accident or Complaint UPC A 53-year-old male victim was riding a six-wheeled, all-terrain vehicle (ATV). The victim backed the vehicle off the trail, causing it to overturn and roll multiple times down an embankment (185 feet) before coming to rest in at the bottom of a creek. The victim was partially ejected; the seatbelt was in use. Alcohol and drugs were found at the scene. The victim sustained head and neck trauma and died.				
<p>MFR/PRVLR NOTIFIED</p> <p>COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>OVERRULED: <input type="checkbox"/> ATTACHED</p> <p>EXCISIONS/FOIA EXS. <u>3, 6</u></p> <p><del>DO NOT RE-NOTIFY</del> <input type="checkbox"/> RE-NOTIFY</p> <p>08105 GP</p>				
7. Location (Home, School, etc) 9 - SPORTS OR RECREATION PLACE		8. City BOZEMAN		9. State MT
10A. First Product 3296 - All Terr. Veh. (more Than 4	10B. Trade/Brand Name POLARIS/VIN#4XARR68A66D036836		10C. Model Number RANGER-700	
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12. Age of Victim 53	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 5 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 01/16/2008	25. Reviewed By 9021		26. Regional Office Director Frank J. Nava	
27. Distribution Mills, Alberta E.; Streeter, Robin			28. Source Document Number 0630006240	



This In-Depth Investigation (IDI) was initiated based upon a death certificate concerning a fatality involving an All Terrain Vehicle (ATV). The following information was obtained from investigating officials.

During this IDI, a photocopy of the local coroner's report was obtained. The police report and photographs were requested but have not been received.

The victim was a 53 year old male. His date of birth was [REDACTED] His height and weight are unknown. It is unknown if the victim was wearing a helmet at the time of the incident. The ATV was new with only 7 ½ hours of use.

On 10/3/2006 the victim had just moved into the area 4 days prior to the incident. The victim was traveling on a trail that was not suitable for the large ATV that the victim was using. The tire width of the ATV was 60 inches and the trail was wet and sloping. The victim was on the trail and per the tire tracks, the victim backed off the trail rolling the ATV multiple times, coming to rest in at the bottom of the creek. The length of the slope was estimated 185 feet down at 60 degrees angle. The victim was partially ejected; the seat belt was in use. Alcohol and drugs were found at the scene.

Per to the Coroner's report the cause of death was due to head and neck trauma.

**Product Identification:**

The product involved in this In-Depth Investigation was a All Terrain Vehicle (ATV). The product is identified as a **Polaris 700 Ranger 6-Wheeler ATV**. VIN:

[REDACTED]

No further information was obtained.

**Exhibits:**

- (1) Coroner's Report

## Contacts

(b)(3);CPSA Section 25(c),(b)(6)

Contact initiated to obtain a copy of the coroner's report

Gallatin Co. Coroner  
615 S 16<sup>th</sup> Ave #110  
Bozeman, MT 59715

Contact initiated to obtain a copy of the coroner's report

Park Co. Sheriff  
414 E Callender St.  
Livingston, MT 59047

Contact initiated to obtain a copy of the police report

**Task Number: 071017HCC3066**

**Date: 1/14/2008**

### **Status of Missing Document(s)**

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

1. \_\_\_\_\_ Police Report \_\_\_\_\_
2. \_\_\_\_\_ Photographs \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



STATE OF MONTANA  
FORENSIC SCIENCE DIVISION

DEPARTMENT OF JUSTICE  
2679 PALMER ST.  
MISSOULA, MT 59808  
(406) 728-4970

Exhibit #1 - Coroner's Report  
ID# 071017HCC3066

CORONER'S  
REPORT FORM

Case # 10-3-6-1  
Autopsy # \_\_\_\_\_  
MDFS # \_\_\_\_\_

SUBMITTING AGENCY: Coroner's Office

County: Park Coroner/Deputy: \_\_\_\_\_

DECEDENT: (Full Given Name) \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Sex:  M  F Race:  White  Hispanic  Native American  
 Black  Asian  Unknown

Occupation: Business Consultant

DATE & TIME LAST SEEN ALIVE ; OR IF KNOWN DATE & TIME OF DEATH  approx 1900 10-3-6

DATE & TIME FOUND IF TIME OF DEATH UNKNOWN: 1930 hrs. 10-3-6

PLACE OF DEATH: Newman Cr. - SENELOW Sec. 24 T35 R7E

IF DEATH IN HOSPITAL, DATE & TIME ADMITTED: Ø Dr.'s Name: Ø

AUTOPSY:  Y  N If YES, by Dr. Ø

TOXICOLOGY SPECIMENS TAKEN?  Y  N If YES, check which:  Blood  Vitreous  Urine

FINGERPRINTS TAKEN?  Y  N PHOTOGRAPHS TAKEN?  Y  N  Scene  Autopsy

DEATH CERTIFICATE (D.C.) CERTIFIED BY Coroner/Deputy OR  Dr. Ø

CAUSE OF DEATH (As appears on D.C.) \_\_\_\_\_  Pending

Head & Neck Trauma

MANNER OF DEATH:  Pending  Accident  Homicide  Suicide  Undetermined  Natural

DETAILS SURROUNDING DEATH: (Describe below or check  if report attached. If applicable please include past medical history; i.e. heart disease, hypertension, diabetes, alcohol abuse, seizures, etc., and current medications.)

The decedent was driving a 10 wheel ATV on the Newman Cr. trail (USFS), this ATV had a tire width of 10". The trail was wet, sloping and not suitable for this size ATV. He had moved to the trail area only 4 days prior to his death from Florida. Tracks indicate that he backed off the trail rolling the ATV multiple times coming to rest in the creek bottom, accident length was approx 185' and the slope was estimated @ 60°. He was partially everted, the seat belt was in use. Awaiting Tox results, alcohol and paraphernalia photo possibly marijuana found @ scene.

Signature: \_\_\_\_\_ Coroner/Deputy

VEHICULAR ACCIDENT

CASE NUMBER 10-3-6-1

CALL TO THIS OFFICE:

Time: 20:30 Date: 10/3/16  
By: Careg  
Agency: Dispatch

SUBJECT:



Address:  
Age: 58 Sex: M Race: W  
Marital Status: married

PRONOUNCED DEAD:

Found: Time: 19:30<sup>+</sup> Date: 10/3/16  
By:   
Any relationship to deceased? WIFE

By: ACA Date: 10/3/16 Time: 23:00  
Where: 45° 33' 56" N / 110° 48' 19" W  
Police Agency: PCSO + LEO FS  
Officers involved: Blatter & Steffins - Shaun Goff

Deceased was seated: FRONT Left  Center \_\_\_ Right \_\_\_ Unknown \_\_\_  
REAR Left \_\_\_ Center \_\_\_ Right \_\_\_ Unknown \_\_\_

Deceased was: Driver  Passenger \_\_\_

Lap seat belt: Not in use \_\_\_ In use  Not installed \_\_\_

Shoulder belt: Not in use \_\_\_ In use \_\_\_ Not installed

Type of vehicle: Auto \_\_\_ Truck \_\_\_ Train \_\_\_ Bus \_\_\_ Motorcycle \_\_\_  
Bicycle \_\_\_ Other Polaris ATV bluebecker 700

Make and Model: 700 + Ranger - Vin#

Other vehicles involved? No  Yes \_\_\_ Describe \_\_\_

Environment:

Road surface: Concrete \_\_\_ Asphalt \_\_\_ Brick \_\_\_ Gravel \_\_\_ Dirt

Other USFS-trail 437 - Newman Cr.

Road conditions: Dry \_\_\_ Wet  Snow \_\_\_ Ice \_\_\_ Mud \_\_\_ Other \_\_\_

Lighting: Daylight \_\_\_ Dawn \_\_\_ Dusk \_\_\_ Dark  Streetlights \_\_\_ Other \_\_\_

Weather: Clear \_\_\_ Cloudy  Rain \_\_\_ Snow \_\_\_ Sleet \_\_\_ Freezing \_\_\_ Fog \_\_\_

Area: Business \_\_\_ Industrial \_\_\_ School \_\_\_ Playground \_\_\_ Residential \_\_\_  
Open

Estimated speed: \_\_\_ MPH Unknown

Speed limit: \_\_\_ MPH Unknown

Any evidence of alcohol? No \_\_\_ Yes  Drugs? No \_\_\_ Yes

Explain small / smattering Tex resorts - Baccali man & white Russian  
pot pipe - loaded but not burned & film canister hand @ scene  
w/ green leafy substance & seeds

Any evidence of auto defects? No  Yes  Explain new ATV  
only 7 1/2 hrs of use.

NARRATIVE: wheel width 60", trail 4" majority of time. Tracks  
indicate he went backwards off trail rolling several  
times. Several impact pts - were 30" apart. Seat belt  
in use but partially ejected, seat belt around lower legs,  
head on ground. Length of accident approx. 185' on a  
slope estimated @ 60°.

How was victim identified? DL & wife

Anything unusual about this case not covered above? No  Yes

Explain [REDACTED] has 6 DUI convictions (5 FL, 1 CO), he moved  
to the area 4 days prior to the accident. Supposedly  
he had an argument with his wife and left. Hicks @  
trail said he was acting strange and supposedly told them  
"If I don't come back in thirty minutes it will be done"  
or something to that effect. It's unknown if this was a  
fatalistic premonition or an admission of premeditated  
self harm.

INVESTIGATOR AC Jenkins



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



CORONER   
 PARK COUNTY CORONER  
 414 E. CALLENDER  
 LIVINGSTON, MT 59047

Lab Case #: FSD-06-004340  
 Agency Case #: 10261

SUBJECT:

**TOXICOLOGY REPORT**

CG:

**EVIDENCE:**

The laboratory received the following evidence for analysis:  
 One kit reported to contain biological specimens

**DRUG CONFIRMATION RESULTS:**

SUBJECT:

CAFFEINE	DETECTED IN BLOOD
DIAZEPAM	DETECTED IN BLOOD
NORDIAZEPAM	DETECTED IN BLOOD
IBUPROFEN	DETECTED IN BLOOD
ACETAMINOPHEN	DETECTED IN BLOOD
MEPROBAMATE	DETECTED IN BLOOD
THC, 7.5 NG/ML	QUANTITATED IN THE BLOOD AT THIS CONCENTRATION
THC-COOH, 17.7 NG/ML	QUANTITATED IN THE BLOOD AT THIS CONCENTRATION (THC-COOH IS AN INACTIVE METABOLITE OF THC)

Forensic Toxicologist/Supervisor

Forensic Toxicologist

Forensic Toxicologist

Forensic Toxicologist

Date of Report: 11/13/2006

*Accredited by the American Board of Forensic Toxicology (Certificate No. L014) and the American Society of Crime Laboratory Directors/Laboratory Accreditation Board since 2005*

Printed On: 11/15/2006

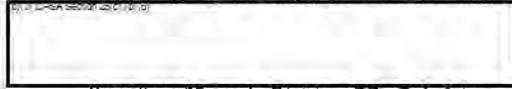
Page 1 of 2

Continuation of Report for Lab # FSD-06-004340

**PLEASE NOTE:** All biological specimens or other items that were submitted in this case will be retained at this Laboratory for a period of two years at which time they will be destroyed, unless or until we receive a letter from your office stating what other action you may require.

**CERTIFICATION:** The undersigned, as Custodian of Records for the Department of Justice, Division of Forensic Sciences, hereby certifies that this document, when signed and dated, is a true and correct copy of the original of said document on file in the offices of the Division of Forensic Sciences.

Dated this 16 day of Nov 2006



Custodian of Records, Division of Forensic Sciences

*Accredited by the American Board of Forensic Toxicology (Certificate No. 1014) and the American Society of Crime Laboratory Directors/Laboratory Accreditation Board since 2005*



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



CORONER (b)(3):CPSA Section 25(c),(b)(6)  
 PARK COUNTY CORONER  
 414 E. CALLENDER  
 LIVINGSTON, MT 59047

Lab Case #: FSD-06-004340  
 Agency Case #: 10261  
 SUBJECT: (b)(3):CPSA Section 25(c),(b)(6)

**ALCOHOL REPORT**

CC:

**EVIDENCE:**

The laboratory received the following evidence for analysis:  
 One kit reported to contain biological specimens

**ALCOHOL RESULTS:**

Subject: (b)(3):CPSA Section 25(c),(b)(6)

BLOOD – 0.16 GM/100 ML  
 VITREOUS – 0.16 GM/100 ML  
 URINE – NONE SUBMITTED

(b)(3):CPSA Section 25(c),(b)(6)

Date of Report: 11/13/2006

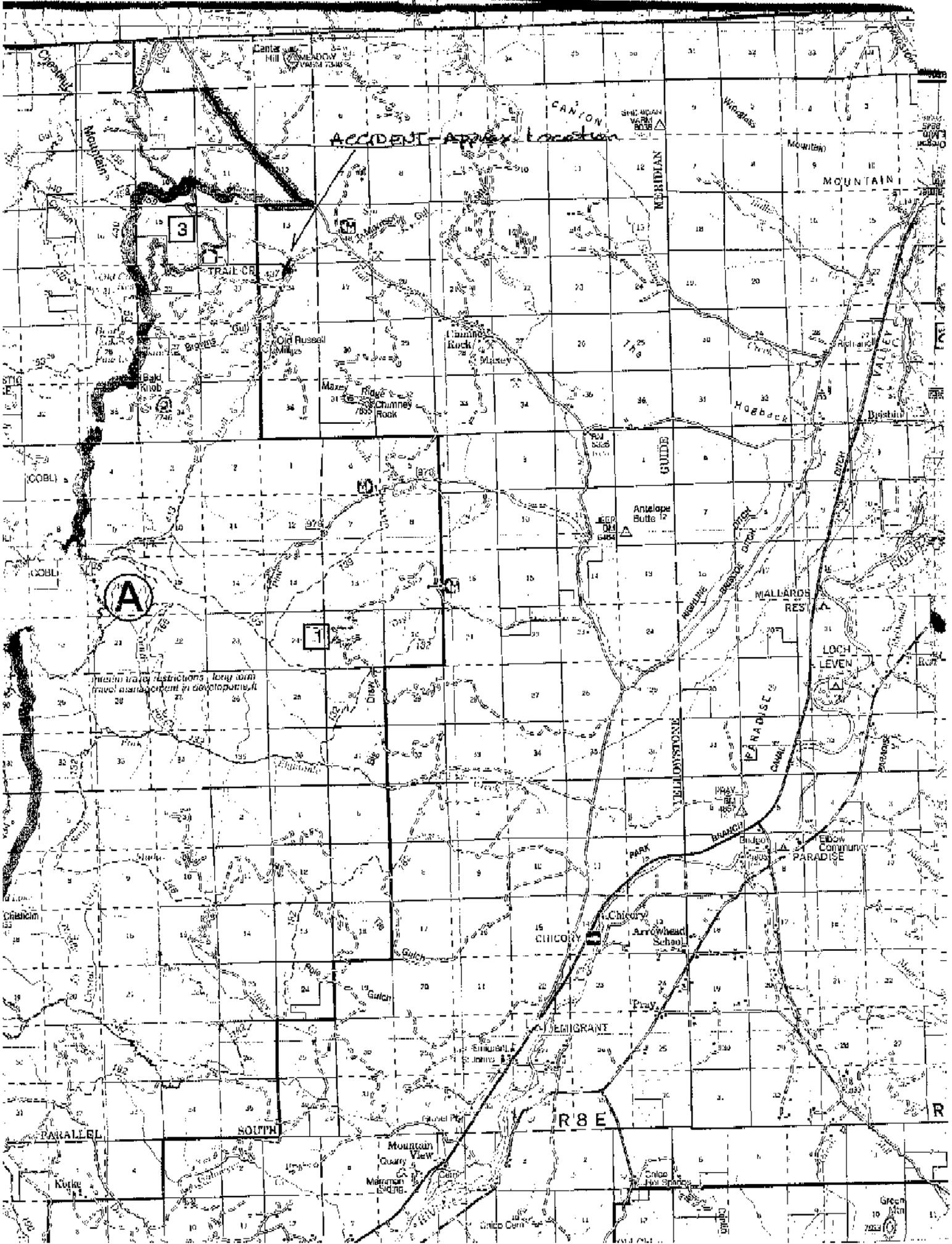
**PLEASE NOTE:** All biological specimens or other items that were submitted in this case will be retained at this Laboratory for a period of two years at which time they will be destroyed, unless or until we receive a letter from your office stating what other action you may require.

**CERTIFICATION:** The undersigned, as Custodian of Records for the Department of Justice, Division of Forensic Sciences, hereby certifies that this document, when signed and dated, is a true and correct copy of the original of said document on file in the offices of the Division of Forensic Sciences.

Dated this 14 day of NOV, 2006

(b)(3):CPSA Section 25(c),(b)(6)

Custodian of Records, Division of Forensic Sciences



ACCIDENT - Approx Location

A

These travel instructions may vary from travel information in development.

PARALLEL

SOUTH

R8E

R



Task Number 071017HCC3066

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1

ATV #2

Manufacturer: 05 - Polaris

Manufacturer:

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

Model: Ranger 700

VIN: (b)(3):CPSA Section 25(c)(b)(6)

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: 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: 10/03/2006

Age/Sex: 53 / Male

State of Death: MONTANA

City of Death: BOZEMAN

County of Death: Park County

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

A 53 year old male was riding a 6-wheeler ATV. The victim backed up off the trail. The ATV overturned and rolled multiple times down an embankment (185 feet) coming to rest in at the bottom of a creek. The victim was partially ejected; the seatbelt was in use. Alcohol and drugs were found at the scene.

8. Did the ATV overturn/tipover/rollover? Yes

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

Victim 1:                      Victim 2:

Yes    No    Unknown            Yes    No    Unknown

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

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

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

Victim 1:                      Victim 2:

Yes    No     Unknown            Yes    No    Unknown

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

0 - Unknown    2 - Two riders    4 - Four or more riders

1 - One rider    3 - Three riders

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

Age: 53                      Height:            (inches)  
Weight:                      Sex: Male



080331

1. Task Number 071120HCC3182		2. Investigator's ID 9091		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2006 06 23	5. Date Initiated YR MO DAY 2007 12 02		
6. Synopsis of Accident or Complaint UPC A 66-year-old, male victim was fatality injured when his four-wheel, utility vehicle rolled down a hill after attempting to dump a load of rocks. The victim's wife was summoned by their 12-year-old grandson who witnessed the incident. Emergency personnel found him bleeding and unconscious upon arrival. The victim sustained multiple rib fractures and two fractures of the thoracic spinal column. He was pronounced dead at the scene. The victim was not wearing a helmet.  <b>MFR/PRVLBR NOTIFIED</b> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>25c</u> : 3, 6 <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 080331				
7. Location (Home, School, etc) 1 - HOME		8. City LOVELAND		9. State CO
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA CHAPPY		10C. Model Number 4YMXB660GCA
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 66	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 79 - LOWER TRUNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 9 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 02/08/2008	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number 0608014942	

080331

1. Task Number 071120HCC3182		2. Investigator's ID 9091		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2006 06 23	5. Date Initiated YR MO DAY 2007 12 02		
6. Synopsis of Accident or Complaint UPC  A 66-year-old, male victim was fatality injured when his four-wheel, utility vehicle rolled down a hill after attempting to dump a load of rocks. The victim's wife was summoned by their 12-year-old grandson who witnessed the incident. Emergency personnel found him bleeding and unconscious upon arrival. The victim sustained multiple rib fractures and two fractures of the thoracic spinal column. He was pronounced dead at the scene. The victim was not wearing a helmet.				
7. Location (Home, School, etc) 1 - HOME		8. City LOVELAND		9. State CO
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA CHAPPY		10C. Model Number 4YMXB660GCA
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
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20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 02/08/2008	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number 0608014942	

**SUMMARY OF FINDINGS**

According to official reports, the only witness to the incident was the victims' grandson.

In the Sheriff's report, the grandson (12 y/o), stated that he and the victim (66 y/o male) were removing large rocks from the driveway to make it smoother. The time was around 4 pm. They were loading the rocks into the back of the victim's 2004 2-seat Yamaha utility vehicle and hauling them to the north side of their garage where he was dumping them over a hill. (The Sheriff's Department report refers to the vehicle as an ATV/ATV mule.)

The grandson stated that the victim had a load of rocks in the bed of the utility vehicle and that they were mainly on the right side; the load was not equal. When the victim backed up to unload the rocks he backed up too far and the right tire fell off the incline edge. The victim then attempted to go forward making a hard turn to the right to pull the vehicle out. When the victim accelerated the vehicle started to roll down the embankment with the victim in it. The grandson ran down the embankment to check on the victim and he said the victim told him he was OK and to go get his grandmother. The grandmother arrived and said the victim was bleeding from his arm. The grandmother stated that the victim was talking to her and stated that he was OK and did not want her to call 911. The grandmother went to the house and called 911 anyway (the time was 4:45 pm).

When emergency officials arrived they found the victim bleeding and unconscious with shallow breathing. The victim then stopped breathing and CPR attempts were made. Injuries found on the victim included abrasion to the back of his head and a large abrasion on his right shoulder. The victim was not wearing a helmet. Air Life was called to the scene but was canceled after paramedics declared the victim dead at the scene.

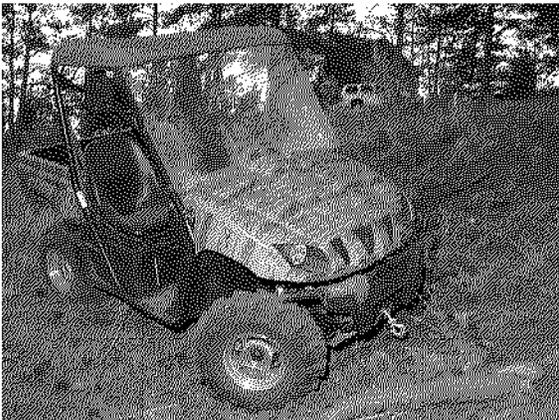
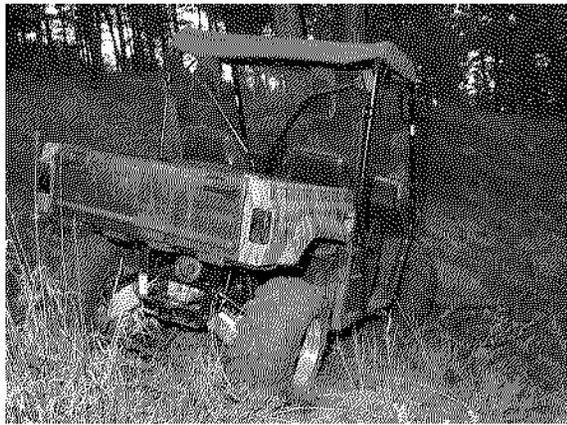
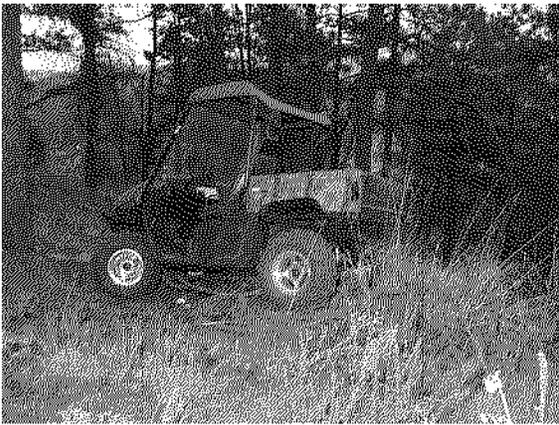
According to the coroner's report, the victim died due to thoracic blunt force injuries received during the accident. The victim suffered multiple rib fractures and two fractures of the thoracic spinal column (broken back).

**PRODUCT IDENTIFICATION**

2004 Yamaha/Chappy utility vehicle – camouflage in color

4X4

VIN: (b)(3);CPSA Section 25  
(c) (b)(6)





**IDI 071120HCC3182**

**Page 4 of 4**

**SAMPLES COLLECTED**

None

**ATTACHMENTS**

- 1) Respondents
- 2) Larimore County Sheriff's Department Report
- 3) Larimore County Coroner Report

**IDI 071120HCC3182**

**Exhibit 1**

**RESPONDENTS**

Larimore County Sheriff's Department  
2501 Midpoint Dr.  
Fort Collins, CO 80525  
970-498-5100

Larimore County Coroner/Medical Examiner  
495 North Denver Ave.  
Loveland, CO 80537  
970-679-4517

06-4187

Supplement No  
 ORIG

# Incident Report

## LARIMER COUNTY SHERIFFS OFFICE



2501 MIDPOINT DR  
 FORT COLLINS, CO 80525

970-498-5100  
 970-498-9203

Reported Date  
 06/23/2006

<DNC> UNATTENDED DEATH  
 Officer  
 HEFFERNAN, ROBERT

### Administrative Information

Agency <b>LARIMER COUNTY SHERIFFS OFFICE</b>	Case No <b>06-4187</b>	Supplement No <b>ORIG</b>	Reported Date <b>06/23/2006</b>	Reported Time <b>19:19</b>
Incident No <b>061740484</b>	Dispo <b>REPORT TO FOLLOW</b>	Nature of Call <b>&lt;DNC&gt; UNATTENDED DEATH</b>		
Location <b>(b)(6)</b>	City	Rear Dist	D Area <b>LC</b>	Area <b>A4</b>
From Date <b>06/23/2006</b>	From Time <b>19:19</b>	Officer <b>L99001/HEFFERNAN, ROBERT</b>		
Assignment <b>LC SO PATROL - RED SWINGS</b>	Entered by <b>L95006</b>	RMS Transfer <b>Successful</b>	Property? <b>None</b>	Approving Officer <b>L80014</b>
Approval Date <b>07/02/2006</b>	Approval Time <b>20:00:03</b>			
Release Status <b>UNDRINVEST</b>				

### Person Summary

Inv#	Inv No	Type	Name	MNI	Race	Sex	DOB
DEC	1	I	(b)(3) CPSPA Section 25(c), (b)(6)	1093597	W	M	(b)(3) CPSPA Sectio
WIT	1	I	(b)(6)	72660	W	F	(b)(6)
WIT	2	I	(b)(6)	1093600	W	M	(b)(6)
WIT	3	I	(b)(6)	1094784	W	M	
WIT	4	I	; DR DIXON				

### Vehicle Summary

Inv#	Type	License No	State	Lic Year	Year	Make	Model	Style	Color
VIC	9		CO		2004	YAMA			CAM

### Summary Narrative

ain/062606

Case Status: Inactive

I responded to the above address on the report of an ATV accident in which a 66 YOA male was deceased apparently as a result of injuries he had received in the accident.

# Incident Report

## LARIMER COUNTY SHERIFFS OFFICE

06-4187

### DECEASED (NOT REPORTED AS A VICTIM) 1: FOX, JAMES ROBERT

Involvement	Inv No	Type	Name			
DECEASED (NOT REPORTED AS A VICTIM)	1	*INDIVIDUAL	(b)(6)			
MNI	Race	Sex	DOB	Age		
(b)(3) CPSA Section 25(c),(b)(6)	WHITE	MALE	(b)(3) CPSA Sectio	66		
Ethnicity	Juvenile?	Res Status				
NOT OF HISPANIC ORIGIN	No	RESIDENT				
Type	Address	City	State			
HOME	(b)(6)					
Phone Type	Phone No					
HOME	(b)(6)					

### WITNESS (SUBJECT TYPE) 1: BIDDLE, VICKI DIANE

Involvement	Inv No	Type	Name					
WITNESS (SUBJECT TYPE)	1	*INDIVIDUAL	(b)(6)					
MNI	Race	Sex	DOB	Age	Ethnicity	Juvenile?	Height	Weight
72660	WHITE	FEMALE	(b)(6)	54	NOT OF HISPANIC ORIGIN	No	5'06"	118#
Hair Color	Eye Color	Res Status						
BROWN	BROWN	RESIDENT						
Type	Address	City	State					
HOME	(b)(6)							
Phone Type	Phone No							
HOME	(b)(6)							

### WITNESS (SUBJECT TYPE) 2: OSTEEEN, TREVOR WAYNE

Involvement	Inv No	Type	Name					
WITNESS (SUBJECT TYPE)	2	*INDIVIDUAL	(b)(6)					
MNI	Race	Sex	DOB	Age	Ethnicity	Juvenile?	Height	Weight
1093600	WHITE	MALE	(b)(6)	12	NOT OF HISPANIC ORIGIN	Yes	5'02"	110#
Hair Color	Eye Color	Res Status						
BROWN	BROWN	NON-RESIDENT						
Type	Address	City	State					
HOME	(b)(6)							
ZIP Code	76048							
Phone Type	Phone No							
HOME	(b)(6)							

### WITNESS (SUBJECT TYPE) 3: FOREMAN, STEVE

Involvement	Inv No	Type	Name			
WITNESS (SUBJECT TYPE)	3	*INDIVIDUAL	(b)(6)			
MNI	Race	Sex				
1094784	WHITE	MALE				
Employer/School	Position/Grade					
THOMPSON VALLEY PARAMEDIC	#73					

### WITNESS (SUBJECT TYPE) 4: DR DIXON

Involvement	Inv No	Type	Name			
WITNESS (SUBJECT TYPE)	4	*INDIVIDUAL	(b)(6)			
Employer/School	Position/Grade					
MCKEE MEDICAL CENTER	DOCTOR					

### Vehicle

Involvement	Type	State	Year	Make	Color
VICTIM VEHICLE	OTHER	COLORADO	2004	YAMAHA/CHAPPY	CAMOUFLAGE
VIN	4YMXB660GCA				

### Narrative

- Case Outline
- Report Origin
- Initial Information
- Arrival on Scene
- Victim Pronounced Deceased
- Family Notified
- Investigations and Coroner Notified
- Evidence Gathered

# Incident Report

## LARIMER COUNTY SHERIFFS OFFICE

06-4187

### Narrative

Witness Interviewed  
Disposition of the Deceased  
Case Status  
Attachments

#### Report Origin

Radio Dispatched

#### Initial Information

On 062306, at approximately 1919 hours, while working another case, I heard a couple of Parks Units dispatched to (b)(6) in Loveland, Colorado on a report of an ATV accident, in which a 66 YOA man was injured, however; once they arrived on scene, I learned that they had started CPR on this individual and therefore I diverted from the case I was on, to assist.

#### Arrival on Scene

At approximately 1946 hours, I arrived on scene and I immediately observed two Parks Units and one civilian performing CPR on this individual. I observed this individual was on the side of a hill, approximately 45 feet down from the top. I also observed another 30 feet down the hill was a work type ATV (Yamaha Mule) that was resting on all four tires, however; it appeared it had been in an accident. I immediately proceeded to assist the Parks Units with CPR by taking over the breathing for the victim by use of an Ambu Bag. I observed that the victim had a puncture wound to his right shoulder area and his right shoulder showed some disfigurement. I also observed that there was a laceration on the left side of the victim's head. While I did breaths on the victim, Parks Officer, (b)(6) did compressions. CPR continued on the victim for approximately 35 minutes until paramedics arrived on scene from Thompson Valley.

#### Victim Pronounced Deceased

At 2002 hours, (b)(6) medic # 73 from Thompson Valley Paramedics, under the advisement of Dr. (b)(6) and McKee Medical Center pronounced the victim deceased.

#### Family Notified

While I remained with the victim to process Evidence, the Parks Units, accompanied by Corporal REIFSCHNEIDER, who had arrived on scene, made notification to the family. The Victims Advocates were requested and they arrived a short while later to assist the family.

#### Investigations and Coroner Notified

I requested Dispatch contact the Medical Examiner, as well as the on call Investigator and had them proceed to the scene. Both arrived a short while later.

#### Evidence Gathered

I took photographs of the entire scene, including the victim as well as the apparent path the ATV had taken as it rolled down the hillside. I also took photographs of the ATV itself. I took rough measurements and it appeared that the ATV initially fell off from level ground at approximately 50 feet above where the victim landed. It also appeared that the ATV continued for another 35 feet until coming to rest on all four tires with very minimal damage. There were several areas of scuff marks in the dirt where the ATV had rolled. There was also a significant amount of rocks, that I later learned, were in the back of the ATV when it rolled.

#### Witness Interviewed

# Incident Report

## LARIMER COUNTY SHERIFFS OFFICE

06-4187

### Narrative

Corporal REIFSCHNIEDER made contact with the grandson, who was an eye witness to this entire episode. They passed onto me that the grandson stated that he and his grandfather were moving some rocks up on the level ground to place around the driveway when the grandfather had backed up with the ATV loaded with rocks and had backed up too far, causing the right rear tire of the ATV to fall off onto the incline. The grandfather then attempted to make a hard turn to the right and pull out from this predicament and in doing so, the ATV started to roll with the grandfather on it. The ATV came to rest as previously noted, with the grandfather coming to rest as well. The grandfather was conscious and alert at this point, and told his grandson he was ok, but to go get his grandmother. The grandson went and got the grandmother and she came out. The grandfather had told both of them not to call 911, that he was ok. A short while later, he collapsed. At which point, they called 911. I also learned from the Parks Units that when they arrived on scene, the victim in this case, the grandfather, was unconscious but was breathing slightly. Shortly after their arrival, he stopped breathing and they immediately proceeded with CPR, up to the point when I arrived. We continued CPR until the paramedics arrived. Corporal REIFSCHNEIDER conducted the interviews with the family and the grandson. See his Supplemental Report for more detail. Officer SWENSON completed a Supplemental Report. See that as well. The other Parks Unit, being an Unsworn Parks Unit will be submitting a written statement to be included in this report.

### Disposition of the Deceased

Once the Medical Examiner and Investigator had arrived on scene, they were briefed on the entire situation. The Medical Examiner took additional photos and then the deceased was transported via the Medical Examiner from the scene.

### Case Status

Inactive

### Attachments

None

END OF REPORT

# Incident Report LARIMER COUNTY SHERIFFS OFFICE

06-4187



2501 MIDPOINT DR  
FORT COLLINS, CO 80525

970-498-5100  
970-498-9203

Reported Date  
06/26/2006

<DNC> UNATTENDED DEATH  
Officer  
SWENSON, JUDY

## Administrative Information

Agency <b>LARIMER COUNTY SHERIFFS OFFICE</b>	Case No <b>06-4187</b>	Supplement No <b>0001</b>	Reported Date <b>06/26/2006</b>	Reported Time <b>15:26</b>
Incident No <b>061740484</b>	Dispo <b>REPORT TO FOLLOW</b>	Nature of Call <b>&lt;DNC&gt; UNATTENDED DEATH</b>		
Location <b>13637 W CR18E</b>	City <b>LC LOVELAND</b>	Rep Dist <b>173200</b>	DArea <b>LC</b>	Area <b>A4</b>
From Date <b>06/23/2006</b>	From Time <b>19:19</b>	Officer <b>L21001/SWENSON, JUDY</b>		
Assignment <b>LC SO LARIMER COUNTY PARKS</b>	Entered by <b>L06001</b>	Assignment <b>CHANGE ASSIGNMENT</b>	RMS Transfer <b>Successful</b>	Property? <b>None</b>
Approving Officer <b>L51013</b>	Approval Date <b>07/07/2006</b>	Approval Time <b>22:38:30</b>		
Release Status <b>UNDRINVEST</b>				

## Summary Narrative

aln/062606  
Case Status: Inactive

I responded to a Medical reported as a rollover ATV accident with a victim who was bleeding badly. I was met by an informant on West County Road 18E and led to the area where the accident had occurred. I responded with a medical kit and found a 66 YOA white male, unresponsive and ashen in color. I started CPR within several minutes and continued until a medical unit arrived. No vital signs could be detected and medical unit pronounced

## Narrative

Case Outline  
Report Origin  
Narrative  
Case Status

### Report Origin

Radio Dispatched

### Narrative

On 062306, at 1919 hours, I heard a Medical call aired regarding a Motor Vehicle Accident in the (b)(6) (b)(6). The information came in as an ATV had rolled on a victim and the victim was bleeding heavily. I was in the area of 18E and South County Road 31, and advised Dispatch I would respond until Medical arrived on scene. A short distance behind me was Larimer County Parks Ranger, (b)(6). I requested that he respond with me. In approximately the 12000 block of County Road 18E, I was met by a male subject in a small white vehicle who waved me down. I asked him if he was connected to the Medical I was responding to, he said he was and that I would probably need to follow him to get to the residence, as it was extremely hard to find. I radioed the information to Ranger (b)(6) and advised him to follow me to the residence. I followed the informant and arrived on scene at 1929 hours. I grabbed a medical kit from my patrol vehicle and followed the informant to an area where I observed several people standing and a male subject laying on the ground. The male subject's skin tone was ashen in color. It did not appear that the subject was breathing.

# Incident Report

## LARIMER COUNTY SHERIFFS OFFICE

06-4187

### Narrative

I began a medical assessment to check for a pulse and breathing; could not find any pulse at all. A female subject who was identified to me later as the victim's wife (b)(6) was kneeling next to him, and told me that he had been breathing just moments before I arrived. I did a quick assessment on the victim's torso, located a large abrasion on his right shoulder and noted that there appeared to be an abrasion to the back of his head, as there was a small blood pool. I began CPR and within approximately five minutes, I was joined by Parks Ranger (b)(6), who is EMT certified. Ranger (b)(6) inserted an airway with the assistance of one of the neighbors. We began Ambu bagging oxygen to the victim and I continued compressions until the ambulance arrived on scene, which was after 2000 hours. The ambulance crew and EMT did check for vitals when they established that the victim had no vital signs at all. They pronounced him expired.

### Case Status

Inactive

END OF SUPPLEMENT

# Incident Report LARIMER COUNTY SHERIFFS OFFICE

06-4187



2501 MIDPOINT DR  
FORT COLLINS, CO 80525

970-498-5100  
970-498-9203

Reported Date  
06/26/2006

<DNC> UNATTENDED DEATH  
Officer  
REIFSCHNEIDER, ERIK

## Administrative Information

Agency LARIMER COUNTY SHERIFFS OFFICE		Case No 06-4187	Supplement No 0002	Reported Date 06/26/2006	Reported Time 16:45
Incident No 061740484	Dispo REPORT TO FOLLOW	Nature of Call <DNC> UNATTENDED DEATH			
Location 13637 W CR18E			City LC LOVELAND	Rep Dist I73200	D Area LC Area A4
From Date 06/23/2006	From Time 19:19	Officer L95023/REIFSCHNEIDER, ERIK			
Assignment LCSO PATROL - RED SWINGS		Entered by L06001	Assignment CHANGE ASSIGNMENT	RMS Transfer Successful	Property? None
Approving Officer L80014	Approval Date 07/02/2006	Approval Time 20:05:55			
Release Status UNDRINVEST					

## Summary Narrative

aln/062606  
Case Status: Inactive

I assisted Deputy HEFFERNAN on a fatal Motor Vehicle Accident at (b)(6) by interviewing (b)(6)

## Narrative

- Case Outline
- Report Origin
- Background Information
- Landing Zone Established
- Arrival on Scene
- Contact with Family Members
- Conversation with TREVOR O'STEEN
- Conversation with VICKI
- Victims Advocates Introduced
- Case Status
- Attachments

### Report Origin

Radio Dispatched

### Background Information

On 062306, I overheard on Loveland Fire channel that they were responding to a Motor Vehicle Accident near Pinewood Reservoir in the Carter Lake area. Information was received that a 66 YOA male had fallen off of an ATV and was injured.

Park Ranger (b)(6) went en route and arrived on scene several minutes later. Update was given that the subject was bleeding severely and had lost consciousness. While I was still en route to the call, information was aired that CPR was in progress.

I advised Dispatch that I would continue en route to the scene of the accident.

# Incident Report

## LARIMER COUNTY SHERIFFS OFFICE

06-4187

### Narrative

While I continued en route, Loveland Fire advised that they needed to clear Engine Three to respond to the scene and assist with CPR. Engine Three was originally designated as Ground Contact for Air Life 911.

Communications asked if I could now be the ground contact for Air Life 911.

#### Landing Zone Established

I advised Larimer County Communications that I would go direct with Air Life 911 on Fire Net. I said that I would be en route to the Pinewood area to look for a landing zone for the chopper.

I arrived on scene at Pinewood Reservoir and had a difficult time locating any flat level terrain for the helicopter to land on. There were also numerous power lines. I was unable to reach Air Life 911 on Fire Net and was later advised that they would be on Loveland Fire UHF channel. Information was relayed to Air Life 911 that we had multiple power lines and they advised that they could see that from the air. Shortly after a landing zone was picked out, it was overheard that paramedics on scene were calling the CPR and pronounced the subject dead. Air Life 911 was then cleared to return to quarters.

#### Arrival on Scene

I arrived on scene and met with Deputy HEFFERNAN. Deputy HEFFERNAN asked if I could go inside and speak with the family. He said that the grandson and common law wife were inside with Larimer County Parks Rangers and neighbors.

#### Contact with Family Members

I went inside the home and met with Larimer County Parks Employees. They introduced me to (b)(6) and (b)(6) is the common law wife of the deceased male and (b)(6) is the grandson. Both parties were seated in the living room on the couch and had several neighbors in the living room with them.

General information was received from (b)(6) that her common law husband, (b)(3) CPSA Sect was out doing work on the four wheeler and it rolled over. She said that he went out and he was originally coherent, talking to her, and advised her that she should not call 911 and that he did not need an ambulance. (b)(6) said that she ran back inside, called 911, and went back out to be with her husband. She and neighbors attempted to control bleeding with towels and awaited the arrival of EMS. During this time, (b)(6) slipped into unconsciousness and CPR was started.

#### Conversation with (b)(6)

I asked (b)(6) if I could talk to her grandson in the basement and she said that would be fine. I took (b)(6) down to the basement and got his basic information. I also asked (b)(6) to tell me what had happened.

(b)(6) said that he and (b)(6) as he referred to (b)(6) were out working in the driveway, removing larger rocks so it would be smoother. He said that he and (b)(6) were putting rocks in the back of the ATV and then taking them around the north side of the garage and dumping them over the side of the hill. (b)(6) said that he was originally driving the ATV in the driveway, however (b)(3) C would not allow him to back it up near the hill. (b)(6) said that once they had a load, (b)(6) backed the vehicle towards the edge of the hill, near the north side of the garage. (b)(6) said that the vehicle was loaded mostly on the right side and the load was not equal. (b)(6) said that (b)(6) continued to back up and about hit a tree. He said (b)(6) then continued to back and got too close to the edge and (b)(6) yelled at him. He said (b)(6) attempted to put the vehicle in a forward gear. He was successful and accelerated hard and turned sharp right. It was at this time the vehicle rolled over the edge of the hill and both (b)(6) and the ATV went over the edge and down the embankment. (b)(6) said he ran down to (b)(6) and checked on him and then immediately ran in and notified his grandmother (b)(6).

I walked back upstairs with (b)(6) and spoke to (b)(6).

#### Conversation with (b)(6)

Report Officer  
L95023/REIFSCHNEIDER, ERIK

Printed At  
01/31/2008 11:02

Page 2 of 3

# Incident Report LARIMER COUNTY SHERIFFS OFFICE

06-4187

0002

## Narrative

(b)(6) told me that (b)(6) had come inside and said that (b)(6) had been hurt. She said that she went outside and found (b)(6) lying on the hill and that he was bleeding from his arm. (b)(6) said that (b)(6) was talking to her and said that he did not want an ambulance or for her to call 911. (b)(6) said that she ran back inside and made the call for help.

## Victims Advocates Introduced

Victims Advocates from Larimer County Sheriff's Office arrived on scene. I introduced both of the advocates to (b)(6) and their family. I told (b)(6) and (b)(6) that the advocates could help out in any way they needed and (b)(6) thanked me and said that she would talk to them. I informed (b)(6) that I would be leaving the scene and if they needed anything additional, they could contact us at the Larimer County Sheriff's Office.

## Case Status

Inactive

## Attachments

None

END OF SUPPLEMENT

# Incident Report LARIMER COUNTY SHERIFFS OFFICE

06-4187



2501 MIDPOINT DR  
FORT COLLINS, CO 80525  
970-498-5100  
970-498-9203

Reported Date  
06/29/2006

<DNC> UNATTENDED DEATH  
Officer  
FEYEN, JOHN

## Administrative Information

Agency	Case No.	Supplement No	Reported Date	Reported Time
LARIMER COUNTY SHERIFFS OFFICE	06-4187	0003	06/29/2006	08:36
Incident No	Dispo.	Nature of Call		
061740484	REPORT TO FOLLOW	<DNC> UNATTENDED DEATH		
Location	LC#	Rep Dist	D Area	Area
(b)(6)			LC	A4
From Date	From time	Officer		
06/23/2006	19:19	L00028/FEYEN, JOHN		
Assignment	Entered by	Assignment		
LC SO INVESTIGATIONS - PERSONS UNIT	L93002	LC SO TECHNICIAN - INVESTIGATIONS		
RMS Transfer	Approving Officer	Approval Date	Approval Time	
Successful	L02023	07/02/2006	15:01:48	
Release Status				
UNDRINVEST				

## Summary Narrative

ly/062906

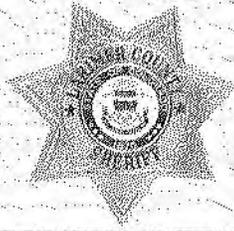
Case Status - Active

As the on-call investigator, I responded to the scene of a fatal ATV accident. Nothing appeared suspicious. Case will be assigned to this investigator until the death certificate is obtained.

END OF SUPPLEMENTAL REPORT

# Incident Report LARIMER COUNTY SHERIFFS OFFICE

## 06-4187



2501 MIDPOINT DR  
FORT COLLINS, CO 80525

970-498-5100  
970-498-9203

Reported Date  
08/17/2006

<DNC> ACCIDENTAL DEATH  
Officer  
FEYEN, JOHN

### Administrative Information

Agency	Case No	Supplement No	Reported Date	Reported Time
LARIMER COUNTY SHERIFFS OFFICE	06-4187	0004	08/17/2006	10:55
Incident No	Dispo	Nature of Call		
061740484	SUPPLEMENTAL REPORT TO FOLLOW	<DNC> ACCIDENTAL DEATH		
Location	City	Area Dist	DArea	Area
(b)(6)			LC	A4
From Date	From Time	Officer		
06/23/2006	19:19	L00028/FEYEN, JOHN		
Assignment	Entered by	Assignment		
LC SO INVESTIGATIONS - PERSONS UNIT	L02024	LC SO TECHNICIAN - INVESTIGATIONS		
RMS Transfer	Property?	Approving Officer	Approval Date	Approval Time
Successful	None	L02023	08/23/2006	10:52:50
Release Status				
RELEASABLE				

### Summary Narrative

pd/081706

Case Status - INFORMATION REPORT

The Death Certificate for (b)(3)CPSA Section 25(c),(b)(6) was obtained. The manner of death was listed as "Accidental", due to thoracic blunt force injuries resulting from an all terrain vehicle mishap. I ran (b)(3)CPSA Section through NCIC/CCIC and he was clear. No further action by this officer.

#### Attachments

Copy of Death Certificate  
NCIC printout

END OF SUPPLEMENTAL REPORT

## VOLUNTARILY WRITTEN STATEMENT

LCSO Report # 4187

1 of 1

While on patrol at Carter Lake, On June 23, 2006 dispatch aired that there was a 66 year old male who was thrown off his ATV. I responded to the call. Parks officer (b)(6) was the first officer on scene. She called out to dispatch and said that she was with the patient. He was breathing slowly. A minute later she called out that she was starting CPR. I arrived on scene a couple of minutes later, to find a male laying on the ground unconscious and not breathing with good CPR in progress. I told Parks officer (b)(6) to stop CPR for a minute so I could evaluate the patient and have her call dispatch to get an Air life go. The patient was bleeding from his head and from his right shoulder. I told Parks officer (b)(6) to resume CPR and she did. I had one of the neighbors who was on scene come down and start bagging him one breath every three seconds. I hooked the bag valve mask to high flow oxygen. I sized and inserted an oral pharyngeal air way which went in with no resistance. I checked for effectiveness of compressions and they were good. I then cut off the patient's shirt to find that he had cuts and scraps to his chest and legs. I then put a cervical collar on him. We did CPR for about thirty minutes before Loveland Fire Engine 3 and Paramedic 331 showed up. I told the paramedic that we had been doing CPR for about thirty minutes and had not gotten a pulse back at any time. I turned the patient's care over to Paramedic 331 who pronounced the patient dead at the scene.

I (b)(6) live at (b)(6) Phone number is (b)(6) am a state citified Firefighter one, EMT-B/IV

Signed on this 24 day of June 24, 2006.

(b)(6)



**OFFICE OF THE CORONER/MEDICAL EXAMINER**

Patrick C. Allen, M.D., Coroner

493 N. Denver Avenue  
 Loveland, Colorado 80537  
 Phone: (970) 679-4517  
 FAX: (970) 679-4510

**AUTOPSY REPORT**

NAME: (b)(3).CPSA Section 25(c),(b)(6)

AUTOPSY #: 2006CA-77

DOB: (b)(3).CPSA Section 25(c),(b)(6)      AGE: 66

INVESTIGATION #: 06C-358

DATE AND TIME OF DEATH: 6-23-06; 21:13

DATE, TIME, AND PLACE OF AUTOPSY: 6-24-06; 12:00; McKEE MEDICAL CENTER

PATHOLOGIST: CINA

ASSISTANT: (b)(6)

**FINAL PATHOLOGIC DIAGNOSES**

- I MINOR HEAD INJURIES:
  - A) ABRASIONS: LEFT CHIN, LEFT BACK OF HEAD
  - B) LACERATION ABOVE LEFT EAR
- II THORACOABDOMINAL INJURIES:
  - A) PATTERNED ABRASIONS: LEFT SHOULDER, LEFT SIDE OF ABDOMEN
  - B) NONSPECIFIC ABRASIONS OF TORSO
  - C) FRACTURES: RIGHT CLAVICLE; RIGHT RIBS 1-12 ANTEROLATERALLY AND 2-5 POSTERIORLY; LEFT RIBS 5-7 ANTEROLATERALLY AND 1-12 POSTERIORLY; T2 AND T5 INTERVERTEBRAL SPACES
  - D) BILATERAL 300 ml. HEMOTHORACES
  - E) PARTIAL AVULSION OF UPPER LOBE, LEFT LUNG
  - F) BILATERAL PNEUMOTHORACES WITH ATELECTASIS AND PULMONARY CONTUSIONS
- III INJURIES TO EXTREMITIES:
  - A) COMPOUND FRACTURE, RIGHT PROXIMAL HUMERUS
  - B) NONSPECIFIC LINEAR ABRASIONS
- IV PRE-EXISTENT CONDITIONS:
  - A) MUSCULAR ATROPHY WITH FATTY INFILTRATION COMPATIBLE WITH CLINICAL HISTORY OF ADULT-ONSET MUSCULAR DYSTROPHY
  - B) MYOCARDIAL HYPERTROPHY (550 gm.) WITH PATCHY INTERSTITIAL REPLACEMENT FIBROSIS
  - C) INCREASED BODY MASS INDEX
- V TOXICOLOGY:
  - A) BLOOD, ETHANOL: NONE DETECTED
  - B) BLOOD, CARBON MONOXIDE: 0.0%
  - C) URINE, DRUG SCREEN: NONE DETECTED

continued

(b)(3):CPSA Section 25(c),(b)  
(6)

Larimer County, Colorado  
Autopsy No. 2006CA-77

Autopsy report, continued

**OPINION:**

This 66-year-old White male, (b)(3):CPSA Section 25(c),(b)(6) died of thoracic blunt force injuries received in an all terrain vehicle mishap. There were bilateral flail chests associated with pneumothoraces and pulmonary contusions. Multiple rib fractures and two fractures of the thoracic spinal column ("broken back") were also noted. A significant pre-existing condition was adult onset multiple sclerosis and mild chronic ischemic heart disease. The manner of death is accident.

  
Stephen J. Cina, M.D.  
Forensic Pathologist

080430

1. Task Number 071127HCC3196		2. Investigator's ID 1951		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2007 09 13	5. Date Initiated YR MO DAY 2007 12 03		
6. Synopsis of Accident or Complaint UPC  A 13-year-old male victim was driving a four-wheeled ATV along a road. The police report indicates that there was a domestic animal and wild animal on the paved road where the victim was driving the ATV at a high rate of speed. The victim failed to control the ATV and was ejected and pinned under the ATV. The victim was not wearing a helmet.				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City ORANGE	9. State TX	
10A. First Product 3286 - All Terrain Vehicles (four W	10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO	
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
<small> <input type="checkbox"/> PRIVACY NOTIFIED            COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  <input type="checkbox"/> OVERRULED <input type="checkbox"/> ATTACHED  <input checked="" type="checkbox"/> EXEMPTION FOR EPI <input type="checkbox"/>  <input type="checkbox"/> RE- <input type="checkbox"/>  <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY         </small>				
12. Age of Victim 13	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj. <i>5/11 07/20/08</i>	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 5 / 0	
20. Attachment(s) 2 - Documents		21. Case Source 05 - Newspaper	22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 03/03/2008	25. Reviewed By 8631		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number N0790327A	

**LIST OF ATTACHMENTS:**

1. Identity of Respondents
2. Police/Investigative Report
3. Coroner's Report
4. ATVD Data Sheet

**LIST OF RESPONDENTS:**

1. Records Clerk  
Orange County Police Department  
805 W Main Avenue  
Orange, Texas 77630
  
2. Records Clerk  
Galveston County Medical Examiner's Office  
6607 Highway 1764  
Texas City, Texas 77590

**TEXAS PEACE OFFICER'S CRASH REPORT CRB-3 (Rev. 01/08)** Submission of Crash Records. This report may be submitted via the CRIS Web Portal, electronically submitted via XML, or mailed to the TEXAS DEPARTMENT OF PUBLIC SAFETY, PO BOX 4087, AUSTIN TX 78773-0380. Please see the DPS Instructions to Police for more details regarding these submission methods or look on the CRIS Website at <http://www.dps.state.tx.us/crisprj/ed/ndoc.htm>.

FATAL  CIVIL INVOLVED  SCHOOL BUS RELATED  RAILROAD RELATED  MEDICAL ADVISORY BOARD  HIT AND RUN  AMENDMENT/SUPPLEMENT

PLACE WHERE CRASH OCCURRED  
 COUNTY Orange CITY OR TOWN Orange  
 IF CRASH WAS OUTSIDE CITY LIMITS  
 INDICATE FROM NEAREST TOWN \_\_\_\_\_ MILES N S E W OF \_\_\_\_\_

LOC# 0729496  
 ORI# TX1810200  
 DPS# \_\_\_\_\_

ROAD ON WHICH CRASH OCCURRED 4300 Kitty Chapin CONSTRUCTION ZONE  YES  NO SPEED  YES  NO LIMIT 25  
 BLOCK NUMBER 4300 STREET OR ROAD NAME Kitty Chapin ROUTE NUMBER OR STREET CODE \_\_\_\_\_  
 INTERSECTING STREET \_\_\_\_\_ CONSTRUCTION ZONE  YES  NO SPEED \_\_\_\_\_  
 OR RR XING NUMBER \_\_\_\_\_ WORKERS PRESENT  YES  NO LIMIT \_\_\_\_\_

NOT AT INTERSECTION  FT  MI  N  S  E  W OF \_\_\_\_\_ MILEPOST \_\_\_\_\_ LATITUDE \_\_\_\_\_  
 SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY, IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT. LONGITUDE \_\_\_\_\_

DATE OF CRASH 09 13 2007 DAY OF WEEK Thursday HOUR 16:02  AM  PM IF EXACTLY NOON OR MIDNIGHT, SO STATE

UNIT # 1 8 1 - MOTOR VEHICLE 4 - PEDESTRIAN 7 - NON-COMBAT 8 - OTHER  
 2 - TRAIN 5 - MOTORIZED CONVEYANCE  
 3 - PEDALCYCLIST 6 - TOWED

YEAR unk COLOR & MAKE Gray/Yamaha MODEL NAME Rhino BODY STYLE ATV LICENSE PLATE N/A  
 DRIVER'S NAME (b)(3):CPSA Section 25(c),(b)(6) PHONE NUMBER (b)(3):CPSA  
 DRIVER'S LICENSE N/A LICENSE STATUS 2 1 - VALID 2 - NOT VALID 3 - SUSPENDED/REVOKED 4 - CANCELLED/DENIED 5 - EXPIRED 6 - UNKNOWN

DRIVER'S ETHNICITY 1 1 - WHITE 2 - HISPANIC 3 - BLACK 4 - ASIAN 5 - OTHER DRIVER'S SEX  MALE  FEMALE DRIVER'S OCCUPATION Student POLICE, FIREFIGHTER, EMS, ON EMERGENCY  IF CHECKED, PLEASE EXPLAIN IN NARRATIVE

TYPE OF ALCOHOL SPECIMEN TAKEN 4 TEST RESULTS - TYPE OF DRUG SPECIMEN TAKEN 3 TEST RESULTS - DRUG CATEGORY 2 \_\_\_\_\_  
 1 - BREATH 2 - BLOOD 3 - URINE 4 - NONE 5 - REFUSED 1 - BLOOD 2 - URINE 3 - NONE 4 - REFUSED

LESSEE  (b)(3):CPSA Section 25(c),(b)(6) Same ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_  
 OWNER  NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_

LIABILITY  YES  NO N/A INSURANCE COMPANY NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ VEHICLE DAMAGE RATING L and T / 1  
 EXP

UNIT # \_\_\_\_\_ 1 - MOTOR VEHICLE 4 - PEDESTRIAN 7 - NON-COMBAT 8 - OTHER  
 2 - TRAIN 5 - MOTORIZED CONVEYANCE  
 3 - PEDALCYCLIST 6 - TOWED

YEAR \_\_\_\_\_ COLOR & MAKE \_\_\_\_\_ MODEL NAME \_\_\_\_\_ BODY STYLE \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_  
 DRIVER'S NAME None None PHONE NUMBER \_\_\_\_\_  
 LAST FIRST MIDDLE ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_ LICENSE STATUS  1 - VALID 2 - NOT VALID 3 - SUSPENDED/REVOKED 4 - CANCELLED/DENIED 5 - EXPIRED 6 - UNKNOWN

DRIVER'S ETHNICITY  1 - WHITE 2 - HISPANIC 3 - BLACK 4 - ASIAN 5 - OTHER DRIVER'S SEX  MALE  FEMALE DRIVER'S OCCUPATION \_\_\_\_\_ POLICE, FIREFIGHTER, EMS, ON EMERGENCY  IF CHECKED, PLEASE EXPLAIN IN NARRATIVE

TYPE OF ALCOHOL SPECIMEN TAKEN \_\_\_\_\_ TEST RESULTS \_\_\_\_\_ TYPE OF DRUG SPECIMEN TAKEN \_\_\_\_\_ TEST RESULTS \_\_\_\_\_ DRUG CATEGORY 2 \_\_\_\_\_  
 1 - BREATH 2 - BLOOD 3 - URINE 4 - NONE 5 - REFUSED 1 - BLOOD 2 - URINE 3 - NONE 4 - REFUSED

LESSEE  \_\_\_\_\_ Same ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_  
 OWNER  NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER) ADDRESS (STREET, CITY, STATE, ZIP) \_\_\_\_\_

LIABILITY  YES  NO \_\_\_\_\_ INSURANCE COMPANY NAME \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ VEHICLE DAMAGE RATING \_\_\_\_\_  
 EXP

DAMAGE TO PROPERTY OTHER THAN VEHICLES

OBJECT \_\_\_\_\_ NAME AND ADDRESS OF OWNER \_\_\_\_\_ FEET FROM CURB \_\_\_\_\_ DAMAGE ESTIMATE \$ \_\_\_\_\_

IN YOUR OPINION, DID THIS CRASH RESULT IN AT LEAST \$1,000.00 DAMAGE TO ANY ONE PERSON'S PROPERTY?  YES  NO

CHARGES FILED  
 NAME None CHARGE None CITATION# N/A  
 NAME \_\_\_\_\_ CHARGE \_\_\_\_\_ CITATION# \_\_\_\_\_

TIME NOTIFIED OF CRASH 09-14-2007 4:02 P.M. HOW Dispatched TIME ARRIVED AT SCENE 09-14-2007 4:02 P.M. DATE OF REPORT 09-14-2007  
 DATE HOUR DATE HOUR

TYPED OR PRINTED NAME OF INVESTIGATOR H. DeVault *H. DeVault* ID# 4341720 AGENCY Orange Police Depart DISTRICT AREA 120 #100 REPORT COMPLETE  YES  NO

SEAT POSITION	SOLICITATION	EJECTED	RESTRAINT USED	7 OCCUPANT SEAT	AIRBAG	HELMET USE	INJURY SEVERITY
1 FRONT LEFT 2 FRONT CENTER 3 FRONT RIGHT 4 SECOND SEAT LEFT 5 SECOND SEAT CENTER 6 SECOND SEAT RIGHT	7 THIRD SEAT LEFT 8 THIRD SEAT CENTER 9 THIRD SEAT RIGHT 10 CARDO AREA 11 TO CARDO AREA 12 TO CARDO AREA 13 TO CARDO AREA	1 NO 2 YES 3 YES, PARTIAL 4 NOT APPLICABLE 5 UNKNOWN	1 SEATERBELT & AIRBAG 2 SEATERBELT ONLY 3 LAP BELT ONLY 4 CHILD SEAT, FACING FRONT 5 CHILD SEAT, FACING REAR 6 CHILD SEAT, LINK	1 SEATERBELT 2 AIRBAG 3 OTHER 4 UNKNOWN	1 NOT DEPLOYED 2 DEPLOYED, FRONT 3 DEPLOYED, SIDE 4 DEPLOYED, OTHER 5 UNKNOWN	1 NONE DAMAGED 2 NONE, NOT DAMAGED 3 NONE, LINK DAMAGED 4 NONE, WORN 5 UNKNOWN IF WORN	1 FATAL 2 A 3 B 4 B 5 B 6 B 7 B 8 B 9 B 10 B 11 B 12 B 13 B 14 B 15 B 16 B 17 B 18 B 19 B 20 B 21 B 22 B 23 B 24 B 25 B 26 B 27 B 28 B 29 B 30 B 31 B 32 B 33 B 34 B 35 B 36 B 37 B 38 B 39 B 40 B 41 B 42 B 43 B 44 B 45 B 46 B 47 B 48 B 49 B 50 B 51 B 52 B 53 B 54 B 55 B 56 B 57 B 58 B 59 B 60 B 61 B 62 B 63 B 64 B 65 B 66 B 67 B 68 B 69 B 70 B 71 B 72 B 73 B 74 B 75 B 76 B 77 B 78 B 79 B 80 B 81 B 82 B 83 B 84 B 85 B 86 B 87 B 88 B 89 B 90 B 91 B 92 B 93 B 94 B 95 B 96 B 97 B 98 B 99 B 100 B

UNIT# **1** TOWED DUE TO  YES  NO  
 DISABLING DAMAGE  NO VEHICLE REMOVED TO **(b)(3) CPSA Section 25(c) (b)(6)** BY **friend**

ROW#	SEAT POSITION	NAME (LAST, FIRST, MI)	ADDRESS	SEX	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	1	(b)(3) CPSA Section 25(c) (b)(6)		M	3	3	1	4	13	M	K
2											
3											
4											
5											

UNIT# **1** TOWED DUE TO  YES  NO  
 DISABLING DAMAGE  NO VEHICLE REMOVED TO \_\_\_\_\_ BY \_\_\_\_\_

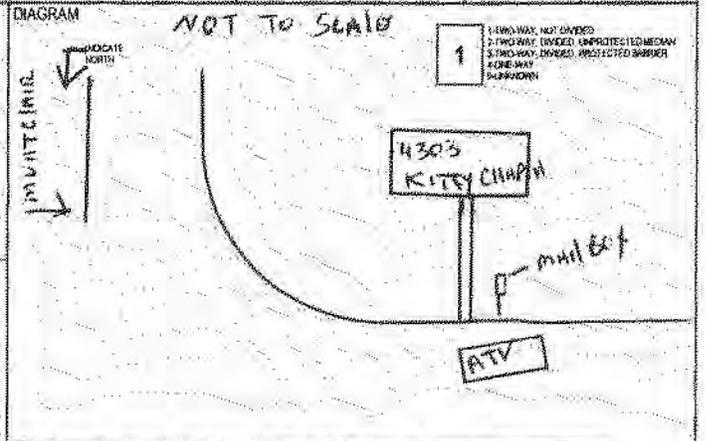
ROW#	SEAT POSITION	NAME (LAST, FIRST, MI)	ADDRESS	SEX	EJECTED	RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6											
7											
8											
9											
10											

ITEM#	TRANSPORTED TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	AVAILABILITY	FOR ATTENDANCE INCLUDING DRIVER	# OF PERSONS TRANSPORTED FOR TREATMENT
1	University Of Texas Medical Branch	Texas Air Service	16:03	16:05	unk	unk	1

COMPLETE THIS SECTION IF PERSON KILLED (If a person dies within 30 days of the crash, please complete this area and mail the supplement to the Crash Records Bureau.)

ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH	ITEM#	DATE OF DEATH	TIME OF DEATH
1	09-13-2007	unk						

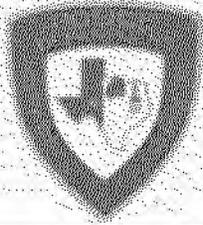
INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)  
**Unit #1 was westbound in the 4300 block of Kitty Chapin, in reference to an accident. Upon my arrival, I observed that an ATV was lying on it's side in the roadway. The driver was partially ejected and pinned by the ATV. The driver was pulled from the vehicle and life flighted to UTMB by Texas Air Service, where he expired. A follow up report was completed. There were no skid, or yaw marks to indicate what happened prior to the accident. See incident # 0729496.**



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

DATE	FACTORS AND CONDITIONS	OTHER FACTORS OR CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED	VEHICLE DEFECTS CONTRIBUTING	VEHICLE DEFECTS MAY HAVE CONTRIBUTED
1	22			
2				

TRAFFIC CONTROL	ROADWAY RELATION	ROADWAY ALIGNMENT	LIGHT CONDITION
1	1	1	1
TYPE OF ROAD SURFACE	WEATHER	SURFACE CONDITION	
1	1	1	1



**ORANGE POLICE DEPARTMENT**  
201 N 8TH ST.  
ORANGE, TX 77630

**INCIDENT REPORT**

**EVENT NO: 0729496**

**ADDRESS OF OCCUR: KITTY CHAPIN AND MONTCLAIR**  
**CITY: ORANGE**

**DISTRICT: O                      GRID: 27                      SHIFT: D**  
**DATE REPORTED: 09/13/2007                      TIME REPORTED: 15:54**

**COMMENTS:**  
ACADIAN 16:03:31 MAJOR, HEAD TRAMA, OPEN WOUND TO HEAD LATE TEENS, LZ  
COMMUNITY CHURCH 16:04:03 S SIDE PK LOT WITH LZ 16:05:48 ID ENROUTE 16:09:11 GREEN  
YAMAHA RHINO 660 16:12:28 VIN 5UG-2I79B-30 16:18:02 3307 PINERIDGE IS WHERE  
VEHICLE IS, WILL SECURE VEHICLE, VICTIM WILL GO TO GALVESTON 16:32:12 434/6/WITH  
VEHICLE, TO SECURE VEHICLE 16:36:06 JUVENILE LAST NAME (b)(3) ST E ADVISED  
16:36:18

**CLASSIFICATION**

**CLASS: TRAFFIC ACCIDENT**  
**SUBCLASS: TRAFFIC ACCIDENT, INJURY                      COMPLETED**

**VICTIMS**

**NAME TYPE: VICTIM**  
**NAME: JUVENILE, JUVENILE**  
**DOB: (b)(3) CPSA                      SEX: M RACE: WHITE**  
**ADDR: (b)(3) CPSA Secti                      CITY: (b)(3) CPSA Section 2**  
**STATE: (b)(3) CPSA                      ZIP: (b)(3) CPSA Se**  
**RES PHONE: (b)(3) CPSA Section 25(c)**

**OTHER INVOLVED**

**NAME TYPE: RPTG PARTY**  
**NAME: (b)(3) CPSA Section 25(c)(b)**

**NAME TYPE: OTHER INV**  
**NAME: (b)(3) CPSA Section 25(c)(b)**  
**DOB: (b)(3) CPSA                      SEX: M**  
**ADDR: (b)(3) CPSA Section 25(c)(b)                      CITY: (b)(3) CPSA Section 25(c)**  
**STATE: (b)(3) CPSA                      ZIP: (b)(3) CP**  
**RES PHONE: (b)(3) CPSA S**

**NAME TYPE: DRIVER**  
**NAME: RAY, FOREST**

071127HCC3196  
Attachment #2  
Page 4 of 4

DOB: (b)(3):CPSA Section 25(c), (b)(6) SEX: M RACE: WHITE  
ADDR: (b)(3):CPSA Section 25(c), (b)(6) CITY: (b)(3):CPSA Section 25(c), (b)(6)  
STATE: (b)(3):CPSA Section 25(c), (b)(6) ZIP: (b)(3):CPSA Section 25(c), (b)(6)  
RES PHONE: (b)(3):CPSA Section 25(c), (b)(6)

**NARRATIVE**

WRITTEN BY: DEVAULT, HOWARD

On September 13, 2007, at 16:02 Hrs, I was dispatched to the 4300 block of Kitty Chapin, in Orange, Texas in reference to an accident involving a Yamaha Rhino four wheel ATV. Upon my arrival, I observed the victim's injuries and immediately called for first responders, air ambulance, Acadian Ambulance Service and a supervisor. The Orange Fire Department and Acadian Ambulance arrived and the victim was then transported to Community Church where he was transferred to an awaiting air ambulance. The scene was painted. The accident is still under investigation.

**CASE MANAGEMENT**

INITIAL INVESTIGATOR: DEVAULT, HOWARD  
EVENT STATUS/DISPO: INACTIVE  
REPORT STATUS: APPROVED

APPROVED BY: STEPHENSON, CHARLES

Patient Account: 60000034-103  
 Med. Rec. No.: (0000)9105480  
 Patient Name: (b)(3) CPSA Section 25(c), (b)(6)  
 Age: 13 YRS DOB: (b)(3) CPSA Section 25(c), (b)(6) Sex: M Race: C  
 Admitting Dr.: (b)(3) CPSA Section 25(c), (b)(6)  
 Attending Dr.: EMERGENCY ROOM  
 Date/Time Admitted: 09/13/07 1719  
 Copies to: EMERGENCY ROOM

UTMB  
 University of Texas Medical Branch  
 Galveston, Texas 77555-0543  
 (409) 772-1238  
 Fax (409) 772-5683  
**Pathology Report**

## FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00257

### AUTOPSY INFORMATION:

Occupation: STUDENT Birthplace: UNKNOWN Residence: ORANGE, TEXAS  
 Date/Time of Death: 9/13/2007 19:26 Date/Time of Autopsy: 9/15/2007 09:30  
 Pathologist/Resident: (b)(3) CPSA Section 25(c), (b)(6) Service: EMERGENCY ROOM  
 Restriction: NONE

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

ML-0001-533

### FINAL AUTOPSY DIAGNOSIS

#### I. Body as a whole: History of all terrain vehicle accident.

- |  |    |
|--|----|
| A. Head: Severe trauma   |    |
| 1. Face, left side: Large abrasion   | A4 |
| 2. Face, periorbital region: Edema and ecchymosis  | A4 |
| 3. Scalp: Large lacerations of the left temporal and occipital regions and small lacerations to the right temporal region, with underlying subgaleal hemorrhages | A4 |
| 4. Skull, right temporal bone: Multiple comminuted, displaced and depressed fractures  | A1 |
| 5. Skull, bilateral frontal and parietal bones: Nearly circumferential fracture, 39cm, extending from right posterior parietal bone to left mid parietal bone    | A1 |
| 6. Skull, greater wing of left sphenoid bone: Small fracture, 3cm  | A4 |
| 7. Brain: Diffuse subarachnoid hemorrhages involving the convexities and base of brain   | A1 |
| 8. Brain: Diffuse edema  | A1 |
| 9. Brain, right temporal lobe and basilar surface: Extensive contusion and tissue disruption   | A1 |
| 10. Brain: Diffuse intraparenchymal hemorrhage, more severe in the right hemisphere, white matter and basal ganglia (See Neuropathology Report)                  | A1 |
| 11. Spinal Cord: Subdural and subarachnoid hemorrhage involving the entire length (27 cm) (See Neuropathology Report)  | A1 |
| B. Chest wall, left: Large abrasion  | A4 |
| C. Arms and hands, bilateral: Multiple abrasions   | A4 |
| D. Leg, left anterior: Large abrasion  | A4 |
| E. Ankle, left: Contusion with swelling  | A4 |

Cause of death: Traumatic brain injury  
 Manner of death: Accidental

\*\*\*TYPE: Anatomic(A) or Clinical(C) Diagnosis.  
 IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;  
 3-contributory COD; 4-concomitant, significant; 5-incidental \*\*\*

Patient Name: (b)(3) CPSA Section 25(c), (b)(6)  
 Patient Location: EMERGENCY DEPARTMENT  
 Room/Bed:  
 Printed Date/Time: 12/21/07 - 1631

Continued....

Page: 1

Patient Account: 60000034-103  
Med. Rec. No.: (b)(3) CPSA Section 25(c), (b)(6)  
Patient Name: (b)(3) CPSA Section 25(c), (b)(6)  
Age: 13 YRS DOB: (b)(3) CPSA Section 25(c), (b)(6) Sex: M Race: C  
Admitting Dr.: (b)(3) CPSA Section 25(c), (b)(6)  
Attending Dr.: EMERGENCY ROOM,  
Date/Time Admitted: 09/13/07 1719  
Copies to: EMERGENCY ROOM,

**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00257

**CLINICAL SUMMARY:**

The following clinical summary is obtained from records provided by UTMB.

HPI: The patient was a 13 year-old Caucasian male who arrived at UTMB on 9/13/07 at 1721 via life flight from Orange, Texas after his all-terrain vehicle (ATV) rolled over him. According to an investigation report, he was assisting his father by moving tree branches on their property following Hurricane Humberto's damage. At approximately 1650 he turned a corner on his ATV and it tilted. While trying to compensate for this loss of control, he fell out of the vehicle and it rolled over on him. According to EMS responders at the scene, he was unconscious with a Glasgow coma score (GCS) of 3. They intubated him prior to transport.

PMH: Unknown

VITALS (1721): BP 86/40 P 134 R 27 O2 sat 100% T 37 GCS 6T

EXAM: head-bilateral open skull fractures, face-bilateral orbital ecchymoses, left side abrasion, pupils-5mm fixed; ears-blood in both canals; pulm-intubated, lungs clear; rectal-decreased tone; extremities-abrasions over lt elbow and antecubital fossa, bilateral hands, lt lateral leg, reflexes absent, 2+ pulses

**RAD:**

CXR - Negative

Pelvis - Negative

CT Thorax, Abd, Pelvis - foci of subcutaneous emphysema within the neck and pneumomediastinum inferoposterior to the carina indicating tracheal or airway laceration or perforation. No pneumothorax or effusions. No intra-abdominal free air. Findings suggestive of shock bowel syndrome. No fractures.

CT Spine - Negative

CT Head - multiple comminuted, displaced and depressed fractures affect the right frontal, parietal and occipital bones. Fractures of the left temporal bone. Severe diffuse generalized cerebral edema with obliteration of the normal brain architecture. Ventricular system and cisterns completely effaced. Moderate subarachnoid and intraventricular blood present. Subdural hematoma along falx, tentorium and frontal lobes. Severe diffuse scalp swelling and subgaleal hematoma formation within regions of subcutaneous emphysema. Orbits and their contents intact.

HOSPITAL COURSE: The patient was intubated, hypotensive, and tachycardic with a GCS of 6T upon arrival to the ER. His physical exam revealed the above findings. He was diagnosed with global ischemic brain injury, open skull fractures, and hemorrhage from scalp and brain parenchyma. Neurosurgery was consulted to evaluate the status of his brain injury. They reported that there was no focal injury that could be treated, and his prognosis was extremely poor. Gelfoam was placed over the scalp lacerations, and bandages

Patient Name: (b)(3) CPSA Section 25(c), (b)(6)  
Patient Location: EMERGENCY DEPARTMENT  
Room/Bed:  
Printed Date/Time: 12/21/07 - 1631

Patient Account: 60000034-103  
Med. Rec. No.: (b)(3) CPSA Section 25(c), (b)(6)  
Patient Name: (b)(3) CPSA Section 25(c), (b)(6)  
Age: 13 YRS DOB: (b)(3) CPSA Section 25(c), (b)(6) Race: C  
Admitting Dr: (b)(3) CPSA Section 25(c), (b)(6)  
Attending Dr: EMERGENCY ROOM  
Date/Time Admitted: 09/13/07 1719  
Copies to: EMERGENCY ROOM

University of Texas Medical Branch  
Galveston, Texas 77555-0549  
(409) 772-1238  
Fax (409) 772-5683  
**Pathology Report**

**FINAL AUTOPSY REPORT**  
Autopsy Office (409)772-2858

Autopsy No.: AU-07-00257

**CLINICAL SUMMARY:**

were applied as pressure dressings to prevent hemorrhage. He received intravenous fluids, packed red blood cells, pressors, antibiotics and steroids. His condition deteriorated, and he was pronounced dead on 9-13-07 at 1926.

(b)(3) CPSA Sect  
09/17/07

Patient Name: (b)(3) CPSA Section 25(c), (b)(6)  
Patient Location: EMERGENCY DEPARTMENT  
Room/Bed: \*  
Printed Date / Time: 12/21/07 - 1631

Patient Account: 60000034-103

Med. Rec. No.: (0000)9105480

Patient Name: (b)(3) CPSA Section 25(c), (b)(6)

Age: 13 YRS DOB: (b)(3) CPSA Sex: M Race: C

Admitting Dr.: (b)(3) CPSA Section 25(c), (b)(6)

Attending Dr.: EMERGENCY ROOM,

Date/Time Admitted: 09/13/07 1719

Copies to: EMERGENCY ROOM,

University of Texas Medical Branch

Galveston, Texas 77555-0543

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Pathology Report

**FINAL AUTOPSY REPORT**

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Autopsy No.: AU-07-00257

**GROSS DESCRIPTION:**

**EXTERNAL EXAMINATION:** The body is that of a 13 year-old caucasian male with average body habitus, normal development for age, and identified by hospital identification band on his left wrist. The body measures 167 cm. Accompanying the body are the decedent's clothes that were previously cut off of him, including jean shorts, briefs, t-shirt, and a green plastic bracelet on his left wrist. There is rigor mortis present in the extremities bilaterally and fixed dependent lividity over the posterior surface of the body. There is short brown scalp hair covering the head. There is evidence of severe trauma to the head and skull with the following findings. There is a large hematoma with skin surface abrasion that is dark red and located over the left lateral aspects of the face and head and extending superiorly over the temporal region. This region of hematoma measures 14 cm from inferior to superior and 10 cm from anterior and posterior. Within this region of hematoma there is an irregularly shaped laceration measuring 5.0 x 2.5 cm surrounded by a region of hemorrhage. The skin and underlying structures surrounding this laceration are soft, edematous with dark red underlying soft tissue. The underlying left temporal bone moves with minimal applied force. The right side of the head including the occipital, temporal, and frontal regions is edematous and soft. There are numerous irregular bony defects of the cranium in these regions that move freely with minimal force. There are two small lacerations within this edematous region located over the temporal region each measuring 1.0 x 0.5 cm. There is an additional irregularly Y shaped laceration over the occipital region of the head measuring 5.0 x 0.5 cm. There are fragments of loose brain matter protruding from this laceration and additional apparent fractures of the skull involving the occipital bone. There is severe periorbital edema with blue to purple ecchymoses involving the periorbital region bilaterally. The irides are blue to green with a clear cornea, white sclera, pale pink conjunctivae and pupils that are equal and measure 0.6 cm in diameter.

The nares are patent without exudate. The dentition is unremarkable. The neck does not reveal any evidence of external trauma with the trachea appearing at midline. There is a normal male hair distribution.

There are multiple abrasions covering the surface of the body. There is a dark red abrasion measuring 8.0 x 4.5 cm over the left chest as well as a 3.0 x 3.0 cm abrasion proximal to the left nipple. The abdomen is grossly unremarkable. The following abrasions are noted on the left upper extremity: a 5.0 x 4.0 cm abrasion of the medial antecubital fossa, a 4.0 x 2.0 cm abrasion over the flexor surface of the wrist, a 5.0 x 3.0 cm abrasion over the extensor surface of the elbow and a 3.0 x 1.0 cm abrasion above the left elbow. The right upper extremity reveals the following abrasions; an 11.0 x 1.5 cm abrasion over the extensor surface of the forearm, multiple abrasions over the dorsal surface of the hand up to 4.0 x 1.5 cm, and multiple small abrasions over the thenar surface of the hand measuring up to 1.0 x 1.0 cm.

Patient Name: (b)(3) CPSA Section 25(c), (b)(6)

Patient Location: EMERGENCY DEPARTMENT

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Patient Account: 60000034-103

Med. Rec. No.: (0000)9105480

Patient Name: (b)(3):CPSA Section 25(c),(b)(6)

Age: 13 years DOB: (b)(3):CPSA Section 25(c),(b)(6) Race: C

Admitting Dr.: (b)(3):CPSA Section 25(c),(b)(6)

Attending Dr.: EMERGENCY ROOM,

Date/Time Admitted: 09/13/07 1719

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Pathology Report

**FINAL AUTOPSY REPORT**

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Autopsy No.: AU-07-00257

**GROSS DESCRIPTION:**

The left lower extremity has the following abrasions: a 3.5 x 1.5 cm abrasion over the knee, a 30 x 5 cm abrasion over the lateral shin, abrasions over the medial and lateral bony prominence of the ankle, and significant swelling and ecchymoses surrounding the left ankle. The back is unremarkable except for fixed lividity. The genitalia are those of a normal circumcised male.

There is significant evidence of medical intervention. The decedent is received on a back board with a C collar properly in place around the neck. There is a large ace bandage wrapped completely around the patient's head, down to his eyebrows anteriorly. There is an endotracheal tube properly placed. There is also an orogastric tube with securing strap properly placed. There are multiple EKG leads identified over the chest, abdomen and lower extremities. There is a blood pressure cuff still wrapped around the right bicep. There is a small bandage over the right wrist. The lower abdomen and pelvis is covered by a yellow and black pelvic binder. There is a triple lumen catheter placed in the right femoral. There are two pulse oximeter monitors on the second and third digits of the left hand.

**EXTERNAL EXAMINATION:** The body is opened using the standard Y shaped incision and reveals a 1.0 cm thick panniculus. The thoracic and abdominal organs are in the normal anatomic positions. The left pleural cavity contains 120 ml of bloody fluid and the right contains 10 ml of clear yellow fluid. There are no pleural adhesions on the right or left sides. The pericardial sac contains no fluid. No rib fractures are evident. The thymus is prominent. No thromboemboli are found within the large pulmonary arteries. The abdominal cavity contains no fluid, and there are no adhesions between loops of bowels.

**CARDIOVASCULAR SYSTEM:** Heart: The heart weighs 280 gm (normal 270-360 gm). The pericardium is smooth, glistening and translucent. The myocardium is homogeneous and red-brown. Endocardium is smooth with no lesions. The left ventricular wall is 1.1 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.3 cm thick (normal 0.25-0.3cm), 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous with no vegetations or thickening. Valve circumference measured on the fresh heart: tricuspid valve 10.5 cm (normal 12-13 cm), pulmonic valve 6 cm (normal 8.5-9.0 cm), mitral valve 9.5 cm (normal 10.5-11.0 cm) and aortic valve 5.4 cm (normal 7.7-8.0 cm). The foramen ovale is closed.

**Blood vessels:** The coronary circulation is right dominant. The apex is supplied by the left anterior descending artery. The coronary arteries reveal no atherosclerotic plaques. The aorta is smooth and tan with no atherosclerotic changes. The celiac, superior and inferior mesenteric, renal and iliac arteries are widely patent. The superior and inferior vena cava and their branches, and the portal vein are all normal.

Patient Name: (b)(3):CPSA Section 25(c),(b)(6)

Patient Location: EMERGENCY DEPARTMENT

Room/Bed:

Printed Date / Time: 12/21/07 - 1631

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Continued...

Patient Account: 60000034-103

Med. Rec. No. 000019105480

Patient Name: (b)(3) CPSA Section 25(c), (b)(6)

Age: 13 YRS DOB: (b)(3) CPSA Section 25(c), (b)(6) Sex: M Race: C

Admitting Dr.: (b)(3) CPSA Section 25(c), (b)(6)

Attending Dr.: EMERGENCY ROOM,

Date/Time Admitted: 09/13/07 1719

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Pathology Report

**FINAL AUTOPSY REPORT**

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Autopsy No.: AU-07-00257

**GROSS DESCRIPTION:**

**RESPIRATORY SYSTEM:** Larynx and trachea: The laryngeal mucosa is glistening and tan-pink without evidence of injury. The vocal cords are unremarkable. The tracheal mucosa is tan-pink and contains an endotracheal tube without associated injury.

Lungs: The right lung weighs 460 gm (normal 435), and the left lung weighs 340 gm (normal 385 gm). The pleural surfaces are smooth, glistening and translucent. There is a firm region over the right apex that is red with prominent lymphatics. Lividity is present posteriorly and inferiorly. The right lung is inflated with formalin before sectioning, and the left lung is examined fresh. Hilar dissection reveals the bronchial and vascular tree to be of normal configuration, and without lesions. The lung parenchyma is soft and spongy, with the exception of the right apex.

**GASTROINTESTINAL TRACT:** Esophagus: The esophageal mucosa is smooth and tan-pink. The esophagus is firmly anchored to the diaphragm.

Tongue: The tongue is examined and shows a finely granular surface with no lesions.

Stomach and duodenum: The stomach contains 40 ml of brown fluid. The wall displays normal rugae, and the mucosa is smooth and tan with one small area of hemorrhagic mucosa in the body consistent with trauma from an oro-gastric tube. The duodenum has a tan, glistening mucosa with a normal plical pattern and without lesions. The duodenal mucosa is not congested nor hemorrhagic.

Pancreas: The pancreas has a normal conformation of head and tail, and is gray-pink, lobulated and firm. The pancreatic duct is patent. The pancreas is sectioned to reveal no lesions.

Biliary tract: The gallbladder is present. The gallbladder serosa is smooth, glistening and green. The gallbladder contains dark green viscid bile with no calculi. The mucosa is green and velvety. The wall measures 0.1 cm in thickness, and is unremarkable. The cystic duct, hepatic duct and common duct are patent, and bile is expressed freely.

Liver: The liver weighs 1100 gm. Glisson's capsule is smooth, glistening and translucent. The cut surface has a homogeneous lobular pattern, cuts with ease and oozes blood. The surface is firm, brown and displays a normal architecture.

Small bowel: The serosa is smooth and transparent with no adhesions. The bowel wall measures 0.1 cm in thickness. The mucosa is tan and glistening with normal plications proximally and flattening of plications distally. The bowel wall reveals no gross lesions.

Large bowel: The serosa is smooth, translucent and without adhesions. The lumen contains well-formed green-brown stool. The bowel wall measures 0.2 cm in thickness. The mucosa is tan, glistening, and smooth, without lesions. There are no diverticula or polyps present. The appendix is present and is grossly normal.

Patient Name: (b)(3) CPSA Section 25(c), (b)(6)

Patient Location: EMERGENCY DEPARTMENT

Room/Bed:

Printed Date/Time: 12/21/07 - 1631

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Continued....

Patient Account: 60000034-103  
Med. Rec. No. (b)(3) CPSA Section 25(c),(b)(6)  
Patient Name: (b)(3) CPSA Section 25(c),(b)(6)  
Age: 13 YRS DOB (b)(3) CPSA Section 25(c),(b)(6) Sex: M Race: C  
Admitting Dr.: (b)(3) CPSA Section 25(c),(b)(6)  
Attending Dr.: EMERGENCY ROOM,  
Date / Time Admitted: 09/13/07 1719  
Copies to: EMERGENCY ROOM,

University of Texas Medical Branch  
Galveston, Texas 77555-0543  
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**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00257

**GROSS DESCRIPTION:**

Rectum and anus: No lesions are noted and no abnormalities of the anal opening are present.

RETICULO-ENDOTHELIAL SYSTEM: Spleen: The spleen weighs 184 gm (normal 125-195 gm), and the capsule is gray-blue, smooth, glistening and without disruption. The spleen is firm and the cut surface oozes blood. The parenchyma is red-purple with adequate white pulp. No lesions are present.

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable. The cut surfaces show soft, red-brown parenchyma with normal architecture.

Bone marrow: The thoracic and lumbar spine bone marrow sample show normal red-tan bone marrow. The marrow trabeculae and cortical bone are unremarkable.

GENITO-URINARY SYSTEM: Kidneys: The right kidney weighs 98 gm and the left weighs 114 gm. The capsules strip with ease to reveal red, smooth cortical surfaces. The cut surfaces show well-demarcated corticomedullary junctions. The cortices measure 0.4 to 0.6 cm in thickness and the medullae measure 1.0 to 1.5 cm in thickness. The renal pelvic mucosa is smooth and tan with no lesions.

Ureters: The ureters are unobstructed, and measure 0.2 cm in maximum external diameter in the upper third with a tan, smooth, glistening mucosa. No periureteral fibrosis is noted. The distal ureters are probe patent into the bladder. The ureteral wall is 0.1 cm thick.

Bladder: The bladder is not dilated and contains no urine. The bladder wall is 0.2 cm in thickness. The mucosa is smooth, tan-pink with normal trabeculae. The trigone has a normal conformation.

Prostate: The prostate is firm and tan without lesions. The seminal vesicles are unremarkable.

Testis: The right testis weighs 14.7 gm and the left 13.9 gm. The tunica albuginea is tan-white and glistening. The cut surface reveals soft, tan-yellow parenchyma with tubules which string with ease.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 11.7 gm (normal 10-22 gm) and is red-brown, bosselated and glistening. The cut surface is homogeneous, translucent and red-brown with no lesions.

Parathyroids: There are four golden brown, soft fragments of tissue identified as possible parathyroids.

Adrenals: The right adrenal weighs 3.6 gm and the left 3.9 gm. The adrenals have normal conformation and position. Cut surface reveals 0.3 cm thick, firm, golden cortices with gray soft medullae and no lesions.

BRAIN AND SPINAL CORD: Reflection of the scalp reveals subgaleal hemorrhages surrounding bilateral temporal lacerations, as well as the surface underlying the occipital laceration. A 39 cm contiguous fracture is present extending

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Patient Account: 60000034-103  
Med. Rec. No.: (0000)9105480  
Patient Name: (b)(3):CPSA Section 25(c),(b)(6)  
Age: 13 YRS DOB: (b)(3):CPSA Sex: M Race: C  
Admitting Dr.: (b)(3):CPSA Section 25(c),(b)(6)  
Attending Dr.: EMERGENCY ROOM  
Date/Time Admitted: 09/13/07 1719  
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Galveston, Texas 77555-0543  
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Pathology Report

**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00257

**GROSS DESCRIPTION:**

from the right lambdoid suture, proceeding across the right parietal bone and across the midfrontal bone, ending in the region of the left parietal bone just superior to the midpoint of the squamous suture. Hair-line fractures extend from this end point, one running anteriorly to the coronal suture, measuring 5.0 cm and the other extending postero-medially, measuring 4.0 cm. The right temporal bone contains multiple comminuted, displaced and depressed fractures. A 2.5 cm fracture of the left sphenoid wing is present. The dura mater is normal without evidence of subdural hematoma. The brain weighs 1430 gm (normal 1200-1400 gm). There is mild generalized edema, and subarachnoid hemorrhages involve the convexities, medulla and mid brain. Brain tissue is macerated along the regions of the fracture lines. Herniation of the unci and cerebellar tonsils were not grossly evident. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

SPINAL CORD: The spinal cord is removed and fixed in formalin for later examination by a neuropathologist.

Pituitary gland: The pituitary gland is removed and fixed in formalin for subsequent examination by a neuropathologist.

Blood and vitreous samples were retained for potential further examination. Samples of liver, kidney, heart, lung and spleen were frozen for potential further examination.

(b)(3):CPSA  
09/14/07

Patient Name: (b)(3):CPSA Section 25(c),(b)(6)  
Patient Location: EMERGENCY DEPARTMENT  
Room/Bed:  
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Patient Account: 60000034-103  
Med. Rec. No.: (b)(3) CPSA Section 25(c)(b)(6)  
Patient Name: (b)(3) CPSA Section 25(c)(b)(6)  
Age: 13 YRS DOB: (b)(3) CPSA Section 25(c)(b)(6) Sex: M Race: C  
Admitting Dr.: (b)(3) CPSA Section 25(c)(b)(6)  
Attending Dr.: EMERGENCY ROOM,  
Date / Time Admitted: 09/13/07 17:19  
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**FINAL AUTOPSY REPORT**

Autopsy Office (409) 772-2858

Autopsy No.: AU-07-00257

**MICROSCOPIC DESCRIPTION:**

HEART, RIGHT, slide 2 (1 H&E): No pathologic change.

HEART, LEFT, slide 3 (1 H&E): Focal region of endocardial and subendocardial hemorrhage with contraction bands.

LUNG, RIGHT, slide 4 (1 H&E): Right upper lobe with congestion. Right middle and lower lobes with no pathologic changes.

LUNG, LEFT, slide 5 (1 H&E): No pathologic change.

KIDNEY, RIGHT AND LEFT, slide 6 (1 H&E): No pathologic change.

LIVER, slide 7 (1 H&E): Hepatocytes are disorganized and discohesive, consistent with autolysis.

PANCREAS, slide 7 (1 H&E): Autolysis.

SPLEEN, slide 10 (1 H&E): No pathologic change.

ESOPHAGUS, slide 10 (1 H&E): No pathologic change.

ILEUM, slide 11 (1 H&E): No pathologic change.

CECUM, slide 11 (1 H&E): No pathologic change.

COLON, slide 11 (1 H&E): No pathologic change.

THYROID, slide 8 (1 H&E): No pathologic change.

PARATHYROID GLAND, slide 8 (1 H&E): Two normal parathyroid glands identified. One benign lymph node and fragments of brown fat are also included. A benign focus of glands within a fibrous stroma is identified within adipose tissue.

THYMUS, slides 1 and 8 (2 H&E): Normal thymic tissue.

TESTES, slide 9 (1 H&E): No pathologic change.

PROSTATE, slide 9 (1 H&E): No pathologic change.

(b)(3) CPSA Sect

10/15/07

Patient Name: (b)(3) CPSA Section 25(c)(b)(6)

Patient Location: EMERGENCY DEPARTMENT

Room/Bed:

Printed Date / Time: 12/21/07 - 1631

Petition Account: 60000034-103  
Med. Rec. No.: (0000)9105480  
Patient Name: (b)(3) CPSA Section 25(c), (b)(6)  
Age: 13 YRS DOB: (b)(3) CPSA Section 25(c), (b)(6) Race: C  
Admitting Dr.: (b)(3) CPSA Section 25(c), (b)(6)  
Attending Dr.: EMERGENCY ROOM,  
Date/Time Admitted: 09/13/07 1719  
Copies to: EMERGENCY ROOM,

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University of Texas Medical Branch  
Galveston, Texas 77555-0543  
(409) 772-1238  
Fax (409) 772-5683  
Pathology Report

**NEUROPATHOLOGY CONSULTATION**  
Neuropath Office (409)772-2881

Autopsy No.: AU-07-00257

**CLINICAL HISTORY:**

The patient was a 13 year old male who died within 2 hours of suffering injuries in an all terrain vehicle accident. Autopsy confirmed severe head injury, with multiple scalp lacerations, skull fractures, cerebral contusions, and subarachnoid hemorrhage. There were no other significant internal injuries noted. The cause of death is traumatic brain injury, and the manner of death is accidental.

Pathologist/Resident: (b)(3) CPSA Section 25(c), (b)(6)

**GROSS DESCRIPTION:**

Formalin-fixed brain, dura mater convexity, spinal cord with spinal dura (27 cm) including conus medullaris/filum terminale are submitted for neuropathological examination. The pituitary gland has not been submitted for examination.

The dura mater has a normal pearl-white color, with no evidence of jaundice. The subdural surface has no evidence of hemorrhage or membranes. There is no thrombosis of the superior sagittal sinus.

The weight of the unfixed brain at the time of the autopsy is 1430 g. There is diffuse subarachnoid hemorrhage of the convexities of both cerebral hemispheres leptomeninges. Diffuse cerebral edema is present, with flattened gyri and narrowed sulci. The right side and basilar surface of the right hemisphere is softened and displays multifocal tissue destruction with hemorrhage. Because of tissue destruction, cerebellar tonsillar or uncus herniation can not be appreciated. The circle of Willis has a normal configuration and cerebral arteries show minimal atherosclerosis. No aneurysm is found.

The cerebral hemispheres are sliced coronally at 1-cm intervals. Innumerable petechiae and diffuse areas of intraparenchymal hemorrhage are present, more severe in the right hemisphere, the white matter and the basal ganglia. The grey-white matter junction is blurred. The ventricles are not compressed.

The cerebellum and brainstem are sliced horizontally. No hemorrhage is seen within the cerebellum or brainstem. The substantia nigra and locus coeruleus are lightly pigmented, normal for the patient's age.

The spinal dura is opened anteriorly. Externally, there is both subdural hemorrhage and subarachnoid hemorrhage involving the entire length of the cord (27 cm including the filum terminale). The spinal cord is cut transversally at 2-cm intervals and reveals no parenchymal lesions.

Dictated by: (b)(3) CPSA Section 25(c), (b)(6)

Patient Name:  
Patient Location:  
Room/Bed:  
Printed Date: (b)(3) CPSA Section 25(c), (b)(6)  
**EMERGENCY DEPARTMENT**

Patient Account: 60000034-103  
Med. Rec. No.: (0000)9105480  
Patient Name: (b)(3) CPSA Section 25(c), (b)(6)  
Age: 13 YRS DOB: (b)(3) CPSA Sex: M Race: C  
Admitting Dr.: (b)(3) CPSA Section 25(c), (b)(6)  
Attending Dr.: EMERGENCY ROOM,  
Date/Time Admitted: 09/13/07 1719  
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University of Texas Medical Branch  
Galveston, Texas 77555-0543  
(409) 772-1238  
Fax (409) 772-5663  
Pathology Report

**NEUROPATHOLOGY CONSULTATION**

Neuropath Office (409) 772-2881

Autopsy No.: AU-07-00257

**GROSS DESCRIPTION:**  
10/15/07

**SECTIONS TAKEN:**

B1: Right frontal; B2: Spinal cord; B3: Right basal ganglia; B4: Right parietal; B5: Left hippocampus.

**FINAL DIAGNOSES:**

- A. Brain: Severe edema
- B. Brain, right hemisphere, cortex: Softening and distruction of cortex
- C. Brain, hemispheres, cortex and white matter: Multifocal intraparenchymal hemorrhage, more severe in the right
- D. Brain, convexities of cerebral hemispheres: Subarachnoid hemorrhage
- E. Spinal cord (27 cm): Diffuse subdural and subarachnoid hemorrhage

**COMMENTS:**

The pattern of brain lesions and hemorrhages found in the brain and spinal cord is consistent with an extremely severe, fatal impact to the head. The lesions are acute and are not associated with evidence of neuronal ischemia, consistent with the clinical history of death occurring only two hours after the accident.

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409) 772-2858.

\*\*\*

(b)(3) CPSA Section 25(c), (b)(6)

Division of Neuropathology

Patient Name:  
Patient Location:  
Room/Bed:  
Printed Date/Time: (b)(3) CPSA Section 25(c), (b)(6)

EMERGENCY DEPARTMENT

Patient Account: 60000034-103  
Med. Rec. No.: 000009105480  
Patient Name: (b)(3):CPSA Section 25(c),(b)(6)  
Age: 13 YRS DOB: (b)(3):CPSA Sex: M Race: C  
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Pathology Report

(Electronic Signature)

Gross: 10/15/07  
Final: 10/15/07

Patient Name:  
Patient Location:  
Room/Bed:  
Printed Date/Time: (b)(3):CPSA Section 25(c),(b)(6)  
EMERGENCY DEPARTMENT

Patient Account: 60000034-103  
Med. Rec. No.: (0000)910548Q  
Patient Name: (b)(3) CPSA Section 25(c),(b)(6)  
Age: 13 YRS DOB: (b)(3) CPSA Sex: M Race:   
Admitting Dr.: (b)(3) CPSA Section 25(c),(b)(6)  
Attending Dr.: EMERGENCY ROOM,  
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**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-07-00257

**CLINICOPATHOLOGIC CORRELATION:**

The patient was a 13 year-old male who died within 2 hours of sustaining injuries from an all terrain vehicle accident.

Significant findings at autopsy included severe head injury with multiple scalp lacerations, skull fractures, brain parenchymal disruption, cerebral edema and subarachnoid hemorrhage. Neuropathology examination revealed diffuse areas of intraparenchymal hemorrhage, more severe in the right hemisphere, white matter, and basal ganglia. Additionally, there was both subdural and subarachnoid hemorrhage involving the spinal cord. These findings are consistent with a fatal impact to the head. No evidence of ischemic damage to neurons was identified on brain histology, which supports a short time interval to death. Generally, this damage would be seen after 6 hours.

In summary, the cause of death is traumatic brain injury, and the manner is accidental.

EMB/da  
10/18/07

(b)(3) CPSA Section 25(c),(b)(6)

12/20/07

(Electronic Signature)

Patient Name: (b)(3) CPSA Section 25(c),(b)(6)  
Patient Location: EMERGENCY DEPARTMENT  
Room/Bed:  
Printed Date / Time: 12/21/07 - 1631

# AEGIS

SCIENCES CORPORATION

345 Hill Avenue Nashville, TN 37210

Ph: (615) 255-2400 Fax: (615)255-3030 Web: www.aegislabs.com

071127HCC3196

Attachment #3

Page 14 of 15

Client: 1186 - Galveston Co ME Office

Report To: (b)(3).CPSA Section 25(c),(b)(6)

Galveston Co ME Office

Case ID: AU07-257 (b)(3).CPSA Section 25(c) ML07-533

Laboratory ID: 4350113

Collected: 09/17/07 00:00

Received: 09/19/07 10:34

Completed: 09/28/07 09:03

Reported: 09/28/07 11:59

Reason: Post-mortem

Specimen Type: Blood

Test(s) Ordered: 40529 - ME Micro-Sample Abused Drugs

<u>Drug Class</u>	<u>Result</u>	<u>Quantitation</u>	<u>Reporting Threshold</u>
Alcohol - Volatiles	NEGATIVE		10. mg/dL
Amphetamines	NONE DETECTED		50. ng/mL
Barbiturates	NONE DETECTED		200. ng/mL
Methadone	NONE DETECTED		50. ng/mL
Benzodiazepines	NONE DETECTED		25. ng/mL
Cannabinoids (Marijuana)	NONE DETECTED		1. ng/mL
Cocaine Metabolite	NONE DETECTED		10. ng/mL
Opiates	NONE DETECTED		100. ng/mL

I certify that the specimen identified by this accession number has been handled and analyzed in accordance with all applicable requirements.

(b)(3).CPSA Section 25(c),(b)(6)

Certified by:

Date:

SEP 28 2007

END OF REPORT

071127HCC3196  
Attachment #3  
Page 15 of 15

# AEGIS

SCIENCES CORPORATION  
345 Hill Avenue Nashville, TN 37210  
Ph: (615) 255-2400 Fax: (615)255-3030 Web: www.aegislabs.com

<b>Client:</b>	1186 - Galveston Co ME Office	<b>Case ID:</b>	AJ07-257 (b)(3)CPSA MI.07-533
<b>Report To:</b>	(b)(3)CPSA Section 25(c),(b)(6) Galveston Co ME Office	<b>Laboratory ID:</b>	4350113
		<b>Collected:</b>	09/17/07 00:00
		<b>Received:</b>	09/19/07 10:34
<b>Reason:</b>	Post-mortem	<b>Completed:</b>	09/28/07 09:03
<b>Specimen Type:</b>	Blood	<b>Reported:</b>	09/28/07 11:59

**Test(s) Ordered:** 40529 - ME Micro-Sample Abused Drugs

<u>Drug Class</u>	<u>Result</u>	<u>Quantitation</u>	<u>Reporting Threshold</u>
Alcohol - Volatiles	NEGATIVE		10 mg/dL
Amphetamines	NONE DETECTED		50 ng/mL
Barbiturates	NONE DETECTED		200 ng/mL
Methadone	NONE DETECTED		50 ng/mL
Benzodiazepines	NONE DETECTED		25 ng/mL
Cannabinoids (Marijuana)	NONE DETECTED		1 ng/mL
Cocaine Metabolite	NONE DETECTED		10 ng/mL
Opiates	NONE DETECTED		100 ng/mL

I certify that the specimen identified by this accession number has been handled and analyzed in accordance with all applicable requirements.

Certified by:  
Date:

(b)(3)CPSA Section 25(c),(b)(6)

SEP 28 2007

END OF REPORT

Task Number 071127HCC3196

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 02 - Yamaha	Manufacturer:

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

Model: Rhino	VIN: 5UG-2179B-30
--------------	-------------------

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: 625-650

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: 09/13/2007	
Age/Sex: 13/Male	/
State of Death: TEXAS	
City of Death: Orange	
County of Death: Orange	

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

A 13-year-old male victim was driving a four-wheeled ATV along a road in Orange County, Texas. The police report indicates that there was a domestic animal and wild animal on the paved road where the victim was driving the ATV at a high rate of speed. The victim failed to control the ATV and was ejected and pinned under the ATV. The victim was not wearing a helmet.

8. Did the ATV overturn/tipover/rollover? Yes

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

Victim 1:                      Victim 2:

No    Unknown            Yes    No    Unknown

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

- Driver            3 - Bystander        8 - Other/Unknown  
2 - Passenger        4 - Driver/Other Vehicle

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

Victim 1:                      Victim 2:

Yes     No    Unknown            Yes    No    Unknown

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

0 - Unknown    2 - Two riders    4 - Four or more riders  
 - One rider    3 - Three riders    9 - No riders

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

Age: 13                      Height: 65 (inches)  
Weight:                      Sex: Male





## Orange teen killed in ATV accident

ISSUE: 51

TX

The Port Arthur News

— By Debby Schamber

The News staff writer

ORANGE — An Orange teenager died Thursday after wrecking his all-terrain vehicle about 4 p.m. near the 4300 block of Kitty Chapin Road.

When officers from the Orange Police Department arrived at the scene, they found (b)(3) CPSA Section 25(c),(b)(6) 13, had suffered head and shoulder injuries. The boy was flown by Texas Air Rescue to a Galveston hospital where he died.

OPD is still investigating the cause of the wreck.

"I'll miss him and will never forget him," said (b)(6) 12, of Orange.

As news of (b)(3) CPSA death spread throughout the neighborhood Friday evening, residents gathered to pray at the site marked in orange paint on the roadway by OPD.

"We placed candles and flowers on the spot to honor him," said neighbor (b)(6) (b)(3) CPSA football coach at West Orange-Stark Middle School (b)(6) said he was inspired by the seventh grader because he was small in stature, "but he was gutsy."

"He had a lot of heart," (b)(6) said. "We could put him anywhere on the field and he would play there. He just wanted to play football."

(b)(6) also has fond memories of his time with (b)(3) CP with whom he shared sixth-period English class. The pair would meet at each other's house to talk, play basketball or football. It was a big competition between the two (b)(6) said, but they both won their share of the games.

"He was just a wonderful friend," (b)(6) said.

Funeral services are pending at (b)(3) CPSA Funeral Home in Orange.

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Published September 14, 2007 10:06 pm

1. Task Number 071212HCC3235		2. Investigator's ID 1941		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2006 09 24	5. Date Initiated YR MO DAY 2007 12 12		
6. Synopsis of Accident or Complaint UPC A 44-year-old was driving a six-wheeled, all-terrain vehicle (ATV) at a high rate of speed on a dirt road. He attempted to make a sharp turn and flipped. The vehicle's rollbar struck the victim in the his face. The driver was pronounced dead at the scene. Neither a helmet, nor seatbelts were used at the time of the incident. The decedent had previously suffered a stroke and had limited use of his left side of his body and was taking antidepressant medication. He sustained multiple, blunt-force injuries to his head and torso.				
MFR/PRVLBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS <i>25c, 3, 6</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 081105 <i>GO</i>				
7. Location (Home, School, etc) 2 - FARM		8. City GREENVILLE		9. State TX
10A. First Product 3296 - All Terr. Veh. (more Than 4	10B. Trade/Brand Name POLARIS		10C. Model Number RANGER	
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12. Age of Victim 44	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 54 - Crushing	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 10 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 01/31/2008	25. Reviewed By 8631		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number 0648113247	



## *ATTACHMENTS*

ASSIGNMENT NUMBER: 071212HCC3235

### EXHIBIT(S):

1. Hunt County Sheriff Office- Accident Report -15 pages
2. Hunt County Sheriff Office- Photographs- 5 pages
3. Dallas County Institute of Forensic Sciences 6 pages
4. Contact Sheet



CG3235

Exhibit 1

# HUNT COUNTY SHERIFF

CRIMINAL JUSTICE CENTER

903-453-6800

Fax 903-453-6822

DON ANDERSON, Sheriff

2801 Stuart Street

Greenville, Texas 75401

January 29, 2008

Daniel Flegel  
U.S. Consumer Product Safety Commission  
New Mexico Field Office

[REDACTED]  
Albuquerque, New Mexico [REDACTED]

Re: Open Records Request

Dean Mr. Flegel,

In response to your request for records dated January 15, 2008 in regards to the ATV Fatality Accident referencing [REDACTED] please find the enclosed information.

If we can be of any further assistance to you, please do not hesitate to contact our office.

Sincerely,

[REDACTED]  
(b)(3) CPSA Section 25(c), (b)(6)

Records Clerk  
Hunt County Sheriff's Office

SEP 28 2008

Exhibit 1

DON ANDERSON  
SHERIFF - 2801 STUART  
GREENVILLE, TEXAS 75401

# HUNT COUNTY SHERIFF'S OFFICE OFFENSE / INCIDENT REPORT

0608592

OCCURRED BETWEEN-- 09 / 24 / 06 01:50 MM / DD / YY AM (PM)	DATE REPORTED: 09 / 24 / 06 2:31 MM / DD / YY AM (PM)	DAY OF WEEK S M T W T F S	DISTRICT N (S)	SHIFT 1 (2) 3	REPORTING OFFICER Ren Saxton	BADGE # 422
AND 09 / 24 / 06 02:00 MM / DD / YY AM (PM)	TYPE OF OFFENSE OR INCIDENT					
OFFENSE LOCATION: rear of vacant residence on Mamie Road	<input type="checkbox"/> HOMICIDE	<input type="checkbox"/> BURGLARY	<input type="checkbox"/> UJMV	<input type="checkbox"/> WEAPONS		
WEATHER CONDITION Clear	<input type="checkbox"/> ROBBERY	<input type="checkbox"/> RES	<input type="checkbox"/> ARSQM	<input type="checkbox"/> UCW		
TYPE PREMISES: <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS <input type="checkbox"/> ROADWAY	<input type="checkbox"/> VCSA	<input type="checkbox"/> BUS	<input type="checkbox"/> FORGERY	<input type="checkbox"/> CPW		
OTHER	<input type="checkbox"/> ASSAULT	<input type="checkbox"/> MV	<input type="checkbox"/> CRIM MISCHIEF	<input type="checkbox"/> DWLS		
	<input type="checkbox"/> AGG	<input type="checkbox"/> THEFT	<input type="checkbox"/> UNDER \$50	<input type="checkbox"/> DWI		
	<input type="checkbox"/> CAUSING BODILY INJURY	<input type="checkbox"/> UNDER \$500	<input type="checkbox"/> OVER	<input type="checkbox"/> MENTAL		
	<input type="checkbox"/> SIMPLE	<input type="checkbox"/> OVER \$500	<input type="checkbox"/> OVER \$100	<input type="checkbox"/> ALARM		
	<input type="checkbox"/> FAMILY VIOLENCE	<input type="checkbox"/> OVER \$1500	<input type="checkbox"/> OVER \$500			
	<input type="checkbox"/> SEXUAL	<input type="checkbox"/> OVER \$20,000	<input type="checkbox"/> OVER \$1500			
		<input type="checkbox"/> OVER \$20,000	<input type="checkbox"/> OVER \$20,000			
	OTHER Fatal Motor Vehicle accident					

VICTIMS NAME <input type="checkbox"/> BUS <input checked="" type="checkbox"/> PERSON	LAST (b)(3) CPSA Section 25(c), (b)(6)	FIRST (b)(3) CPSA Section 25(c), (b)(6)	MIDDLE (b)(3) CPSA Section 25(c), (b)(6)	ADDRESS (b)(3) CPSA Section 25(c), (b)(6)
PHONE:	CITY STATE (b)(3) CPSA Section 25(c), (b)(6)			(b)(3) CPSA Section 25(c), (b)(6)

<input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK	<input type="checkbox"/> HISP <input type="checkbox"/> OTHER	SEX Male	D-O-B (b)(3) CPSA Section 25(c), (b)(6)	AGE 43	HGT 5-07	WGT 230	HAIR Brown	EYES Brown	<input type="checkbox"/> DL <input type="checkbox"/> ID <input checked="" type="checkbox"/> SSN #
EMPLOYER N/A			ADD N/A			WORK PHONE -----			

CRIME AGAINST <input type="checkbox"/> PROPERTY <input type="checkbox"/> DOOR <input type="checkbox"/> WINDOW / <input type="checkbox"/> FRONT <input type="checkbox"/> SIDE <input type="checkbox"/> REAR <input type="checkbox"/> UNSECURED <input type="checkbox"/> PRIED <input type="checkbox"/> FORCED <input type="checkbox"/> SECURED	OTHER <input type="checkbox"/> PERSON <input type="checkbox"/> HIT <input type="checkbox"/> KICKED <input type="checkbox"/> SCRATCHED <input type="checkbox"/> PUSHED <input type="checkbox"/> SHOT WITH ( HANDGUN <input type="checkbox"/> SHOTGUN <input type="checkbox"/> RIFLE <input type="checkbox"/> STABBED WITH ( <input type="checkbox"/> KNIFE /OTHER <input type="checkbox"/> OTHER:
---	---

VALUE \$	NCIC/TIC Y (N)	VEH YEAR	MAKE	MODEL	STYLE	LICENSE PLATE #	STATE	LIC YEAR	COLOR
-------------	-------------------	----------	------	-------	-------	-----------------	-------	----------	-------

VIN N/A LIEN HOLDER: N/A

CODE	PROPERTY DESCRIPTION	NCIC/TIC	MODEL #	SERIAL #	STOLEN	DAMAGED	RECOVERED

TOTAL VALUE OF LISTED PROPERTY	\$	\$	\$
--------------------------------	----	----	----

CODE- R P - REPORTING PARTY /	S - SUSPECT /	W - WI /	AP - ARRESTED PERSON
-------------------------------	---------------	----------	----------------------

CODE R P	071212HCC3235	FIRST Gilley	MIDDLE Steven	HOME ADDR 1864 CR 3122 Greenville, Texas	HOME PHONE
AKA N/A				EMPLOYER N/A	WK PHONE

<input checked="" type="checkbox"/> WHITE	<input type="checkbox"/> HISP	SEX	D.O.B.	AGE	HGT	WGT	HAIR	EYES	<input type="checkbox"/> DL	<input type="checkbox"/> ID	<input type="checkbox"/> SSN #
<input type="checkbox"/> BLACK	<input type="checkbox"/> OTHER	Male									

CODE	LAST	FIRST	MIDDLE	HOME ADDR	HM PHONE
AKA				EMPLOYER	WK PHONE

<input type="checkbox"/> WHITE	<input type="checkbox"/> HISP	SEX	D.O.B.	AGE	HGT	WGT	HAIR	EYES	<input type="checkbox"/> DL	<input type="checkbox"/> ID	<input type="checkbox"/> SSN #
<input type="checkbox"/> BLACK	<input type="checkbox"/> OTHER										

CODE	LAST	FIRST	MIDDLE	HOME ADDRESS	HM PHONE
AKA				EMPLOYER	WK PHONE

<input type="checkbox"/> WHITE	<input type="checkbox"/> HISP	SEX	D.O.B.	AGE	HGT	WGT	HAIR	EYES	<input type="checkbox"/> DL	<input type="checkbox"/> ID	<input type="checkbox"/> SSN #
<input type="checkbox"/> BLACK	<input type="checkbox"/> OTHER										

CODE	S - SUSPECT VEHICLE /	V	VICTIM'S VEHICLE
------	-----------------------	---	------------------

CODE	YEAR	MAKE	MOD	STYLE	COLOR	LICENSE #	STATE	OTHER
VV	unk	Polar	Rang	6x6	green	N/A		VIN # 4XARF50A91D630919

CODE	YEAR	MAKE	MOD	STYLE	COLOR	LICENSE #	STATE	OTHER

**NARRATIVE**

On 09-24-06 Deputy Saxton was dispatched to an All Terrain Vehicle accident on [redacted]. Upon arrival Deputy Saxton made contact with Deputy Dewey and Deputy M. Radney who were already on scene. Deputy Saxton was advised that [redacted] had been driving his Polaris Ranger 6wd ATV when for unknown reasons made a sharp, high speed turn that resulted in the vehicle flipping and coming to rest on [redacted] face. [redacted] witnessed the accident and attempted to render first aid. [redacted] was notified and pronounced [redacted] dead at 2:12 pm. Visual inspection of the vehicle showed that it was equipped with functional lap belts and that the veicle's gear selector was in D2 ( high gear ). [redacted] had also advised that [redacted] had previously suffered a stroke which limited the use of one side of his body. An autopsy was ordered by [redacted] and the body was released to [redacted] Funeral home.

OFFICERS SIGNATURE <i>K. Saxton</i>	BADGE # 422
--	----------------

OFFENSE STATUS:  OPEN  CLEARED  UNFOUNDED  SUSPENDED (IF SUSPENDED, EXPLAIN \_\_\_\_\_)

CASE FILED:  Y  N DATE FILED: \_\_\_\_\_  FILED WITH JP  COUNTY ATTORNEY  DISTRICT ATTORNEY

CRIMINAL INVESTIGATIONS DIVISION  
HUNT COUNTY SHERIFF'S OFFICE

Offense Report No. 0608592  
Offense: Unattended Death  
Investigator: Sgt. T. Grandfield

Supplemental Report

On 09/24/06 at approximately 13:30 pm, Sgt. T. Grandfield received a phone call from Deputy Dewey in reference to the unattended death of an individual that died as a result of an ATV accident. Grandfield responded to the scene, located at [REDACTED] and observed Deputies R. Saxton, C. Dewey and M. Radney on scene. Grandfield also observed Justice of the Peace [REDACTED] on scene as well as members of the Lone Volunteer Fire Department and Chaplain [REDACTED]. Upon arrival, Grandfield observed that the location of the accident was in the back yard of a house for sale at [REDACTED]. Grandfield walked to the back yard and observed a 6-wheeled Polaris ATV lying on the passenger side. Grandfield observed that this ATV had a wooden covering over the top part of the frame that was held together with nuts and bolts. Grandfield also observed there to be a body covered by a white sheet. Grandfield spoke with the deputies and learned that [REDACTED] and his father, [REDACTED] were backing out of the driveway of [REDACTED] residence and that [REDACTED] witnessed the accident.

Grandfield observed there to be tire marks in the yard and believed that the driver was traveling at a high rate of speed while turning left as there appeared to be an arc in the dirt and grass as to indicate the travel path of the ATV. Grandfield believed that while turning left at a high rate of speed, the vehicle flipped over and the operator was ejected through the passenger's side and then the ATV turned over on top of the operator. Grandfield observed that the ATV was a Polaris Ranger 6x6. Grandfield asked Dewey to remove the sheet. Upon doing so, Grandfield observed facial injuries to the victim. Dewey advised that the victim had been identified as [REDACTED] a white male having a date of birth of [REDACTED] by verbal conversation with [REDACTED]. Grandfield observed that [REDACTED] was fully clothed and was wearing a gray t-shirt, blue denim shirt and gray colored shorts. Grandfield also observed that [REDACTED] was wearing white socks and tennis shoes and had an ankle brace on his left ankle.

After making initial observations, Grandfield used a video camera to record the scene and then used a digital camera to take several photographs of the scene for evidential purposes. After doing so, personnel with [REDACTED] Funeral Home arrived and removed the body and transported it to the Dallas County Medical Examiners office for an autopsy as per [REDACTED] order. Grandfield then had the ATV up righted so as Grandfield continue his investigation by making observations about the ATV. Grandfield observed that the VIN to the ATV was [REDACTED] and had a date of 11/07/2001 on

## Supplement Report (continued)

the VIN mylar sticker affixed to the vehicle under the hood and on the passenger side. Grandfield found that the gear shift selector was in the "D-2" position. Grandfield also found that there to be working seat belts and plenty of brake fluid present in the reservoir. Grandfield also observed that the ATV had a cab frame that was bent downward and believed that the damage was a result of the roll over. After making his observations, Grandfield asked one of the volunteer firemen to drive the ATV back to the victim's house, located at [REDACTED] and he agreed.

Grandfield then spoke with [REDACTED] stated that she kept her last name when she and [REDACTED] were married. [REDACTED] stated that [REDACTED] had a bad stroke 3 years ago and never regained the use of his left arm and had minimal use of his left leg, but enough to walk. [REDACTED] stated that because of the stroke, [REDACTED] was taking medicines for depression, was disabled and collecting monies from social security. [REDACTED] stated that [REDACTED] owns the home where the accident occurred at. When asked why [REDACTED] would be at that property, [REDACTED] stated that he was probably there to collect some wood from a barn that [REDACTED] was tearing down. [REDACTED] stated that the ATV could travel at speeds of up to 40 mph and it was not uncommon for [REDACTED] to drive fast. [REDACTED] stated that [REDACTED] normally used the ATV to feed the cows with. [REDACTED] also stated that [REDACTED] did not have a driver's license but he did have an ID card that was out of Arizona. [REDACTED] stated that she and [REDACTED] moved here from Arizona about 3 years ago. [REDACTED] stated that [REDACTED] ID card number was [REDACTED]. Grandfield then cleared.

On 09/28/06, Grandfield received a preliminary report from the Dallas County Medical Examiners Office indicating that [REDACTED] died as a result of blunt force injuries received from an accident.

Grandfield will wait until a complete report is available from the Dallas County Medical Examiners Office before closing this case.

End of Report

Sgt. T. Grandfield  
Criminal Investigator

*T. Grandfield*

0708592

Law Offices  
of

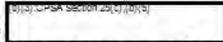


October 18, 2006

Mr. Tommy Grandfield  
Hunt County Sheriff Department  
2801 Stuart Street  
Greenville, Texas 75401

Re: September 24, 2006 Incident Involving 

Dear Tommy:

I am pleased to comply with your request for my affidavit pertaining to the unfortunate events of September 24, 2006, concerning my neighbor,  I enclose Affidavit in Any Fact which I have signed before a notary. I have advised my son that you will need an affidavit from him and he will comply with your request.

Please advise if there is any additional information that I or other members of my family can provide to assist you with this investigation.

Sincerely



Enclosure



**AFFIDAVIT IN ANY FACT**

**STATE OF TEXAS**  
**COUNTY OF HUNT**

X  
X

BEFORE ME, [REDACTED] NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS, PERSONALLY APPEARED [REDACTED] WHO AFTER BEING BY ME DULY SWORN, DEPOSES AND SAID: MY NAME IS [REDACTED] I AM OF SOUND MIND AND COMPETENT TO GIVE THIS AFFIDAVIT. I AM 67 YEARS OLD. I LIVE AT [REDACTED]

On September 24, 2006, my wife, [REDACTED] my daughter-in-law, [REDACTED] [REDACTED] mother, and my son, [REDACTED] were preparing to leave to go to Rockwall to celebrate [REDACTED] birthday. We had been to church and had come back to our home at [REDACTED] and changed clothes and were getting into my Ford Expedition. I was going to ride as a passenger in the front seat and my son, [REDACTED] was going to drive the vehicle. As I was getting into the vehicle on the passenger side, I mentioned to [REDACTED] that there are some large doves sitting on that fence, referring to the barb wire fence between our properties. I suppose [REDACTED] looked towards the fence to see the doves when he said, "Dad, somebody just turned over some kind of vehicle". I asked him what he had said and [REDACTED] said, "Somebody just turned over a vehicle". I looked and I could not see what he was describing and he pointed toward an area generally north of our home about 300 yards or so away. I told [REDACTED] we had better see what's going on and we hurriedly left our residence and got on [REDACTED] Road and went by [REDACTED] house and another neighbor's house and pulled in the drive of a newly constructed house that I believe is owned by [REDACTED] I did not see the vehicle that had turned over immediately, when I walked towards the area between the new home and garage I observed that there was some kind of a vehicle that had turned over and was upside down several feet behind and sort of between the house and the garage building. I estimate the vehicle had turned over something like sixty or seventy or eighty feet behind those two structures. I yelled out to determine if anyone was around and heard no response. I ran over to the vehicle and then I noticed the legs of someone underneath the vehicle which had overturned. There was some kind of metal roll-over bar across the head of [REDACTED] I did not personally know [REDACTED] although I think I had met him at one or two Neighborhood Watch meetings. It was a terrible sight and I did know whether [REDACTED] was alive or dead. [REDACTED] was by my side and I told [REDACTED] that we had to get this thing off this man. Somehow or other I lifted the side of the six-wheeler and [REDACTED] pulled [REDACTED] out from under the roll-bar that was across his face. [REDACTED] appeared to have suffered some severe injuries to his face around his mouth and nose and I think one of his eyes. I ran back to our car where my wife, my daughter-in-law and my daughter-in-law's mother, [REDACTED] were waiting. One member of my family started making telephone calls and my wife and Mrs. [REDACTED] went over to where [REDACTED] was lying on the ground. I remember going up to highway 69 to direct emergency vehicles to the accident scene. I could not tell if [REDACTED] was alive or dead as I did not detect him breathing. While I was headed back to the car to try and go up to direct [REDACTED] my wife was down on the ground and she was saying a prayer for [REDACTED] There were several emergency vehicles that arrived including one or two

0608592

emergency vehicles from the Lone Oak Fire Department, as I recall. It was about this time that several other people in the neighborhood arrived and I believe [redacted] had arrived. Someone got her a chair and she was told she shouldn't go to where her husband was lying. A short time later, I remember someone putting a blanket or cloth over [redacted] as someone had made the determination that he had expired. It was a very sad occasion for all of us. I did not ever see any movement of the six-wheeler, which I believe was a Polaris six wheeler, all-terrain, before it turned over. I did not see anyone else that I thought had been riding with Mr. [redacted] and noone identified themselves as having been a passenger in the six-wheeler. I do believe that my son, daughter-in-law, daughter-in-law's mother and my wife were the first individuals to realize that there had been an accident and were the first persons on the scene.

I do not know why the six-wheeler turned over. This was a very sad occasion for all of us and [redacted] family.

I HAVE READ THE ABOVE STATEMENT CONSISTING OF 2 PAGE(S), WHICH IS BASED UPON MY PERSONAL KNOWLEDGE, AND IS TRUE AND CORRECT.

[redacted]

State of Texas

County of Hunt

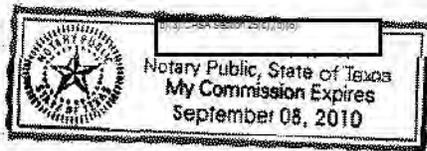
§  
§  
§

This document was acknowledged before me on October 16<sup>th</sup>, 2006 by [redacted]

[redacted]

[redacted]

Notary Public, State of Texas



Date Report Made  
09-24-06

Report Number  
0608592

DEATH SCENE CHECKLIST

Deceased:

Name: (b)(3):CPSA Section 25(c),(b)(6)  
Last First MIDDLE

Address: (b)(3):CPSA Section 25(c),(b)(6)

Age: 43 DOB (b)(3):CPSA Section 25(c),(b)(6) Sex:  Male  Female S.S.# (b)(3):CPSA Section 25(c),(b)(6)

Race:  White  Hispanic  Amer indian  Unknown  
 Black  Asian  Chinese

Marital Status:  single  Divorced  widowed  
 Married  Separated  unknown

Next of Kin:

Name: (b)(3):CPSA Section 25(c),(b)(6) Phone (b)(3):CPSA Section 25(c),(b)(6)

address (b)(3):CPSA Section 25(c),(b)(6)

Relationship to Deceased Wife

Police Notified By:

Date 09-24-06 Time 1:50 pm

Name: (b)(3):CPSA Section 25(c),(b)(6) Phone \_\_\_\_\_

Address (b)(3):CPSA Section 25(c),(b)(6)

Relationship to Deceased N/A

Deceased Found-

Date, 09-24-06 Time - 1:50 pm Address (b)(3):CPSA Section 25(c),(b)(6)

Type Location:  Apartment  Other Describe back yard of vacant property  
 House  
 Townhouse

Entrance By:  Key  Forcing Door  cutting Chain  
 Other (describe) \_\_\_\_\_

Type of Lock an Door\* \_\_\_\_\_ Condition of Other Door & Windows  
 Open  Closed  Locked  unlocked

Body Found:

- |   |                                      |                                   |
|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Living Room                        | <input type="checkbox"/> Dining Room | <input type="checkbox"/> Bedroom  |
| <input type="checkbox"/> Kitchen                            | <input type="checkbox"/> Attic       | <input type="checkbox"/> Basement |
| <input checked="" type="checkbox"/> Other (describe): _____ |                                      | Back Yard                         |

Location in Room: \_\_\_\_\_

Position of Body:  On Back  Face Down  
other (describe) : \_\_\_\_\_

Condition of Body-

- |   |   |                                   |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Fully Clothed | Preservation                            | Estimated Rigor                   |
| <input type="checkbox"/> Partially Clothed        | <input type="checkbox"/> Well-Preserved | <input type="checkbox"/> complete |
| <input type="checkbox"/> Unclothed                | <input type="checkbox"/> Decomposed     | <input type="checkbox"/> head     |
|   |   | <input type="checkbox"/> Arms     |
|   |   | <input type="checkbox"/> Legs     |

- |  |  |   |   |
|--|--|---|---|
| Lividity.                                | Ligatures.                             | Blood-  |   |
| <input type="checkbox"/> Front           | Yes                                    | <input type="checkbox"/> absent                 | <input checked="" type="checkbox"/> Present |
| <input checked="" type="checkbox"/> Back | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Color _____ |   |
| <input type="checkbox"/> Localized       |  | <input type="checkbox"/> Location face _____    |   |

Apparent Wounds -

- |   |  |
|---|--|
| <input type="checkbox"/> None                   | Location of Wounds                       |
| <input type="checkbox"/> Gunshot                | <input checked="" type="checkbox"/> Head |
| <input type="checkbox"/> Stab                   | <input type="checkbox"/> Neck            |
| <input checked="" type="checkbox"/> Blunt Force | <input type="checkbox"/> Chest           |
| Number of Wounds: <u>1</u>                      | <input type="checkbox"/> Abdomen         |
|   | <input type="checkbox"/> Extremities     |

Hanging: YES  NO  Means \_\_\_\_\_

DO NOT REMOVE — SEND WITH BODY

Weapons Present:

- Gun (estimate caliber) N/A BAG HANDS IN PAPER BAGS IF GUN IS USED
- Knife
- Club
- Other (describe): \_\_\_\_\_ N/A

Type \_\_\_\_\_ N/A

COLLECT WEAPON AND SEND WITH BODY

DEATH SCENE CHECKLIST

condition of surroundings

Odors :

Decomposition  
 Other (describe) : \_\_\_\_\_

- Orderly
- Untidy
- Disarray

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evidence of Last Food Preparation:

Where: N/A

Type: N/A

Liquor / Beer Bottles: N/A

N/A

Dated Material

Mail: N/A

Newspapers: N/A

Magazines: N/A

N/A

Last Contact With Deceased:

Date 09-24-06

Type of Contact: Personal

Name of Contacting Person:

(b)(3) CPSA Section 25(c),  
(b)(6)

Address:

(b)(3) CPSA Section

Evidence of Robbery.  Yes  No  Undetermined

What is missing: N/A

Identification of Deceased:

YES

No

If Yes, how accomplished:

(b)(3) CPSA Section  
25(c), (b)(6)

Wife

IF "No", how it is to be accomplished \_\_\_\_\_

Evidence of Drug use YES NO

Prescription Non-Prescription

List All Prescription Lexapro 20mg - Ticanidine 4mg-plavix 75mg

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

IF DRUGS PRESENT, COLLECT & SEND WITH BODY

N/A

Evidence of Drug Paraphernalia: YES NO

Type: N/A

Location Found N/A

Evidence of Sexually - Deviate Practices. YES NO

Type: N/A

COLLECT EVIDENCE & SEND WITH BODY

Photographs:

Photographer: Inv. Grandfield Number of Photos Taken: \_\_\_\_\_  
Location of Photos Taken: \_\_\_\_\_

Autopsy ordered:  Yes  
 No

Location  
Dallas Forensic Dallas ME  
Other \_\_\_\_\_  
Where: \_\_\_\_\_

Ambulance Service (if called) \_\_\_\_\_ AMR

Funeral Home (if called): \_\_\_\_\_ (b)(3) CPSA Section 25

Justice of the Peace \_\_\_\_\_ (c)(b)(6)

Investigating Officer: \_\_\_\_\_ INV: Grandfield 415

Supervisor Present: \_\_\_\_\_

Assisting Officers:  
Dep: Saxton 422---Dep: Dewey 423---Dep: Radney 411

comments:

On 09-24-06 Deputy Saxton was dispatched to an All Terrain Vehicle accident on [redacted] Upon arrival Deputy Saxton made contact with Deputy Dewey an Deputy M. Radney who were already on scene. Deputy Saxton was advised that [redacted] had been driving his Polaris Ranger 6wd ATV when for unknown reasons made a sharp, high speed turn that resulted in the vehicle flipping and coming to rest on [redacted] face. [redacted] witnessed the accident and attempted to render first aid. [redacted] was notified and pronounced [redacted] dead at 2:12 pm. Visual inspection of the vehicle showed that it was equipped with functional lap belts and that the veicle's gear selector was in D2 ( high gear ) [redacted] had also advised that [redacted] had previously suffered a stroke which limited the use of one side of his body. An autopsy was ordered by [redacted] and the body was released to [redacted] Funeral home.

LIST ALL PROPERTY TAKEN FROM SCENE & LOCATION WHERE FOUND

N/A

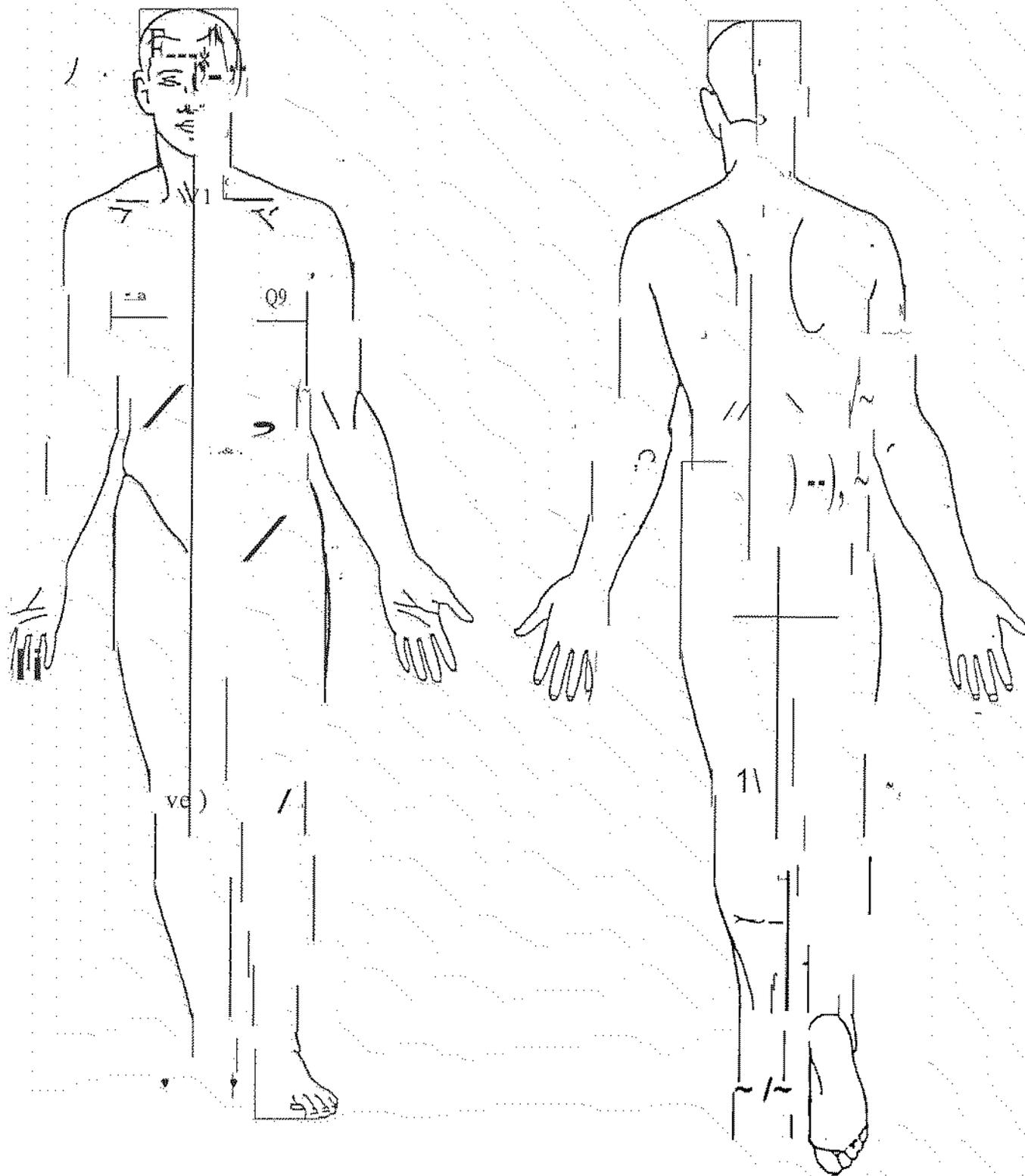
location of any personal descriptors, IE., scars, broken bones, moles, etc. Use the comments area to more fully describe any tattoos, scars, etc.

071212HCC3235

FRONT

BACK

Exhibit 1



**Comments:**

Subject's face was crushed by the vehicle's roll bar coming to rest across his left cheek and nose.

0608592

071212HCC3235

SEND TO: (b)(3):CPSA Section 25 - Hunt County  
Hunt Co. Sheriff's Office  
#06-08592

Exhibit 1

THE SOUTHWESTERN INSTITUTE OF FORENSIC SCIENCES  
AT DALLAS

5230 Medical Center Drive  
Dallas, Texas 75235  
(214) 920-5900

CAUSE OF DEATH

Date: 25 SEP 2006

Case No. JP3169-06-2275Z

Name of Deceased: (b)(3):CPSA Section 25 (c),(b)(6) 44 / White/ Male

Residence of Deceased: (b)(3):CPSA Section 25(c),(b)(6)

Place of Death : (b)(3):CPSA Section 25(c),(b)(6)

Place of incident/discovery: (b)(3):CPSA Section 25(c),(b)(6)

An AUTOPSY was performed and the cause of death is : Blunt force injuries

Manner of Death: ACCIDENT

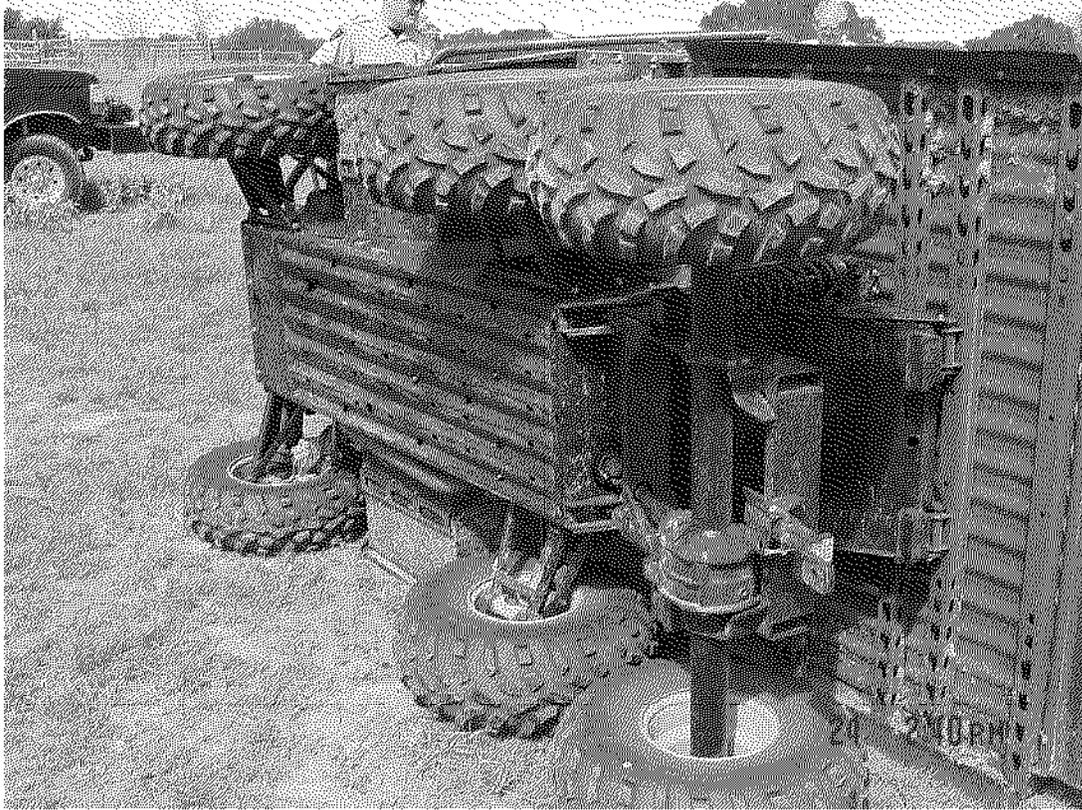
Pending: Reason:

Comment:

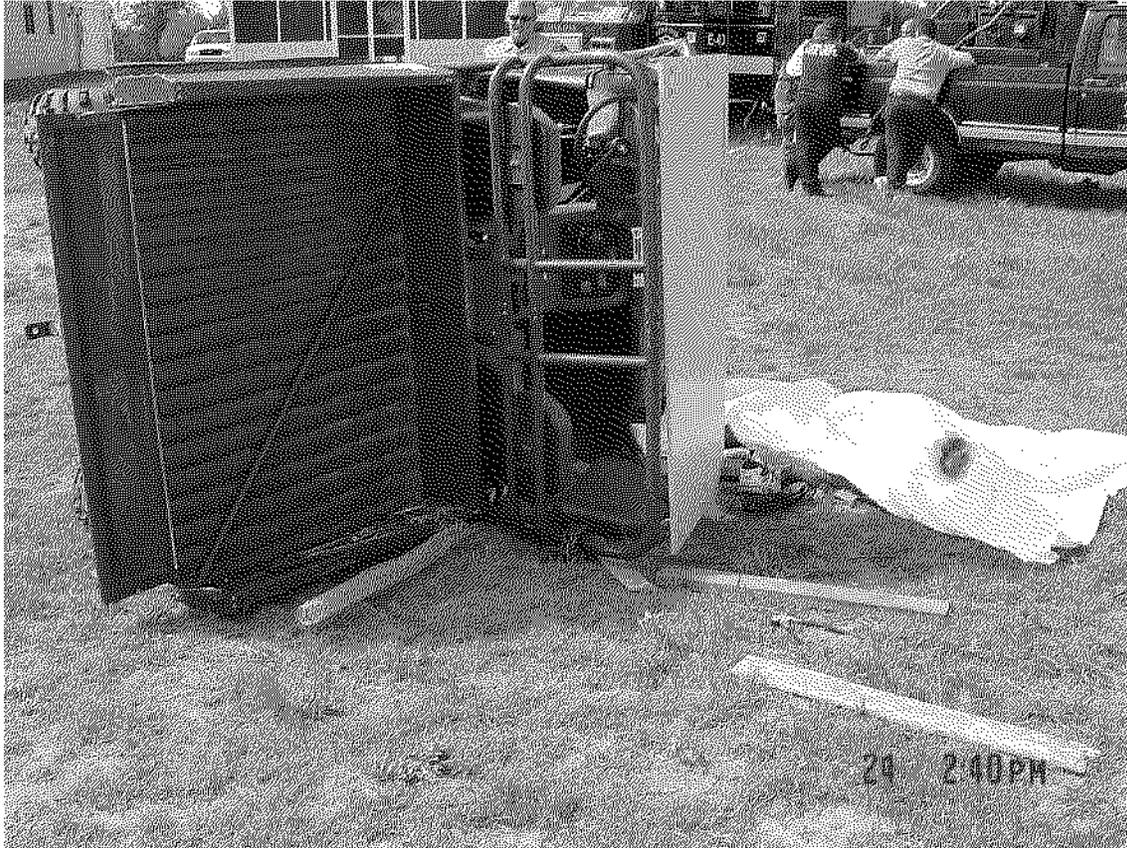
(b)(3):CPSA Section 25(c),(b)(6)

Pathologist

with: (b)(3):CPSA Section 25(c),(b)(6)



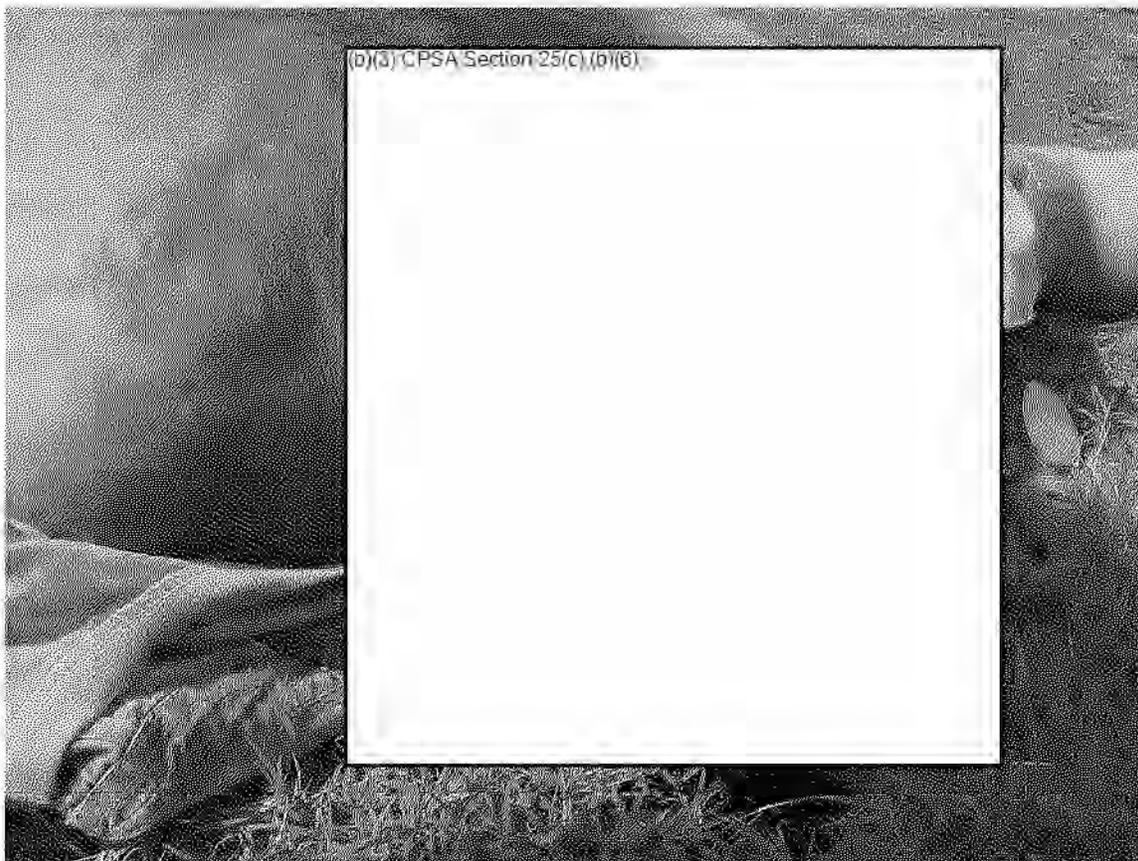
Photographs Provided by the Hunt County Sherriff Office. Photograph 1- Six-wheeled All Terrain Vehicle Polaris Ranger on it's side.



Photographs Provided by the Hunt County Sherriff Office. Photograph 2 Rear view of ATV on its side. Victim seen covered by a with sheet.



Photographs Provided by the Hunt County Sherriff Office. Photograph 3- View of Victim. ATV's roll bar landed on his face.



Photographs Provided by the Hunt County Sherriff Office. Photograph 4- closer view of victim's injuries sustained from the vehicle's roll bar impression left on his the left side of his face, nose, and eye orbital.



Photographs Provided by the Hunt County Sherriff Office. Photograph 5 view of the incident vehicle in the upright position. Note: (arrow) vehicle's right side, roll bar that came in contact with the decedent's head. Vehicle had lap seatbelts and according to report, brakes were operational and tires were inflated within normal ranges.

071212HCC3235

Exhibit 2

This affidavit is in compliance with Texas Rules of Criminal Evidence, Rule 902 (10b).

Case No. JP3169-06 in the matter of (b)(3):CPSA Section 25(c),(b)(6), deceased.

Office of the Medical Examiner  
in the County of DALLAS  
State of TEXAS

AFFIDAVIT

Before me, the undersigned authority, personally appeared (b)(3):CPSA Section 25(c),(b)(6), who, being duly sworn, deposed as follows:

My name is (b)(3):CPSA Section 25(c),(b)(6) I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the Deputy Custodian of Records of the Dallas County Medical Examiner's Office. Attached hereto are 5 pages of records and xx photographs from the Dallas County Medical Examiner's Office. These said 5 pages of records and xx photographs are kept by the Dallas County Medical Examiner's Office in the regular course of business, and it was the regular course of business of the Dallas County Medical Examiner's Office for an employee or representative, or a doctor permitted to practice in the Dallas County Medical Examiner's Office, with personal knowledge of the act, event, condition, opinion or diagnosis, recorded to make the record or to transmit information thereof to be included in such record, and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

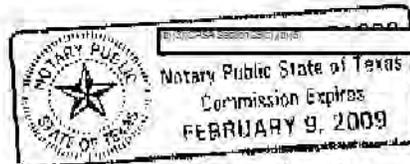


SWORN TO AND SUBSCRIBED before me on November 13, 2006

(b)(3):CPSA Section 25(c),(b)(6)

Notary Public in and for Dallas County, Texas

My commission expires



(By statute, the original records are retained by the Dallas County Medical Examiner's Office. See Art. 49.25, Sec. 11, Vernons Texas Statutes, CCP.)

071212HCC3235

Exhibit 3

SOUTHWESTERN  
INSTITUTE OF FORENSIC SCIENCES  
5230 Medical Center Drive  
Dallas, Texas 75235

**COPY**  
DALLAS COUNTY  
INSTITUTE OF FORENSIC SCIENCES

Case No. JP3169-06-2275Z

Name: [REDACTED]

Age: 44 Race: White Sex: Male

Date of Death: 24 SEP 2006 Date of Examination: 25 SEP 2006  
Time of Death: Approx. 1:30 pm Time of Examination: 7:15 am

Pronounced at: 1731 Mamie Road  
Greenville, Hunt County, Texas

**AUTOPSY REPORT:**

**ORGAN WEIGHTS:**

Brain	1390 g	R. Lung	660 g	R. Kidney	190 g
Heart	460 g	L. Lung	630 g	L. Kidney	180 g
Liver	2010 g	Spleen	190 g		

This autopsy is performed at the request of [REDACTED] Justice of the Peace, Precinct 1, Place 2, Hunt County, Texas.

**EXTERNAL EXAMINATION:**

The body is identified by tags. Photographs and fingerprints are taken.

The body is received clad in one cut away, gray, short-sleeved undershirt, one cut away denim shirt, gray shorts, two white socks, and one athletic shoe. A pack of cigarettes, a cigarette lighter, and one black plastic cup accompany the body. Jewelry consists of one red metal ring on the fourth digit of the left hand and a non-metal anklet encircling the left ankle.

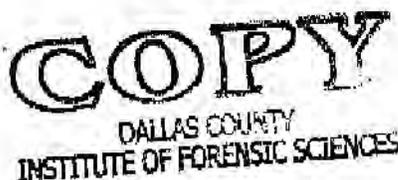
The body is that of a normally developed, obese white male which appears consistent with the recorded age of 44 years. When nude, the body measures 68 inches (172.7 cm) in length and weighs 229 pounds (103.9 kg). The body is cool, rigor is fully developed, and the posterior lividity is fixed. The body is well preserved and is not embalmed.

The hairline is balding on top with thinned, short-shaven hair measuring 1/4 inch in length. No moustache or beard are present on the face. The irides appear hazel with arcus senilis present bilaterally. The head is involved by injuries to be described subsequently. There are no petechiae of the bulbar or palpebral surfaces of the conjunctivae. The ears and lips are unremarkable. The mouth has normal dentition in adequate condition. The neck is unremarkable. The chest is symmetrical. The back is unremarkable. The abdomen is protuberant. The extremities are symmetric. The external genitalia, perineum, and anus are unremarkable. The penis appears circumcised with bilaterally descended testes.

Case No: 071212HCC3235  
JP3169-C6-2275Z

Page 2 Exhibit 3

Name: (b)(3) CPSA Section 25  
(c)(b)(6)



**EVIDENCE OF DECOMPOSITION:**

None.

**IDENTIFYING MARKS AND SCARS:**

None.

**EVIDENCE OF TREATMENT:**

There is a single EKG pad affixed to the right shoulder.

**EVIDENCE OF INJURY:**

**I. HEAD AND NECK:**

1. There are multiple red contusions above the upper right lip and on the bridge of the nose. There are confluent abrasions measuring 3 inches in length extending from the left side of the lower lip to the chin.
2. A subscalpular hemorrhage is present over the right parietal-occipital region, measuring 5 x 5 cm. A subscalpular hemorrhage is present over the upper occipital bone, roughly midline, measuring 3 x 1 cm.
3. There is a comminuted fracture of the bridge of the nose. The right maxilla is fractured and the incisors are loose and partially avulsed.
4. No epidural, subdural or subarachnoid hemorrhages are identified.
5. The brain is free of injuries externally and upon sectioning.
6. There are no internal or external neck injuries identified.

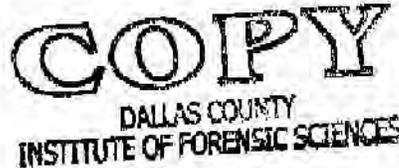
**II. TRUNK:**

1. There is a red abrasion measuring 2-1/2 inches in length on the anterior left shoulder.
2. Copious aspirated blood is present in the trachea, bronchi, and pulmonary parenchyma.
3. No vertebral or pelvic fractures are identified.
4. There is hemorrhage along the prevertebral fascia along the thoracic spinal column.

**III. EXTREMITIES:**

1. There are multiple red abrasions measuring up to 2 inches on the right leg. There is a 1 inch linear abrasion on the anterior aspect of the left leg.

Case No: 071212HCC3235  
JE3169-06-2275Z  
Name: (b)(3):CPSA Section 25(c),(b)(6)



2. No fractures of the extremities are identified.

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

**INTERNAL EXAMINATION:**

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

**HEAD:** See previous description. The dura and dural sinuses are unremarkable. There are no epidural, subdural, or subarachnoid hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, with an unremarkable gyral pattern. The cranial nerves and blood vessels are unremarkable. The brain is serially sectioned. There is a cystic lesion measuring 3 x 1.5 x 2.5 cm located roughly in the area of the right lateral dorsal nucleus. No hemorrhages are visible within the deep white matter or the basal ganglia. The cerebral ventricles contain no blood. The spinal cord, as viewed from the cranial cavity, is unremarkable.

**NECK:** The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed. Posterior neck dissection does not reveal any evidence of contusion or hemorrhage.

**CARDIOVASCULAR SYSTEM:** The intimal surface of the abdominal aorta is free of significant atherosclerosis. The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. The endocardium is free of mural thrombi. The coronary arterial system has mild atherosclerosis. The left ventricle is concentrically hypertrophied and measures 1.6 cm in thickness. The atrial and ventricular septa are intact. The intra-atrial septum contains a surgical patch. The myocardium is dark red and firm, without focal abnormalities.

**RESPIRATORY SYSTEM:** See previous description. The upper airway is not obstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth and glistening. Sectioning of the lung discloses dark red-blue, heavily congested parenchyma.

**HEPATOBIILIARY SYSTEM:** The liver is covered by a smooth, glistening capsule with a slight yellow hue over the left lobe. Otherwise the parenchyma is dark red-brown and moderately congested. The gallbladder contains 30 mL of bile, and several green, round gallstones measuring up to 3 mm in greatest dimension.

**GASTROINTESTINAL SYSTEM:** The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains approximately 50 mL of brown fluid. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are unremarkable externally. The appendix is present. The pancreas is unremarkable externally and upon sectioning. There is an increased amount of mesenteric fat within the peritoneal cavity.

**COPY**  
DALLAS COUNTY  
INSTITUTE OF FORENSIC SCIENCES

Case No. 0712141909835 06-2275Z

Page 4 Exhibit 3

Name: (b)(3) CPSA Section 25(c),(b)(6)

**GENITOURINARY SYSTEM:** The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains approximately 50 mL of clear yellow urine. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable both externally and upon sectioning.

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

**LYMPHORETICULAR SYSTEM:** The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are not enlarged.

**MUSCULOSKELETAL SYSTEM:** The clavicles, ribs, sternum, pelvis, and vertebral column have no fractures. The diaphragm is intact. The body wall fat pad measures 1 inch in greatest thickness.



**CONTACT SHEET:**

Hunt County Sheriff Office

(b)(3) CPSA Section Records Clerk

2801 Stuart Street

Greenville, Texas 75401

Fax: 903-453-6822

Phone: 903-453-6800

Southwestern Institute of Forensic Sciences

5230 Medical Center drive

Dallas, Texas 78235

Fax: 903-453-6935

Task Number 071212HCC3235

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

Type of respondent: Police Department

Other, specify:

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

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

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

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

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

Model: RANGER 6X6

VIN: (b)(3)CPSA Section 25(c),(b)(6)

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: 325-350

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: 09/24/2006	
Age/Sex: 44 / Male	/
State of Death: TEXAS	
City of Death: Greenville	
County of Death: Hunt	

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

A 44-year-old was driving a 6-wheel ATV at a high rate of speed on a dirt road when he attempt to take a sharp turn and flipped. The driver's vehicle's roll bar landed on the his face. The driver was pronounced dead at the scene. Nor a helmet or seatbelts were used at the time of the incident. The decedent had previously suffered a stroke and had limited use of his left side of his body and was taking antidepressant medication.

8. Did the ATV overturn/tipover/rollover? Yes

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

Victim 1:                      Victim 2:

Yes    No    Unknown            Yes    No    Unknown

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

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

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

Victim 1:                      Victim 2:

Yes     No    Unknown            Yes    No    Unknown

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

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

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

Age: 44                      Height: 68 (inches)  
Weight: 05 = 200 - 249        Sex:



1. Task Number 080104HCC3279		2. Investigator's ID 9105		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2007 09 30	5. Date Initiated YR MO DAY 2008 01 10		
6. Synopsis of Accident or Complaint UPC A 19-year-old male victim was standing in the cargo area of a four-wheeled, two-seater, utility ATV as an unrestrained passenger. The victim (passenger) was in was struck head on by an off-road, pick-up truck traveling in the opposite direction. It was determined both vehicles had lights on when they crested the hill. The victim was thrown from the vehicle and sustained fatal, trauma injuries. The ATV driver and two other passengers also sustained injuries. None of the ATV riders were wearing helmets. The 19-year-old victim died at the scene.				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City LACERN VALLEY	9. State CA	
10A. First Product 3286 - All Terrain Vehicles (four W)	10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO	
10D. Manufacturer Name and Address YAMAHA CORP. OF AMERICA INTERNATIONAL 660 Orangethorpe Ave. Buena Park, CA 90622				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12. Age of Victim 19	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 31 - UPPER TRUNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 6 / 0	
20. Attachment(s) 2 - Documents	21. Case Source 05 - Newspaper		22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 03/07/2008	25. Reviewed By 9035		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number N07A0118A	

~~INVESTIGATOR~~  
~~CONDUCTED~~ ~~FIELD~~ ~~NO~~  
~~CONDUCTED~~ ~~AT HOME~~  
~~EXPERIENCE~~  
~~REASON~~  
~~DO NOT REASON~~ ~~REASON~~

CM 5/22/08

080430

1. Task Number 080104HCC3279		2. Investigator's ID 9105		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2007 09 30	5. Date Initiated YR MO DAY 2008 01 10		
6. Synopsis of Accident or Complaint UPC A 19-year-old male victim was standing in the cargo area of a four-wheeled, two-seater, utility ATV as an unrestrained passenger. The victim (passenger) was in was struck head on by an off-road, pick-up truck traveling in the opposite direction. It was determined both vehicles had lights on when they crested the hill. The victim was thrown from the vehicle and sustained fatal, trauma injuries. The ATV driver and two other passengers also sustained injuries. None of the ATV riders were wearing helmets. The 19-year-old victim died at the scene.  <div style="text-align: center;"> <p><del>NEISS/NEISSER</del></p> <p><del>CONSENT</del> <del>YES</del> <del>NO</del> <i>CM 5/22/08</i></p> <p><del>CONFIDENTIAL</del> <del>STRICTLY</del></p> <p><del>DISSEMINATED</del></p> <p><del>DO NOT REPRODUCE</del> <del>SENDING</del></p> </div>				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City LACERN VALLEY		9. State CA
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO
10D. Manufacturer Name and Address YAMAHA CORP. OF AMERICA INTERNATIONAL 660 Orangethorpe Ave. Buena Park, CA 90622				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 19	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 31 - UPPER TRUNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 6 / 0	
20. Attachment(s) 2 - Documents		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 03/07/2008	25. Reviewed By 9035		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number N07A0118A	

080104HCC3279

**ATTACHMENTS**

1. Law Enforcement Report (14 pages)
2. Missing Document Form (1 page)

TRAFFIC COLLISION REPORT

ORIGINAL

SPECIAL CONDITIONS (FATAL)		NUMBER OF VEHICLES INVOLVED 1	NUMBER OF INJURED 0	CITY UNINCORPORATED	JUDICIAL DISTRICT VICTORVILLE SUPERIOR	LOCAL REPORT NUMBER 07-09-094			
COUNTY SAN BERNARDINO		REPORTING DISTRICT 906							
LOCATION	DATE AND TIME OCCURRED ON 9/30/2007				TIME OF DAY 0030	HEAVENLY BODY 0850	OUTER RADIUS 14858		
	LOCATION INFORMATION ANDERSON DRY LAKE BED				DAY OF WEEK SUNDAY	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RICHTEL RADIUS <input checked="" type="checkbox"/> 1 TIME		
	AT INTERSECTION WITH 05 406 BLVD EAST OF CAMP ROCK RD				STATEWAY RPT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
PARTY 1	DRIVER'S LICENSE NUMBER A889097	STATE CA	CLASS C	AIR BAG P	SAFETY EQUIP. G	VEHICLE YEAR 1991	MAKE / MODEL / COLOR TOYOTA OFF-HWY BLU	LICENSE NUMBER 17A09Z	STATE CA
DRIVER 1	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> (b)(3) CPSA Section 25(c),(b)(6)				OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER				
ADDRESS	STREET ADDRESS <input checked="" type="checkbox"/> (b)(3) CPSA Section 25(c),(b)(6)				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY / STATE / ZIP <input checked="" type="checkbox"/> (b)(3) CPSA Section 25(c),(b)(6)				DISPOSITION OF VEHICLE ON ORDER OF DRIVER MADE OWN ARRANGEMENTS		OFFICER <input checked="" type="checkbox"/> DRIVER		
SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR RECORDS, DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE		
M	BRN	BRN	5-11			W	VEHICLE IDENTIFICATION NUMBER NONE		
HOME PHONE	(714) 970-0420				BUSINESS PHONE (714) 914-7447		VEHICLE TYPE 06		
INSURANCE CARRIER	POLICY NUMBER NONE				PERCENTAGE VEHICLE DAMAGE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MAKE <input type="checkbox"/> PART ONLY		DAMAGE IN DAMAGED AREA VIEW		
DIR OF TRAVEL	ON STREET OR HIGHWAY S ANDERSON DRY LAKE				SPEED LIMIT 60		CALI <input type="checkbox"/> IOPSSC <input type="checkbox"/> MCMX		
PARTY 2	DRIVER'S LICENSE NUMBER DN07838	STATE CA	CLASS C	AIR BAG P	SAFETY EQUIP. G	VEHICLE YEAR 2005	MAKE / MODEL / COLOR YAMA RHHO GRN	LICENSE NUMBER	STATE CA
DRIVER 2	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> (b)(3) CPSA Section 25(c),(b)(6)				OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER				
ADDRESS	STREET ADDRESS <input checked="" type="checkbox"/> (b)(3) CPSA Section 25(c),(b)(6)				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER				
PARKED VEHICLE	CITY / STATE / ZIP <input checked="" type="checkbox"/> (b)(3) CPSA Section 25(c),(b)(6)				DISPOSITION OF VEHICLE ON ORDER OF RELEASED TO PASSENGER		OFFICER <input checked="" type="checkbox"/> DRIVER		
SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR RECORDS, DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE		
M	BLD	BLU	5-07	130		W	VEHICLE IDENTIFICATION NUMBER NY4AM04Y5NAU94		
HOME PHONE	(951) 260-8593				BUSINESS PHONE NONE		VEHICLE TYPE 06		
INSURANCE CARRIER	POLICY NUMBER NONE				PERCENTAGE VEHICLE DAMAGE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MAKE <input type="checkbox"/> PART ONLY		DAMAGE IN DAMAGED AREA VIEW		
DIR OF TRAVEL	ON STREET OR HIGHWAY N ANDERSON DRY LAKE				SPEED LIMIT 60		CALI <input type="checkbox"/> IOPSSC <input type="checkbox"/> MCMX		
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEHICLE YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
DRIVER 3	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME SAME AS DRIVER				
ADDRESS	STREET ADDRESS				OWNER'S ADDRESS SAME AS DRIVER				
PARKED VEHICLE	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDER OF		OFFICER DRIVER OTHER		
SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	RACE	PRIOR RECORDS, DEFECTS NONE APP. REFER TO NARRATIVE		
HOME PHONE	BUSINESS PHONE				VEHICLE IDENTIFICATION NUMBER		VEHICLE TYPE 06		
INSURANCE CARRIER	POLICY NUMBER				PERCENTAGE VEHICLE DAMAGE NONE MAKE PART ONLY		DAMAGE IN DAMAGED AREA VIEW		
DIR OF TRAVEL	ON STREET OR HIGHWAY				SPEED LIMIT		CALI IOPSSC MCMX		
REPORTER'S NAME	L. M. HARRIS 14858				SEARCHED INDEXED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PCA		REVIEWED BY AM: R/L 10/16/07 Sgt: Smith 10/22/07		STATE REVISED

TRAFFIC COLLISION CODING

CHP 555 CARS Page2 (Rev. 1-03) OPI 061

DATE OF COLLISION (MO, DAY, YEAR) 01/01/2007	TIME (MM, SS) 0056	POLICE # RNSD	OFFICER ID # 1155K	NUMBER 07-07-004
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PROPERTY DAMAGE	DESCRIPTION OF DAMAGE	VEHICLE DAMAGE	TOTAL YES / NO
-----------------	-----------------------	----------------	-------------------

<b>SEATING POSITION</b> 	<b>SAFETY EQUIPMENT</b> A - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED Q - CHILD RESTRAINT R - IN VEHICLE (NOT USED) S - IN VEHICLE (UNKNOWN) T - IN VEHICLE (IMPROPER USE) U - NONE IN VEHICLE	<b>MULTIPLE OCCUPANTS</b> DRIVER: YES / NO PASSENGER: YES / NO W: YES / NO Y: YES / NO Z: YES / NO	<b>INATTENTION CODES</b> A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - CELL PHONE EQUIPMENT D - RADIO/CD E - SMOKING F - EATING G - OTHER H - ANIMALS I - PERSONNEL HISTORY J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (\*) SHOULD BE EXPLAINED IN THE NARRATIVE.

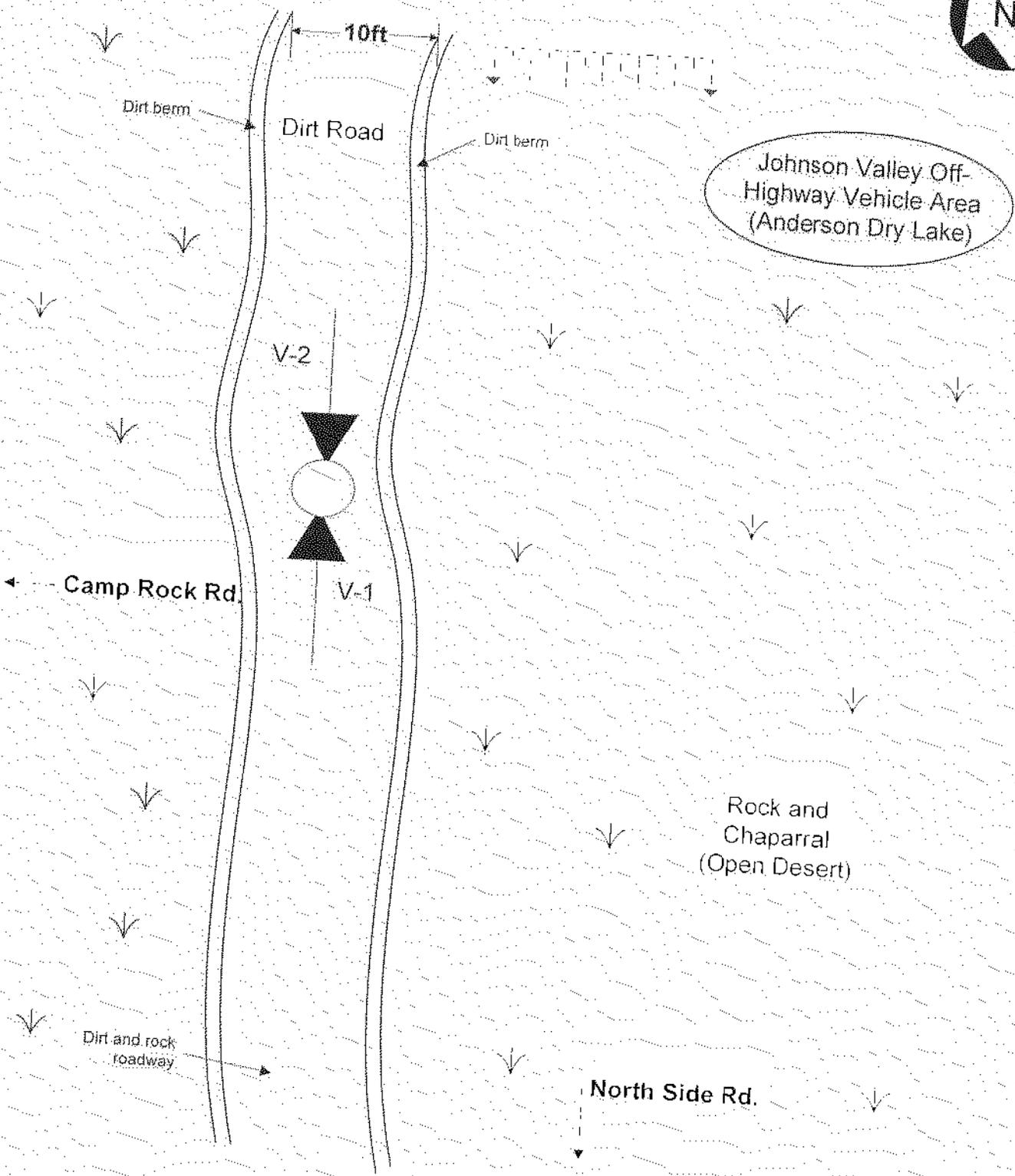
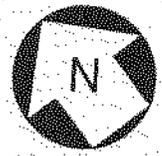
PRIMARY COLLISION FACTOR (MARK NUMBER OF PARTIAL CAUSE)	TRAFFIC CONTROL DEVICES			SPECIAL INFORMATION	MOVEMENT PRECEDING COLLISION		
	1	2	3		1	2	3
A. VEHICLE VIOLATED (VEHICLE CODES)	<input checked="" type="checkbox"/>			A. HAZARDOUS MATERIAL			
B. OTHER IMPROPER DRIVING				B. CELL PHONE HANDHELD IN USE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
C. OTHER THAN DRIVER				C. CELL PHONE HANDSFREE IN USE			
D. UNKNOWN				D. CELL PHONE NOT IN USE			
<b>WEATHER (MARK 1 TO 2 ITEMS)</b>				<b>TYPE OF COLLISION</b>			
X A. CLEAR				A. HEAD ON			
B. FOG/DRIZZLE				B. SIDE SWIPE			
C. RAINING				C. REAR END			
D. SNOWING				D. BROADSIDE			
E. FOG/VISIBILITY				E. HIT OBJECT			
F. OTHER				F. OVERTAKING			
<b>WIND</b>				<b>MOTOR VEHICLE INVOLVED WITH</b>			
A. DAYLIGHT				A. NONE			
B. DUSK/DAWN				B. PEDESTRIAN			
C. DARK STREET LIGHTS				C. OTHER MOTOR VEHICLE			
D. DARK/NO STREET LIGHTS				D. MOTOR VEHICLE ON OTHER ROADWAY			
E. DARK/SUNSET LIGHTS NOT FUNCTIONING				E. PARKED MOTOR VEHICLE			
<b>ROADWAY SURFACE</b>				<b>OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)</b>			
X A. PAV.				A. PERSON IN HAZARD			
B. WET				B. NO SIGN/NO LABEL			
C. SNOWY/ICY				C. VEHICLE DAMAGE			
D. SLIPPERY (MUD, OIL, GREASE)				D. VEHICLE DAMAGE			
<b>ROADWAY CONDITIONS (MARK 1 TO 2 ITEMS)</b>				<b>SOBER CITY - DRUG - PHYSICAL (MARK 1 TO 2 ITEMS)</b>			
A. HOLES/DEEP RUTS				A. NO PEDESTRIANS INVOLVED			
B. HOLES/MATERIAL ON ROADWAY				B. CROSSING IN CROSSWALK			
C. OBSTRUCTION ON ROADWAY				C. AT INTERSECTION			
D. CONSTRUCTION (REPAIRS)				C. CROSSING IN CROSSWALK - NOT AT INTERSECTION			
E. REDUCED ROADWAY WIDTH				D. CROSSING - NOT IN CROSSWALK			
F. FLOODING				E. IN ROAD - INCLUDES SHOULDER			
G. OTHER				F. NOT IN ROAD			
X H. UNUSUAL CONDITIONS				G. APPROACHING FOLLOWING SCHOOL BUSES			

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 3 	MISCELLANEOUS
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NARRATIVE/SUPPLEMENTAL

\*Sketch\*

DATE OF INCIDENT 09-30-07	TIME 0056	NCIC NUMBER 9850	OFFICER ID 14858	PAGE 3
			NUMBER 07-09-094	



PREPARER'S NAME W. CUTTING	ID NUMBER 12908	DATE 10/03/07	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA  
**INJURED / WITNESSES / PASSENGERS**  
 CHP 555 CARS Page 3 (Rev 1-03) OPI 061

DATE OF COLLISION (MO, DAY, YEAR)		TIME (HOUR)		VIOLENCE		OFFICER ID		NUMBER														
03/03/07		01:58		YES		14858		07-01-074														
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	FAC POS.	AIR BAG	AFFLIG EQUIP.	EJECTOR					
				FATAL INJURY	SEVERE INJURY	OTHER VERBAL INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PEDEST.	BI-CYCLIST	OFF-LE										
		19	M	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>								2	S	P	A	I
NAME / D.O.B. / ADDRESS															TELEPHONE							
[REDACTED]															NONE							
INJURED ONLY: TRANSPORTED BY															TAKEN TO:							
SAN BERNARDINO COUNTY CORONERS OFFICE															SAN BERNARDINO COUNTY CORONERS OFFICE							
DESCRIBE INJURIES															VICTIM OF VIOLENT CRIME NOTIFIED							
BLUNT FORCE TRAUMA TO UPPER TORSO																						
PRONOUNCED BY SAN BERNARDINO COUNTY FIRE PARAMEDIC ROY GAULT AT 02:30 HOURS																						
CORONER CASE NUMBER: 700707349																						
#		19	M	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>								2	S	P	A	I
NAME / D.O.B. / ADDRESS															TELEPHONE							
[REDACTED]															[REDACTED]							
INJURED ONLY: TRANSPORTED BY															TAKEN TO:							
MERCY AIR															ARROWHEAD REGIONAL							
DESCRIBE INJURIES															VICTIM OF VIOLENT CRIME NOTIFIED							
ANGULATED FRACTURE TO LEFT LOWER LEG, LACERATIONS TO FACE AND MOUTH,																						
FRACTURED LEFT ARM, INTERNAL BLEEDING, PARTY WAS UNCONSCIOUS.																						
#		22	M		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>								2	L	P	G	0
NAME / D.O.B. / ADDRESS															TELEPHONE							
[REDACTED]															[REDACTED]							
INJURED ONLY: TRANSPORTED BY															TAKEN TO:							
MERCY AIR															ARROWHEAD REGIONAL							
DESCRIBE INJURIES															VICTIM OF VIOLENT CRIME NOTIFIED							
ANGULATED FRACTURE TO LEFT LOWER LEG, LACERATIONS TO FACE AND MOUTH,																						
FRACTURED LEFT ARM, INTERNAL BLEEDING, PARTY WAS UNCONSCIOUS.																						
#		24	M		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>								2	L	P	A	I
NAME / D.O.B. / ADDRESS															TELEPHONE							
[REDACTED]															[REDACTED]							
INJURED ONLY: TRANSPORTED BY															TAKEN TO:							
MERCY AIR															ARROWHEAD REGIONAL							
DESCRIBE INJURIES															VICTIM OF VIOLENT CRIME NOTIFIED							
LEFT FEMUR FRACTURE, LACERATION TO LEFT HAND																						
#		23	M		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>								2	L	P	G	0
NAME / D.O.B. / ADDRESS															TELEPHONE							
[REDACTED]															[REDACTED]							
INJURED ONLY: TRANSPORTED BY															TAKEN TO:							
SAN BERNARDINO COUNTY FIRE															ST. MARY'S							
DESCRIBE INJURIES															VICTIM OF VIOLENT CRIME NOTIFIED							
FRACTURED LEFT ARM, COMPLAINT OF PAIN IN JAW																						
#		25	M		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>												
NAME / D.O.B. / ADDRESS															TELEPHONE							
[REDACTED]															[REDACTED]							
INJURED ONLY: TRANSPORTED BY															TAKEN TO:							
[REDACTED]															[REDACTED]							
DESCRIBE INJURIES															VICTIM OF VIOLENT CRIME NOTIFIED							
[REDACTED]																						
RESEARCHER'S NAME			ID NUMBER			MO. DAY YEAR			REVIEWER'S NAME			MO. DAY YEAR										
L. M. HARRIS			4858			5/30/2007																

STATE OF CALIFORNIA  
**INJURED / WITNESSES / PASSENGERS**  
 CHP 555-CARS Page 3 (Rev 1-03) CPI 061

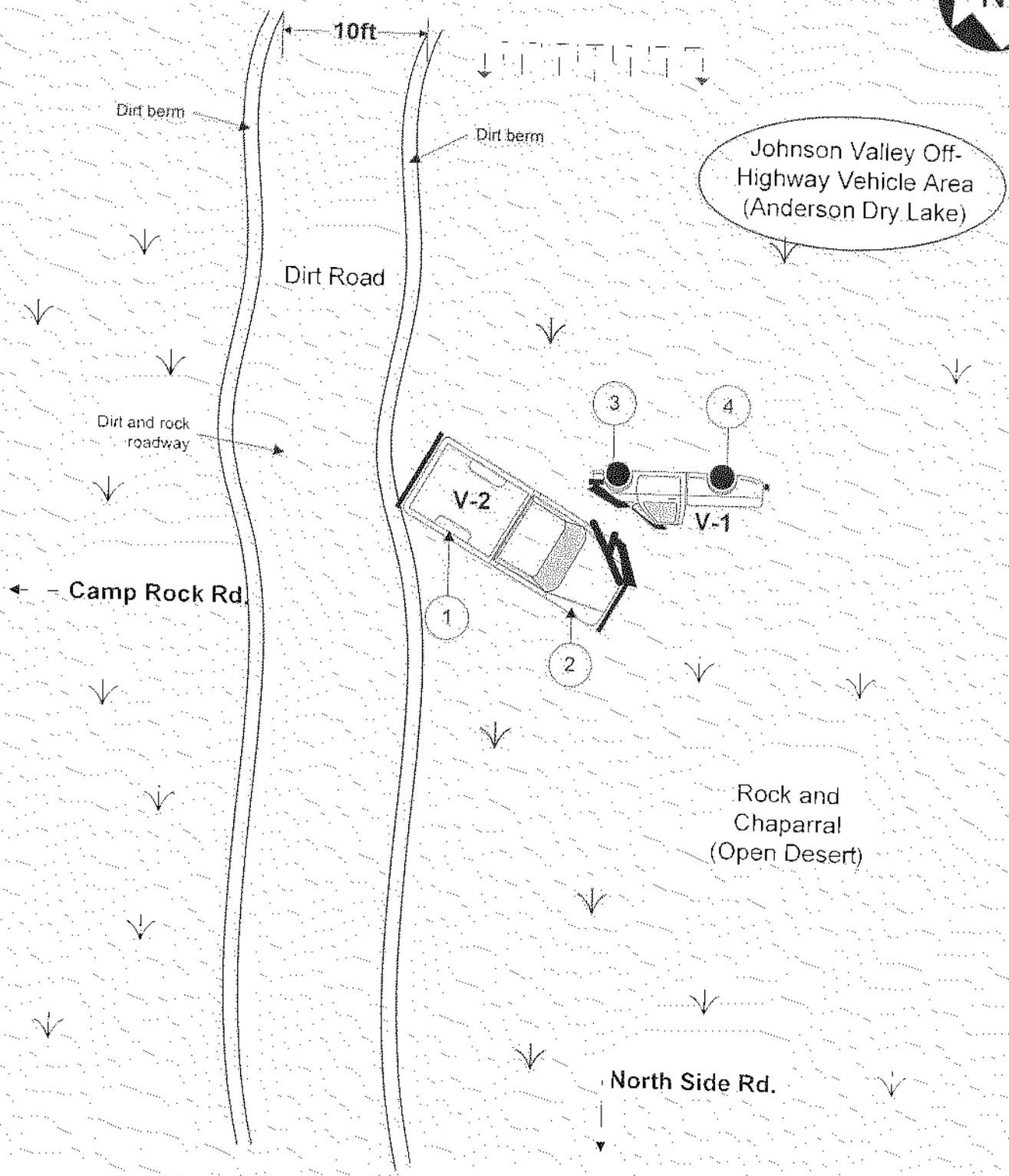
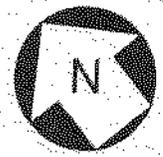
DATE OF COLLISION (MO., DAY, YEAR): 9/30/2007		TIME (400): 0056		POLICE NO: 9850		OFFICER I.D. NO: 14858		NUMBER: 0719494																
DRIVER ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	LEFT FOOT	RIGHT FOOT	EYE/EAR POINTS	EFFECTED							
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMBINATION OF PAIN	DRIVER	PASSENGER	OFFICER	BI-CYCLIST	OTHER												
<input checked="" type="checkbox"/>	<input type="checkbox"/>	50	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
NAME (D.O.B. / ADDRESS): <b>(b)(3):CPSA Section 25(c),(b)(6)</b>															TELEPHONE: <b>(b)(3):CPSA Section 25(c),(b)(6)</b>									
INJURED ONLY: TRANSPORTED BY: _____ TAKEN TO: _____																								
DESCRIBE INJURIES: _____																								
VICTIM OF VIOLENT CRIME NOTIFIED																								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
NAME (D.O.B. / ADDRESS): <b>(b)(3):CPSA Section 25(c),(b)(6)</b>															TELEPHONE: NONE									
INJURED ONLY: TRANSPORTED BY: _____ TAKEN TO: _____																								
DESCRIBE INJURIES: _____																								
VICTIM OF VIOLENT CRIME NOTIFIED																								
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
NAME (D.O.B. / ADDRESS): _____															TELEPHONE: _____									
INJURED ONLY: TRANSPORTED BY: _____ TAKEN TO: _____																								
DESCRIBE INJURIES: _____																								
VICTIM OF VIOLENT CRIME NOTIFIED																								
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
NAME (D.O.B. / ADDRESS): _____															TELEPHONE: _____									
INJURED ONLY: TRANSPORTED BY: _____ TAKEN TO: _____																								
DESCRIBE INJURIES: _____																								
VICTIM OF VIOLENT CRIME NOTIFIED																								
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
NAME (D.O.B. / ADDRESS): _____															TELEPHONE: _____									
INJURED ONLY: TRANSPORTED BY: _____ TAKEN TO: _____																								
DESCRIBE INJURIES: _____																								
VICTIM OF VIOLENT CRIME NOTIFIED																								
PREPARED BY & NAME: I. M. JARRIS															I.D. NUMBER: 14858		MO. DAY YEAR: 9/30/2007		REVIEWER'S NAME: _____			MULTI-PARTY USE ONLY		

STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

\*Diagram\*

DATE OF INCIDENT 09-30-07	TIME 0056	NCIC NUMBER 9850	OFFICER ID 14858	NUMBER 07-09-094
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PREPARED BY NAME W. CUTTING	ID NUMBER 12908	DATE 10/03/07	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA  
 NARRATIVE/SUPPLEMENTAL  
 CHP 556 (Rev 7-90) OPT 042

DATE OF INCIDENT/OCCURRENCE 09-30-07	TIME 0056	NCIC NUMBER 9850	OFFICER I.D. NUMBER 14858	NUMBER 07-09-094
"X" ONE X Narrative Supplemental		"X" ONE X Collision Report Other		"TYPE SUPPLEMENTAL" ("X" IF APPLICABLE) SA Update Haz Mat Fatal School Bus Hit and Run update Other
CITY/COUNTY/JUDICIAL DISTRICT VICTORVILLE SUP. COURT			REPORTING DISTRICT/BEAT	CITATION NUMBER
LOCATION/SUBJECT			STATE HIGHWAY RELATED Yes	No

**LEGEND**

To facilitate the collection of evidence, a station line was established along the east roadway edge of the dirt road, along the raised dirt berm, approximately 501 ft east of Camp Rock Rd. Station 0+00 was established approximately 2.7 miles north of the north roadway edge of North Side Rd, and increases as it moves north. All measurements were taken at right angles, east and west of the station line.

**DESCRIPTION**

The surrounding area of the collision scene was trampled by pedestrians and emergency medical personnel making evidence collection impossible. There were no discernable tracks, marks, or disturbances found.

**VEHICLE LOCATIONS**

- 1 - V-2's R/R was located approximately 3 ft east of station 0+02.
- 2 - V-2's R/F was located approximately 10 ft east of station 0+00.
- 3 - V-1's R/F was located approximately 10 ft east of station 0+08.
- 4 - V-1's R/R was located approximately 14 ft east of station 0+07.

PREPARER'S NAME AND I.D. NUMBER W. H. CUTTING, #12908	DATE 10-03-07	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

PAGE 8 OF 14

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
09/30/2007	0056	9850	14858	07-09-094

1 **FACTS**

4 **NOTIFICATION**

7 I received a call of an off-highway traffic collision at 0056 hours. I responded from the s/b I-15 fwy,  
8 n/of D Street, and I arrived at the collision scene at 0146 hours. All times, speeds, and  
9 measurements are approximate. All measurements were obtained by roll meter.

12 **SCENE DESCRIPTION**

15 This collision occurred on a non-maintained dirt road, in the Anderson Dry Lake Bed off-highway  
16 vehicle recreational area. This dirt road is a straight, unnamed road that travels primarily in a  
17 Northeast-Southwest direction. The road travels in a down-sloping direction if you proceed in a  
18 southbound direction and an up-sloping direction as you proceed north. There are no street lights  
19 or any form of illumination at this location. There is no posted speed limit. The dirt road at this  
20 location is only 10 feet wide, and it is bordered by raised dirt embankments on both sides. There is  
21 no designated direction for vehicles to travel on this dirt road. The weather was clear, dry, and  
22 cool and there were no visual obstructions noted or claimed. This location is within unincorporated  
23 San Bernardino County.

26 **PARTIES**

29 PARTY #1 (b)(3):CPSA Section 25(c)(b) was located on the west side of the dirt road, e/of Camp Rock Rd, just east  
30 of the collision scene. P-1 was identified by verbal information only. P-1 was found to be issued a  
31 valid California driver's license. P-1 was established as the driver of Vehicle #1(TOYT) at the time  
32 of the collision by his statement, a passenger statement, possession of vehicle keys, and he is the  
33 registered owner of V-1. P-1 sustained no injuries.

35 VEHICLE #1(TOYT) was located at its point of rest on the east side of the dirt road, e/of Camp  
36 Rock Rd, on its four wheels, facing in an eastbound direction. V-1 sustained the following  
37 damage: The l/f fender was detached from the frame of the vehicle, and the l/f wheel was knocked  
38 off of the axle as a result of the collision. I conducted an inspection of the safety harnesses inside  
39 of the vehicle with no defects or excessive wear noted. There was no prior damage observed.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. M. HARRIS	14858	09/30/2007		

STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

PAGE 9 OF 14

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
09/30/2007	0056	9850	14858 07-09-094

**PARTIES CONT**

1 PARTY #2 (b)(3)CPSA Section 25(c) was located on the ground next to Vehicle #2(YAMA) at its point of rest on  
 2 the east side of the dirt road, e/of Camp Rock Rd. P-2 was moved by emergency personnel prior  
 3 to CHP arrival. P-2 was identified by his valid California driver's license. P-2 was established as  
 4 the driver of V-2 at the time of the collision by a passenger statement, a witness statement, his  
 5 injuries, and he is the registered owner of V-2. P-2 sustained an angulated fracture to his left leg,  
 6 a fractured left arm, lacerations to his face and mouth, internal bleeding, and he was unconscious.

7 VEHICLE #2(YAMA) was located at it's point of rest on the east side of the dirt road, e/of Camp  
 8 Rock road, on it's left side, facing in a westbound direction. V-2 sustained the following damage:  
 9 The engine compartment was crushed inward, the l/f wheel was separated from the axle, the l/f  
 10 seat was jarred loose and rotated in a counter-clockwise direction, and a bottom skid-plate was  
 11 knocked loose. I conducted an inspection of the seatbelts and safety harnesses inside of V-2 with  
 12 no defects or excessive wear noted. There was no prior damage observed.

**PHYSICAL EVIDENCE**

Refer to the Factual Diagram for the location and description of the physical evidence.

**OTHER FACTUAL INFORMATION**

The collision scene was photographed by Ofcr. W. Cutting. Due to a malfunction with the camera, not discovered until the collision scene was cleared, no photographs of the collision are available.

**STATEMENTS**

1 PARTY #1 (b)(3)CPSA Section 25(c) stated in essence he was driving Vehicle #1(TOYT) in a s/b direction on the  
 dirt road located in the Anderson Dry Lake Bed. P-1 stated he doesn't have a speedometer in his  
 vehicle, but he had shifted into third gear and he estimated his speed to be between 30 to 40 mph.  
 P-1 stated he crested the top of the hill in the dirt road and he suddenly observed a Yamaha  
 Rhino ATV traveling in an e/b direction. P-1 stated he was unable to stop his vehicle in time to  
 avoid a collision. P-1 stated "When I saw them, I hit them." P-1 was unable to stop, and the front  
 bumper on his vehicle collided with the front engine compartment on the Yamaha. P-1 stated he  
 had activated all of the overhead lights on his vehicle as well as the four additional lights located  
 near the grill.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME
L. M. HARRIS	14858	09/30/2007	

STATE OF CALIFORNIA

## NARRATIVE/SUPPLEMENTAL

PAGE 10 OF 14

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
09/30/2007	0056	9850	14858 07-09-094

## 1 STATEMENTS CONT

2

3

4 P-1 stated he had consumed 6 to 8 beers from 10:00am until midnight. P-1 denied the use of any  
5 prescription medications. P-1 stated he didn't feel the effects of the alcoholic beverages he had  
6 consumed. P-1 denied consuming any alcoholic beverages after the collision.

7

8 PARTY #2 (b)(3):CPSA was unable to provide a statement at the time of the collision due to extent of  
9 his injuries and he was unconscious.

10

11 PASSENGER #1(HARRIS) was unable to provide a statement due to fatal injuries.

12

13 PASSENGER #2 (b)(3):CPSA Section 25(c)(b)(6) stated he was riding in the r/f seat of Vehicle #1(TOYT) at the time  
14 of the collision (b)(3):CPSA Section 25(c)(b) stated Party #1 (b)(3):CPSA Section 25(c)(b) was driving V-1 at a speed between 30 to 50  
15 mph. (b)(3):CPSA Section 25(c) stated the only thing he remembered about the collision was he saw "headlights  
16 and faces" just prior to the collision.

17

18 PASSENGER #3 (b)(3):CPSA Section 25 was unable to give a statement due to the extent of his injuries.

19

20 PASSENGER #4 (b)(3):CPSA S stated in essence he was riding in the r/f seat of Vehicle #2(YAMA) at  
21 the time of the collision (b)(3):CPSA stated Party #2 (b)(3):CPSA was driving V-2. (b)(3):CPSA stated he only  
22 remembered seeing lights coming at him just prior to the collision. (b)(3):CPSA stated he could not  
23 remember the speed that P-2 was traveling at. (b)(3):CPSA S stated P-2 had consumed "a couple of  
24 beers" earlier in the day.

25

26 WITNESS #1 (b)(3):CPSA Section 25(c) stated in essence he was at his camp site located just south of the  
27 collision scene. (b)(3):CPSA saw Vehicle #2(YAMA) pass his camp site traveling in a northeast  
28 direction on the dirt road located e/of Camp Rock Rd. (b)(3):CPSA estimated the speed of V-2 to be 20  
29 mph. (b)(3):CP saw two people seated in the seats of V-2, and he saw two additional people  
30 standing in the cargo area of V-2 holding on to the roll-bar as it passed by. (b)(3):CPSA stated none of  
31 the parties in V-2 were wearing helmets.

32

33 (b)(3):CPSA saw Vehicle #1(TOYT) pass by his camp site as it traveled in a southwest direction on the  
34 dirt road. (b)(3):CPSA estimated the speed of V-1 to be 45 to 50 mph. (b)(3):CPSA stated V-1 completed 5  
35 laps on the dirt road in a southwest direction prior to the collision.

36

37 WITNESS #2 (b)(3):CPSA Section 25(c) stated in essence he was at his camp site located approximately 1/8 of a  
38 mile south of the collision scene. (b)(3):CPSA stated he saw Vehicle #2(YAMA) pass by his camp site  
39 on the dirt road located e/of Camp Rock Rd at an estimated speed of 35 mph. (b)(3):CPSA stated he  
40 saw two people standing up in the back of V-2 holding on to the roll bar as it passed by.

41

42

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. M. HARRIS	14858	09/30/2007		

STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
09/30/2007	0056	9850	14858	07-09-094

**STATEMENTS CONT**

(b)(3)CPSA stated he heard one of the passengers who were standing in V-2 yell at the driver of V-2 to "slow the fuck down" as it passed by. (b)(3)CPSA stated he saw headlights at the subsequent collision scene 30 seconds later after V-2 passed by.

WITNESS #3 (b)(3)CPSA Section 25(c), (b)(6) stated in essence she was at the same camp site with Party #2(YOUNG) prior to the collision. (b)(3)CPSA Section 25(c), (b)(6) stated that P-2 left the camp site at 0015 hours in Vehicle #2(YAMA) with three passengers. P-2 was driving V-2 when they left the camp site.

**OPINIONS AND CONCLUSIONS****24 HOUR PROFILE**

This information was obtained via an interview with Witness #3(COLLINGWOOD).

On 09-28-2007 PARTY #2 (b)(3)CPSA Section 25(c), (b)(6) arrived at the camp site located on Anderson Dry Lake Bed at approximately 2330 hours. P-2 was camping with Passenger #1 (b)(3)CPSA Section 25(c), (b)(6) Passenger #3 (b)(3)CPSA Section 25(c), (b)(6), Passenger #4 (b)(3)CPSA Section 25(c), (b)(6) and Witness #3 (b)(3)CPSA Section 25(c), (b)(6). They set up camp in the dry lake bed and stayed by the fire the rest of the night. (b)(3)CPSA Section 25(c), (b)(6) stated she went to sleep at 0230 hours and P-2 was still awake.

(b)(3)CPSA Section 25(c), (b)(6) stated she woke up at 0930 hours and P-2 was already awake. Their camp site was near the dirt road where a scheduled race was going to occur. P-2 stayed at the camp site throughout the day with everybody else to watch the race. The race ended early in the afternoon. P-2 consumed an unknown amount of alcoholic beverages throughout the day. P-2 was operating Vehicle #2(YAMA) at unknown intervals after the completion of the race.

P-2 remained in the vicinity of the camp site until 0015 hours on 09-30-2007 when he left in Vehicle #2(YAMA) with (b)(3)CPSA Section 25(c), (b)(6) went to sleep and was informed of the traffic collision approximately one hour later.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. M. HARRIS	14858	09/30/2007		

STATE OF CALIFORNIA

## NARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
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1 SUMMARY

2

3

4 PARTY #1 (b)(3)CPSA Section 25(c) was driving Vehicle #1(TOYT) in a southbound direction on a dirt road  
 5 located e/of Camp Rock Rd, at a speed between 30 to 50 mph. P-1 had four overhead lights and  
 6 an additional four lights in the grill area that were all illuminated. PARTY #2 (b)(3)CPSA Section 25(c) was driving  
 7 Vehicle #2(YAMA) in a northbound direction on the same dirt road located e/of Camp Rock Rd at  
 8 a speed between 20 to 30 mph, approaching P-1's vehicle. V-2 had two headlights for illumination  
 9 and they were turned on.

10

11 V-2 is a Rhino ATV with only two seats and two seatbelts. There were two passengers standing in  
 12 the rear cargo area of V-2 holding on to the roll bar. None of the occupants in V-2 were wearing  
 13 helmets.

14

15 The dirt road that V-1 and V-2 were traveling on is only 10 feet wide. P-1's vehicle is  
 16 approximately 6 feet wide and V-2 is approximately 5 feet wide. The dirt embankments on both  
 17 sides of the dirt road make it difficult to take evasive action to avoid an on-coming vehicle.

18

19 This dirt road was used in a sanctioned off-highway vehicle race earlier in the day, and P-1 had  
 20 completed five laps in a southwest direction prior to approaching P-2's vehicle. Due to the steep  
 21 incline of the dirt road, P-1 was unable to see P-2's approaching vehicle prior to cresting the hill.  
 22 For this reason, P-1 continued to travel at a speed between 30 to 50 mph assuming there would  
 23 not be oncoming traffic. There are no street lights at this location, and it is unknown if P-2 noticed  
 24 the 8 lights illuminated on P-1's vehicle prior to P-1's vehicle cresting the hill.

25

26 Due to P-2's state of alcohol intoxication, he failed to take evasive action or slow down if he  
 27 noticed P-1's approaching vehicle. When P-1's vehicle crested the hill, he was approximately 70  
 28 feet away from P-2's approaching vehicle. Due to the speed of P-1's vehicle he was unable to  
 29 take evasive action to avoid P-2's vehicle. P-1 applied the brakes on his vehicle, and the l/f fender  
 30 of P-1's vehicle collided with the l/f portion of P-2's engine compartment. P-2's vehicle rotated to  
 31 the right in a counter-clockwise direction, traveled up the dirt embankment, and came to rest on  
 32 it's left side facing in a westbound direction on the east side of the dirt road. P-1's vehicle swerved  
 33 to the left, traveled up the dirt embankment and came to rest on its four wheels, next to V-2 on the  
 34 east side of the dirt road, facing in an eastbound direction.

35

36 As a result of this collision, Passenger #1 (b)(3)CPSA Section 25(c) and Passenger #3 (b)(3)CPSA  
 37 Vehicle #2(YAMA) (b)(3)CPSA Section 25 were both moved prior to CHP arrival by emergency  
 38 personnel.

39

40

41

42

PREPARED BY	ID NUMBER	DATE	REVIEWER'S NAME	DATE
L. M. HARRIS	14858	09/30/2007		

STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
09/30/2007	0056	9850	14858

**1 AREA OF IMPACT**

2  
3  
4 The A.O.I. was found to be located 496 feet e/of the east roadway edge of Camp Rock Road and  
5 2.7 miles n/of the north roadway edge of North Side Rd.  
6  
7

**8 INTOXICATION NARRATIVE**

9  
10  
11 As I observed Party #2 (b)(3):CPSA Section 25(c) laying on the ground on the east side of a dirt road located e/of  
12 Camp Rock Rd, I could smell the odor of an alcoholic beverage emitting from his person. P-2 was  
13 unconscious as a result of the collision so I was unable to interview P-2 or administer field sobriety  
14 tests. I interviewed Passenger #4 (b)(3):CPSA Section 25(c) and he stated P-2 had consumed "a couple of beers"  
15 earlier in the day. Based on the strong odor of an alcoholic beverage and the passenger  
16 statement concerning P-2's alcohol consumption, I had a reasonable belief that P-2 was under the  
17 influence of an alcoholic beverage.  
18

19 P-2's intoxication is based on the odor of an alcoholic beverage emitting from him at his point of  
20 rest after the collision, his driving which resulted in a collision, his lack of any evasive action prior  
21 to the collision, the passenger statement concerning alcohol consumption, and the nature and  
22 circumstances surrounding the collision. P-2 was transporting passengers in his ATV in a cargo  
23 area that was not intended for human transportation. The two passengers riding in the cargo area  
24 were unable to wear seatbelts due to a lack of available seats, and they were not wearing  
25 helmets. P-2 was traveling at an unsafe speed with wanton disregard for the safety of the  
26 passengers he was transporting.  
27

28 P-2 was established as the driver of Vehicle #2(YAMA) at the time of the collision by a passenger  
29 statement, a witness statement, his injuries, and he is the registered owner of V-2.  
30

31 P-2 was transported by Mercy Air to Arrowhead Regional Medical Center for treatment. I  
32 requested a CHP unit from the CHP/San Bernardino area to respond to the hospital to obtain a  
33 blood sample. P-2 was already in surgery upon the arrival of a CHP unit, so they were unable to  
34 obtain a blood sample. A blood test was taken by the medical staff at Arrowhead Regional Medical  
35 Center shortly after P-2's arrival, before his surgery. A subpoena will be issued to Arrowhead  
36 Regional Medical Center to obtain the results of the blood alcohol level test given to P-2.  
37

38 As a result of this collision Passenger #1 (b)(3):CPSA Section 25(c) sustained fatal injuries. Passenger #3 (b)  
39 sustained a fractured left femur, and Passenger #4 (b)(3):CPSA Section 25(c) sustained a fractured left arm.  
40

41 A charge of 23153(a)(b)VC and 191.5(a)PC will be filed against Party #2 (b)(3):CPSA Section 25(c) via a  
42 complaint to be filed.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. M. HARRIS	14858	09/30/2007		

STATE OF CALIFORNIA

**NARRATIVE/SUPPLEMENTAL**

PAGE 14 OF 14

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**INTOXICATION NARRATIVE CONT**

As I spoke to PARTY #1 (b)(3):CPSA Section 25(c) on the west side of the dirt road located e/of Camp Rock Rd. I could smell the odor of an alcoholic beverage emitting from his breath. P-1 stated he had consumed 6 to 8 beers from 10:00am to midnight prior to the collision. P-1 denied consuming alcoholic beverages after the collision. P-1 didn't exhibit additional symptoms of intoxication. I administered a series of field sobriety tests, including a PAS Test of .05%. I used PAS Device #008597 for this test. I formed the opinion that P-1 wasn't under the influence of an alcoholic beverage or drugs.

**CAUSE**

PARTY #2 (b)(3):CPSA Section 25(c) was found to be at fault for this collision by driving in violation of 23152(a)VC MISD DUI with an associated cause of 38316(a)VC RECKLESS DRIVING IN AN OFF-HIGHWAY VEHICLE. Party #1 (b)(3):CPSA Section 25(c) was found to be an associated cause of this collision by driving in violation of 38305VC UNSAFE SPEED FOR CONDITIONS IN AN OFF-HIGHWAY VEHICLE.

The cause was based on the following factors. Both parties had an obligation to travel at a speed which would allow them to stop in the event of an on-coming vehicle, neither party did. Due to P-2's state of intoxication he had impaired motor skills, a slower reaction time, and impaired judgment. P-2 transported passengers in his vehicle at an unsafe speed without safety equipment, and they were standing up in a portion of the vehicle that wasn't intended for human transportation. This contributed greatly to the extent of injuries that were sustained by the passengers in P-2's vehicle.

**RECOMMENDATIONS**

Forward this investigation to the district attorney to file the following charges against Party #2 (b)(3):CPSA Section 25(c): 23153(a)(b)VC DUI CAUSING DEATH/INJURY, 191.5(a)PC GROSS VEHICULAR MANSLAUGHTER WHILE INTOXICATED, and 38316(a)VC RECKLESS DRIVING CAUSING INJURY IN AN OFF-HIGHWAY VEHICLE.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
L. M. HARRIS	14858	09/30/2007		

**Task Number:** 080104HCC3279  
**Attachment #:** 2  
**Date:** 02/29/2008

### **Status of Missing Document(s)**

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

1. San Bernardino Sheriffs Office- Coroners Division, 175 S. Lena Road, San Bernardino, CA 92415
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Task Number 080104HCC3279

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

Type of respondent: Other

Other, specify: newspaper article

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

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

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

ATV #1

ATV #2

Manufacturer: 02 - Yamaha

Manufacturer:

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

Model: Rhino side X side

VIN: 5Y4AM04Y55A01944

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

Model Year: 2005

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

Engine Size: 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: 09/30/2007

Age/Sex: 19/Male

State of Death: CALIFORNIA

City of Death: LACERN VALLEY

County of Death: SAN BERNARDINO

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

The Victim in this incident was a 19 year old male who was standing in the cargo area of a utility ATV. This incident occurred at approx. 1:00 am. The ATV Victim was in was struck head on by an off-road pick up going the opposite direction. It was determined both vehicles had lights on when they crested the hill. Victim was thrown from the vehicle and the three other persons in the ATV were also injured. None of the ATV riders were wearing helmets. Victim died at the scene.

8. Did the ATV overturn/tipover/rollover? No

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

Victim 1:                      Victim 2:

Yes  No    Unknown      Yes    No    Unknown

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

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

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

Victim 1:                      Victim 2:

Yes  No    Unknown      Yes    No    Unknown

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

0 - Unknown    2 - Two riders     4 - Four or more riders  
1 - One rider    3 - Three riders    9 - No riders

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

Age: 19                      Height:                      (inches)  
Weight:                      Sex: Male



## LUCERNE VALLEY

## Man killed, others injured in crash

A Murrieta man was killed and several other people injured in an off-road vehicle crash early Sunday.

ISSUE, 02

The crash occurred at 12:56 a.m. in the Anderson Dry Lake bed, north of Camp Rock Road.

(b)  
(3)CPSA S 30, of Yorba

Linda was heading west in an off-road Toyota pickup with two passengers standing up in the back of the truck, the California Highway Patrol said.

## Advertisement



When (b)(3) reached the top of a hill, he slammed head-on into 21-year-old (b)(3) of Murrieta, who was driving an 2005 Yamaha Rhino all-terrain vehicle. (b)(3) 19, a passenger on the ATV, was thrown from the vehicle and died at the scene.

(b)(3) suffered major injuries, as did (b)(3) 24, of Imperial Beach. (b)(3) 23, of San Juan Capistrano, had moderate injuries, officers said. (b)(3) and (b)(3) were passengers on the ATV. All three men were taken to Arrowhead Regional Medical Center.

The CHP said both (b)(3) and (b)(3) had been drinking, but (b)(3) had not consumed enough alcohol to be considered under the influence, officers said. (b)(3) level of intoxication is not clear, pending toxicology tests.

080331

1. Task Number 080118HCC2367		2. Investigator's ID 9067		<b>EPIDEMIOLOGIC INVESTIGATION REPORT</b>
3. Office Code 840	4. Date of Accident YR MO DAY 2007 04 09	5. Date Initiated YR MO DAY 2008 01 28		
6. Synopsis of Accident or Complaint <b>UPC</b> An adult male was operating a utility vehicle on his property. The individual was going down a gully when the vehicle rolled over, landing on top of the operator. The victim was airlifted to a hospital where he died on April 16, 2007 from multiple traumatic injuries.  <b>MER/PRVLBR NOTIFIED</b> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS: <u>DC, 3, 6</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 08/10/08 RO				
7. Location (Home, School, etc) 2 - FARM		8. City MENOMONIE		9. State WI
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS		10C. Model Number RANGER
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 2100 Highway 55 Medina, MN 55340				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 92	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 71 - Other	
16. Body Part(s) Involved 85 - ALL OF BODY	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 2.5 / 0	
20. Attachment(s) 2 - Documents		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 01/30/2008	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Streater, Robin			28. Source Document Number 0727011102	

IDI 080116HCC2367

On April 9, 2007, a 91-year-old male was operating a utility vehicle on his private property in Menomonie, WI, Dunn County. The operator was going down a gully when the vehicle rolled over. The vehicle landed on the operator.

Dunn County Sheriff's Department responded to the scene at approximately 11:50 a.m. on April 9, 2007. A warden with the Wisconsin Department of Natural Resources also responded to the scene.

The victim was flown to a hospital for treatment. The individual died on April 16, 2007 at a hospital in St. Paul, MN, Ramsey County. The victim was 92-years-old at the time of death. The cause of death was listed as multiple traumatic injuries due to a roll over accident.

The Dunn County Sheriff's Department was contacted by telephone. A copy of their report on the incident was provided to this investigator and is contained in Exhibit A. The department did not do an investigation into the incident.

Contact was also made with the WI Department of Natural Resources. The department did not prepare a crash report on the incident since the product was not considered an ATV.

PRODUCT INFORMATION:

*Utility Vehicle*

Brand:           Polaris

Model:           Ranger

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

ATTACHMENTS:

Exhibit A - Dunn County Sheriff's Department Report

Exhibit B - Contact Information

080116HCC2367

Exhibit A

# DUNN COUNTY SHERIFF'S DEPARTMENT SUPPLEMENTAL REPORT

PAGE	OF	DATE:	INCIDENT #
		04-30-07	07-3685
NAME: (LAST, FIRST, FULL MIDDLE) (b)(3) CPSA Section 25(c), (b)(6)		SEX M	RACE W
PHONE (HOME)		PHONE (CELL)	DATE OF BIRTH (b)(3) CPSA Section 25(c), (b)(6)
			ADDRESS: (b)(3) CPSA Section 25(c), (b)(6)

### NARRATIVE

On April 9, 2007 at 1150a.m I responded to an ATV accident where a 91 y/o male flipped an ATV on top of himself. Warden Flak arrived prior to my arrival, along with Menominee Fire Dept. I assisted with holding zone for mayo's helicopter. At that time, Warden Flak indicated he would handle the report. Warden Flak took photographs.

On April 19, 2007, Warden Flak advised me the victim died on Thursday, April 17, 2007. He stated since it was a Polaris Ranger, it is not considered an ATV and he would not be completing a DNR crash report.

This ended my involvement since the accident occurred on private property.

ACTIVE <input type="checkbox"/>	CLEARED BY ARREST <input type="checkbox"/>	ATTACHMENTS <input type="checkbox"/>
CLEARED/INACTIVE <input checked="" type="checkbox"/>	CLEARED UNFOUNDED <input type="checkbox"/>	
DEPUTY:		
J. Christensen	228	202

IDI 080116HCC2367

Exhibit B

Contact Information

Dunn County Sheriff's Department  
615 Stokke Parkway  
Menominee, WI 54751  
(715) 231-2900

WI Department of Natural Resources

(b)(6)

Eau Claire DNR Service Center  
(715) 839-3717