

1. Task Number 080122HNE3081		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2008 01 19	5. Date Initiated YR MO DAY 2008 01 23		
6. Synopsis of Accident or Complaint UPC none				
<p>Victim #1, a 9-year-old male, was riding in a 4-wheeled utility vehicle in a field. He was accompanied by 3 other victims 10-year-old females. They were not wearing any protective gear, such as helmets. He attempted to do a doughnut (go in a circle), made a sharp turn, lost control and the utility vehicle rolled over. The victims were ejected, but the vehicle landed on him. He sustained a fatal injury. His cause of death was due to head and chest trauma. The females were not severely injured. They were taken to a hospital, where they were treated and released.</p> <p style="text-align: right;"><u>MFR/PRVLR 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. <u>Sec. 3, 6</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 08/16/08 <u>GR</u></p>				
7. Location (Home, School, etc) 1 - HOME		8. City OPP		9. State AL
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS/RANGER		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. (VIN: (b)(3); CPSA Section 25(c); (b)(6)) 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 9	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 <input type="radio"/> Yes for Manuf. Only				
24. Review Date 04/23/2008	25. Reviewed By 8978		26. Regional Office Director Beverly J. Kohen	
27. Distribution Streeter, Robin			28. Source Document Number N0810429A	

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080122HNE3081

The information in this report was based on information received from police department. The coroner would not respond. Contact with the victims' next-of-kin was unsuccessful.

On Saturday, January 19, 2008, in Opp, AL, at 2:08 p.m., victim #1, a 9-year-old male was riding in a 4-wheeled utility vehicle in a field. He was accompanied by 3 other victims who were ten-year-old females. The weather condition was cloudy and the temperature was 39 degrees.

He attempted to do a doughnut (go in a circle), made a sharp turn, lost control and the utility vehicle rolled over. The victims were ejected, but the vehicle landed on him.

Their traveled rate of speed in the vehicle was not known. They were not wearing any protective gear, such as helmets. His knowledge regarding operation and/or handling the vehicle was unknown.

The 3 female passengers were not injured. They ran to a nearby house to get immediate assistance. Emergency medical assistance was summoned to the scene.

The victims' height and weight were not known. Victim #1 was fatally injured at the scene. His cause of death was due to head and chest trauma. The female victims were taken to a hospital, where they were treated and released. Alcohol and/or illegal drug use were not contributing factors to the incident.

Product: 4-wheeled utility vehicle

Brand/Year: Polaris/2006

Manufacturer: Polaris Industries Inc.
2100 Hwy 55
Medina, MN 55340

Model: Ranger

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

Description: green in color

Condition: maintenance history, bought new or used, and prior problems is unknown.

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Modification: unknown

ATTACHMENTS:

1. Traffic Accident Report and photographs (5).
2. Missing Document, coroner's report.
3. Contact Information.

ALABAMA UNIFORM TRAFFIC ACCIDENT REPORT

Accident No. 080010134

Shaded Areas To Be Used By Data Processing Only

Sheet 1 of 3 Spreadsheets

LOCATION AND TIME: Date 01/19/2008, Time 14:08, County OPP, City VACANT LOT ON FOLSOM ST, PEARSON AVE, PATTERSON DR. Includes intersection details and vehicle counts.

DRIVER: Driver's Name, DL State, DL Class, License Restrictions, Social Security No. Includes driver's personal information and employment details.

COM VEH: Vehicle Information including Year, Make (POLA), Model (RAN), Body (OT), License Tag Number (NA), State (NA), and Year (NA).

VEHICLE: Vehicle Details including Type (Auto), Use (Personal), Hazardous Cargo (None), Attachment (None), Contributing Defect (None), and Damage Severity (None).

DRIVER: Driver's Name, Street Address, City and State, DL State, DL Class, License Restrictions, Social Security No.

COM VEH: Vehicle Information including Year, Make, Model, Body, License Tag Number, State, and Year.

VEHICLE OR PEDESTRIAN: Vehicle Details including Type, Use, Hazardous Cargo, Attachment, Contributing Defect, and Damage Severity.

CODES: Contributing Circumstances, Driver Maneuver, Pedestrian Action, and Event Location. Includes detailed codes for accident analysis.

SEATING	Unit 1	12	09	99	Z	10	11	12	13	14	15	Other Involved Unit (Circle One)
	Unit 2	1	2	3	4	5	6	7	8	9	10	Other Involved Unit (Circle One)

- CODES**
- SAFETY EQUIPMENT**
- 01 - None Insured
 - 02 - Not Applicable
 - 03 - Unknown (Any Type)
 - Lap Belt Only**
 - 11 - Fastened
 - 12 - Not Fastened
 - Lap/Shoulder Harness**
 - 21 - Lap Only Used
 - 22 - Harness Used
 - 23 - Shoulder Only Used
 - 24 - Both Used
 - Motorcycle Helmet**
 - 31 - None Used
 - 32 - Used
 - Air Bags**
 - 41 - Deployed, Bags Used
 - 42 - Not Deployed, Bags Used
 - 43 - Deployed, Bags Not Used
 - 44 - Not Deployed, Bags Not Used
 - Child Restraint**
 - 51 - Child Restraint Used
 - 52 - Other Restraint Used
 - 53 - None Used
 - Pedal Cycle/Pedestrian**
 - 61 - Contrasting Clothing
 - 62 - Non-contrasting Clothing

VICTIMS	(b)(3) CPSA Section 25(c),(b)(6)	Unit No	Seat Pos	Injury Type	Age	Sex	Ejection	First Aid By
N/A	(b) FUNERAL HOME Taken To	1	1	K	9	M	F	M
N/A	(b)(3) CPSA Section 25(c),(b)(6)	1	4	C	10	F	F	M

CODES	Injury Type: A - Visible or Carried Non-Scope B - Bruise/Abrasion/Swelling C - Not Visible—Has Pain/Faint	Ejected: M - Not F - Fully P - Partially	Trapped: T - Trapped U - Untrapped A - Not Applicable	First Aid By: A - Ambulance Attended D - Doctor	M - Paramedic O - Other P - Police U - Unknown R - None
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NARRATIVE AND DIAGRAM

Officers Opinion of What Happened: One nine year old male and three 10 year old females were riding an ATV on a vacant lot beside Folsom St. Driver of Unit #1 was the nine year old male. The three 10 year old female passengers stated, the driver was attempting to do a doughnut when he made a sharp turn to the left, losing control of the ATV which rolled over ejecting the driver and passenger who was seated in the #1 seating position. The ATV rolled over the driver of Unit #1 and when Officers and Rescue arrived on scene the driver was pronounced dead. The three passengers ran to a house on Wallace Street to report the accident. They were transported from this residence by EMS to the Hospital.

ROADWAY ENVIRONMENT	Unit 1 Unit 2	Contributing Road Defects: 4 - None 1 - Shoulders Low 2 - Steep/High 3 - Holes, Bumps, Etc. 8 - Other	Surface Construction: 1 - Asphalt 2 - Concrete 3 - Brick 4 - Unpaved 8 - Other	Condition: 1 - Dry 2 - Wet 3 - Ice 4 - Snowy/Slushy 5 - Muddy 8 - Other	Accident In Or Related To Road Construction Zone? Yes No	Material In Roadway (Contributing): 1 - None 2 - Rocks 3 - Trees/Limits 4 - Dirt	Material Source: 1 - Not Applicable 2 - Natural Environment 3 - Dropped From Vehicle 4 - Already in Road, But Not From Vehicle 8 - Other 9 - Unknown	Character: 1 - Straight—Level 2 - Straight—Down Grade 3 - Straight—Up Grade 4 - Straight—Hillcrest 5 - Curve—Level 6 - Curve—Down Grade 7 - Curve—Up Grade 8 - Curve—Hillcrest	
N/A	N/A	Vision Obscured By: 1 - Not Obscured 4 - Buildings 2 - Signboards 3 - Trees, Crops, Bushes 4 - Blowing Snow/Sand 5 - Hedges 6 - Curve in Road 7 - Fog 8 - Parked Vehicle 9 - Moving Vehicle(s)		Traffic Control: 1 - Police Officer 2 - R.R. Crossing Gates 3 - R.R. Flashing Lights 4 - R.R. Cross Buck/Pave Mark 5 - Pedestrian Control 6 - Traffic Signal 7 - Flashing Beacon 8 - Stop Sign 9 - Yield Sign 10 - Lane Control Device		Opposing Lanes Separated By: 1 - None 2 - Paved Surface 3 - Unpaved Surface 4 - Solid Painted Line 5 - Concrete Barrier 6 - Metal Guard Rail 7 - Fence 8 - Other Barrier		Trafficway Lanes: 1 - One Lane 2 - Two Lanes 3 - Three Lanes 4 - Four Lanes 5 - Five Lanes 6 - Six Lanes or More	

INVESTIGATION	Light: 1 - Daylight 2 - Dawn 3 - Dusk	Weather: 1 - Clear 2 - Cloudy 3 - Rain 4 - Snow	Wind: 5 - Breeze 6 - Crosswind 7 - Fog 8 - Other	Locale: 1 - Open Country 2 - Residential 3 - Single Business 4 - City or Suburban	Non-Vehicular Property Damage: 1 - None Visible 2 - Light 3 - Moderate 4 - Severe	Description: NA	Owner: NA
Time Police Notified: 14:08		Time Police Arrived: 14:12		Time EMS Arrived: 14:17		Name of Photographer: INV. PHILLIP JOYNER	
Witness Full Name: NA		Address:		Telephone:		Name of Investigating Officer: MARCUS NAWLIN	
Witness Full Name: NA		Address:		Telephone:		Name of Other Investigating Officers at Scene: INV. PHILLIP JOYNER	
Name of Investigating Officer: MARCUS NAWLIN				Officer ID: 230		Agency CRI: AL0230200	
Name of Other Investigating Officers at Scene: INV. PHILLIP JOYNER				Officer ID: 49		Agency CRI: AL0230200	

The data on this report reflects my best knowledge, opinions and beliefs covering the accident, but no warranty is made as to the factual accuracy thereof.

Signature of Investigating Officer: *Marcus Nawlin* Date: 01-19-2008



Growth of Bushes

Tire impressions on ground

(tree)

ATV Driver side on ground

Front bumper impression on ground

Roll Bar impression on ground

Tire impressions on ground

150'

(tree)

Folsom St.

65'

DIET rd.

DIET rd.

Pearson Ave.

Diagram Not to Scale

Diagram Scale 1 inch =

(20 feet)

(10 feet)

Location

VACANT lot on Folsom St.

Officer ID

230

Reporting Police Agency ORI

0230200

Time

17:08

A.M.

P.M.

(MT)

Signature of Reporting Officer(s)

Man Lawls

DATE

Month

01

Day

19

Year

2008

Photo 1: shows view of the overturned utility vehicle located in a field



Photo 2: shows front side view of the utility vehicle

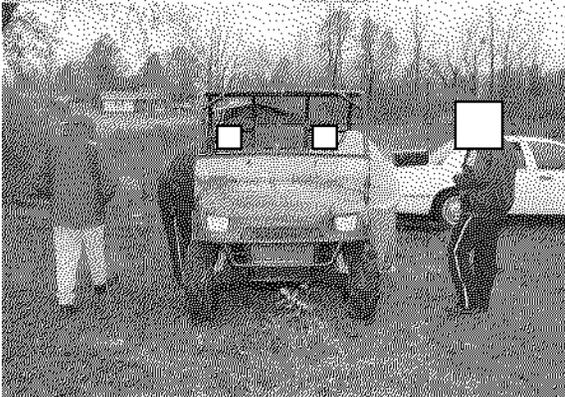


Photo 3: shows the broken windshield



Photo 4: shows the right side view

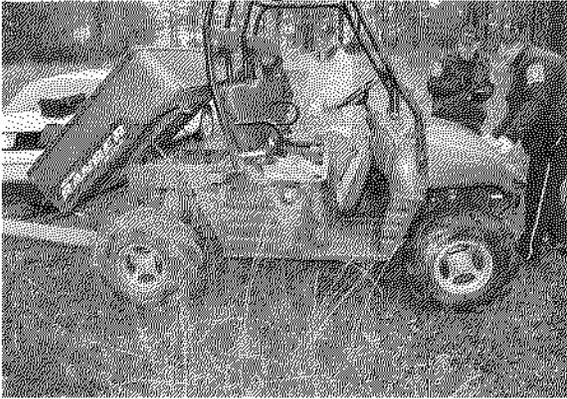


Photo 5: shows the rear side view



Task Number: 080122HNE3081

Date: 4/2/08

Status of Missing Document(s)

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

1. coroner's report
- 2.
- 3.
- 4.
- 5.

Attachment 3 - 080122HNE3081

CONTACT INFORMATION:

Contacted on 1/23/08

Opp Police
Main Street
Opp, AL 36467
(334)493-4511

Contacted on 4/3/08

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

Covington County Coroner
PO Box 457
Andalusia, AL 36420
(334)222-4567

Boy, 9, dies after ATV accident

ISSUE; 17

By *Stephanie Nelson*

Monday, January 21, 2008 9:10 PM CST

AL

A weekend accident claimed the life of a 9-year-old Opp boy and sent three others to the hospital Saturday.

Reports indicate that officers with the Opp Police Department were dispatched to a vacant lot on Folsom Street in the Capital Heights subdivision late Saturday afternoon after receiving a call of an overturned all-terrain vehicle (ATV).

"Our investigation revealed that four juveniles were riding an ATV when it overturned, causing the death of one of the juveniles and injuring the remaining three," OPD assistant police chief Mike McDonald said.

While the OPD did not release the name of the juvenile killed in the accident, a family friend identified the boy as [redacted], a fourth grader at South Highlands Elementary School.

Ramer, along with the three other 10-year-olds, was riding a "mule-style" ATV when the accident occurred.

"From what we can tell, [redacted] was driving and the [other occupants] were riding in the back," the family friend said. "It flipped over, threw them out of the back and landed on [redacted]."

"The thing they were riding on was kind of like a [John Deere] Gator, but only bigger," the family friend said. "This is the kind of thing you never expect to happen - you never want to happen."

The family friend was one of the first people to arrive at the scene of the accident.

"We got a telephone call [from one of the juveniles] saying there had been a wreck," the family friend said. "We thought they were overreacting. We didn't believe them."

"When we got there, you could see the [ATV] was over on its side and we tried to move the thing off of him, but he wasn't breathing," the family friend said. "We thought that if we moved it off of him, he'd start breathing, but he didn't."

[redacted] was pronounced dead at the scene, and the other three juveniles were transported to Mizell Memorial Hospital where they were treated for minor injuries and released.

Funeral services will be held today at 2 p.m. from [redacted] Funeral Home in Opp with [redacted] and [redacted] officiating.

[redacted] is survived by his mother, [redacted] two brothers, [redacted] and [redacted] one sister, [redacted]; his maternal grandparents, [redacted] and [redacted] his paternal grandparents, [redacted] and [redacted] his maternal great grandparent, [redacted] and his paternal great grandparents, [redacted]

[redacted] will be laid to rest in Peaceful Acres Cemetery in Opp immediately following the services.

<http://www.andalusiastarnews.com/articles/2008/01/22/news/news01.txt>

1. Task Number 080205HCC3401		2. Investigator's ID 9087		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2006 11 26	5. Date Initiated YR MO DAY 2008 02 27		
6. Synopsis of Accident or Complaint UPC An 18 year old female victim died when the utility vehicle she was driving at 20 mph in the open desert rolled over as she made a left turn.				
MFR/PRVLR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO OVERRULED: <input type="checkbox"/> ATTACHED EXCISIONS/FOIA EXS: <u>cc. 3, 6</u> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>080630</i>				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City BRAWLEY		9. State CA
10A. First Product 5044 - Utility Vehicles		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				
12. Age of Victim 18	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 52 - Concussion	
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) 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 05/02/2008		25. Reviewed By 9035		26. Regional Office Director Frank J. Nava
27. Distribution Streeter, Robin			28. Source Document Number 0606122231	

This incident occurred on 11/26/06 at 10:40 AM, and involved an 18 year old female victim and a utility vehicle with a roll cage in the Ocotillo Wells Recreation Area in an unincorporated area of the city of Brawley, in Imperial County, CA. All of the information in this report comes from the coroner's office and the highway patrol. Their reports are appended as Exhibits 1 and 2, respectively.

The victim arrived in the recreational area on 11/24/06, at about 11:00 PM. She was with her father and brother. The victim was not believed to have ingested any impairing substances while at the desert. She was believed to be an experienced (not further identified) rider and not prone to reckless maneuvers. It was not know how much experience the victim had with the incident vehicle.

On 11/26/06, the victim was driving a utility vehicle for her first ride of the day. The vehicle was traveling in the open desert of the Ocotillo Wells Recreational Area. This area is open desert which is frequented by off highway vehicle enthusiasts. The area is a combination of packed dirt, gravel and soft sand with small mound and brush in various locations. The weather was clear and dry with no unusual conditions. The vehicle was traveling at about 20 mph when the victim attempted a sharp left turn without decreasing her speed. The vehicle rolled clockwise and came to rest on its left side. The victim was found breathing but not conscious and was bleeding from the left side of her head. The vehicle roll bar appeared to have struck the victim on the right side of her head.

First responders were unsuccessful in their attempts to revive the victim. She was pronounced dead at the scene at 11:08 AM. The immediate cause of her death were listed in the coroner's report as Craniocerebral Injuries and Blunt Force Trauma to Head. The death was classified as accidental.

The victim, 5'7" tall, weighing approximately 135 pounds, was wearing a black shirt, black riding pants and black riding boots but was not wearing a helmet or goggles. Four point restraints were available and in use at the time of the accident. The brakes and steering were found in good condition with proper resistance. The tires were in good condition.

THE PRODUCT

The product was a 2006 Yamaha Rhino. The vehicle was not further identified.

EXHIBITS

1. Coroner's report.
2. Highway Patrol report.
3. Source Identification Sheet.



Imperial County Coroner's Office



328 Applestill Rd. El Centro, CA 92243

Phone: (760) 339-6328 Fax: (760) 339-6330

COPY

Danielle Rylea Bernard

Coroner Case Number: 06-202

CLASSIFICATION	Manner of Death Accident (Vehicle)	Sub Manner of Death				Deputy Coroner (b)(6)
	Type of Medical Examination Autopsy	Time Departed 1125	Time Arrival 1209	Date of Death 11/26/2006	Time of Death 1108	
DECEDENT PERSONAL DATA	Name-First (b)(3):CPSA Section 25(c),(b)(6)	Middle	Last		Marital Status Unknown	
	Age 18	Date of Birth (b)(3):CPSA Sect	Place of Birth CA, United States	Height 5' 07"	Weight 135	Hair Brown
	Sex F	Teeth Unknown	Race White	SSN (b)(3):CPSA		
	Scars, Marks, Tattoos					
RESIDENCE	Address (b)(3):CPSA Section 25(c),(b)(6)			City	State	Zip
PLACE OF DEATH	Place Open Desert				County Imperial	
	Address N. 33.13135 W. 115.96994			City Salton City	State CA	
REPORTING INFORMATION	Death Reported By	Agency West Shores Ambulance	Date 11/26/2006	Time 1111	Removed From Scene To Coroner's Facility	
	Address 83 Desert Shores Drive			City Desert Shores	State CA	Zip 92275
CAUSE OF DEATH	Immediate Cause: Craniocerebral Injuries Due to: Blunt Force Trauma to Head Due to: Due to:					
OTHER SIGNIFICANT CONDITIONS	None					
INJURY INFORMATION	Place of Injury N. 33.13135 W. 115.96994		Injury at Work? No	Date of Injury 11/26/2006	Time 1014	Estimated
	Address of Injury One mile north of Highway 78 and Pole Line Road		City Salton City	County Imperial	State CA	
	Injury Description Decedent was the driver of an off-road vehicle that was involved in a rollover accident.					
IDENTIFICATION	Identification Method Visually		Identified By (b)(3):CPSA Section 25(c),(b)(6)			
NOTIFIED	Name (b)(3):CPSA Section 25(c),(b)(6)	Relationship Father	Mailing Address (b)(3):CPSA Section 25(c),(b)(6)			
	Notified By (b)(3):CPSA Section 25(c),(b)(6)	How Notified In Person	Date 11/26/2006	Time 1215		
ADDITIONAL INFORMATION	Physician	Other Investigation CHP El Centro	Funeral Home (b)(3):CPSA Section 25(c),(b)(6)			

CONFIDENTIAL
DO NOT REPRODUCE OR RELEASE TO ANYONE
OUTSIDE THE CRIMINAL JUSTICE SYSTEM

The foregoing information is a correct copy of the original on file in this office.

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

(b)(3):CPSA Section 25(c),(b)(6) Sheriff-Coroner

(b)(3):CPSA Section 25(c),(b)(6) Supervising Deputy Coroner

(b)(3):CPSA Section 25(c),(b)(6) Supervising Deputy Coroner

06-202

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

2

COPY

DEPUTY CORONER:

1
2 I, (b)(3):CPSA Section 25(c),(b)(6) Deputy Coroner, accompanied by (b)(3):CPSA Section 25(c),(b)(6)
3 Supervising Deputy Coroner, conducted this investigation for the Imperial County
4 Coroner's Office.

RECEIPT OF CALL:

5
6 On November 26, 2006, at approximately 1111 hours, Supervising Deputy
7 Coroner (b)(3):CPSA Section 25(c),(b)(6) received a telephone call at his residence from the
8 Imperial County Sheriff's Office Communication Center, advising him of a
9 coroner case involving a deceased person located at Pole Line Road, north of
10 Highway 78. We immediately responded to that location.

ARRIVAL AT SCENE:

11
12 On November 26, 2006, at approximately 1125 hours, we arrived at the
13 scene and met with California Highway Patrol Officer Oberg, who directed us to
14 the decedent's location.

DESCRIPTION OF SCENE / GPS:

15
16 The scene is that of an open desert area. The area specifically is the
17 Ocotillo Wells Off-Highway Recreation Area.

18 The GPS for the decedent's location is N 33.13135 and W 115.96994.

VIEWING OF DECEDENT:

19
20 Upon my arrival, I saw the decedent was covered with a white sheet and
21 lying supine on the ground. The decedent was lying approximately three feet
22 southwest of an overturned off-highway vehicle. The decedent had an
23 endotracheal tube inserted into her mouth, one electrocardiogram patch attached

06-202

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

COPY 3

1 to her left upper chest, one electrocardiogram patch attached to her right upper
2 chest and one electrocardiogram patch attached to her left side. The decedent
3 had one intravenous line inserted into her left inner elbow, and one intravenous
4 line inserted into her right inner elbow. The decedent had a chest tube inserted
5 into her left side, and an intravenous line inserted into the center of her chest.
6 The decedent appeared to have trauma to the left side of her head, as noticed by
7 her hair being blood soaked on the left side.

8 The decedent did not show signs of rigor, lividity or cyanosis. I did not
9 observe any signs of foul play type trauma to the decedent's person.

10 The decedent is a white female adult, 18 years of age, 5'07" tall, weighing
11 approximately 135 lbs, with brown hair and brown eyes.

12 I further noted the decedent was wearing a black shirt that was opened to
13 assist medical personnel, black riding pants, and black riding boots.

14 **PROPERTY:**

15 While at the scene I initiated an Imperial County Coroner's Office property
16 receipt with a number of 1372, to reflect that no property was retained by the
17 Imperial County Coroner's Office.

18 **REMOVAL / TRANSPORTATION:**

19 Prior to removal the decedent was placed in a removal pouch and then
20 transported to the Imperial County Coroner's Facility, located at 799 Highway 86,
21 Brawley, CA.

22 **IDENTIFICATION:**

23 The decedent's father, (b)(3) CPSA Section 25(c), (b)(6) identified her as (b)(3) CPSA Section 25(c), (b)(6)

06-202

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

4

1 with a date of birth of (b)(3):CPSA Section 25(c),(b)(6)

COPY

2 **NOTIFICATION:**

3 I made formal notification to the decedent's father, (b)(3):CPSA Section 25(c),(b)(6) on

4 November 26, 2006, at approximately 1215 hours.

5 **X-RAYS:**

6 No x-rays were taken of the decedent.

7 **POST MORTEM EXAMINATION:**

8 On November 28, 2006, at approximately 0845 hours, a post mortem
9 examination was conducted under the direction of (b)(3):CPSA Section 25(c),(b)(6)

10 Forensic Pathologist. Present at the post mortem examination were Autopsy

11 Assistant Victor Solorio and Supervising Deputy Coroner (b)(3):CPSA Section 25(c),(b)(6)

12 At the conclusion of the post mortem examination at approximately 0925
13 hours, (b)(3):CPSA Section 25(c) listed the cause of death as; (A) **Craniocerebral injuries**, (B)

14 **Blunt force trauma to head**

15 **FINGERPRINTS / PHOTOGRAPHS:**

16 Supervising Deputy Coroner (b)(3):CPSA Section 25(c),(b)(6) took fingerprints at the post
17 mortem examination.

18 I took photographs of the scene and Supervising Deputy Coroner (b)(3):CPSA Section 25(c),(b)(6)

19 (b)(3):CPSA Section 25(c) took photographs at the post mortem examination.

20 **INVESTIGATION:**

21 Subsequent investigation revealed that the decedent was driving an off-
22 highway vehicle, traveling in a northeastern direction. The area being traveled
23 was that of an off-highway open desert area, open to off-highway recreational

06-202

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

COPY 5

1 vehicles. The vehicle was a Yamaha, golf-cart type utility vehicle. The decedent
2 attempted to turn the vehicle and the vehicle turned over onto the driver side,
3 where the decedent was seated. The vehicle roll-over bar appeared to have
4 struck the decedent on her right side head area.

5 Medical attention was immediately summoned. Upon the arrival of
6 Paramedic (b)(3):CPSA Section 25(c) he was unsuccessful in attempting to revive the decedent.
7 Paramedic (b)(3):CPSA Section 2 described the decedent's condition to (b)(3):CPSA Section 25(c),(b)(6) via radio.
8 The decedent was pronounced at the scene by (b)(3):CPSA Section 25(c),(b)(6) at 1108 hours.

9 Based upon all of the evidence, toxicology and autopsy information, this
10 case has been classified as an **accidental** death by, the Imperial County
11 Coroner's Office and me.

12 TOXICOLOGY TESTS:

13 On November 28, 2006, during the post mortem examination, a sample of
14 the decedent's bile and tissue were retained for toxicology testing.

15 On December 14, 2006, the Imperial County Coroner's Office received the
16 toxicology test results, which indicates that the decedent ingested nothing
17 detectable prior to her death. For further information refer to Toxicology Report in
18 the file.

19 WITNESSES:

- 20 1. (b)(3):CPSA Section 25(c),(b)(6) M.D., Forensic Pathologist, Rancho Mirage, CA
- 21 2. (b)(3):CPSA Section 25(c),(b)(6) Autopsy Assistant, Imperial County Coroner's Facility,
22 Brawley, CA
- 23 3. (b)(3):CPSA Section 25(c),(b)(6) Coroner Investigator, Coroner's Office, Imperial County

06-202

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

COPY 6

1 Sheriff's Department, El Centro, CA

2 4. (b)(3)CPSA Section 25(c),(b)(6) Supervising Deputy Coroner, Coroner's Office, Imperial

3 County Sheriff's Department, El Centro, CA

4 **REFERENCE NOTES:**

5 1. Death certificate as filed with the Imperial County Health Department in file

6 2. Autopsy protocol as per (b)(3)CPSA Section 25(c),(b)(6) in file

7 3. Imperial County Coroner's property receipt numbered 1372 in file

8 4. Toxicology test results in file

9 5. Photographs on file

10 6. Digital Photographs on Compact Disc in file

11 7. Fingerprints in file

12 8. California Highway Patrol Report, with a number of 06 11 52, as
13 completed by Officer Oberg in file

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06-202

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

7

COPY

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

Sheriff-Coroner

Imperial County, CA

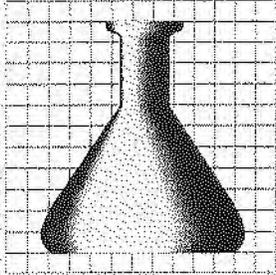
(b)(3):CPSA Section 25(c),(b)(6)

BY:

Supervising Deputy Coroner

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

BIO-TOX



BIO-TOX LABORATORIES

Director	Chief Toxicologist	Toxicologist
(b)(3) CPSA Section 25(c), (b)(6)		

COPY

IMPERIAL COUNTY SHERIFF-CORONER
 328 APPLESTILL RD.
 EL CENTRO, CA 92243

06-202
 (b)(3) CPSA Section 25(c), (b)(6)

PATIENT NAME		SEX	DATE OF DEATH
(b)(3) CPSA Section 25(c), (b)(6)		F	11/26/06
BTL NUMBER	REQUESTING AGENCY	REQUESTED BY	AGENCY NUMBER
6-84496-3	2438	(b)(6)	06-202
SPECIMEN	DATE COLLECTED	TIME TAKEN	DATE RECEIVED
SPLEEN	11/28/06	09:15	12/04/06
			DATE REPORTED
			12/07/06

EXPANDED IMMUNOASSAY DRUG SCREEN

SAMPLE SCREENED FOR:
 AMPHETAMINES (AMPHETAMINE, METHAMPHETAMINE), BENZODIAZEPINES, CANNABINOIDS,
 COCAINE AND/OR METABOLITE, OPIATES (MORPHINE, CODEINE) PHENCYCLIDINE (PCP),
 BARBITURATES AND ALCOHOL.

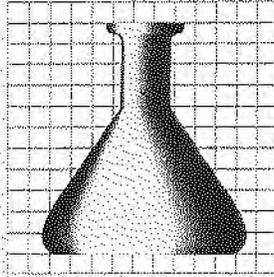
TEST	RESULTS
ALCOHOL, ETHYL SPLEEN	NONE DETECTED
TRAFFIC PANEL SPLEEN	NONE DETECTED

The foregoing instrument is a correct
 Copy of the Original on file in this office.
 Attest: 4-23-2008
 Sheriff-Coroner

~~CONFIDENTIAL~~
 DO NOT REPRODUCE OR RELEASE TO ANYONE
 OUTSIDE THE CRIMINAL JUSTICE SYSTEM

Co- (b)(3) CPSA Section 25(c), (b)(6) omia
 By (b)(3) CPSA Section 25(c), (b)(6) Deputy

BIO-TOX



BIO-TOX LABORATORIES

Director	Chief Toxicologist	Toxicologist
(b)(3) CPSA Section 25(c), (b)(6)		

COPY

IMPERIAL COUNTY SHERIFF-CORONER
 328 APPLESTILL RD.
 EL CENTRO, CA 92243

06-202
 (b)(3) CPSA Section 25(c), (b)(6)

PATIENT NAME	SEX	DATE OF DEATH		
(b)(3) CPSA Section 25(c), (b)(6)	F	11/26/06		
BTL NUMBER	REQUESTING AGENCY	REQUESTED BY	AGENCY NUMBER	
6-84496-3	2438	(b)(6)	06-202	
SPECIMEN	DATE COLLECTED	TIME TAKEN	DATE RECEIVED	DATE REPORTED
SPLEEN	11/28/06	09:15	12/04/06	12/07/06

EXPANDED IMMUNOASSAY DRUG SCREEN

SAMPLE SCREENED FOR:
 AMPHETAMINES (AMPHETAMINE, METHAMPHETAMINE); BENZODIAZEPINES, CANNABINOIDS,
 COCAINE AND/OR METABOLITE, OPIATES (MORPHINE, CODEINE), PHENCYCLIDINE (PCP),
 BARBITURATES AND ALCOHOL.

TEST	RESULTS
ALCOHOL, ETHYL SPLEEN	NONE DETECTED
TRAFFIC PANEL SPLEEN	NONE DETECTED



CORONER'S OFFICE COUNTY OF IMPERIAL

COPY



HAROLD D. CARTER
Sheriff-Coroner-Marshal

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

AUTOPSY PROTOCOL

NAME OF DECEDENT: (b)(3):CPSA Section 25(c),(b)(6) CORONER'S CASE: #06-202

ANATOMIC SUMMARY:

- I. Blunt force trauma to head
 - A. Craniocerebral injuries
 - 1. Transverse "hinge-type" basal skull fracture
 - a. Subarachnoid hemorrhage, bilateral cerebral hemispheres, base of brain and brain stem
 - 2. Laceration, right postauricular head
 - 3. Blood aspiration, bilateral lungs
- II. Toxicology (see separate report)

CONCLUSION: (Cause of Death)

- A) Craniocerebral injuries
- B) Blunt force trauma to head

OTHER SIGNIFICANT CONDITIONS: None

The foregoing instrument is a correct
Copy of the Original on file in this office.
Attest: 4-23-2008
Sheriff-Coroner

County Of Imperial, State of California
By (b)(3):CPSA Section 25(c),(b)(6) Deputy

DATE AND TIME OF AUTOPSY: November 28, 2006 @ 8:45 a.m. to 9:25 a.m.

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DO NOT REPRODUCE OR RELEASE TO ANYONE
OUTSIDE THE CRIMINAL JUSTICE SYSTEM

COPY

NAME OF DECEDENT:
PAGE TWO

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

CORONER'S CASE: #06-202

EXTERNAL EXAMINATION: The body is that of a well-developed and well-nourished young white man which appears to be about the stated age of 18 years old, weighing approximately 135 pounds and measuring approximately 67" in height. The body is in rigor mortis. There are no significant scars over the body. No tattoo is noted. No tracks or needle marks are noted. Intravenous lines are present in the bilateral antecubital fossa. Two separate thoracostomy tubes are present in the left anterior superior chest. A small catheter is present in the epigastric region of the abdomen. A 4 cm incision with a chest tube is present in the left lateral anterior chest. There is a 5 cm irregular open laceration involving the right superior ear helix and postauricular scalp. The hair is brown. The head is not remarkable except for the previously described injury. The eyes are brown. The eyes and ears show no abnormality. The nose and mouth are normal and the mouth contains an endotracheal tube. The chest and abdomen are normal. Genitalia are those of a normal adult female. The extremities show no significant injury. There are no bruises or abrasions over the body.

DESCRIPTION OF INTERNAL INJURIES: Examination of the head reveals a transverse "hinge-type" basal skull fracture involving the bilateral temporal bones and sphenoid bone extending across the pituitary fossa. Examination of the brain reveals subarachnoid hemorrhage over the bilateral cerebral hemispheres, base of brain and brain stem. Examination of the lungs reveals an extensive amount of bilateral blood aspiration.

OPINION: These are fatal craniocerebral injuries due to blunt force trauma to the head.

INTERNAL EXAMINATION: The body is opened with the usual Y-shaped incision. The organs of the thorax and abdomen are in their normal positions. The pleural, pericardial and peritoneal surfaces are smooth and glistening. The mediastinum is in the midline. The liver is at the right costal margin.

CARDIOVASCULAR SYSTEM: The heart weighs 290 gm. The epicardium is smooth and glistening. The myocardium is firm and red-brown. The endocardium and valves are thin and glistening. The coronary arteries are normally developed and show a right predominance. The aorta is normal in caliber. The great vessels of the neck and visceral arteries are normal in size. The great veins contain dark fluid blood admixed with postmortem clots.

RESPIRATORY SYSTEM: The right lung weighs 440 gm, the left 240 gm. The visceral pleurae are smooth and glistening. The cut surfaces show bilateral blood aspiration. The larynx, trachea and major bronchi are lined by smooth glistening mucosa.

GASTROINTESTINAL SYSTEM: The esophagus is normal. The stomach contains 20 cc of brown fluid in the stomach. The small bowel contains red-brown chyme. The large bowel contains green-brown soft stool.

COPY

NAME OF DECEDENT:
PAGE THREE

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

CORONER'S CASE: #06-202

HEPATOBIILIARY SYSTEM: The liver weighs 1,420 gm. The surface is smooth and glistening. The parenchyma is soft and pale. The gallbladder is normally developed and contains 4 cc of bile. The bile ducts are normally developed. The pancreas is firm and pale.

HEMATOPOIETIC SYSTEM: The spleen weighs 320 gm. The surface is smooth. The parenchyma is soft and congested. The bone marrow is firm and red-brown.

UROGENITAL SYSTEM: The right kidney weighs 110 gm, the left 120 gm. The surfaces are smooth. The cortices are well demarcated from the medulla. The renal pelves, ureters and urinary bladder are normally developed. The bladder is empty. The uterus, tubes and ovaries are normally developed.

ENDOCRINE SYSTEM: The pituitary, thyroid and adrenal glands are normal in size and configuration.

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeleton is normally developed and shows the previously described craniocerebral injuries.

CENTRAL NERVOUS SYSTEM: The brain weighs 1,300 gm. The cerebral hemispheres are symmetrical with normal convolutions. The leptomeninges show extensive subarachnoid hemorrhage over the entire brain surface. The cortex is well demarcated from the white matter. The ventricles are normal in size and lined by smooth glistening ependyma. The cerebrospinal fluid is clear. The basal ganglia are well delineated. The cerebellum, brain stem and Circle of Willis are normally developed.

FORENSIC PHOTOGRAPHY: Photographs are taken prior to beginning and during the autopsy.

FORENSIC RADIOLOGY: No x-rays of the body are taken.

TOXICOLOGY: Blood and spleen are submitted for routine toxicology.

HISTOLOGY: Tissue is retained in the hold jar.

OPINION: On the basis of the autopsy findings, it is evident that this 18-year-old white woman suffered from craniocerebral injuries due to blunt force trauma to the head which resulted in her rapid demise.

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

Forensic Pathologist

Date

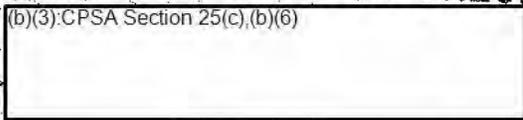
4/16/07

COPY

AUTOPSY CHECK LIST

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

Name of Decedent:



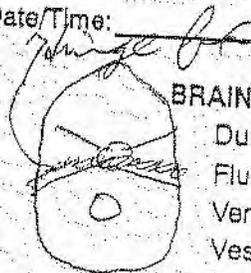
File Number:

06-202

Autopsy Location:

Doctor:

Date/Time:



EXTERNAL WT 175 lbs
HT 67" lbs

PERITONEUM

Fluid
Adhes
LIVER WT 420
Caps
Lobul
Fibros
GB
Calc
Bile ducts

BRAIN WT 1300

Dura
Fluid
Ventric
Vessels
Ears
Nasal Sin

Subarach
gran over
olive surface

Sciera
Teeth
Mouth
Tongue
Nose
Chest
Breasts
Abdomen
Scar
Genital
Edema
Skin
Decub

SPLEEN WT 320
Color
Consists
Malpig

PHOTO

YES
NO

TOXICOLOGY

Blood
Bile
Urine
Stomach Content
Liver
Brain
Vitrious
Spleen
Kidney

HEART WT 290

PANCREAS
ADRENALS
KIDNEYS WT

TISSUE

Tissue Bag
Cassettes
Frozen

BODY X-RAYS

Yes
No

Pericard
Hypert
Dilat
Muscle
Valves
Coronary

R 110
L 120
Caps
Cortex
Vessels
Pelvis
Ureter

BLADDER
GENITALIA

Prost
Testes
Uterus
Tubes
Ovar

OESOPHAGUS
STOMACH
DUOD & SM INT
APPENDIX
LARGE INT
ABDOM NODES
SKELETON

ADDITIONAL COMMENTS:
20cc tan blood

AORTA
VESSELS

LUNGS WT
R 440
L 240
Adhes
Fluid
Atelectasis
Oedema
Congest
Consol
Bronchi
Nodes

beat
Blood
asp.

PHARYNX
TRACHEA
THYROID
THYMUS
NECK

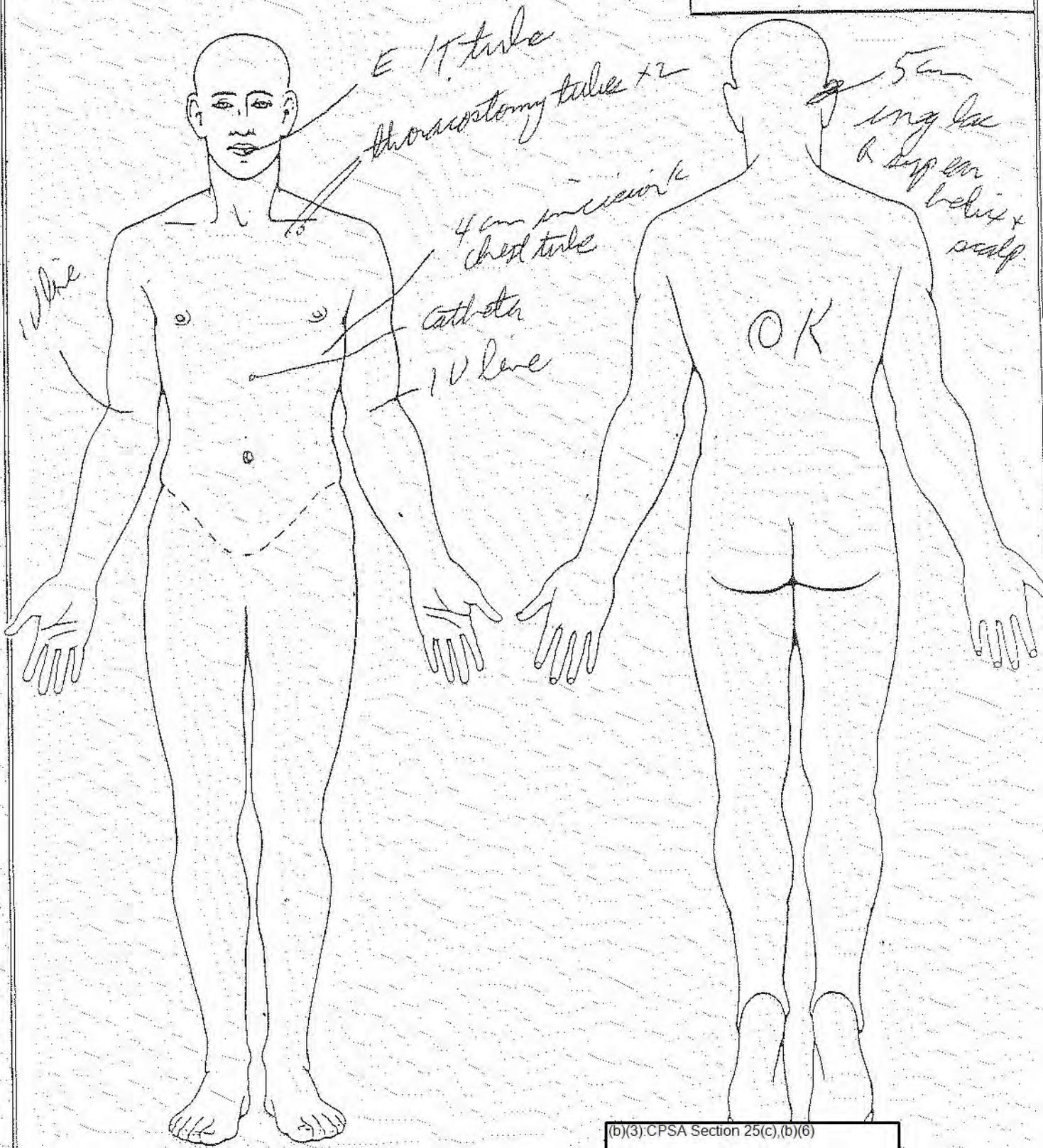
Spine
Marrow



COPY

20

06-202
(b)(3):CPSA Section 25(c),(b)(6)



1.5 cm

ETT tube
thoracostomy tubes x 2

4 cm incision
chest tube

catheter
IV line

5 cm
incision
bullet
belly x
scalp

OK

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

M.D.



Imperial County Coroner's Office

328 Applestill Rd. El Centro, CA 92243

Phone: (760) 339-6328 Fax: (760) 339-6330



AUTOPSY MEMO

COPY

NAME	(b)(3) CPSA Section 25(c),(b)(6)		SEX	F	HEIGHT	6'7"
Death DATE	11/26/2006	AGE	18	WEIGHT	135	
TIME	1108	RACE	White	HAIR	Brown	
PLACE	Open Desert	COMPLX		EYES	Brown	

Place of Autopsy Imperial County Coroner's Facility, 799 Highway 86, Brawley, California, 92227

Attending Physician (if any) _____

SUMMARY OF CASE:

The decedent was the driver of an off-road vehicle. The decedent turned the vehicle causing it to turn on the driver side. There was hair and blood on an eyelet located on the left side roll over bar. The decedent had trauma on the left side of her head above her ear.

LAB TESTS: Traffic Coroner Comprehensive Other

on spleen

AUTOPSY REPORT

DATE 11/27/2006 TIME _____ NATURAL ACCIDENT HOMICIDE

PATHOLOGIST Dr. Garber SUICIDE PENDING UNDETERMINED

TECHNICIAN _____ SPECIMENS RETAINED: BLOOD BILE URINE TISSUE

X-RAYS TAKEN # _____ JAWS TAKEN LIVER VIT. CSF

CAUSE OF DEATH: (A) cranio-cerebral injuries - spleen

(B) blunt force trauma to head - face

(C) _____

(D) _____

OTHER CONDITIONS: None

Decedent: (b)(3) CPSA Section 25(c),(b)(6)
Case Number: 06-202

Deputy Coroner: (b)(3) CPSA Section 25(c),(b)(6)
Date: 11/27/2006



Imperial County Coroner's Office

328 Applestill Rd. El Centro, CA 92243 Phone: (760) 339-6328 Fax: (760) 339-6330



AUTOPSY INFORMATION SHEET

COPY

Autopsy Date: 11/27/2006 Time Start: 0845 Time End: 0925 Seal Cut: _____

Coroner at Post:

(b)(3):CPSA Section 25(c),(b) (6) Deputy Supervising Deputy Coroner

Pathologist:

Dr. Garber

Autopsy Assistant:

Victor Solorio

I.D. Division

Witnesses:

Name	Agency

NOTES:

Central Blood (time):	By:	Chest Blood (time):	By:
Peripheral Blood (time):	By:	Vitreous Humor:	By:
Urine Taken:	By:	Liver for Tox:	By:
Spleen 0915	DR G	Bile: 0910	By: DR G

Body Organ Weights (Grams):

Right Kidney: 110	Right Lung: 440	Brain: 1300
Left kidney: 120	Left Lung: 240	Stomach:
Liver: 1420	Heart: 290	Uterus:
Spleen: 320	Pancreas:	Other:

Has Appendix

Decedent: (b)(3):CPSA Section 25(c),(b) (6)
 Case Number: 06-202

Deputy Coroner: (b)(3):CPSA Section 25(c) Deputy Coroner
 Date: 11/27/2006

TRAFFIC COLLISION REPORT

CHP 555 CARS Page 1 (Rev 9-05) OPI 061

FATAL

SPECIAL CONDITIONS FATAL PUBLIC PROPERTY OFF HIGHWAY		NUMBER INJURED 0	IS A RUN FELONY	CITY UNINCORPORATED BRAWLEY	JUDICIAL DISTRICT			LOCAL REPORT NUMBER 06 11 52		
		NUMBER KILLED 1	IS A RUN MISDEMEANOR	COUNTY IMPERIAL	REPORTING DISTRICT			BEAT 906	DAY OF WEEK SUNDAY	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
LOCATION	COLLISION OCCURRED ON: OCOTILLO WELLS RECREATION AREA				MO 11	DAY 26	YEAR 2006	TIME (2400) 1040	NGIC # 9625	OFFICER I.D. 011540
	MILEPOST INFORMATION:								PHOTOGRAPHS BY: SEE MISC BOX <input type="checkbox"/> NONE	
	AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR 2 MILE(S) NORTH OF SR 78							STATE HWY REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
PARTY 1	DRIVER'S LICENSE NUMBER D6276890	STATE CA	CLASS C	AIR BAG A	SAFETY EQUIP. G		VEH. YEAR 2006	MAKE / MODEL / COLOR YAMAHA RHINO PLE/BLK	LICENSE NUMBER NONE	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> (b)(3):CPSA Section 25(c),(b)(6)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER (b)(3):CPSA Section 25(c),(b)(6)					
PEDESTRIAN	STREET ADDRESS (b)(3):CPSA Section 25(c),(b)(6)				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER (b)(3):CPSA Section 25(c),(b)(6)					
PARKED VEHICLE	CITY / STATE / ZIP (b)(3):CPSA Section 25(c),(b)(6)				DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>					
BICYCLIST	SEX F	HAIR BRN	EYES BRN	HEIGHT 5-06	WEIGHT 125	BIRTHDATE Mo Day Year (b)(3):CPSA S	RACE W	DRIVEN BY R/O: <input checked="" type="checkbox"/> (b)(3):CPSA Section 25(c),(b)(6)		
OTHER	HOME PHONE (949)583-9750		BUSINESS PHONE NONE		PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> IN NONE APP. <input type="checkbox"/> REFER TO NARRATIVE					
	INSURANCE CARRIER NONE		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER 5Y4AM04Y95A018711					
	DIR OF TRAVEL E		ON STREET OR HIGHWAY OPEN DESERT		SPEED LIMIT N/A		VEHICLE TYPE 06			
	CA		DOT		DESCRIBE VEHICLE DAMAGE SHADE IN DAMAGED AREA TOP VIEW <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER					
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.		VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDESTRIAN	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER <input type="checkbox"/>					
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> IN NONE APP. <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER					
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER					
	DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CA			
	CAL-T		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					
PEDESTRIAN	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER <input type="checkbox"/>					
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> IN NONE APP. <input type="checkbox"/> REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE		VEHICLE IDENTIFICATION NUMBER					
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE TYPE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER					
	DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CA			
	CAL-T		TCP/PSC		MCMX					
PREPARED BY S. D. OBERG 011540		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		REVIEWER'S NAME KMBIRD 9641		DATE REVIEWED 12/27/06				

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING

CHP 555 CARS Page2 (Rev. 9-05) OPI 061

DATE OF COLLISION (MO., DAY, YEAR) 11/26/2006	TIME (2400) 1040	NCIC # 9625	OFFICER I.D. 011540	NUMBER 06 11 52
OWNER	OWNER ADDRESS			NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY DAMAGE	DESCRIPTION OF DAMAGE			

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

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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
1 A VC SECTION VIOLATED: CITED YES 38314 X NO	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE				B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*	X			D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
WEATHER (MARK 1 TO 2 ITEMS)	TYPE OF COLLISION				E SCHOOL BUS RELATED		X		E MAKING LEFT TURN
X A CLEAR	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
B CLOUDY	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
C RAINING	C REAR END				H OTHER*				H SLOWING / STOPPING
D SNOWING	D BROADSIDE				I OTHER*				I PASSING OTHER VEHICLE
E FOG / VISIBILITY FT.	E HIT OBJECT				J OTHER*				J CHANGING LANES
F OTHER*	F OVERTURNED				K OTHER*				K PARKING MANUEVER
G WIND	G VEHICLE / PEDESTRIAN				L OTHER*				L ENTERING TRAFFIC
LIGHTING	H OTHER*				M OTHER*				M OTHER UNSAFE TURNING
X A DAYLIGHT	I FIXED OBJECT				N OTHER*				N XING INTO OPPOSING LANE
B DUSK - DAWN	J OTHER OBJECT				O OTHER*				O PARKED
C DARK - STREET LIGHTS	K OTHER*				P OTHER*				P MERGING
D DARK - NO STREET LIGHTS	L OTHER*				Q OTHER*				Q TRAVELING WRONG WAY
E DARK - STREET LIGHTS NOT FUNCTIONING*	M OTHER*				R OTHER*				R OTHER*
ROADWAY SURFACE	N OTHER*				OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				
X A DRY	O OTHER*				A VC SECTION VIOLATED: CITED YES NO				SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
B WET	P OTHER*				B VC SECTION VIOLATED: CITED YES NO				
C SNOWY - ICY	Q OTHER*				C VC SECTION VIOLATED: CITED YES NO		1	2	
D SLIPPERY (MUDDY, OILY, ETC.)	R OTHER*				D []				A HAD NOT BEEN DRINKING
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	S OTHER*				E VISION OBSCUREMENT:				B HBD - UNDER INFLUENCE
A HOLES, DEEP RUT*	T OTHER*				F INATTENTION*:				C HBD - NOT UNDER INFLUENCE*
B LOOSE MATERIAL ON ROADWAY*	U OTHER*				G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN*
C OBSTRUCTION ON ROADWAY*	V OTHER*				H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE*
D CONSTRUCTION - REPAIR ZONE	W OTHER*				I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL*
E REDUCED ROADWAY WIDTH	X OTHER*				J UNFAMILIAR WITH ROAD			X	G IMPAIRMENT NOT KNOWN
F FLOODED*	Y OTHER*				K DEFECTIVE VEH. EQUIP.: CITED YES NO				H NOT APPLICABLE
G OTHER*	Z OTHER*				L UNINVOLVED VEHICLE				I SLEEPY / FATIGUED
X H NO UNUSUAL CONDITIONS	AA OTHER*				M OTHER*				
	AB OTHER*				N NONE APPARENT				
	AC OTHER*				O RUNAWAY VEHICLE				

SKETCH

SEE PAGE 4

INDICATE NORTH



MISCELLANEOUS

6 POLAROID PHOTOS
TAKEN BY SGT SACKETT
ATTACHED TO REPORT.
DIGITAL PHOTOS TAKEN
BY (b)(6)
RETAINED BY HIM.

STATE OF CALIFORNIA

INJURED / WITNESSES / PASSENGERS

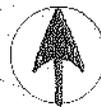
CHP 555 CARS Page 3 (Rev 9-05) OPI 061

DATE OF COLLISION (MO. DAY YEAR) 11/26/2006		TIME(2400) 1040		NCIC # 9625		OFFICER I.D. 011540		NUMBER 061152													
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"/>	18	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	1	A	G	0							
NAME / D.O.B. / ADDRESS (b)(3):CPSA Section 25(c),(b)(6)																TELEPHONE					
(INJURED ONLY) TRANSPORTED BY:																TAKEN TO:					
(b)(3):CPSA Section 25(c),(b)(6)																					
DESCRIBE INJURIES: FATAL - SKULL FRACTURE LEFT SIDE OF HEAD.																					
ICSO CORONER CASE #06-202																					
DEATH PRONOUNCED BY (b)(3):CPSA																FROM ECRMC AT 1108 HOURS		<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED	
<input checked="" type="checkbox"/>	# 1	<input type="checkbox"/>	31	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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:																					
																<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED			
<input checked="" type="checkbox"/>	# 2	<input type="checkbox"/>	43	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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:																					
																<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED			
<input checked="" type="checkbox"/>	# 3	<input type="checkbox"/>	45	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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:																					
																<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED			
<input type="checkbox"/>	#	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
NAME / D.O.B. / ADDRESS																TELEPHONE					
(INJURED ONLY) TRANSPORTED BY:																TAKEN TO:					
DESCRIBE INJURIES:																					
																<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED			
<input type="checkbox"/>	#	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
NAME / D.O.B. / ADDRESS																TELEPHONE					
(INJURED ONLY) TRANSPORTED BY:																TAKEN TO:					
DESCRIBE INJURIES:																					
																<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED			
PREPARER'S NAME S. D. OBERG				I.D. NUMBER 011540		MO. DAY YEAR 11/26/2006		REVIEWER'S NAME				MO. DAY YEAR									

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NOIC #	OFFICER I.D.	NUMBER
11-26-06	1040	9625	11540	06-11-52

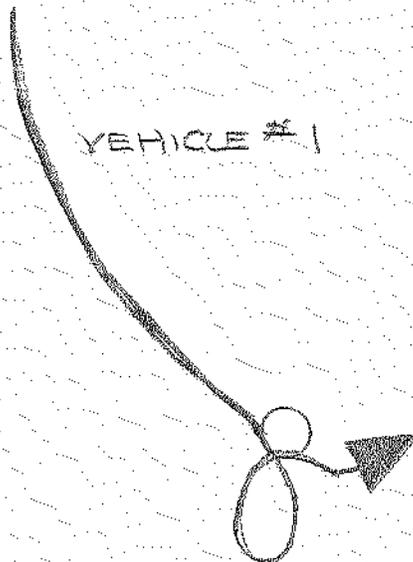
ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =)

SKETCH



INDICATE NORTH

OCOTILLO WELLS OFF ROAD
RECREATIONAL AREA



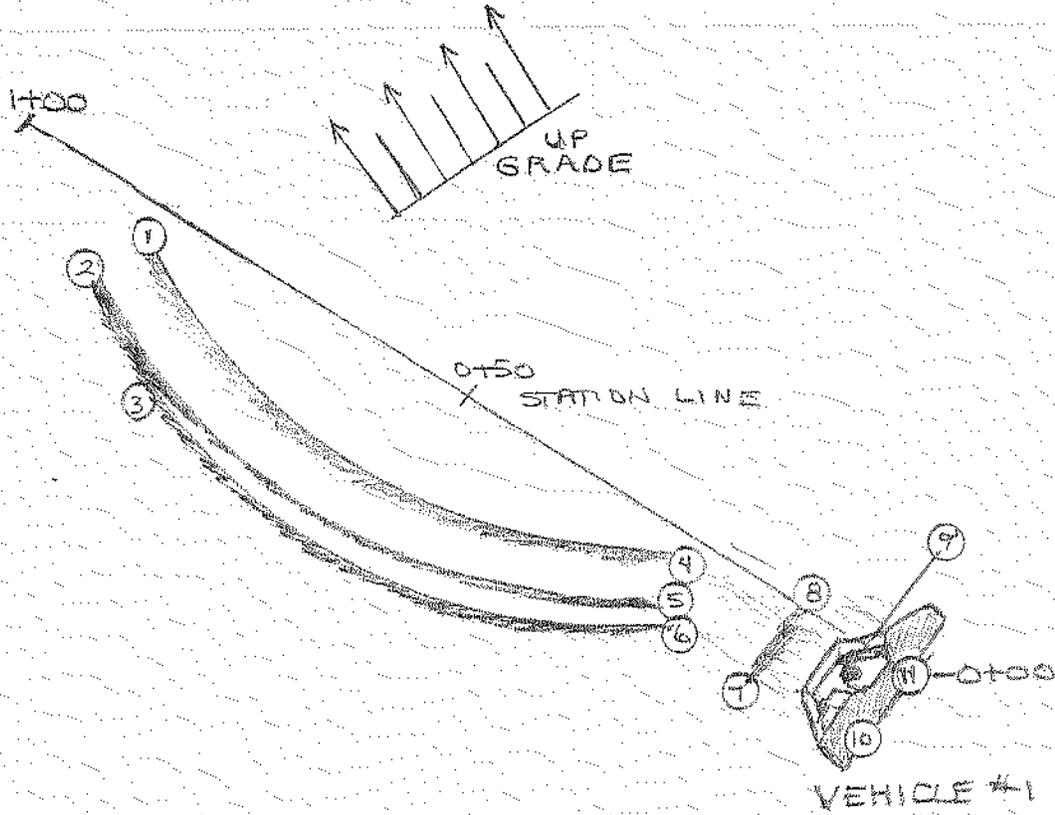
PREPARED BY	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
D. SACKETT	10032	11-26-06		

DATE OF COLLISION (MO. DAY YEAR): 11-26-06	TIME (24HR): 1040	INCIDENT #: 9625	OFFICER I.D. #: 11540	NUMBER: 06-11-52
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



COOTILLO WELLS OFF ROAD
RECREATIONAL AREA



PREPARED BY: D. SACKETT	I.D. NUMBER: 10032	MO. DAY YEAR: 11-26-06	REVIEWER'S NAME:	MO. DAY YEAR:
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STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 6

DATE OF INCIDENT 11/26/2006	TIME 1040	NCIC NUMBER 9625	OFFICER I.D. 11540	NUMBER 06-11-52
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DIAGRAM LEGEND:

Due to the remote location of this traffic collision a Station Line (S. L.) was established along the north side of the physical evidence running in a northwesterly direction. Station 0+00 was located on the S. L. at the center of Vehicle #1's front axle. Geographically 0+00 was located approximately .2 miles north of the north edge of State Route 78 and 7.1 miles west of the west edge of State Route 86. All measurements were made northwest of 0+00 and left (southwest) of the S. L. All measurements were made by either roll meter or patrol vehicle odometer and are approximations.

ITEM NO.#	N. OR S. OF S. L.	EAST OF 0+00	DESCRIPTION OF ITEMS
1.	5'	0+92	Start acceleration skid mark #1.
2.	7'	0+93	Start acceleration skid marks #2 and 3.
3.	9'	0+65	Skid mark # 3 separates from skid mark #2.
4.	4'	0+23	End skid mark #1.
5.	8'	0+22	End skid mark #2.
6.	9'	0+21	End skid mark #3.
7.	6'	0+10	South end of gouge in dirt surface.
8.	On	0+10	North end of gouge in dirt surface.
9.	4'	0+03	Center of blood pool.
10.	8'	0+02	Center of Vehicle #1's rear axle.
11.	On	0+00	Center of Vehicle #1's front axle.

PREPARER'S NAME D. A. SACKETT	I.D. NUMBER 10032	DATE 11/26/06	REVIEWER'S NAME
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STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 7

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
11/26/2006	1040	9625	11540

1 **FACTS:**

2
3 **Notification:** I received this collision call at 1044 hrs. Responding from the office, I
4 arrived on scene at 1139 hrs. All times, speeds, and distances in this investigation are
5 approximate. Measurements were made with an odometer.

6
7 **Responding Personnel**

8
9 El Centro California Highway Patrol
10 2331 Hwy 86, Imperial Ca. (760)-482-2500
11 Officer Scott Oberg #11540
12 Sergeant Don Sackett #10032

13
14 West Shores Ambulance
15 83 Desert Shores Drive, Desert Shores Ca. (760)-395-6800

16 (b)(3):CPSA Section 25(c),(b)(6) Paramedic (b)(3):CPSA Section 25(c),(b)(6)
17 (b)(3):CPSA Section 25(c),(b)(6) - Paramedic (b)(3):CPSA Section 25(c),(b)(6)
18 (b)(3):CPSA Section 25(c),(b)(6) MT# (b)(3):CPSA Section 25(c),(b)(6)
19 (b)(3):CPSA Section 25(c),(b)(6) - EMT# (b)(3):CPSA Section 25(c),(b)(6)

20
21 Ocotillo Wells Fire
22 5841 Hwy 78, Borrego Springs Ca. (760)-764-7430

23 (b)(3):CPSA Section 25(c),(b)(6) Captain
24 (b)(3):CPSA Section 25(c),(b)(6) - EMT
25 (b)(3):CPSA Section 25(c),(b)(6) - Firefighter
26 (b)(3):CPSA Section 25(c),(b)(6) Firefighter/EMT

27
28 Mercy Air 6
29 9745 Prospect Avenue #204, Santee Ca., (619)- 448-3457

30 (b)(3):CPSA Section 25(c),(b)(6) R.N.
31 (b)(3):CPSA Section 25(c),(b)(6) - Medic

32
33 Ocotillo Wells Ranger Station
34 P.O. Box 360, Borrego Springs Ca., (760)-767-0166

35 Supervisor Ranger (b)(3):CPSA Section 25(c),(b)(6) #1124
36 Ranger (b)(3):CPSA Section 25(c),(b)(6) #686

37 Desert Lifeguard (b)(3):CPSA Section 25(c),(b)(6)
38 Desert Lifeguard (b)(3):CPSA Section 25(c),(b)(6)

39
40
41

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
S. D. OBERG	11540	12/01/2006		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 8

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	PAGE NUMBER
11/26/2006	1040	9625	11540	06 11 52

1 Imperial County Coroners Office
 2 628 Applestill Road, El Centro Ca., (760) 339-6311

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

5
 6 **Scene:** The collision occurred in the open desert of the Ocotillo Wells Recreation
 7 Area. This area is open desert which is frequented by off highway vehicle enthusiasts.
 8 An improved gravel road referred to as Pole Line Road runs in a north/south direction
 9 west of the scene. SR-78 travels in an east/west direction south of the scene. The
 10 area is a combination of packed dirt, gravel and soft sand with small mounds and brush
 11 in various locations. There were no markings or delineations in the area of the collision.
 12 Refer to the factual diagram and legend for area details and measurements.

Parties:

16
 17 **Party#1** (b)(3) CPSA Section 25(c), Upon my arrival, I found P-1 located on the ground lying on her
 18 back a few feet south of V-1. P-1 was declared dead on scene at 1108 hours by
 19 (b)(3) CPSA Section 25(c),(b)(6) of El Centro Regional Medical Center (ECRMC) via radio telemetry.
 20 (Imperial County Coroner case #C06-202). P-1 was identified as the driver of V-1 by
 21 being the sole occupant of the vehicle and witness (b)(3) CPSA Section 25(c),(b)(6) P-1 was identified by her
 22 father (b)(3) CPSA Section 25(c),(b)(6) P-1 was not wearing a helmet at the time of the collision.
 23 Goggles were found at the scene under the roll cage of V-1.

24
 25 **Vehicle#1 (Yamaha Rhino UTV)** V-1 (utility terrain vehicle) was located at the scene
 26 on its left side as shown on the factual diagram. V-1 sustained minor damage. The right
 27 front of the roll cage was bent approximately 2". The paint on the top of the roll cage
 28 was chipped and scraped. Brakes and steering were in good condition with proper
 29 resistance. The tires were in good condition. Four point restraints were available and
 30 in use by P-1. Blood was present on the left shoulder portion of the restraint. Strands
 31 of long brown hair were present on the left roll cage brace next to the operator position.
 32 No prior damage was noted or claimed.

33
 34
 35 **Physical evidence:** Dirt tire tracks indicating P-1's path of travel across the open
 36 desert were located at the scene. Refer to factual diagram and legend.

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
S. D. OBERG	11540	12/01/2006		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
11/26/2006	1040	9625	11540

06 11 52

STATEMENTS:

All of the following persons were still visibly upset at the time of the interviews.

P-1 (b)(3)CPSA Section 25(c) no statements due to immediate fatal injuries.

24 hour profile I interviewed the friend and father of P-1 at the scene in order to put together this 24 hour profile.

(b)(3)CPSA Section 25(c), (b)(6) was interviewed at the scene. P-1 had arrived on Friday night with her father and brother about 11pm. She had not seen or heard of P-1 ingesting any impairing substances while at the location. She related P-1 was an experienced rider and not prone to reckless maneuvers. This was P-1's first ride of the day. (b)(3)CPSA was not sure how much experience P-1 had with the vehicle she was driving.

(b)(3)CPSA Section 25(c), (b)(6) the father of P-1 was interviewed at the scene. He related that this was P-1's first ride of the day. P-1 had never driven the type of vehicle she was in at the time of the collision.

(b)(3)CPSA Section 25(c), (b)(6) was interviewed at the scene at 1155 hours. (b)(3)CPSA related he was at his camp about 1/2 mile away facing the scene. He saw P-1 coming off of the small hill at about 20 mph. P-1 started making a left turn then he saw a full cloud of dust. It appeared to him that V-1 rolled one time. His wife called 911 and he responded to the scene to aid P-1. He found P-1 in the driver seat secured by her restraints. P-1 was breathing but was not conscious and was bleeding from the left side of her head. He did not see P-1 wearing a helmet or goggles.

OPINIONS AND CONCLUSIONS:

Summary: P-1 was eastbound in open desert at 20 mph. P-1 attempted a sharp left turn without decreasing her speed. V-1 rolled clockwise and came to rest on its left side. Summary based on statements, physical evidence and the nature of the collision.

Area of Impact (AOI): The AOI was determined by dirt gouge marks as .2 miles north of SR-78 and 7.1 miles west of SR-86.

Cause: P-1 was in violation caused this collision when she made an unsafe turn causing V-1 to rollover in violation of section 38314 V.C. Cause based upon the nature of the collision and statements.

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
S. D. OBERG	11540	12/01/2006		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/26/2006	1040	9625	11540	06 11 52

1 **RECOMMENDATIONS:**

2 None

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
S. D. OBERG	11540	12/01/2006		

Source Identification Sheet

The Victim: (b)(3):CPSA Section 25(c),(b)(6) DOB: (b)(3):CPSA Section 25(c) of (b)(3):CPSA Section 25(c),(b)(6)
(b)(3):CPSA Section 25(c) The victim was not interviewed as she died in the incident.

Coroner's Office:
Imperial County Coroner's Office
328 Applestill Rd.
El Centro, CA 92243

Highway Patrol:
California Highway Patrol
El Centro, CA

1. Task Number 080205HCC3403		2. Investigator's ID 9087		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2006 11 26	5. Date Initiated YR MO DAY 2008 02 27		
6. Synopsis of Accident or Complaint UPC The 13 year old female victim suffered fatal injuries when the utility vehicle she was a passenger in rolled over during an attempted turn. She was wearing a lap belt, was partially ejected, and the vehicle's roll bar came to rest on her un-helmeted head.				
<p>MFR/PRVLBR NOTIFIED</p> <p>COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED</p> <p><input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>25c, 3, 6</u></p> <p><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p> <p>080630</p>				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City BRAWLEY		9. State CA
10A. First Product 5044 - Utility Vehicles		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				
12. Age of Victim 13	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 52 - Concussion	
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) 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 05/02/2008	25. Reviewed By 9035		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number 0606118924	

This incident occurred on 11/22/06, and involved a 13 year old female victim who was a front seat passenger in a utility vehicle with a roll cage in the open desert in an unincorporated area of the city of Brawley, in Imperial County, CA. All of the information in this report comes from the coroner's office and the highway patrol. Their reports are appended as Exhibits 1 and 2, respectively.

At about 8:30 PM, the driver of the vehicle, a 15 year old female, was going out to look for some late arriving friends. The victim asked and was granted permission to accompany the 15 year old driver. The driver had been operating off road vehicles since age eight, and she felt comfortable riding in the desert. Her experience was primarily on quad ATV's but she had driven a utility type vehicle in the past.

They never found the late-arriving friends and instead rode around for a while at about 10 mph. The weather was calm, cool and dry with no unusual conditions. The driver was on an eight foot tall sand dune when she attempted to turn the vehicle around and head back to camp, she felt the rear wheels start slipping and two wheels (not identified) were off the ground. The driver turned the steering wheel and tried to correct it when the vehicle started rolling over. The vehicle landed on its right side. The driver unbuckled her seat belt and told the victim to wake up. When the victim did not wake up, the driver summoned help. The driver of the vehicle was not reported to have been injured.

The victim was wearing a lap belt but was partially ejected from the vehicle. The vehicle's roll bar came to rest on top of the victim's head. First responders were unsuccessful in their attempts to revive the victim. She was pronounced dead at the scene at 10:25 PM. The immediate causes of her death were listed in the coroner's report as Fractured Neck and Blunt Force Trauma to Head. The death was classified as accidental. There was no evidence that the driver or the victim had ingested any impairing substances while in the desert.

The responding police agency found the driver to have caused the incident when she began to make a right hand turn on the downhill side of a steep sand embankment in an unsafe manner which caused the vehicle to roll. At the vehicle rolled, the victim was partially ejected and sustained fatal injuries. This is a violation of 38314 VC which states that no person shall turn an off-highway motor vehicle from a direct course or move left or right until such movement can be made with reasonable safety. The police agency report recommended a copy of their report be sent to the district attorney's office for review and filing of the following charges against the driver of the utility vehicle:

38314 VC (Unsafe turning movement for off-highway vehicle). Established when the driver who, while traveling down a steep sand dune, unsafely turned her vehicle which caused it to lose traction and overturn.

192(c)(2) PC (Vehicular manslaughter without gross negligence). Established by the driver who unlawfully and without malice, cause the death of the victim, while driving a vehicle in the commission of an unlawful act, not amounting to a felony, and without gross negligence.

THE PRODUCT

The product was a 2006 Yamaha Rhino, Vehicle Identification Number 5Y4AM08Y06A003929. It was not further identified. Before the incident, the owner of the vehicle had removed the vehicle's originally equipped roll cage and three-point passenger restraint system and had installed an after-market roll bar with lap belts. No reason was given for this change.

EXHIBITS

1. Coroner's report.
2. Highway Patrol report.
3. Source Identification Sheet.



Imperial County Coroner's Office

328 Applestill Rd. El Centro, CA 92243

Phone: (760) 339-6328 Fax: (760) 339-6330



Coroner Case Number: 06-196

Abigail Rae West

CLASSIFICATION	Manner of Death Accident (Vehicle)		Sub Manner of Death			Deputy Coroner Charles R. Lucas	
	Type of Medical Examination Autopsy		Time Departed 2253	Time Arrival 2326	Date of Death 11/22/2006	Time of Death 2225	
DECEDENT PERSONAL DATA	Name-First Abigail		Middle Rae	Last West		Marital Status Never Married	
	Age 13	Date of Birth 06/16/1993	Place of Birth CA, United States		Height 5' 07"	Weight 110	Hair Blond
	Sex F	Teeth Natural	Race White			SSN 622-80-4089	
	Scars, Marks, Tattoos						
RESIDENCE	Address 2797 Ironwood Road			City Imperial	State Californ	Zip 92251	
PLACE OF DEATH	Place open desert					County Imperial	
	Address N.32.93360 W. 115.79756			City Imperial	State CA		
REPORTING INFORMATION	Death Reported By Matt		Agency		Date 11/22/2006	Time 2254	Removed From Scene To Coroner's Facility
	Address			City	State	Zip	
CAUSE OF DEATH	Immediate Cause: Fractured Neck		The foregoing instrument is A Correct Copy Of The Original On File In This Office.				
	Due to: Blunt Force Trauma to Head		Attest: <u>4-23-2008</u> Sheriff-Coroner				
	Due to:		County Of Imperial, State of California				
	Due to:		By <u>Jeffrey Lee West</u> Deputy				
OTHER SIGNIFICANT CONDITIONS	None						
INJURY INFORMATION	Place of Injury N. 32.93360 W. 115.79756		Injury at Work? No	Date of Injury 11/22/2006	Time 2116	Estimated	
	Address of Injury Seven miles northwest of intersection of Huff and Wheeler Roads		City Imperial	County Imperial	State CA		
	Injury Description Decedent was the front right passenger of an off-road vehicle which was involved in a roll over accident.						
IDENTIFICATION	Identification Method Visually			Identified By Father, Jeffrey Lee West			
NOTIFIED	Name Jeffrey Lee West		Relationship Father	Mailing Address 2797 Ironwood Rd. Imperial, CA 92251			
	Notified By Gold Cross		How Notified In Person		Date 11/22/2006	Time 2225	
ADDITIONAL INFORMATION	Physician		Other Investigation CHP El Centro		Funeral Home Frye Chapel & Mortuary		

Raymond Loera, Sheriff-Coroner

Charles R. Lucas Supervising Deputy Coroner

Charles R. Lucas Supervising Deputy Coroner

DEPUTY CORONER:

I, Chris Macken, Deputy Coroner, accompanied by Charles Lucas, Supervising Deputy Coroner, conducted this investigation for the Imperial County Coroner's Office.

RECEIPT OF CALL:

On November 22, 2006, at approximately 2225 hours, Supervising Deputy Coroner Lucas received a telephone call at his residence from the Imperial County Sheriff's Office Communication Center, advising him of a coroner case involving a deceased person located approximately six miles north of the intersection of Wheeler Road and Huff Road. Upon meeting with Sgt. Lucas, we immediately responded to that location.

ARRIVAL AT SCENE:

On November 22, 2006, at approximately 2253 hours, we arrived at the scene and met with Sgt. E. Fried, who directed me to the decedent's location.

DESCRIPTION OF SCENE / GPS:

The scene is that of the rear of an ambulance located in an open desert area.

The GPS for the decedent's location is N 32.93360 and W 115.79756.

VIEWING OF DECEDENT:

Upon my arrival, I saw decedent was covered with a white sheet, lying supine in the rear of an ambulance. The decedent had purple colored swelling to the left eye socket area. The decedent had a puncture type wound on the left side of her head, approximately one inch forward of her upper ear lobe. The

1 decedent had an intravenous line inserted into her right inner elbow. The
2 decedent had a cervical collar placed around her neck area, and an endotracheal
3 tube inserted into her mouth. The decedent had one electrocardiogram patch
4 attached to her left upper chest, one electrocardiogram patch attached to her
5 right upper chest, and one electrocardiogram patch attached to her left side. The
6 decedent had an automated external defibrillator electrode patch attached to her
7 left side.

8 The decedent did not show signs of rigor, lividity or cyanosis. I did not
9 observe any signs of foul play type trauma to the decedent's person.

10 The decedent is a white female juvenile, 13 years of age, 5' 07" tall,
11 weighing approximately 110 lbs, with blond hair and blue eyes.

12 I further noted the decedent was wearing blue jeans. The decedent's shirt
13 appeared to have been removed to assist medical personnel with administration
14 of medical procedures.

15 **PROPERTY:**

16 While at the scene I initiated an Imperial County Coroner's Office property
17 receipt with a number of 1366, to reflect that the following property was retained
18 by the Imperial County Coroner's Office and is as follows;

- 19 1) One black bracelet;
20 **2)** One cellular telephone.

21 On November 23, 2006, at approximately 0015 hours, I released the
22 decedent's property to her father, Jeffry West.

REMOVAL / TRANSPORTATION:

Prior to removal the decedent was placed in a removal pouch and then transported to the Imperial County Coroner's Facility, located at 799 Highway 86, Brawley, CA.

IDENTIFICATION:

The decedent's father, Jeffry Lee West, identified her as Abigail (Abbey) Rae West, with a date of birth of June 16, 1993.

NOTIFICATION:

Gold Cross made notification to the decedent's father, Jeffry Lee West, on November 22, 2006, at approximately 2225 hours.

X-RAYS:

No x-rays were taken of the decedent.

POST MORTEM EXAMINATION:

On November 27, 2006, at approximately 0940 hours, a post mortem examination was conducted under the direction of Darryl J. Garber, M.D., Forensic Pathologist. Present at the post mortem examination were Autopsy Assistant Victor Solorio and Supervising Deputy Coroner Charles Lucas.

At the conclusion of the post mortem examination at approximately 1020 hours, Dr. Garber listed the cause of death as; (A) **Fractured Neck**, and (B)

Blunt Force Trauma to Head.

FINGERPRINTS / PHOTOGRAPHS:

Supervising Deputy Coroner Charles Lucas took fingerprints at the post mortem examination.

1 I took photographs of the scene and Supervising Deputy Coroner Charles Lucas
2 took photographs at the post mortem examination.

3 **INVESTIGATION:**

4 Subsequent investigation revealed that the decedent was traveling in the
5 front passenger seat of an off-road vehicle. The vehicle is a Rhino, golf-cart type
6 utility/all terrain vehicle. The vehicle had been removed from the scene prior to
7 our arrival and I was unable to obtain any identifying information.

8 According to statements made by California Highway Patrol Officer Cano,
9 the driver of the vehicle attempted to turn the vehicle and the vehicle turned over
10 onto the passenger side. The decedent, who was believed to be seat belted into
11 the vehicle, was partially ejected from the vehicle, causing the roll-over bar to
12 strike the decedent on her left side head area.

13 Medical attention was summoned, and, upon the arrival of Paramedic
14 Christmas, he was unsuccessful in his attempts to revive the decedent.
15 Paramedic Christmas described the decedent's condition to El Centro Regional
16 Medical Center Emergency Room Physician, Doctor Dlugos, via radio. The
17 decedent was pronounced deceased at the scene, at 2225 hours by Dr. Dlugos.

18 Based upon all of the evidence, toxicology and autopsy information, this
19 case has been classified as an **accidental** death by the Imperial County
20 Coroner's Office and me.

21 **TOXICOLOGY TESTS:**

22 On November 22, 2006, during the post mortem examination, a sample of
23 the decedent's blood, bile, urine and tissue, were retained for toxicology testing.

1 Due to a cause of death being identified at the post mortem examination,
2 no toxicology tests were done. The samples taken during the post mortem
3 examination are stored for future examination if required.

4 **WITNESSES:**

- 5 1. Darryl J. Garber, M.D., Forensic Pathologist, Rancho Mirage, CA
- 6 2. Victor Solorio, Autopsy Assistant, Imperial County Coroner's Facility,
7 Brawley, CA
- 8 3. Charles Lucas, Supervising Deputy Coroner, Coroner's Office, Imperial
9 County Sheriff's Department, El Centro, CA

10 **REFERENCE NOTES:**

- 11 1. Death certificate as filed with the Imperial County Health Department in file
- 12 2. Autopsy protocol as per Dr. Garber in file
- 13 3. Imperial County Coroner's property receipt numbered 1366 in file
- 14 5. Photographs on file
- 15 6. Digital Photographs on Compact Disc in file
- 16 7. Fingerprints in file
- 17 8. California Highway Patrol Report, with a number of 06 11 46, as
18 completed by Officer D. Goudie in file

19

20

21

22

23

06-196

Abigail Rae WEST

7

COPY

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11

Harold D. Carter
Sheriff-Coroner
Imperial County, CA

BY: 

Charles R. Lucas
Supervising Deputy Coroner

HDC/CMM/CRL



CORONER'S OFFICE COUNTY OF IMPERIAL



HAROLD D. CARTER
Sheriff-Coroner-Marshal

DARRYL J. GARBER, M.D.
Forensic pathologist

AUTOPSY PROTOCOL

NAME OF DECEDENT: WEST, ABIGAIL CORONER'S CASE: #06-196

ANATOMIC SUMMARY:

- I. Blunt force trauma to head
 - A. Circumstances---see Investigator's report
 - B. Fracture/dislocation, third cervical vertebra, neck
 - C. Multiple abrasions, contusions and lacerations of head and right shoulder

CONCLUSION: (Cause of Death)

- A) Fractured neck
- B) Blunt force trauma to head

OTHER SIGNIFICANT CONDITIONS: None

The Foregoing Instrument Is A Correct
Copy Of The Original On File In This Office.
Attest: 4-23-2008

Sheriff-Coroner

County Of Imperial, State of California

By [Signature] Deputy

DATE AND TIME OF AUTOPSY: November 28, 2006 @ 9:40 a.m. to 10:20 a.m.

COPY

NAME OF DECEDENT: WEST, ABIGAIL CORONER'S CASE: #06-196
PAGE TWO

EXTERNAL EXAMINATION: The body is that of a well-developed and well-nourished teenage girl which appears to be about the stated age of 13 years old, weighing approximately 110 pounds and measuring approximately 67" in height. The body is in rigor mortis. There are no significant scars over the body. An intravenous line is present in the right antecubital fossa. There is a healing 1 cm laceration over the left dorsal hand between the thumb and index finger. There are some injuries over the body which will be separately described. The hair is blond. The head is not remarkable except for some injuries to be described. The eyes are blue. The eyes and ears show no abnormality. The nose and mouth are normal and the mouth contains an endotracheal tube. The chest and abdomen are Normal. Genitalia are those of a normal teenage female. The extremities show no significant injury.

DESCRIPTION OF EXTERNAL INJURIES: There are multiple 1 to 5 x 12 cm red-brown abrasions over the left forehead, left temple, left cheek and left superior lateral neck. There is a 3 cm irregular open laceration of the left temple adjacent to the lateral aspect of the left eyelids. There is a 3 x 6 cm red-brown abrasion over the right lower face adjacent to the angle of the right mandible. There is a 5 cm purple contusion over the right lower cheek. The left eye is surrounded by purple ecchymosis. Blood is noted to be coming from the nose. There is a 3 x 4 cm red-purple contusion over the right anterior shoulder.

DESCRIPTION OF INTERNAL INJURIES: Examination of the neck reveals fracture/dislocation of the third cervical vertebra surrounded by extensive perivertebral hemorrhage. No other injuries are found of the head or torso.

OPINION: On the basis of the autopsy findings, it is evident that this 13-year-old teenage female suffered from a fractured neck due to blunt force trauma to her head which resulted in her rapid demise.

INTERNAL EXAMINATION: The body is opened with the usual Y-shaped incision. The organs of the thorax and abdomen are in their normal positions. The pleural, pericardial and peritoneal surfaces are smooth and glistening. The mediastinum is in the midline. The liver is at the right costal margin in the midclavicular line.

CARDIOVASCULAR SYSTEM: The heart weighs 250 gm. The epicardium is smooth and glistening. The myocardium is firm and red-brown. The endocardium and valves are thin and glistening. The coronary arteries are normally developed and show a right predominance. The aorta is normal in caliber. The great vessels of the neck and visceral arteries are normal in size. The great veins contain postmortem clots.

RESPIRATORY SYSTEM: The right lung weighs 330 gm, the left 350 gm. The visceral pleurae are smooth and glistening. The cut surfaces are pale. The larynx, trachea and major bronchi are lined by smooth glistening mucosa.

NAME OF DECEDENT: WEST, ABIGAIL CORONER'S CASE: #06-196
PAGE THREE

GASTROINTESTINAL SYSTEM: The esophagus is normal. The stomach contains 20 cc of mostly digested food. The small bowel contains red-brown chyme. The large bowel contains green-brown soft stool.

HEPATOBIILIARY SYSTEM: The liver weighs 1,270 gm. The surface is smooth and glistening. The parenchyma is soft and pale. The gallbladder is normally developed and contains 2 cc of bile. The bile ducts are normally developed. The pancreas is firm and pale.

HEMATOPOIETIC SYSTEM: The spleen weighs 160 gm. The surface is smooth. The parenchyma is soft and pale. The bone marrow is firm and red-brown.

UROGENITAL SYSTEM: The right kidney weighs 110 gm, the left 100 gm. The surfaces are smooth. The cortices are well demarcated from the medulla. The renal pelves, ureters and urinary bladder are normally developed. The bladder contains 110 cc of urine. The uterus, tubes and ovaries are normally developed.

ENDOCRINE SYSTEM: The pituitary, thyroid and adrenal glands are normal in size and configuration.

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeleton is normally developed and shows the previously described fracture dislocation of the third cervical vertebra of the neck.

CENTRAL NERVOUS SYSTEM: The brain weighs 1,460 gm. The cerebral hemispheres are symmetrical with normal convolutions. The leptomeninges are clear and glistening. The cortex is well demarcated from the white matter. The ventricles are normal in size and lined by smooth glistening ependyma. The cerebrospinal fluid is clear. The basal ganglia are well delineated. The cerebellum, brain stem and Circle of Willis are normally developed.

FORENSIC PHOTOGRAPHY: Photographs are taken prior to beginning and during the autopsy.

FORENSIC RADIOLOGY: No x-rays of the body are taken.

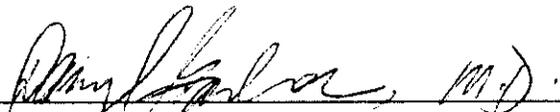
TOXICOLOGY: Heart blood and urine are retained in the event that toxicology becomes necessary.

HISTOLOGY: Tissue is retained in the hold jar.

COPY

NAME OF DECEDENT: WEST, ABIGAIL CORONER'S CASE: #06-196
PAGE FOUR

OPINION: On the basis of the autopsy findings, it is evident that this 13-year-old white teenage female suffered from a fractured neck due to blunt force trauma to her head which resulted in her rapid demise.



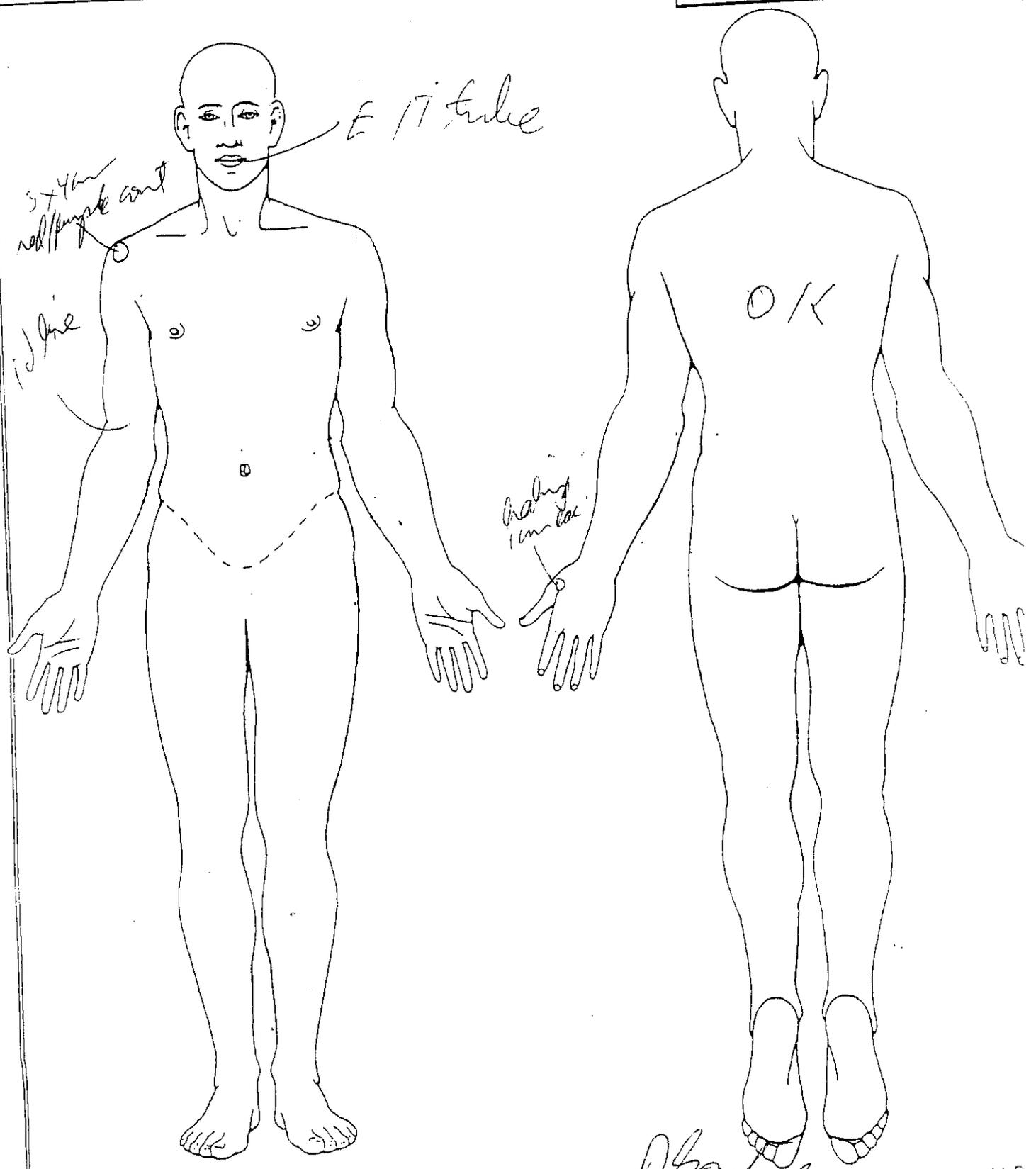
Darryl G. Garber, M.D.
Forensic Pathologist

4/16/07

Date

06-196
West, Abigail

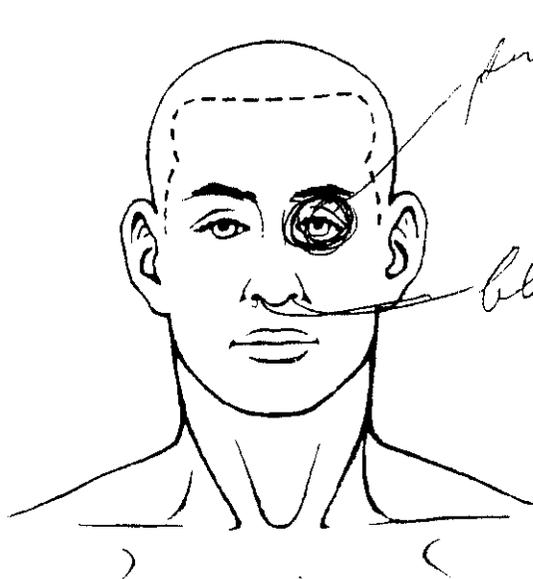
20



[Signature]
Deputy Medical Examiner M.D.

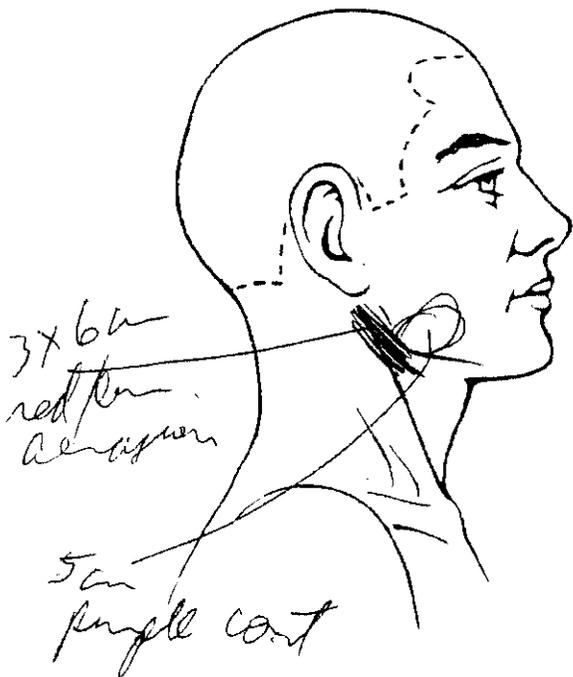
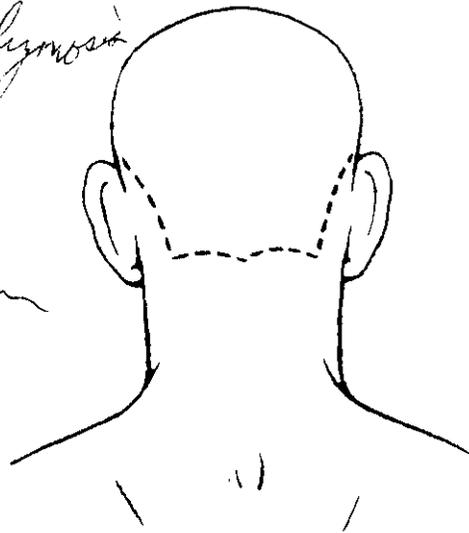
22

06-196
West, Abigail



purple ecchymosis

blood from nose



3x6cm
red bruise
abrasion

5cm
purple cont

glancing blow



fracture -
5x12cm
red/bruise
abrasions

Abigail West
Deputy Medical Examiner

M.D.



Imperial County Coroner's Office

328 Applestill Rd. El Centro, CA 92243

Phone: (760) 339-6328 Fax: (760) 339-6330



AUTOPSY MEMO

copy

NAME	Abigail Rae West	SEX	F	HEIGHT	5'07"
Death DATE	11/22/2006	AGE	13	WEIGHT	110
TIME	2225	RACE	White	HAIR	Blond
PLACE	open desert	COMPLX		EYES	Blue

Place of Autopsy Imperial County Coroner's Facility, 799 Highway 86, Brawley, California, 92227
 Attending Physician (if any) _____

SUMMARY OF CASE:

The decedent was the front passenger of an off road vehicle. The driver turned the vehicle sharply causing the decedent to partially eject from the vehicle. The vehicle roll over bar appeared to strike the decedent on the left side of her head between the ear and temple area. There was trauma to the left side of the decedent's head and swelling and discoloration around the eye.

LAB TESTS: Traffic Coroner Comprehensive Other

No toxicology

AUTOPSY REPORT

DATE 11/27/2006 TIME _____ NATURAL ACCIDENT HOMICIDE
 PATHOLOGIST Dr. Garber SUICIDE PENDING UNDETERMINED
 TECHNICIAN _____ SPECIMENS RETAINED: BLOOD BILE URINE TISSUE
 X-RAYS TAKEN # _____ JAWS TAKEN LIVER VIT. CSF

CAUSE OF DEATH: (A) Fractured neck - less
 (B) Blunt force trauma to head - less
 (C) _____
 (D) _____

OTHER CONDITIONS: none

Decedent: Abigail Rae West
 Case Number: 06-196

Deputy Coroner: Christopher Macken, Deputy Coroner
 Date: 11/27/2006



Imperial County Coroner's Office

328 Applestill Rd. El Centro, CA 92243

Phone: (760) 339-6328 Fax: (760) 339-6330



AUTOPSY INFORMATION SHEET

Autopsy Date: 11/27/2006 Time Start: 0940 Time End: 1020 Seal Cut: _____

Coroner at Post:

Pathologist:

Autopsy Assistant:

~~Christopher Macken, Deputy Coroner~~
Charles R. Lucas, Supervising Deputy Coroner

Dr. Garber

Victor Solorio

I.D. Division

Witnesses:

Name	Agency

NOTES:

Central Blood (time):	<u>1000</u>	By:	<u>DR G</u>	Chest Blood (time):		By:	
Peripheral Blood (time):		By:		Vitreous Humor:		By:	
Urine Taken:	<u>1005</u>	By:	<u>DR G</u>	Liver for Tox:		By:	
				Bile:		By:	

Body Organ Weights (Grams):

Right Kidney:	<u>110</u>	Right Lung:	<u>330</u>	Brain:	<u>1460</u>
Left kidney:	<u>100</u>	Left Lung:	<u>350</u>	Stomach:	
Liver:	<u>1270</u>	Heart:	<u>250</u>	Uterus:	
Spleen:	<u>160</u>	Pancreas:		Other:	

Has APPENDIX
FRACTURE / DISLOCATION C3

Decedent: Abigail Rae West
Case Number: 06-196

Deputy Coroner: Christopher Macken, Deputy Coroner
Date: 11/27/2006

FATAL

SPECIAL CONDITIONS FATAL PUBLIC PROPERTY		NUMBER INJURED 1	HIT & RUN FELONY	CITY UNINCORPORATED	JUDICIAL DISTRICT BRAWLEY			LOCAL REPORT NUMBER 06 11 46			
		NUMBER KILLED 1	HIT & RUN MISDEMEANOR	COUNTY IMPERIAL	REPORTING DISTRICT		BEAT 906				
LOCATION	COLLISION OCCURRED ON OPEN DESERT 37' N. OF WHEELER ROAD				MO 11/22/2006	DAY	YEAR	TIME (2400) 2115	NCIC # 9625	OFFICER I.D. 011952	
	MILEPOST INFORMATION:				DAY OF WEEK WEDNESDAY		TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PHOTOGRAPHS BY: <input type="checkbox"/> NONE J. RODRIGUEZ		
	AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR 7.95 FEET WEST OF HUFF ROAD						STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		I.D. 11606 20 PICTURES		
PARTY 1	DRIVER'S LICENSE NUMBER NONE	STATE	CLASS U	AIR BAG P	SAFETY EQUIP. C		VEH. YEAR 2006	MAKE / MODEL / COLOR YAMAHA RHINO BLU	LICENSE NUMBER M65123	STATE CA	
DRIVER	NAME (FIRST, MIDDLE, LAST) ALLYSON BROOKE TAYLOR				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER WOODROW C. TAYLOR/JEFFERY D. ZINN						
PEDES- TRIAN	STREET ADDRESS 1015 LENREY AVE				OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER						
PARKED VEHICLE	CITY / STATE / ZIP EL CENTRO CA 92243				DISPOSITION OF VEHICLE ON ORDERS OF DRIVEN AWAY AT R/O'S REQUEST OFFICER DRIVER <input checked="" type="checkbox"/> OTHER						
BICY- CLIST	SEX F	HAIR BRN	EYES BRN	HEIGHT 5-4	WEIGHT 90	BIRTHDATE Mo 5/15/1991 Day Year	RACE W		PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP REFER TO NARRATIVE		
OTHER	HOME PHONE (760)554-1464		BUSINESS PHONE NONE			VEHICLE IDENTIFICATION NUMBER 5Y4AM08Y06A003929					
INSURANCE CARRIER NONE		POLICY NUMBER				VEHICLE TYPE 96		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA TOP VIEW 	
DIR OF TRAVEL E		ON STREET OR HIGHWAY OPEN DESERT			SPEED LIMIT CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____						
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.		VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)				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 OFFICER DRIVER OTHER						
BICY- CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE		PRIOR MECHANICAL DEFECTS NONE APP REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER					
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 CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____						
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.		VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE	
DRIVER	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME SAME AS DRIVER						
PEDES- TRIAN	STREET ADDRESS				OWNER'S ADDRESS SAME AS DRIVER						
PARKED VEHICLE	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF OFFICER DRIVER OTHER						
BICY- CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year	RACE		PRIOR MECHANICAL DEFECTS NONE APP REFER TO NARRATIVE		
OTHER	HOME PHONE		BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER					
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 CA _____ DOT _____ CAL-T _____ TCP/PSC _____ MC/MX _____						
PREPARED BY NAME D. L. GOUDIE 011952		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO N/A		REVIEWER NAME JCM BIRD 9641				DATE REPORTED 12/28/06			

DATE OF COLLISION (MO DAY YEAR) 11/22/2006	TIME(2400) 2115	NCIC # 9625	OFFICER I.D. 011952	NUMBER 06 11 46
OWNER		OWNER ADDRESS		NOTIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>
PROPERTY DAMAGE		DESCRIPTION OF DAMAGE		

SEATING POSITION  <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STA. WGN REAR 8 - RR. OCC TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT 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 CHILD RESTRAINT V - NO W - YES X - NO Y - YES EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	M/C BICYCLE - HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES	INATTENTION CODES A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONNEL HYGIENE J - READING K - OTHER
---	--	---	---	--

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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
A VC SECTION VIOLATED: CITED YES 38305VC X NO	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE				B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*	X			D CELL PHONE NOT IN USE			X	D MAKING RIGHT TURN
	E TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN
	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H				H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE
X A CLEAR	E HIT OBJECT				J				J CHANGING LANES
B CLOUDY	F OVERTURNED	X			K				K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
D SNOWING	H OTHER*				M				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.					N				N XING INTO OPPOSING LANE
F OTHER*	MOTOR VEHICLE INVOLVED WITH				O				O PARKED
IG WIND	A NON - COLLISION	X			P				P MERGING
	B PEDESTRIAN				Q				Q TRAVELING WRONG WAY
	C OTHER MOTOR VEHICLE								R OTHER*
	D MOTOR VEHICLE ON OTHER ROADWAY		1	2	3				
	E PARKED MOTOR VEHICLE								
X D DARK - NO STREET LIGHTS	F TRAIN								
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE				A VC SECTION VIOLATED CITED YES NO				
	H ANIMAL:				B VC SECTION VIOLATED CITED YES NO				
	I FIXED OBJECT:				C VC SECTION VIOLATED CITED YES NO	1	2	3	
	J OTHER OBJECT DIRT EMBANKMENT				D			X	
					E VISION OBSCUREMENT:				A HAD NOT BEEN DRINKING
					F INATTENTION*:				B HBD - UNDER INFLUENCE
					G STOP & GO TRAFFIC				C HBD - NOT UNDER INFLUENCE
					H ENTERING / LEAVING RAMP				D HBD - IMPAIRMENT UNKNOWN
					I PREVIOUS COLLISION				E UNDER DRUG INFLUENCE*
					J UNFAMILIAR WITH ROAD				F IMPAIRMENT - PHYSICAL*
					K DEFECTIVE VEH. EQUIP.: CITED YES NO				G IMPAIRMENT NOT KNOWN
					L UNINVOLVED VEHICLE				H NOT APPLICABLE
					M OTHER*:				I SLEEPY / FATIGUED
X H NO UNUSUAL CONDITIONS	F NOT IN ROAD			X	N NONE APPARENT				
	G APPROACHING / LEAVING SCHOOL BUS				O RUNAWAY VEHICLE				

SKETCH

SEE PAGE 4



INDICATE NORTH

MISCELLANEOUS

INJURED / WITNESSES / PASSENGERS

CHP 555 CARS Page 3 (Rev 1-03) OPI 061

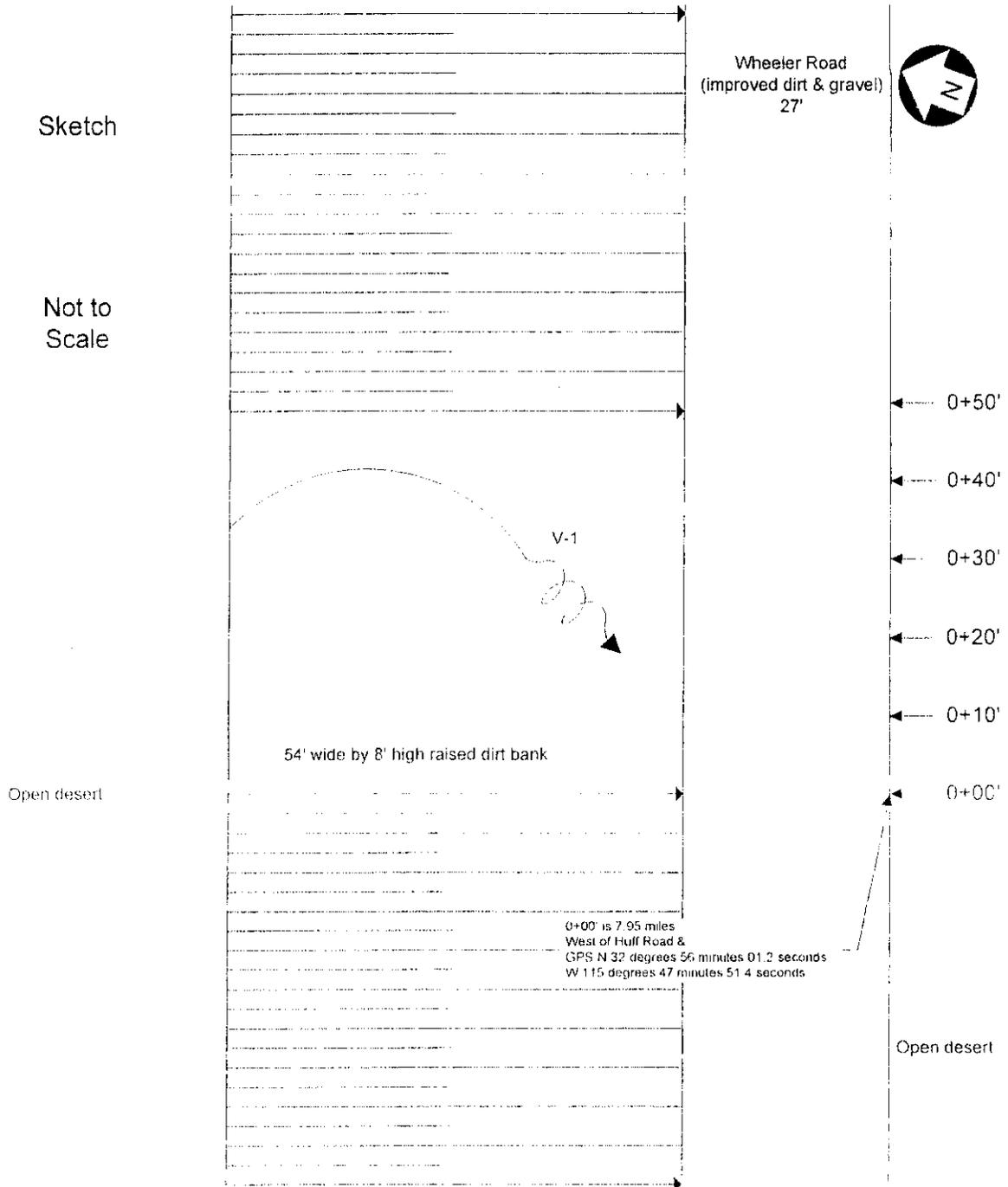
DATE OF COLLISION (MO. DAY YEAR)		TIME(2400)		NCIC #		OFFICER I.D.					NUMBER						
11/22/2006		2115		9625		011952					06 11 46						
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS	AIR BAG	SAFETY EQUIP	EJECTE
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER					
#		15	F	<input checked="" 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"/>	1	1	P	C	0
NAME / D.O.B. / ADDRESS												TELEPHONE					
ALLYSON BROOKE TAYLOR (05/15/1991) 1015 LENREY AVE EL CENTRO CA 92243												(760)554-1464					
(INJURED ONLY) TRANSPORTED BY:						TAKEN TO:											
GOLD CROSS AMBULANCE						PIONEERS MEMORIAL HOSPITAL, BRAWLEY, CA.											
DESCRIBE INJURIES COMPLAINT OF PAIN TO LEFT SHOULDER AND RIGHT HIP.																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
#		15	F	<input checked="" 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"/>	1	1	P	C	0
NAME / D.O.B. / ADDRESS												TELEPHONE					
ABIGAIL RAE WEST (06/16/1993) 2797 IRONWOOD RD IMPERIAL CA 92251												(760)355-1081					
(INJURED ONLY) TRANSPORTED BY:						TAKEN TO:											
DESCRIBE INJURIES BROKEN NECK AND BLUNT FORCE TRAUMA TO THE HEAD RESULTING IN FATAL INJURIES. IMPERIAL COUNTY CORONER SGT. C. LUCAS. CASE #06-196																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
#		48	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"/>	1	5	P	C	0
NAME / D.O.B. / ADDRESS												TELEPHONE					
WOODROW CHRIS TAYLOR (07/22/1958) 1015 LENREY AVE EL CENTRO CA 92243												(760)554-1464					
(INJURED ONLY) TRANSPORTED BY:						TAKEN TO:											
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
#		33	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"/>	1				
NAME / D.O.B. / ADDRESS												TELEPHONE					
HARRY NELSON (07/03/1973) 570 SILVERWOOD ST IMPERIAL CA 92251												(760)427-5461					
(INJURED ONLY) TRANSPORTED BY:						TAKEN TO:											
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
#		38	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"/>	1				
NAME / D.O.B. / ADDRESS												TELEPHONE					
PAULA LONG (08/08/1968) 12127 ORANGE CREST COURT UNIT 2 LAKESIDE CA 92040												(619)708-0313					
(INJURED ONLY) TRANSPORTED BY:						TAKEN TO:											
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
#				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS												TELEPHONE					
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:					
DESCRIBE INJURIES																	
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																	
PREPARER'S NAME				ID NUMBER		MO DAY YEAR		REVIEWER'S NAME				MO DAY YEAR					
D L GOLDIE				011952		11/22/2006											

STATE OF CALIFORNIA
SKETCH DIAGRAM

CHP 555 Page 4 (Rev. 8-97) OPI 042

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
11/22/2006	2115	9625	15959

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



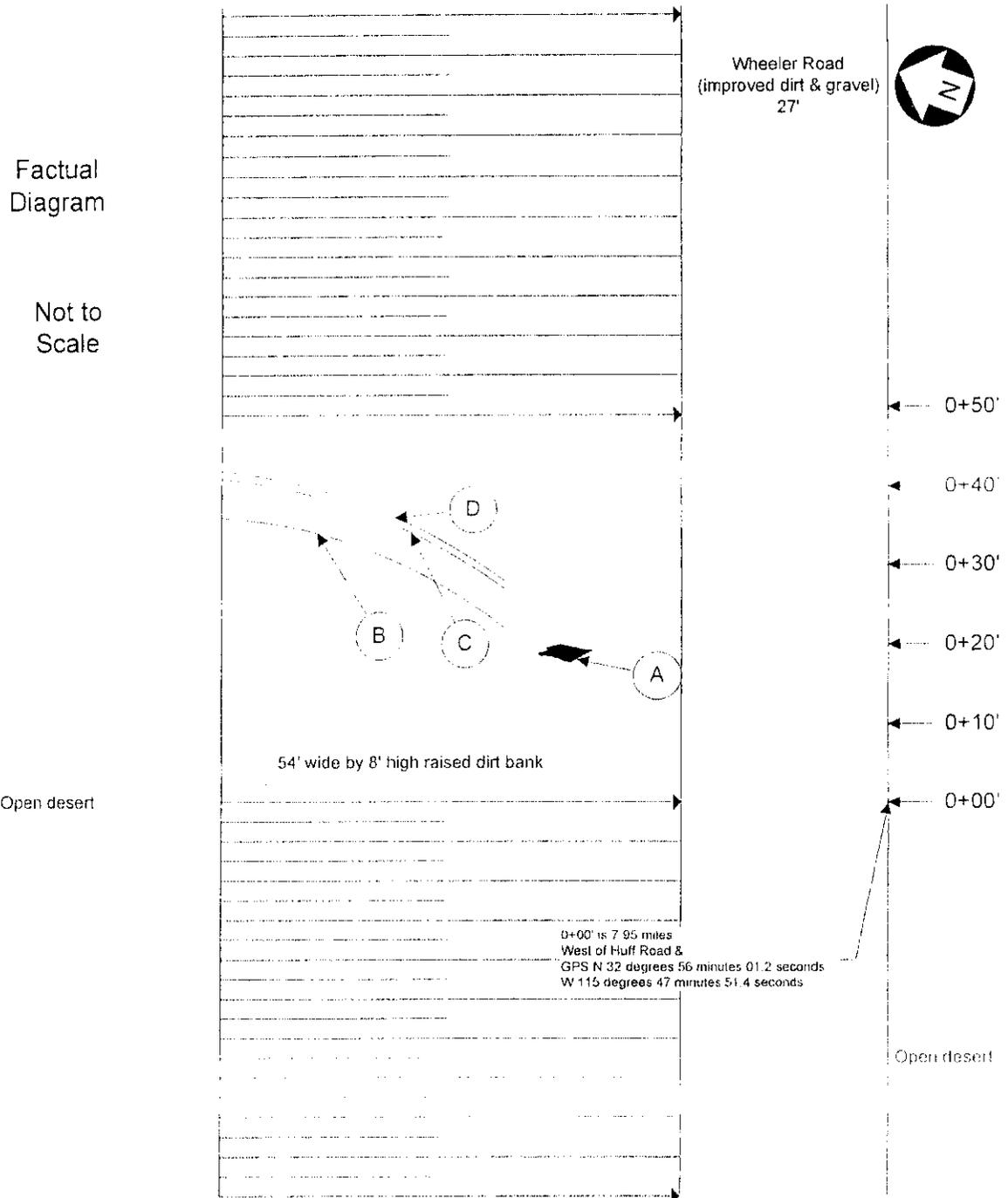
PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
Jacques Rodriguez	11606	11/23/2006		

STATE OF CALIFORNIA
FACTUAL DIAGRAM

CHP 535 Page 4 (Rev. 8-97) OPI 042

DATE OF INCIDENT 11/22/2006	TIME 2115	NCIC NUMBER 9625	OFFICER I.D. 15959	NUMBER 061146
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



PREPARED BY Jacques Rodriguez	I.D. NUMBER 11606	DATE 11/23/2006	REVIEWER'S NAME	DATE
----------------------------------	----------------------	--------------------	-----------------	------

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/22/2006	2115	9625	15959	06 11 46

1 **LEGEND:**

2

3 **STATIONLINE:** A stationline, running from west to east, was established along the south road edge of
 4 Wheeler Road. Station 0+00' was located 7.95 miles west of the west asphalt road edge of Huff Road.
 5 0+00' was also located at GPS reading N 32 degrees 56 minutes 01.2 seconds and W 115 degrees 47
 6 minutes 51.4 seconds.

7

8 **PHYSICAL EVIDENCE:** V-1 was moved prior to CHP arrival.

9 Items A is a 4' long by 3' wide gouge mark in the sand surface.

10 Items B, C, & D are dirt tire track marks.

11

12 **LOCATIONS:** Item A 37' north of station 0+17', continues 42' north of station 0+19', continues 35' north
 13 of station 0+19'

14 Item B begins 81' north of station 0+37' and ends 50' north of station 0+22'

15 Item C begins 81' north of station 0+41' and ends 49' north of station 0+27'

16 Item D begins 81' north of station 0+42' and ends 49' north of station 0+28'

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
Jacques Rodriguez	11606	11/23/2006		

NARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT/OCCURRENCE	TIME(2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11-22-06	2115	9625	11952	06 11 46

FACTS

2

3

NOTIFICATION:

5

6 On 11-22-06 at approximately 2120 hours, Officer Cano was dispatched to an 11-79
7 (accident with an ambulance rolling) on Wheeler Road 7 miles west of Huff Road. Officer
8 Cano responded and arrived on scene at 2209 hours. On 12-18-06 I assumed the position
9 as the lead investigator of this investigation.

10

11 All reference to time, speed and distance in this investigation are approximate.
12 Measurements were taken with a CHP roll-meter and patrol car odometer. The time of call
13 and officer arrival time was obtained from dispatch log #1160.

14

Other Agencies on Scene:

16

17 Life Net Air Ambulance
18 1050 North Eastern Ave
19 Brawley, Ca. 92227
20 760-344-7376

21 Pilot Don Ballarini
22 Flight Nurse Carrie Cobos
23 Paramedic Carl Parmley

24

25 Gold Cross Ambulance unit #2640
26 905 S. Imperial Ave.
27 El Centro Ca. 92243
28 760-353-3380
29 EMT Ivan Mendez
30 Paramedic Greg Christmas

31

32 Bureau of Land Management
33 1661 S. 4th Street
34 El Centro, Ca. 92243
35 760-337-4400
36 Ranger Gonzalo Chaidez
37 Ranger Salvador Nieblas
38 Ranger Bradley Kent

39

40

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DeeAnn L. Goudie #11952	12-18-06		

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1
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California Highway Patrol
2331 Highway 86
Imperial, Ca. 92251
760-482-2500
Officer Francisco Cano #15959
Officer J. Rodriguez #11606

10
11
12
13
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15
16
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18
19

Imperial County Sheriffs Office
328 Applestill Road
El Centro, Ca. 92243
760-339-6311
Coroner Sgt. Charles Lucas #528 Case #06-196
Deputy Chris Macken #586
Field Sgt. E. Fried #571
Deputy G. Figueroa #629
Deputy Joel Gonzalez #882

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SCENE:

I visited the scene of the collision on 12-18-06 at 1100 hours.
This collision occurred in the open desert of the Superstition Mountains. The area is surrounded by rolling sand/dirt dunes. Wheeler Road is an east/west roadway with room for traffic to traverse in both directions. The two lanes have no delineation and the roadway surface is constructed of dirt, sand, and gravel. The roadway is approximately 27 feet in width and contains potholes in its surface and ridges in a washboard type fashion. This collision occurred on the north side of Wheeler Road on a large sand dune. The sand dune slopes down toward Wheeler Road in a southerly direction and is approximately 8 feet high. The weather was cool, calm and dry.

Refer to the factual diagram and legend for further details.

34
35
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PARTIES:

P-1 (A. Taylor): I contacted Miss Taylor via telephone on 12-18-06 at approximately 1730 hours. She identified herself verbally as Allyson Brooke Taylor. Miss Taylor was determined to be the driver of V-1 (Yamaha) at the time of the collision by her own statement.

V-1 (Yamaha, Rhino): On 12-19-06 at approximately 0845 hours I contacted the registered owner of V-1 (Woodrow C. Taylor) and asked to inspect the vehicle. V-1 was located in a

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DATE OF INCIDENT/OCCURRENCE	TIME(2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
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1 locked building behind a residence on Silsbee Road in Seeley, Ca. At the time of this
 2 inspection, V-1 was equipped with a lap/shoulder harness for each seating position. The
 3 roll cage was manufactured by Yamaha and had no visible damage. The right front fender
 4 of the vehicle had some scrape marks and the right front wheel of the vehicle had a small
 5 dent near the bead of the tire. The left side of V-1 showed no visible damage. I inquired
 6 about the lack of damage to the roll cage and Mr. Taylor related that he had removed the
 7 original manufacture roll cage and three point harness system and installed his own self
 8 fabricated roll cage and after market lap belts. Since the collision he has reinstalled the
 9 original manufacture's roll cage and lap/shoulder harnesses, and destroyed the aftermarket
 10 roll cage. Mr. Taylor admitted that at the time of the collision, V-1 was being operated with
 11 the after market roll cage and lap belt system. This is substantiated by photos of the vehicle
 12 at the collision scene and at the time of this inspection.
 13
 14

PHYSICAL EVIDENCE:

15
 16 Gouge marks in the surface of the sand, dirt tire track marks, and photographs taken by
 17 myself and Officer J. Rodriguez #11606.
 18

19 Refer to the factual diagram and factual diagram legend for locations.
 20
 21

STATEMENTS:

22
 23 **P-1 (A. Taylor):** I contacted Miss Taylor via telephone on 12-18-06 at approximately 1730
 24 hours. Miss Taylor related that she and her family started their day off in the desert area of
 25 Glamis at about 1:00 or 1:30 pm. They rode around in their dune buggy for a while and
 26 then returned to El Centro at about 5:30 pm. They went to the Superstition Mountains off
 27 road area at 6:30 or 7:00 pm. They arrived at their camp and she was introduced to Abigail
 28 West, who had just arrived with her family. At about 8:30, her dad (C. Taylor) asked her to
 29 go out to the road and look for a person who was supposed to be arriving in camp, she was
 30 told to look for flashing headlights. Before she left camp, Abigail West asked if she could go
 31 with her. Abigail West received permission from another adult in the camp, so she got into
 32 the passenger seat and put on her lap belt. Miss Taylor left camp with Miss West and
 33 turned onto Wheeler Road. Miss Taylor never saw the flashing headlights so she and Miss
 34 West just kept riding around on Wheeler Road at about 10 mph. Miss Taylor decided to
 35 turn around and go back to camp. As she turned to the left, she felt the rear wheels start
 36 slipping and two wheels were off the ground. She turned the steering wheel and tried to
 37 correct it when the Rhino started flipping. The vehicle landed on its right side on Wheeler
 38 Road. She unbuckled her seat belt and told Miss West to wake up. When Miss West did
 39 not respond, she ran for help and waved down the first vehicle she saw. I asked Miss
 40 Taylor if she was sure she was on Wheeler Road or if she was on a sand dune to the north
 41 of the road. She related that she thought she was on Wheeler Road and that she

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1 remembers the road being flat. Miss Taylor further related that she had been operating off
 2 road vehicles since the age of 8 and felt comfortable riding in the desert. Her experience
 3 is primarily on quads and she has driven a Rhino type vehicle in the past.

4
 5 **Passenger (A. West):** Abigail West succumbed to her injuries while on scene and was
 6 unable to provide a statement. She was pronounced deceased by El Centro Medical
 7 Center Emergency Room Dr. D'Lugos at 2225 hours.

8
 9 **Witness#1 (Woodrow C. Taylor):** Mr. Taylor was contacted on 12-18-06 at about 1015
 10 hours. He related his daughter had been with him in El Centro since Tuesday the 21st. On
 11 the 22nd, they loaded up and drove to Glamis to ride off road. Glamis was too busy so they
 12 decided to go to Superstition. They arrived at Superstition at about 8:00 pm and set up
 13 camp at the end of Wheeler Road. Within about 15 minutes, he saw headlights flashing on
 14 Wheeler Road east of his location and new it was his friend Jeff Zinn looking for camp. Mr.
 15 Taylor told his daughter (Allyson Taylor) to take the Rhino, go east on Wheeler Road, and
 16 lead Jeff Zinn to camp. Less than 10 minutes later, he received a cell phone call from
 17 someone who said his daughter had been in an accident and she was ok. The caller also
 18 told him that the little girl in the Rhino with his daughter had been killed. Mr. Taylor was
 19 unaware that his daughter had taken a passenger. He drove to the scene and saw the
 20 Rhino on its right side on top of Abigail West.

21
 22 On 12-19-06 at approximately 0845 hours, myself and Officer Richard Bird #9641, met with
 23 Mr. Taylor at a residence on Slisbee Road in Seeley to inspect the Yamaha Rhino. The
 24 vehicle was located in a locked shed behind the residence. I visually inspected the 2006
 25 Yamaha Rhino and noticed some damage to the right front fender and wheel. I noticed that
 26 the vehicle had a roll cage with no damage and a three point restraint system. I questioned
 27 Mr. Taylor about the lack of damage to the roll cage and the three point restraints. He
 28 related that it was the original equipment from Yamaha and was on the vehicle when he
 29 bought it. He had fabricated his own roll cage that he thought was safer. He removed the
 30 manufacture installed roll cage and three point restraints and installed his own fabricated
 31 roll cage and after market lap belts. He further related that at the time of the collision, the
 32 vehicle was equipped with the after market roll cage and lap belts. I asked him where the
 33 self fabricated roll cage was, and he led me to a pile of metal tubing on the south side of the
 34 shed. The tubing had been cut into pieces with a cutting torch and a chop saw. Officer Bird
 35 picked up a piece of the tubing which appeared to be bent at the bottom flange and asked
 36 Mr. Taylor if it was part of the roll cage. Mr. Taylor related that it was, took the part over to
 37 the Rhino, and showed us how it was bolted into the right rear portion of the Rhino bed. I
 38 asked Mr. Taylor to show me the lap belts that were in the vehicle at the time of the
 39 collision. He picked up a lap belt from a pile of other lap belts located under a shelf on the
 40 north side of the shed. I asked Mr. Taylor why he had reinstalled the original manufacture
 41 equipment and he stated "because I'm trying to sell it". He further related that he had just

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1 recently reinstalled the equipment. He waited for a couple of weeks after the collision just
 2 incase anyone called him. He never received a phone call from authorities about inspecting
 3 the vehicle so he washed it and reinstalled the original equipment.

4
 5 **Witness #2(Harry Nelson):** I contacted Mr. Nelson on 12-19-06 via telephone. He related
 6 he was camping in the same area as Allyson Taylor and Abigail West on 11-22-06. While
 7 at camp, another person in camp (Tiffany Macias) told him that Abigail West had been in an
 8 accident at mile marker 8. He responded to the scene and was about the 3rd or 4th person
 9 there. He saw the Rhino on its right side on top of Abigail West. There was an off duty
 10 EMT doing CPR he went to help. He and the EMT flipped the Rhino off of Abigail and onto
 11 its wheels. He and the EMT both continued with CPR.

12
 13 **Witness #3 (Paula Long):** I contacted Mrs. Long on 12-19-06 via telephone at
 14 approximately 1430 hours. She related she was the first one on scene. She saw the Rhino
 15 in the middle of Wheeler Road on its right side. The roll bar of the Rhino was on top of
 16 Abigail West's head and she noticed that she was still buckled in with the lap belt.

17 OPINIONS AND CONCLUSIONS

18 SUMMARY:

19
 20
 21 Miss Taylor was driving V-1 (Yamaha Rhino) eastbound on a sand dune parallel with
 22 Wheeler Road. She wanted to turn around to travel west back to her camp site. She
 23 began to make a right hand turn down the steep sand embankment toward the roadway.
 24 The combination of Miss Taylor's turning movement, the soft sand, the incline of the hill,
 25 and the weight transfer, caused the tires to lose traction. As the right side tires came off the
 26 ground, Miss Taylor attempted to counter steer but was unable to control the vehicle. V-1
 27 rolled onto its left side and continued to roll over coming to rest on its right side on Wheeler
 28 Road. As V-1 came to a stop, the right front passenger (Abigail West) was partially ejected.
 29 V-1 came to rest on top of Miss West inflicting fatal injuries. This opinion is based on
 30 physical evidence.
 31
 32
 33

34 AREA OF IMPACT (AOI):

35 The AOI (V-1 vs. ground) was determined by physical evidence and was found to be 37'
 36 north of the north road edge of Wheeler Road and 7.95 miles west of the west paved road
 37 edge of Huff Road.
 38

39 CAUSE:

40 Miss Taylor caused this collision when she began to make a right hand turn on the downhill
 41 side of a steep sand embankment in an unsafe manner which caused her vehicle to roll. As

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1 the vehicle rolled, her passenger, Abigail West, was partially ejected and sustained fatal
 2 injuries. This is a violation of 38314 VC which states that no person shall turn an off-
 3 highway motor vehicle from a direct course or move left or right until such movement can be
 4 made with reasonable safety.

5

RECOMMENDATIONS

6
 7 I recommend a copy of this report be sent to the Imperial County District Attorney's office
 8 for review and the filing of the following charges on Miss Taylor:

9

10 38314 VC (unsafe turning movement for off-highway vehicle) Established when Miss Taylor
 11 who, while traveling down a steep sand dune, unsafely turned her vehicle which caused it to
 12 lose traction and overturn.

13

14 192(c)(2) PC (Vehicular manslaughter without gross negligence). Established by Miss
 15 Taylor who unlawfully and without malice, caused the death of Abigail West, while driving a
 16 vehicle in the commission of an unlawful act, not amounting to a felony, and without gross
 17 negligence.

18

PREPARER'S NAME AND I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
DeeAnn L. Goudie #11952	12-18-06		

Source Identification Sheet

The Victim: Abigail Rae West, DOB: 6/16/93, of 2797 Ironwood Road, Imperial, CA 92251. The victim was not interviewed as she died in the incident.

The Driver of the Vehicle: Allyson Brooke Taylor, DOB: 5/15/91, of 1015 Lenrey Ave., El Centro, CA 92243. Efforts to interview her were unsuccessful. She was not injured in the incident.

Coroner's Office:
Imperial County Coroner's Office
328 Applestill Rd.
El Centro, CA 92243

Highway Patrol:
California Highway Patrol
El Centro, CA



Imperial County Coroner's Office



328 Applestill Rd. El Centro, CA 92243

Phone: (760) 339-6328 Fax: (760) 339-6330

COPY

Danielle Rylea Bernard

Coroner Case Number: 06-202

CLASSIFICATION	Manner of Death Accident (Vehicle)	Sub Manner of Death				Deputy Coroner Charles R. Lucas	
	Type of Medical Examination Autopsy	Time Departed 1125	Time Arrival 1209	Date of Death 11/26/2006	Time of Death 1108		
DECEDENT PERSONAL DATA	Name-First (b)(3) CPSA Section 25(c),(b)(6)	Middle	Last		Marital Status Unknown		
	Age 18	Date of Birth (b)(3) CPSA Section 25(c)	Place of Birth CA, United States	Height 5' 07"	Weight 135	Hair Brown	
	Sex F	Teeth Unknown	Race White	SSN (b)(3) CPSA			
	Scars, Marks, Tattoos						
RESIDENCE	Address (b)(3) CPSA Section 25(c),(b)(6)					City	State
PLACE OF DEATH	Place Open Desert					County Imperial	
	Address N. 33.13135 W. 115.96994			City Salton City		State CA	
REPORTING INFORMATION	Death Reported By	Agency West Shores Ambulance		Date 11/26/2006	Time 1111	Removed From Scene To Coroner's Facility	
	Address 83 Desert Shores Drive			City Desert Shores	State CA	Zip 92275	
CAUSE OF DEATH	Immediate Cause: Craniocerebral Injuries						
	Due to: Blunt Force Trauma to Head						
	Due to:						
	Due to:						
OTHER SIGNIFICANT CONDITIONS	None						
INJURY INFORMATION	Place of Injury N. 33.13135 W. 115.96994			Injury at Work? No	Date of Injury 11/26/2006	Time 1014	
	Address of Injury One mile north of Highway 78 and Pole Line Road		City Salton City		County Imperial	State CA	
	Injury Description Decedent was the driver of an off-road vehicle that was involved in a rollover accident.						
IDENTIFICATION	Identification Method Visually			Identified By (b)(3) CPSA Section 25(c),(b)(6)			
NOTIFIED	Name (b)(3) CPSA Section 25(c),(b)(6)	Relationship Father		Mailing Address (b)(3) CPSA Section 25(c),(b)(6)			
	Notified By (b)(3) CPSA Section 25(c),(b)(6)		How Notified In Person		Date 11/26/2006	Time 1215	
ADDITIONAL INFORMATION	Physician	Other Investigation CHP El Centro		Funeral Home (b)(3) CPSA Section 25(c),(b)(6)			

CONFIDENTIAL
DO NOT REPRODUCE OR RELEASE TO ANYONE OUTSIDE THE CRIMINAL JUSTICE SYSTEM

The foregoing instrument is a correct Copy Of The Original On File In This Office.

Raymond Loera, Sheriff-Coroner

(b)(3) CPSA Section 25(c),(b)(6)
 (b)(3) CPSA Section 25(c),(b)(6)
 Sheriff-Coroner
 Imperial, State of CA
 (b)(3) CPSA Section 25(c),(b)(6)
 Supervising Deputy Coroner
 (b)(3) CPSA Section 25(c),(b)(6)
 Supervising Deputy Coroner

06-202

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

2

COPY

DEPUTY CORONER:

I, (b)(3):CPSA Section 25(c),(b)(6) Deputy Coroner, accompanied by

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

Supervising Deputy Coroner, conducted this investigation for the Imperial County Coroner's Office.

RECEIPT OF CALL:

On November 26, 2006, at approximately 1111 hours, Supervising Deputy Coroner (b)(3):CPSA Section 25(c),(b)(6) received a telephone call at his residence from the Imperial County Sheriff's Office Communication Center, advising him of a coroner case involving a deceased person located at Pole Line Road, north of Highway 78. We immediately responded to that location.

ARRIVAL AT SCENE:

On November 26, 2006, at approximately 1125 hours, we arrived at the scene and met with California Highway Patrol Officer Oberg, who directed us to the decedent's location.

DESCRIPTION OF SCENE / GPS:

The scene is that of an open desert area. The area specifically is the Ocotillo Wells Off-Highway Recreation Area.

The GPS for the decedent's location is N 33.13135 and W 115.96994.

VIEWING OF DECEDENT:

Upon my arrival, I saw the decedent was covered with a white sheet and lying supine on the ground. The decedent was lying approximately three feet southwest of an overturned off-highway vehicle. The decedent had an endotracheal tube inserted into her mouth, one electrocardiogram patch attached

06-202

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

COPY 3

1 to her left upper chest, one electrocardiogram patch attached to her right upper
2 chest and one electrocardiogram patch attached to her left side. The decedent
3 had one intravenous line inserted into her left inner elbow, and one intravenous
4 line inserted into her right inner elbow. The decedent had a chest tube inserted
5 into her left side, and an intravenous line inserted into the center of her chest.
6 The decedent appeared to have trauma to the left side of her head, as noticed by
7 her hair being blood soaked on the left side.

8 The decedent did not show signs of rigor, lividity or cyanosis. I did not
9 observe any signs of foul play type trauma to the decedent's person.

10 The decedent is a white female adult, 18 years of age, 5'07" tall, weighing
11 approximately 135 lbs, with brown hair and brown eyes.

12 I further noted the decedent was wearing a black shirt that was opened to
13 assist medical personnel, black riding pants, and black riding boots.

14 **PROPERTY:**

15 While at the scene I initiated an Imperial County Coroner's Office property
16 receipt with a number of 1372, to reflect that no property was retained by the
17 Imperial County Coroner's Office.

18 **REMOVAL / TRANSPORTATION:**

19 Prior to removal the decedent was placed in a removal pouch and then
20 transported to the Imperial County Coroner's Facility, located at 799 Highway 86,
21 Brawley, CA.

22 **IDENTIFICATION:**

23 The decedent's father, (b)(3):CPSA Section 25(c),(b)(6) identified her as (b)(3):CPSA Section 25(c),(b)(6)

06-202

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

4

1 with a date of birth of November 24, 1988.

COPY

2 **NOTIFICATION:**

3 I made formal notification to the decedent's father (b)(3):CPSA Section 25(c),(b)(6) on

4 November 26, 2006, at approximately 1215 hours.

5 **X-RAYS:**

6 No x-rays were taken of the decedent.

7 **POST MORTEM EXAMINATION:**

8 On November 28, 2006, at approximately 0845 hours, a post mortem
9 examination was conducted under the direction of (b)(3):CPSA Section 25(c),(b)(6)

10 Forensic Pathologist. Present at the post mortem examination were Autopsy

11 Assistant (b)(3):CPSA Section 25(c),(b)(6) and Supervising Deputy Coroner (b)(3):CPSA Section 25(c),(b)(6)

12 At the conclusion of the post mortem examination at approximately 0925
13 hours, (b)(3):CPSA Section 25(c),(b)(6) listed the cause of death as; (A) **Craniocerebral injuries**, (B)

14 **Blunt force trauma to head**

15 **FINGERPRINTS / PHOTOGRAPHS:**

16 Supervising Deputy Coroner (b)(3):CPSA Section 25(c),(b)(6) took fingerprints at the post
17 mortem examination.

18 I took photographs of the scene and Supervising Deputy Coroner (b)(3):CPSA Section 25(c),(b)(6)

19 (b)(3):CPSA took photographs at the post mortem examination.

20 **INVESTIGATION:**

21 Subsequent investigation revealed that the decedent was driving an off-
22 highway vehicle, traveling in a northeastern direction. The area being traveled
23 was that of an off-highway open desert area, open to off-highway recreational

06-202

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

COPY 5

1 vehicles. The vehicle was a Yamaha, golf-cart type utility vehicle. The decedent
2 attempted to turn the vehicle and the vehicle turned over onto the driver side,
3 where the decedent was seated. The vehicle roll-over bar appeared to have
4 struck the decedent on her right side head area.

5 Medical attention was immediately summoned. Upon the arrival of
6 Paramedic (b)(3):CPSA Section 25(c) he was unsuccessful in attempting to revive the decedent.
7 Paramedic (b)(3):CPSA Section 25(c) described the decedent's condition to (b)(3):CPSA Section 25(c),(b) via radio.
8 The decedent was pronounced at the scene by (b)(3):CPSA Section 25(c),(b) at 1108 hours.
9

10 Based upon all of the evidence, toxicology and autopsy information, this
11 case has been classified as an **accidental** death by, the Imperial County
12 Coroner's Office and me.

12 TOXICOLOGY TESTS:

13 On November 28, 2006, during the post mortem examination, a sample of
14 the decedent's bile and tissue were retained for toxicology testing.

15 On December 14, 2006, the Imperial County Coroner's Office received the
16 toxicology test results, which indicates that the decedent ingested nothing
17 detectable prior to her death. For further information refer to Toxicology Report in
18 the file.

19 WITNESSES:

- 20 1. (b)(3):CPSA Section 25(c), (b)(6) M.D., Forensic Pathologist, Rancho Mirage, CA
- 21 2. Victor Solorio, Autopsy Assistant, Imperial County Coroner's Facility,
22 Brawley, CA
- 23 3. (b)(3):CPSA Section 25(c),(b)(6) Coroner Investigator, Coroner's Office, Imperial County

06-202

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

COPY 6

1 Sheriff's Department, El Centro, CA

2 4. (b)(3).CPSA Section 25(c),(b)(6) Supervising Deputy Coroner, Coroner's Office, Imperial

3 County Sheriff's Department, El Centro, CA

4 **REFERENCE NOTES:**

5 1. Death certificate as filed with the Imperial County Health Department in file

6 2. Autopsy protocol as per (b)(3).CPSA Section 25(c),(b)(6) in file

7 3. Imperial County Coroner's property receipt numbered 1372 in file

8 4. Toxicology test results in file

9 5. Photographs on file

10 6. Digital Photographs on Compact Disc in file

11 7. Fingerprints in file

12 8. California Highway Patrol Report, with a number of 06 11 52, as
13 completed by Officer Oberg in file

14
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06-202

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

7

COPY

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

Sheriff-Coroner

Imperial County, CA

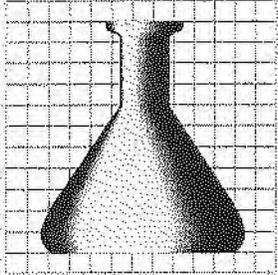
BY:

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

Supervising Deputy Coroner

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

BIO-TOX



BIO-TOX LABORATORIES

Director
(b)(3)CPSA Section 25(c) M.D.

Chief Toxicologist
(b)(3)CPSA Section 25(c)

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

COPY

IMPERIAL COUNTY SHERIFF-CORONER
328 APPLESTILL RD.
EL CENTRO, CA 92243

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

PATIENT NAME	SEX	DATE OF DEATH		
(b)(3)CPSA Section 25(c),(b)(6)	F	11/26/06		
BTL NUMBER	REQUESTING AGENCY	REQUESTED BY	AGENCY NUMBER	
6-84496-3	2438	(b)(6)	06-202	
SPECIMEN	DATE COLLECTED	TIME TAKEN	DATE RECEIVED	DATE REPORTED
SPLEEN	11/28/06	09:15	12/04/06	12/07/06

EXPANDED IMMUNOASSAY DRUG SCREEN

SAMPLE SCREENED FOR:
AMPHETAMINES (AMPHETAMINE, METHAMPHETAMINE), BENZODIAZEPINES, CANNABINOIDS,
COCAINE AND/OR METABOLITE, OPIATES (MORPHINE, CODEINE) PHENCYCLIDINE (PCP),
BARBITURATES AND ALCOHOL.

TEST	RESULTS
ALCOHOL, ETHYL SPLEEN	NONE DETECTED
TRAFFIC PANEL SPLEEN	NONE DETECTED

The Foregoing Instrument Is A Correct Copy Of The Original On File In This Office.

Attest: 4-23-2008
Sheriff-Coroner

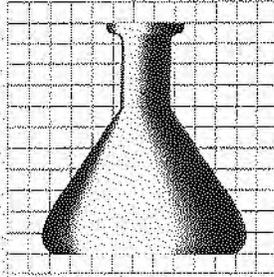
County Of Imperial State Of California
(b)(3)CPSA Section 25(c),(b)(6)

By: [Redacted] Deputy

CONFIDENTIAL

DO NOT REPRODUCE OR RELEASE TO ANYONE
OUTSIDE THE CRIMINAL JUSTICE SYSTEM

BIO-TOX



BIO-TOX LABORATORIES

Director	Chief Toxicologist	Toxicologist
(b)(3) CPSA Section 25(c), (b)(6)		

COPY

IMPERIAL COUNTY SHERIFF-CORONER
 328 APPLESTILL RD.
 EL CENTRO, CA 92243

06-202
 (b)(3) CPSA Section 25(c), (b)(6)

PATIENT NAME	SEX	DATE OF DEATH
(b)(3) CPSA Section 25(c), (b)(6)	F	11/26/06

BTL NUMBER	REQUESTING AGENCY	REQUESTED BY	AGENCY NUMBER
6-84496-3	2438	(b)(6)	06-202

SPECIMEN	DATE COLLECTED	TIME TAKEN	DATE RECEIVED	DATE REPORTED
SPLEEN	11/28/06	09:15	12/04/06	12/07/06

EXPANDED IMMUNOASSAY DRUG SCREEN

SAMPLE SCREENED FOR:
 AMPHETAMINES (AMPHETAMINE, METHAMPHETAMINE); BENZODIAZEPINES, CANNABINOIDS,
 COCAINE AND/OR METABOLITE, OPIATES (MORPHINE, CODEINE) PHENCYCLIDINE (PCP),
 BARBITURATES AND ALCOHOL.

TEST	RESULTS
ALCOROL, ETHYL SPLEEN	NONE DETECTED
TRAFFIC PANEL SPLEEN	NONE DETECTED



CORONER'S OFFICE COUNTY OF IMPERIAL

COPY



HAROLD D. CARTER
Sheriff-Coroner-Marshal

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

Forensic pathologist

AUTOPSY PROTOCOL

NAME OF DECEDENT: (b)(3):CPSA Section 25(c),(b)(6) CORONER'S CASE: #06-202

ANATOMIC SUMMARY:

- I. Blunt force trauma to head
 - A. Craniocerebral injuries
 - 1. Transverse "hinge-type" basal skull fracture
 - a. Subarachnoid hemorrhage, bilateral cerebral hemispheres, base of brain and brain stem
 - 2. Laceration, right postauricular head
 - 3. Blood aspiration, bilateral lungs
- II. Toxicology (see separate report)

CONCLUSION: (Cause of Death)

- A) Craniocerebral injuries
- B) Blunt force trauma to head

OTHER SIGNIFICANT CONDITIONS: None

The foregoing instrument is a correct copy of the original on file in this office.
Attest: 4-23-2008
Sheriff-Coroner

County Of Imperial California
(b)(3):CPSA Section 25(c),(b)(6)
By [Redacted] Deputy

DATE AND TIME OF AUTOPSY: November 28, 2006 @ 8:45 a.m. to 9:25 a.m.

CONFIDENTIAL
DO NOT REPRODUCE OR RELEASE TO ANYONE
OUTSIDE THE CRIMINAL JUSTICE SYSTEM

COPY

NAME OF DECEDENT:
PAGE TWO

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

CORONER'S CASE: #06-202

EXTERNAL EXAMINATION: The body is that of a well-developed and well-nourished young white man which appears to be about the stated age of 18 years old, weighing approximately 135 pounds and measuring approximately 67" in height. The body is in rigor mortis. There are no significant scars over the body. No tattoo is noted. No tracks or needle marks are noted. Intravenous lines are present in the bilateral antecubital fossa. Two separate thoracostomy tubes are present in the left anterior superior chest. A small catheter is present in the epigastric region of the abdomen. A 4 cm incision with a chest tube is present in the left lateral anterior chest. There is a 5 cm irregular open laceration involving the right superior ear helix and postauricular scalp. The hair is brown. The head is not remarkable except for the previously described injury. The eyes are brown. The eyes and ears show no abnormality. The nose and mouth are normal and the mouth contains an endotracheal tube. The chest and abdomen are normal. Genitalia are those of a normal adult female. The extremities show no significant injury. There are no bruises or abrasions over the body.

DESCRIPTION OF INTERNAL INJURIES: Examination of the head reveals a transverse "hinge-type" basal skull fracture involving the bilateral temporal bones and sphenoid bone extending across the pituitary fossa. Examination of the brain reveals subarachnoid hemorrhage over the bilateral cerebral hemispheres, base of brain and brain stem. Examination of the lungs reveals an extensive amount of bilateral blood aspiration.

OPINION: These are fatal craniocerebral injuries due to blunt force trauma to the head.

INTERNAL EXAMINATION: The body is opened with the usual Y-shaped incision. The organs of the thorax and abdomen are in their normal positions. The pleural, pericardial and peritoneal surfaces are smooth and glistening. The mediastinum is in the midline. The liver is at the right costal margin.

CARDIOVASCULAR SYSTEM: The heart weighs 290 gm. The epicardium is smooth and glistening. The myocardium is firm and red-brown. The endocardium and valves are thin and glistening. The coronary arteries are normally developed and show a right predominance. The aorta is normal in caliber. The great vessels of the neck and visceral arteries are normal in size. The great veins contain dark fluid blood admixed with postmortem clots.

RESPIRATORY SYSTEM: The right lung weighs 440 gm, the left 240 gm. The visceral pleurae are smooth and glistening. The cut surfaces show bilateral blood aspiration. The larynx, trachea and major bronchi are lined by smooth glistening mucosa.

GASTROINTESTINAL SYSTEM: The esophagus is normal. The stomach contains 20 cc of brown fluid in the stomach. The small bowel contains red-brown chyme. The large bowel contains green-brown soft stool.

COPY

NAME OF DECEDENT:
PAGE THREE

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

CORONER'S CASE: #06-202

HEPATOBIILIARY SYSTEM: The liver weighs 1,420 gm. The surface is smooth and glistening. The parenchyma is soft and pale. The gallbladder is normally developed and contains 4 cc of bile. The bile ducts are normally developed. The pancreas is firm and pale.

HEMATOPOIETIC SYSTEM: The spleen weighs 320 gm. The surface is smooth. The parenchyma is soft and congested. The bone marrow is firm and red-brown.

UROGENITAL SYSTEM: The right kidney weighs 110 gm, the left 120 gm. The surfaces are smooth. The cortices are well demarcated from the medulla. The renal pelves, ureters and urinary bladder are normally developed. The bladder is empty. The uterus, tubes and ovaries are normally developed.

ENDOCRINE SYSTEM: The pituitary, thyroid and adrenal glands are normal in size and configuration.

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeleton is normally developed and shows the previously described craniocerebral injuries.

CENTRAL NERVOUS SYSTEM: The brain weighs 1,300 gm. The cerebral hemispheres are symmetrical with normal convolutions. The leptomeninges show extensive subarachnoid hemorrhage over the entire brain surface. The cortex is well demarcated from the white matter. The ventricles are normal in size and lined by smooth glistening ependyma. The cerebrospinal fluid is clear. The basal ganglia are well delineated. The cerebellum, brain stem and Circle of Willis are normally developed.

FORENSIC PHOTOGRAPHY: Photographs are taken prior to beginning and during the autopsy.

FORENSIC RADIOLOGY: No x-rays of the body are taken.

TOXICOLOGY: Blood and spleen are submitted for routine toxicology.

HISTOLOGY: Tissue is retained in the hold jar.

OPINION: On the basis of the autopsy findings, it is evident that this 18-year-old white woman suffered from craniocerebral injuries due to blunt force trauma to the head which resulted in her rapid demise.

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

Forensic Pathologist

Date

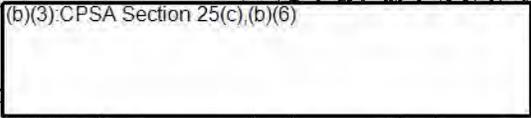
4/16/07

AUTOPSY CHECK LIST

COPY

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

Name of Decedent:



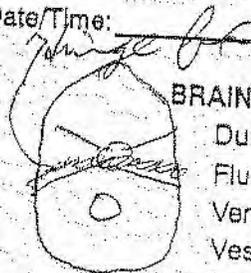
File Number:

06-202

Autopsy Location:

Doctor:

Date/Time:



EXTERNAL WT 175 lbs
HT 67" lbs

PERITONEUM

Fluid

Adhes

LIVER WT 420

Caps

Lobul

Fibros

GB w/ 4cc bile

Calc

Bile ducts

SPLEEN WT 320

Color

Consists

Malpig

PANCREAS

ADRENALS

KIDNEYS WT

R 110

L 120

Caps

Cortex

Vessels

Peivis

Ureter

BLADDER w/ empty

GENITALIA

Prost

Testes

Uterus

Tubes

Ovar

OESOPHAGUS

STOMACH

DUOD & SM INT

APPENDIX ⊕

LARGE INT

ABDOM NODES

SKELETON

Spine

Marrow

BRAIN WT 1300

Dura

Fluid

Ventric

Vessels

Ears

Nasal Sin

Subarach
gran over
olive surface

Sciera

Teeth

Mouth

Tongue

Nose

Chest

Breasts

Abdomen

Scar

Genital

Edema

Skin

Decub

HEART WT 290

Pericard

Hypert

Dilat

Muscle

Valves

Coronary

AORTA

VESSELS

LUNGS WT

R 440

L 240

Adhes

Fluid

Atelectasis

Oedema

Congest

Consol

Bronchi

Nodes

PHARYNX

TRACHEA

THYROID

THYMUS

NECK

beat
Blood.
asp.

PHOTO

YES

NO

TOXICOLOGY

Blood

Bile

Urine

Stomach Content

Liver

Brain

Vitrious

Spleen

Kidney

TISSUE

Tissue Bag

Cassettes

Frozen

BODY X-RAYS

Yes

No

ADDITIONAL COMMENTS:

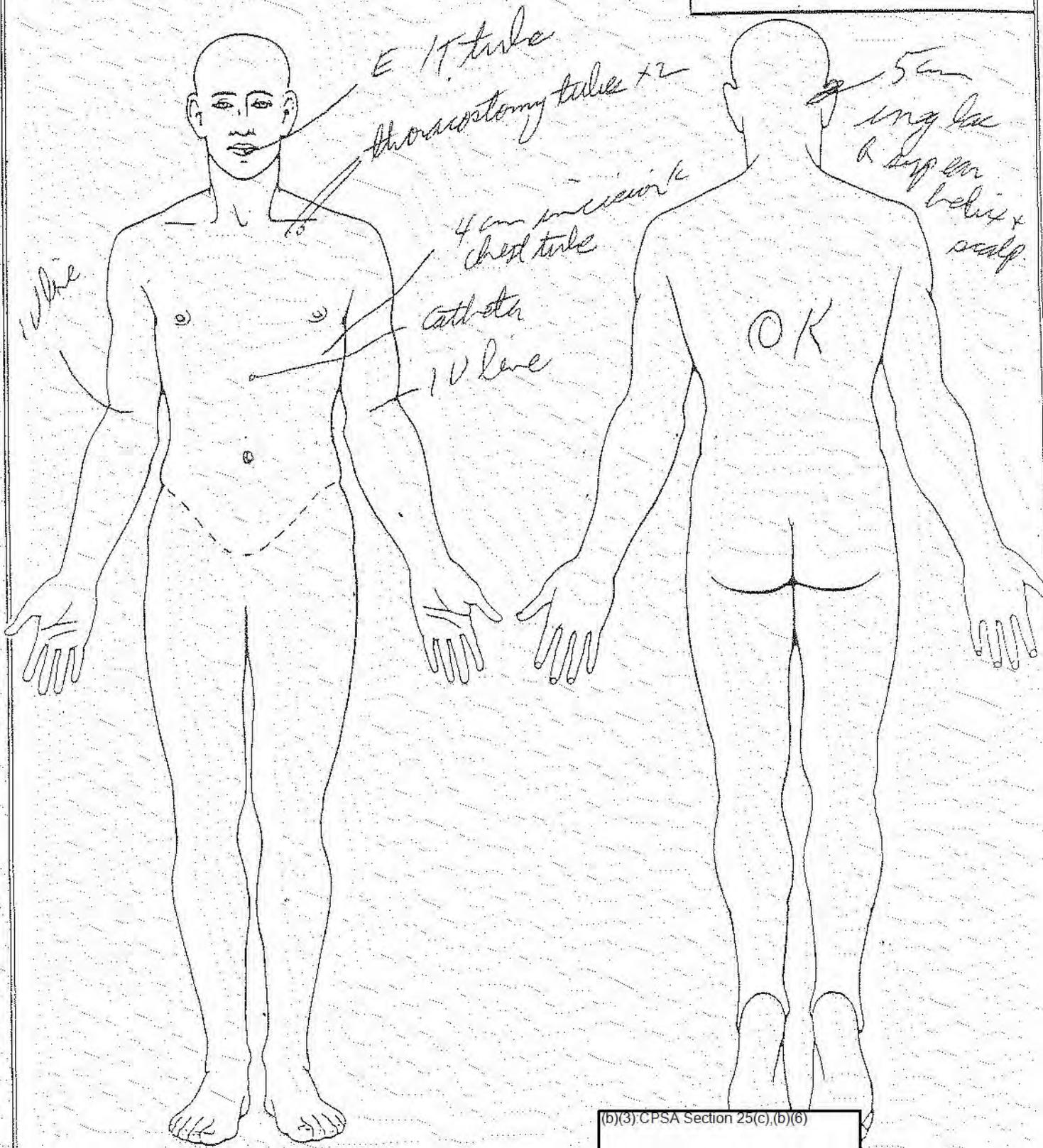
20cc tan blood



COPY

06-202
Bernard, Chivelle

20



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

Deputy Medical Examiner M.D.



Imperial County Coroner's Office

328 Applestill Rd. El Centro, CA 92243

Phone: (760) 339-6328 Fax: (760) 339-6330



AUTOPSY MEMO

COPY

NAME	(b)(3):CPSA Section 25(c),(b)(6)		SEX	F	HEIGHT	6'7"
Death DATE	11/26/2006	AGE	18	WEIGHT	135	
TIME	1108	RACE	White	HAIR	Brown	
PLACE	Open Desert	COMPLX		EYES	Brown	

Place of Autopsy Imperial County Coroner's Facility, 799 Highway 86, Brawley, California, 92227

Attending Physician (if any) _____

SUMMARY OF CASE:

The decedent was the driver of an off-road vehicle. The decedent turned the vehicle causing it to turn on the driver side. There was hair and blood on an eyelet located on the left side roll over bar. The decedent had trauma on the left side of her head above her ear.

LAB TESTS: Traffic Coroner Comprehensive Other

on spleen

AUTOPSY REPORT

DATE 11/27/2006 TIME _____ NATURAL ACCIDENT HOMICIDE

PATHOLOGIST Dr. Garber SUICIDE PENDING UNDETERMINED

TECHNICIAN _____ SPECIMENS RETAINED: BLOOD BILE URINE TISSUE

X-RAYS TAKEN # _____ JAWS TAKEN LIVER VIT. CSF

CAUSE OF DEATH: (A) cranio-cerebral injuries - spleen

(B) blunt force trauma to head - face

(C) _____

(D) _____

OTHER CONDITIONS: None

Decedent: (b)(3):CPSA Section 25(c),(b)(6)
Case Number: 06-202

Deputy Coroner: (b)(3):CPSA Section 25(c),(b)(6)
Date: 11/27/2006



Imperial County Coroner's Office

328 Appiestill Rd. El Centro, CA 92243

Phone: (760) 339-6328 Fax: (760) 339-6330



AUTOPSY INFORMATION SHEET

COPY

Autopsy Date: 11/27/2006 Time Start: 0845 Time End: 0925 Seal Cut: _____

Coroner at Post:

(b)(3):CPSA Section 25(c)(b)(6) ~~Deputy~~

(b)(3):CPSA Section 25(c)(b) Supervising Deputy Coroner

Pathologist:

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

Autopsy Assistant:

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

I.D. Division

Witnesses:

Name	Agency

NOTES:

Central Blood (time):	By:	Chest Blood (time):	By:
Peripheral Blood (time):	By:	Vitreous Humor:	By:
Urine Taken:	By:	Liver for Tox:	By:
Spleen 0915	DR G	Bile: 0910	DR G

Body Organ Weights (Grams):

Right Kidney: 110	Right Lung: 440	Brain: 1300
Left kidney: 120	Left Lung: 240	Stomach:
Liver: 1420	Heart: 290	Uterus:
Spleen: 320	Pancreas:	Other:

Has Appendix

Decedent:

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

Case Number: 06-202

Deputy Coroner:

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

Date

11/27/2006

Deputy Coroner

TRAFFIC COLLISION REPORT

CHP 555 CARS Page 1 (Rev 9-05) OPI 061

FATAL

SPECIAL CONDITIONS FATAL PUBLIC PROPERTY OFF HIGHWAY		NUMBER INJURED 0	IS A RUN FELONY	CITY UNINCORPORATED BRAWLEY	JUDICIAL DISTRICT		LOCAL REPORT NUMBER 06 11 52				
		NUMBER KILLED 1	IS A RUN MISDEMEANOR	COUNTY IMPERIAL	REPORTING DISTRICT		BEAT 906	DAY OF WEEK SUNDAY	TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LOCATION	COLLISION OCCURRED ON: OCOTILLO WELLS RECREATION AREA				MO 11	DAY 26	YEAR 2006	TIME (2400) 1040	NGIC # 9625	OFFICER I.D. 011540	
	MILEPOST INFORMATION:								PHOTOGRAPHS BY: SEE MISC BOX <input type="checkbox"/> NONE		
	AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: 2 MILE(S) NORTH OF SR 78						STATE HWY REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
PARTY 1	DRIVER'S LICENSE NUMBER D6276890		STATE CA	CLASS C	AIR BAG A	SAFETY EQUIP. G		VEH. YEAR 2006	MAKE / MODEL / COLOR YAMAHA RHINO PLE/BLK	LICENSE NUMBER NONE	STATE
DRIVER <input checked="" type="checkbox"/>	(b)(3): CPSA Section 25(c), (b)(6)								OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER		
PEDES TRIAN	(b)(3): CPSA Section 25(c), (b)(6)								OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER		
PARKED VEHICLE	(b)(3): CPSA Section 25(c), (b)(6)								DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		
BICY CLIST	SEX F	HAIR BRN	EYES BRN	HEIGHT 5-06	WEIGHT 125	BIRTHDATE (b)(3): CPSA Section 25(c), (b)(6) Year		RACE W	DRIVEN BY R/O - (760)949-4334700		
OTHER	(b)(3): CPSA Section 25(c), (b)(6)		BUSINESS PHONE NONE		PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> INONE APP. <input type="checkbox"/> REFER TO NARRATIVE						
	INSURANCE CARRIER NONE		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER 5Y4AM04Y95A018711		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE SHADE IN DAMAGED AREA TO VEH		
	DIR OF TRAVEL E		ON STREET OR HIGHWAY OPEN DESERT		SPEED LIMIT N/A		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MCMX _____		
PARTY 2	DRIVER'S LICENSE NUMBER		STATE	CLASS	AIR BAG	SAFETY EQUIP.		VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
DRIVER	NAME (FIRST, MIDDLE, LAST)										
PEDES TRIAN	STREET ADDRESS										
PARKED VEHICLE	CITY / STATE / ZIP										
BICY CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year		RACE	DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER <input type="checkbox"/>		
OTHER	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS <input type="checkbox"/> INONE APP. <input type="checkbox"/> REFER TO NARRATIVE						
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE SHADE IN DAMAGED AREA		
	DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____		CAL-T _____ 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)										
PEDES TRIAN	STREET ADDRESS										
PARKED VEHICLE	CITY / STATE / ZIP										
BICY CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE Mo Day Year		RACE	DISPOSITION OF VEHICLE ON ORDERS OF: OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		
OTHER	HOME PHONE		BUSINESS PHONE		PRIOR MECHANICAL DEFECTS <input type="checkbox"/> INONE APP. <input type="checkbox"/> REFER TO NARRATIVE						
	INSURANCE CARRIER		POLICY NUMBER		VEHICLE IDENTIFICATION NUMBER		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE SHADE IN DAMAGED AREA		
	DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT		CA _____ DOT _____		CAL-T _____ TCP/PSC _____ MCMX _____		
PREPARER'S NAME S. D. OBERG 011540			DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			REVIEWER'S NAME KMBIRD 9641			DATE REVIEWED 12/27/06		

TRAFFIC COLLISION CODING

DATE OF COLLISION (MO., DAY, YEAR) 11/26/2006	TIME (2400) 1040	NCIC # 9625	OFFICER I.D. 011540	NUMBER 06 11 52
PROPERTY OWNER	OWNER ADDRESS			NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
DAMAGE	DESCRIPTION OF DAMAGE			

SEATING POSITION <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STA. WGN REAR 8 - RR. OCC TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT 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 V - NO W - YES X - NO Y - YES CHILD RESTRAINT V - NO W - YES X - NO Y - YES	INATTENTION CODES A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONNEL HYGIENE J - READING K - OTHER
---	--	--	--

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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
1 A VC SECTION VIOLATED: CITED 38314	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE				B PROCEEDING STRAIGHT
C OTHER THAN DRIVER*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
D UNKNOWN*	D NO CONTROLS PRESENT / FACTOR*		X		D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
WEATHER (MARK 1 TO 2 ITEMS)	TYPE OF COLLISION				E SCHOOL BUS RELATED		X		E MAKING LEFT TURN
X A CLEAR	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
B CLOUDY	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
C RAINING	C REAR END				H				H SLOWING / STOPPING
D SNOWING	D BROADSIDE				I				I PASSING OTHER VEHICLE
E FOG / VISIBILITY FT.	E HIT OBJECT				J				J CHANGING LANES
F OTHER*	F OVERTURNED				K				K PARKING MANUEVER
G WIND	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
LIGHTING	H OTHER*				M				M OTHER UNSAFE TURNING
X A DAYLIGHT	I OTHER*				N				N XING INTO OPPOSING LANE
B DUSK - DAWN	MOTOR VEHICLE INVOLVED WITH				O				O PARKED
C DARK - STREET LIGHTS	X A NON - COLLISION				P				P MERGING
D DARK - NO STREET LIGHTS	B PEDESTRIAN				Q				Q TRAVELING WRONG WAY
E DARK - STREET LIGHTS NOT FUNCTIONING*	C OTHER MOTOR VEHICLE				OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				R OTHER*
ROADWAY SURFACE	D MOTOR VEHICLE ON OTHER ROADWAY		1	2	A VC SECTION VIOLATED: CITED	YES			SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS)
X A DRY	E PARKED MOTOR VEHICLE				B VC SECTION VIOLATED: CITED	YES			
B WET	F TRAIN				C VC SECTION VIOLATED: CITED	YES	1	2	
C SNOWY - ICY	G BICYCLE				D	NO			A HAD NOT BEEN DRINKING
D SLIPPERY (MUDDY, OILY, ETC.)	H ANIMAL				E VISION OBSCUREMENT:				B HBD - UNDER INFLUENCE
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	I FIXED OBJECT				F INATTENTION*:				C HBD - NOT UNDER INFLUENCE*
A HOLES, DEEP RUT*	J OTHER OBJECT				G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN*
B LOOSE MATERIAL ON ROADWAY*	PEDESTRIAN'S ACTIONS				H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE*
C OBSTRUCTION ON ROADWAY*	X A NO PEDESTRIANS INVOLVED				I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL*
D CONSTRUCTION - REPAIR ZONE	B CROSSING IN CROSSWALK AT INTERSECTION				J UNFAMILIAR WITH ROAD		X		G IMPAIRMENT NOT KNOWN
E REDUCED ROADWAY WIDTH	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				K DEFECTIVE VEH. EQUIP.: CITED	YES			H NOT APPLICABLE
F FLOODED*	D CROSSING - NOT IN CROSSWALK				L UNINVOLVED VEHICLE	NO			I SLEEPY / FATIGUED
G OTHER*	E IN ROAD - INCLUDES SHOULDER				M OTHER*				
X H NO UNUSUAL CONDITIONS	F NOT IN ROAD				N NONE APPARENT				
	G APPROACHING / LEAVING SCHOOL BUS		X		O RUNAWAY VEHICLE				

SKETCH

SEE PAGE 4

INDICATE NORTH

MISCELLANEOUS

6 POLAROID PHOTOS TAKEN BY SGT SACKETT ATTACHED TO REPORT. DIGITAL PHOTOS TAKEN BY RANGER MILLER RETAINED BY HIM.

STATE OF CALIFORNIA

INJURED / WITNESSES / PASSENGERS

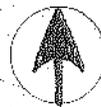
CHP 555 CARS Page 3 (Rev 9-05) OPI 061

DATE OF COLLISION (MO. DAY YEAR) 11/26/2006				TIME(2400) 1040		NCIC # 9625		OFFICER I.D. 011540			NUMBER 06 11.52										
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"/>	18	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	A	G	0			
NAME / D.O.B. / ADDRESS (b)(3):CPSA Section 25(c),(b)(6)																TELEPHONE					
(INJURED ONLY) TRANSPORTED BY: ICSO CORONER								TAKEN TO: FRYE CHAPEL, BRAWLEY CA.													
DESCRIBE INJURIES: FATAL - SKULL FRACTURE LEFT SIDE OF HEAD.																					
ICSO CORONER CASE #06-202																					
DEATH PRONOUNCED BY: (b)(3):CPSA Section 25(c),(b)(6)																FROM ECRMC AT 1108 HOURS		<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED	
<input checked="" type="checkbox"/>	# 1	<input type="checkbox"/>	31	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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:																					
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																					
<input checked="" type="checkbox"/>	# 2	<input type="checkbox"/>	43	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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:																					
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																					
<input checked="" type="checkbox"/>	# 3	<input type="checkbox"/>	45	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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:																					
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																					
<input type="checkbox"/>	#	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
NAME / D.O.B. / ADDRESS																TELEPHONE					
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:													
DESCRIBE INJURIES:																					
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																					
PREPARER'S NAME S. D. OBERG				I.D. NUMBER 011540		MO. DAY YEAR 11/26/2006		REVIEWER'S NAME				MO. DAY YEAR									

DATE OF COLLISION (MO. DAY YEAR)	TIME (2400)	NOIC #	OFFICER I.D.	NUMBER
11-26-06	1040	9625	11540	06-11-52

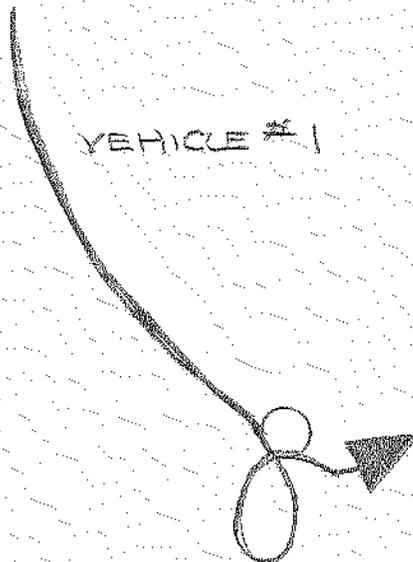
ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE =)

SKETCH



INDICATE NORTH

OCOTILLO WELLS OFF ROAD
RECREATIONAL AREA



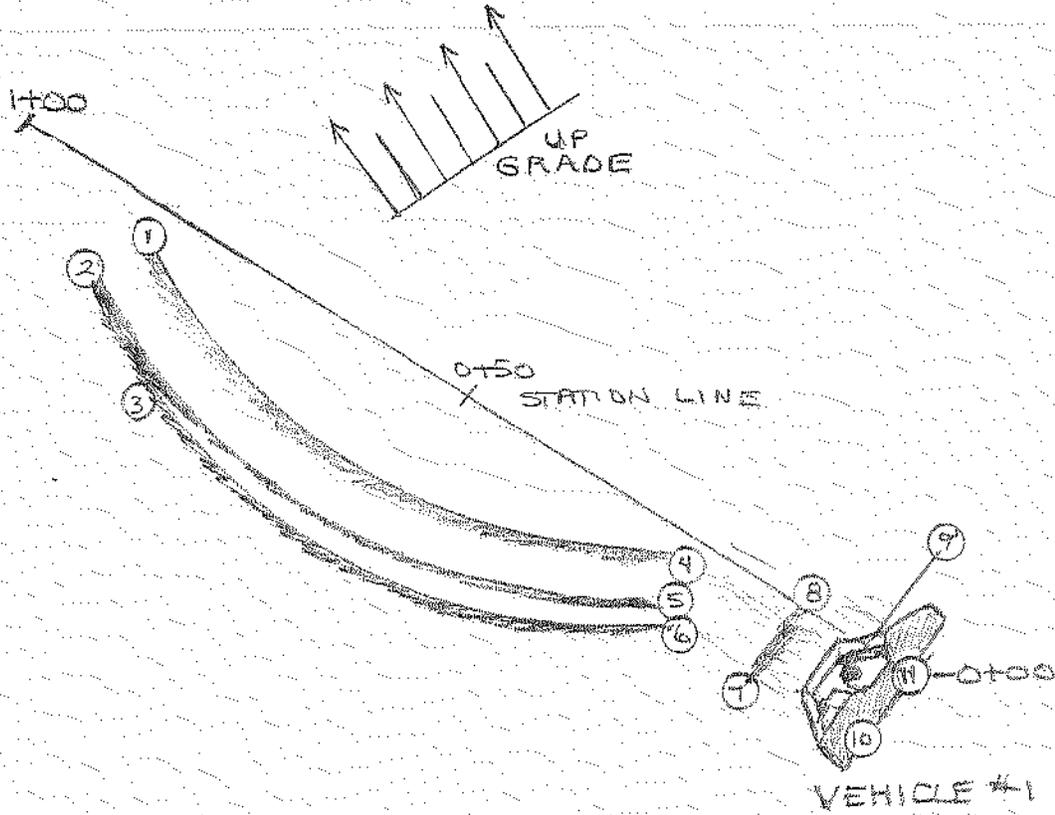
PREPARED BY	I.D. NUMBER	MO. DAY YEAR	REVIEWER'S NAME	MO. DAY YEAR
D. SACKETT	10032	11-26-06		

DATE OF COLLISION (MO. DAY YEAR): 11-26-06	TIME (24HR): 1040	INCIDENT #: 9625	OFFICER I.D. #: 11540	NUMBER: 06-11-52
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



COOTILLO WELLS OFF ROAD
RECREATIONAL AREA



PREPARED BY: D. SACKETT	I.D. NUMBER: 10032	MO. DAY YEAR: 11-26-06	REVIEWER'S NAME:	MO. DAY YEAR:
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STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 6

DATE OF INCIDENT 11/26/2006	TIME 1040	NCIC NUMBER 9625	OFFICER I.D. 11540	NUMBER 06-11-52
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DIAGRAM LEGEND:

Due to the remote location of this traffic collision a Station Line (S. L.) was established along the north side of the physical evidence running in a northwesterly direction. Station 0+00 was located on the S. L. at the center of Vehicle #1's front axle. Geographically 0+00 was located approximately .2 miles north of the north edge of State Route 78 and 7.1 miles west of the west edge of State Route 86. All measurements were made northwest of 0+00 and left (southwest) of the S. L. All measurements were made by either roll meter or patrol vehicle odometer and are approximations.

ITEM NO.#	N. OR S. OF S. L.	EAST OF 0+00	DESCRIPTION OF ITEMS
1.	5'	0+92	Start acceleration skid mark #1.
2.	7'	0+93	Start acceleration skid marks #2 and 3.
3.	9'	0+65	Skid mark # 3 separates from skid mark #2.
4.	4'	0+23	End skid mark #1.
5.	8'	0+22	End skid mark #2.
6.	9'	0+21	End skid mark #3.
7.	6'	0+10	South end of gouge in dirt surface.
8.	On	0+10	North end of gouge in dirt surface.
9.	4'	0+03	Center of blood pool.
10.	8'	0+02	Center of Vehicle #1's rear axle.
11.	On	0+00	Center of Vehicle #1's front axle.

PREPARER'S NAME D. A. SACKETT	I.D. NUMBER 10032	DATE 11/26/06	REVIEWER'S NAME
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STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 7

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
11/26/2006	1040	9625	11540

1 **FACTS:**

2
3 **Notification:** I received this collision call at 1044 hrs. Responding from the office, I
4 arrived on scene at 1139 hrs. All times, speeds, and distances in this investigation are
5 approximate. Measurements were made with an odometer.

6
7 **Responding Personnel**

8
9 El Centro California Highway Patrol
10 2331 Hwy 86, Imperial Ca. (760)-482-2500
11 Officer Scott Oberg #11540
12 Sergeant Don Sackett #10032

13
14 West Shores Ambulance
15 83 Desert Shores Drive, Desert Shores Ca. (760)-395-6800
16 (b)(3):CPSA Section 25(c),(b)(6) Paramedic #P20056
17 - Paramedic#P23989
18 # 054086
19 EMT#044000

20
21 Ocotillo Wells Fire
22 5841 Hwy 78, Borrego Springs Ca. (760)-764-7430
23 (b)(3):CPSA Section 25(c),(b)(6) ain
24 MT
25 - Firefighter
26 - Firefighter/EMT

27
28 Mercy Air 6
29 9745 Prospect Avenue #204, Santee Ca., (619)- 448-3457
30 (b)(3):CPSA Section 25(c),(b)(6) R.N.
31 dic

32
33 Ocotillo Wells Ranger Station
34 P.O. Box 360, Borrego Springs Ca. (760)-767-0166
35 (b)(3):CPSA Section 25(c),(b)(6) 4
36
37 #3
38
39
40
41

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
S. D. OBERG	11540	12/01/2006		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 8

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	PAGE NUMBER
11/26/2006	1040	9625	11540	06 11 52

1 Imperial County Coroners Office

2 (b)(6)

3

4

5

6 **Scene:** The collision occurred in the open desert of the Ocotillo Wells Recreation
7 Area. This area is open desert which is frequented by off highway vehicle enthusiasts.
8 An improved gravel road referred to as Pole Line Road runs in a north/south direction
9 west of the scene. SR-78 travels in an east/west direction south of the scene. The
10 area is a combination of packed dirt, gravel and soft sand with small mounds and brush
11 in various locations. There were no markings or delineations in the area of the collision.
12 Refer to the factual diagram and legend for area details and measurements.

13

14

15 **Parties:**

16

17 **Party#1** (b)(3)CPSA Section 25(c)(4) Upon my arrival, I found P-1 located on the ground lying on her
18 back a few feet south of V-1. P-1 was declared dead on scene at 1108 hours by
19 (b)(3)CPSA Section 25(c)(4) of El Centro Regional Medical Center (ECRMC) via radio telemetry.
20 (Imperial County Coroner case #C06-202). P-1 was identified as the driver of V-1 by
21 being the sole occupant of the vehicle and witness Chupp. P-1 was identified by her
22 father (c),(b)(6). P-1 was not wearing a helmet at the time of the collision.
23 Goggles were found at the scene under the roll cage of V-1.

24

25 **Vehicle#1 (Yamaha Rhino UTV)** V-1 (utility terrain vehicle) was located at the scene
26 on its left side as shown on the factual diagram. V-1 sustained minor damage. The right
27 front of the roll cage was bent approximately 2". The paint on the top of the roll cage
28 was chipped and scraped. Brakes and steering were in good condition with proper
29 resistance. The tires were in good condition. Four point restraints were available and
30 in use by P-1. Blood was present on the left shoulder portion of the restraint. Strands
31 of long brown hair were present on the left roll cage brace next to the operator position.
32 No prior damage was noted or claimed.

33

34

35 **Physical evidence:** Dirt tire tracks indicating P-1's path of travel across the open
36 desert were located at the scene. Refer to factual diagram and legend.

37

38

39

40

41

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
S. D. OBERG	11540	12/01/2006		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
11/26/2006	1040	9625	11540

06 11 52

STATEMENTS:

All of the following persons were still visibly upset at the time of the interviews.

P-1 (b)(3) CPSA Section 25(c)(b) no statements due to immediate fatal injuries.

24 hour profile I interviewed the friend and father of P-1 at the scene in order to put together this 24 hour profile.

(b)(3) CPSA Section 25(c) (b)(6) was interviewed at the scene. P-1 had arrived on Friday night with her father and brother about 11pm. She had not seen or heard of P-1 ingesting any impairing substances while at the location. She related P-1 was an experienced rider and not prone to reckless maneuvers. This was P-1's first ride of the day. (b)(3) CPSA was not sure how much experience P-1 had with the vehicle she was driving.

(b)(3) CPSA Section 25(c) (b)(6) the father of P-1 was interviewed at the scene. He related that this was P-1's first ride of the day. P-1 had never driven the type of vehicle she was in at the time of the collision.

Witness (b)(3) CPSA was interviewed at the scene at 1155 hours. (b)(3) CPSA related he was at his camp about 1/2 mile away facing the scene. He saw P-1 coming off of the small hill at about 20 mph. P-1 started making a left turn then he saw a full cloud of dust. It appeared to him that V-1 rolled one time. His wife called 911 and he responded to the scene to aid P-1. He found P-1 in the driver seat secured by her restraints. P-1 was breathing but was not conscious and was bleeding from the left side of her head. He did not see P-1 wearing a helmet or goggles.

OPINIONS AND CONCLUSIONS:

Summary: P-1 was eastbound in open desert at 20 mph. P-1 attempted a sharp left turn without decreasing her speed. V-1 rolled clockwise and came to rest on its left side. Summary based on statements, physical evidence and the nature of the collision.

Area of Impact (AOI): The AOI was determined by dirt gouge marks as .2 miles north of SR-78 and 7.1 miles west of SR-86.

Cause: P-1 was in violation caused this collision when she made an unsafe turn causing V-1 to rollover in violation of section 38314 V.C. Cause based upon the nature of the collision and statements.

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
S. D. OBERG	11540	12/01/2006		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/26/2006	1040	9625	11540	06 11 52

1 **RECOMMENDATIONS:**

2 None

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
S. D. OBERG	11540	12/01/2006		

Source Identification Sheet

The Victim: (b)(3) CPSA Section 25(c),(b)(6) DOB: 11/24/88, of (b)(3) CPSA Section 25(c),(b)(6)

(b)(3) CPSA Section 25(c),(b)(6) The victim was not interviewed as she died in the incident.

Coroner's Office:

Imperial County Coroner's Office

328 Applestill Rd.

El Centro, CA 92243

Highway Patrol:

California Highway Patrol

El Centro, CA

1. Task Number 080226HCC2453		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2007 11 11		5. Date Initiated YR MO DAY 2008 02 28	
6. Synopsis of Accident or Complaint UPC none The victim, a 66-year-old male, was riding in a 6-wheeled utility vehicle on a dry, dirt trail and he was not wearing a helmet. He went slightly up on a steep embankment located on the side of the trail, overturned and the utility vehicle landed on him. He sustained a head injury and died at the scene.				
7. Location (Home, School, etc) 9 - SPORTS OR RECREATION PLACE		8. City HEMATITE TWP		9. State MI
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS/RANGER		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC./VIN: 4XARF50A4XD210946 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 66	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 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 05/06/2008		25. Reviewed By 8978		26. Regional Office Director Beverly J. Kohen
27. Distribution Streeter, Robin			28. Source Document Number 0726071438	

The information in this report was based on information received from the sheriff department and the medical examiner's office. A photo of a 6-wheeled utility vehicle was not provided. Contact with the victim's next-of-kin was not permissible.

On Sunday, November 11, 2007, at 11:58 a.m., near S. Porter Lake, in Iron County, Hematite Township, MI, a 66-year-old male victim was riding in a 6-wheeled utility vehicle on a trail located in the woods. The weather condition was hazy and the temperature was 48 degrees.

He went slightly up on a steep embankment which was located on the side of the trail, overturned and the utility vehicle landed on him.

It is unknown what rate of speed the victim was traveling at prior to the incident. He was not wearing any protective gear, such as a helmet. His knowledge regarding operation and/or handling the utility vehicle was unknown.

His height was 5 feet, 6 inches and he weighed 150 pounds. He sustained a head injury and he died at the scene. His cause of death was intracranial hemorrhage. It is unknown whether alcohol and/or illegal drug use were contributing factors to the incident.

Product: 6-wheeled utility vehicle

Brand/Year: Polaris/1999

Manufacturer: Polaris Industries Inc.
2100 Hwy 55
Medina, MN 55340

Model: Ranger

VIN: 4XARF50A4XD210946

Description: green in color

Condition: maintenance history, bought new or used, and prior problems is unknown.

Modification: unknown

080226HCC2453

ATTACHMENTS:

1. Sheriff's Accident Report.
2. Missing Document, photo of the utility vehicle and toxicology report.
3. Contact Information.

Attachment 1 - 080226HCC2453

Iron County Sheriff Dept.

ORIGINAL INCIDENT
REPORT

ORIGINAL DATE Sun, Nov 11, 2007	INCIDENT NO. 036-0002432-07
TIME RECEIVED 1158	FILE CLASS 93001

WORK UNIT	COUNTY Iron	
(b)(6)	TELEPHONE NO. (b)(6)	
CITY FORT ATKINSON	STATE WI	ZIP CODE 53538-
INCIDENT STATUS Open		

FATAL O.R.V. ACCIDENT**INFORMATION:**

On 11/11/2007 at approximately 1158 hrs., Iron County 911 received a call regarding a possible fatal O.R.V. accident near S. Porter Lk. in Hematite Township. Iron County Deputies Boehmke and Valesano were assigned to the complaint.

Deputies were assisted at the scene by Iron River MSP, Amasa Fire Dept., DNR, Iron County Victim's Advocates, and Iron County Greater EMS.

INVESTIGATION:

After investigation by Deputies it appeared that (b)(3):CPSA was West Bound on the two track near Porter Lk., when he lost control of the O.R.V. he was operating. It appeared that the O.R.V. left the roadway and rode slightly up the bank on the North side of the two track road, overturning, and coming to rest on its drivers side. It appeared that (b) received severe head trauma from the accident, and succumbed to his injuries at the scene.

DNR Officer Painter transported (b)(3):CPSA Section 25(c) body to the main road, where he was T.O.T Langenberg Funeral Home.

VENUE:

IRON COUNTY, HEMATITE TWP
AT OR NEAR: NEAR-GOVNT. LOT #4 PORTER LK
T-45-N R-34-W Sec. 5 Hematite Township

DATE & TIME:

ON OR AFTER: SUN, NOV 11, 2007 AT 1120 AND BEFORE: SUN, NOV 11, 2007 AT 1158

COMPLAINANT:

NAME: (b)(6)

RAC: W

ETH:

PAGE 1 of 4	INVESTIGATED BY DEPUTY RYAN D BOEHMKE #3620 DEPUTY MARK VALESANO #368	REPORTED BY <i>[Signature]</i> #3620	REVIEWED BY
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Attachment 1 - 080226HCC2453

Iron County Sheriff Dept.

ORIGINAL INCIDENT
REPORT

ORIGINAL DATE: Sun, Nov 11, 2007	INCIDENT NO: 036-0002432-07
TIME RECEIVED: 1158	FILE CLASS: 93001

TXW:

EYE:

PRN:

INTERVIEW PLYMAN:

(b)(6) stated that (b)(3):CPSA had just stopped by his camp to drop off some Packer Glasses and was on his way back to his camp driving his Polaris six-wheeler. Mr. (b)(6) stated that he and (b)(3):CP had been good friends for years and wanted to go along to help with the notification to (b)(6)

VEHICLE INFORMATION:

1999 Polaris Ranger - Green in Color.
VIN# 4XARF50A4XD210946

VEHICLE DISPOSITION:

The Ranger six-wheeler was moved by first responders and parked off of the roadway. There was no visible damage to the O.R.V.

INSURANCE COMPANY:

Progressive Michigan Ins.
Policy # 42845972-1
INSURER - Kent C. Beauchamp

VICTIMS ADVOCATE:

Trooper Grabowski and Volunteer Fire Fighter Sheri Laukkonen made contact with (b)(6) the deceased's life long friend at their camp on Porter Lake. Close friends stayed at the camp with (b)(6) following the incident, no further assistance was needed from Victims Advocates.

M.E. NOTIFICATION:

Iron County Greater EMS unit # 117 made contact with the Medical Examiner Dr. Rizkalla by Tx and he gave permission to release the body to the Funeral Home.

FUNERAL HOME:

Langenberg Funeral Homes

PICTURES:

Pictures were taken by Deputies from Iron County Sheriff's Office, using the Department issued digital camera.

STATUS:

PAGE 3 of 4	INVESTIGATED BY DEPUTY RYAN D BOEHMKE #3620 DEPUTY MARK VALESANO #368	REPORTED BY  #3620	REVIEWED BY
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Attachment 1 - 080226HCC2453

Iron County Sheriff Dept
 SUPPLEMENTAL INCIDENT
 REPORT 0001

ORIGINAL DATE Sun, Nov 11, 2007	INCIDENT NO. 036-0002432-07
SUPPLEMENTARY DATE Mon, Nov 12, 2007	FILE CLASS

INCIDENT STATUS Open

FATAL ORV ACCIDENT

JOURNAL:

On 11/12/2007 at approximately 1019 hrs., two vials of (b)(3):CPSA Section 25(c) blood was taken by Terry Langenberg. Deputy Boehmke witnessed the blood draw, along with Chief Goreski at 116 4th Ave. in Iron River.(Langenberg Funeral Home)

The blood was packaged,sealed, and sent to the Michigan State Police Lab for testing.

VICTIM:

NAM: (b)(3):CPSA Section 25(c)	RAC: W	ETH:
NBR:	SEX: M	OPS:
STR:	DOB: 01/30/1941	SSN:
SFX:	HGT: 5'06"	SID:
CTY: T: IL	WGT: 150	FBI:
TXH: IP: 60048	HAI:	MNU:
TXW:	EYE: BLU	PRN:

STATUS:

Open

PAGE 1 of 1	INVESTIGATED BY DEPUTY RYAN D BOEHMKE #3620	REPORTED BY <i>[Signature]</i> #3620	REVIEWED BY
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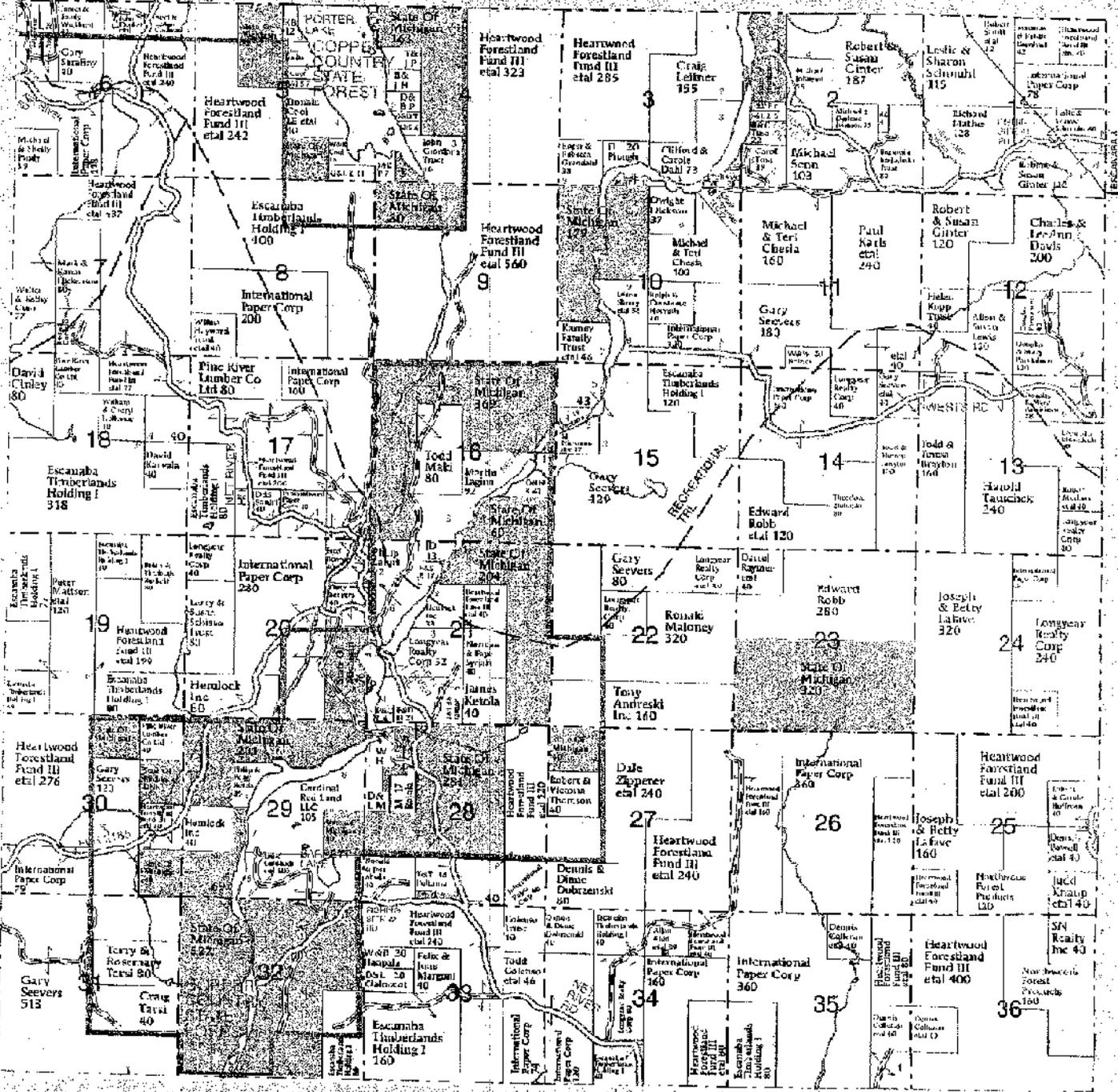
CFA
 Subdivisions
 County Land
 Federal, State & DNR Land
 Farm & Home Publishers, Ltd.

HEMATITE

T45-N • R34-W

See Pages 90-91 For Additional Names.

PORTER TWP SEE PAGE 20
 SEE PAGE 30



IRONVILLE TWP SEE PAGE 30

SEE PAGE 30

BATES TWP SEE PAGE 44



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1-800-722-6691

CITGO locations throughout the area.

Task Number: 080226HCC2453

Date: 5/1/08

Status of Missing Document(s)

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

1. photograph of the 6-wheeled utility vehicle
2. toxicology report
- 3.
- 4.
- 5.

CONTACT INFORMATION:

Contacted on 2/28/08

Iron County Sheriff
2 S. Sixth Street, Suite 18
Crystal Falls, MI 49920
(906)875-0650

Iron County Medical Examiner
1500 West Ice Lake Road
Iron River, MI 49935
(906)265-9001

This investigation was done as follow-up to an internet news report about the incident. A 33-year-old man on a 4-wheel ATV was killed when he crashed into a 6-wheel UTV. The 40-year-old driver of the UTV received a broken arm in the crash. The UTV driver's 6-year-old son was not injured. All of the people involved were wearing helmets. The helmet was photographed by the Coroner's office, but the manufacturer was not identified.

Incident

This incident took place on a riverbed in a rural area. There was snow and ice on the riverbed. The crash happened around 3:55 p.m. on 2-23-08.

The 4-wheel ATV was owned and driven by a 33-year-old man. He had been riding along the riverbed area with several friends for about 4 hours prior to the incident. The coroner's report showed no evidence of drugs or alcohol in the ATV man's system. The ATV man was wearing a helmet during the ride.

The 6-wheel UTV was owned and driven by a 40-year-old man. He was riding with his 6-year-old son on the passenger side seat in the UTV. Both UTV riders were wearing helmets and had seatbelts on during their ride. The police report does not state how long the UTV man had been riding that day.

Both drivers involved in the crash were from the nearby area of the river. There is no information about their experience with the vehicles they were driving or any training they may have had.

According to the ATV group, they had been riding along the river, headed east. The ATV man was ahead of the rest of the group. The police report estimated he had been traveling at 40 mph prior to the crash.

The UTV man was driving westbound on the river, at an estimated speed of 25 mph.

Both drivers were approaching a curve on the river just before the crash. According to the police report, the UTV man saw the ATV man headed towards him and attempted to turn to the right to avoid a head-on crash. The UTV skidded to a stop, pointing north at approximately the middle of the riverbed.

The ATV man tried to stop also, but skidded to the left until the ATV began traveling backwards for a short time before stopping. When the ATV stopped, the ATV man was thrown off the back of his ATV where he hit his head against the UTV. The ATV slid back after the man was thrown, coming to rest against the UTV and pinning the ATV man between both vehicles.

The ATV group said they pulled the ATV off the ATV man and noticed he was not breathing. They started CPR while waiting for emergency assistance to arrive. In order to start CPR, the ATV group removed the ATV man's helmet.

When rescue agencies arrived, they were not able to revive the ATV man, and he was transported to a local hospital where he was pronounced dead.

The rescue personnel assisted the UTV man and believed he had a severely injured arm. The UTV son did not appear to have been injured. The UTV man was also transported to the local hospital, but was transported by air ambulance to a larger hospital for treatment of his broken arm.

During their investigation, the police noticed that there was damage to the plastic parts on the side of the UTV from where the ATV and the ATV man struck the UTV during the crash. They found some skin fragments on a broken metal bar on the UTV that may have corresponded to a wound noted on the ATV man's neck. They also noted a large quantity of blood on the ATV man and inside his helmet. The face shield on the ATV man's helmet was broken off during the crash.

In order to remove the ATV from the crash location, officials were forced to use the UTV to tow it up out of the riverbed so that it could be placed on a tow vehicle for transportation to the law enforcement garage.

The coroner's report said that the cause of death was blunt force craniocerebral injuries. The report said that the ATV man had a cervical neck fracture at C1-C2 with transection of the brain stem. There was also a subarachnoid hemorrhage with soft tissue hemorrhage within the neck and upper chest. The found a small contusion to the left inferior frontal lobe of the brain.

Product Information

The ATV man was riding a **2006 Honda TRX450ER, 4-wheel ATV. The engine was 450cc. The VIN on the ATV was** (b)(3) CPUSA Section 25(c), (b)(6)

None of the reports identified the helmet manufacturer. The Coroner's photos show a black helmet with gold lettering. The side lettering says "CL-10. There is a DOT logo on the base of the back of the helmet. There is gold lettering above the face opening that has the letters "?JC." The photo does not clearly show the letter in the place of the ?, but it may be an "H."

The UTV man and his son were both wearing helmets and using the seatbelt in the UTV. Officials did not provide information about the manufacturer of the helmets the UTV riders were wearing.

The 6-wheel UTV was a **2008 Polaris Ranger RZR 800 EFI, VIN** (b)(3) CPUSA Section 25(c), (b)(6) It was owned and operated by the UTV driver.

There was no additional information about the history of either vehicle or training either driver may have had in the past.

Attachments

Attachment 1 Police Report.

Attachment 2 Coroner's Report.

Contacts

McLeod County Sheriff's Office, Glencoe, MN, 320-864-1350. I called the Sheriff 3-13-08 and left a voice mail at 9:30 a.m. The Sheriff called back and said he would send a fax copy of the report and let me know the name of the coroner handling the case.

I faxed a letter request to the Sheriff at 864-5920, and received a copy of the report back by fax on 3-18-08.

(b)(3) CPSA Section 25(c)
(b)(6) Medical Examiner, Coon Rapids, MN, 763-236-9050. I called the coroner 3-24-08 to request a copy of the report, and faxed a written request. The report was received by mail on 3-31-08.

080306HCC2470

Attachment 1

08-2982 (b)(6)
(b)(6)

Copies to County Attorney - Date: 3-10-08 Initials: SH

INVESTIGATION REPORT
MCLEOD COUNTY SHERIFF'S DEPARTMENT
 For All Crimes, Attempts & Incidents

OFFENSE/INCIDENT Fatal ATV Accident		LOCATION OF OCCURRENCE Meeker McLeod Avenue south of 215 th Street on the Crow Riverbed	
PERSON REPORTING INCIDENT (LAST, FIRST, MIDDLE) Unknown		DOB HOME PHONE	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
DATE REPORTED 2/23/08	TIME REPORTED 1556 hours	DATE COMMITTED 2/23/08	TIME COMMITTED 1555 hours
REPORTED TO McLeod County Sheriff's Office		INVESTIGATING OFFICERS Deputy (b)(6) Deputy Sergeant Deputy Deputy	
ASSISTING AGENCY/AGENCIES Meeker County Sheriff's Office		REPORTS REQUIRED No	

SUBJECT #1:	CONNECTION TO INCIDENT: Deceased
FULL NAME/DOB: [Redacted]	HOME PHONE: Unknown
MAILING ADDRESS: [Redacted]	CELL PHONE: Unknown
PHYSICAL ADDRESS:	WORK PHONE:

SUBJECT #2:	CONNECTION TO INCIDENT: Driver of Second Vehicle - Also injured
FULL NAME/DOB: [Redacted]	HOME PHONE: Unknown
MAILING ADDRESS: [Redacted]	CELL PHONE: Unknown

08-2982

(b)(6)

PHYSICAL ADDRESS:	WORK PHONE:
--------------------------	--------------------

SUBJECT #3:	CONNECTION TO INCIDENT: Passenger in Vehicle
FULL NAME/DOB:	HOME PHONE: Unknown
MAILING ADDRESS:	CELL PHONE: Unknown
PHYSICAL ADDRESS:	WORK PHONE:

SUBJECT #4:	CONNECTION TO INCIDENT: Witness
FULL NAME/DOB:	HOME PHONE:
MAILING ADDRESS:	CELL PHONE:
PHYSICAL ADDRESS:	WORK PHONE:

SUBJECT #5:	CONNECTION TO INCIDENT: Witness
FULL NAME/DOB:	HOME PHONE:
MAILING ADDRESS:	CELL PHONE:
PHYSICAL ADDRESS:	WORK PHONE:

ADDITIONAL DETAILS OF OFFENSE, PROGRESS OF INVESTIGATIONS, ETC.

On 2/23/08 at approximately 1556 hours I, along with (b)(6) were dispatched to a two vehicle ATV accident at the Meeker McLeod Avenue near 215th Street on the riverbed. According to the caller one party in this accident was not breathing. Prior to me arriving on scene (b)(6) had arrived along with the first Hutchinson ambulance. The accident was on the Crow River on the east side of the Meeker McLeod Avenue. As I approached the scene I noticed the Hutchinson Fire Rescue, Hutchinson Ambulance crew along with (b)(6) performing CPR on one party who was lying on the riverbed. There were additional first responders from the Hutchinson Fire Rescue that were attending to a second victim that was lying on the bank of the Crow River. A second ambulance was also dispatched out to the scene due to the two victims on the river.

080306HCC2470

Attachment 1

08-2982 [redacted]
(b)(6)

The party who was being administered CPR was later identified as [redacted] was subsequently transported by ambulance to the Hutchinson Emergency Room. [redacted] was waiting at the emergency room for both parties to arrive. The second individual that was being attended to was [redacted] and a third party who was the passenger in the [redacted] ATV was [redacted] did not appear to have any injuries. The ambulance crew that was working on [redacted] on the bank stated he obviously had a broken left arm. [redacted] was subsequently transported by Hutchinson Ambulance to Hutchinson Emergency Room.

In speaking with two witnesses the first [redacted] and [redacted] Both witnesses stated that the vehicle the [redacted] were in, a Polaris Ranger RZR 800 EFL, was traveling westbound on the riverbed in the curve when it noticed the second vehicle driven by [redacted] which was a Honda TRX 450ER that was headed towards them traveling eastbound on the riverbed. According to both witnesses the first vehicle to make a maneuver to try and stop was the [redacted] vehicle. That vehicle skidded to the right and came to rest pointing north, approximately in the middle of the riverbed. The second vehicle, the Honda driving by [redacted] attempted to come to a stop. That vehicle skidded to the left but continued until it began traveling backwards for a short period of time. At that point his vehicle stopped which caused [redacted] to be thrown towards the back of his ATV and subsequently off of the ATV where he struck his head against the left side of the [redacted] vehicle. [redacted] ATV then landed somewhat on top of him pinching him between both ATV's. That is when the witnesses moved the [redacted] ATV off of him and began CPR because they knew he was not breathing at that moment. The witnesses also removed [redacted] helmet to allow them to perform CPR.

[redacted] then took taped statements from the witnesses while I photographed the scene from several different angles. I was able to notice the skid marks from the westbound vehicle driving by [redacted] I was unable to locate any skid marks from the vehicle driven by [redacted] due to the number of people attempting to conduct medical aid to [redacted] The left side of the Polaris driven by [redacted] had some plastic pieces that were obviously broken due to the impact from Mr. [redacted] body. On [redacted] ATV the rear metal bar was bent down due to the rollover to the back that [redacted] had. Neither vehicle had a registration plate on them at the time. The Honda's serial number is [redacted] The Polaris Ranger had a serial number of [redacted] There were three helmets that were in the area of the accident scene; two of which belong to [redacted] and [redacted] The third helmet belonged to [redacted] That helmet did have the Plexiglas eye shield broken off of it and there was a large quantity of blood inside the helmet. Out at the scene we were notified that [redacted] did not survive the injuries he sustained due to the accident. [redacted] arrived on scene and stated both vehicles should be brought to the county shop in Glencoe. First Class Towing was then dispatched to the scene. [redacted] then cleared to go to the Hutchinson Emergency Room to assist [redacted]

08-2982 [redacted]
[redacted]

We initially wanted to push both vehicles to the top of the riverbed where First Class Towing could load them onto their flatbed. Due to the sheer weight of the Polaris Ranger, it was decided that the vehicle would be started and the Honda would be towed behind it onto the Meeker McLeod road. First Class Towing then arrived and loaded the two ATV's onto their flatbed. I then secured the helmet from [redacted] along with eye shield and pair of winter gloves. I then cleared the scene and escorted First Class Towing to the Glencoe shop where both vehicles were put. At that point I had easier access to the serial numbers and took photos of them, along with a better photograph of the helmet worn by [redacted]. The death investigator then arrived at the Glencoe shop and took additional photos of both of the ATV's. It was then noticed that there was blood on the left side of the Polaris Ranger where the plastic had been broken through and there was metal bracing that came to a point. A photograph was then taken of that area. The death investigator then took the [redacted] helmet into their possession in an evidence bag. I then overheard McLeod County Communications dispatch [redacted] to the Hennepin County Medical Center where [redacted] was flown to due to his injuries.

I will be entering a photo cd into evidence and also a copy of the photo cd will be placed into the file. I also have completed a Minnesota Department of Public Safety Report and a Minnesota Recreational Vehicle Accident Report form. I am awaiting registration information from the [redacted] vehicle to arrive to complete all of my forms. End of report.

BJC 2/25/08

THIS OFFENSE IS DECLARED:		[redacted]	
Unfounded	—	SIGNED [redacted]	DATE <u>3-1-08</u>
Cleared by Arrest	—		Investigating Officer
Exceptionally Cleared	—	SIGNED [redacted]	DATE <u>3/10/08</u>
Inactive (Not Cleared)	—		Supervisor
Ref. Other Agency	—		

This form is used by the officer assigned to a case to report any additional information gained through investigation.

08-2982.1

(b)(6)

Copies to County Attorney - Date: 3-10-08 Initials: SA

FOLLOW UP/CONTINUATION REPORT
McLeod County Sheriff's Department

TYPE OF OFFENSE: Fatal ATV Accident
COMPLAINANT:
ADDRESS:

SUBJECT #1:	CONNECTION TO INCIDENT: Deceased
FULL NAME/DOB: <small>(b)(7)(C)-(D)</small>	HOME PHONE:
MAILING ADDRESS: <small>(b)(7)(C)-(D)</small>	CELL PHONE:
PHYSICAL ADDRESS: <small>(b)(7)(C)-(D)</small>	WORK PHONE:

SUBJECT #2:	CONNECTION TO INCIDENT: Second Driver of ATV - Also injured in accident
FULL NAME/DOB: <small>(b)(7)(C)-(D)</small>	HOME PHONE:
MAILING ADDRESS: <small>(b)(7)(C)-(D)</small>	CELL PHONE:
PHYSICAL ADDRESS: <small>(b)(7)(C)-(D)</small>	WORK PHONE:

ADDITIONAL DETAILS OF OFFENSE, PROGRESS OF INVESTIGATIONS, ETC.

On 02/23/08 at 1556 hours McLeod County Communications received information of a accident involving two ATV's near the Meeker McLeod Avenue south of 215th Avenue on the south fork of the Crow River. I, [REDACTED] was enroute to the scene at approximately 1556 hours. Prior to my arrival at the scene of the accident I was advised by [REDACTED] to go straight to the Hutchinson Hospital Emergency Room and wait for two victims of the ATV accident. I later identified both parties brought by ambulance to the hospital emergency room as [REDACTED] and [REDACTED] was pronounced dead at the hospital by hospital staff and [REDACTED] received a severe disfigurement to his left arm around the region of elbow. I called McLeod County Communications with the two names of the victims. I also notified McLeod County Communications that the hospital was making arrangements for a pastor to visit the families at the emergency room.

08-2982.1 [redacted]
[redacted]

While at the Hutchinson Emergency Room I observed [redacted] read [redacted] the Implied Consent to receive samples of blood from [redacted] Hospital staff then attempted to receive a blood sample from [redacted] but was unable to before [redacted] was taken by helicopter to Hennepin County Medical Center. I was clear from the Hutchinson Hospital Emergency Room at 1803 hours. End of report.

BJC 2/25/08

THIS OFFENSE IS DECLARED:

Unfounded

SIGNED

[redacted]

DATE

2/25/08

Cleared by Arrest

Investigating Officer

Exceptionally Cleared

Inactive (Not Cleared)

SIGNED

[redacted]

DATE

3/10/08

Ref. Other Agency

Supervisor

This form is used by the officer assigned to a case to report any additional information gained through investigation.

08-2982.2

Copies to County Attorney - Date: 3-10-08 Initials: SN

FOLLOW UP/CONTINUATION REPORT
McLeod County Sheriff's Department

TYPE OF OFFENSE: ATV Fatality Accident	
COMPLAINANT:	[REDACTED]
ADDRESS: McLeod County Sheriff's Office	

SUBJECT #1:	CONNECTION TO INCIDENT: Driver of utility type vehicle
FULL NAME/DOB: [REDACTED]	HOME PHONE:
MAILING ADDRESS: [REDACTED]	CELL PHONE:
PHYSICAL ADDRESS: Same	WORK PHONE:

SUBJECT #2:	CONNECTION TO INCIDENT:
FULL NAME/DOB:	HOME PHONE:
MAILING ADDRESS:	CELL PHONE:
PHYSICAL ADDRESS:	WORK PHONE:

ADDITIONAL DETAILS OF OFFENSE, PROGRESS OF INVESTIGATIONS, ETC.

On 2/23/08, I, [REDACTED] was advised by McLeod County Communications of an ATV accident which occurred on the Crow River near Meeker/McLeod Avenue south of 215th Street. I was informed by McLeod County Communications that one of the parties involved may have been killed in the accident. I was also advised that another party was seriously injured. With this information, I geared up in uniform and came in service at approximately 1627 hours.

A short time later, I did arrive at the scene where I talked with [REDACTED] and [REDACTED] who briefed me on what occurred. Please see their reports for further information. I then advised [REDACTED] to have both machines pulled out of the area and transported to McLeod County Highway Department's shed in Glencoe. First Class Towing did the towing of the two machines. I then asked who the drivers were and was informed the individuals were at the

080306HCC2470

Attachment 1

08-2982.2 (b)(6)

(b)(6)

hospital and their names were unknown.

I proceeded to the Hutchinson Hospital where I met with [REDACTED] who explained to me the driver of the four-wheeler/deceased was [REDACTED]. I was also informed the driver of the UTV was [REDACTED].

[REDACTED] It should be noted the Life Link helicopter was there and they were in the process of loading [REDACTED].

Because of another urgent matter that occurred in the Emergency Room, [REDACTED] was not loaded onto the helicopter, but another male party was. Because of this incident, I did obtain and read a Motor Vehicle Implied Consent Advisory to [REDACTED] at approximately 1740 hours. It should be noted that [REDACTED] was back boarded with a head and neck brace and also secured onto a gurney. I started the advisory at approximately 1740 and when asked to [REDACTED] if he understood what I explained, he indicated, "Yeah, I'll take your test. I haven't been drinking." When asked if he wished to consult an attorney, he indicated, no. I asked if he'd take a blood test, he indicated, "Yeah." It should also be noted that [REDACTED] did have an oxygen mask over his mouth. Also present during the advisory was paramedic [REDACTED] of the Hutchinson Ambulance service. [REDACTED] also advised me to do the Implied Consent Advisory before any type of pain killing drugs were administered.

Numerous attempts were made by the Hutchinson Hospital staff to draw blood, but because of [REDACTED] condition, they were unable to get a sample. I did talk briefly with [REDACTED] before he was taken to the North Memorial helicopter. In talking with [REDACTED] he indicated the registration for the UTV should be in the glove compartment area of the vehicle. [REDACTED] indicated he was heading west on the Crow river approaching Meeker/McLeod Avenue traveling between 20 to 25 miles per hour. [REDACTED] indicated the other parties were heading east on the river. [REDACTED] indicated he was driving on the right side of the "groove" on the river and noticed the four-wheeler coming at him. [REDACTED] indicated he hit the brake and slid sideways with the driver's side of the UTV skidding westward. [REDACTED] indicated he estimated the other four-wheeler to be doing between 40 and 45 miles per hour around the curve prior to collision. [REDACTED] then had to be transported to the helicopter.

I spoke briefly with the death investigator, [REDACTED] and briefed her of what I knew about the situation to include names and how the accident occurred. Because of the time constraints with [REDACTED] I did advise [REDACTED] #1260, to proceed to the Hennepin County Medical Center to obtain the blood sample from [REDACTED]. Please see [REDACTED] report for further details.

After a short period of time, the death investigator and I along with [REDACTED] met at the county highway department so the death investigator could take photographs of the two machines and also obtain the victim's helmet. While working on the machine, I did find MN ATV plate of 8002. In talking with [REDACTED] prior to him leaving the hospital, he indicated there was a dealership plate on the machine. [REDACTED] did take photographs of the plate. Also in looking at the UTV, I did notice on the driver's side toward the lower seat area, a very small piece of flesh

08-2982.2 [REDACTED]
[REDACTED]

which was red in color near the roll bar area. It should be noted this area was very sharp and edgy and was full of steel and plastic.

I also noted one of the plastic pieces from the driver's side was missing and inside the four-wheeler. We then took the plastic piece, matched it backup where it was originally designed for and noted a round type impression on the plastic. I then looked at the ATV four-wheeler and noticed similar damage to the rear of the four-wheeler to include a round type lift bar at the rear of the four-wheeler. The death investigator and I believe this is where the UTV and the ATV four-wheeler collided.

It should be noted I also assisted the death investigator at the hospital with photographs of the deceased. While taking these photographs, the death investigator and I noted a small hole in the victim's right neck area. We did not note if any other type of exposed bodily injuries to [REDACTED]. For details on the photographs, please see the death investigator's report.

In talking with [REDACTED] and [REDACTED] from witnesses statements, it has been determined that [REDACTED] was falling off the rear of the four-wheeler and the four-wheeler was following him and making contact with the UTV.

It should also be noted there was a scuff mark on the bottom right side face of the helmet which may have occurred from impact with the plastic. We did not notice any type of paint or material transfer. Photographs of the helmet were also taken. Again, see the death investigator's report.

It should be noted that all parties involved were wearing helmets and according to [REDACTED] both he and his son, [REDACTED] were in a five-point harness and also wearing helmets. The deceased's helmet was released to the death investigator to be transported to Anoka County for the autopsy.

After photographs were taken at McLeod County Highway Department, I returned to the Sheriff's Office with the death investigator and [REDACTED] where photos were downloaded for the coroner's office.

This will end my involvement with this matter. It should be noted that statements should be taken from [REDACTED] at the earliest convenience.

End of report.

BR 02/25/08

080306HCC2470

Attachment 1

08-2982.2 (b)(6)
(b)(6)

THIS OFFENSE IS DECLARED:

Unfounded _____ SIGNED

Cleared by Arrest _____

Exceptionally Cleared _____

Inactive (Not Cleared) _____ SIGNED

Ref. Other Agency _____

(b)(6)
[Redacted Signature]
Investigating Officer

DATE 3/10/08

(b)(6)
[Redacted Signature]
Supervisor

DATE 3/10/08

This form is used by the officer assigned to a case to report any additional information gained through investigation.

08-2982.3 (b)(6)
(b)(6)Copies to County Attorney - Date: 3-10-08 Initials: SN

FOLLOW UP/CONTINUATION REPORT
McLeod County Sheriff's Department

TYPE OF OFFENSE: Fatal ATV Accident
COMPLAINANT: Unknown
ADDRESS: South Fork Crow River and Meeker/McLeod Avenue, Hutchinson, MN

SUBJECT #1:	CONNECTION TO INCIDENT: ATV Rider/Victim
FULL NAME/DOB: <small>(b)(7)(C) (b)(7)(D)</small>	HOME PHONE:
MAILING ADDRESS: <small>(b)(7)(C) (b)(7)(D)</small>	CELL PHONE:
PHYSICAL ADDRESS:	WORK PHONE:

SUBJECT #2:	CONNECTION TO INCIDENT: Driver of 2 nd ATV
FULL NAME/DOB: <small>(b)(7)(C) (b)(7)(D)</small>	HOME PHONE:
MAILING ADDRESS: <small>(b)(7)(C) (b)(7)(D)</small>	CELL PHONE:
PHYSICAL ADDRESS:	WORK PHONE:

SUBJECT #3:	CONNECTION TO INCIDENT: Witness
FULL NAME/DOB: <small>(b)(7)(C) (b)(7)(D)</small>	HOME PHONE:
MAILING ADDRESS: <small>(b)(7)(C) (b)(7)(D)</small>	CELL PHONE:
PHYSICAL ADDRESS:	WORK PHONE:

08-2982.3 (b)(6)
(b)(6)

SUBJECT #4:		CONNECTION TO INCIDENT: Witness	
FULL NAME/DOB:		HOME PHONE:	
MAILING ADDRESS:		CELL PHONE:	
PHYSICAL ADDRESS:		WORK PHONE:	

ADDITIONAL DETAILS OF OFFENSE, PROGRESS OF INVESTIGATIONS, ETC.

On 2/23/08, at approximately 1555 hours, I, [redacted] was on routine patrol when I heard Hutchinson Police Services page out an ambulance for an ATV accident near the Meeker/McLeod County line. They gave the location out as Meeker County 120th Street and 630th Avenue. I looked at my Meeker County map and saw it was on Meeker/McLeod Avenue south of 215th Street. I advised McLeod County Communications of the accident call and responded to the scene. I arrived on scene at approximately 1600 hours. I observed the location of the accident was on the south fork of the Crow River just east of Meeker/McLeod Avenue. I advised McLeod County Communications the accident was in our county.

I grabbed my medical bag and defibrillator and went down to the accident scene. I observed two victims being attended to. One victim was conscious and alert. The other victim was not breathing and there were individuals performing CPR. The victim who was conscious was later identified as [redacted]. The other victim was later identified as [redacted].

I went over to [redacted]. I first grabbed my bag valve mask from my medical kit and handed it to [redacted] who was giving breaths to [redacted]. I then had the individual giving chest compressions take off [redacted] overalls and shirt. I then placed the defibrillator pads on [redacted] and turned the defibrillator on. I had everyone back away from [redacted] while the defibrillator analyzed his heart rhythm. The defibrillator advised no shock. I checked [redacted] for a pulse, but was unable to locate one so I continued CPR. I took over chest compressions while [redacted] and another individual continued breathing with the bag valve mask. We continued CPR until the Hutchinson ambulance arrived. They hooked up a heart monitor and defibrillator, but were not getting any rhythm. They advised us to continue CPR. We continued CPR until [redacted] was loaded onto a backboard and taken to the ambulance. The Hutchinson ambulance then transported [redacted] to the Hutchinson ER.

The second Hutchinson ambulance had arrived and transported [redacted] to the ER as well. I was advised later on that [redacted] was never resuscitated and [redacted] would be flown to the Hennepin County Medical Center to be treated for his injuries which included a badly broken left arm.

080306HCC2470

Attachment 1

08-2982.3 (b)(6)
(b)(6)

After [redacted] were taken by ambulance, I spoke with the individuals on the scene there and located the two individuals riding behind [redacted] who witnessed the accident. The first individual I spoke with was [redacted] stated he was riding in the same group as [redacted] and he was two vehicles behind [redacted] stated they were riding eastbound toward Hutchinson at approximately 40 miles an hour and [redacted] was riding in front of the group. [redacted] stated they came around the corner and saw the other ATV, which was a Polaris Ranger Razor, Class II ATV. [redacted] stated the driver of the Polaris turned to his right and [redacted] tried to turn to his right, [redacted] spun around and was falling off his ATV when the two ATVs struck and [redacted] body was between the two ATVs when they hit. [redacted] stated they immediately went over to [redacted] and saw he was not breathing and had no signs of life. [redacted] stated they tried to not take his helmet off, however, to do CPR, they had to remove his helmet. When they saw he wasn't breathing and had no pulse [redacted] stated they began CPR and continued it until I arrived. [redacted] stated none of the individuals he was riding with, including [redacted] had anything to drink that day and they were just out for a ride because it was a nice day.

I then spoke with the other witness, [redacted] stated he was riding right behind [redacted] and they were going approximately 40 miles an hour riding eastbound towards Hutchinson. [redacted] stated they came around the corner and saw the other ATV coming toward them westbound. He stated when they saw the other ATV, it was approximately 40 to 50 feet away. [redacted] stated the rider of the other ATV turned right and [redacted] also attempted to turn right, however, [redacted] spun around on the ice. [redacted] stated the last thing he saw before he spun around was [redacted] ATV spinning backwards. He stated [redacted] arms were in the air and [redacted] was falling off the back of the ATV. He stated when his ATV came to a stop, he went over to where [redacted] ATV and the other ATV had collided and saw [redacted] lying on the ground not moving and he and the others attempted to revive [redacted] but were unable to.

While I was speaking with the witnesses, [redacted] was taking photos of the accident scene.

The two ATVs involved were towed to the county shop.

At approximately 1711 hours, I cleared the scene and went to the Hutchinson ER. When I arrived, I spoke with [redacted] and the death investigator. I let the death investigator know what had happened as far as what I was told. I then cleared the hospital at approximately 1800 hours.

End of report.

BR 02/25/08

THIS OFFENSE IS DECLARED:

Unfounded

SIGNED

[Redacted Signature Box]

DATE

2/25/08

080306HCC2470

Attachment 1

080306HCC2470

Attachment 1

08-2982.4 (b)(6)
(b)(6)

Copies to County Attorney - Date: 3-10-08 Initials: SN

FOLLOW UP/CONTINUATION REPORT

McLeod County Sheriff's Department

TYPE OF OFFENSE: ATV Fatality Accident
COMPLAINANT:
ADDRESS:

SUBJECT #1:	CONNECTION TO INCIDENT:
FULL NAME/DOB:	HOME PHONE:
MAILING ADDRESS:	CELL PHONE:
PHYSICAL ADDRESS:	WORK PHONE:

SUBJECT #2:	CONNECTION TO INCIDENT:
FULL NAME/DOB:	HOME PHONE:
MAILING ADDRESS:	CELL PHONE:
PHYSICAL ADDRESS:	WORK PHONE:

ADDITIONAL DETAILS OF OFFENSE, PROGRESS OF INVESTIGATIONS, ETC.

On 02/23/08, I received a phone call from [redacted] asking that I go down to get a blood test from one of the drivers from the earlier ATV accident which was on the Crow River west of Hutchinson on the Meeker County line.

I arrived at Hennepin County Medical Center in Minneapolis at approximately 1920 hours. I was taken into their stabilization room where they were working on [redacted]. The Implied Consent Advisory had already been read at the Hutchinson Emergency Room by [redacted] however, they were unable to obtain a blood sample at that time. I met with a registered nurse, [redacted] in the stabilization room. She took a blood sample from [redacted] at approximately 1930 hours from his right arm. However, she was only able to get one tube of blood. The blood was placed in the blood kit which was later mailed to the BCA lab.

08-2982.4 (b)(6)
(b)(6)

I cleared from the Hennepin County Medical Center at approximately 1945 hours.

End of report.

BR 03/04/08

THIS OFFENSE IS DECLARED:		(b)(6)	
Unfounded	<input type="checkbox"/>	SIGNED	DATE 3-8-08
Cleared by Arrest	<input type="checkbox"/>		
Exceptionally Cleared	<input type="checkbox"/>	Investigating Officer	
Inactive (Not Cleared)	<input type="checkbox"/>	SIGNED	DATE 3/10/08
Ref. Other Agency	<input type="checkbox"/>		
		Supervisor	

This form is used by the officer assigned to a case to report any additional information gained through investigation.

PS-07089-04
(7-95)

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
FATALITY REPORT

Page 1 of 1

(In conjunction with National Highway Traffic Safety Administration Fatal Accident Reporting System)

SEE INSTRUCTIONS ON REVERSE.

A ACCIDENT INFORMATION		Time Police Notified <u>1556</u>	Time Ambulance Notified <u>1558</u>
Accident Date <u>2-23-08</u>	Accident Time <u>1555</u>	Contributing Road Condition? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What Kind? <u>Snow/Ice</u>	Time Ambulance Arrived at Scene <u>1601</u>
Contributing Weather? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, What Kind?	SPECIAL JURISDICTION: <input checked="" type="checkbox"/> No special Jurisdiction <input type="checkbox"/> Campus <input type="checkbox"/> Indian Reservation <input type="checkbox"/> Military <input type="checkbox"/> National Park <input type="checkbox"/> Other	If present, traffic controls functioning: <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Not at all <input checked="" type="checkbox"/> None Present	Time Ambulance Arrived at Hospital <u>1627</u>
Divider Type <input type="checkbox"/> Median W/Barrier <input type="checkbox"/> Median No Barrier <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> None	Road Surface Type <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Brick/Block <input type="checkbox"/> Dirt <input type="checkbox"/> Gravel	Road Surface Type <u>River</u>	

B UNIT INFORMATION										
UNIT NO. 1 - VEHICLE 1										
Vehicle Make/Model <u>Honda TRX 450ER</u>	PERSON INFORMATION (By Seat Position)									
Rollover <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	1	2	3	4	5	6	7	8	9	Other
Jackknife <input type="checkbox"/> 1st Event <input type="checkbox"/> Subsequent <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	ALCOHOL Test Taken? (Y/N) or UNK <input checked="" type="checkbox"/>									
Travel Speed <u>UNK</u> (MPH)	Test Type? Blood, Urine, Etc. (B/U)									
Towing a Trailer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Test Results? (BAC)									
Special Use <input checked="" type="checkbox"/> No <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Bus <input type="checkbox"/> Unknown <input type="checkbox"/> Military <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Firetruck	DRUGS/ CODES Test Taken? (Y/N) or UNK <input checked="" type="checkbox"/>									
Emergency Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	0 - No Test									
Avoidance Maneuver <input type="checkbox"/> Braking <input type="checkbox"/> Steering <input checked="" type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> None	1 - No Drugs									
Violations Charged <input checked="" type="checkbox"/> None <input type="checkbox"/> Alcohol/Drugs <input type="checkbox"/> Speed <input type="checkbox"/> Susp/Rev. <input type="checkbox"/> Reckless <input type="checkbox"/> Other Move-Viol. <input type="checkbox"/> Non Move-Viol. <input type="checkbox"/> Viol.-Type Unknown/Other <input type="checkbox"/> Unknown	2 - Narcotics									
Truck/Bus Type <input type="checkbox"/> Cab Over Engine <input type="checkbox"/> Cab Behind Engine <input checked="" type="checkbox"/> NA	3 - Depressant									
CIRCLE FIRST POINT OF IMPACT	FRONT  REAR									EJECTED THROUGH: F = FRONT S = SIDE W = Windshield D = Door Etc. or NA <u>B</u>
	CIRCLE WORST POINT OF IMPACT									
SHOULDER BELT USE (Y/N) <u>Y</u>										

UNIT NO. 2 - VEHICLE 2										
PEDESTRIAN <input type="checkbox"/> BIKE <input type="checkbox"/>										
Vehicle Make/Model <u>Polaris Ranger RZR 800 EFI</u>	PERSON INFORMATION (By Seat Position)									
Rollover <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	1	2	3	4	5	6	7	8	9	Other
Jackknife <input type="checkbox"/> 1st Event <input type="checkbox"/> Subsequent <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	ALCOHOL Test Taken? (Y/N) or UNK <input checked="" type="checkbox"/>									
Travel Speed <u>UNK</u> (MPH)	Test Type? Blood, Urine, Etc. (B/U) <u>B</u>									
Towing a Trailer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Test Results? (BAC)									
Special Use <input checked="" type="checkbox"/> No <input type="checkbox"/> Taxi <input type="checkbox"/> School Bus <input type="checkbox"/> Bus <input type="checkbox"/> Unknown <input type="checkbox"/> Military <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Firetruck	DRUGS/ CODES Test Taken? (Y/N) or UNK <u>Y</u>									
Emergency Use <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	0 - No Test									
Avoidance Maneuver <input type="checkbox"/> Braking <input type="checkbox"/> Steering <input checked="" type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> None	1 - No Drugs									
Violations Charged <input type="checkbox"/> None <input type="checkbox"/> Alcohol/Drugs <input type="checkbox"/> Speed <input type="checkbox"/> Susp/Rev. <input type="checkbox"/> Reckless <input type="checkbox"/> Other Move-Viol. <input type="checkbox"/> Non Move-Viol. <input type="checkbox"/> Viol.-Type Unknown/Other <input checked="" type="checkbox"/> Unknown	2 - Narcotics									
Truck/Bus Type <input type="checkbox"/> Cab Over Engine <input type="checkbox"/> Cab Behind Engine <input checked="" type="checkbox"/> NA	3 - Depressant									
CIRCLE FIRST POINT OF IMPACT	FRONT  REAR									EJECTED THROUGH: F = FRONT S = SIDE W = Windshield D = Door Etc. or NA
	CIRCLE WORST POINT OF IMPACT									
SHOULDER BELT USE (Y/N) <u>Y Y</u>										

080306HCC2470

- OVER -

Attachment 1

4
 S - Snowmobile 6 - 6 wheel ATV
 3 - 3 wheel ATV M - Off road motor cycle
 4 - 4 wheel ATV V - Off road vehicle

Minnesota Recreational Vehicle Accident Report Form

Accident Type
 F - Fatal
 N - Personal Injury
 P - Property Damage **F**

Date **2-23-08** Time **3:55** AM PM County or City Number **43** Phone Number **(320)864-3134** Agency **McLeod Cnty So.**
 (b)(6)
 Address of person or investigating Officer (No. & Street, RFD, Box No., City, ZIP Code)
801 E. 10th St. Glencoe, MN 55336

Machine # 1

Operator's Name (First, Middle, Last) **(b)(3):CPSA Section 25(c),(b)(6)** Date of Birth MM/DD/YY **(b)(3):CPSA Section 25(c),(b)(6)** Age **33** Sex **M**
 Address (No. & Street, RFD, Box No., City, ZIP Code) **(b)(3):CPSA Section 25(c),(b)(6)** 55350 Did operator complete the Dept of Natural Resources Safety Training? **Yes/No**
 Owner's Full Name (First, Middle, Last) (if other than Operator) Operator's Experience: D - 1 day W - week 1 - 1 year 5 - 5 years 10 - 10 years +
 Owner's address **(b)(3):CPSA Section 25(c),(b)(6)** Hours spent riding the day of the accident? **4**
 Make **Honda** Model **TRX450ER** Engine size **450 CCs** Year of Machine **2006** Estimated repair cost **\$300.00** Ownership: O - owned R - rented B - borrowed F - family machine S - stolen **O**
 Registration Number Exp Date State Estimated speed **40 MPH** Was operator familiar with the area? Yes No (circle one) Carbide wear rods Yes or No **NO**
 Operator alcohol use Yes or No PBT used N - No P - pass W - warn F - fail Chem Test Yes or No BAC Any violations? Yes or No Explain Track Studs Yes or No **NO**
 Any legal action? Yes or No Explain If Yes: Number of studs in Track

Machine # 2

Operator's Name (First, Middle, Last) **(b)(3):CPSA Section 25(c),(b)(6)** Date of Birth MM/DD/YY **(b)(3):CPSA Section 25(c),(b)(6)** Age **40** Sex **M**
 Address (No. & Street, RFD, Box No., City, ZIP Code) **(b)(3):CPSA Section 25(c),(b)(6)** Did operator complete the Dept of Natural Resources Safety Training? **Yes/No**
 Owner's Full Name (First, Middle, Last) (if other than Operator) Operator's Experience: D - 1 day W - week 1 - 1 year 5 - 5 years 10 - 10 years +
 Owner's address Hours spent riding the day of the accident?
 Make **Polaris** Model **Ranger RZR** Engine size **800 CCs** Year of Machine Estimated repair cost **\$200.00** Ownership: O - owned R - rented B - borrowed F - family machine S - stolen **O**
 Registration Number Exp Date State Estimated speed **25 MPH** Was operator familiar with the area? Yes No (circle one) Carbide wear rods Yes or No **NO**
 Operator alcohol use Yes or No PBT used N - No P - pass W - warn F - fail Chem Test Yes or No BAC Any violations? Yes or No Explain Track Studs Yes or No **NO**
 Any legal action? Yes or No Explain If Yes: Number of studs in Track

- Position
 1 - Operator
 2 - Passenger
 3 - Pedestrian
 4 - Other (Explain)

Casualty
 F - Fatal
 N - Injury

An accident resulting in injury requiring medical attention or death of any person or total property damage of \$500.00 or more shall be reported by the investigating officer/operator on this form, within 10 business days, to the:

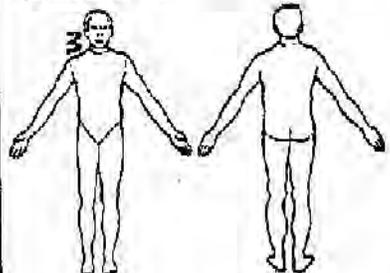
	Injured Name (First Middle Last)	DOB	Age	Sex	Casualty
A	1 (b)(3):CPSA Section 25(c),(b)(6)		33	M	F
B	1		40	M	N
C	2		6	M	N
D					

**MN DNR ENFORCEMENT
 SAFETY TRAINING
 500 LAFAYETTE RD, BOX 47
 ST PAUL, MN 55155-4047**

1	Type of Terrain 1 - Lake or Stream 2 - Road Right-of-way 3 - Railroad Right-of-way 4 - Private Marked Trail 5 - Government Marked Trail 6 - Private Unmarked Property	7 - Within City or Village Limits 8 - Government Unmarked Property 9 - Outside City or Village Limits 10 - Other (Describe) _____	1
	Weather 1 - Clear 2 - Cloudy 3 - Rain or Sleet 4 - Fog 5 - Light snow 6 - Heavy snow 7 - Blowing snow		

10	Type of accident 1 - Struck fixed object (what) _____ 2 - Machine rollover 3 - Broke through ice 4 - Barbed wire or fence 5 - Operator injured in mechanism 6 - Collision with train	7 - Machine-car collision 8 - Equipment malfunction 9 - Struck guy wire or cable 10 - Machine-machine collision 11 - Operator thrown from machine 12 - Passenger thrown from machine 13 - Passenger thrown from device being towed	14 - Clothing caught in machine 15 - Other (describe) _____ 16 - Excessive speed 17 - Loss of control 18 - Pedestrian
----	---	--	---

Injuries, person #1 (mark all that apply)



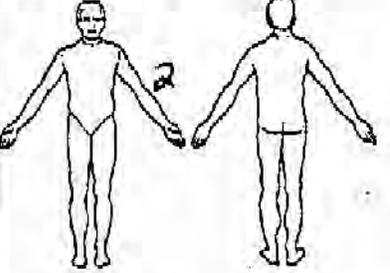
- 1 Soft tissue
- 2 Fracture
- 3 Lacerations
- 4 Other _____

(Place number of injury type at location of injuries on figure)

Hospital Hutchinson

Admitted Transferred: Ground Air

Injuries, person #2 (mark all that apply)



- 1 Soft tissue
- 2 Fracture
- 3 Lacerations
- 4 Other _____

(Place number of injury type at location of injuries on figure)

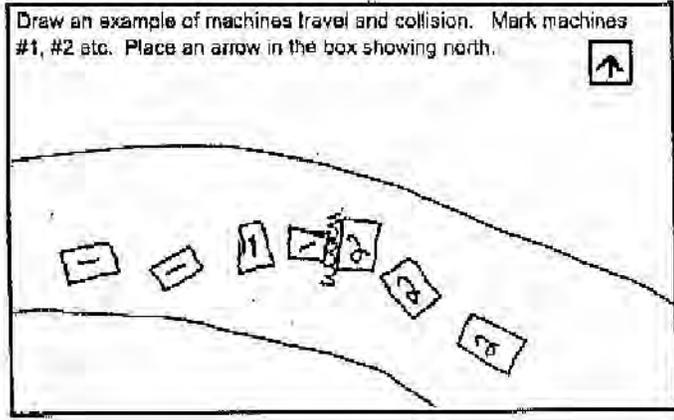
Hospital Hutchinson / HMC

Admitted Transferred: Ground Air

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

Describe accident in detail, explaining cause, number of riders in group and the position the machines were in the group. (Attach additional sheets as needed or you may attach a copy of your departmental report.)

Vehicle #2 was westbound on river, Vehicle #1 was eastbound on river. Both vehicle attempted to avoid collision. Vehicle #2 skidded and came to stop. Vehicle #1 skidded & ended up going backwards. Driver of vehicle #1 fell off machine. Driver of vehicle #1 ended up striking head against vehicle #2.



080306HCC2470
Attachment 1

Is this a supplement to a previous report?



Chief Medical Examiner

(b)(3) CPSA Section 25(c), (b)(6) MD, Forensic Pathologist



Assistant Medical Examiners

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

MD

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

MD

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

MD

080306HCC2470

Attachment 2

MEDICAL EXAMINER'S FINAL SUMMARY

43-08-0019

COPY

DECEDENT: (b)(3) CPSA Section 25(c), (b)(6) **AGE:** 33Y **SEX:** Male

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

PLACE OF DEATH: Hutchinson Hospital Emergency Room, Hutchinson, Minnesota

PLACE OF INJURY: Meeker McLeod Avenue and the Crow River

DATE OF DEATH: 02-23-2008 **TIME OF DEATH:** 1648 Hours

MANNER OF DEATH: Accident

CAUSE OF DEATH: Blunt force craniocerebral injuries

DUE TO: All-terrain-vehicle collision

TOXICOLOGY: Blood volatile screen, negative. Urine drug screen, negative immunoassay screen. No basic or neutral drugs found on chromatography screen. THC (cannabinoids), negative.

FUNERAL HOME: (b)(3) CPSA Section 25(c), (b)(6) Funeral Home

LAW ENFORCEMENT AGENCY: McLeod County Sheriff's Office

IDENTIFICATION: Wife and Minnesota driver's license

AUTOPSY: Complete Examination

PERFORMED BY: (b)(3) CPSA Section 25(c), (b)(6) M.D.

(b)(3) CPSA Section 25(c), (b)(6) was a 33-year-old male who was the driver of an all-terrain-vehicle that collided with an oncoming all-terrain-vehicle as they tried to avoid each other. His head was apparently pinned between the two all-terrain-vehicles.

The scene investigation was performed by (b)(6) McLeod County Death Investigator.

A postmortem examination was performed which showed a cervical neck fracture at C1-C2 with transection of the brain stem. Associated with this injury was subarachnoid hemorrhage and soft tissue hemorrhage within the neck and upper chest. There was a small contusion to the left inferior frontal lobe of the brain.

No natural disease was identified.

Postmortem toxicology was negative for alcohol and drugs.

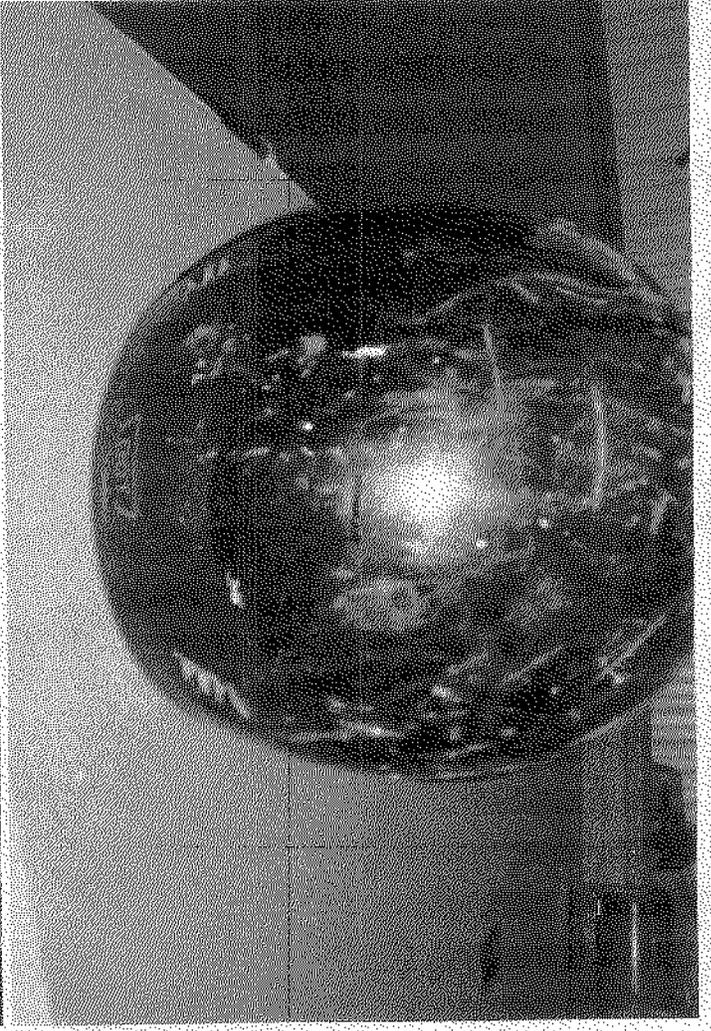
The death was classified as an accident and attributed to blunt force craniocerebral injuries due to an all-terrain-vehicle collision.

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

/ 3-3-08
M.D./Date

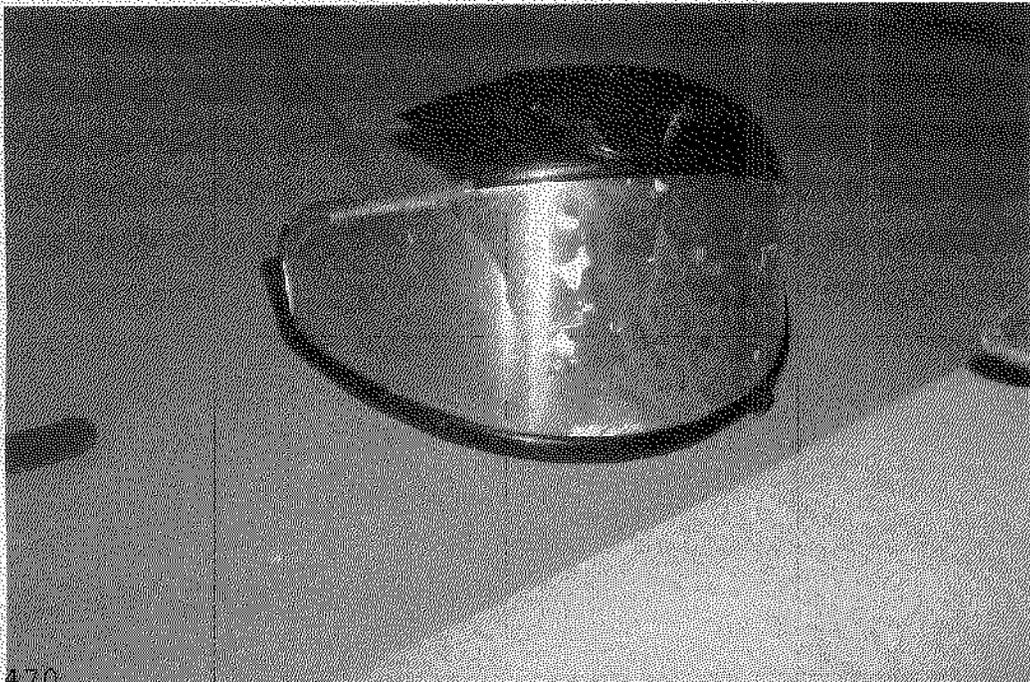
McLeod County Assistant Medical Examiner

(b)(3):CPSA Section 25(c)
030308



080306HCC2470
Attachment 2

43-88-0019



Task Number 080306HCC2470

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

Manufacturer: 01 - Honda

ATV #2

Manufacturer: 05 - Polaris

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

Model: TRX450ER

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: 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: 02/23/2008

Age/Sex: 33/Male

State of Death: MINNESOTA

City of Death: unincorporated

County of Death: McLeod

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

A 33-year-old man was killed when he crashed his 4-wheel ATV into a 6-wheel UTV driven by a 40-year-old man while riding on a snow and ice covered riverbed in a rural area. Both men were wearing helmets. The UTV driver suffered a broken arm.

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: 33 Height: (inches)
Weight: Sex: Male

N0820444A 2/26/08

ISSUE; 22

Hutchinson, MN

[hutchinsonleader.com](http://www.hutchinsonleader.com)Published on Hutchinson Leader (<http://www.hutchinsonleader.com>)

Local man dies in ATV accident

By Ardis Tobison

Created 02/25/2008 - 9:37am

An all-terrain vehicle crash claimed the life of a Hutchinson man and injured another Saturday afternoon on the Crow River in McLeod County.

(b)(3) CPSA Section 25(c)(iv) 33, died at the scene. (b)(3) CPSA Section 25(c)(iv) 40, also of Hutchinson, was transported to Hutchinson Community Hospital by ambulance.

The McLeod County Sheriff's Office received a 911 call at 3:55 p.m. reporting the accident near the intersection of 120th street and 630th Avenue. At that time, one of the people involved in the accident was unresponsive and CPR was being administered.

According to the Sheriff's Office, (b)(3) CPSA Section 25(c)(iv) was riding a Honda TRX 450R four-wheeler westbound on the river when the accident occurred.

Assisting at the scene were Hutchinson Ambulance, Hutchinson Fire/Rescue and the Meeker County Sheriff's Office. The accident is under investigation by the McLeod County Sheriff's Department.

(Ardis Tobison is news specialist at the Hutchinson Leader and can be reached at (320) 234-4170.)

Source URL:

<http://www.hutchinsonleader.com/news/sheriff/local-man-dies-atv-accident-6754>

1. Task Number 080401HCC2523		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2006 02 04		5. Date Initiated YR MO DAY 2008 04 14	
6. Synopsis of Accident or Complaint UPC none The victim, a 14-year-old female, was riding in a 4-wheeled utility vehicle on a dry dirt road located near her home. She was accompanied by 2 other females. They traveled in a curve too hard and the utility vehicle overturned. They were ejected. The utility vehicle landed on the victim. She sustained a severe head injury and she died at the scene. The other females were not injured. The victim was not wearing a helmet.				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City MILLEN		9. State GA
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS/RANGER		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC./VIN: UNKNOWN 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 14	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) 3 / 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 05/16/2008	25. Reviewed By 9071		26. Regional Office Director Beverly J. Kohen	
27. Distribution Streeter, Robin			28. Source Document Number 0613005199	

080401HCC2523

The information in this report was based on information received from the coroner's office and the sheriff's department. A photo of a 4-wheeled utility vehicle was not available. The sheriff's department had no written investigative report to obtain. Contact with the victim's next-of-kin was not permissible.

On Saturday, February 4, 2006, at 12:15 p.m., in Millen, GA, a 14-year-old female victim was riding in a 4-wheeled utility vehicle on a dry dirt road located near her home. The weather condition was cloudy and the temperature was 66 degrees.

She was accompanied by 2 other females and they traveled in a curve too hard. The utility vehicle overturned and they were ejected. The utility vehicle landed on the victim. The other females were not injured.

It is unknown what rate of speed they were traveling at prior to the incident. They were not wearing any protective gear, such as helmets. The victim's father purchased the utility vehicle for her birthday. Her knowledge regarding operation and/or handling the 4-wheeled utility vehicle was unknown.

Her height and weight were unknown. She sustained a severe head injury. She died at the scene. Her cause of death was blunt force head trauma. Alcohol and/or illegal drug use were not contributing factors to the incident.

Product: 4-wheeled utility vehicle

Brand/Year: Polaris/unknown

Manufacturer: Polaris Industries, Inc.

2100 Hwy 55

Medina, MN 55340

Model: Ranger

VIN: unknown

Description: unknown

Condition: maintenance history, bought new or used, and prior problems is unknown.

Modification: unknown

ATTACHMENTS:

1. Coroner Death Investigation Report.
2. Contact Information.

JENKINS COUNTY CORONER DEATH INVESTIGATION REPORT

SECTION - 1

DATE: 02/04/2006 TIME CALLED: 12:40 TIME ARRIVED: 13:03 CF #: 06-02-01
NOTIFICATION BY: Oglesby Johnny TITLE: Dispatcher
AGENCY NAME: Jenkins County 911 PHONE NUMBER: 478-982-6108
CITY OCCURRED: Millen COUNTY: Jenkins
INVESTIGATING OFFICER: Wallace Wayne
AGENCY NAME: Jenkins County Sheriff Department

SECTION - 2

DECEDENT'S NAME: (b)(3):CPSA Se PHONE NUMBER: (b)(3):CPSA Section 25(c)
DOB: 02/03/1992 AGE: 14 RACE: White SS#:
MARITAL STATUS: Single ADDRESS: (b)(3):CPSA Section 25(c)
CITY: Millen STATE: Georgia ZIP CODE: 30442

SECTION - 3

PRONOUNCED TIME: 13:03 PLACE: Hook's Road
LOCATION OF BODY: Lying in a supine Postion on the dirt road
TYPE OF DEATH: Witnessed PRONOUNCED BY: Henry Young
DATE: 02/04/2006 TIME: 13:03
FINDERS/ WITNESS(S) NAME(S):
AGE: ADDRESS OF WITNESS:
PHONE NUMBER: DATE LAST KNOWN ALIVE: 02/04/2006 TIME: 12:26
WHERE AND HOW: Operating an ATV on Hook's Road

SECTION - 4

BODY IDENTIFIED BY: (b)(6) RELATION: Father
BODY FINGERPRINTED BY: PHOTOGRAPHS BY: Henry Young
BODY TRANSPORTED BY: Jenkins County E.M.S. and later By Ralph Crowe
BODY TRANSPORTED TO: Jenkins County Hospital Emergency Room and later to Crowe-Fields Funeral Home
MEDICAL EXAMINER: DATE: TIME:
TYPE OF EXAM: PLACE:
DATE: TIME:

SECTION - 5

NEXT OF KIN: (b)(6)
PERSONAL EFFECTS TO: Left on Decedent

SECTION - 6

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

PHONE NUMBER: _____ DATE LAST SEEN: 09/29/2003

REASON FOR THE DOCTOR VISIT: Seborrheic Keratosis

MEDICAL HISTORY: None

EXPLAIN IF NEEDED:

MEDICATION TAKEN: None

ANY SURGERY:

FOLLOW UP CALL TO MD BY: Henry Young DATE: 02/06/2006 TIME: 09:45

SECTION - 7

POSITION OF BODY:		RIGOR:		LIVIDITY:	
SUPINE(ON BACK):	<u>Yes</u>	IN EXTREMITIES:	<u>No</u>	ANTERIOR:	<u>No</u>
PRONE(STOMACH):	<u>No</u>	IN HANDS:	<u>No</u>	POSTERIOR:	<u>Yes</u>
FACE DOWN:	<u>No</u>	IN JAW:	<u>No</u>	LEFT SIDE:	<u>No</u>
LEFT SIDE:	<u>No</u>	FULLY FIXED:	<u>No</u>	RIGHT SIDE:	<u>Yes</u>
RIGHT SIDE:	<u>No</u>	PARTIALLY FIXED:	<u>No</u>		
OTHER:					

WAS BODY MOVED FROM TIME FOUND: No IF YES BY WHOM:

REASON WHY BODY WAS MOVED:

BODY TEMPERATURE:		TEMPERATURE TAKEN:	***NOTE***
TIME 1	DEGREE	F	RECTAL: F (RECTAL PREFERRED)
TIME 2	DEGREE	F	AXILLARY: F

DESCRIPTION OF THE CLOTHING OR COVERING : A Yellow long sleeves t-shirt Blue Jeans Pink Bra Tan Boots

SCENE DESCRIPTION: Clay dirt road Hook's Road

WEATHER CONDITIONS: Cool

AIR TEMPERATURE: F INSIDE
F OUTSIDE

SECTION - 8

WAS RESUSCITATION PERFORMED: No IF YES BY WHOM:

INFANT/CHILD QUESTIONNAIRE COMPLETED:

CAUSE OF DEATH: Blunt Force Head Trauma

ANY OTHER SIGNIFICANT CAUSES: Massive Head Trauma with Open Skull Fx.

MANNER OF DEATH: Accident

REPORT PREPARED BY: Henry Young DATE REPORT PREPARED: 02/06/06

Jenkins County Coroner

Feb. 4, 2006

Time Call 12:40

Arrival time 13:03

By Jenkins County 911

Hook's Road 15 miles out.

14 years old female with massive head trauma and a open skull fracture with brain matter out
(b)(3):CPSA Section 25(2) thrown from ATV (Polaris Ranger) and AtV landed across her head and chest.

Dr Campo check Ms. Johnson and we both determining that there is no need to do an Autopsy because of the massive Head trauma.



Henry Young
Coroner

02/06/2006

STATE OF GEORGIA CHILD FATALITY REVIEW
Coroner/Medical Examiner Report

2311f

Instructions:

- A. Receive reports of all deaths of children under the age of 18 that occurred in the county.
- B. Notify chairperson of the Child Fatality Review Committee (CFRC) within 48 hours of death if decedent is a resident of county.
- C. If death meets criteria for review (see Section B), and decedent is resident of county, complete Form 1 in its entirety and forward to the chairperson of the CFRC within 7 days of death.
- D. If death does not meet criteria for review, and decedent is resident of county, complete Sections A, B and J of Form 1 and forward to chairperson of CFRC within 7 days of death.
- E. If decedent is not a resident of county of death, notify the coroner in the county of residence of the death within 48 hours, and forward a copy of Form 1 to the coroner in the county of residence within 7 days of the child's death.

DECEDENT INFORMATION

Decedent's First Name: M A L L E Y MI: G County of Residence: J e n k i n s
 Last Name: J O H N S O N County of Illness/Injury/Event: J e n k i n s
 Street Address: 4 1 7 P e v e r e t C o u n t y R o a d S t a t e C o u n t y of Death: J e n k i n s
 City: M i l l e n State: G a Zip: 3 1 1 4 2
 Date of Birth (MM/DD/YYYY): 0 2 / 0 1 / 1 9 9 2 Decedent's SS# (if known): 2 5 4 - 8 3 - 7 4 7 2
 Date of Death (MM/DD/YYYY): 0 2 / 0 1 / 2 0 0 4 Phone Number (if known): 4 7 8 - 9 0 2 - 2 5 0
 Male Female Hispanic Origin? Yes No
 White Black
 Asian/Pacific Islander
 American Indian/Alaskan Native
 Multi-racial Unknown/Other

Natural Mother's First Name: A C I D MI: F Natural Father's First Name: J O H N MI: F
 Last Name: J O H N S O N Last Name: J O H N S O N
 Mother's Date of Birth: / /

CRITERIA FOR REVIEW

Mark all that apply to this fatality. If one or more indicators are applicable, O.C.G.A 19-15, requires that the death be referred to the Child Fatality Review Committee for review.

Death occurring:

- SIDS
- Any unexpected or unexplained conditions
- Intentional injuries
- Unintentional injuries
- Medical conditions when unattended by a physician unless occurred while the person was a patient of a hospice licensed under Article 9 of Chapter 7 of Title 31)
- Sudden death when child is in apparent good health
- Any suspicious or unusual manner
- When an inmate of a state hospital or a state, county, or city penal institution

Referral to Child Fatality Review Committee

- One or more of the indicators marked above apply in this fatality. Case referred to CFRC for review
- None of the indicators listed apply in this fatality. Case referred to CFRC for information only

Note: If death does not meet criteria for review, list cause of death and a brief description of circumstances:

[Empty box for cause of death and circumstances]

OCFR Use Only [] [] [] [] []



23111

F. CAUSE OF DEATH

Was death caused by: F1. Injury F2. Illness/SIDs/SUID/Other Natural Causes F3. Unknown

1. Was injury caused by an aggressive or assaultive act?

Yes No Unknown

Was injury:

Intentional Unintentional Unknown

2. Illness or other Natural Cause

Diagnosed Condition Blunt Force Head Trauma

Age at death?

0-24 hours after birth 25 - 48 hours 49 hours - 5 weeks 7 weeks - 6 months 7 months - 1 year

Gestational age at birth?

<25 weeks 26-30 weeks 31-37 weeks >37 weeks Unknown Multiple Birth: N Y If Yes, #

Birth weight in grams (approximate lbs/oz)?

<750 (<1 lb. 10 oz)
 750 - 1,499(1 lb. 10 oz to 3 lbs. 5 oz)
 1,500 - 2,499(3 lbs. 6 oz to 5 lbs. 5 oz.)
 >2499 (>5 lbs. 5 oz)
 Unknown

Total number of prenatal visits?

None 1-3 4-6 7-10 Unknown

First prenatal visit occurred during?

First Trimester Second Trimester Third Trimester Unknown

Decedent regularly exposed to tobacco smoke

Before birth After birth Both Unknown

Medical complications during pregnancy?

Yes No Unknown

Drug use during pregnancy?

Yes No Unknown

Alcohol use during pregnancy?

Yes No Unknown

History information provided by:

Parent Physician/medical facility Other

3. Unknown Cause (Describe in Section H. Narrative)

G. CIRCUMSTANCES OF DEATH

- Sudden Unexplained Death of Infant or SIDs
- Firearm
- Poisoning Overdose
- Inadequate Care or Neglect
- Asphyxia
- Fire/Burn/Smoke Inhalation
- Vehicular
- Shaken/Impact Syndrome
- Other Inflicted Injury (Describe in Section H)
- Drowning
- Fall Injury
- Other Circumstances (Describe in Section H)

H. NARRATIVE

ATV Accident. Decedent had Massive Head Trauma with and Open Skull Fracture and Brain Matter out. Death was instantly was ejected from ATV

CONTACT INFORMATION:

Contacted on 4/14/08

Henry Young
Jenkins County Coroner
PO Box 1156
Millen, GA 30442
(478)982-4221

Jenkins County Sheriff
112 S. Masonic
Millen, GA 30442
(478)982-4211

Contacted on 5/13/08

Sgt. Wallace
Jenkins County Sheriff

080402HCC1518

ATTACHMENTS:

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

INCIDENT/INVESTIGATION REPORT

OCA
0702429

Stanly County Sheriff Office

Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found													
D R U G S	DCI	Status	Quantity	Type Measure	Suspected Type	Check up to 3 types of activity for each								
						Possess	Buy	Sale	Mfg	Importing	Operating			
O F F E N D E R	Offender Used		<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Offender 1			Offender 2			Offender 3			Primary Offender Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
	Alcohol/Drugs:				Age:	Race:	Sex:	Age:	Race:	Sex:	Age:	Race:	Sex:	
	Computer:				Offender 4			Offender 5			Offender 6			
	<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				Age:	Race:	Sex:	Age:	Race:	Sex:	Age:	Race:	Sex:	
S U S P E C T	Name (Last, First, Middle)					Also Known As			Home Address					
	Occupation					Business Address								
	DOB. / Age		Race	Sex	Hgt.	Wgt.	Build	Hair Color	Hair Style	Hair Length	Eye Color	Glasses		
	Scars, Marks, Tattoos, or other distinguishing features (i.e. limp, foreign accent, voice characteristics)													
	Hat		Jacket		Shirt/Blouse		Tie/Scarf		Coat/Suit		Pants/Dress/Skirt		Socks	Shoes
	Was Suspect Armed?		Type of Weapon					Direction of Travel			Mode of Travel			
	VYR	Make	Model		Style		Color	Lic/Lis		Vin				
	Name (Last, First, Middle)					D.O.B.		Age	Race	Sex				
Home Address					Home Phone			Employer			Phone			
Suspect Hate / Bias Motivated: <input type="checkbox"/> Yes <input type="checkbox"/> No														
N A R R A T I V E	<p>I ARRIVED AT THE ADDRESS LISTED ABOVE AND MET WITH DEPUTY HUGEL AND DET. SGT. E. THOMAS WHO TOLD ME THAT THE VICTIM LISTED ABOVE HAD BEEN RIDING AN ATV IN THE FIELD WHEN IT FLIPPED. I SPOKE WITH THE EMS PERSONNEL ON SCENE WHO SAID THAT THE VICTIM HAD BEEN PRONOUNCED DEAD BY [REDACTED] BY TELEPHONE THROUGH [REDACTED] AT 5:47 PM, I THEN SPOKE WITH DET. E. THOMAS WHO SAID THAT MORE PICTURES WERE NEEDED, THE PICTURES WERE TAKEN AND ARE STORED IN D SQUADS FOLDER UNDER THIS OCA. THE MOTHER OF THE VICTIM WAS TRANSPORTED TO STANLY REGIONAL HOSPITAL VIA EMS DUE TO COMPLICATIONS WITH ANOTHER MEDICAL CONDITION, THE VICTIM WAS TRANSPORTED TO STANLY REGIONAL MEDICAL CENTER AT 6:27 PM BY EMS. [REDACTED] NOTIFIED CPT. K. MYERS BY PHONE OF THE SITUATION.</p>													

CASE SUPPLEMENTAL REPORT
NOT SUPERVISOR APPROVED

Printed: 11/01/2007 16:22

Stanly County Sheriff Office

OCA: 0702429

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: INACTIVE

Case Mng Status: INACTIVE

Occured: 10/06/2007

Offense: DEATH INVESTIGATION

Investigator: THOMAS, ERIC C (111)

Supervisor: (0)

Date / Time: 10/08/2007 08:20:07, Monday

Contact: Thomas, Eric Conley
417 East First Street, Oakboro
704-985-9691

Supervisor Review Date / Time: NOT REVIEWED

Reference: Assist Report

R/O responded to the scene and arrived at 5:20pm. Scene was reached by travelling Gem Lane off Renee Ford Road, approximately one hundred yards down turning right into a freshly cut cornfield and then travelling .1 of a mile to the scene.

On arrival R/O observed a Red Polaris Ranger 4X4 ATV with the victim laying under the drivers side. The vehicle was in an upright position and the victim's legs were partially under the vehicle, from just below the knee down.

Victim identified as: [REDACTED] H/F/13 DOB: [REDACTED]

Mother: [REDACTED]

Scene examination showed the vehicle was travelling in a southerly direction in the cornfield. When a turn to the left was made the vehicle overturned and over a span of 24 feet flipped completely once and on the second rollover came up on the passenger tires and then came back down on all four wheels. The victim would have been ejected from the vehicle after the first complete rollover and then was in position found when vehicle came to rest. In addition the shoes of the victim were just underneath the vehicle on the driver's side.

Obvious head injury present from signs of distended eyes and bleeding from ears. In addition, approximately 12 feet from final resting place a pair of female eyeglasses were found at the point of first contact of rollbar and the ground.

Information obtained was the vehicle was delivered this same day to [REDACTED]. Information obtained from mapquest printout for delivery directions and also the vehicle was displaying 3.1 hours use on the engine. From the area surrounding the crash site R/O noted several locations the vehicle was rapidly turned. At the time of the incident the victim was operating the vehicle and the son of the vehicle owner was a passenger. The son,

[REDACTED]

suffered a suspected broken arm and was transported to Northeast by parents in private vehicle.

Vehicle information: 2008 Polaris Ranger 4X4 EFI

Mfg. Date: 8/14/2007

SE SUPPLEMENTAL REPORT
NOT SUPERVISOR APPROVED

Printed: 11/01/2007 16:22

Stanly County Sheriff Office

OCA: 0702429

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *INACTIVE*

Case Mng Status: *INACTIVE*

Occured: 10/06/2007

Offense: *DEATH INVESTIGATION*

Investigator: *THOMAS, ERIC C (111)*

Vin Number:

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

Engine Size:

499 CC

SE SUPPLEMENTAL REPORT
NOT SUPERVISOR APPROVED

Printed: 11/01/2007 16:22

Stanly County Sheriff Office

OCA: 0702429

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *INACTIVE*

Case Mng Status: *INACTIVE*

Occured: 10/06/2007

Offense: *DEATH INVESTIGATION*

Investigator: *THOMAS, ERIC CONLEY (1887)*

Supervisor: *(0)*

Date / Time: *11/01/2007 16:18:45, Thursday*

Contact:

Supervisor Review Date / Time: *NOT REVIEWED*

Reference: *Follow Up*

All information available in this case has been forwarded to the District Attorney's office for review and a decision if a filing criminal charges is applicable, particularly GS 20-171.15 Dealing with Juvenile Operation of All Terrain Vehicles. Report submitted to (b)(3):CPSA on or about October 11, 2007 and no response has been received at the time of this supplement.

Supplements - Case #: 0702429

R/O has met with the District Attorney's Office and charges may be possible, but the statute applicable calls for both the Mother of Deceased and the Father of the Passenger to be charged with the Offense of Operation of All-Terrain Vehicles.

After further review, and meeting with Administration, the decision not to file charges was made. The belief the Mother of the Deceased has been punished enough by the loss of her daughter was the deciding factor, and per the DA's Office one could not be charged if the other was not. They did state it was Agency discretion and this R/O stands by the decision reached.

Case Closed..... No Prosecution

Death Investigation Information Worksheet

Name of Deceased: (b)(3):CPSA Section 25(c),(b)(6)

Race: HISPANIC Sex: FEMALE Date of Birth: (b)(3):CPSA Section 25(c)(b) Marital Status: SINGLE

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

Next of Kin: (b)(3):CPSA Section 25(c),(b)(6) (MOTHER)

Address: SAME

Law Enforcement Notified by: MOTHER

Address: SAME

Relationship to Deceased: MOTHER

Address: SAME

Date: 10/06/2007 Time: 1636 HRS Telephone Number: _____

Deceased Found Date: 10/06/2007 Time: 1636 HRS

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

Location: (House, Apartment, Vehicle, Woods, Field, etc.) CUT CORN FIELD

Entrance Made By: (Key, Forced Entry, No Force, etc.) N/A

Type of Locks on Door(s) N/A

Condition of Other Doors and Windows: (Open, Closed, Locked, Unlocked.) _____

Location Body Found: (Living Room, Bedroom, Bath, etc.) PARTIALLY UNDER ATV

Location in Room: _____

Position of Body: ON BACK

Condition of Body: _____

Fully Clothed: Partially Clothed: Unclothed:

Clothing Description: BEIGE SHORTS, WHITE TANK TOP, & WHITE FLIP FLOPS

Preservation: Well Preserved: Decomposed:
Estimated Rigor: Complete: Head: Arms: Legs:
Livor: Front: Back: Localized: Color: _____
Blood: Present: Absent:

Locations: HEAD AREA

Ligatures: Yes: No: Type: SCRAPES ON LEFT CENTER SHIN AND RIGHT ANKLE

Apparent Wounds: None: Gunshot: Stab: Blunt Force:

Number of Wounds: UNKNOWN

Location: Head: Neck: Chest: Abdomen: Extremities:

Hanging: Yes: No: Means: _____

Weapon(s) Firearm: N/A Caliber: _____

Type: _____

Knife/Cutting Instrument: N/A

Other Weapons (Describe) ATV

Condition of Surroundings: Orderly Untidy Disarray

Odors: Decomposition _____ Other NO ODORS PRESENT

Evidence of Last Food Preparation: N/A

Where: _____

What: _____

Dated Material: Mail, etc: _____

Newspapers: _____

T.V. Guide: _____

Last Contact with Deceased: _____

Type of Contact: In Person Telephone Other

Name of Contact: _____

Address of Contact: _____

Telephone Number of Contact: _____

Evidence of Robbery: Yes No Not Determined

Evidence of Drug Use: (Prescription, Non Prescription, Controlled Substances)

Yes No

Types of Drugs Found: NONE

Evidence of Drug Paraphernalia: Yes No

Type: _____

Evidence of Alcohol Abuse: Yes No

Evidence of Sexual Deviate Practices: Yes No

Type: _____

Identification of Deceased: Yes No

By Whom: (MOTHER)

Address: SAME

Telephone Number: UNKNOWN

Name of Medical Examiner Contacted:

Time Permission to Move Given: 1747 HRS

Time Body was Removed From Scene: 1827 HRS

Names of Emergency Medical Personnel:

Names of Investigating Officers/ Agencies/ Phone Numbers: J. CRAYTON, J. SCHEINDER,

E. THOMAS, C. HUGEL, & R. COLLINS

Other Remarks/ Information: PRONOUNCED ON SCENE BY THROUGH



12007 - 08380

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CHIEF MEDICAL EXAMINER
Chapel Hill, North Carolina 27599-7580

CPS

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY

07-9419
Case number

OCT 11 2007
Date received

Res NR

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

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

AGE: 13 SEX: Male Female Unknown

RACE: Black Native American Oriental White Unknown

HISPANIC ORIGIN: Yes No Unknown

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	10/6/07	1630	Private Farm/Corrfield Starfield	Stanly
DEATH	10/6/07	1700	Private Farm/Corrfield Starfield	Stanly
VIEW OF BODY	10/7/07	0645	<input type="checkbox"/> Scene of death <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input type="checkbox"/> Other <input type="checkbox"/> Not viewed	
M.E. NOTIFIED	10/6/07		LAW ENFORCEMENT AGENCY:	
LAST KNOWN TO BE ALIVE	10/6/07	1630	OFFICER: TELEPHONE: Death occurred while in custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

AUTOPSY: None M.E. Authorized Non-M.E. Autopsy facility: _____

BLOOD SAMPLE: Mailed Obtained by pathologist Reason not obtained: _____

IF CLINICAL ALCOHOL DONE, RESULT: _____ By whom: _____

PROBABLE CAUSE OF DEATH: Pending

1. HEAD AND Cervical Spine Trauma
DUE TO
2. Trauma Secondary to ATV Accident
(single vehicle)
DUE TO
3. _____
DUE TO
4. _____
DUE TO

OCME REVIEW		SDC
1. _____	DUE TO	<input type="checkbox"/> None
2. _____	DUE TO	<input type="checkbox"/> AL
3. _____	DUE TO	<input type="checkbox"/> Dictated
4. _____	DUE TO	<input type="checkbox"/> COG
CONTRIBUTING CONDITIONS		
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined		
Reviewer: _____	Date: 10/29/07	
Information in this block supersedes that contained in space at left.		

CONTRIBUTING CONDITIONS

MANNER OF DEATH:

Natural Accident Homicide Suicide Pending

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

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

NO. 10/7/07 STANLY

Date: _____ County of Appointment: _____

MEDICAL HISTORY

Alcoholism, Diabetes, IV drug abuse, Ischemic heart disease, Smoking, Seizure disorder, Cancer, Hypertension, Depression, HIV/AIDS, Other, Attending Physician, City

MEANS OF DEATH

VEHICLE: Type of vehicle associated with this decedent: Passenger car, Pickup truck, Truck--more than 2 axles, Motorcycle, Bicycle, Farm vehicle, ATV, Moped, Other. Position: Driver, Passenger, Pedestrian, Unknown. Devices: Seat restraints, Air bag, Helmet, Child restraint, None, Unknown. Number of vehicles involved. GUN: Rifle--Caliber, Handgun--Caliber, Shotgun--Gauge, Other. INSTRUMENT: Blunt, Sharp, Description. TOXIC AGENT(S) SUSPECTED: Alcohol, Others. DROWNING: Pond, Lake or river, Ocean, Pool, Bathtub, Other. Life preserver, Able to swim. FIRE: Suspected cause, Smoke detector. FALL: From, to, Approximate distance, feet.

ACTIVITY OF DECEDENT AND PREMISES

FATAL INJURY OR ILLNESS: Activity Driving on ATV at high rate of speed in Centfield Park, Type of place, Specific location

Fatal injury or illness occurred on a job: Yes, No, Unknown. If yes, was employment: Primary job, Secondary, Volunteer work, Unknown. Name of this employing firm or agency, Type of business or industry, Decedent's occupation

DEATH: Type of place, Specific location

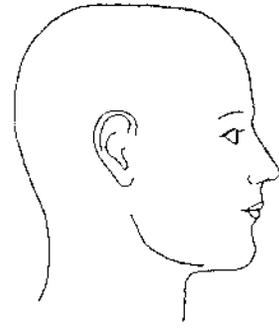
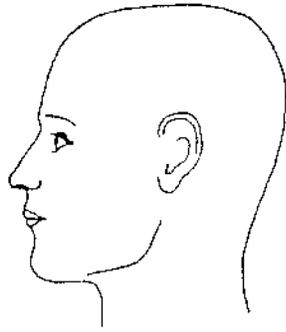
Examples:

Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fighting, etc. Type of place: House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, etc. Specific location: Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, car, etc. On a job: Any activity that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

DESCRIPTION OF BODY

CONDITION: Intact, Decomposition, Skeletonized, Embalmed, Charred, Prolonged immersion, Exhumed. RIGOR: None, 1+, 2+, 3+, LIVOR: None, Anterior, Posterior, Lateral. HEIGHT: 5'5" inches, Estimate, WEIGHT: 120 pounds, Estimate. BODY TEMPERATURE: Warm, Cool, Cold, HAIR: Color Brown, Beard, Mustache. EYES: Color Brown, Abnormalities. TEETH: Upper, Lower, Natural, Dentures, Abnormalities

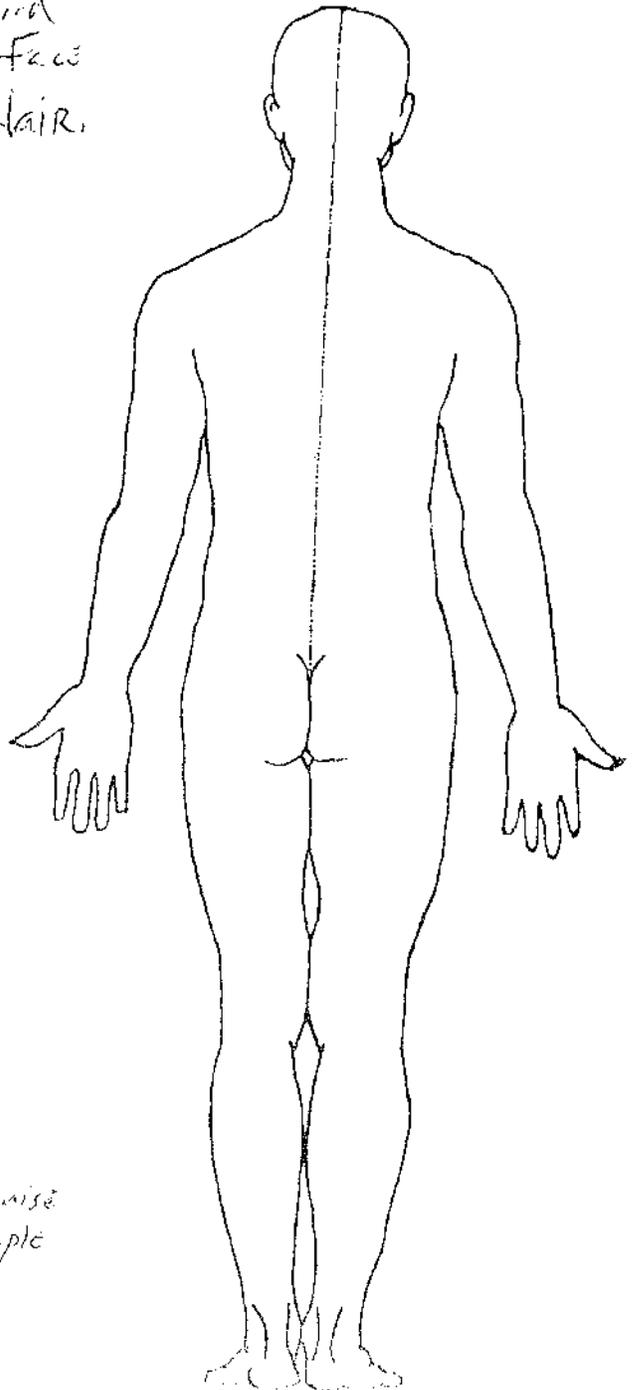
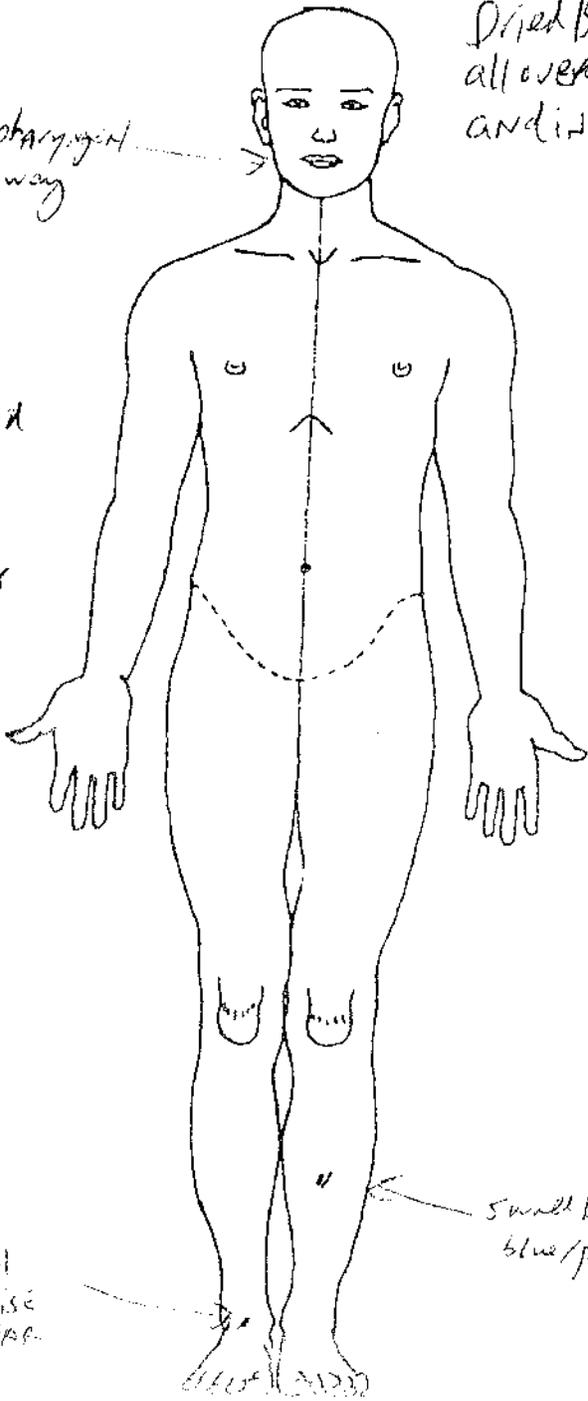
BODY DIAGRAMS



Orphanymed
Airway

Dried Blood
all over Face
and in Hair.

Dried Blood
on both
upper
extremities



Small Bruise
limp

Small Bruise
blue/purple

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

DECEDENT WAS THE UNRESTRAINED DRIVER OF AN
ATV - No helmet who was traveling at a high
rate of speed and the vehicle turned over throwing
her from the vehicle, and she was clear of the
vehicle when EMS arrived. EMS inserted LMA and
patient was without pulse or respirations and
decident was pronounced dead. There was a passenger
in the vehicle and after the accident he ran to get
the decident's mother. Note that after LMA was inserted
and attempts made to ventilate decident blood came out
of LEAD EAR.

PURPOSE: To document the findings of a medical examiner investigation. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(*).

PREPARATION: The investigating medical examiner completes all appropriate information, and signs the certification statement on the front of the form.

DISTRIBUTION: Med original copy to the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

DISPOSITION: This form is maintained by the Chief Medical Examiner in accordance with the current records retention schedule published by the N.C. Division of Archives and History.

COPIES: Additional copies may be ordered from the Office of the Chief Medical Examiner, Sup 1330B, 201-21166-178.

080402HCC1518

ATTACHMENT #3

Contact Sheet

Contacted on 04/15/08
Stanly County Sheriff's Office
223 South Second St.
Albemarle, NC.
704-986-3714

Contacted on 04/15/08
North Carolina-Office
Of the Chief Medical Examiner
Campus Box 7580
Chapel Hill, NC. 27599-7580
919-966-2253

Task Number: 080402HCC1518

Date: 05/06/08

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 080402HCC1518

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 4X4 EFI

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: 2007

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

Engine Size: 475-500

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: 10/06/2007

Age/Sex: 13/Female

State of Death: NORTH CAROLINA

City of Death: Locust

County of Death: Stanly

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

A 13-year-old-female was riding a 4-wheeled ATV without wearing a helmet accompanied by 12-year-old-male as a passenger in a cornfield on a private farm. The victim was traveling at a high rate of speed when the ATV overturned, ejected the victim and came to rest on top of her. The victim was pronounced on the scene and transported to a hospital where the official cause of death is determined to be head a cervical spine trauma. The passenger was transported to a hospital where he was treated for a broken arm. No other information is available.

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: 60 (inches)
Weight: 03 = 100 - 149 Sex: Female

1. Task Number 080410HCC2535		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT	
3. Office Code 810	4. Date of Accident YR MO DAY 2006 06 11	5. Date Initiated YR MO DAY 2008 04 14			
6. Synopsis of Accident or Complaint UPC none The victim, a 44-year-old male passenger and a driver, a 33-year-old male were riding in a 4-wheeled utility vehicle in a field. Two other passengers were riding and no one was wearing a helmet. The victim was standing in the utility vehicle and the driver was attempting to cross over a dam. The utility vehicle flipped backwards and landed on the victim. He sustained chest and abdomen injuries. He was taken to a hospital, where he died. The cause of death was blunt force trauma of the chest and abdomen. The driver and the other passengers jumped off from the utility vehicle and were not injured.					
<p style="text-align: right;">MFR/PRVLBR NOTIFIED</p> <p style="text-align: right;">COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED</p> <p style="text-align: right;"><input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>20, 3, 6</u></p> <p style="text-align: right;"><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <u>D81106 GP</u></p>					
7. Location (Home, School, etc) 1 - HOME		8. City SPARTA		9. State GA	
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name ARCTIC CAT/PROWLER		10C. Model Number UNKNOWN	
10D. Manufacturer Name and Address ARCTIC CAT INC/VIN:UNKNOWN P.O. Box 810 Thief River Falls, MN 56701					
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 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) 3 / 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 05/28/2008		25. Reviewed By 9001		26. Regional Office Director Beverly J. Kohen	
27. Distribution Streeter, Robin				28. Source Document Number 0613032226	

080410HCC2535

The information in this report was based on information received from the state patrol department. The coroner's office will not respond; therefore, a written report is not provided. A photo of the utility vehicle was not taken. Contact with the victim's next-of-kin was not permissible.

On Sunday, June 11, 2006, at 00:55 a.m., in Eatonton, GA, the victim, a 44-year-old male passenger and the driver, a 33 year-old male were riding in a 4-wheeled utility vehicle. The weather condition was clear and the temperature was 78 degrees.

They were riding in a field which was located on the victim's private property. Two other passengers were riding with them and no one was wearing any protective gear such as a helmet.

The victim was standing up in the utility vehicle and the driver was attempting to cross over a dam. The utility vehicle flipped backwards and landed on the victim while the others jumped off of it.

It is unknown what rate of speed the vehicle was traveling at prior to the incident. The driver's knowledge regarding operation and/or handling the utility vehicle was unknown.

The victim sustained a chest and an abdomen injury. He was taken to a hospital, where he died. His cause of death was blunt force trauma of chest and abdomen.

Heights and weights were unavailable. The driver was under the influence of alcohol which was a contributing factor to the incident.

Product: 4-wheeled all-terrain utility vehicle

Brand/Year: Arctic Cat/2006

Manufacturer: Arctic Cat
P.O. Box 810
Thief River Falls, MN 56701

080410HCC2535

Model: Arctic Cat Prowler

The depiction below is a model 2006 Arctic Cat Prowler obtained by website

<http://atv.off-road.com/atv/2006-Arctic-Cat-Prowler-First-Ride/ArticleStandard/Article/detail/192274>



VIN: unknown

Description: unknown

Condition: maintenance history, bought new or used, and prior problems is unknown.

Modification: unknown

ATTACHMENTS:

1. Vehicle Private Property Accident Report.
2. Missing Document, autopsy report.
3. Contact Information.

05/01/2008 11:01 4784455655

GSP POST 03

PAGE 01/03

DMVS-523P (12/03)

GEORGIA UNIFORM VEHICLE PRIVATE PROPERTY ACCIDENT REPORT

Case Number: PP33-004-2006 Date: 6/11/2006 Time Officer Notified: 0059

County: Hancock City: Sparta Time Officer Arrived: 0126

Location of Accident: (b)(3) CPSA Section 25(c), (b)(6)

Driver # 1: (b)(3) CPSA Section 25(c), (b)(6) Sex: M Race: W DOB: (b)(3) CPSA Section 25(c), (b)(6)

Driver's License #: (b)(3) CPSA Section 25(c), (b)(6) State: GA Class: C Expiration Date: 11/22/2008

Vehicle Owner, Address and Phone #: (b)(3) CPSA Section 25(c), (b)(6)

Vehicle #1 - Make: Artic Cat Model: Prowler Year: 2006 Tag #: None Year: N/A State: N/A

Insurance Company and Policy #: None

Damage to Vehicle - None: Slight: X Moderate: Extensive:

Driver # 2: Sex: Race: DOB:

Driver's License #: State: Class: Expiration Date:

Vehicle Owner, Address and Phone #:

Vehicle #2 - Make: Model: Year: Tag #: Year: State:

Insurance Company and Policy #:

Damage to Vehicle - None: Slight: Moderate: Extensive:

Other Property Damage: None Reported

Injuries:

Name: (b)(6) Age: 33 Sex: M Vehicle #: 1
Name: (b)(3) CPSA Section 25(c), (b)(6) (deceased) Age: 44 Sex: M Vehicle #: 1
Name: Age: Sex: Vehicle #:
Name: Age: Sex: Vehicle #:

Vehicle #1 Towed by: Not Towed Vehicle #2 Towed by:

Officer: TFC Joseph B. Clifton Jr Badge #: 837 Agency: Georgia State Patrol

Supervisor: [Signature] # 450

05/01/2008 11:01

4784455655

GSP POST 33

PAGE 02/03

DMVS-523P (12/03)

Remarks:

Vehicle # 1 was traveling south attempting to drive up the Dam of the pond. (b)(6) was the driver of Vehicle # 1. (b)(3):CPSA Section 25(c), (b)(6) was standing on the back of the ATV. Vehicle # 1 flipped backwards while attempting to negotiate the dam. Vehicle # 1 landed on top of (b)(3):CPSA Section 25(c), (b)(6) chest and abdomen area. (b)(6) reported that he jumped from the ATV before it flipped. Hancock County EMS provided medical care and transported (b)(3):CPSA Section 25(c), (b)(6) to the Putnam General Hospital Emergency Room. (b)(3):CPSA Section 25(c), (b)(6) was pronounced deceased at the hospital.

Note: (b)(6) was arrested and charged with DUI, Reckless Driving and Vehicular Homicide in the first degree.

Note: Both Witnesses were passengers on the ATV at the time of the accident.

Witnesses:

Name:

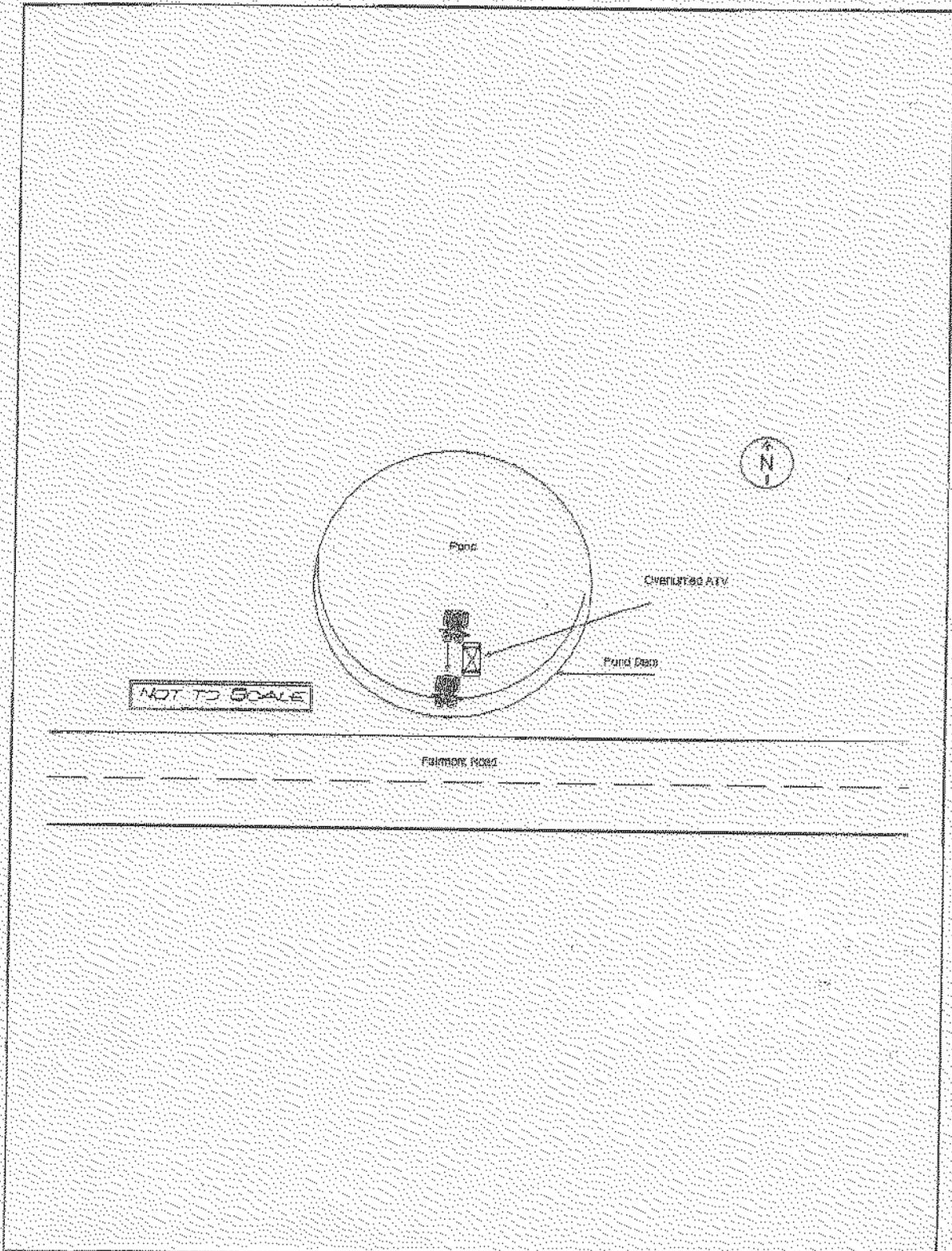
Address:

Phone:

(b)(6)

(b)(6)

Diagram:



Task Number: 080410HCC2535

Date: 5/21/08

Status of Missing Document(s)

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

1. autopsy report (date of receipt is unknown)
- 2.
- 3.
- 4.
- 5.

CONTACT INFORMATION:

Contacted on 4/10/08

Gary P. McElhenney
Putnam County Coroner
848 Church Street
Eatonton, GA 31024
(706)485-7722

Hancock County Sheriff
820 Spring St
Sparta, Georgia 31087
(706)444-6471

Linton McClin
Hancock County Coroner
479 Pumping Station Road
Sparta, GA 31087
(706)444-7575

Contacted on 5/1/08

State Patrol
2525 W. Hancock Street
Milledgeville, GA 31061
(478)445-4718

1. Task Number 080411HCC3531		2. Investigator's ID 8109		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2007 11 17	5. Date Initiated YR MO DAY 2008 04 23		
6. Synopsis of Accident or Complaint UPC A 15-year-old girl sustained multiple blunt force injuries when the ATV she was riding as a passenger collided with a train in a dune area. She died at the hospital six days later.				
MFR/PRVLR NOTIFIED <i>Wulcun</i> COMMENTS: <u>YES</u> <u>NO</u> <u>OVERRULED</u> ; <u>ATTACHED</u> <i>5/19/09</i> <u>EXCISIONS/FOIA EXS.</u> _____; <u>DO NOT RE-NOTIFY</u> <u>RE-NOTIFY</u>				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City GLAMIS		9. State CA
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name <i>UNKNOWN</i>		10C. Model Number
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 15	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 62 - IOI	
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 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 <input type="radio"/> Yes for Manuf. Only				
24. Review Date 04/30/2008	25. Reviewed By 9035		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number X0830281A	

IDS: 020411HCC3531



OFFICE OF THE MEDICAL EXAMINER
701 W. Jefferson St.
Phoenix, AZ 85007

REPORT OF EXTERNAL EXAMINATION

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

CASE: 07-06791

DATE OF EXAMINATION: 11/26/2007

TIME: 0753 Hours

SIGNIFICANT FINDINGS

- I. Blunt force injuries of the head and neck.
 - A. Epidural and subarachnoid hemorrhages, clinical.
 - B. Diffuse axonal injuries, clinical.
 - C. Atlanto-occipital dislocation, clinical.
 - D. Status post halo placement.
 - E. Epidural hemorrhage, cervical spine.
 - F. Fracture of the C6 vertebra.

- II. Blunt force injuries of the torso.
 - A. Rib fractures, left.
 - B. Pelvic fractures, clinical.
 - C. Retroperitoneal hemorrhage, clinical.
 - D. Status post splenectomy.
 - E. Pulmonary contusions, clinical.

CAUSE OF DEATH: Blunt force injuries
MANNER: Accident

01.14.2008
Date Signed


VLADIMIR SHVARTS, MD
MEDICAL EXAMINER

CIRCUMSTANCES OF DEATH

The decedent was a passenger in an ATV (all-terrain vehicle) that collided with a train. She expired six days after the accident.

EXTERNAL EXAMINATION

The body is received in a zippered body pouch secured by evidence seal #3834042.

CLOTHING AND PERSONAL EFFECTS

The body is unclad.

EVIDENCE OF MEDICAL INTERVENTION

1. There is a halo device with pins inserted into the frontal bone.
2. Endotracheal tube in oral cavity.
3. Nasogastric tube in the right nostril.
4. A 32-cm stapled surgical incision on the midline of the abdomen.
5. Foley catheter in the urethra.
6. Central line catheter in the left subclavicular area.
7. A 2-cm sutured incision on the left side of the abdomen.
8. There is a 1.5-cm incision on the left lateral aspect of the chest.

EVIDENCE OF TRAUMA

1. There is a 5-cm abrasion on the left side of the chest.
2. There is a 2-cm scabbed abrasion on the midline of the anterior chest wall.

GENERAL EXTERNAL EXAMINATION

The body is unembalmed. The body is that of a Caucasian female 63 inches in length and weighing 160 pounds. Mild rigor mortis is present. Livor mortis is fixed and present over the posterior parts of the body. The scalp hair is brown. The irides are brown. Pupils are round, central, and measure 0.5 cm in diameter. There are no lesions of the sclerae or conjunctivae. Dentition is natural. There are no acute oral mucosal lesions. The trachea is in the midline. There are no palpable axillary, cervical, or inguinal masses. The breasts are paired and symmetrical. The thorax is well developed and symmetrical. The abdomen is flat, with no palpable intra-abdominal masses. The external genitalia are those of a normal appearing adult female. The extremities are well developed and symmetrical, with no significant cyanosis, edema, or deformity. The posterior aspects of the torso are symmetrical and devoid of any acute injury patterns. General appearance is compatible with the reported age of 15 years.

TOXICOLOGY SPECIMENS

Samples of the blood and eye fluid are collected and held.

FINAL SUMMARY

Based on the investigative history, as available to me, it is my opinion that Amanda Marie Gonzales, a 15-year-old Caucasian female, died as a result of multiple blunt force injuries sustained when she was involved in an ATV versus train accident.

The manner of death is accident.

The classification of the Manner of death as "Accident" represents an accepted term in the science of forensic pathology and is not a determination or comment regarding criminal or civil responsibility of any other person for the death.

VS/svp
D11/28/07
T1/12/08

Task Number 080411HCC3531

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

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

ATV #1	ATV #2
Manufacturer: 00 - Unknown	Manufacturer:

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

Model: Ukown	/	VIN: UNKNOWN
--------------	---	--------------

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: 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: 11/23/2007	
Age/Sex: 15 / Female	/
State of Death: CALIFORNIA	
City of Death: Glamis	
County of Death: San Diego	

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

A 15-year-old girl sustained multiple blunt force injuries when the ATV she was riding as a passenger collided with a train in a dune area. She died at the hospital six days later.

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 **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: 15 Height: 63 (inches)
Weight: 04 = 150 - 199 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?

06 - Sand dunes, beach (shallow water)

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.

07 - Train

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:

STATE OF CALIFORNIA

TRAFFIC COLLISION REPORT
CHP 555 CARS PAGE 1 (REV 11-06) OPI 065

SPECIAL CONDITIONS: FATAL		NUMBER INHALED 0	MT & RUP POLICY	CITY UNINCORPORATED	JUDICIAL DISTRICT BRAWLEY	LOCAL REPORT NUMBER 07 11 45		
		NUMBER KILLED 3	MT & RUP MISDEMEANOR	COUNTY IMPERIAL	REPORTING DISTRICT	BEAT 24	DAY OF WEEK SATURDAY	
						TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
LOCATION	COLLISION OCCURRED ON: SR-78				MO 11/17/2007	DAY 1525	YEAR 2007	
	MILEPOST INFORMATION: .106 MILE(S) EAST OF 78 IMP 41.00				GPS COORDINATES LATITUDE		LONGITUDE	
	<input checked="" type="checkbox"/> AT INTERSECTION WITH: OR: RAIL ROAD TRACKS (GLAMIS)				STATE HWY REL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		PHOTOGRAPHS BY: REFER TO NARRATIVE	
PARTY 1	DRIVER'S LICENSE NUMBER NONE	STATE	CLASS	AIR BAG P	SAFETY EQUIP. G	VEH. YEAR 2006	MAKE / MODEL / COLOR YAM RHINO BLK	
DRIVER	NAME(FIRST, MIDDLE, LAST) (b)(6)				OWNER'S NAME BESTWICK, MARCUS			
PEDES- TRIAN					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY / STATE / ZIP NORCO CA 92860				DISPOSITION OF VEHICLE ON ORDERS OF: <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICY- CLIST	SEX F	HAIR BRN	EYES BRN	HEIGHT 5-04	WEIGHT 110	BIRTHDATE MO 08/15/1993	YEAR 1993	
OTHER	HOME PHONE (b)(6)		BUSINESS PHONE NONE					
INSURANCE CARRIER NONE		POLICY NUMBER N/A						
DIR OF TRAVEL E		ON STREET OR HIGHWAY SR78		SPEED LIMIT 65				
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR 2001	MAKE / MODEL / COLOR GE LOCOMOTIVE MAR	
DRIVER	(b)(6)				OWNER'S NAME UNION PACIFIC RAILROAD			
PEDES- TRIAN					OWNER'S ADDRESS <input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY / STATE / ZIP CA 92324				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 200	BIRTHDATE MO 09/07/1975	YEAR 1975	
OTHER	HOME PHONE (b)(6)		BUSINESS PHONE					
INSURANCE CARRIER SELF-INSURED		POLICY NUMBER						
DIR OF TRAVEL S		ON STREET OR HIGHWAY RAIL ROAD TRACKS		SPEED LIMIT 65				
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	
DRIVER	NAME(FIRST, MIDDLE, LAST)				OWNER'S NAME			
PEDES- TRIAN	STREET ADDRESS				OWNER'S ADDRESS			
PARKED VEHICLE	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER			
BICY- CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE	YEAR	
OTHER	HOME PHONE		BUSINESS PHONE					
INSURANCE CARRIER		POLICY NUMBER						
DIR OF TRAVEL		ON STREET OR HIGHWAY		SPEED LIMIT				
PREPARED BY H. CARDENAS 017055		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NIA		REVIEWER'S NAME S.T. A 11606			DATE REVIEWED DEC 20, 2007	

2 HDQ
CALTRANS
CORNER
MILITARY
P.D.
CHP

STATE OF CALIFORNIA
TRAFFIC COLLISION CODING
CHP 555 CARS PAGE2 (REV. 11-06) OPI 065

DATE OF COLLISION (MO. DAY YEAR) 11/17/2007	TMR(2400) 1525	NCIC # 9625	OFFICER I.D. 017055	NUMBER 07 11 45
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PROPERTY DAMAGE	OWNER	OWNER ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DAMAGE			

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

PRIMARY COLLISION FACTOR LIST NUMBER (N) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1 2 3			SPECIAL INFORMATION	1 2 3			MOVEMENT PRECEDING COLLISION	
		1	2	3		1	2	3		
A VC SECTION VIOLATED: CITED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 22451(B)	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				E MAKING LEFT TURN	
	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN	
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING	
	C REAR END				H				H SLOWING / STOPPING	
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE	
X A CLEAR	E HIT OBJECT				J				J CHANGING LANES	
B CLOUDY	F OVERTURNED				K				K PARKING MANEUVER	
C RAINING	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC	
D SNOWING	H OTHER*				M				M OTHER UNSAFE TURNING	
E FOG / VISIBILITY FT.	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)			X	
B DUSK - DAWN	E PARKED MOTOR VEHICLE					A VC SECTION VIOLATED: CITED	<input type="checkbox"/> YES <input type="checkbox"/> NO			
C DARK - STREET LIGHTS	F TRAIN					B VC SECTION VIOLATED: CITED	<input type="checkbox"/> YES <input type="checkbox"/> NO			
D DARK - NO STREET LIGHTS	G BICYCLE					C VC SECTION VIOLATED: CITED	<input type="checkbox"/> YES <input 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 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				G IMPAIRMENT NOT KNOWN
B LOOSE MATERIAL ON ROADWAY*	D CROSSING - NOT IN CROSSWALK					K DEFECTIVE VEH. EQUIP.: CITED	<input type="checkbox"/> YES <input 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										

SKETCH REFER TO PAGE 6 FOR SKETCH.	 INDICATE NORTH	MISCELLANEOUS PARTY #2 (KNOWLES) OPERATOR PERMIT #0404878
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STATE OF CALIFORNIA
INJURED / WITNESSES / PASSENGERS
CHP 555 CARS PAGE 3 (REV 11-06) OPI065

DATE OF COLLISION (MO. DAY YEAR) 11/17/2007		TIME(2400) 1525		NCIC # 9625		OFFICER I.D. 017055		NUMBER 07 11 45									
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"/>	9	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	4	P	G	0
NAME / D.O.B. / ADDRESS (b)(3):CPSA Section 25(c)												TELEPHONE (b)(3):CPSA S					
(INJURED ONLY) TRANSPORTED BY: HELICOPTER BY MERCY AIR												TAKEN TO: CHILDRENS HOSP, SAN DIEGO CA.					
DESCRIBE INJURIES: BLUNT FORCE TRAUMA. PRONOUNCED DEAD ON 11-17-2007 AT 1948 HOURS BY DR. BRAD PETTERSON. SAN DIEGO COUNTY MEDICAL EXAMINER CASE #07-02608																	
												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED					
<input type="checkbox"/>	<input type="checkbox"/>	14	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	P	G	0
NAME / D.O.B. / ADDRESS (b)(6)												TELEPHONE (b)(6)					
(INJURED ONLY) TRANSPORTED BY: IMPERIAL COUNTY CORONER												TAKEN TO: HEMS MORTUARY IN BRAWLEY, CA 92227					
DESCRIBE INJURIES: BLUNT FORCE TRAUMA. PRONOUNCED DEAD AT 11-17-2007 AT 1600 HOURS BY GOLD CROSS PARAMEDIC, EDDIE BAXTER. CORONER'S CASE # 07-202																	
												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED					
<input type="checkbox"/>	<input type="checkbox"/>	15	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	3	P	G	0
NAME / D.O.B. / ADDRESS (b)(6)												TELEPHONE (b)(6)					
(INJURED ONLY) TRANSPORTED BY: SUN CARE HELICOPTER												TAKEN TO: BANNAR GOOD SAMARITAN HOSPITAL					
DESCRIBE INJURIES: RUPTURED SPIEE, PICTURED LUNG, BROKEN RIBS AND HEAD INJURY. PRONOUNCED DEAD ON 11-23-2007 AT 0521 HOURS BY DR. THOMAS GILLESPIE. MARICOPA COUNTY MEDICAL EXAMINER CASE # 07-6791																	
												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	35	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"/>					
NAME / D.O.B. / ADDRESS (b)(6)												TELEPHONE (b)(6)					
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:					
DESCRIBE INJURIES:																	
												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	39	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"/>					
NAME / D.O.B. / ADDRESS (b)(6)												TELEPHONE (b)(6)					
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:					
DESCRIBE INJURIES:																	
												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11	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"/>					
NAME / D.O.B. / ADDRESS (b)(6)												TELEPHONE (b)(6)					
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:					
DESCRIBE INJURIES:																	
												<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED					
PREPARER'S NAME H. CARDENAS				I.D. NUMBER 017055		MO. DAY YEAR 11/17/2007		REVIEWER'S NAME				MO. DAY YEAR					

STATE OF CALIFORNIA
INJURED / WITNESSES / PASSENGERS
CHP 555 CARS PAGE 3 (REV 11-08) OPI.055

DATE OF COLLISION (MO. DAY YEAR)		TIME(2400)	NCID #	OFFICER I.D.	NUMBER													
11/17/2007		1525	9625	017055	071145													
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	REVERSE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PEO.	BICYCLIST	OTHER						
<input checked="" type="checkbox"/> # 4	<input type="checkbox"/>	16	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)(6)													TELEPHONE (b)(6)					
(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:					
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input checked="" type="checkbox"/> # 5	<input type="checkbox"/>	47	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)(6)													TELEPHONE (b)(6)					
(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:					
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input checked="" type="checkbox"/> # 6	<input type="checkbox"/>	47	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)(6)													TELEPHONE (b)(6)					
(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:					
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input checked="" type="checkbox"/> # 7	<input type="checkbox"/>	44	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)(6)													TELEPHONE (b)(6)					
(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:					
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input checked="" type="checkbox"/> # 8	<input type="checkbox"/>	45	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)(6)													TELEPHONE (b)(6)					
(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:					
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
<input checked="" type="checkbox"/> # 9	<input type="checkbox"/>	25	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS (b)(6)													TELEPHONE (b)(6)					
(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:					
DESCRIBE INJURIES:																		
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																		
PREPARER'S NAME H. CARDENAS			I.D. NUMBER 017055		MO. DAY YEAR 11/17/2007		REVIEWER'S NAME					MO. DAY YEAR						

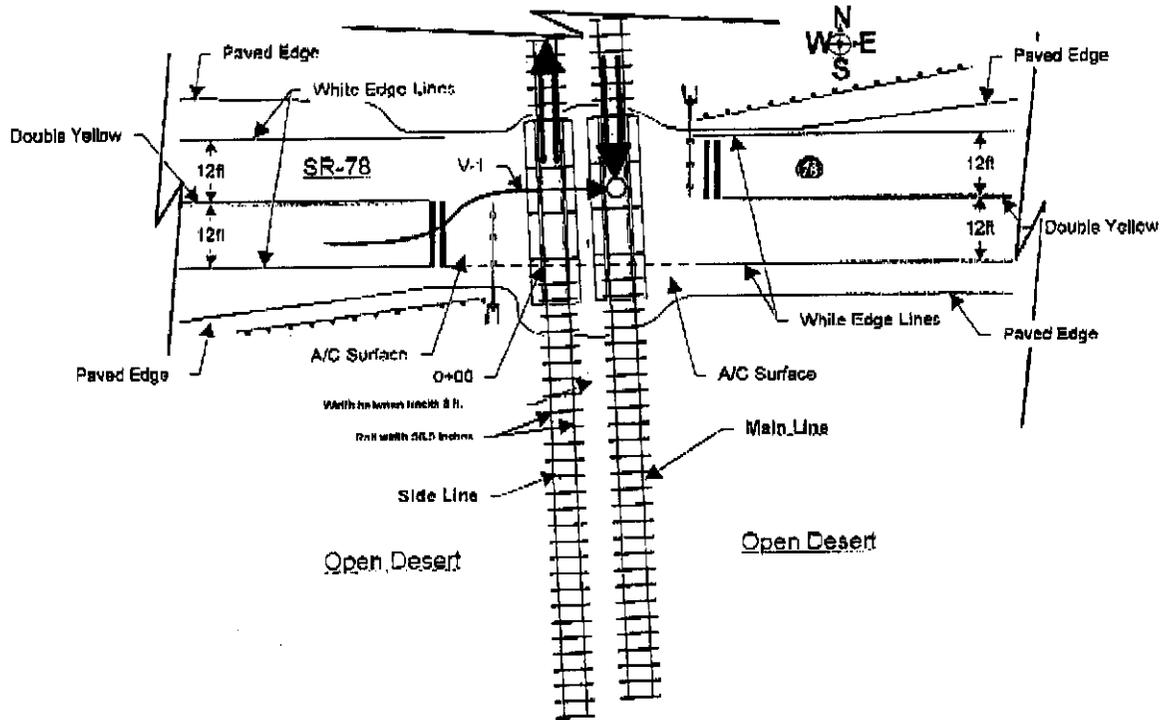
STATE OF CALIFORNIA
SKETCH DIAGRAM

CHP 555 Page 4 (Rev. 8-97) OPI 042

PAGE 5 OF 24

DATE OF INCIDENT 11/17/2007	TIME 1525	NCIC NUMBER 9625	OFFICER I.D. 017055	NUMBER 07 11 45
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



PREPARED BY D. ALVAREZ	I.D. NUMBER 016489	DATE 11/17/2007	REVIEWER'S NAME	DATE
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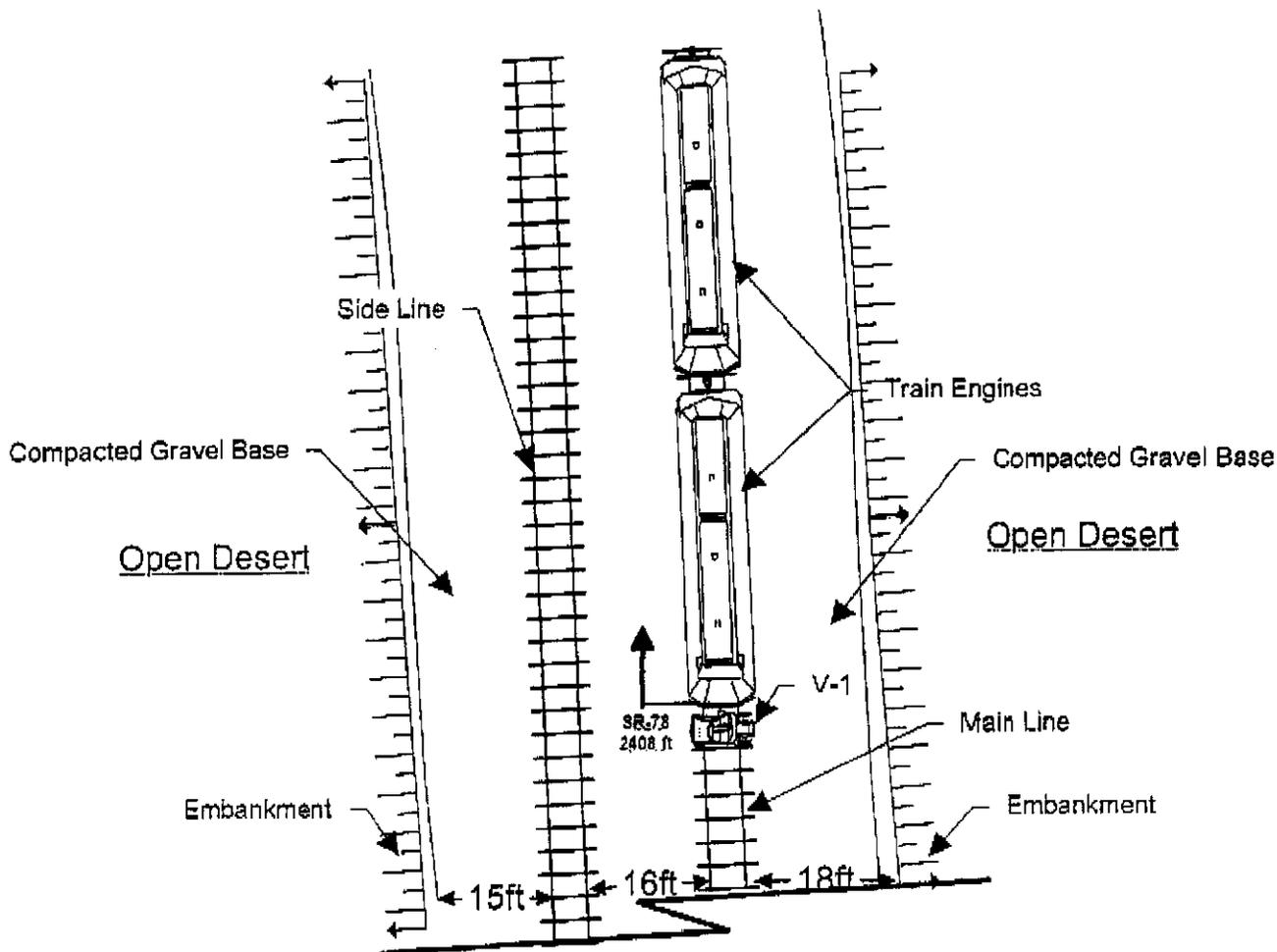
STATE OF CALIFORNIA
FACTUAL DIAGRAM

CHP 555 Page 4 (Rev. 8-97) OPI 042

PAGE 6 OF 24

DATE OF INCIDENT 11/17/2007	TIME 1525	NCIC NUMBER 9625	OFFICER I.D. 017055	NUMBER 07 11 45
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



PREPARED BY D. ALVAREZ	I.D. NUMBER 016489	DATE 11/17/2007	REVIEWER'S NAME	DATE
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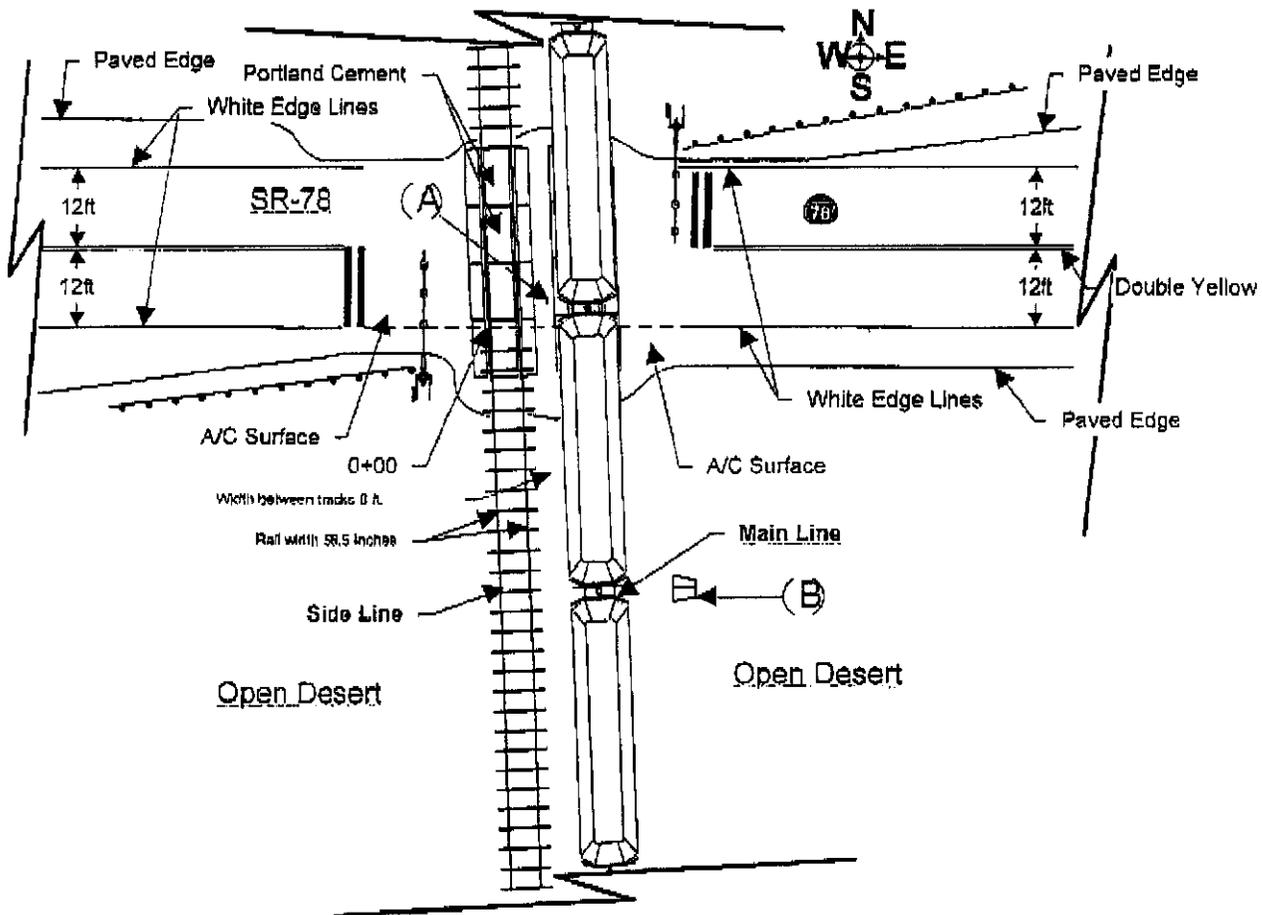
STATE OF CALIFORNIA
FACTUAL DIAGRAM

CHP 555 Page 4 (Rev. 8-97) OPT 042

PAGE 7 OF 24

DATE OF INCIDENT 11/17/2007	TIME 1525	NCIC NUMBER 9625	OFFICER I.D. 017055	NUMBER 07 11 45
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



PREPARED BY D. ALVAREZ	I.D. NUMBER 016489	DATE 11/17/2007	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 8 OF 24

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
11/17/2007	1525	9625	017055 07 11 45

1 PHYSICAL EVIDENCE LEGEND:

2

3 STATION LINE:

4 A station line was established along the south roadway edge (white line) of SR-78. Station 0+00
 5 was established at the west rail of the Side Line (west set of tracks.) The station line increases as
 6 you proceed east. All measurements are taken at right angles to the station line. In this diagram
 7 "L" indicates "north of" and "R" indicates "south of".

8

9 POINTS OF REST:

10 V-1 WAS FOUND:

11	L/F	2410'	S/OF	THE PAVED EDGE OF SR-78, ON THE MAIN LINE.
12	L/F	01'	E/OF	THE EAST RAIL OF THE MAIN LINE.
13				
14	L/R	2410'	S/OF	THE PAVED EDGE OF SR-78, ON THE MAIN LINE.
15	L/R	01'	W/OF	THE WEST RAIL OF THE MAIN LINE.

16

17 THE FRONT OF THE TRAIN ENGINE WAS FOUND:

18	2408'	S/OF	THE PAVED EDGE OF SR-78, ON THE MAIN LINE.
----	-------	------	--

19

20 PHYSICAL EVIDENCE:

21 ITEM A- 4 INCH LONG, 1.5 INCH WIDE GOUGE

22 ITEM B- DETACHED HOOD FROM V-1

23

24 PHYSICAL EVIDENCE LOCATION:

25

26 ITEM A

27 04' L STATION 0+10.5(CENTER)

ITEM B

38' R STATION 0+32(CENTER)

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. ALVAREZ	016489	11/17/2007		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 9 OF 24

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
11/17/2007	1525	9625	017055 07 11 45

1 FACTS:

2

3 NOTIFICATION:

4

5 On November 17, 2007 at approximately 1528 hours, I received a call from El Centro CHP
6 Area Communications Center of a traffic collision with an ambulance responding to SR-78
7 at the railroad tracks east of Ted Kipf Road. I responded from Hoskins Road at SR-86 and
8 arrived on scene at approximately 1551 hours. All times, speeds and measurements are
9 approximate. Measurements were obtained by roll meter.

10

11

12 SCENE DESCRIPTION:

13

14 This collision occurred on the eastbound lane of SR-78 at the railroad tracks located east of
15 Ted Kipf Road, in an unincorporated area of Imperial County. SR-78 is a designated east-
16 west, state of California maintained highway. SR-78 at this location is a two way, two lane,
17 asphalt paved roadway and is relatively flat with no visual obscurements noted or claimed.
18 The eastbound and westbound lanes are separated by a painted double yellow stripe. The
19 lanes are bordered on the north and south by solid white painted stripes and graded dirt
20 shoulders. The shoulders are bordered by open desert. SR-78 at this location is controlled
21 by a posted maximum speed limit of 65 miles per hour. The railroad crossing at the location
22 of this collision is controlled by a crossbuck on the east and west side of the rail road tracks.
23 Each crossbuck has a sign indicating "railroad crossing, two tracks". Each are also
24 equipped with bells, lights and crossing arm. The crossing arms have a reflectorized tape
25 on the arms and lights on top of the arms. There are painted double white stripes
26 approximately 15 feet from east crossing arm. The crossbucks were inspected along with
27 Kurt Blodgett, a representative for Union Pacific Railroad in my presence. Both crossbucks
28 were found to be working properly. This collision occurred during the hours of daylight. The
29 weather at the time of the collision was cool, clear and calm. The roadway surface was dry.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. CARDENAS	017055	11/17/2007		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 10 OF 24

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/17/2007	1525	9625	017055	07 11 45

1 PARTIES:

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Party #1 (b)(6) was located along the main line of the railroad tracks lying down and being treated by emergency personnel approximately .4 miles south of SR-78 upon my arrival at the scene. P-1 was identified by her father, (b)(6) at the scene as (b)(3):CPSA Section 25(c) P-1 was established as the driver of V-1 at the time of the collision by her injuries, statements from witnesses and her being seated in the driver's seat of V-1 upon arrival of emergency personnel. P-1 sustained blunt force trauma and was pronounced deceased at the scene at 1600 hours by Gold Cross Paramedic, E. Baxter, #5623.

Vehicle #1 (Yamaha) was located at its point of rest, facing in an easterly direction within the main line of the railroad tracks, approximately .4 miles south of SR-78. V-1 sustained major damage to the left side and throughout the vehicle. The roll cage was bent toward the passenger side due to the sudden impact from V-2. The right rear wheel and tire were sheared off of V-1. The driver seat was pushed toward the passenger side of V-1 and the front end of V-1 also sustained major damage. V-1 was not equipped with front or side airbags. V-1's seatbelts were checked at the scene and no defects were observed. No prior damage or mechanical defects were noted or claimed.

Party #2 (b) was located sitting in V-2 along with his two passengers in the main line of the railroad tracks approximately .4 miles south of SR-78. P-2 was determined to be the locomotive engineer in charge of the train by the statements of the other occupants of the train and his own admission. P-2 was identified by his Southern Pacific operator license.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. CARDENAS	017055	11/17/2007		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 11 OF 24

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/17/2007	1525	9625	017055	07 11 45

1 PARTIES (continued):

2

3 **Vehicle #2 (General Electric Locomotive)** was located at its point of rest, on the main line
 4 of the railroad tracks as shown in the factual diagram. V-2 sustained minor scratches to the
 5 paint at the front end of V-2. No prior mechanical defects or prior damage were noted or
 6 claimed on V-2. As required by federal regulations, the horn and bell were tested at the
 7 scene and the lighting systems were checked. Everything was found to be working
 8 properly.

9

10

11 ASSISTING AGENCIES ON SCENE:

12

13 California Highway Patrol – El Centro Area**14 2331 Hwy. 86****15 Imperial, CA 92231****16 (760) 482-2500**

17

Officer D. Alvarez, ID #16489 (85-11)

18 Officer D. Alvarez arrived on scene at 1551 hours. Officer D. Alvarez assisted with securing the
 19 scene, contacted witnesses and obtained information and measurements for the factual diagram
 20 and sketch for this investigation.

21

22

Sergeant S. Lopez, ID #14683 (85-S3)

23 Sergeant S. Lopez arrived on scene at 1611 hours. Sergeant S. Lopez assumed incident
 24 command responsibilities and took digital photographs of the scene and vehicles.

25

26

27

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. CARDENAS	017055	11/17/2007		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 12 OF 24

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
11/17/2007	1525	9625	017055 07 11 45

1 ASSISTING AGENCIES ON SCENE (continued):

2

3 California Highway Patrol – Winterhaven Area**4 1 Killingsworth Road****5 Felicity, CA 92283****6 (760) 572-0294****7 Sergeant S. Henry, ID #12967 (116-S2)****8 Sergeant S. Henry arrived on scene at 1627 hours. Sergeant S. Henry assisted with scene****9 management on the east side of the traffic collision.**

10

11

12 California Highway Patrol – Border Air Operations**13 56850 Higgins Drive Suite #201****14 Thermal, CA 92274****15 (760) 399-0085****16 Fixed Wing Airplane, Air 60****17 Officer G. Baldwin, ID #9502****18 Officer G. Baldwin was flying near SR-86 and Hoskins Road working a speed enforcement detail.****19 Officer Baldwin responded to the traffic collision scene and was the first CHP officer to observe the****20 scene. Officer Baldwin provided updates via radio and took aerial photographs of the scene.**

21

22

23 Department of Fish and Game**24 11214 E. 38th Place****25 Yuma, AZ 85367****26 (928)345-2884****27 Officer James Nemlowill, ID #652**

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. CARDENAS	017055	11/17/2007		

STATE OF CALIFORNIA

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/17/2007	1525	9625	017055	07 11 45

1 ASSISTING AGENCIES ON SCENE (continued):

2

3 **Gold Cross Ambulance**4 **905 S. Imperial Avenue**5 **El Centro, CA 92243**6 **(760) 353-3380**

7

Ambulance 2646

8

Juan Edward Baxter/Paramedic, ID #5623

9

Melissa Celis/EMT, ID #8583

10

Ambulance 2650

11

David Theuret/Paramedic, ID #8397

12

Fernando Peraza/EMT, ID #8045

13

14

15 **Bureau of Land Management**16 **1661 S. 4th Street**17 **El Centro, CA 92243**18 **(760)337-4400**

19

Jamie Neilans, ID #6740

20

Nick Ihori, ID #6749

21

Karissa Blewins, ID #6757

22

Jordan Downs, ID #6756

23

Paul Nilson, ID #6748

24

Ray Murillo, ID #6742

25

Harmony Daigle, ID #6744

26

27

28

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
11/17/2007	1525	9625	017055 07 11 45

1 ASSISTING AGENCIES ON SCENE (continued):

2

3 **Union Pacific Railroad**

4 **45050 Pacific Street**

5 **Indio, CA 92201**

6 **(909)879-6236**

7 **David D. Perez/Mgr. Road Ops.**

8

9

10 **Union Pacific Railroad**

11 **291 S. Gila Street**

12 **Yuma, AZ 85364**

13 **(928)343-4533**

14 **Ralph N. Buruato/Special Agent**

15

16

17 **Union Pacific Railroad**

18 **19100 Slover Avenue**

19 **Bloomington, CA 92316**

20 **(909)879-6084**

21 **Kurt Blodgett/Sr. Claims Representative**

22

23

24

25

26

27

28

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DATE OF INCIDENT	TIME	NOIC NUMBER	OFFICER I.D.	NUMBER
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1 ASSISTING AGENCIES ON SCENE (continued):

2

3 Imperial County Sheriff's Office

4 328 Applestill Road

5 El Centro, CA 92243

6 (760) 339-6328

7 Coroner Charles R. Lucas

8 Sgt. Jimmy Duran, ID #848

9 Sgt. Ed Preciado, ID #568

10 Deputy Yvonne Naud, ID #961

11 Deputy Romeo Santiago, ID #328

12

13

14 PHYSICAL EVIDENCE:

15

16 There was a gouge mark, vehicle debris, hood and a tailgate at the scene. Refer to the factual
 17 diagram and physical evidence legend for description and location of physical evidence located at
 18 the traffic collision scene.

19

20

21 OTHER FACTUAL INFORMATION:

22

23 A driver license check through the El Centro Area CHP Communications Center revealed that D-1

24 (b)(6) was unlicensed.

25

26 On November 26, 2007 at 1935 hours, I met with Kurt Blodgett, a representative for Union Pacific
 27 Railroad at the El Centro CHP Area office to review the video regarding this traffic collision. While
 28 watching the video, I learned that P-1 (Bestwick) appear to be distracted by looking over to her

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/17/2007	1625	9625	017055	07 11 45

1 OTHER FACTUAL INFORMATION (continued):

2
3 right while attempting to cross the railroad tracks. The video shows P-1 driving around the railroad
4 arms and it appeared as she applied the brakes to V-1 twice when she saw V-2 southbound on the
5 tracks. This video depicting the traffic collision was retained by Union Pacific Railroad. No copies
6 of this video were turned over to CHP.

7

8

9 STATEMENTS:

10

11 **Party #1** (b)(6) sustained fatal injuries as a result of the traffic collision and no statement
12 could be obtained.

13

14 **Party #2** (b)(6) was contacted at the traffic collision scene. The following is a summary of his
15 statement: I was the engineer in the train (V-2) that was traveling southbound on the main line of
16 the railroad tracks. I was traveling at about 50 miles per hour north of SR-78 and approaching the
17 SR-78 crossing. The lights and horn on the train were activated and working properly as I
18 approached the crossing. Another train was in the side line. The other train had clear the main
19 line so that my train (V-2) would go through. As I got closer to SR-78, I saw the driver (P-1) of an
20 ATV (V-1) drive around the railroad arms and start to cross the railroad tracks while the railroad
21 arms were in the down position. I immediately applied the brakes on V-2, but I was unable to stop
22 in such short distance. The front end of V-2 struck the left side of V-1 and V-2 pushed V-1 in a
23 southerly direction on the railroad tracks for approximately .4 miles until V-2 came to a complete
24 stop.

25 Q: What is the railroad track speed limit at this location?

26 A: 65 miles per hour.

27 Q: What were the occupants of V-1 doing just prior to the collision?

28 A: I saw P-1 looking at her friend on the right side (front right passenger) and then turn left and
29 look at V-2 at the last second.

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
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1 STATEMENTS (continued):

2

3 Q: Where was the horn on V-2 sounded?

4 A: At least ¼ mile prior to the crossing on SR-78.

5 Q: Where were you seating at the time of the collision?

6 A: On the engineer seat on the left side of V-2.

7 Q: Where was the conductor sitting?

8 A: He was sitting to my right and the fireman was sitting directly behind him.

9 Q: Where did you put V-2 into an emergency application of brakes?

10 A: I'm not sure, just north of the SR-78 crossing.

11

12 **Witness #1** (b)(6) was contacted at the traffic collision scene. The following is a summary of his
 13 statement: I was the conductor in the train (V-2) that was traveling southbound on the main line of
 14 the railroad tracks. We were traveling at about 55 miles per hour north of SR-78 and approaching
 15 the SR-78 crossing. We had green lights. The lights and horn on the train were activated and
 16 working properly as we approached the crossing. Another train was in the side line. The other
 17 train had clear the main line so that our train (V-2) would go through. As we got closer to SR-78, I
 18 saw the driver (P-1) of an ATV (V-1) drive around the railroad arms and start to cross the railroad
 19 tracks while the railroad arms were in the down position. Party #2 and I immediately applied the
 20 brakes on V-2, but we were unable to stop in such short distance. The front end of V-2 struck the
 21 left side of V-1 and V-2 pushed V-1 in a southerly direction on the railroad tracks for approximately
 22 .4 miles until V-2 came to a complete stop.

23

24 **Witness #2** (b)(6) was contacted at the traffic collision scene. The following is a summary of his
 25 statement: I was the fireman in the train (V-2) that was traveling southbound on the main line of
 26 the railroad tracks. We were traveling at about 50-55 miles per hour north of SR-78 and
 27 approaching the SR-78 crossing. The lights and horn on the train were activated and working
 28 properly as we approached the crossing. Another train was in the side line.

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
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1 STATEMENTS (continued):

2

3 The other train had clear the main line so that our train (V-2) would go through. As we closer to
 4 SR-78, I saw the driver (P-1) of an ATV (V-1) drive around the railroad arms and start to cross the
 5 railroad tracks while the railroad arms were in the down position. Party #2 and Witness #1
 6 immediately applied the brakes on V-2, but we were unable to stop in such short distance. The
 7 front end of V-2 struck the left side of V-1 and V-2 pushed V-1 in a southerly direction on the
 8 railroad tracks for approximately .4 miles until V-2 came to a complete stop.

9

10 **Witness #3** (b)(6) was contacted at the traffic collision scene. The following is a
 11 summary of his statement: I was riding an ATV along with Witness #2 (b)(6), who was riding his
 12 own ATV. We were following D-1 (b)(6) who was driving a Rhino (V-1). We got on SR-78
 13 and stopped at the rail road tracks just west of the crossing arms. We stopped on our ATV behind
 14 V-1. We stopped there because there was a train going by northbound. The train going
 15 northbound was going very slow and stopped just north of SR-78. We had been waiting for
 16 approximately five minutes for the train to go by. As soon as the train cleared SR-78, I saw D-1
 17 starting to drive around the rail road arms, which were in the down position. W-4 told D-1 not to
 18 go, but D-1 just looked at him and continued to go around the rail road arms without saying
 19 anything. As she continued across the rail road tracks, the left of her vehicle was struck by a train
 20 that was traveling southbound at a high rate of speed. The train pushed V-1 south of SR-78 until
 21 the train came to a stop.

22

23 **Witness #4** (b)(6) was contacted at the traffic collision scene. The following is a summary of his
 24 statement: I was riding an ATV along with Witness #3 (b)(6), who was riding his own ATV.
 25 We were following P-1 (b)(6) who was driving a Rhino (V-1). We got on SR-78 and stopped
 26 at the rail road tracks just west of the crossing arms. We stopped on our ATVs behind V-1. We
 27 stopped there because there was a train going by northbound. The train going northbound was
 28 going very slow and stopped just north of SR-78. We had been waiting for approximately five

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1 STATEMENTS (continued):

2

3 minutes for the train to go by. As soon as the train cleared SR-78, I saw P-1 starting to drive
 4 around the rail road arms, which were in the down position. I told P-1 not to go, but P-1 just looked
 5 at me and continued to go around the rail road arms without saying anything. As P-1 continued
 6 across the rail road tracks, the left of her vehicle was struck by a train that was traveling
 7 southbound at a high rate of speed. The train pushed V-1 south of SR-78 until the train came to a
 8 stop.

9

10 **Witness #5** ((b)(6)) was contacted at the traffic collision scene. The following is a
 11 summary of his statement: I was driving a blue Rhino and had my wife with me as a passenger.
 12 I was northbound on the open desert west of the rail road tracks. I was driving at approximately 15
 13 miles per hour and I was approximately 100 feet south of SR-78 and the rail road crossing. I
 14 noticed that there was a train northbound on the tracks and had stopped just north of SR-78. At
 15 this time, I saw a black Rhino (V-1) crossing the tracks at approximately 2 miles per hour. The left
 16 side of the Rhino was struck by a train that was traveling southbound on the main line of the rail
 17 road tracks. The train was probably going at least 30 to 40 miles per hour. After the impact, the
 18 train pushed V-1 south on the rail road tracks until the train came to a stop, south of SR-78.

19 Q: Do you know any of the parties in the Rhino (V-1)?

20 A: No.

21 Q: Did you see D-1 drive around the rail road arms?

22 A: No, I did not.

23 Q: Did you hear the horn on the train as it was approaching or crossing SR-78?

24 A: I don't remember.

25

26

27

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. CARDENAS	017055	11/17/2007		



COPY

Imperial County Coroner's Office

328 Applestill Rd. El Centro, CA 92243

Phone: (760) 339-6328 Fax: (760) 339-6330



Samantha Bestwick

Coroner Case Number: 07-202

CLASSIFICATION	Manner of Death Accident (Vehicle)		Sub Manner of Death			Deputy Coroner Charles R. Lucas	
	Type of Medical Examination Autopsy		Time Departed 1611	Time Arrival 1701	Date of Death 11/17/2007	Time of Death 1600	
DECEDENT PERSONAL DATA	Name-First (b)(3):CPSA Section 25(c)		Middle	Last		Marital Status Never Married	
	Age 14	Date of Birth 08/15/1993	Place of Birth CA	Height 5' 05"	Weight 125	Hair Black	Eyes Brown
	Sex F	Teeth	Race White				SSN
	Scars, Marks, Tattoos						
RESIDENCE	Address (b)(3):CPSA Section 25(c)				City	State CA	Zip 92860
PLACE OF DEATH	Place Railroad Tracks					County Imperial	
	Address GPS: N 32.99348 W 115.06464				City Glamis	State CA	
REPORTING INFORMATION	Death Reported By Deputy Argandona		Agency Imperial County Sheriff		Date 11/17/2007	Time 1611	Removed From Scene To Coroner's Facility
	Address 328 Applestill Road				City El Centro	State CA	Zip 92243
CAUSE OF DEATH	Immediate Cause: Multiple traumatic injuries			The Foregoing Instrument is A Correct Copy Of The Original On File In This Office. Attest: <u>5-14-2008</u> Sheriff-Coroner County Of Imperial, State of California By <u>[Signature]</u> Deputy			
	Due to:						
OTHER SIGNIFICANT CONDITIONS	None						
INJURY INFORMATION	Place of Injury Railroad Tracks		Injury at Work? No	Date of Injury 11/17/2007	Time 1525	Estimated	
	Address of Injury GPS: N 32.99348 W 115.06464		City Glamis	County Imperial		State CA	
	Injury Description Decedent driving ATV struck by a train.						
IDENTIFICATION	Identification Method Visually			Identified By Marcus Bestwick			
NOTIFIED	Name Marcus Bestwick		Relationship Father	Mailing Address 1321 El Paso Drive Norco, CA 92860			
	Notified By Paramedics		How Notified In Person		Date 11/17/2007	Time 1600	
ADDITIONAL INFORMATION	Physician		Other Investigation CHP El Centro		Funeral Home Pierce Brothers Crestlawn Mortuary		

Raymond Loera, Sheriff-Coroner

[Signature]
Charles R. Lucas Supervising Deputy Coroner

[Signature]
Charles R. Lucas Supervising Deputy Coroner

COPY

DEPUTY CORONER:

I, Charles R. Lucas, Supervising Deputy Coroner, conducted this investigation for the Imperial County Coroner's Office.

RECEIPT OF CALL:

On Saturday, November 17, 2007, at approximately 1611 hours, I received a telephone call at my residence from the Imperial County Sheriff's Office Communication Center, advising me of a coroner case involving a deceased person located at Glamis. I immediately responded to that location.

ARRIVAL AT SCENE:

On November 17, 2007, at approximately 1701 hours, I arrived at the scene and met with California Highway Patrol Officer Cardenas, who directed me to the decedent's location.

DESCRIPTION OF SCENE / GPS:

The scene is that of the railroad tracks south of Highway 78, Glamis California. This area has the Imperial Sand Dunes Recreational Area to the west and open desert to the east.

The GPS for this location is N 32.99348 and W 115.06464.

VIEWING OF DECEDENT:

Upon my arrival I observed the decedent, Samantha Bestwick, lying in between the two railroad tracks partially covered by a sheet. Her parents were both sitting with her at this time. Upon removal of the sheet I saw that Bestwick was lying supine on top of a backboard. She had a cervical collar in place around her neck area and three electrocardiogram patches affixed to her torso. One

1 patch was on the upper left shoulder area, one was on the upper right shoulder
2 area and one was on the lower left side.

3 The decedent did not show signs of rigor, lividity or cyanosis. I did not
4 observe any signs of foul play type trauma to the decedent's person. There was
5 visible trauma on the left rear of her head.

6 The decedent is a White female adult, 14 years of age, 5'5" tall, weighing
7 approximately 125 lbs, with black hair and brown eyes. I further noted the
8 decedent was wearing black tennis shoes, blue jeans, and a black top.

9 **PROPERTY:**

10 While at the scene I initiated an Imperial County Coroner's Office property
11 receipt number 1384, to reflect that the following property was retained by the
12 Imperial County Coroner's Office and is as follows:

- 13 1) 3 White metal rings
- 14 2) 2 Clear earrings
- 15 3) 2 Cloth bracelets
- 16 4) 1 Leather bracelet

17 On November 20, 2007, at approximately 1300 hours, I released the
18 decedent's property to her father, (b)(6)

19 **REMOVAL / TRANSPORTATION:**

20 Prior to removal the decedent was placed in a removal pouch and then
21 transported to the Imperial County Coroner's Facility, located at 799 Highway 86,
22 Brawley, CA.

23

1 **IDENTIFICATION:**

2 The decedent's father, (b)(6), identified her as (b)(3):CPSA

3 (b)(3):CPSA with a date of birth of August 19, 1993.

4 **NOTIFICATION:**

5 Emergency Medical Services made notification to the decedent's father,

6 (b)(6), on November 17, 2007, at approximately 1600 hours, prior to

7 my arrival.

8 **X-RAYS:**

9 No x rays were taken of the decedent.

10 **POST MORTEM EXAMINATION:**

11 On November 20, 2007, at approximately 1150 hours, a post mortem

12 examination was conducted under the direction of Darryl J. Garber, M.D.,

13 Forensic Pathologist. Present at the post mortem examination was Autopsy

14 Assistant Victor Solorio and I.

15 At the conclusion of the post mortem examination at approximately 1235

16 hours, Dr. Garber listed the cause of death as; (A) **Multiple Traumatic Injuries,**

17 other conditions; **none.**

18 **FINGERPRINTS / PHOTOGRAPHS:**

19 I took fingerprints of the decedent during the post mortem examination.

20 I took photographs of the scene and during the post mortem examination.

21 **INVESTIGATION:**

22 On Saturday, November 17, 2007, approximately 1525 hours, the

23 decedent, Samantha Marie Bestwick, was driving a four seat all terrain vehicle

1 with two passengers. She had pulled up to the railroad crossing on Highway 78
2 in Glamis, California. The railroad crossing arms were down and she was waiting
3 for a slow moving northbound train to clear the intersection. As the last train car
4 cleared the intersection (b)(6), for an unknown reason, decided not to wait for
5 the crossing arms to rise and started around them. She had no view of anything
6 that could have been coming southbound due to the northbound train blocking
7 her view. After clearing from behind the northbound train she drove into the path
8 of a southbound train. The southbound train was unable to stop in time and
9 collided with (b)(6) all terrain vehicle. The train pushed the all terrain vehicle,
10 Bestwick, and her passengers approximately a half mile before finally coming to
11 a stop.

12 Witnesses called for emergency medical services (EMS) to help Bestwick
13 and her passengers. While waiting for EMS to arrive the group administered
14 emergency life saving assistance as best they could. Once EMS arrived, an
15 evaluation was conducted on (b)(6) but it was determined she had
16 succumbed to her injuries and Paramedic Eddie Baxter pronounced her dead at
17 1600 hours.

18 Based upon all of the evidence, toxicology and autopsy information, this
19 case has been classified as an **accidental** death by, the Imperial County
20 Coroner's Office and me.

21 TOXICOLOGY TESTS:

22 On November 17, 2007, during the post mortem examination, a sample of
23 the decedent's blood was retained for toxicology testing.

1 On December 7, 2007, the Imperial County Coroner's Office received the
2 toxicology test results, which indicates that the decedent ingested nothing
3 detectible prior to her death. For further information refer to Toxicology Report in
4 the file.

5 **WITNESSES:**

- 6 1. Darryl J. Garber, M.D., Forensic Pathologist, Rancho Mirage, CA
- 7 2. Victor Solorio, Autopsy Assistant, Imperial County Coroner's Facility,
8 Brawley, CA
- 9 3. Charles R. Lucas, Supervising Deputy Coroner, Coroner's Office, Imperial
10 County Sheriff's Office, El Centro, CA
- 11 4. Cardenas, Officer, California Highway Patrol, El Centro, CA
- 12 5. Eddie Baxter, Paramedic, Gold Cross Ambulance Service, El Centro, CA

13 **REFERENCE NOTES:**

- 14 1. Death certificate as filed with the Imperial County Health Department in file
- 15 2. Autopsy protocol as per Dr. Garber in file
- 16 3. Imperial County Coroner's property receipt numbered 1384 in file
- 17 4. Toxicology test results in file
- 18 5. Photographs in file on compact disk
- 19 6. Fingerprints in file
- 20 7. California Highway Patrol Report, number 07 11 45, as completed by
21 Officer Cardenas in file

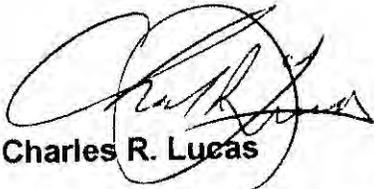
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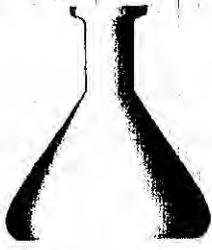
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Raymond Loera
Sheriff-Coroner
Imperial County, CA


BY: Charles R. Lucas
Supervising Deputy Coroner

RL/CRL

BIO-TOX



Bio-Tox LABORATORIES

Director
Romulo Tabo, M.D.

Chief Toxicologist
Dale R. Somers, C.L.S.

Toxicologist
Maureen Black, C.T.S.

COPY

IMPERIAL COUNTY SHERIFF-CORONER
328 APPLESTILL RD.
EL CENTRO, CA 92243

07-202
BESTWICK, SAMANTHA

PATIENT NAME		SEX	DATE OF DEATH	
(b)(3):CPSA Section 25(c)		F	11/17/07	
BTL NUMBER	REQUESTING AGENCY	REQUESTED BY	AGENCY NUMBER	
7-54068-7	2438	LUCAS	07-202	
SPECIMEN	DATE COLLECTED	TIME TAKEN	DATE RECEIVED	DATE REPORTED
CENT BLD	11/20/07	12:08	11/26/07	11/29/07

EXPANDED IMMUNOASSAY DRUG SCREEN

SAMPLE SCREENED FOR:

AMPHETAMINES (AMPHETAMINE, METHAMPHETAMINE), BENZODIAZEPINES, CANNABINOIDS, COCAINE AND/OR METABOLITE, OPIATES (MORPHINE, CODEINE) PHENCYCLIDINE (PCP), BARBITURATES AND ALCOHOL.

TEST	RESULTS
ALCOHOL, ETHYL BLOOD	0.00% (W/V)
TRAFFIC PANEL BLOOD	NONE DETECTED

The foregoing instrument is a correct
Copy Of The Original On File In This Office.
Attest: 5-14-2008
Sheriff-Coroner

County Of Imperial, State of California

By Thomas Juel Deputy



RAYMOND LOERA
Sheriff-Coroner-Marshal

CORONER'S OFFICE COUNTY OF IMPERIAL

COPY



DARRYL J. GARBER, M.D.
Chief Forensic Pathologist

AUTOPSY PROTOCOL

NAME OF DECEDENT: (b)(3):CPSA Section 25(c) CORONER'S CASE: #07-202

ANATOMIC SUMMARY:

- I. Multiple traumatic injuries
 - A. Craniocerebral injuries
 - 1. Right temporal bone basal skull fracture
 - 2. Diffuse axonal injury, bilateral cerebral hemispheres
 - 3. Subarachnoid hemorrhage, bilateral cerebral hemispheres
 - B. Multiple rupture/lacerations, left lung, liver and spleen, and transections two pulmonary veins at left atrium
 - 1. Bilateral hemothoraces (975 cc left, 1,150 cc right)
 - C. Multiple fractures, right ribs 1 through 4 and compound fracture, left humerus
 - D. Multiple abrasions, contusions and lacerations, head, torso, left upper and bilateral lower extremities

II. Toxicology (see separate report)

CONCLUSION: (Cause of Death)

A) Multiple traumatic injuries

OTHER SIGNIFICANT CONDITIONS: None

DATE AND TIME OF AUTOPSY: November 20, 2007 @ 11:50 a.m. to 12:35 p.m.

The Foregoing Instrument is A Correct
Copy Of The Original On File In This Office.
Attest: 5-14-2008
Sheriff-Coroner

County Of Imperial, State of California
By Norma Juell Deputy

COPY

NAME OF DECEDENT: (b)(3):CPSA Section 25(c) CORONER'S CASE: #07-202
PAGE TWO

EXTERNAL EXAMINATION: The body is that of a well-developed and well-nourished white teenage female which appears to be about the stated age of 14 years old, weighing approximately 125 pounds and measuring approximately 65" in height. The body is in rigor mortis. There are no significant scars over the body. No tracks or needle marks are noted. There are multiple injuries over the body which will be separately described. The hair is black. The head is not remarkable except for the injuries to be described. The eyes are brown. The eyes and ears show no abnormality. The nose and mouth are normal. The chest and abdomen show some injuries to be described. Genitalia are those of a normal teenage female. The extremities show multiple injuries to be described.

DESCRIPTION OF EXTERNAL INJURIES: There is a 7 cm irregular open laceration of the left temple above the left ear. There is a 1 cm irregular open laceration of the scalp above the right ear. There are multiple 1 to 2 cm red-brown abrasions below the right ear and of the inferior chin. There are three separate 2.5 to 4 cm red-brown abrasions over the left anterior chest. There is a 1 x 3.5 cm brown abrasion over the left posterior shoulder. Compound fracture of the midshaft left humerus is evident in association with a 2 cm open laceration of the posterior aspect of the left arm. There is a 1.5 cm irregular laceration over the dorsal aspect of the left arm. There are multiple 3 to 6 cm red abrasions over the ventral aspect of the left arm and left forearm. There is a 2.5 x 5 cm red-orange-brown apparent thermal burn over the left buttock. There are multiple 2 to 5 cm pink and red-brown abrasions and contusions over the left anterior thigh, bilateral anterior knee, bilateral anterior lower legs and posterior thigh.

DESCRIPTION OF INTERNAL INJURIES: Examination of the head reveals a basal skull fracture of the right temporal bone, slightly anterior to the petrous ridge of the right temporal bone. Examination of the brain reveals subarachnoid hemorrhage over the bilateral cerebral hemispheres. There are multiple 0.1 cm white matter tears of the brain in association with hemorrhage into the white matter of the brain involving bilateral cerebral hemispheres with the left hemisphere more hemorrhagic than the right.

Examination of the chest reveals multiple fractures of the right ribs 1 through 4 laterally. There are 975 cc of liquid and clotted blood in the left pleural cavity, 1,150 cc liquid blood in the right pleural cavity. The right lung is markedly atelectatic. There is a 2.5 cm rupture/laceration of the upper lobe of the left lung and a 4.7 x 3.9 cm rupture/laceration of the hilum of the left lung.

There is a 6.7 cm rupture/laceration of the pericardial sac. There are two separate ruptures of the pulmonary veins at the left atrium of the heart.

There is a 6.8 x 8.3 cm rupture/laceration of the right lobe of the liver. There are multiple 3.5 to 4.3 cm rupture/lacerations of the spleen.

OPINION: These are fatal multiple traumatic injuries leading to the rapid demise of this 14-year-old white female teenage.

NAME OF DECEDENT: _____
PAGE THREE

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

CORONER'S CASE: #07-202

INTERNAL EXAMINATION: The body is opened with the usual Y-shaped incision. The organs of the thorax and abdomen are in their normal positions. The pleural, pericardial and peritoneal surfaces are smooth and glistening and there are the previously described bilateral hemothoraces. The mediastinum is in the midline. The liver is at the right costal margin.

CARDIOVASCULAR SYSTEM: The heart weighs 230 gm. The epicardium is smooth and glistening. The myocardium is firm and red-brown. There are the previously described ruptures of the two pulmonary veins at the left atrium of the heart. The endocardium and valves are thin and glistening. The coronary arteries are normally developed and show a right predominance. The aorta is normal in caliber. The great vessels of the neck and visceral arteries are normal in size. The great veins are collapsed and empty.

RESPIRATORY SYSTEM: The right lung weighs 270 gm, the left 180 gm. The visceral pleurae are smooth and glistening and there are the previously described rupture/laceration of the left lung. The cut surfaces are pale. The larynx, trachea and major bronchi are lined by smooth glistening mucosa.

GASTROINTESTINAL SYSTEM: The esophagus is normal. The stomach contains 175 cc of partly digested food. The small bowel contains red-brown chyme. The large bowel contains green-brown soft stool.

HEPATOBIILIARY SYSTEM: The liver weighs 1,110 gm. The surface is smooth and glistening and there is the previously described laceration of the right lobe. The parenchyma is soft and focally hemorrhagic. The gallbladder is normally developed and contains 2 cc of bile. The bile ducts are normally developed. The pancreas is firm and pale.

HEMATOPOIETIC SYSTEM: The spleen weighs 110 gm. The surface shows the previously described rupture/lacerations. The parenchyma is soft and hemorrhagic. The bone marrow is firm and red-brown.

UROGENITAL SYSTEM: The kidneys weigh 80 gm each. The surfaces are smooth. The cortices are well demarcated from the medulla. The renal pelves, ureters and urinary bladder are normally developed. The bladder is empty. The uterus, tubes and ovaries are normally developed.

ENDOCRINE SYSTEM: The pituitary, thyroid and adrenal glands are normal in size and configuration.

MUSCULOSKELETAL SYSTEM: The axial and appendicular skeleton is normally developed and shows the previously described injuries.

NAME OF DECEDENT: (b)(3);CPSA Section 25(c) CORONER'S CASE: #07-202
PAGE FOUR

CENTRAL NERVOUS SYSTEM: The brain weighs 1,280 gm. The cerebral hemispheres are symmetrical with normal convolutions. The leptomeninges show marked subarachnoid hemorrhage over the bilateral cerebral hemispheres. The cortex is well demarcated from the white matter and there are the previously described white matter tears in association with intraparenchymal hemorrhage. The ventricles are normal in size and lined by smooth glistening ependyma. The cerebrospinal fluid is clear. The basal ganglia are well delineated. The cerebellum, brain stem and circle of Willis are normally developed.

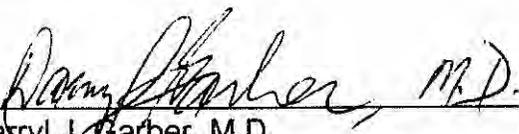
FORENSIC PHOTOGRAPHY: Photographs are taken prior to beginning and during the autopsy.

FORENSIC RADIOLOGY: No x-rays of the body are taken.

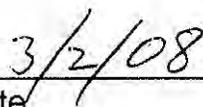
TOXICOLOGY: Left chest blood is submitted for routine toxicology.

HISTOLOGY: Tissue is retained in the hold jar.

OPINION: On the basis of the autopsy findings, it is evident that this 14-year-old white teenage female suffered from multiple traumatic injuries which resulted in her rapid demise.



Darryl J. Garber, M.D.
Forensic Pathologist



Date

AUTOPSY CHECK LIST

COPY

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

Name of Decedent: _____

File Number: 07-202

Autopsy Location: _____

Doctor: _____

Date/Time: 11/10/07

EXTERNAL

WT 25 Blk
HT 65" Brun

- Sclera
- Teeth
- Mouth
- Tongue
- Nose
- Chest
- Breasts
- Abdomen

Wound

- Scar
- Genital
- Edema
- Skin
- Decub

Wound
multifocal, cont
2

HEART WT

230

- Pericard
- Hypert
- Dilat
- Muscle
- Valves
- Coronary

6.7cm npt/ve
Rupt 2 sep.
veins
pulm @ L atrium

AORTA
VESSELS

LUNGS WT

- R 270
- L 180
- Adhes
- Fluid

9.75cc cloudy
1150 " (R)

- Atelectasis
- Oedema
- Congest
- Consol
- Bronchi
- Nodes

74 R 2.5cm
npt/ve
L 4L
4.7 x 3.9cm
npt/ve
hilum

PHARYNX
TRACHEA
THYROID
THYMUS
NECK

PERITONEUM

- Fluid
- Adhes

LIVER WT

1110

- Caps
- Lobul
- Fibros
- GB
- Calc
- Bile ducts

6-8 x 8.3cm
npt/ve 1 hole
wnt 2 cc bil
wnt

SPLEEN WT

110

- Color
- Consists
- Malpig

mult 3.5 x 4.3cm
npt/ve's

PANCREAS

ADRENALS

KIDNEYS WT

- R 80
- L 80
- Caps
- Cortex
- Vessels
- Pelvis
- Ureter

wnt
wnt, empty

BLADDER

GENITALIA

- Prost
- Testes
- Uterus
- Tubes
- Ovar

wnt

OESOPHAGUS

- STOMACH
- DUOB & SM INT
- APPENDIX
- LARGE INT
- ABDOM NODES
- SKELETON

- Spine
- Marrow



BRAIN WT

1280

- Dura
- Fluid
- Ventric
- Vessels
- Ears
- Nasal Sin

subarachnoid
over lialat
basal
mult 20.1cm
white matter
tears & hem
white matter of

PHOTO

- YES
- NO

TOXICOLOGY

- Blood
- Bile
- Urine
- Stomach Content
- Liver
- Brain
- Vitrious
- Spleen
- Kidney

L > R
L chest

TISSUE

- Tissue Bag
- Cassettes
- Frozen

BODY X-RAYS

- Yes
- No

ADDITIONAL COMMENTS:

175cc partly dig food.

fr ribs 1-4 (lat)
comp fix, @ hum

20

07-202

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

Blk
hair

mult
red/brown
abrasions

1-2cm

elbow

R ear +
inf
chain

1cm irreg lac above R ear

7cm irreg lac @ temple
above L ear

3 sep 2.5-4cm
red/brown abrasions

1 x 3.5cm
dark abrasion

compd
X R

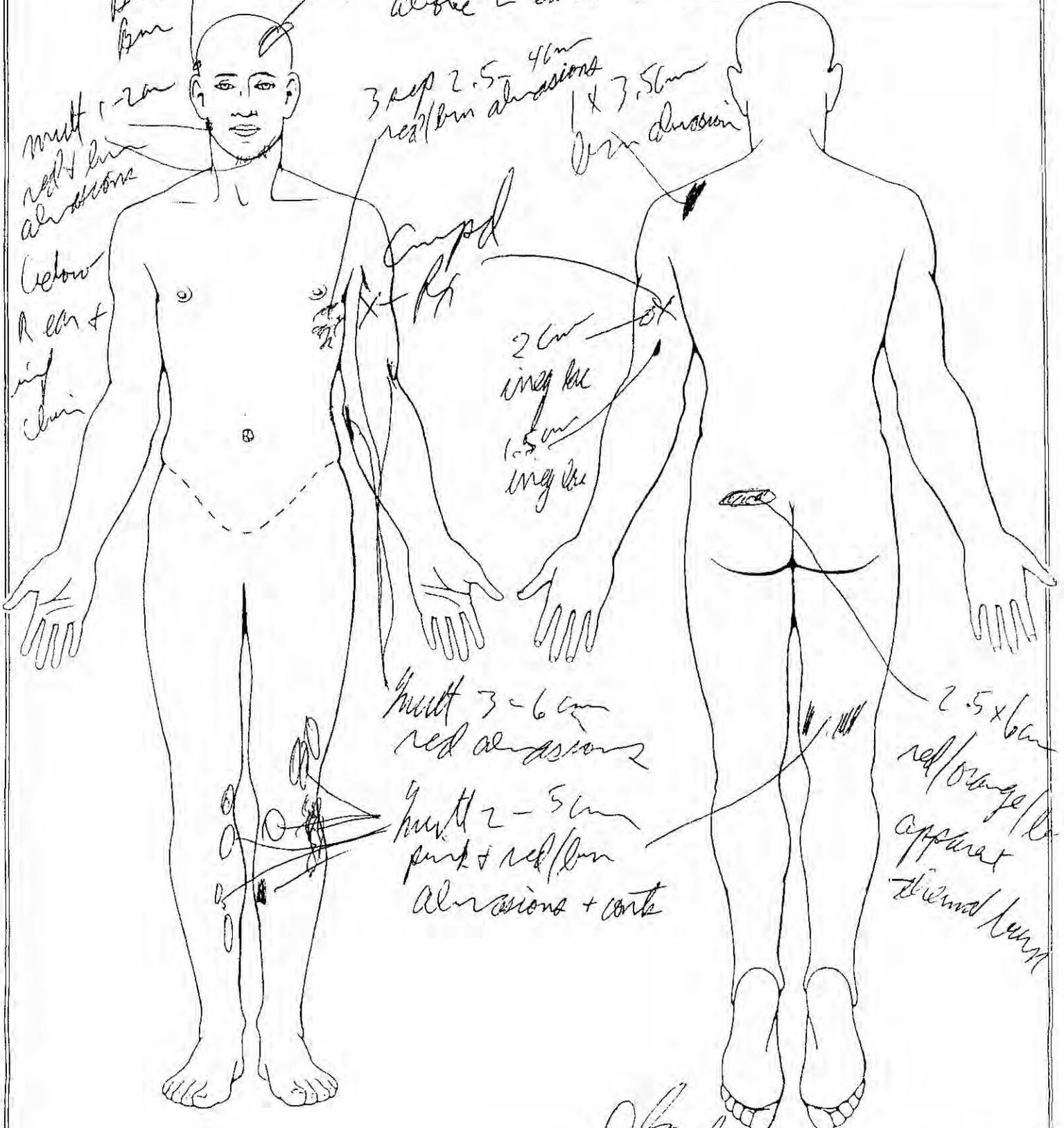
2cm
irreg lac

1.5cm
irreg lac

mult 3-6cm
red abrasions

mult 2-5cm
pink + red/brown
abrasions + conts

2.5 x 6cm
red/orange/brown
apparent
thermal burn



[Signature]

Deputy Medical Examiner

M.D.



Imperial County Coroner's Office

328 Applestill Rd. El Centro, CA 92243

Phone: (760) 339-6328 Fax: (760) 339-6330



AUTOPSY MEMO

NAME	(b)(3):CPSA Section	SEX	F	HEIGHT	65"
Death DATE	11/17/2007	AGE	14	WEIGHT	125
TIME	1600	RACE	White	HAIR	Black
PLACE	Railroad Tracks	COMPLX	Med	EYES	Bm

Place of Autopsy Imperial County Coroner's Facility, 799 Highway 86, Brawley, California, 92227
 Attending Physician (if any) _____

SUMMARY OF CASE:

The decedent was the driver of a Rhino all terrain vehicle, which was stopped waiting for a train to pass at a crossing located at Highway 78 in the Glamis area. Once the train passed the decedent drove around the crossing arms, that were still down, and into the path of another train. The train struck the drivers side of the Rhino and pushed it approximately 1/2 mile before coming to a stop.

LAB TESTS: Traffic Coroner Comprehensive Other

AUTOPSY REPORT

DATE 11/20/2007 TIME _____ NATURAL ACCIDENT HOMICIDE
 PATHOLOGIST Dr. Garber SUICIDE PENDING UNDETERMINED
 TECHNICIAN _____ SPECIMENS RETAINED: BLOOD BILE URINE TISSUE
 X-RAYS TAKEN # _____ JAWS TAKEN LIVER VIT. CSF
 CAUSE OF DEATH: (A) Multiple traumatic injuries - Rapid
 (B) _____
 (C) _____
 (D) _____
 OTHER CONDITIONS: None

Decedent: Samantha - Bestwick
 Case Number: 07-202

Deputy Coroner: Charles R. Lucas, Supervising Deputy Coroner
 Date: 11/20/2007



Imperial County Coroner's Office

328 Applestill Rd. El Centro, CA 92243

Phone: (760) 339-6328 Fax: (760) 339-6330



COPY

AUTOPSY INFORMATION SHEET

Autopsy Date: 11/20/2007 Time Start: 1150 Time End: 1235 Seal Cut: _____

Coroner at Post:
Charles R. Lucas, Supervising Deputy Coroner

Pathologist:
Dr. Garber

Autopsy Assistant:
Victor Solorio

I.D. Division

Witnesses:

Name	Agency
_____	_____
_____	_____
_____	_____
_____	_____

NOTES:

Central Blood (time):	<u>1208</u>	By:	<u>DR G</u>	Chest Blood (time):		By:	
Peripheral Blood (time):		By:		Vitreous Humor:		By:	
Urine Taken:		By:		Liver for Tox:		By:	
				Bile:		By:	

Body Organ Weights (Grams):

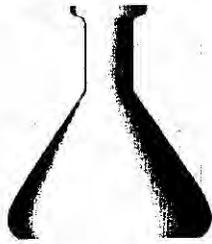
Right Kidney:	<u>80</u>	Right Lung:	<u>270</u>	Brain:	<u>1280</u>
Left kidney:	<u>80</u>	Left Lung:	<u>180</u>	Stomach:	
Liver:	<u>1110</u>	Heart:	<u>230</u>	Uterus:	
Spleen:	<u>110</u>	Pancreas:		Other:	

HAS APPENDIX HGT: 65" WGT: 125 Hair-Pk EYES BRN
RUPTURES: LIVER, SPLEEN
PRACTURED Lt Ribs 1-4

Decedent: Samantha - Bestwick
Case Number: 07-202

Deputy Coroner: Charles R. Lucas, Supervising Deputy Coroner
Date: 11/20/2007

BIO-TOX



Bio-Tox LABORATORIES

Director
Romulo Tabo, M.D.

Chief Toxicologist
Dale R. Somers, C.L.S.

Toxicologist
Maureen Black, C.T.S.

IMPERIAL COUNTY SHERIFF-CORONER
328 APPLESTILL RD.
EL CENTRO, CA 92243

07-202
BESTWICK, SAMANTHA

PATIENT NAME		SEX	DATE OF DEATH	
----- (b)(3):CPSA Section 25(c)		F	11/17/07	
BTL NUMBER	REQUESTING AGENCY	REQUESTED BY	AGENCY NUMBER	
-----	-----	-----	-----	
7-54068-7	2438	LUCAS	07-202	
SPECIMEN	DATE COLLECTED	TIME TAKEN	DATE RECEIVED	DATE REPORTED
-----	-----	-----	-----	-----
CENT BLD	11/20/07	12:08	11/26/07	11/29/07

EXPANDED IMMUNOCASSAY DRUG SCREEN

SAMPLE SCREENED FOR:

AMPHETAMINES (AMPHETAMINE, METHAMPHETAMINE), BENZODIAZEPINES, CANNABINOIDS, COCAINE AND/OR METABOLITE, OPIATES (MORPHINE, CODEINE) PHENCYCLIDINE (PCP), BARBITURATES AND ALCOHOL.

TEST	RESULTS
ALCOHOL, ETHYL BLOOD	0.00% (W/V)
TRAFFIC PANEL BLOOD	NONE DETECTED

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 20 OF 24

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
11/17/2007	1525	9625	017055 07 11 45

1 STATEMENTS (continued):

2

3 **Witness #6** (b)(6) was contacted at the traffic collision scene. The following is a
 4 summary of her statement: I was in the blue Rhino with my husband (W-3) and he was driving.
 5 We were northbound on the open desert west of the rail road tracks. My husband was not going
 6 very fast and we were approaching the rail road tracks. I noticed that there was a train northbound
 7 on the tracks and had stopped just north of SR-78. At this time, I saw a black Rhino (V-1) crossing
 8 the tracks at a low speed. Suddenly, the left side of the Rhino was struck by a train that was
 9 traveling southbound on the main line of the rail road tracks. I don't know how fast the train was
 10 going, but after the impact, the train pushed V-1 south on the rail road tracks until the train came to
 11 a stop, south of SR-78.

12

13 **Witness #7** (b)(6) was contacted on 11-18-07, at approximately 1930 hours, via
 14 telephone in reference to this traffic collision. The following is a summary of her statement: I was
 15 westbound on SR-78 and stopped at the rail road crossing by the Glamis Sand Dunes. I stopped
 16 because there was a train that was going northbound at a slow speed. I was by myself and had no
 17 passengers in my vehicle. While I was there, waiting for the train to cross, I got my dog out of my
 18 vehicle. While I was standing outside, I saw D-1 drive around the rail road arms. I yelled at her to
 19 stop since I saw a train traveling southbound. The driver looked to her left, yelled "oh shit" and
 20 was struck by the train traveling southbound. The train pushed her south of SR-78 until the train
 21 came to a stop.

22 Q: Did you know any of the parties involved in this traffic collision?

23 A: No.

24 Q: Where you the first vehicle westbound on SR-78 just east of the rail road tracks?

25 A: Yes.

26 Q: Was there anyone else between you and the tracks?

27 A: No.

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. CARDENAS	017055	11/17/2007		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 21 OF 24

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
11/17/2007	1525	9625	017055 07 11 45

1 STATEMENTS (continued):

2

3 Q: Where was V-1?

4 A: V-1 was facing eastbound on SR-78 and was stopped just west of the tracks. V-1 was the first
5 vehicle by the tracks. There were no vehicles in front of V-1.

6 Q: Where the railroad arms in the down position?

7 A: Yes.

8 Q: Where the red lights on the railroad arms on and working?

9 A: Yes, everything was working fine.

10 Q: Did you hear the horn on the train as it was approaching SR-78?

11 A: I don't remember.

12

13

14 24 HOUR PROFILE:

15

16 On November 18, 2007, at approximately 2006 hours, I contacted the father of P-1 (b)(6)
17 (b)(6) via telephone to obtain a 24 hour profile on P-1. The following is a summary of
18 his statement: We left our residence on Friday, November 16th in the afternoon and drove to the
19 Glamis Sand Dunes area and arrived at approximately 1700 hours. Friday evening, my daughter
20 was at our trailer and watched movies. Later in the night, she went on a ride with her mom. After
21 they got back, my daughter went to sleep around 11:00 pm. The following morning, she got up
22 around 9:00 to 9:30 am and had breakfast. After breakfast, she drove around our camp site and
23 just stood around after that until about 2:30 pm. At this time, she was en route from our camp site
24 to Boardman Ville Restaurant to meet us there when the accident occurred. We had left the camp
25 site earlier and we where suppose to meet there.

26 Q: Do you know if she was tired?

27 A: No.

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. CARDENAS	017055	11/17/2007		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 22 OF 24

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
11/17/2007	1525	9625	017055 07 11 45

1 24 HOUR PROFILE (continued):

2

3 Q: Did she have any medical problems?

4 A: No.

5 Q: Was she taking any medications that you are aware of?

6 A: No.

7 Q: Did she live with you?

8 A: Yes.

9 Q: Does or did she consume any alcoholic beverages last night?

10 A: No.

11 Q: Did she mention any problems at home?

12 A: No.

13

14

15 OPINIONS AND CONCLUSIONS

16

17 SUMMARY:

18

19 P-1 (b)(6) was driving V-1 (Yamaha) eastbound on SR-78 approaching a railroad crossing
 20 east of Ted Kipf Road. P-1 stopped V-1 on SR-78 west of the rail road crossing. P-2 was the
 21 engineer in charge of driving V-2 (GE Locomotive) which was pulling a train of 110 railroad cars
 22 with various loads and an overall length of 7,000 feet. V-2 was traveling southbound on the main
 23 line of railroad tracks approaching SR-78. P-1 stopped due to the railroad arms being in the down
 24 position for a slow moving train that was traveling northbound on the side line of the railroad
 25 tracks. The red lights at the railroad crossing were flashing and the bells were activated. After
 26 the northbound train cleared SR-78, the railroad arms continued in the down position and the
 27 bells continued activated due to another train in the vicinity traveling southbound on the main line
 28 of the railroad tracks. P-2 began sounding V-2's horn approximately ½ mile north of SR-78

29

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. CARDENAS	017055	11/17/2007		

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 23 OF 24

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
11/17/2007	1525	9625	017055 07 11 45

1 SUMMARY (continued):

2

3 warning motorist of V-2's approach. P-1 began to drive around the railroad arms while the arms
4 were still in the down position. At this point, P-2 observed V-1 approximately 150 feet in front of
5 his locomotive and P-2 began an emergency application of the train's brakes and the locomotives
6 brakes. P-1 drove eastbound on the westbound lane of SR-78 and drove past the railroad arms
7 located on the west side of the railroad tracks. P-1 turned V-1 from the westbound lane of SR-78
8 back to the eastbound lane of SR-78 and continued in an easterly direction. P-1 drove over the
9 first set of railroad tracks (Side Line Tracks) and continued east. As P-1 attempted to drive over
10 the second set of railroad tracks (Main Line Tracks), the left side of V-1 was struck by the front
11 end of the train that was traveling southbound on the main line. The impact pushed V-1 in a
12 southerly direction approximately .4 miles south of SR-78 until V-2 (GE Locomotive) came to a
13 stop. V-1 sustained major damage to the left side and total damage through out the vehicle.

14

15 This summary is based on physical evidence located at the traffic collision scene and statements
16 obtained from the witnesses to this traffic collision.

17

18

19 AREA OF IMPACT: (AOI)

20

21 The area of impact where the left side of V-1 was struck by the front of V-2 was located 4 feet
22 north of the south roadway edge line of SR-78 and 2.6 feet west of the west rail of the main line.
23 The area of impact was determined by physical evidence, statements, vehicle damage and both
24 vehicles point of rest.

25

26

27

28

29

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. CARDENAS	017055	11/17/2007		

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/17/2007	1525	9625	017055	07 11 45

1 CAUSE:

2

3 Party #1 (b)(6) caused this collision by driving Vehicle #1 (Yamaha) around the railroad arms
 4 while they were in the down position with the red lights and bells activated, in violation of
 5 California Vehicle Code section 22451(b) which states, in part, that no driver or pedestrian shall
 6 proceed through, around, or under any railroad or rail transit crossing gate while the gate is
 7 closed. The cause was established by the physical evidence located at the traffic collision scene
 8 and statements obtained from the witnesses to this traffic collision.

9

10

11 RECOMMENDATIONS:

12

13 None.

14

15

16

17

18

19

20

21

22

23

24

25

26

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
H. CARDENAS	017055	11/17/2007		



County of San Diego

OFFICE OF THE MEDICAL EXAMINER

5555 OVERLAND AVE., SUITE 1411, SAN DIEGO, CALIFORNIA 92123-1245
TEL: (858) 694-2895 FAX: (858) 495-5956

CHRISTINA STANLEY, M.D.
CHIEF DEPUTY MEDICAL EXAMINER

GLENN N. WAGNER, D.O.
CHIEF MEDICAL EXAMINER

INVESTIGATIVE REPORT

11/27/2007

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) (b)(3):CPSA Section 25(c)		AKA	HIO <input type="checkbox"/>	CASE NUMBER 07-02608
	INVESTIGATOR Dana Gary	REPORTED BY Loni Schurr, RN	REPORTING AGENCY Rady Children's Hospital		PREVIOUS WAIVE #
	CALL DATE AND TIME 11/17/2007 2015	ARRIVAL DATE AND TIME 11/17/2007 2033		RETURN DATE AND TIME 11/17/2007 2340	
DECEDENT	DATE AND TIME OF DEATH 11/17/2007 1948	DATE OF BIRTH 09.21/1998	AGE 9 Years	GENDER Male	RACE White
	RESIDENCE (STREET, CITY, STATE, ZIP) (b)(3):CPSA Section 25(c)			COUNTY Los Angeles	LAST SEEN ALIVE
DEATH	LOCATION OF DEATH Rady Children's Hospital			TYPE OF PLACE In Patient	
	ADDRESS (STREET, CITY, STATE, ZIP) 3020 Children's Way San Diego, CA 92123				
	FND/PRN Pronounced	BY Dr. Petterson	AGENCY Rady Children's Hospital		
	SUMMARY The decedent was a 9 year old Caucasian male who resided in Glendora, CA with his family. On 11/17/07 he was in Glamis with his family enjoying a weekend of ATV riding. He was a passenger in a side car of a Rhino when the vehicle was hit by a freight train while attempting to cross the tracks. He was transported via Mercy Air to Rady Children's Hospital where his death was pronounced.				
	Medical Examiner's jurisdiction invoked according to the California Government Code 27491: Deaths due to known or suspected as resulting in whole or in part from or related to accident or injury, either old or recent.				
INCIDENT	LOCATION OF INCIDENT Railroad right-of-way		INCIDENT PLACE TYPE Other		
	ADDRESS (STREET, CITY, STATE, ZIP) SR 78 at Ted Kipf Road Winterhaven, CA 92283		COUNTY Imperial		
	DATE AND TIME OF INCIDENT 11/17/2007 1528	INVESTIGATING AGENCY CHP - El Centro	OFFICER Officer Alvarez	BADGE #	REPORT #
	DECEDENT WAS	BELTED Yes	HELMETED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	POSITION	ON PRIVATE PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	VEHICLE off road vehicle	LICENSE NUMBER		STATE	
NOTIFICATION	IDENTIFIED BY Marco Gonzales	METHOD Visual	DATE AND TIME 11/17/2007 0000		
	FUNERAL HOME Greenwood Memorial	PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PUBLIC ADMINISTRATOR <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TYPE OF EXAM Autopsy	
	NAME OF NOK OR OTHER Lisa and Marco Gonzales	RELATIONSHIP Parent, minor child	DATE NOTIFIED 11/17/2007	NOTIFIED BY Hospital	

INVESTIGATIVE NARRATIVE

Decedent: (b)(6)

Antemortem Events:

The following information was obtained during a personal interview with a family friend, Rob Hazelton, while at the hospital: On 11/15/07 a group of Los Angeles firefighters, all from the same fire house, and their families went to Glamis to enjoy a weekend of recreational fun with their all terrain vehicles (ATV's). On 11/17/07 at approximately 1430 hours, a group left the campsite to go exploring. The decedent was a passenger, in a side car, attached to a Rhino, which was driven by a 15 year old female friend, Samantha Brown, and his sister, Amanda Gonzales was a passenger in the Rhino. The decedent's brother, Michael Gonzales, and another friend were on quads following the Rhino. The group came to the rail road crossing at SR 78 and Ted Kipf Road when they saw a northbound approaching freight train. The emergency rail road crossing guards came down and the group waited behind the guards. A second after the last car of the train past, Samantha went around the railroad guards and "gunned" it across the tracks. The Rhino was struck by a southbound approaching freight train which had not been visible to the group. Michael and his friend used their cell phones to contact their parents who were nearby at the campsite. At 1528 hours, a 9-1-1 call was made to request assistance. Medics arrived on scene at 1603 hours and transported the decedent via Mercy Air to Rady Children's Hospital.

Samantha was pronounced dead at the scene and Amanda was transported to a Hospital in Yuma and later transferred to St. Joseph's Hospital in Phoenix, AZ where she later died of her injuries. None of the children were wearing helmets; however, they were wearing full harness seat belts.

The following information was obtained from medical records received from Rady Children's Hospital: The decedent arrived at Rady Children's Hospital via air ambulance at 1655 hours, intubated with CPR in progress and a Glasgow coma score of 3. A CT scan revealed massive head trauma including a basilar skull fracture. Despite aggressive efforts the death was pronounced by Dr. Petterson at 1948 hours.

Past Medical, Surgical, and Social History:

The decedent had an unremarkable medical history.

Scene Description:

The scene was the PICU at Rady Children's Hospital

Body Description:

On 11/17/07 at 2040 hours, I viewed the body of a Hispanic male child as he lie supine on a hospital bed. The decedent was clad in a hospital gown. Medical devices were present which included an endotracheal tube, chest tube, Foley catheter, triple lumen catheter and intravenous lines. The endotracheal tube was removed for family viewing after consulting with Chief Deputy Stanley. The body was warm and flaccid and had faint blanching posterior lividity. Crepitation was detected in the head and blood was noted coming from the ears and mouth. Both feet were extended outward and he appeared to have a fracture to the left femur. Small abrasions were noted on the hands.

On 11/17/07 at 2300 hours S. Scott of HS&B Transportation placed the decedent in a new white vinyl pouch and sealed it with a blue tamper evident seal 0275708. The body was then transported to the Medical Examiner's Office for examination.

Special Requests:

None

Identification:

The decedent was visually identified by his father, (b)(6)

Tissue Donation:

Lifesharing contacted this office on 11/18/07, and spoke with Investigator Ellano. They requested heart for valves and corneas pre-autopsy. Deputy Medical Examiner, Othon Mena, authorized donations at 1235 hours.

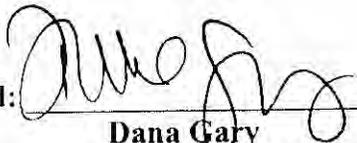
Antemortem Specimens:

No Antemortem blood samples were collected form the hospital.

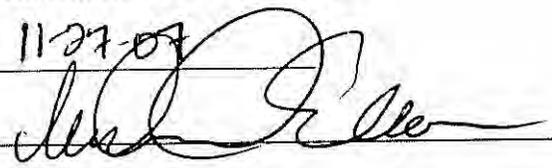
Public Administrator:

Not referred

Other Important Factors:

Signed: 
Dana Gary
Medical Examiner Investigator

Date Signed: 11-27-07

Approved by: 



County of San Diego

GLENN N. WAGNER, D.O.
CHIEF MEDICAL EXAMINER

CHRISTINA STANLEY, M.D.
CHIEF DEPUTY MEDICAL EXAMINER

OFFICE OF THE MEDICAL EXAMINER

5555 OVERLAND AVE., SUITE 1411, SAN DIEGO, CALIFORNIA 92123-1245
TEL: (858) 694-2895 FAX: (858) 495-5956

AUTOPSY REPORT

Name: (b)(3):CPSA Section 25(c) **ME#:** 07-2608
Place of death: Rady Children's Hospital **Age:** 9 Years
San Diego, CA 92123 **Sex:** Male
Date of death: November 17, 2007; 1948 Hours
Date of autopsy: November 19, 2007; 0920 Hours

CAUSE OF DEATH: BLUNT FORCE INJURIES OF THE HEAD AND LOWER EXTREMITIES.

MANNER OF DEATH: ACCIDENT

AUTOPSY SUMMARY:

- I. Blunt trauma, head and neck.
 - A. Abrasions and laceration.
 - B. Subscalpular-subgaleal hematoma.
 - C. Skull fracture, left temporal.
 - D. Subdural and subarachnoid hemorrhage.
 - E. Brain contusions.

- II. Blunt trauma, lower extremities.
 - A. Abrasions and contusions.
 - B. Bilateral femur fractures.
 - C. Left hip hemorrhagic avulsion pocket.

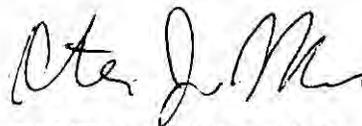
- III. Blunt trauma, torso.
 - A. Abrasions and contusion.
 - B. Bilateral pulmonary contusions.
 - C. Bilateral hemothoraces and hemoperitoneum.
 - D. Marked retroperitoneal soft tissue hemorrhage.

- IV. Abrasion of left elbow.

OPINION: According to the Investigator's Report, this 9-year-old was the passenger of a side car attached to a rhino vehicle ridden by its driver and a passenger. The group reportedly came to a railroad crossing. After the crossing guards came down, and a freight train passed, the group traveled across the tracks when they were struck by another freight train traveling in the opposite direction. The other two passengers were pronounced dead, one at the scene and the other at a hospital. The decedent was transported to Rady Children's Hospital where he was pronounced dead after resuscitative efforts.

An autopsy demonstrated a fracture of the head with intracranial (within the head) hemorrhage and contusions (bruises) of the brain. Both thighs were fractured with an extensive amount of hemorrhage extending into the abdomen and pelvis. Toxicological testing detected only low blood concentrations of morphine and midazolam, both presumably administered during medical treatment.

Based on the autopsy findings and the circumstances surrounding the death, as currently understood, the cause of death is blunt force injuries of the head and lower extremities, and the manner of death is accident.



OTHON J. MENA, M.D.
Deputy Medical Examiner

Date signed: 1/18/08

WITNESSES: There are no outside witnesses.

IDENTIFICATION: The body is identified by a blue and a yellow Medical Examiner's tag around the left and right ankles, respectively, both bearing the decedent's name and case number. There is also a hospital around the left ankle.

CLOTHING: The body is unclad when initially viewed. No clothing accompanies the body.

EVIDENCE OF MEDICAL INTERVENTION:

1. There is an intravenous line at the area of the left subclavian vein, secured with bandage and suture.
2. There is an intravenous line of the left antecubital fossa, secured with adhesive bandage.
3. There is an intravenous of the left axilla.
4. There is a chest tube in place on the left side, inserted through a 7/8 inch incision and secured with suture.
5. There is an intravenous line of both the left and right groins, both secured with bandage and suture.
6. There is a Foley catheter placed.
7. The dorsum of the right wrist has an intravenous puncture site with gauze and adhesive bandage.
8. There are anterior pericardial purple-red contusions as well as on the diaphragm, consistent with resuscitative measures.

POSTMORTEM CHANGES: There is marked, symmetric rigor mortis of the upper and lower extremities, neck, and jaw. Livor mortis is posterior, red and fixed. The body is cool (refrigerated).

SCARS: None apparent.

TATTOOS: None.

EXTERNAL EXAMINATION

The body is that of a well developed, well nourished, male boy who measures 52-1/2 inches, weighs 87 pounds, and appears compatible with the given age of 9 years.

The scalp hair is brown and measures up 3 1/4 inches. The nose and facial bones are palpably intact. The ears are normally formed and located. The eyes have brown irides, round pupils, and translucent corneae. The sclerae and conjunctivae are without hemorrhage, petechiae, or jaundice. The nose is normally formed. The nares are

unobstructed. The lips are normally formed. The teeth are natural and in good condition. No foreign material is in the mouth. The neck is symmetrical and unremarkable.

The thorax is well developed and symmetrical. The abdomen is flat. The external genitalia are those of a normal male boy. The testes are palpable within the scrotum. The anus is unremarkable. The upper and lower extremities have no needle track marks, edema, or amputations. The fingernails are mildly dirty and trimmed. The toenails are cleaned and trimmed.

EVIDENCE OF INJURY

DESCRIPTION OF BLUNT FORCE INJURIES:

HEAD AND NECK:

There is blood emanating from the left external auditory canal. The superior portion of the left external ear has a 1/4 inch laceration. The angle of the left side of the mandible has a 1/2 inch red-brown abrasion over it. Just below the right side of the chin is a 3/4 inch red-brown abrasion.

Internally, there is a 6 inch left temporal-parietal subscalpular-subgaleal hematoma. There is a fracture extending from the left temporal bone to the petrous portion of the same left temporal bone. There is a mild amount of subarachnoid and subdural hemorrhage. The brain is markedly edematous, with blunting of the sulci and narrowing of the gyri. The left temporal lobe has a 3/4 inch contusion. On the opposite side, there is a 2-3/4 inches right frontal-temporal contusion. The left basal ganglion has a contusion. There is a mild amount of right neck soft tissue hemorrhage. There is a 1-1/4 inch contusion of the tip of the tongue.

TORSO:

The right upper back has a 7/8 inch red-brown abrasion. The right lower quadrant of the abdomen has a 3/4 inch blue-purple contusion. The mid lower back has a 3/4 inch red-brown abrasion.

Internally, there are 175 ml of blood within the right pleural cavity and 100 ml of blood within the left pleural cavity. There is a marked amount of retroperitoneal and pelvic soft tissue hemorrhage. Within the peritoneum are approximately 340 ml of blood. There are bilateral pulmonary contusions.

UPPER EXTREMITIES:

The left elbow has a 1-1/2 inch red-brown abrasion.

LOWER EXTREMITIES:

The right shin has an irregular area of gray discoloration consistent with grease. The left lateral calf has an irregular area of gray discoloration also consistent with grease. The left shin has a 1-1/2 inch red-brown abrasion. The left hip and left lateral thigh area has a 9 inch blue-purple contusion. The posterior left thigh has a 1-1/4 inch blue-purple contusion and inferior to it a 3/8 inch red-brown abrasion. The left calf has a 4 inch ill-defined blue-gray contusion. Both femori are palpably fractured.

Incision of the left hip area reveals an approximately 5 inch hemorrhagic avulsion pocket associated with a marked amount of soft tissue hemorrhage, which extends into the retroperitoneum, and approximately 30 ml of blood. The right pubic ramus is fractured.

INTERNAL EXAMINATION

BODY CAVITIES: No adhesions are in any of the body cavities. The serosal surfaces are smooth and glistening. The diaphragm is intact. The organs are normally located.

CARDIOVASCULAR SYSTEM: The heart weighs 165 grams and has a normal overall shape and smooth, glistening epicardial surface. The coronary arteries arise normally and follow a right dominant course. The myocardium is uniformly dark red and firm without pallor or hemorrhage. The ventricles are not dilated. The endocardial surface of the left ventricle has red-purple hemorrhage consistent with resuscitation. The endocardial surfaces are otherwise unremarkable and the four cardiac valves are unremarkable. The coronary ostia are normally placed and widely patent. There are no interatrial or interventricular septal defects.

The aorta and its major branches follow the usual course. There are no vascular anomalies or aneurysms. The vena cava and pulmonary arteries are without thrombus or embolus.

RESPIRATORY SYSTEM: The right and left lungs weigh 345 and 290 grams, respectively. They have the usual lobation. The pleural surfaces are smooth and glistening with no anthracosis. The airways are obstructed by a mild amount of blood and are congested. The pulmonary parenchyma is red-brown and exudes a moderate amount of blood and fluid. There is no consolidation or enlargement of the airspaces.

HEPATOBIILIARY SYSTEM: The liver weighs 780 grams. The intact capsule is smooth and glistening. Cut surfaces are red-brown and uniform without palpable fibrosis, hemorrhage, yellow discoloration, or masses. The gallbladder contains an estimated 8 ml of bile and no stones. Its mucosa is unremarkable.

GASTROINTESTINAL SYSTEM: The esophagus and gastroesophageal junction are unremarkable. The stomach contains 30 ml of gray-tan partially digested food fragments.

The gastric and duodenal mucosae are unremarkable. The small and large intestines are unremarkable to inspection and palpation. The appendix is present and unremarkable.

The pancreas has unremarkable, lobulated, pink-tan parenchyma without fibrosis, hemorrhage, masses, or calcification.

GENITOURINARY SYSTEM: The right and left kidneys weigh 60 and 65 grams, respectively. The capsules strip with ease from the underlying smooth, red-brown, firm cortical surfaces. The corticomedullary architecture is unremarkable. The pelves are not dilated. The ureters maintain uniform caliber into an unremarkable bladder. The bladder contains no urine and is unremarkable. The prostate gland is small, consistent with the age of the decedent.

HEMOLYMPHATIC SYSTEM: The spleen weighs 60 grams and has a smooth intact capsule. Cut surfaces are maroon, firm and uniform. There is no enlargement of the lymph nodes.

ENDOCRINE SYSTEM: The thyroid gland is not enlarged, and the lobes are symmetrical. Cut surfaces show a uniform, firm, red-brown parenchyma. The adrenal glands have the usual golden cortical ribbon and unremarkable medullae. The pituitary gland is unremarkable.

MUSCULOSKELETAL SYSTEM: Aside from the previously described injuries, the bony framework and supporting musculature are not unusual. The cervical spinal column is stable on internal palpation.

HEAD: See "Evidence of Injury."

CENTRAL NERVOUS SYSTEM: The unfixed brain weighs 1475 grams. The leptomeninges are thin and transparent. The cerebral vessels are without aneurysms.

The cerebral hemispheres are symmetrical. The white and gray matter, deep nuclei, and ventricles are symmetrical and unremarkable aside from the previously described injuries. The brainstem and cerebellum have the usual patterns.

NECK: The trachea and larynx are patent and lined by glistening, congested mucosa and are filled with a mild amount of blood. The cervical vertebrae, hyoid bone, and tracheal and laryngeal cartilages are without fracture.

SPECIMENS

TOXICOLOGY: The following specimens are submitted for toxicology: central blood, chest blood, peritoneal blood, vitreous humor, and liver.

HISTOLOGY: Representative portions of major organs and tissues are retained in formalin. No sections are submitted for microscopic examination.

PHOTOGRAPHS: Identification, overall external, and major injury digital photographs are taken.

X-RAYS: None.

OJM:lcb

D: 11/19/07 T: 12/2/07

Rev. 1/18/08 lcb



County of San Diego

GLENN N. WAGNER, D.O.
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5555 OVERLAND AVE., Ste 1411, SAN DIEGO, CALIFORNIA 92123-1245
TEL: (858) 694-2895 FAX: (858) 495-5956

TOXICOLOGY REPORT

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

Medical Examiner Number: 07-02608

Date of Death: 11/17/2007

Pathologist: Othon Mena, M.D. DG

Specimens Received: Central Blood, Chest Blood, Liver, Peritoneal Blood, Vitreous

<u>Test Name (Method of Analysis)</u>	<u>Specimen Tested</u>	<u>Result</u>
<u>Alcohol Analysis (GC)</u> Alcohol (Ethanol) Acetone, Methanol, Isopropanol	Vitreous	Not Detected Not Detected
<u>Drugs of Abuse Screen (ELISA)</u> Cocaine metabolites Opiates Amphetamines Benzodiazepines Fentanyl Cannabinoids	Central Blood	Not Detected Presumptive Positive Not Detected Presumptive Positive Not Detected Not Detected
<u>Opiates (GC/MS)</u> Morphine (free) Codeine (free) 6-Monoacetylmorphine Hydrocodone	Central Blood	0.04 mg/L Not Detected Not Detected Not Detected
<u>Benzodiazepines (HPLC-DAD)</u> Midazolam	Central Blood	Trace Detected (<0.05 mg/L)

End Results

Approved and Signed:
12/14/2007

Catherine E. Hamm
Toxicologist III

Reviewed:

Dawn R. Parker
Toxicologist II

Information contained in this report originated from a newspaper article. Additional information came from the related sheriff's report and a phone interview with the sheriff. There were no direct witnesses to this incident. According to a statement made by the sheriff, an autopsy was not performed. Accident scene photos were taken but the sheriff stated that a subpoena would be required to obtain the photographs. The victim is a 43-year-old male. The product is an off-road, side by side utility vehicle. The utility vehicle is a Yamaha Rhino, which is green in color. The engine size is 450cc. The purchase price, purchase location and other particulars about the incident product are unknown.

The incident occurred at night at approximately 10:25 p.m. on April 12, 2008. A rider on another ATV in the area heard a loud noise and looked to see what had happened. He noticed that a utility vehicle stopped at a steel gate. The rider went over to investigate and saw the rider of the utility vehicle had been injured. He called 911 for assistance. According to the sheriff's report, the victim was driving the utility vehicle when it crashed into the end of a pipe gate, which was extended into the road. The end of the pipe gate made contact with the victim causing serious bodily injury/death. When the sheriff arrived on the scene the victim was lying on his back with his face covered by a yellow piece of thin plastic. The steering wheel of the utility vehicle was broken and laying on the ground. The driver's seat had also been damaged and was lying on the floorboard of the utility vehicle. Statements made by the sheriff during a phone conversation revealed the following: The gate is what is commonly referred to as a pipe gate. The end part of the open gate, which was struck by the victim, was a 12" by 12" piece of steel plate. The gate went through the windshield and knocked the victim out of the back of the utility vehicle. The victim was not wearing a helmet at the time of the incident.

Product manufactured by:
Yamaha Motor Corporation, USA
6555 Katella Avenue
Cypress, CA. 90630

Website: www.yamaha.com

Attachments

**I. Respondents
One (1) Page**

**II. Sheriff's Report
One (1) Page**

Respondents

**Angelina County Sheriff's Department
Alan Hill/Sheriff
2311 E. Lufkin Ave.
Lufkin, TX. 75901**

**Phone:
(936) 634-3331**

080415HWE7319

INCIDENT REPORT (244959.1)

Case Number: 08-04659 by Officer SOKM (MOORE, KODY) 04/13/2008 04:24

On Saturday April 12, 2008 at approximately 10:27 P.M. dispatch advised Zavalla PD Officer T. Stuart of a 4 wheeler accident on Saron Rd. Officer Stuart responded to assist Lufkin Fire/EMS find the location. Officer Stuart arrived and requested further assistance from Deputy Kody Moore. Officer Stuart advised dispatch that the victim had died due to his injuries which he sustained during the 4 wheeler accident. Several family members were at the location and were very upset causing a disturbance. Deputy Moore responded to assist Officer Stuart.

Deputy Moore arrived and observed Officer Stuart and Lufkin Fire/EMS on location. Deputy Moore approached the accident scene and observed the following. Several male subjects standing near a green Rhino 450 ATV. A pipe gate was protruding through the driver side of the Rhino ATV. The pipe gate extended outward toward the right rear of the ATV. The pipe gate was partially opened into the path of the ATV. An unidentified w/m subject was lying on his back covered by a yellow piece of thin plastic. The w/m had visible injuries to his face.

Deputy Moore located (b)(3) CPSA Section 25(c), (b)(6) w/m who had been in the area at the time of the accident. (b)(3) CPSA S was riding his 4 wheeler in Duram Hill traveling toward Saron Rd. (b)(3) CPSA passed a pipe gate which was located near Saron Rd. (b)(3) CPSA heard a loud noise and looked back and noticed a Rhino stopped at the gate. (b)(3) CPSA S traveled back to the gate and realized the driver had been injured. (b)(3) CPSA called 911.

The pipe gate was partially opened with one end extending into the path of traffic. The green Rhino approached the gate and crashed into the portion which was extended into the road. The end of the pipe gate made contact with the w/m victim causing serious bodily injury/death. The steering wheel was broken and was lying on the ground. The driver seat had also been damaged and was lying on the floor board of the ATV. The accident occurred across the road from 2858 Saron Rd at approximately 10:25 P.M. on 04-12-2008.

(b)(3) CPSA Section 25(c), (b)(6) arrived at the scene. Deputy Moore took digital images of the damaged Rhino. (b)(3) CPSA Section 25(c), (b)(6) allowed family members to transport the body to a family members residence about 1 mile away. Lt Rapsilver took digital images of the victim at the family members residence.

The victim was identified as (b)(3) CPSA Section 25(c), (b)(6) w/m DOB (b)(3) CPSA Section 25(c), (b)(6) next of kin was identified as (b)(3) CPSA Section 25(c), (b)(6) (b)(3) CPSA Section 25(c), (b)(6)

After completing the investigation it appears the death of (b)(3) CPSA Section 25(c), (b)(6) was an accident. (b)(3) CPSA Section 25(c), (b)(6) did NOT request an autopsy.

Task Number 080415HWE7319

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: 02 - Yamaha

Manufacturer:

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

Model: Rhino

VIN: N/A

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

Model Year: n/a

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: 04/12/2008

Age/Sex: 43/Male

State of Death: TEXAS

City of Death: Lufkin

County of Death: Angelina County

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

A 43 year old male was riding a side by side utility vehicle at night. The vehicle struck the end of an open metal gate. The gate came into contact with the driver and he died as a result of this incident.

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 checked="" type="radio"/> 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	<input checked="" type="radio"/> 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
<input checked="" type="radio"/> 1 - One rider	3 - Three riders	9 - No riders

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

Age: 43	Height:	(inches)
Weight:	Sex:	Male

**Huntington Man dies in ATV Accident Lufkin, TX.
April 14, 2008**

ISSUE ; 29

By NICK WADE
The Lufkin Daily News
Monday, April 14, 2008

LUFKIN — A Huntington man died late Saturday in an ATV accident, according to Dennis Reynolds of the Angelina County Sheriff's Office.

Sometime before 10:30 p.m., the Rhino ATV that (b)(3) CPSA Section 25(c) was driving struck a partially closed gate, throwing him through the back of the vehicle (b)(3) CPSA 43, died before paramedics arrived at the scene.

According to Reynolds, several people were riding ATVs on back roads near FM 1270 in the Saron area. One subject passed through a gate that was partially open, and then heard a loud noise. Turning around, the subject realized that (b)(3) CPSA had struck the gate and had been thrown from the ATV.

"The first driver proceeded through the gate, and then immediately heard the second ATV strike the gate," Reynolds said. "There was a flat metal plate that is welded onto the end of the gate. That is what the ATV actually hit, and it pushed him out the back."

(b)(3) CPSA was unconscious but breathing, according to the initial emergency call. However, by the time paramedics arrived, (b)(3) CPSA Section 25(c) had stopped breathing.

"We're more than certain that he died of internal injuries," Reynolds said. "Nothing, as far as alcohol or anything like that, is known to have been involved at this point."

1. Task Number 080501HCC2607		2. Investigator's ID 9068		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2008 04 13	5. Date Initiated YR MO DAY 2008 05 02		
6. Synopsis of Accident or Complaint UPC <p>A 19-year-old female was driving a four wheel UTV for the first time down a paved road without a helmet or seat belt. She lost control of the vehicle, hit a bump and slammed on the brakes. The UTV started to skid, overturned and landed on top of the victim. The victim hit her head on the pavement and suffered a fractured skull. She was airlifted to an area hospital where she died of massive head injuries. No alcohol was involved. Accident was not investigated by DNR as the vehicle does not meet definition of ATV.</p> <p style="text-align: right;">MFR/PRVLR NOTIFIED <i>5/6/09</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. <i>25x</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p>				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City SPRING GREEN		9. State WI
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS UTV / RANGER 4X4		10C. Model Number 2003
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. (VIN 4XARD50A43D60176) 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 57 - Fracture		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 <input type="radio"/> Yes for Manuf. Only				
24. Review Date 05/13/2008		25. Reviewed By 8929		26. Regional Office Director Frank J. Nava
27. Distribution Streeter, Robin			28. Source Document Number N0840363A	

IDI 080501HCC2607

ATTACHMENTS

Exhibit "A" – Sheriff's Department report

Exhibit "B" – Contact List

Exhibit "C" – ATV Questionnaire

Document Number Override

Wisconsin Motor Vehicle Accident Report

INSTRUCTIONS

Please use a Black Ink Pen, or #2 Pencil.

Mark Areas as shown:

Reportable Accident

County	25
MUN/TWP	14

Accident Date		
MONTH	DAY	YEAR
1	3	08

Time of Accident (Military Time)	
HOUR	MIN
14	00

Total Number		
UNITS	INJURED	KILLED
0	1	0

Hit & Run	<input checked="" type="checkbox"/>	Unit #
Government Property	<input checked="" type="checkbox"/>	Sheet No.
Fire (Narrative)	<input checked="" type="checkbox"/>	Of
Photos Taken (Narrative)	<input checked="" type="checkbox"/>	1
Trailer or Towed (Narrative)	<input checked="" type="checkbox"/>	1
Truck Or Bus (Last Page)	<input checked="" type="checkbox"/>	
Load Spillage	<input checked="" type="checkbox"/>	
Construction Zone	<input checked="" type="checkbox"/>	
Names Exchanged	<input checked="" type="checkbox"/>	

LATITUDE (GPS)		LONGITUDE (GPS)	
41° 05' 05" N	88° 05' 05" W	88° 05' 05" W	41° 05' 05" N

Estimated 05:00 AM FROM/AT Sneed Creek Road

Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)	Unit Number	Unit Type	Total Number of Occupants	Direction of Travel (Before the Accident)
2	3	4	N	1	2	3	4

OPERATOR LAST NAME	First	MI.	OPERATOR LAST NAME	First	MI.
(b)(3):CPSA Section 25(c)			(b)(3):CPSA Section 25(c)		

On Duty Accident	Classified	Operating as	Classified	Class	Endorse
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A, B, C	H, J, K

Vehicle Owner	Last Name	First	MI.
(b)(6)			

Policy Holder's Name	State	Exp. Year	Policy Holder's Name	State	Exp. Year
N/A			N/A		

Occupant Unit Number	NAME	Last	First	MI.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1	(b)(6)									

080807

080807

04-13-08

Town of Wyoming

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1-10	ADDRESS Street & Number			City & State		ZIP			1. Deployed 2. Non Deployed 3. Not Applicable 4. Unknown
Address Same as Operator	EJECTED		TRAPPED/EXTRICATED		Medical Transport	Agency Space			

Occupant Unit Number	NAME Last	First	M.I.	Date of Birth	Sex	Severity	SEAT Position	SAFETY Equipment	AIRBAG
1-10	ADDRESS Street & Number			City & State		ZIP			1. Deployed 2. Non Deployed 3. Not Applicable 4. Unknown
Address Same as Operator	EJECTED		TRAPPED/EXTRICATED		Medical Transport	Agency Space			

Types of Collision

32 First Harmful Event

Most Harmful Event

Unit Number	Unit Number
1-10	1-10

(select one per vehicle)

Collision With Object Not Fixed

1. Motor Vehicle on Transport	11
2. Other Motor Vehicle	12
3. Tree	13
4. Pedestrian	14
5. Pedestrian	15
6. Wildlife/Animal	16
7. Other Animal	17
8. Motor Vehicle on Transport	18
9. Other Object Not Fixed	19

Collision With Fixed Object

10. Traffic Sign Post	20
11. Utility Pole	21
12. Other Pole	22
13. Concrete Barrier	23
14. Other Post	24
15. Wall	25
16. Mailbox	26
17. Guardrail	27
18. Concrete End	28
19. Metal Barrier	29
20. Bridge Support Post	30
21. Bridge Support Post	31
22. Impoverished Building	32
23. Tree/Plant/Structure	33
24. Utility Pole	34
25. Other Post	35
26. Wall	36
27. Mailbox	37
28. Guardrail	38
29. Concrete End	39
30. Metal Barrier	40
31. Other Fixed Object	41

Non-Collision

42. Overturn	42
43. Tire Blowout	43
44. Fuel System	44
45. Other	45
46. Other Non-Collision	46

Driver Condition

Unit Number	Unit Number
1-10	1-10

Driver Factors (Or Pedestrians)

1. Apparent Physical	11
2. Distracted Attention	12
3. Ability Impaired	13
4. Not Observed	14

Presence

15. Neither Alcohol nor Drugs Present

16. Yes - Alcohol Present

17. Yes - Drugs Present

18. Yes - Alcohol & Drug Present

19. Unknown

Alcohol

20. None

21. Value

22. Test Not Given

23. Test Failed

24. No Other Alcohol Entered

25. Test Given, No Alcohol Reported

Drugs

26. Test Not Given

27. Test Failed

28. No Other Alcohol Entered

29. Test Given, No Alcohol Reported

30. Marijuana

31. Cocaine

32. Heroin

33. Amphetamine

34. Other Drug/Medication

35. Other Unknown

Unit # 1-10

Pedestrian Location

Location	Action
1. Crosswalk	1. Warning on backing traffic
2. In Roadway	2. Disregard Sign
3. Not in Roadway	3. Turning into Road
4. On Sidewalk	4. Dark Clothing
	5. Walking into Traffic

Manner of Collision

No Collision with Motor Vehicle in Transport

2. Rear End

3. Head On

4. Side to Side

5. Angle

6. Sideswipe, Same Direction

7. Sideswipe, Opposite Direction

8. Unknown

Unit # 1-10

Darken Numbered Area(s) of Vehicle Damage

9. None

10. Other Damage

11. Other

12. Other

13. Other

Extent of Damage

1. None	4. Severe
2. Very Minor	5. Very Severe
3. Minor	6. Unknown
7. Moderate	

Vehicle Towed Due to Damage

Vehicle Removed By **OWNER**

Unit # 1-10

Darken Numbered Area(s) of Vehicle Damage

9. None

10. Other Damage

11. Other

12. Other

13. Other

Extent of Damage

1. None	4. Severe
2. Very Minor	5. Very Severe
3. Minor	6. Unknown
7. Moderate	

Vehicle Towed Due to Damage

Vehicle Removed By

Fixed Object Struck

PROPERTY Last OWNER

ADDRESS Street & Number

City & State

ZIP

Phone Number

Govt. Damage Tag #

Document Number Override

Officer's Opinion of Possible Contributing Circumstances

Driver's Circumstances		
Unit Number		Unit Number
1	Exceeding Speed Limit	1
2	Speed Limit Exceeded	2
3	Failure to Yield Right of Way	3
4	Improper Lane Change	4
5	Following Too Close	5
6	Improper Turn	6
7	Left of Center	7
8	Disregarded Traffic Control	8
9	Improper Overtaking	9
10	Unsafe Backing	10
11	Failure to Have Control	11
12	Driver Condition	12
13	Physically Disabled	13
14	Other	14

Vehicle Defects		
Unit Number		Unit Number
1	Brake System	1
2	Tires	2
3	Steering System	3
4	Turn Signals	4
5	Head Lamps	5
6	Stop Lamps	6
7	Tail Lamps	7
8	Equipped in Prior Accident	8
9	Other Disabled	9
10	Others	10
11	Suspension System	11
12	Other	12

Highway Factors		
Unit Number		Unit Number
1	Spillage on Wet	1
2	Narrow Shoulder	2
3	Low Shoulder	3
4	Soft Shoulder	4
5	Loose Gravel	5
6	Rough Pavement	6
7	Debris from Prior Accident	7
8	Other Debris	8
9	Sign Obscured or Missing	9
10	Narrow Bridge	10
11	Construction Zone	11
12	Light Obscured	12
13	Other	13

OFFICER INFORMATION

Officer: Peterson, Michael
 Law Enforcement Agency Address: 1205 W. Bequette Street
 City & State: Dodgeville, WI 53533
 Phone Number: 608-935-3314
 Agency #: 2500, Enforcement Agency: Iowa County Sheriff 238

Date Notified	Time Notified (Military Time)	Time Arrived (Military Time)	Date of Report
1 3 0 8	1 4 1 3	1 4 2 4	1 3 0 8

Truck & Bus Accident Information

(This Section Must Be Completed for Each Truck or Bus Involved in this Accident.)

When to Use This Section: *Did the accident involve...*

Part A
 A truck with at least two axles and six tires? Y N
 A truck with a hazardous materials placard? Y N
 A bus designed to carry 16 or more persons, including the driver? Y N

STOP! If all the responses to Part A are "NO" do not complete this Truck & Bus Accident Information Section. If there are any "YES" answers, continue to Part B.

Part B
 Any person who was fatally injured? Y N
 Any injured person who required transport for immediate medical treatment? Y N
 One or more vehicles that had to be towed from the scene as a result of the accident? Y N

STOP! If all the responses to Part B are "NO" do not continue. If there are any "YES" answers, please complete this Truck & Bus Accident Information Section.

Hazardous Material Case Numbers (4 digit)

Hazardous Material "UN" Numbers (4 digit)

Hazardous Material Placard Displayed? Y N
 Hazardous Liquid was Released? Y N

List the Hazardous Material(s) by Name in this Load:

List the Name(s) of Released Hazardous Material(s):

Carrier Information

Carrier Identification Numbers: IS DOT, IC DOT, Carrier Address

Source: Vehicle Side, Shipping Papers, Trip Manifest, Driver, Log Book

Vehicle Information

Gross Vehicle Weight Rating: LBS, Total # of Axles

Vehicle Configuration: 1-10 (Diagrams of truck types)

Cargo Body Type: 1-10 (Diagrams of cargo body types)

SEQUENCE OF EVENTS FOR THIS VEHICLE

1. 2. 3. 4. Ran off Road
 1. 2. 3. 4. Collision Involving Motor Vehicle in Transp.
 1. 2. 3. 4. Collision Involving Motor Vehicle
 1. 2. 3. 4. Collision Involving Tractor
 1. 2. 3. 4. Collision Involving Ped. Cycl.
 1. 2. 3. 4. Collision Involving Animal
 1. 2. 3. 4. Collision Involving Bus/Truck
 1. 2. 3. 4. Collision Involving Other Object
 1. 2. 3. 4. Other

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Pictorial Representation of Narrative

Draw a legend if necessary

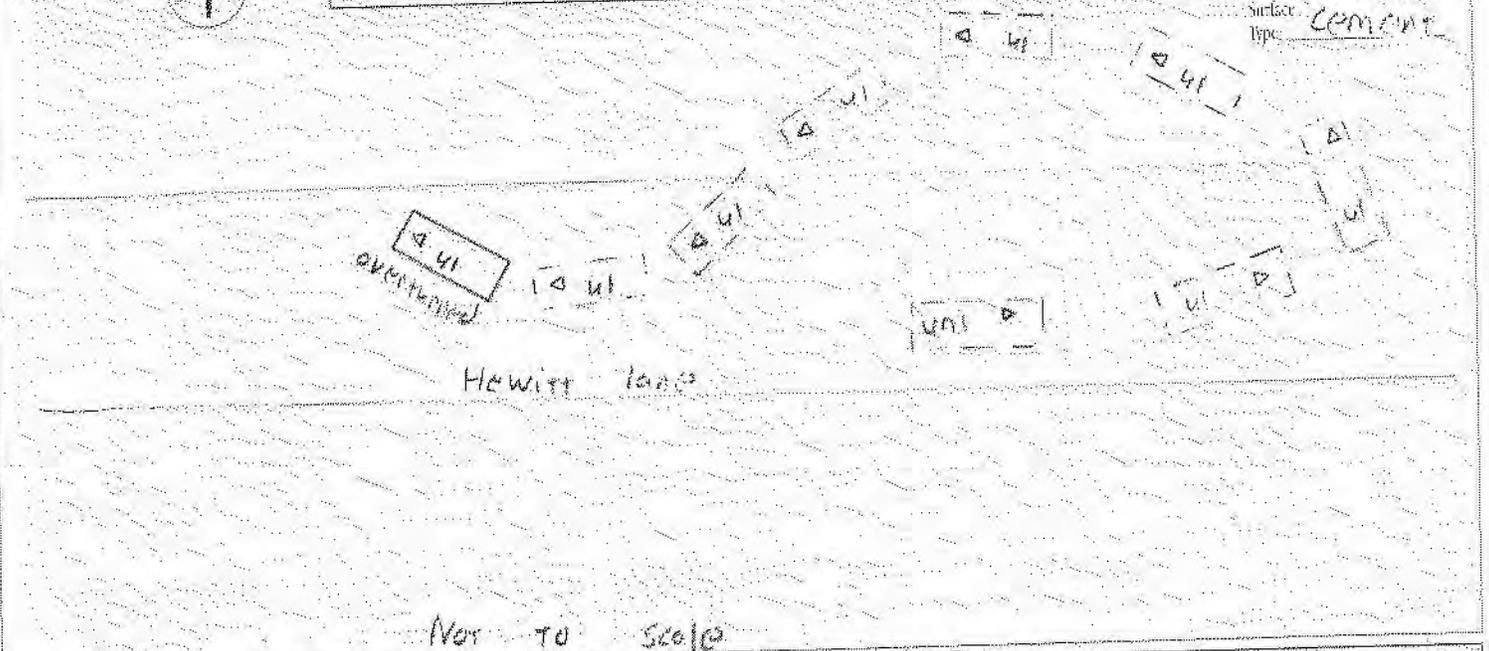
Indicate North with an arrow in the circle



Supplemental Reports Witness Statements Measurements Taken

Skidmarks to Impact
Unit 1: 1249
Unit 2: []

Surface Type: Cement



NARRATIVE

A four wheeled Polaris Ranger was westbound on Hewitt Lane. The Polaris went off the road way on the north side of the road. The driver of the Polaris then locked the brakes and started to slide in a S pattern. The Polaris was steered onto the roadway, where it continued to skid before overturning onto the driver side, pinning the driver underneath the Polaris. The Polaris was removed from the occupant before law enforcement arrival. Further investigation shows BUO was first eastbound before she tried to turn the ATV around to go back eastbound.

Photos By: Peterson

What Drivers Were Doing		
Unit Number	Unit Number	
1	Going Straight	1
2	Slowing or Stopping	2
3	Making Right Turn	3
4	Slowing or Stopping	4
5	Stopped in Traffic	5
6	Stopping	6
7	Violating No Passing Zone	7
8	Reversing	8
9	Parking Manuever	9
10	Making Manuever	10
11	Changing Lanes	11
12	Overlapping on Left	12
13	Overlapping on Right	13
14	Changing Lanes	14
15	Turning or Peiv	15
16	Manuever	16
17	Negotiating Curve	17
18	Other	18

WITNESS NAME: [Redacted]
ADDRESS: [Redacted]
City & State: S



ACCESS CONTROL

- 1. No Control (Unlimited Access)
- 2. Full Control (Only Ramp Entry/Exit)
- 3. Partial Control

ROAD TERRAIN

Part A

- 1. Straight
- 2. Curve

Part B

- 1. Level Fla.
- 2. Hill

LIGHT CONDITION

- 1. Daylight
- 2. Dark-No Light
- 3. Dark-Lighted
- 4. Dawn
- 5. Dusk
- 6. Unknown

TRAFFIC WAY

- 1. Not Physically Divided (2-Way Traffic)
- 2. Divided Highway, Median Strip, without Traffic Barrier
- 3. Divided Highway, Median Strip, with Traffic Barrier
- 4. One-Way Traffic
- 5. Parking Lot or Private Property

ROAD SURFACE CONDITION

- 1. Dry
- 2. Wet
- 3. Snow/Slush
- 4. Ice
- 5. Sand, Mud, Dirt, Oil
- 6. Other
- 7. Unknown

WEATHER

- 1. Clear
- 2. Cloud
- 3. Rain
- 4. Snow
- 5. Fog, Smog, Smoke
- 6. Sleet/Hail
- 7. Drizzling Rain or Drizzle
- 8. Blowing Sand, Soil
- 9. Dirt/Snow
- 10. Severe Crosswinds
- 11. Other
- 12. Unknown

RELATION TO ROADWAY

- 1. On Roadway
- 2. Parking Lot or Private Property
- 3. Shoulder (Other Than Shoulder with Median or Guard)
- 4. Median (Other Than Median with Guard)
- 5. Outside Shoulder-Left
- 6. Outside Shoulder-Right
- 7. Off Roadway - Location Unknown
- 8. On Ramp
- 9. Other
- 10. Unknown

Traffic Control		
Unit Number	Unit Number	
1	No Control	1
2	Traffic Signal Operating	2
3	Traffic Signal Flashing Stop Sign	3
4	Stop Sign with Flashing Warning	4
5	Warn Sign with Flashing Yield Sign	5
6	Traffic Control Person	6
7	RR Stop Signal	7
8	Other	8

IOWA COUNTY SHERIFF INCIDENT REPORT

ORI WI0250000
Case Number IOS0080807
Reported Date 04/13/2008

Juvenile Incident

REPORTED BY 1

Reported By (b)(6) Address City State Zip Phone

Place of Employment Address City State Zip Business Ph.

Complainant/Reporting Party (signature)

VICTIM 1

Victim Name (b)(3): CPSA Section 25(c) Address City State Zip Victim Phone

Place Of Employment Address City State Zip Business Ph.

Type of Victim Resident Race Sex Birth Date Age Hispanic SOC/OLN/OLS
INDIVIDUAL WHITE FEMALE 03/14/1989 19

Type of Injury

Domestic Abuse Referrals Children
Reported By None Shelter Counseling Other Present/Unharmed
Degree of Assault Legal Medical Financial Assistance Present/Harmed None Present

INCIDENT

Date Occurred Day Of Week Time Occurred Assigned Arrived Cleared
From 04/13/2008 To 04/18/2008 Sunday From 14:00 To 15:22 14:15 14:30 15:22

Incident Location (b)(6) City, St, Zip SPRING GREEN WI

OFFENSE 1

Offense State Statute Local Ordinance NIBRS
MOTOR VEHICLE CRASH-FATALITY

Activity Weapon Special Circumstances

NO LINKED SUSPECT(S)
NO LINKED VICTIM(S)

Status Location

Method Of Entry Location #2

Point Of Entry Gang Activity

No. Premises Entered Premises Inhabited Yes No Suspect(s) suspected of using

Bias / Hate Crime Victim(s) suspected of using Alcohol Drugs Computer Equip Not Applicable

Type Target Code Affiliation

IOWA COUNTY SHERIFF INCIDENT REPORT

ORI **WI0250000**
Case Number **IOSO080807**
Reported Date **04/13/2008**

Juvenile Incident

PROPERTY 1

Loss Code _____ Property Code _____ Owner _____

Description _____
Serial Number _____ Evidence _____ Offenses Associated w/ Property _____

Est. Quantity _____ Est. Value **\$0.00** Date Recovered _____ Recovered where _____ Recovery ORI _____

Drug Qty. _____ Type Drug _____ Measurem. _____ Suspected Drug Type _____

License _____ State _____ Year _____ Type _____ VIN **(b)(6)** No. of Vehicles
Stolen _____ Recovered _____

Color **CAMO** Year **2003** Make **POLARIS** Model **RANGER** Style **4 WHEEL**

PROPERTY ESTIMATED VALUE SUMMARY by LOSS CODE

All Codes	\$0.00	None	\$0.00	Counterfeited	\$0.00	Seized	\$0.00
No Code	\$0.00	Burned	\$0.00	Destroyed	\$0.00	Stolen	\$0.00
				Recovered	\$0.00	Unknown	\$0.00

OTHERS 1

Name _____ Address _____ City _____ State Zip _____ Phone _____

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

Place Of Employment _____ Address _____ City _____ State Zip _____ Business Phone _____

Type of Person _____ Resident _____ Race _____ Sex _____ Date of Birth _____ Age _____ Hispanic _____ SOC/OLN/OLS _____
DRIVER _____ WHITE _____ FEMALE _____ 03/14/1989 _____ 19 _____

OTHERS 2

Name _____ Address _____ City _____ State Zip _____ Phone _____

(b)(6)

Place Of Employment _____ Address _____ City _____ State Zip _____ Business Phone _____

Type of Person _____ Resident _____ Race _____ Sex _____ Date of Birth _____ Age _____ Hispanic _____ SOC/OLN/OLS _____
WITNESS _____ WHITE _____ MALE _____ 10/10/1970 _____ 37 _____

OTHERS 3

Name _____ Address _____ City _____ State Zip _____ Phone _____

(b)(6)

Place Of Employment _____ Address _____ City _____ State Zip _____ Business Phone _____

Type of Person _____ Resident _____ Race _____ Sex _____ Date of Birth _____ Age _____ Hispanic _____ SOC/OLN/OLS _____
OTHER _____ WHITE _____ MALE _____ 04/05/1957 _____ 51 _____ 00000000

OTHERS 4

Name _____ Address _____ City _____ State Zip _____ Phone _____

(b)(6) 000-0000000

Place Of Employment _____ Address _____ City _____ State Zip _____ Business Phone _____

Type of Person _____ Resident _____ Race _____ Sex _____ Date of Birth _____ Age _____ Hispanic _____ SOC/OLN/OLS _____
OTHER _____ FEMALE _____ 00000000

IOWA COUNTY SHERIFF INCIDENT REPORT

ORI WI0250000

Case Number IOSQ080807

Juvenile Incident

Reported Date 04/13/2008

OTHERS 5

Name Address City State Zip Phone

(b)(6)

Place Of Employment Address City State Zip Business Phone

Type of Person Resident Race Sex Date of Birth Age Hispanic SOC/OLN/OLS

OTHER WHITE MALE 05/16/1985 22 000000000

OTHERS 6

Name Address City State Zip Phone

(b)(6)

Place Of Employment Address City State Zip Business Phone

Type of Person Resident Race Sex Date of Birth Age Hispanic SOC/OLN/OLS

OTHER WHITE MALE 08/15/1939 68

OTHERS 7

Name Address City State Zip Phone

(b)(6)

Place Of Employment Address City State Zip Business Phone

Type of Person Resident Race Sex Date of Birth Age Hispanic SOC/OLN/OLS

OTHER 07/27/1971 36

OTHERS 8

Name Address City State Zip Phone

(b)(6)

Place Of Employment Address City State Zip Business Phone

Type of Person Resident Race Sex Date of Birth Age Hispanic SOC/OLN/OLS

OTHER WHITE MALE 12/16/1989 18

OTHERS 9

Name Address City State Zip Phone

(b)(6)

Place Of Employment Address City State Zip Business Phone

Type of Person Resident Race Sex Date of Birth Age Hispanic SOC/OLN/OLS

OTHER

OTHERS 10

Name Address City State Zip Phone

(b)(6)

Place Of Employment Address City State Zip Business Phone

Type of Person Resident Race Sex Date of Birth Age Hispanic SOC/OLN/OLS

OTHER WHITE FEMALE 000000000

IOWA COUNTY SHERIFF INCIDENT REPORT

ORI **WI0250000**

Case Number **IOSO080807**

Juvenile Incident

Reported Date **04/13/2008**

STATUS

Exceptional Clearance

Exceptional Clearance Date

Dispatch # **0805215**

Folder #

NCIC Inquiry NCIC Entered Geo

Status

Status Date

ACTIVE

04/13/2008

Beat / District / Zone **WYOMING TSHP**

Sub Beat / District / Zone

Entered By **AMY SCHAEZT**

ID **333**

Officer

Responsibility

Date

22 **MIKE PETERSON** **REPORTING OFFICER** **04/13/2008**

26 **JON PEPPER** **ADMINISTRATOR** **04/23/2008**

81 **81 DODGEVILLE E** **ASSISTING OFFICER** **04/13/2008**

200 **200 DODGEVILLE F** **ASSISTING OFFICER** **04/13/2008**

IOWA COUNTY SHERIFF
NARRATIVE #1

ORI WI0250000

Case Number IOSO080807

Date 04/13/2008

Officer AMY SCHAETZ

333

Release to the Public

FROM DISPATCH: [AMY SCHAETZ 4/13/2008 2:15:08 PM]

GATOR TIPPED OVER ON A SMALL CHILD

[AMY SCHAETZ 4/13/2008 2:17:26 PM]

81. STANDING BY FOR A CREW

[AMY SCHAETZ 4/13/2008 2:34:40 PM]

22 NEED MED FLIGHT AND THE FIRE DEPT

[AMY SCHAETZ 4/13/2008 2:46:30 PM]

MED FLIGHT ETA IS ABOUT 1455 ALL FIRE AND EMS CAN GO TO MARC 2. LANDING ZONE
WILL BE AT SNEED CREEK AND NELSON ROAD

[AMY SCHAETZ 4/13/2008 2:57:51 PM]

MED FLIGHT IS ON THE GROUND

[AMY SCHAETZ 4/13/2008 3:18:36 PM]

MED FLIGHT HAS LIFTED OFF

[VICKIE PRATT 4/13/2008 6:55:05 PM]

Type of Call Changed from 911 EMS to ACCIDENT. - MOTOR VEHICLE by VICKIE PRATT

IOWA COUNTY SHERIFF
 NARRATIVE #2

ORI WI0250000

Case Number IQSO080807

Date 04/18/2008

Officer MIKE PETERSON

22

Release to the Public

INTRODUCTION:

I, Deputy Michael Peterson, was dispatched to Hewitt Lane for an All Terrain Vehicle crash on April 13, 2008 at approximately 1413 hours. This crash resulted in (b)(3):CPSA Section 25(a) (b)(4) DOB 03-14-1989 being Med-Flighted to University of Wisconsin Hospital for her injuries.

LOCATION:

.5 mile east of Sneed Creek Road on Hewitt Lane, Township of Wyoming, County of Iowa, State of Wisconsin

NARRATIVE:

I, Deputy Michael Peterson, responded to the above location for a crash. Also dispatched was Dodgeville EMS. Upon arrival I noticed a female lying in the roadway. I parked my squad in front of the scene to for light protection. I advised Dodgeville EMS to use caution as the crash is just past a corner and in the roadway.

As I approached the scene, I saw female later identified as (b)(3):CPSA Section 25(c) DOB 03-14-1989, lying in the roadway. I noticed a large amount of blood on the roadway, which appeared to be coming from (b) head injury. I observed (b)(3): to be breathing and unconscious. I advised bystanders not to move (b) until EMS arrived on scene. I returned to my squad and gave Dodgeville EMS a patient update. At this time a male, identified as (b)(6) DOB 12-16-1989 arrived at the scene. (b)(6) was with his mother (b)(6) stated (b)(3) is his girlfriend. I advised (b)(6) the ambulance is on the way and will be here shortly. (b)(6) were very emotional. (b)(6) stated (b)(3): wanted to take the ATV for a ride, so she let her. (b)(6) advised (b)(3) had not been drinking at all.

Dodgeville EMS arrived on scene and requested Med-Flight to the scene. I returned to my squad and advised Iowa County Dispatch to contact Med-Flight and have Dodgeville Fire Department set up a landing zone. I assisted Dodgeville EMS with boarding (b) and carrying her to the ambulance. I then talked to (b)(6) and advised them (b)(3) is going to be air lifted to University of Wisconsin Hospital in Madison. (b)(6) advised he is trying to get ahold of (b)(3): family. (b)(6) gave me (b) name and date of birth. I asked K. (b)(6) who owned the ATV? (b)(6) advised his dad owned the vehicle

I talked to (b)(6) DOB 10-10-1970 (b)(6) advised he was driving down the road when he came across the crash. (b)(6) advised the ATV was on top of (b)(3). (b)(6) stated he yelled for (b)(6) came to the scene and helped (b)(6) lift the ATV off of (b) (b)(6) advised his wife (b)(6) went to the nearest house and called 911 as they did not have any cell phone reception. (b)(6) stated they did not move (b)(3) at all. (b)(6) said they learned whose ATV it was, so they went to the house to advise (b)(6) and (b)(6) of the accident. (b)(6) advised the top layer of blood was starting to clot on the roadway. (b)(6) advised he believed the crash happened around 1400 hours. (b)(6) also advised the ATV was on the lower part of (b)(3): body.

IOWA COUNTY SHERIFF
 NARRATIVE #2

ORI: WI0250000

Case Number: IOSO080807

Date: 04/18/2008

Officer: MIKE PETERSON

22

Release to the Public

I then cleared the scene and met with Dodgeville EMS at the landing zone. The landing zone was located at Nelson road and Sneed Creek Road. I gave Dodgeville EMS all the information I gathered at the scene about (b)

SUO was transferred to Med-Flight from the ambulance. I cleared the scene along with Dodgeville Fire and EMS at approximately 1518 hours.

I was notified by Iowa County Dispatch on April 14, 2008 at approximately 1700 hours that (b) had passed away from her injuries.

At a later time I spoke with (b)(6) both stated they were talking near their mail boxes about 40 yards away from the crash. They saw the ATV coming down the roadway. (b)(6) gave waved friendly at (b)(3) (b) then turned the ATV around, going into the grass then coming back onto the roadway, where she hit a little bump causing the ATV to go onto its drivers side wheels for about ten feet before it overturned. G. (b)(6) and (b)(6) stated the ATV was going very fast before (b)(3) turned it around. G. (b)(6) and (b)(6) started to walk down to the crash when (b)(6) came upon the accident and yelled that a child was underneath. (b)(6) stated the crash happened around 1405 hours.

(b)(6) stated she looked at the ATV and there was only one person on the ATV when the crash happened.

ACCIDENT INVESTIGATION:

I observed 87.9 feet of ruts on the grass that turned into 37 feet of skid marks on the roadway. Total measurements were 124.9 feet. These marks were in a "S" shape. I then took photos of the crash scene. My investigation shows that (b) was operating the ATV eastbound on Hewitt Lane when she saw (b)(6) and (b)(6) at the end of Hewitt Lane. (b)(3) steered the ATV onto grass on the north side of the roadway, turning it sharply to get back onto the roadway. When she came back onto the roadway she hit a little bump on the ground causing the ATV to go onto its drivers side wheels before it overturned. (b) was not wearing her seatbelt or a helmet. (b)(3) fell out of the ATV as it was overturning. When (b)(3) fell out of the ATV she hit her head on the cement roadway.

ATV INFORMATION:

2003 Polaris Ranger 4x4, Camouflage in color. Vehicle identification number is 4XARD50A43D60176

ATTACHED:

Attached is witness statement's.

DISPOSITION:

IOWA COUNTY SHERIFF
NARRATIVE #2

Case Number IOS0080807

ORI WI0250000

Date 04/18/2008 , Officer MIKE PETERSON 22

Release to the Public

Please keep a copy of this report on file.

IOWA COUNTY SHERIFF

NARRATIVE #3

ORI W0250000

Case Number IOS0080807

Date 04/22/2008 Officer MIKE PETERSON

22

Release to the Public

SUPPLEMENT REPORT:

I, Deputy Michael Peterson, of the Iowa County Sheriffs Department received written statements from (b)(6) on Saturday April 19, 2008. (b)(6) returned his to me at the Iowa County Sheriff's Department on Monday April 21, 2008.

IOWA COUNTY SHERIFF'S DEPARTMENT

Witness Statement Form

DATE: 4-13-08	TIME 1900	TYPE OF INCIDENT Crash	LOCATION OF INCIDENT Hewitt Lane	CASE # 080307
YOUR NAME PRINTED (b)(6)		DATE OF BIRTH	STREET ADDRESS (b)(6)	
CITY Spring Green	STATE WI	ZIP CODE 53588	HOME PHONE (b)(6)	PHONE # WORK OR CELL

DESCRIBE IN YOUR OWN WORDS WHAT HAPPENED

Apr 13 (b)(6) + I were standing at the end of Hewitt Ln. when we heard an ATV approaching from the west. I saw what I thought was (b)(6) (b)(6) machine come around the curve toward us with 1 person aboard. I waved and looked back at Gerg + then heard the machine turning around. When I looked back, it was heading back onto Hewitt Lane from the N. and tipped up on the left wheels + then went over on the left side. (b)(6) + I rushed down and the child was pinned. (b)(6) + (b)(6) (b)(6) (who had just driven up) tipped the machine up but (b)(3):CPSA Section 25 (c) was unresponsive and bleeding heavily from nose + mouth.

MORE SPACE ON BACK IF NEEDED

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS TRUTHFUL AND WAS GIVEN FREELY WITHOUT ANY PROMISES OR THREATS AND COERCIONS.

SIGNATURE (b)(6)	WITNESS Peterson	OFFICER NAME Peterson
---------------------	---------------------	--------------------------

IOWA COUNTY SHERIFF'S DEPARTMENT

Witness Statement Form

DATE: 4.13.08	TIME 2:10	TYPE OF INCIDENT ATV Turned Over	LOCATION OF INCIDENT Hewitt Lane	CASE # 080807
YOUR NAME PRINTED (b)(6)		DATE OF BIRTH 10.10.70	STREET ADDRESS (b)(6)	
CITY Spring Green	STATE WI	ZIP CODE 53588	HOME PHONE (b)(6)	PHONE # WORK OR CELL (b)(6)

DESCRIBE IN YOUR OWN WORDS WHAT HAPPENED

We were coming down Hewitt Lane when we turned around the curve, we noticed a turned over Gator in the middle of the road. The drivers side was on its side. The roof was ^{towards} the center line of the road. The chainsaw & the gas can were in the center of the road. We saw (b)(6) up the lane & thought he had turned over his ATV. We sat there for about 15 secs, trying to figure out how to get around the items in the road. I got out to move the chainsaw & noticed a person in a black sweatshirt underneath the ATV. When I walked up, I saw her head sticking out from the roof. She was bleeding. I yelled "Oh, my God. It's a child." My wife jumped out & I asked her to help me lift the ATV.

MORE SPACE ON BACK IF NEEDED

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS TRUTHFUL AND WAS GIVEN FREELY WITHOUT ANY PROMISES OR THREATS AND COERCIONS.

SIGNATURE (b)(6)	WITNESS (b)(6)	OFFICER NAME
---------------------	-------------------	--------------

IOWA COUNTY SHERIFF'S DEPARTMENT

Witness Statement Form

(b)(6) said, I will call 911 & get help. (b)(6) jumped in the car & went back to the closest neighbor to call 911. Meanwhile, (b)(6) came down the lane & we lifted the ATV off (b)(6) called his wife to bring blankets to cover her up - to keep her warm. The blood was still flowing from the young woman's mouth. It was starting to thicken. Neither (b)(6) or I moved or touched the young lady. (b)(6) returned & we went to find her parents. Gerry had never seen her before, but thought she lived off Snead Creek or Percussion Rock Road. (b)(6) & I headed off to find the family + the neighbors started staging people to direct the ambulance at major intersections. The first house was the wrong house. We went back the other direction, to the other 1st house. We pulled in the drive, honking the horn to get the families attention. (b)(6) jumped out...

Continued on typed page of notes.

I ran inside and asked the lady if she had a daughter driving a green ATV. The lady said yes but she is not my daughter she is my sons girlfriend. I said she has been in an accident and is hurt very bad. I had ran this through my mind as we drove to the house I wanted to be as gentle as I could. I said Grab your shoes and coat and let's go. We ran outside I said we need to call her parents, the son ran back inside to grab his cell and the lady ran in to grab her keys. I followed them to make sure we hurried. I rode with the family (lady and boyfriend) in their silver suv and Tara went to the intersection of Percussion Rock Road & Sneed Creek to stage the ambulance. Driving to the scene the lady keep asking were is she and why was she all the way down here. I had no answers for those questions.

We arrived back at the scene. I suggested she park behind the officer to not block the ambulances way. We got out of the car. By this time the young lady was covered in a dark blue blanket but still in the same position, lying on her stomach, head turned to the right, hands to her side. We could hear her breathing, some gurgles and could hear her make brief sounds as the air was moving in and out of her lungs via her mouth. The police officer arrived within the next 2-3 minutes and took charge. The ambulance and my wife arrived within another few minutes. I was very impressed with how fast everything unfolded. At some point the officer asked the lady to move her vehicle so his emergency lights could be seen.

(b)(6) and the neighbor went through the timeline as the ambulance crew did their job. They talked to (b)(3):C secured her head, captured some of the blood, put her on the board and loaded her into the ambulance. The officer informed us that they were going to airlift her to Madison.

(b)(6) and I talked to the lady and offered to take the ATV back so the lady and the boyfriend could follow the ambulance. She said she had to go home and put up the dogs and get shoes, she was very upset had trouble thinking this through, the boyfriend was crying. I kept insisting it would be faster to drive your car to the house and get your items vs. driving the ATV fast. We did not need another accident. She left in the car with her son driving the car.

We noticed that there was no door on the ATV and that Desaree was not wearing a helmet. I made the comment to (b) that our daughter (b)(6) would not be riding with our friend (b)(6) who has a gator. (b)(6) comment back to me, was that Brady's gator has doors. And we would be making sure our daughter would be wearing a helmet to do any type of "riding" on a machine (Bike, Gator, Horseback Riding, Scooter, etc.) from now on. We wondered if wearing a helmet would have made a difference in the state of this young woman's injuries.

The officer took pictures of the accident scene and then had to leave to meet the ambulance and the helicopter. He needed additional information before the family left. We asked the officer if we should rinse the road, he said he would have a fire truck come down and clean the scene. He cleared us to take water from the creek and rinse the road since there were neighbor dogs and animals around. The officer left and we finished our job at the scene. (b)(6) was cutting wood that day and had warmer cloths on so he offered to drive the ATV. Tara and I followed him to the residence on Percussion Rock Road. We parked the ATV in the garage. (b)(6) went outside I hit the garage door button, ran quickly to jump over the sensor and get under the door. The garage door closed and we went back to Gerry's.

In my mind here is the timeline. Around 2:00 the neighbor at the beginning of Hewitt lane had seen her drive by. He was raking in the yard. (b)(6) had waved to her as well but I am unclear here if he waved to her as she came up the lane or after she had turned around and was heading back toward the creek. (b)(6) and I arrived and saw the ATV in the road at 2:10.

IOWA COUNTY SHERIFF'S DEPARTMENT

Witness Statement Form

DATE: 1/13/09	TIME 2:05 ⁺	TYPE OF INCIDENT STOLEN VEHICLE FOLLOWER	LOCATION OF INCIDENT EAST END OF HEWITT LN	CASE # 080807
YOUR NAME PRINTED GERARD C. O'GRENATH		DATE OF BIRTH 5/15/39	STREET ADDRESS (b)(6)	
CITY SPRING GREEN	STATE WI	ZIP CODE 53588	HOME PHONE (b)(6)	PHONE # WORK OR CELL (b)(6)

DESCRIBE IN YOUR OWN WORDS WHAT HAPPENED

(b)(6) & I WERE STANDING ON THE ERM EAST END OF HEWITT LN WHERE OUR RESPECTIVE DRIVEWAYS BEGIN WHEN WE SAW A 4-WHEEL UTILITY VEHICLE COMING TOWARDS US APPROXIMATELY 200 YARDS AWAY. I DIDN'T REALIZE THE VEHICLE BUT JONNY DID AND WHEN THE VEHICLE APPEARED TO BE COMING AT A HIGH RATE OF SPEED AND WHEN IT WAS LESS THAN 100 YARDS FROM US, TURNED ABRUPTLY TO THE RIGHT (OUR RIGHT) GOING OFF THE ROADWAY ONTO THE FLAT GRASSY AREA OF THE RIGHT SHOULDER. IT CONTINUED IN ITS CIRCULAR MANEUVER, SPITTING UP DIRT ON ITS TAIL AND RETURNED TO THE ROADWAY AT ABOUT A 45° ANGLE TO HEWITT LN. THE VEHICLE APPEARED TO GIVE GEEK TO THE RIGHT CAUSING THE VEHICLE TO ROLL OVER ONTO THE DRIVER SIDE.

THERE WAS AN EARLY EVENING, NO CRIES OR SHOUTS AND THE VEHICLE ENGINE WAS OFF. THE VEHICLE WAS ABOUT 100 YARDS FROM US. AT ABOUT THE SAME TIME, A BLACK SUV APPROX FROM THE WEST. (b)(6)

MORE SPACE ON BACK IF NEEDED

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS TRUTHFUL AND WAS GIVEN FREELY WITHOUT ANY PROMISES OR THREATS AND COERCIONS.

(b)(6)	OFFICER NAME Peterson
--------	--------------------------

IOWA COUNTY SHERIFF'S DEPARTMENT

Witness Statement Form

JOHN AND I WERE WALKING TOWARD THE COAST BEET JOE BLADFORD ALONG
 FIRST SIGHTING A CHILD WAS PINNED UNDER THE VEHICLE. HE YELLED TO
 HIS WIFE FOR HELP OR CALL 911. I HELPED JOE BLADFORD LIFE THE
 VEHICLE OFF OF THE INJURED DRIVER AND NOTED A STREAM OF BLOOD
 COMING FROM THE VICTIM'S HEAD ROLLING ON THE ROAD
 JOHN ASKED ME TO GET HANNA (MY WIFE) TO KEEP THE
 INJURED PERSON. I DIRECTED JOE TO WHERE WE THOUGHT THE PARENTS
 MIGHT BE. WIFE HANNA & I ASKED THE TOWNSHIP WIFE
 HANNA AND, STRATY, WUCHELLE & SON ARRIVED WITH JOE BLADFORD
 THE TOWNSHIP ARRIVED STRATY AFTER THE SHERIFF'S DEPUTY ARRIVED
 AT ABOUT 2:25.

(b)(6)

1/21/08

Contact List

Kim - Records
Iowa County Sheriff's Department
1205 N. Bequette Street
Dodgeville, WI 53533
(608) 935-3314

William Finley – (Verbal report only)
Iowa County Coroner
227 Commerce Street
Mineral Point, WI 53566
(608) 987-2391

Julie Fitzgerald – (No report)
Barb Wolf
WI Department of Natural Resources
3911 Fish Hatchery Road
Fitchburg, WI 53711
(608) 266-2142

Victim

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

Task Number 080501HCC2607

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

Type of respondent:

Other, specify:

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

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

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

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

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

Model: Ranger 4X4	VIN: 4XARD50A43D60176
-------------------	-----------------------

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

Model Year: 2003

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: 04/14/2008	
Age/Sex: 19/Female	/
State of Death: WISCONSIN	
City of Death: Madison	
County of Death: Dane	

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

A 19-year-old female was driving a four wheel UTV for the first time down a paved road without a helmet or seat belt. She lost control of the vehicle, hit a bump and slammed on the brakes. The UTV started to skid, overturned and landed on top of the victim. The victim hit her head on the pavement and suffered a fractured skull. She was airlifted to an area hospital where she died of massive head injuries. No alcohol was involved. Accident was not investigated by DNR as the vehicle does not meet definition of ATV.

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: 19 Height: (inches)
Weight: Sex: Female

080505HWE7429

This investigation was based on a Coroners Report that indicated a 21 year old male was killed while driving a side by side All Terrain Vehicle (ATV). The information in this report was obtained from the Coroners Report (attachment #1). The Law Enforcement investigation and report were not available because the investigation is not completed. It was not known when this report would be ready. Attempts to contact Victims next of kin were also unsuccessful. The ambulance companies run report were not requested because prior efforts have shown they require a court order to release records.

The Coroners Report reflected that Victim was a 21 year old male weighing 154 pounds and standing 68 inches in height. The Report only showed that he had a prior spinal fracture from another motorcycle accident and was taking Lortab. No other medical information about Victim was in this Report.

The Coroners report indicated that at approximately 12:30 am on 02/22/2008 Victim was the unrestrained driver of a side by side ATV that overturned. This Report stated that Victim was reported to have been traveling at a high rate of speed in a desert area when he lost control of the vehicle. It was reported the vehicle overturned and came to rest on top of Victim. The Report further indicated Victim tested positive for alcohol. The Report also stated Victim was not wearing a helmet at the time of the accident.

The Report stated Victim was transported to a local hospital where at about 08:00 am he was determined to be brain dead and was pronounced deceased at 10:15 am.

PRODUCT IDENTIFICATION

The make, model, and manufacturer of the side by side ATV involved in this accident could not be determined. The only information on the vehicle described it as being a side by side ATV.

080505HWE7429

ATTACHMENTS

1. Coroners Report (3 pages)
2. Missing Documents Form (1 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)(3) CPSA Section 25(c), (b)(6)		AKA		CASE NUMBER 08-01632	
	INVESTIGATOR Jennifer L. Wallace		REPORTED BY Donna		REPORTING AGENCY University Medical Center	
	REFERENCE NUMBER MR#002092605		DISPATCH DATE AND TIME 2/22/2008 12:45:00 PM		ARRIVAL DATE AND TIME 2/22/2008 1:00:00 PM	
	CALL DATE AND TIME 2/22/2008 12:30:00 PM		RETURN DATE AND TIME 2/22/2008 3:15:00 PM			
DECEDENT	DATE AND TIME OF DEATH 2/22/2008 10:15:00 AM		AGE 21 Yrs		GENDER Male	
	RACE Caucasian		VET? <input type="checkbox"/>			
	RESIDENT COUNTY		TELEPHONE NO. (b)(3) CPSA Section 25(c), (b)(6)		DATE OF BIRTH	
	SOCIAL SECURITY NO. 999-99-9999		DRIVER'S LIC. NO. AND STATE		OCCUPATION	
	EMPLOYER		MARITAL STATUS Single		HEIGHT 154	
	WEIGHT 68		EYE COLOR Brown		HAIR COLOR	
CLOTHING Hospital gown		SCARS/TATTOOS/MARKS Scar on right knee/ Large tattoo along spine/ Apparent abrasion on lower back				
DEATH	LOCATION OF DEATH University Medical Center, Trauma ICU AT RESIDENCE <input type="checkbox"/>					
	ADDRESS (STREET, CITY, STATE, ZIP) 1800 W. Charleston Las Vegas, NV 89102				COUNTY Clark	
	<input checked="" type="checkbox"/> PRONOUNCED BY (b)(6)		AGENCY University Medical Center			
INCIDENT	LOCATION OF INCIDENT Decatur, South of I-215 AT WORK <input type="checkbox"/>					
	ADDRESS (STREET, CITY, STATE, ZIP) Decatur, South of I-215 Las Vegas, NV				COUNTY Clark	
	DATE AND TIME OF INCIDENT 2/22/2008 12:37:00 AM		INVESTIGATING AGENCY Nevada Highway Patrol		OFFICERS Trooper S. Scrivner, P-594	
	LEGAL NEXT OF KIN (b)(6) RELATIONSHIP TELEPHONE NO.					
NOTIFICATION	NOTIFIED BY UMC Staff		METHOD In Person		DATE AND TIME 2/22/2008 10:15:00 AM	
	NAME OF PERSON NOTIFIED (b)(6)		RELATIONSHIP		TELEPHONE NO.	
	IDENTIFIED BY (b)(6)		METHOD Viewing		DATE AND TIME 2/22/2008 1:30:00 PM	
	TRANSPORTED TO MORGUE BY Palm Mortuary					
DISP	TRANSPORTED TO MORTUARY BY Palm Mortuary		CLOTHING RELEASED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	FUNERAL HOME					
	TYPE OF EXAM External exam		EXAM BY (b)(6)			
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 Side by Side 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: 08-01632

DECEDENT NAME: (b)(3) CPSA Section 25(c), (b)(6)
ALSO KNOWN AS:
LOCATION OF DEATH: University Medical Center, Trauma ICU
DATE OF DEATH: 02/22/2008

DATE OF BIRTH: (b)(6)
AGE: 21
SSN: 999-99-9999
TIME OF DEATH: 10:15AM

SUMMARY OF INVESTIGATION

Reason for Coroner Jurisdiction:

Motor Vehicle Accident (MVA) related death, referencing Nevada Highway Patrol (NHP) Event #08-0007.

Circumstances of Death:

On 02/22/08 at approximately 0037 hours, the decedent was the unrestrained driver of a side-by-side All-Terrain Vehicle (ATV) that overturned. Per NHP, the decedent's ATV was traveling at a high rate of speed in the desert area and lost control. The ATV overturned and came to rest on top of the decedent. Per American Medical Response (AMR), the decedent was positive for alcohol. The decedent was transported to University Medical Center (UMC) Trauma where he was intubated and admitted to Trauma ICU. At approximately 0800 hours the decedent was determined brain dead and family made arrangements with Nevada Donor Network (NDN) for organ donation. (b)(6) pronounced death at 1015 hours on 02/22/08.

Medical History:

Med Hx: Per UMC staff, the decedent had a prior spinal fracture from another motorcycle accident and was taking Lortab.

Scene:

The incident occurred on 02/22/08 at approximately 0037 hours in the desert area near Decatur, South of Interstate 215 in Las Vegas, Nevada.

The decedent expired on 02/22/08 at 1015 hours at UMC Trauma ICU, Room #4.

Body:

Today (02/22/08) I viewed the body of a 21-year-old Caucasian male lying supine on a standard hospital bed. The decedent was clad in a hospital gown. No lividity or rigor was present.

A complete head to toe examination was conducted which revealed the following: Crepitus was noted to the decedent's skull with apparent swelling of the head. The decedent's pupils were fixed and equally dilated, with apparent bruising noted to the eyelids. An intubation tube was noted in the decedent's oral cavity and multiple intravenous lines were noted to the decedent's arms and hands. A plastic brace was noted on the decedent's neck. The decedent's abdomen appeared unremarkable. A large bluish tattoo of the name "Morgan" was noted to the decedent's back. A scar was noted to the decedent's right knee, and a bandage with a red, blood like substance was wrapped around the decedent's right calf.

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

Signature: (b)(6) Investigator

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



REPORT OF INVESTIGATION

Case Number: 08-01632

Property:

Property Receipt # 93492 indicates that this investigator impounded no property.

Forensic Issues and Reasons for Seal:

The decedent's family gave NDN written permission for all viable organ donation. NDN harvest will take place at UMC. (b)(6) approved of the harvest. Admission and NDN blood are located in forensics, X-rays are in airlock and the decedent's medical records are with the Medical Examiner's copy of the report. Several extremity and spinal fractures. Cranial fractures.

Witnesses and Information Sources:

(b)(6)

Medical Records, UMC

Narrative:

On 02/22/08 at approximately 1230 hours, the Clark County Office of the Coroner/ Medical Examiner (CCOCME) received a call from UMC Trauma ICU in regards to a MVA related death.

I arrived at UMC Trauma ICU at approximately 1300 hours and spoke with (b)(6) RN, who provided me with the decedent's medical records and told me of the decedent's prior spinal fracture. I obtained the circumstances from the AMR run sheet. I obtained the decedent's x-rays and Admission blood.

I then spoke with the decedent's brother, who provided me with the contact information for the decedent's father. I contacted the decedent's father and provided him with the contact information of all agencies involved. He then verbally requested and gave his permission to use Palm Mortuary.

A representative from NDN demonstrated that he had obtained the decedent's next-of-kin permission for organ donation. They were requesting to harvest all suitable organs, and tissue from the decedent. (b)(6) subsequently approved the harvest.

I arrived back at the CCOCME at approximately 1515 hours.

Special Requests:

None

Tissue/Organ Donation:

NDN protocol was followed. Organ harvest will take place at UMC.
DMS

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

Signature:

(b)(6)

Investigator

Task Number: 080505HWE7429
Attachment #: 2
Date: 06/16/2008

Status of Missing Document(s)

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

1. Nevada Highway Patrol, Southern Command, 4615 West Sunset Road, Las Vegas, Nevada 89118
2. _____
3. _____
4. _____
5. _____

080505HWE7429

REPORT IDENTIFIERS

Victim- (b)(3) CPSA Section
25(a), (b)(7) Address unknown

Coroners Office- Clark County Coroners Office, 1704 Pinto Lane, Las Vegas, NV 89106,
Tel: 702-455-3210

CONSUMER PRODUCT INCIDENT REPORT

1. Name of Respondent Clark County Coroners Office		2. Telephone No. (Home) (Work) (702) 455-3210	
3. Street Address 1704 Pinto Lane		4. City State Zip Code Las Vegas NV 89106	
4a. E-Mail Address			
5. Describe accident situation or hazard, including data on injuries. (Use second page if necessary.) Victim was a 21 YO male who was driving a side by side ATV that overturned. It was determined the vehicle was traveling at a high rate of speed in the desert and lost control. It was determined alcohol was used. Victim died later at a local hospital.			
6. Date of Incident(s) 02/22/08		7. If injury or near miss, obtain Age Sex and describe injury 21 Male Fatality	
9. Description of Product side by side ATV		8. If victim different from respondent, provide Name: (b)(3):CPSA Section 25(c),(b)(6) Relationship: n/a	
11. Manufacturer/Distributor Name, Address & Phone unknown		10. Brand Name unknown	
		12. Model, Serial No.'s unknown	
		13. Dealer's Name, Address, & Phone unknown	
14. Was the product damaged, repaired or modified? Yes No If yes, before or after the incident? Describe: unknown		15. Product purchased New Used Date Age	
		16. Does product have warning labels? Yes No If so, Note: unknown	
17. Have you contacted the manufacturer? Yes No If not, Do you plan to contact them? Yes No Other		18. Is the product still available? Yes No If not, its disposition unknown	
19. May we use your name with this report? Yes <input checked="" type="checkbox"/> No			
FOR ADMINISTRATION USE			
20. Date Received		21. Received by (Name & Office) RLoera Digitally signed by RLoera DN: cn=RLoera, ou=CITRIX, ou=HQ, o=CPSC Date: 2008.05.01 15:52:20-0700'	
23. Follow-Up Action		22. Document No.	
		24. Product Code(s)	
25. Distribution		26. Endorser's Name & Title	

09-04-03

1. Task Number 080623HNE3523		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2008 06 15	5. Date Initiated YR MO DAY 2008 06 24		
6. Synopsis of Accident or Complaint UPC none Victim #1, a 9-year-old female driver and victim #2, a 33-year-old male passenger, were riding in a 4-wheeled utility vehicle. Victim #1 failed to negotiate a curve, drifted off the roadway, overcorrected and overturned the utility vehicle on the roadway. Both occupants were ejected. The utility vehicle landed on victim #1 and she sustained severe injuries. She was taken to a hospital where she was pronounced dead. Victim #2 was under the influence of alcohol. He sustained non-life threatening injuries. He was treated and he was released. <u>MFR/PRVLBR NOTIFIED</u> COMMENTS: ___ YES <input checked="" type="checkbox"/> NO ___ OVERRULED; ___ ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>Ch, 25c</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY ___ RE-NOTIFY <i>Xlc 4/30/09</i>				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City JACKSON		9. State OH
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA/RHINO		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION/VIN: 5Y4AJ32YX8A003569 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 9	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) 7 / 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 <input type="radio"/> Yes for Manuf. Only				
24. Review Date 10/15/2008	25. Reviewed By 9093		26. Regional Office Director Dennis R. Blasius	
27. Distribution Moon, Clarice; Kessler, Charles; Streeter, Robin			28. Source Document Number N0860290A	

1. Task Number 080623HNE3523		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2008 06 15		5. Date Initiated YR MO DAY 2008 06 24	
6. Synopsis of Accident or Complaint UPC none <p>Victim #1, a 9-year-old female driver and victim #2, a 33-year-old male passenger, were riding in a 4-wheeled utility vehicle. Victim #1 failed to negotiate a curve, drifted off the roadway, overcorrected and overturned the utility vehicle on the roadway. Both occupants were ejected. The utility vehicle landed on victim #1 and she sustained severe injuries. She was taken to a hospital where she was pronounced dead. Victim #2 was under the influence of alcohol. He sustained non-life threatening injuries. He was treated and he was released.</p>				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City JACKSON		9. State OH
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA/RHINO		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION/VIN: 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 9	13. Sex 2 - Female		14. Disposition 8 - Death	15. Injury Diagnosis 54 - Crushing
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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 <input type="radio"/> Yes for Manuf. Only				
24. Review Date 10/15/2008	25. Reviewed By 9093		26. Regional Office Director Dennis R. Blasius	
27. Distribution Moon, Clarice; Kessler, Charles; Streeter, Robin			28. Source Document Number N0860290A	

The information in this report was based on information received from the highway patrol department. The county coroner did not respond to repeated attempts to obtain information. Contact with the victim's next-of-kin was not successful.

On Sunday, June 15, 2008, at 7:31 p.m., in Jackson County, Liberty, OH, victim #1, a 9-year-old female driver and victim #2, a 33-year-old male passenger were riding in a 4-wheeled utility vehicle on a dry, public, paved, road. The weather condition was clear and the temperature was 95 degrees.

He was under the influence of alcohol and they were hauling firewood from his property to another property. They were traveling at 25 miles per hour prior to the incident and they were not wearing any protective gear, such as a helmet or a safety belt. Her knowledge regarding operation and/or handling the utility vehicle was unknown.

She failed to negotiate a curve, drifted off the roadway, overcorrected and overturned the utility vehicle on the roadway. The victims were ejected. She was partially ejected from the utility vehicle which landed on her.

Their height and weight were unknown. She sustained severe injuries and she was taken to a hospital where she died. Her cause of death was not mentioned.

He sustained non-life threatening injuries. He was taken to the hospital where he was treated and released.

Product: 4-wheeled utility vehicle

Brand/Year: Yamaha/2008

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

Model: Rhino

VIN: [REDACTED]

Description: red in color

080623HNE3523

Condition: maintenance history, bought new or used, and prior problems is unknown.

Modification: unknown

ATTACHMENTS:

1. Traffic Crash Report and photographs (3).
2. Missing Document, coroner's report.
3. Contact Information.

TRAFFIC CRASH REPORT



LOCAL REPORT #
40 - 0474 - 40

CRASH SEVERITY
1 FATAL 3 FDD
2 INJURY 4 UNKNOWN
1

PRIVATE PROPERTY
X IF YES

HITS/RP
1 NOT HITS/RP
2 SOLVED
3 UNSOLVED
1

PHOTOS TAKEN
X IF YES
OH-2 OH-3 OH-TP OTHER
X X X X

M.C.I.C. #
OHP40

REPORTING AGENCY
Ohio State Highway Patrol

UNITS
01

UNIT ERROR
01
00 = ANIMAL
99 = UNKNOWN

DATE OF CRASH
06152008

TIME OF CRASH
1931

DAY OF WEEK
SUN

CITY VILLAGE TWP
X

NAME (OF CITY, VILLAGE OR TOWNSHIP)
Liberty

COUNTY #
40

LATITUDE
39:06:07.27

LONGITUDE
82:41:32.78

CRASH OR CURB ON
PREFIX CRASH/LOCATION
CR0021

TYPE LOC
3
TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET

AT REFERENCE
DIST REFERENCE OR
115F

PREFIX REFERENCE
S
CR0059

REF POINT
02

REFERENCE POINT USED
04 HOUSE NUMBER 05 PLACE NAME W/O REFERENCE
06 TOWNSHIP BOUNDARY 08 DRIVEWAY
02 INTERSECTION 2 STREETS 10 STREET OR ROUTE W/O
03 COUNTY LINE 07 CORPORATION LIMIT REFERENCE

Motorist/Non-Motorist

A UNIT # 01 # OF OCC. 02 NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE 9 SEX F HOME PHONE # WORK PHONE #

DL STATE DL # LP STATE LP # INJURED PARTY 2 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY SEOEMS INJURED TAKEN TO Holzer

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR 2008 MAKE YAMA MODEL Rhino COLOR RED INSURANCE COMPANY TOWING SERVICE Bobst OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

Occupant

B UNIT # # OF OCC. NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

DL STATE DL # LP STATE LP # INJURED PARTY TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

C UNIT # 01 NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE 33 SEX M

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY 2 1 NONE 4 OTHER 2 EMS 3 UNKNOWN 3 POLICE TRANSPORTED BY SEOEMS INJURED TAKEN TO Holzer

D UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

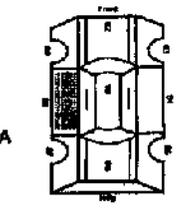
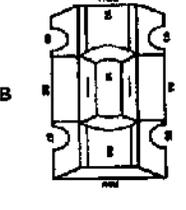
ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY TRANSPORTED BY INJURED TAKEN TO

<p>01 SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASSENGER) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/NO CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN</p>	<p>01 SAFETY EQUIPMENT 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTS 13 OTHER 14 UNKNOWN</p>	<p>5 AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN</p>	<p>1 AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN</p>	<p>3 EJECTION 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN</p>	<p>3 TRAPPED 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN</p>	<p>5 INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN</p>
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BLANK FOR WITNESS

SUPPLEMENT (X IF YES)

UNIT NUMBERS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED PATHS OR TRAILS 15 UNKNOWN	DAMAGE AREA  A  B MOST DAMAGED AREA <input type="text" value="0"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/> 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 16 ENTERING/CROSSING IN SPECIFIED LOCATION 18 WALKING, RUNNING, JOGGING PLAYING, CYCLING 17 WORKING 19 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	SEQUENCE OF EVENTS <table border="1"> <tr><td>A</td><td><input type="text" value="0"/> <input type="text" value="8"/> <input type="text"/></td><td>B</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td></td><td><input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table> NON-COLLISION 01 OVERTURN/Rollover 02 FIRE/EXPLOSION 03 MINOR 04 JACKKNIFE 05 CARD/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL ROLLOVER 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER IMMOVABLE OBJECT 24 UNKNOWN IMMOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINAIRE SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CURB 39 DITCH 40 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	A	<input type="text" value="0"/> <input type="text" value="8"/> <input type="text"/>	B	<input type="text"/>	<input type="text"/>		<input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	REPORTED SPEED <input type="text" value="5"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/> TRAFFIC CONTROL <input type="text" value="1"/> <input type="text" value="2"/> <input type="text"/> <input type="text"/> 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSINGS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALKWAY/WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE MISSING, OBSCURED 16 OTHER	DRUG TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN DRUG TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1&2 RESULT <table border="1"> <tr><td>A</td><td><input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/></td><td>B</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td></td><td><input type="text"/></td><td></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING	A	<input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/>	B	<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
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TYPE OF UNIT <input type="text" value="3"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/> MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK; 2 AXLES, 4 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOSTAL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRAILER 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/EMERGENCY 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 BICYCLES 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/DRIVER 36 ANIMAL W/O DRIVER 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER NON-MOTORIST 42 UNKNOWN	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/> 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	CONTRIBUTING CIRCUMSTANCES <input type="text" value="2"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNLAWFUL SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACCID 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENCE OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/PALING/OVERLOADING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGN, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	FIRST HARMFUL EVENT <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 STATED 2 ESTIMATED SPEED SPEED <input type="text" value="2"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/>	DIRECTION FROM TO FROM TO <input type="text" value="2"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN CONDITION <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FANTASIES, FATIGUE, ETC 6 UNDER THE INFLUENCE OF MEDICATION/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HSD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY/ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN OCCURRENCE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN ROAD CONTOUR <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE ROAD CONDITION PRIMARY SECONDARY <input type="text" value="0"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLOSH 08 DEBRIS ** 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY																														
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NO 2 YES 3 UNKNOWN DAMAGE SCALE <input type="text" value="2"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	ACTION <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE OTHER VEHICLE 7 UNKNOWN	VEHICLE DEFECT CODE ONLY IF "1" SELECTED ABOVE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	SUPPLEMENT # X IF YES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> LOCAL REPORT # * <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="4"/> <input type="text" value="7"/> <input type="text" value="4"/> <input type="text" value="4"/> <input type="text" value="0"/>																																

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 40-0474-40	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 06/15/2008
IN COUNTY OF Jackson	ACCIDENT LOCATION CR0021	

Roadway was a smooth, dry, paved surface with a double yellow centerline.
Road width was 18 ft 7 in.

RP was Verizon telephone box # 3071-41A.
Pt '0' was east edge of CR 21.
Baseline used was the east edge of CR 21.
RP -Pt '0' = 17 ft 6 in.

Weather conditions were clear, no wind and 95 degrees.

Pt's	AE	FE	Description of points.
A	115 ft 7 in	4 ft 10 in	Left front tire unit 1 at final rest.
B	118 ft 4 in	10 ft 1 in	Left rear tire unit 1 at final rest.
C	130 ft 0 in	9 ft 7 in	Scuff in roadway from left side tires.
D	157 ft 11 in	1 ft 7 in	Start scuff in roadway from right side tires.
E	165 ft 6 in	0 ft 0 in	Right side enters back onto paved roadway.
F	197 ft 4 in	0 ft 0 in	Right side leaves paved roadway.

Unit 1, a 2008 Yamaha Rhino a Sport Utility ATV, sustained minor scratches to the left side from the rollover.
No damage to the function of unit 1.
No broken or dented plastics.

Safety belts were installed from the factory on unit 1 and were not in use at the time of the crash. The safety belts were fastened and behind the seats on both the driver and passenger side of the vehicle.

Unit 1 was not equipped with equipment necessary to be legally operated upon the roadway.
Unit 1 did not have a slow moving vehicle sign however it will travel at a speed greater than twenty five miles per hour.
Unit 1 was not equipped with any turn signals or brake lights.
Unit 1 had a partial windshield upon the lower half of the rollover canopy not a full wind screen.
Unit 1 was not a licensed motor vehicle in any way.

Agencies and units on scene:

Jackson County Sheriffs Office:

Deputy
Deputy

Ohio State Highway Patrol:

Supervisor on scene, OH-3 from witness.
investigating officer.

SEOEMS

OFFICER'S SIGNATURE <input type="text"/>	BADGE NO. 0288
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 40-0474-40	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 06/15/2008
IN COUNTY OF Jackson	ACCIDENT LOCATION CR0021	

Passenger of unit 1 was also the father of the victim.
 He stated that he had drank 4-5 beers or "whatever was in the back" of the Rhino which was 6 Natural Light and 1 Bud Light beers.

A voluntary blood sample was obtained from [redacted] at 2208 hrs.

All samples were packaged and forwarded to the OSP crime lab in Columbus for analysis. Results of the test are pending.

The entire crash is going to be forwarded to the Jackson County Prosecutor's Office for review. No charges were filed at the time of the crash but after review [redacted] advised that [redacted] may be charged as a result of the crash.

On 6-16-08 [redacted] U-288 went to Bobst Towing to attain the Vehicle identification number from unit #1.

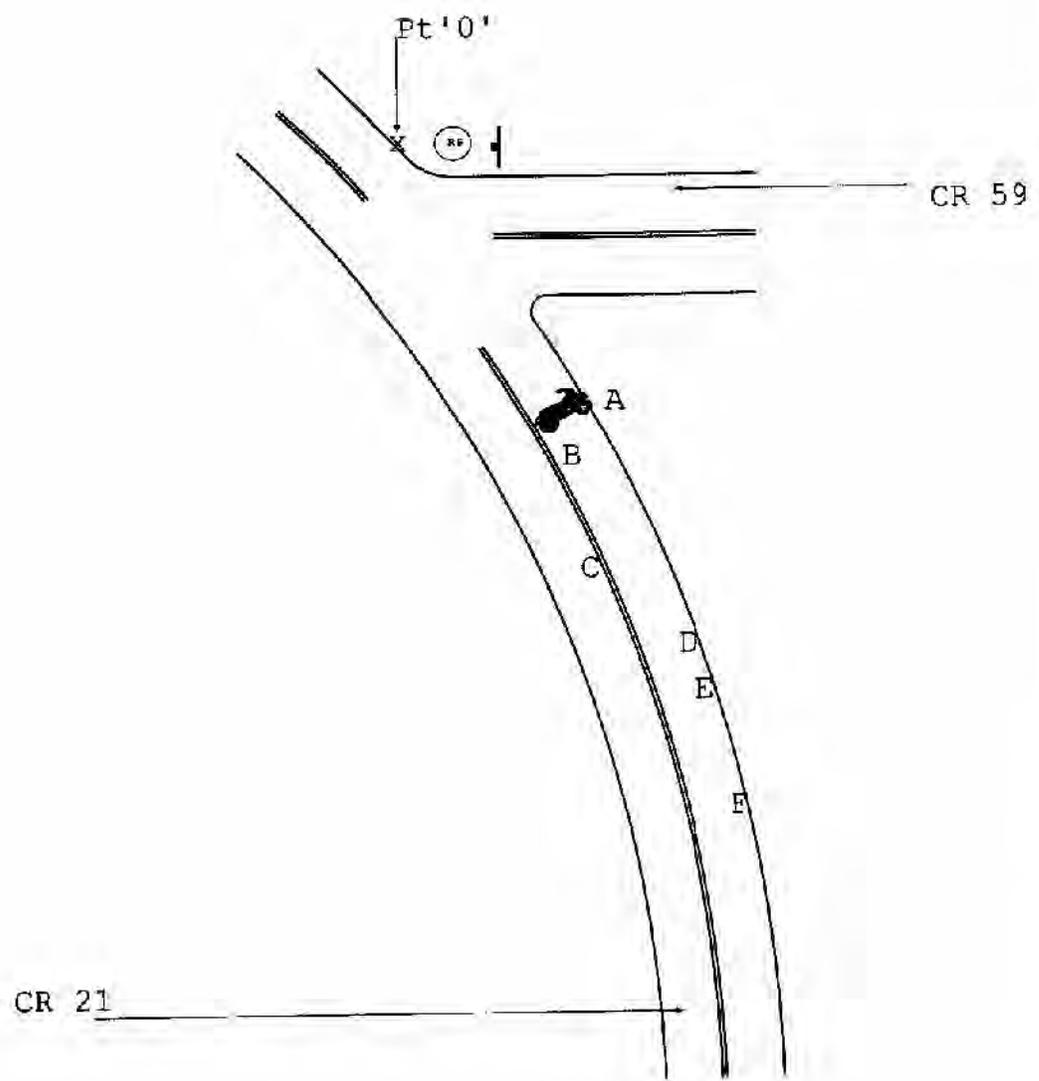
The seats on the Yamaha Rhino are not adjustable in any way.

OFFICERS SIGNATURE [redacted]	BADGE NO. 0288
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 40-0474-40	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 06/15/2008
IN COUNTY OF Jackson	ACCIDENT LOCATION CR0021	

NOT TO SCALE



OFFICER'S SIGNATURE (b)(6)	BADGE NO. 0288
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OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 40-0474-40	REPORTING AGENCY State Highway Partol	DATE OF CRASH M 6 D 15 Y 8
IN COUNTY OF Jackson	CRASH LOCATION CR 21 "Oakland Rd."	

Timeline of Events

1926 - Jackson County Sheriffs office received 911 call of an ATV crash at 192 Rock Run Rd. Advised SEOEMS, Deputy [redacted] and Post 40.

1931 - Jackson Post 40 received call from JCISO advising of the crash.

1931 - [redacted] is enroute. [redacted] has been advised.

1934 [redacted] on scene.

1936 - [redacted] advised the child is not breathing.

1936 - SEOEMS is on scene.

1942 - [redacted] is on scene.

1954 - SEOEMS is enroute to Holzer.

2002 - [redacted] requested a supervisor to respond to the scene and requested the next available rollback wrecker service.

2003 [redacted] was advised and is enroute to the scene.

2007 [redacted] was notified.

2019 - Bobst wrecker service is enroute to the scene.

2026 - Holzer ER advised that the crash is now going to involve a fatality.

2033 [redacted] is on scene.

2045 - [redacted] leaves the scene enroute to Holzer.

2058 - Bobst wrecker service is on scene.

2108 [redacted] arrives at Holzer.

2111 [redacted] clears the scene.

2126 [redacted] was notified of the crash.

2132 [redacted] made contact with Jackson County Prosecutor [redacted] in reference to obtaining a voluntary blood sample from the father of the victim. Father was also a passenger of the vehicle.

2208 - A voluntary blood sample was obtained from [redacted] by [redacted]

2217 - [redacted] leaves Holzer.

	OFFICER'S SIGNATURE X [redacted]	BADGE NO.
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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 40-0474-10	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 6 D 15 Y 08
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, (b)(6),(b)(7)(C) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(b)(6) PRINTED
(b)(6) AT CRASH SCENE
OFFICER'S NAME LOCATION

Q: DID YOU ACTUALLY SEE THE CRASH OCCUR?

A: NO I DIDN'T.

Q: DID YOU SEE THE INVOLVED VEHICLE ON THE ROAD EARLIER IN THE DAY?

A: YES. I SAW THEM A LITTLE AFTER FIVE SITTING AT THE INTERSECTION ON ROCK RUN. THE LITTLE GIRL WAS DRIVING AND SHE LOOKED OVER AT ME. SHE LOOKED LIKE SHE WAS LOOKING TO SEE IF ANYONE WAS COMING. SHE PULLED OUT AND WENT SOUTH ON OAKLAND ROAD.

Q: WAS THERE ANYONE IN THE VEHICLE WITH HER?

A: THERE WAS A MAN WITH HER. HE LOOKED LIKE HE WAS DRINKING.

Q: CAN YOU DESCRIBE THE MAN WITH HER?

A: NO NOT REALLY.

Q: HAVE YOU SEEN THIS VEHICLE ON THE ROAD BEFORE?

A: I SAW THE SAME VEHICLE ON THE ROAD LAST WEEKENDS AND THAT LITTLE GIRL WAS DRIVING THEM. I WAS MOWING LAST WEEK WHEN I SAW THEM.

(b)(6),(b)(7)(C) ADDRESS OF WITNESS
(b)(6),(b)(7)(C) PHONE
(b)(6),(b)(7)(C)

SIGN (b)(6),(b)(7)(C) OFFICER'S SIGNATURE
X (b)(6) X (b)(6)



OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 40-0474-40	REPORTING AGENCY OHIO STATE HIGHWAY PATROL	DATE OF CRASH M 6 D 15 Y 08
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

AT CRASH SCENE
OFFICER'S NAME LOCATION

Q: How many times did you see them go up the road today?

A: I just saw them once when I came home from getting groceries.

Q: Could you see if they had seatbelts or?

A: No they did not. I see real good with my glasses. It looked like they were tucked in behind them.

ADDRESS OF WITNESS

PHONE

SM OFFICER'S SIGNATURE

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 40-0474-40	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH 11/15/08
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, (b)(3) CPSA Section 25(c), (b)(6), (b)(7)(C) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
 (PRINTED)

(b)(6) AT HOLZER OF JACKSON
 (OFFICERS NAME) (LOCATION)

Left Grandmas going to Rock Run to the Cabin. ~~Hayth Rd~~ to Oakland Rd to Rock Run, coming around the curve by Rock Run and slip sideways and over to meet a RHINO

Q: WHAT TIME DID YOU START RIDING?

A: TWO OR THREE O'CLOCK

Q: WHAT TIME DID SHE START DRIVING?

A: 4 OR 5 O'CLOCK.

Q: WHAT TIME DID THE CRASH HAPPEN?

A: I DON'T REALLY KNOW. I WAS SCARED WHEN IT HAPPENED AND I PICKED THE RHINO UP OFF OF HER.

Q: WHO WAS DRIVING AT THE TIME OF THE CRASH?

A: SHE WAS DRIVING.

Q: HOW MUCH HAVE YOU HAD TO DRINK TODAY?

A: 4 OR 5 BEERS WHATEVER WAS IN THE BED OF THE RHINO.

Q: WHAT KIND OF BEER?

A: NATURAL LIGHT

Q: ANY OTHER KIND?

A: NO

ADDRESS OF WITNESS (b)(3) CPSA Section 25(c), (b)(6), (b)(7)(C)	OFFICERS SIGNATURE (b)(6)
SIGNATURE OF WITNESS (b)(3) CPSA Section 25(c), (b)(6), (b)(7)(C)	

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 40-0474-40	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 6 10 15 14 08
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, (b)(3) CPSA Section 25(c),(b)(6),(b)(7)(C) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)

(b)(6) AT SCENE - HOLZER OF JACKSON
(OFFICERS NAME) (LOCATION)

Q: WHY WAS SHE DRIVING?

A: SHE JUST WANTED TO.

Q: WHY WAS THE VEHICLE BEING OPERATED ON THE ROADWAY?

A: WE WERE JUST HAULING FIREWOOD FROM MY PROPERTY TO HIS PROPERTY. (b)(6)

Q: IS THERE ANY REASON NO SAFETY EQUIPMENT PROVIDED WAS IN USE?

A: NO NO EXCUSE FOR THAT.

Q: WHY DID YOU ALLOW HER TO OPERATE A MOTOR VEHICLE ON THE ROADWAY?

A: SHE JUST WANTED TO AND I LET HER. SHE HAS DONE IT BEFORE.

Q: IN YOUR OPINION WHAT CAUSED THIS CRASH?

A: GOT OVER IN THE GRAVEL TOO FAR.

Q: ABOUT HOW FAST WERE YOU GOING?

A: 25 MAYBE JUST CRUISING.

Q: IS THERE ANYTHING YOU WOULD LIKE TO ADD AT THIS TIME?

A: No.

[Handwritten signatures]

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS	

Narrative
 Unit 1 was traveling northbound on CR 21. Unit 1 failed to negotiate a curve to the left and drifted off the road to the right. Unit 1 overcorrected and overturned in the roadway.

MANNER OF COLLISION OR IMPACT <input checked="" type="checkbox"/> 1 1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIPE, SAME DIRECTION 8 SIDESWIPE, OPPOSITE DIRECTION 9 UNKNOWN	SCHOOL BUS RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN	Diagram
WEATHER <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED <input checked="" type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN	
LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> SECONDARY <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN	TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/STOPPING WORK 5 OTHER	
LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA	WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	

Truck/Bus UNIT # <input type="text"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS, OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD, OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER	AND 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 DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER
COMPANY (FROM SHIPPING PAPERS) <input type="text"/>	COMPANY PHONE <input type="text"/>	
ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>		

US DOT	LOC #	PUCG	TRAILER LP BT	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# EA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (8-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRABBER/GRABVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLANGED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS THAN 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000	CDL CLASS <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	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN			

Police Action									
DATE CRASH REPORTED 0 6 1 5 2 0 0 8	TIME REC'D CALL 1 9 3 1	DISPATCH 1 9 3 1	ARRIVED 1 9 4 2	CLEARED 2 0 4 5	OTHER 2 0 0	TOTAL VEHICLES 0 2 7 4			
OFFICER'S NAME * <input type="text"/>	BADGE # * <input type="text"/>	CHECKED BY <input type="text"/>	DATE REPORT FILED * 0 6 1 9 2 0 0 8	REPORT TAKEN BY <input checked="" type="checkbox"/> 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST			REPORT TAKEN AT <input checked="" type="checkbox"/> 1 SCENE <input type="checkbox"/> 1B SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER	SUPPLEMENTAL * <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCAL REPORT # * 4 0 - 0 4 7 4 - 4 0

TOP COPY - CDPE BOTTOM COPY - AGENCY

Photo 1: shows view of the 4-wheeled utility vehicle



Photo 2: shows another view of the utility vehicle



Photo 3: shows view of the paved road



Task Number: 080623HNE3523
Date: 10/14/08

Status of Missing Document(s)

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

1. coroner's/medical examiner's report
2. _____
3. _____
4. _____

Date: 10/14/08 Investigator No. 8925

Regional Office: _____ Supervisor No. _____

CONTACT INFORMATION:

Contacted on 6/24/08

Ohio State Highway Patrol
PO Box 182074
Columbus, OH 43218
(614)466-3536

(b)(6)

Jackson County Coroner
500 Burlington Road
Jackson, OH 45640
(740)288-7040

BRADLEY J. LEWIS, M.D.
Coroner

TAE L. AN, M.D.
Forensic Pathologist/Deputy Coroner

WILLIAM A. COX, M.D.
Forensic Pathologist/Deputy Coroner



RAJESH P. KANNAN, M.D.
Forensic Pathologist/Deputy Coroner

JOSEPH S. OHR, M.D., R.Ph.
Forensic Pathologist/Deputy Coroner

FRANKLIN COUNTY CORONER'S OFFICE
520 King Avenue, Columbus, OH 43201
(614) 462-5290
Fax (614) 462-6002

AUTOPSY REPORT

Case: 08-2100
Name: (b)(3):CPSA Section 25 female, age 9 years
Date of Autopsy: June 17, 2008 – 0930 hours
Autopsy Performed For: Gregory P. Hawker, M.D., Coroner
Jackson County, Jackson, Ohio

GENERAL EXAMINATION

The body is that of a well-developed, well-nourished, white female, 48 inches tall, weighing 53 lbs and appearing the stated age of 9 years. The deceased is nude.

EXTERNAL EXAMINATION

Rigor mortis is fully developed in the extremities. Livor mortis is present posteriorly. The deceased has blonde scalp hair averaging 6 inches in length. The conjunctivae are pale without petechiae; the corneae are transparent and the irides are gray. The nose, ears and external auditory canals are unremarkable. The natural teeth with metal fillings are in fair condition.

The neck is symmetrical and atraumatic. The chest is symmetrical. The abdomen is soft.

The upper and lower extremities are symmetrical.

The genitalia are those of a normal female and are atraumatic.

The back is straight.

EVIDENCE OF MEDICAL INTERVENTION

An orotracheal tube protrudes from the mouth. An immobilization collar surrounds the neck. Intravascular lines are present in the antecubital fossa. A 9 x 8 cm roughly rectangular shaped yellow, dry mark is present over the right breast and is consistent with a defibrillation mark.

EVIDENCE OF INJURY

A 14 x 10 cm waxy, red, dry abrasion is present on the right lateral chest wall. A 7 x 2 cm waxy, red abrasion is present on the left upper chest wall. A 5 x 1.0 cm yellow transverse, dry mark is present on the left upper chest wall. A 3 x 3 cm abrasion is present over the right iliac crest. A 4 x 4 cm waxy, yellow, dry abrasion is present on the left lower abdomen.

A 3 x 3 cm purple contusion is present on the right shoulder. A 2 x 2 cm abrasion is present on the right arm. A 5 x 5 cm abrasion is present on the right elbow. A 2 x 2 cm abrasion is present on the left dorsal forearm. A 7 x 7 cm abrasion is present on the right lateral ankle. A 1.0 x 1.0 cm abrasion is present on the right medial ankle. Present on the right dorsal foot is an abrasion measuring 3 x 3 cm.

A 25 x 5 cm curvilinear red, waxy, dry abrasion is present on the right upper back with an 8 x 2 cm depression.

Subsequent autopsy of the head reveals deep scalp hemorrhage of the right temporal and right occipital scalps.

Autopsy of the chest reveals nonhemorrhagic fractures of the right sixth through eighth ribs anteriorly and fractures of the left eighth to tenth ribs posteriorly, with laceration of the lower lobe of the left lungs. The left chest cavity contains 250 ml of blood and the right chest cavity contains 50 ml of blood.

Autopsy of the abdomen reveals lacerations of the liver and spleen with approximately 50 ml of blood in the abdominal cavity. The L2-L3 vertebrae shows fracture separation with intact underlying spinal cord. The abdominal aorta shows adventitial hemorrhage.

INTERNAL EXAMINATION

HEAD: The scalp is incised and retracted. There is no skull fracture. There is no evidence of epidural, subdural or subarachnoid hemorrhage. The dura is smooth, white and shiny. The brain weighs 1300 g. The leptomeninges are transparent. The cerebral vessels are free of atherosclerosis and aneurysm. The cerebrum is edematous. The cerebellar hemispheres, midbrain and pons are symmetrical and grossly unremarkable. On sectioning, the parenchyma is soft without evidence of infection, tumor or trauma.

Autopsy 08-2100

Page 03

BODY: The body is opened with a Y-shaped incision. The organs are in their normal positions and relationships. The pericardial cavity contains no free fluid.

NECK: There is no evidence of infection, tumor or trauma. The hyoid and larynx are intact. The airway is patent. The thyroid gland is unremarkable.

LUNGS: The right lung weighs 110 g; the left 140 g. The pleural surfaces are pink. On sectioning, the parenchyma is soft and purple without evidence of infection, tumor or thromboemboli.

HEART: The heart weighs 120 g. The epicardium and endocardium are smooth and shiny. The myocardium is firm and brown. The valves are thin and pliable. All the three major coronary arteries are widely patent and are free of atherosclerosis.

GASTROINTESTINAL SYSTEM: The esophagus, stomach, small and large bowels and appendix are unremarkable. The stomach contains moderate amount of partially digested food material.

LIVER: The liver weighs 590 g. The parenchyma is pale brown with no evidence of natural disease. The gallbladder is unremarkable.

ADRENAL GLANDS: Unremarkable.

PANCREAS: Unremarkable.

SPLEEN: The spleen weighs 100 g. The parenchyma is deep purple with no evidence of natural disease.

GENITOURINARY SYSTEM: The right kidney weighs 70 g; the left 90 g. The cortical surfaces are smooth and shiny. The parenchyma is pale brown. The collecting systems, ureters and bladder are unremarkable. The bladder is empty. The uterus, fallopian tubes and ovaries are unremarkable.

Autopsy 08-2100

Page 04

FINDINGS

- I. Multiple blunt force injuries
 - A. Fracture of ribs with laceration of lung and hemothoraces
 - B. Lacerations of liver and spleen with hemoperitoneum
 - C. Fracture separation of L2-L3 vertebrae

CONCLUSION

After review of autopsy findings and available investigative information from the Jackson County Coroner's Office, it is my opinion that (b)(3):CPSA a 9 year old white female, died as a result of multiple blunt force injuries reportedly sustained in an all terrain vehicle mishap.



Rajesh P. Kannan, M.D. 8-6-18
Forensic Pathologist
Deputy Coroner

8/5/08

FORENSIC TOXICOLOGY DIVISION



Office of Bradley J. Lewis, M.D.
520 King Avenue
Columbus, OH 43201
Ph 614-462-5290 Fax 614-462-6002

EXAMINATION REPORT

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

DATE COMPLETED: July 23, 2008

A Comprehensive Analysis Has Been Performed.

The Following Agents Were Detected:

BLOOD:

Ethanol	Not Detected *
Caffeine	Positive *
Theobromine	Positive *
Atropine	Positive *

VITREOUS:

Other Chemical Pathology:

Sodium	133 mmol/L
Potassium	13 mmol/L
Chloride	121 mmol/L
Calcium	1.2 mmol/L
Magnesium	0.67 mmol/L
Glucose	22 mg/dL
Lactate	15 mmol/L
Urea	11 mg/dL
Creatinine	0.6 mg/dL

No Other Agents Were Detected.

FORENSIC TOXICOLOGY DIVISION



Office of Bradley J. Lewis, M.D.
520 King Avenue
Columbus, OH 43201
Ph 614-462-5290 Fax 614-462-6002

EXAMINATION REPORT

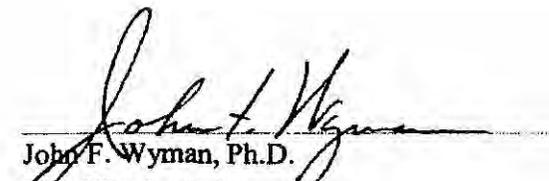
NAME: _____

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

DATE COMPLETED: _____

July 23, 2008

NOTE: * Testing Performed on Heart Blood


John F. Wyman, Ph.D.
Chief Toxicologist

Ohio girl dies in Father's Day ATV accident

Associated Press - June 17, 2008 7:05 PM ET

JACKSON, Ohio (AP) - The Ohio State Highway Patrol says a 9-year-old girl died on Father's Day when an all-terrain vehicle she was riding with her father flipped over.

The Jackson post of the patrol says [REDACTED] of Jackson County in south-central Ohio was driving the ATV at about 7:30 p.m. Sunday when she missed a left curve and overcorrected. She was pronounced dead at a local hospital.

The girl's father, 33-year-old [REDACTED] was sitting next to her in the passenger seat. He was taken to the hospital with non-life threatening injuries.

The patrol says the crash remains under investigation and charges are pending.

Jackson is about 70 miles southeast of Columbus.

Information from: WBEX-AM, <http://www.wbex.com>

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<http://www.wtol.com/Global/story.asp?S=8515095>

DESCRIPTION OF RESPONDENTS:

This matter came to the attention of CPSC through an internet complainant. The consumer was contacted and an on-site interview was conducted on August 13, 2008. Because the complainant completed the necessary repairs on the ATV, no repair shop or retailer was visited. According to the consumers there were no injuries; therefore, no official reports were collected.

SUMMARY OF FINDINGS:

The 34-year-old complainant and her husband live with their four children, aged seven, five, four, and 12 months on a remote 850 acre working cattle ranch in Bellville, Texas. According to the complainant's husband, he is the sole person working the cattle ranch and occasionally will have help from family members. The complainant and her husband stated that they purchased the all-terrain vehicle (ATV) as a work vehicle on the ranch. The husband explained that it is much easier to get in the ATV and move around the ranch than a pick-up truck. According to the husband, he uses the ATV on a daily basis and conducts a majority of his work with the assistance of the ATV. He provided examples that he uses the ATV to do maintenance and fix the perimeter fencing as needed.

The complainant stated that they purchased the 2006 Ranger ATV on July 8, 2006 for the sole purpose of using it on the ranch. When the couple purchased the incident ATV, they traded in another model and paid \$7,361 for this model (See Attachment #3). The complainant and her husband both stated that the ATV is not a luxury item, but a necessity and it is not a play toy for the children. According to both the complainant and her husband, they are the only ones who operate the ATV and on the rare occasion, the complainant's sister will operate it if she is helping at the ranch.

According to the complainant, the incident occurred on July 7, 2008 at approximately 1:00 in the afternoon. The complainant stated that it was a hot, humid day and she was going to cut the grass on a portion of the land. The complainant was going to use the ATV to drive to the barn to get the lawn mower. The complainant stated that the ATV is normally stored in the garage attached to the house.

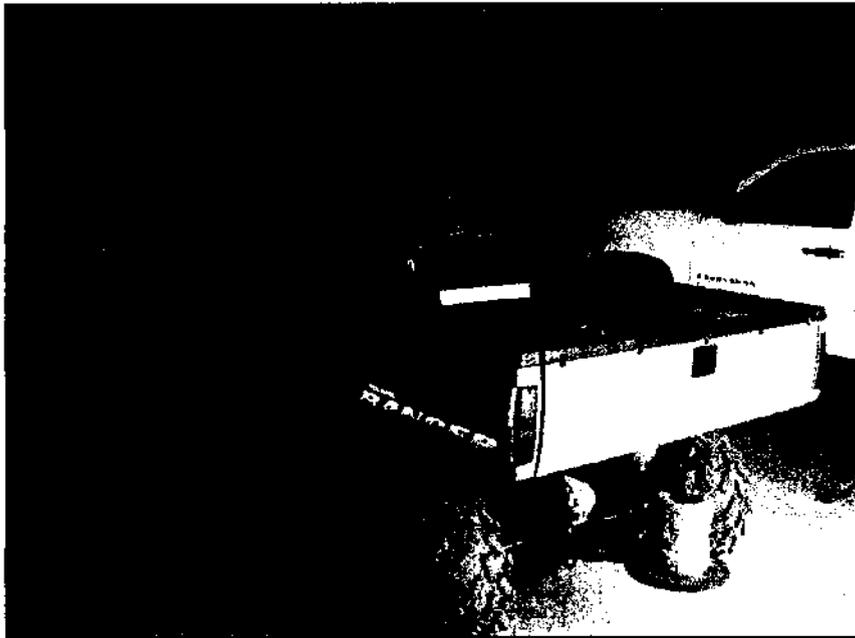


PHOTO #1: This photo shows the storage space for the ATV in the family's garage.

According to the complainant, when she went to use the ATV, her husband was gone and three of the four children were in the garage with her. She stated that her seven-year-old son was initially in front of the ATV; however, had moved to the side as she was getting into the ATV. The complainant stated that had he not coincidentally moved, he would have been hit by the ATV.

The complainant explained to this investigator that she got into the ATV and pressed the brake to start the engine. The complainant stated that when she turned the key and started the engine, the engine was wide open and the ATV popped a wheelie and moved forward. The complainant stated that she had her foot on the brake and pressed the brake as hard as she could. The complainant stated that the ATV would not stop and finally did when she hit the cabinets in front of the garage. According to the husband, his wife had pressed on the brake so hard that the brake line had to be changed as there was a "burning" hole on the cable line (See Photos 2 & 3).

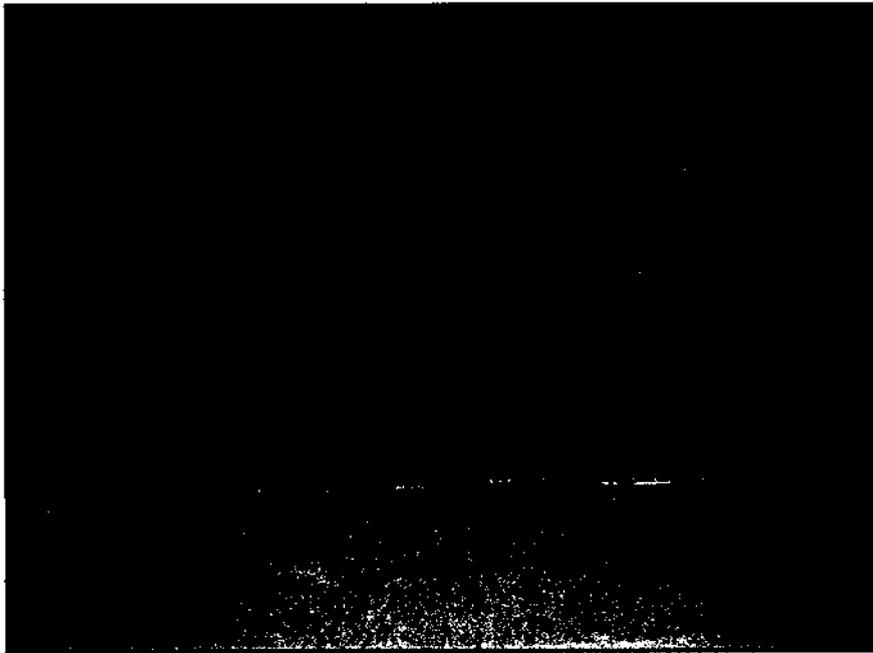


PHOTO #2: This photo shows the brake line that had to be replaced because it burned a hole when the complainant tried to stop the ATV.

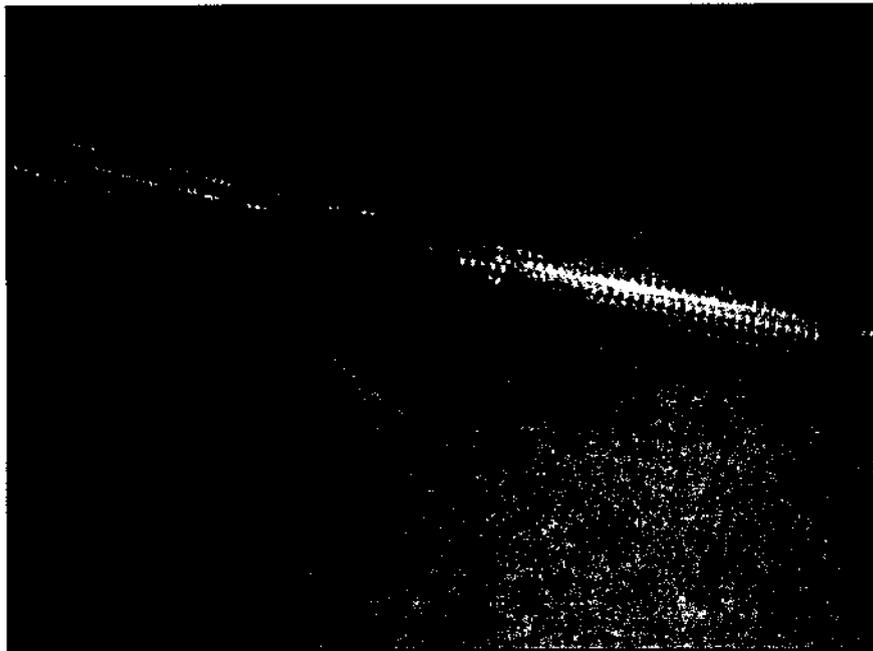


PHOTO #3: This photo shows a close-up of the brake line hole that occurred when the complainant tried to stop the ATV.

This investigator inquired as to where in the garage the ATV was when the incident started and the complainant showed the investigator where it was parked at the time.

This investigator measured the distance at 111 inches that the ATV traveled before it hit the cabinet and came to a stop.

The complainant's husband returned home almost immediately after the incident and his wife began explaining what happened. At first he thought maybe she had her foot on the gas instead of the brake. The complainant's husband moved the ATV away from the cabinet and out of the immediate garage area. The husband then stated that he got into the ATV and started it with his foot on the brake and the ATV did the exact same thing. He stated that he pushed hard on the brake and it did not do anything. He shot forward and hit the same cabinet before the ATV would stop.



PHOTO #4: This photo shows the cabinet that the ATV hit during the incident.



PHOTO #5: This photo shows a close-up of the damage on the cabinet from where the ATV hit.



PHOTO #6: This photo shows more damage to the cabinet from the ATV.

The complainant's husband showed this investigator the position of the ATV during the second incident and a measurement of the distance concluded that he jerked forward 291 inches forward before the ATV stopped because it hit the same cabinet.

According to the husband, at this point, the brakes were not working at all. The husband then moved the ATV back outside and in the direction of the field and tried to start the ATV. This time when the ATV started, the machine did not jump. The husband tapped the gas pedal two times when he turned the key and the ATV did not move.

At this point the husband knew that there was something wrong with both the brake line and the throttle cable. When the husband completed the repairs on the ATV, he replaced the throttle cable and realized that it was compromised.



PHOTO #7: This photo shows the throttle cable which broke causing the incident.

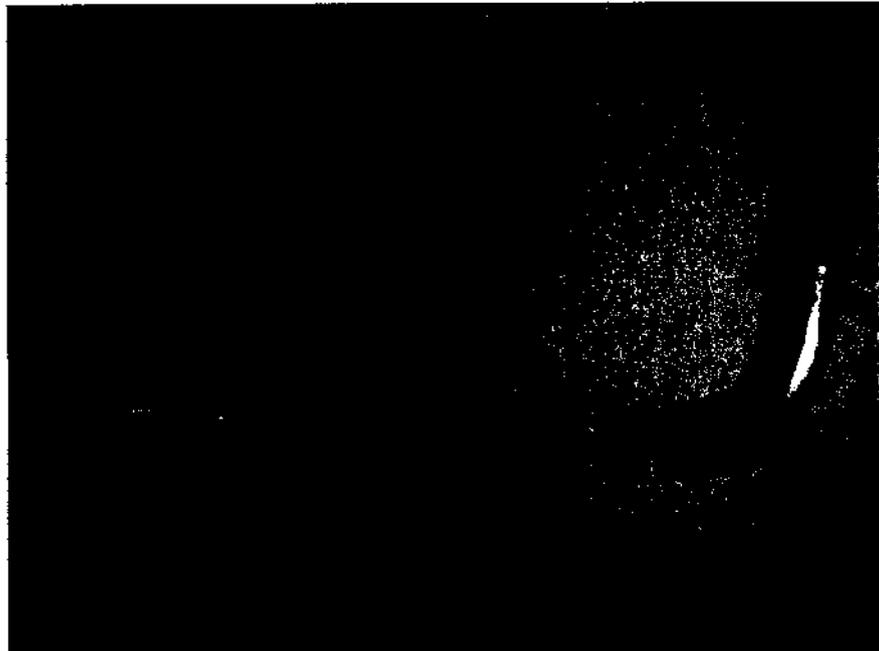


PHOTO #8: This photo shows the end of the throttle cable which broke.

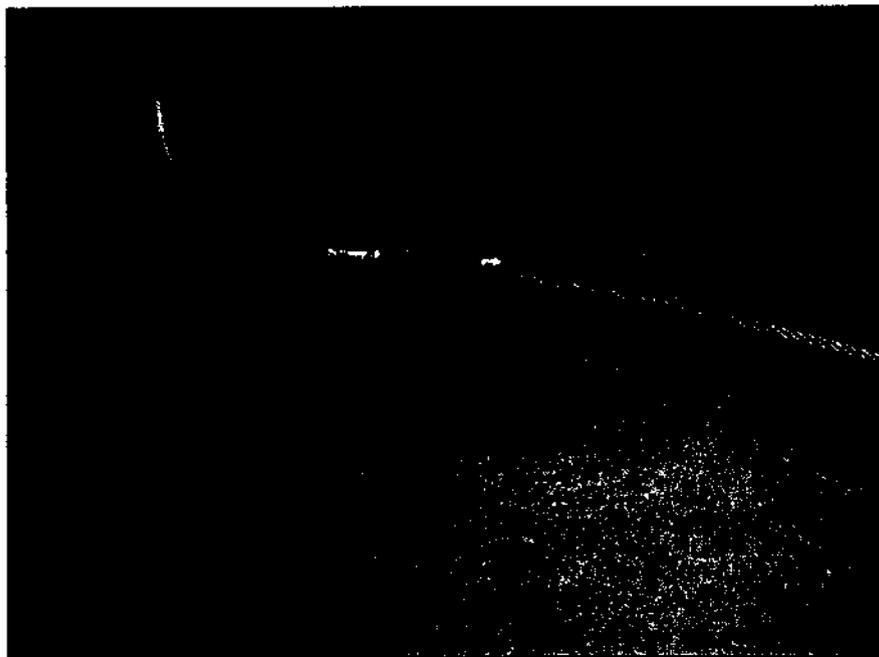


PHOTO #9: This photo shows another view of the broken throttle cable.



PHOTO #10: This photo shows another angle of the broken throttle cable.

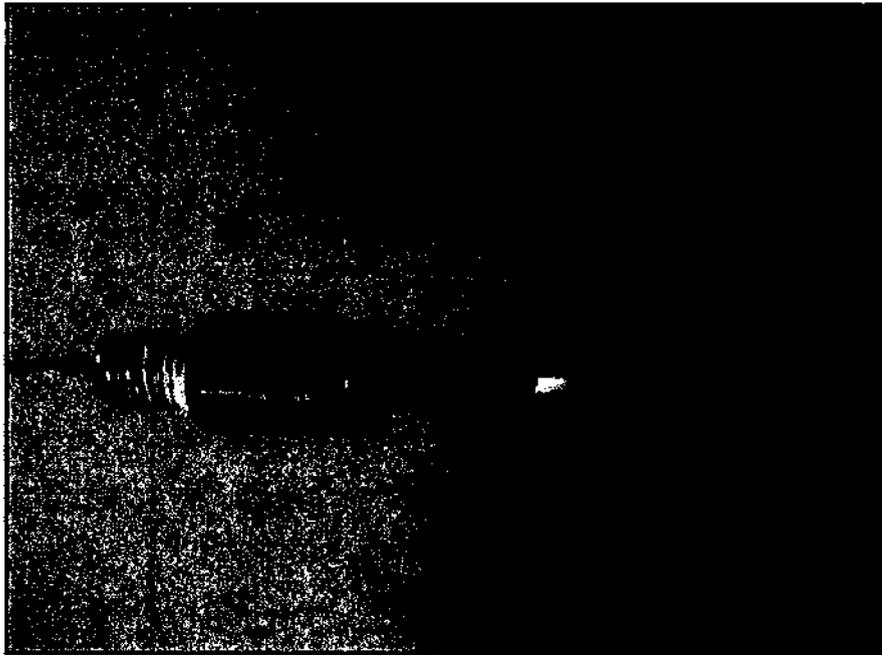


PHOTO #11: This photo shows another angle of the broken throttle cable.

In addition to the brake line and the throttle cable, when the complainant's husband started completing the repairs, he discovered that the A-Bar Stabilizer was damaged and had to be replaced (See Photos 12 through 14).



PHOTO #12: This photo shows the A-Bar stabilizer that was damaged during the incident.

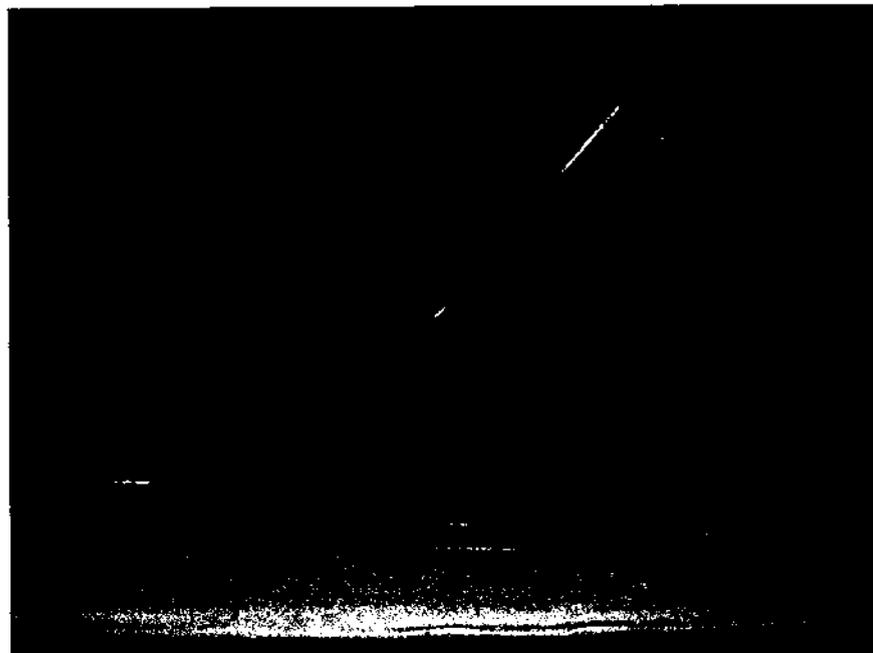


PHOTO 13: This photo shows another view of the A-Bar stabilizer that was damaged.

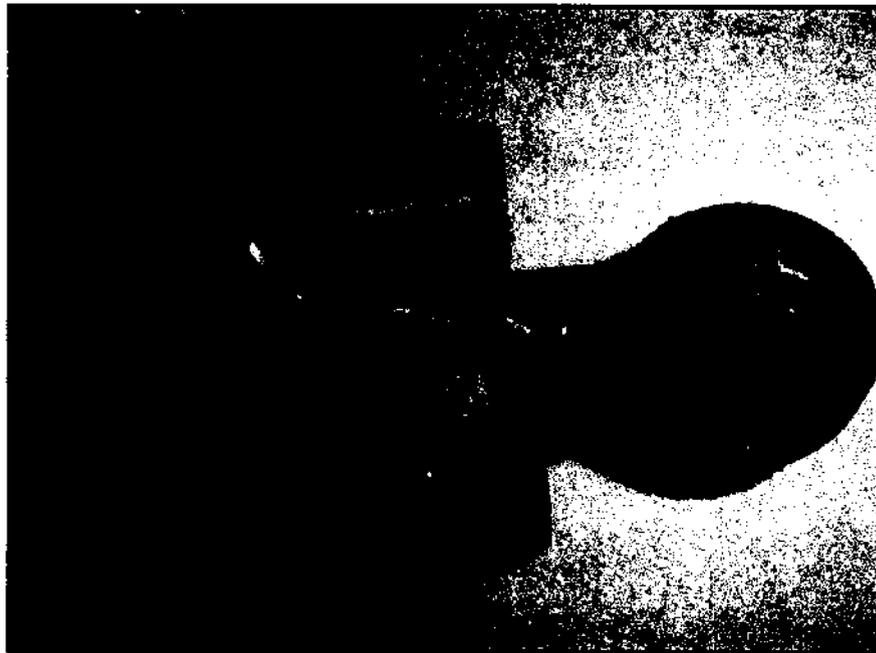


PHOTO #14: This photo shows a close-up of a weld that broke on the stabilizer bar.

The complainant filed the report with CPSC and immediately upon receiving the assignment this investigator contacted the complainant. She told this investigator that because it was a working ATV for their livelihood, they needed to fix it as soon as possible. This investigator instructed them to go ahead with the repairs; however, take pictures and save the problem parts for collection by CPSC.

The husband told this investigator that he purchased the parts and completed the repairs himself to save money. The parts were purchased at the ATV dealership in Brenham, Texas which is several hours west of Houston. The complainant provided this investigator with a copy of the purchase receipt (See Attachment #4).

The complainant's husband completed the repairs on the ATV and provided the following pictures of the repair process and damage to the ATV (See Photos 15 through 20).



PHOTO #15: This photo shows the damage to the front end from the incident.



PHOTO #16: This photo shows the repair to the A-Bar Stabilizer.



PHOTO #17: This photo shows the repair to the A-Bar Stabilizer on the ATV.



PHOTO #18: This photo shows the repairs to the A-Bar stabilizer on the front of the ATV.



PHOTO #19: This photo shows the new brake line that was installed by the complainant's husband.

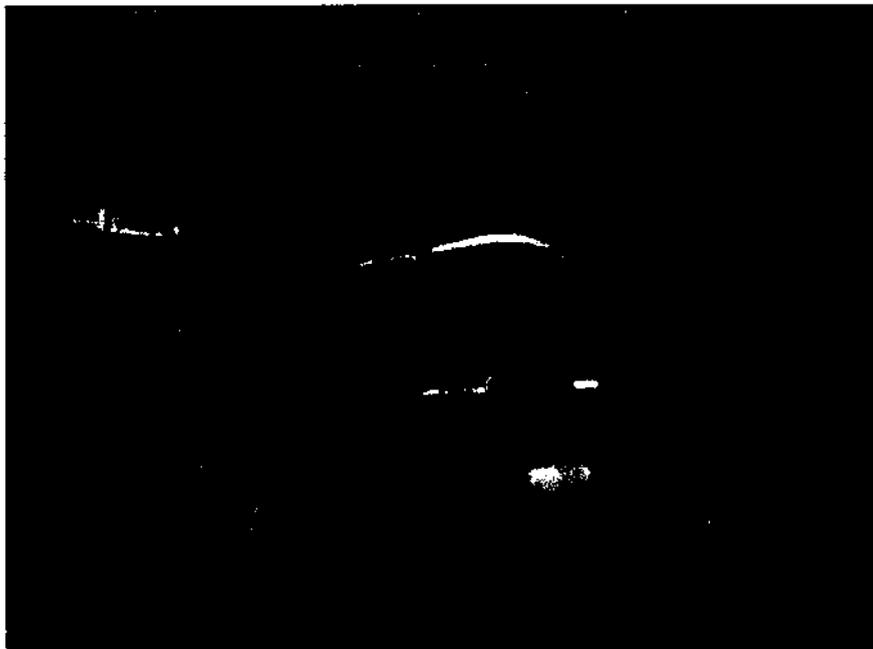


PHOTO #20: This photo shows the complainant's husband holding both the broken throttle cable and a new replacement throttle cable.

The complainant's husband voiced his concern to this investigator that this particular Ranger can be started in any gear. He stated that there is no park on this particular model, but only the following:

N Neutral
H High
L Low
R Reverse

The husband demonstrated to this investigator that he in fact could start the ATV in any one of the above listed gears by simply placing his foot on the brake and turning the key.

This investigator inquired about the operation of the ATV and was told that the operators routinely use gloves and sometimes have sunglasses on; however, because it is a working vehicle, they do not use helmets around the ranch. Both the complainant and her husband stated that when they were operating the ATV, neither consumed any kind of alcohol or medication. The husband stated that he is six foot five inches tall (6'5") and weighs 175 pounds and his wife is five foot six inches (5'6") and weighs 170 pounds.

The husband was additionally asked about any modifications to the ATV. He stated that they purchased the "gun" roof accessory for the ATV to have shade and store a shotgun for use on the ranch (See Photo #21).



PHOTO #21: This photo shows the gun roof that the consumer purchased as an accessory for the ATV.

He additionally put a barb wire fence spool mechanism on the back of the ATV (See Photo #19).

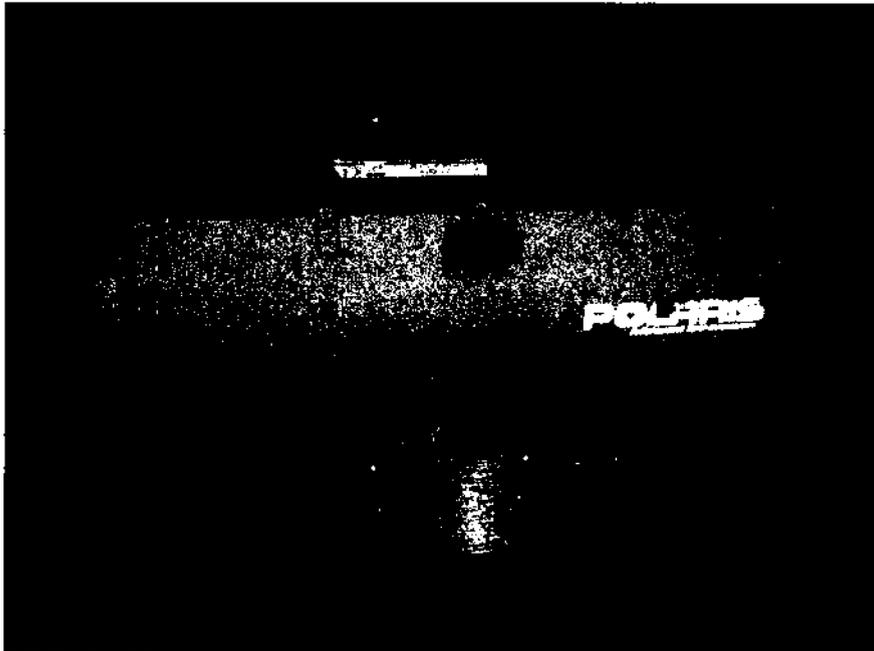


PHOTO #22: This photo shows the only non-Polaris modification to the ATV which is a barbed wire spool used for fixing the perimeter fencing on the ranch.

This investigator inquired about previous mechanical problems and the complainant's husband stated that there have been small basic mechanical issues like not quite running right, but items he could fix. He did state that the "brain" for the ATV went out and that had to be replaced.

When asked about useage, the husband stated that the ATV was used on a daily basis since it was purchased. This investigator noted that there was 645 hours on the ATV (See Photo #23).



PHOTO #23: This photo shows the hour counter on the ATV and indicates that the machine has 645 hours on it.

When this investigator inquired whether anyone suffered any injuries, the wife stated that she bruised her legs although she is not sure how she did it other than many hitting the inside of the ATV when it lurched forward. She stated that she did not seek any medical treatment.

This investigator inquired about the routine maintenance on the ATV and the husband replied that he does all the routine maintenance. He stated that unless it is something major he will do it because the ATV shop is so far away and loading the ATV in his pick-up and going out there is very difficult.

When asked about the property damage for this incident, the complainant and husband said that the repairs to the cabinet cost about \$400 and the parts replacement cost totaling \$218.20. Additionally, there was the loss of work use time when the ATV was down for repair.

The complainant's husband was asked when he purchased the ATV whether he took any safety classes. The husband stated no and that no classes were offered by the dealership.

PRODUCT DESCRIPTION:

Product Type:	All-Terrain Vehicle
Brand:	Polaris Ranger 700 EFI
VIN Number:	<input type="text" value="(b)(3)(1)(PSA Section 25(c),b)(6)"/>
Model Number:	R06RD68AA
Manufacturer:	Polaris

Retailer: 2100 Highway 55
Medina, MN 55340
Rob's Fun Center
1805 Highway 290 East
Brenham, Texas 77833

Purchase Price: \$7,361

The product is a 2006 Polaris Ranger 700 EFI ATV. The VIN number for the ATV is (b)(3) CPSA Section 25(c)(6)(B) model number R06RD68AA (See Photos 24 through 37).

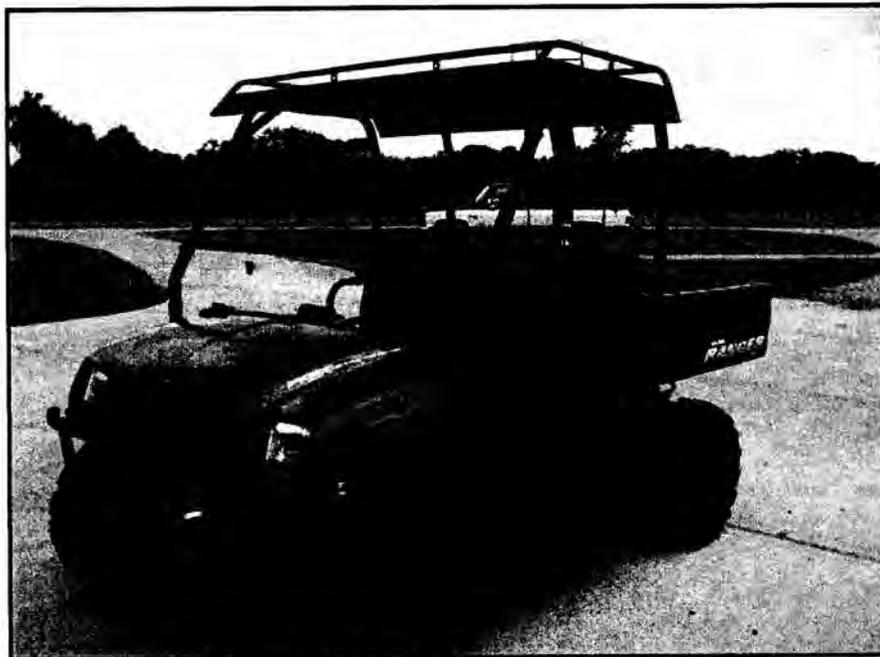


PHOTO #24: This photo shows the 2006 Polaris Ranger 700 EFI ATV.

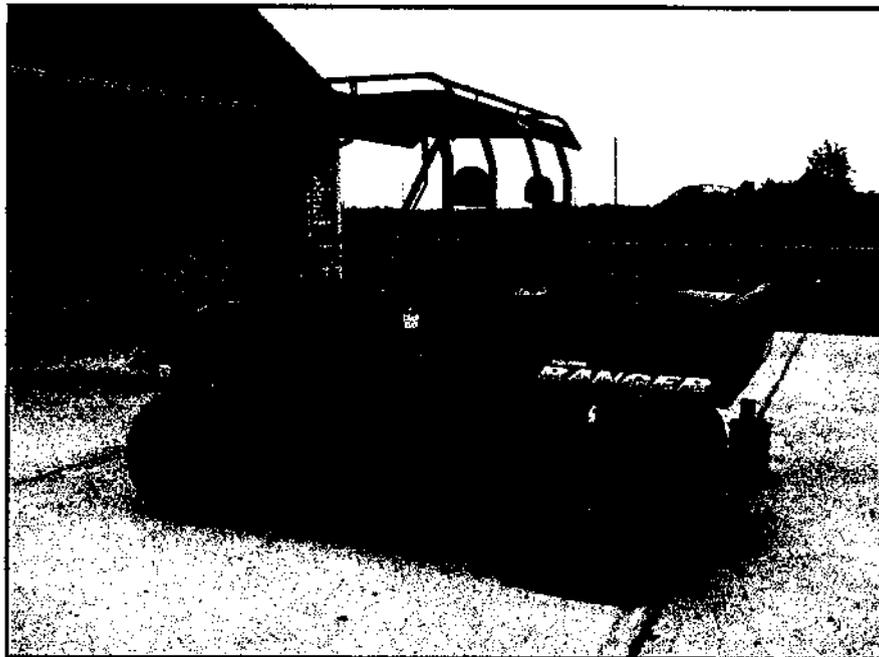


PHOTO #25: This photo shows a side view of the 2006 Polaris Ranger.

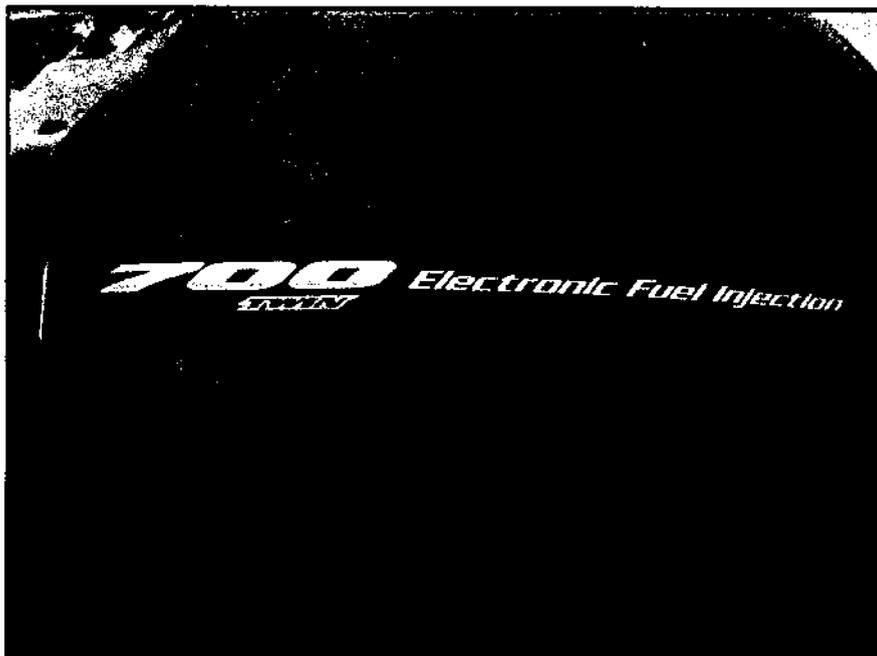


PHOTO #26: This photo shows the engine size of 700cc and that it is electronic fuel injection.

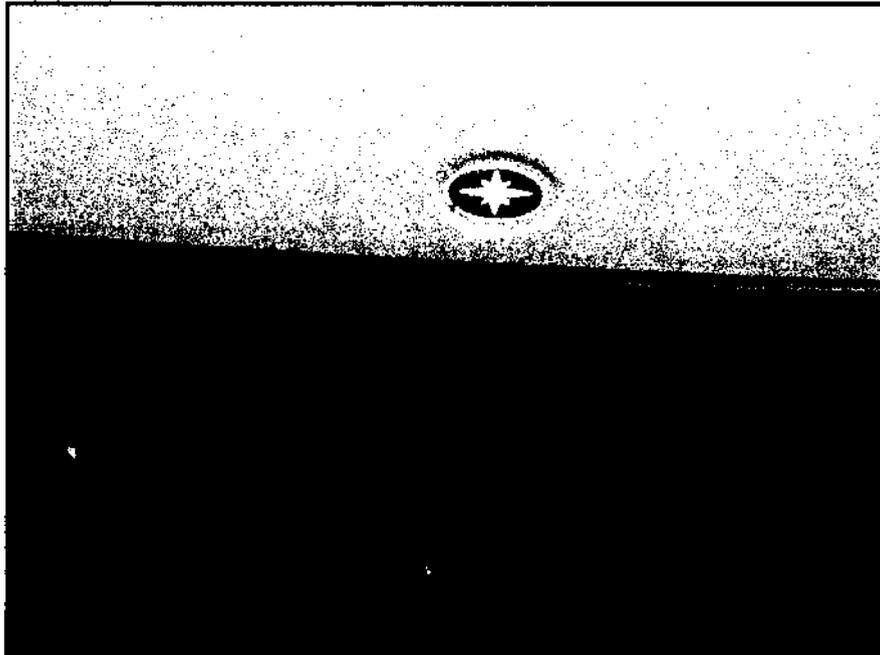


PHOTO #27: This photo shows the manufacturer to be Polaris.

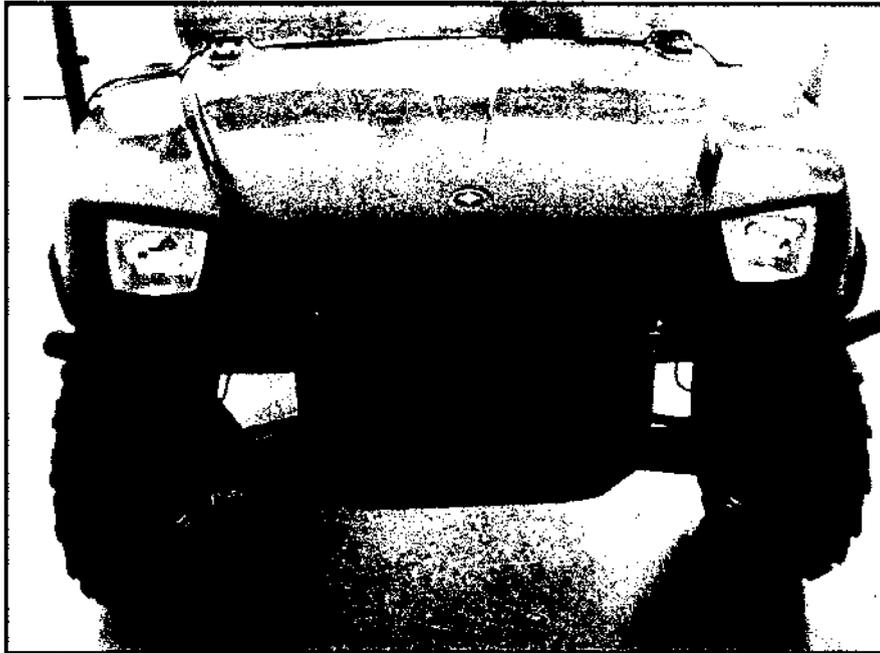


PHOTO #28: This photo shows the front end of the incident ATV after the repairs were made.

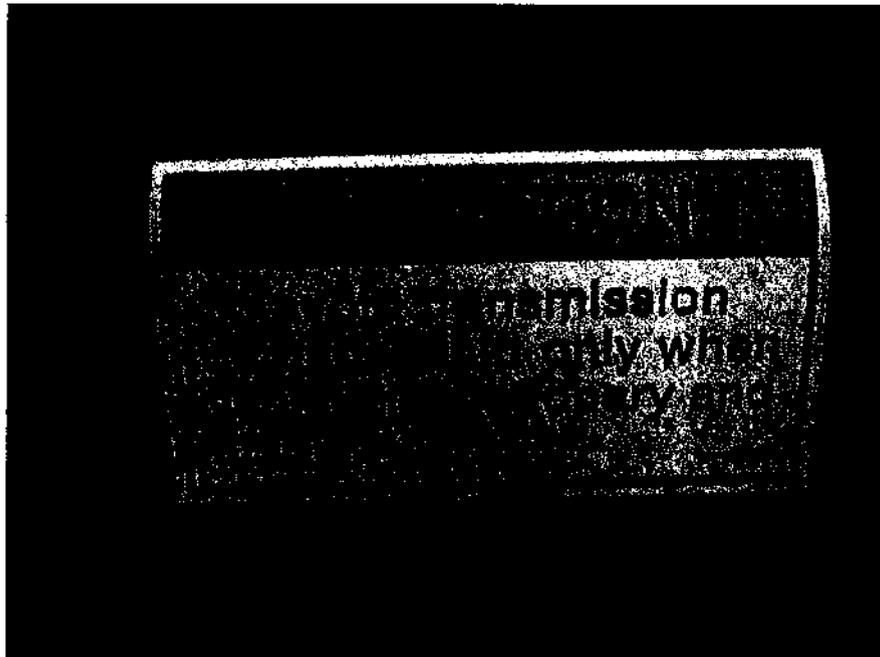


PHOTO #29: This photo shows the Caution sign that is near the key on the ATV.



PHOTO #30: This photo shows the only warning to have the brake pressed when starting the ATV.

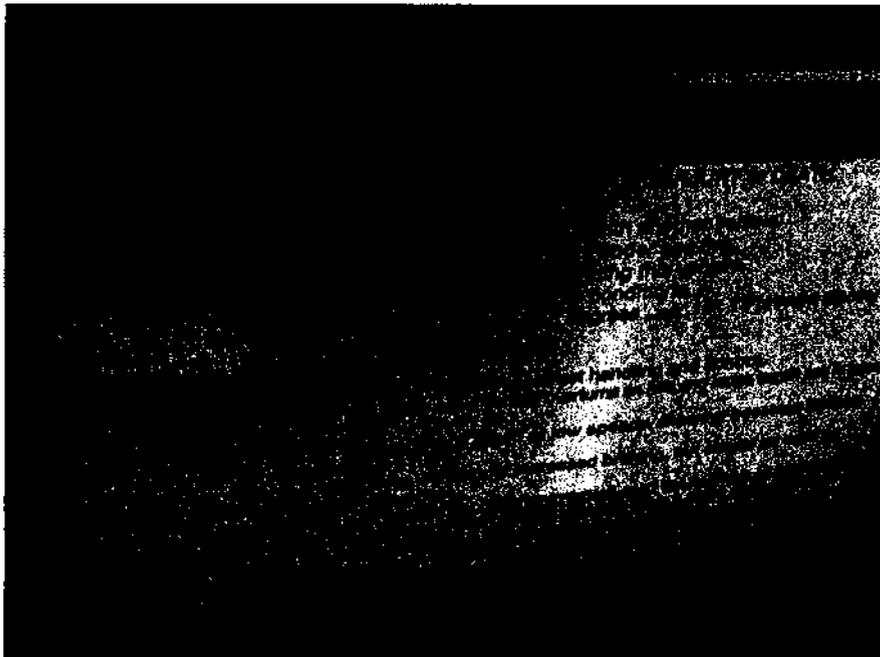


PHOTO #31: This photo shows the Warning label that is located on the ATV near the steering wheel.

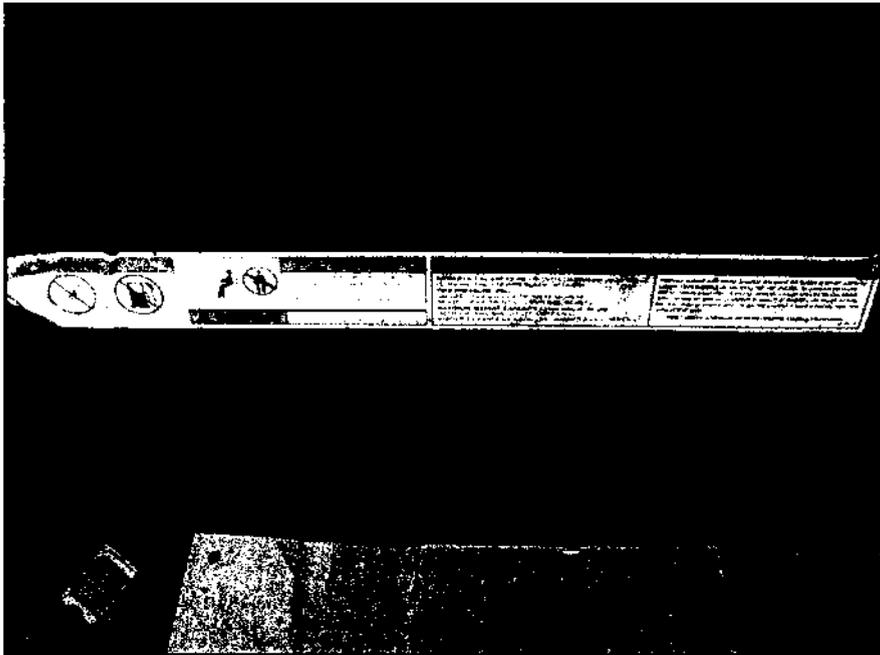


PHOTO #32: This photo shows the warning label that is located in the bed of the ATV.

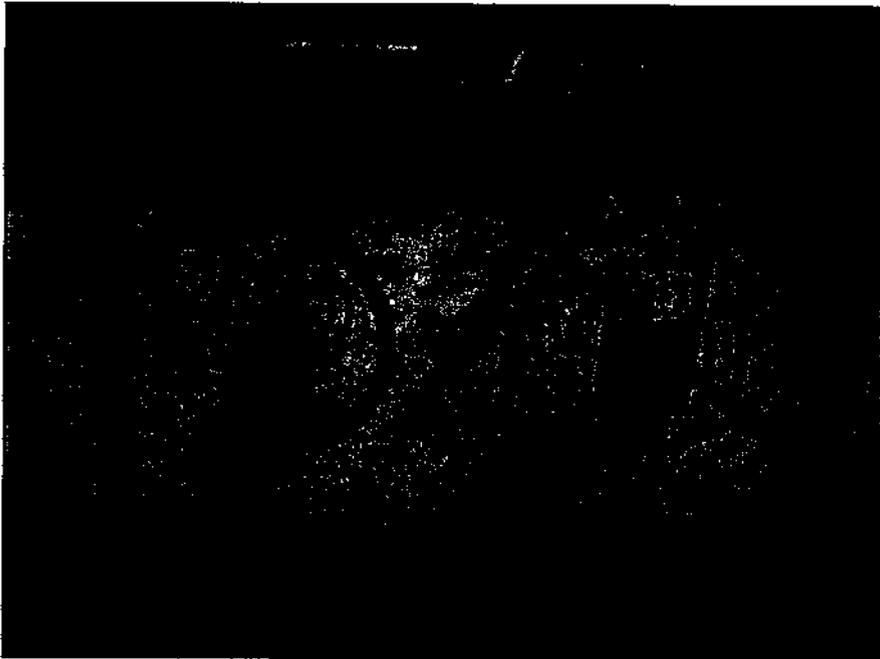


PHOTO #33: This photo shows a close-up of the warning label that is located in the bed of the ATV.



PHOTO #34: This photo shows the same warning label and indicates that people should not ride in the bed of the ATV.

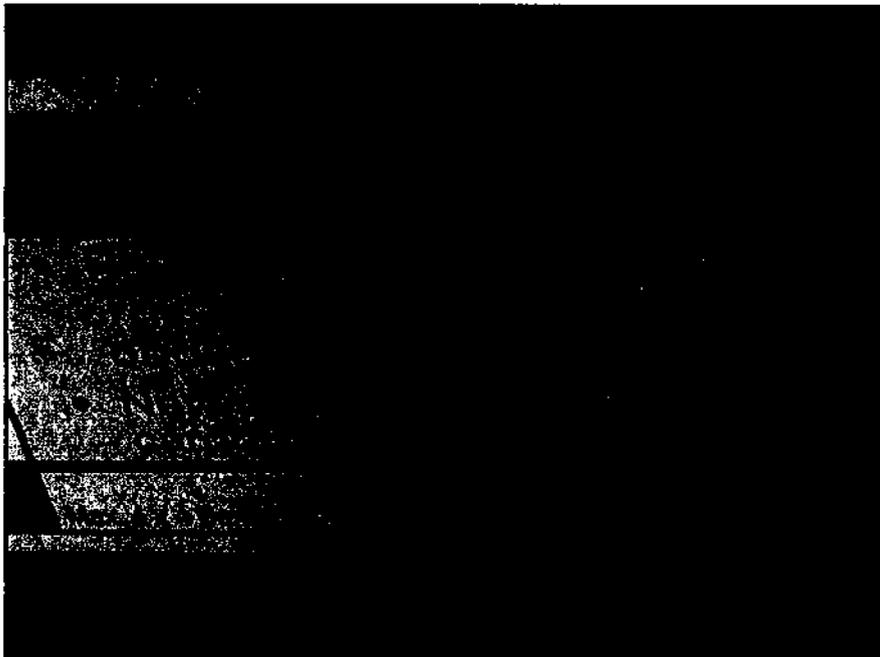


PHOTO #35: This photo shows the close-up of the warning box in the bed of the ATV and indicates that passengers should not ride in the cargo box. It also indicates the maximum load.



PHOTO #36: This photo shows the tire pressure and overloading label that is one of the standard warning labels for ATV's.

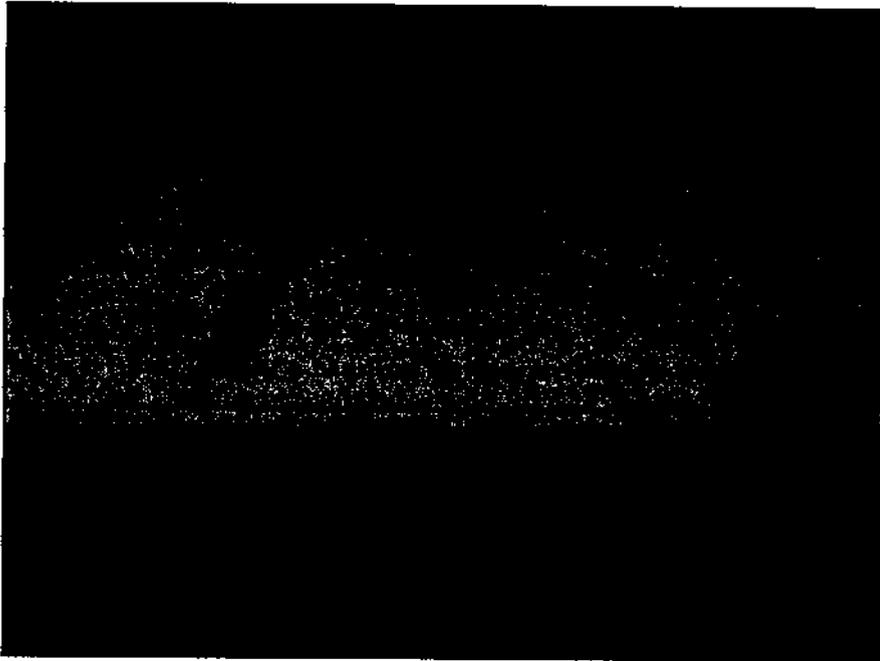


PHOTO #37: This photo shows a general warning regarding speed and carrying loads.

SAMPLE COLLECTION:

The broken throttle cable was collected under sample number 08-840-6029, the damaged brake line was collected under 08-840-6030, and the bent A-Bar stabilizer was collected under 08-840-6031.

ATTACHMENTS:

1. Identity of Respondents
2. Authorization of Name Release
3. Purchase Receipt for ATV
4. Receipt for Parts Replacement
5. Document Verifying VIN Number
6. Sample Collection Report 08-840-6029
7. Sample Collection Report 08-840-6030
8. Sample Collection Report 08-840-6031
9. 2006 Polaris Ranger Owner's Manual

IDENTITY OF RESPONDENTS:

1.

(b)(6)

Complainant / Victim

(b)(6)

2.

Complainant's Husband

(b)(6)

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

I request that you do not release my name. My identity is to remain confidential.

You may release my name to the manufacturer but I request that you do not release it to the general public.

You may release my name to the manufacturer and to the public.

(b)(6)

8 13 08

(Date)

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

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Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

I request that you do not release my name. My identity is to remain confidential.

You may release my name to the manufacturer but I request that you do not release it to the general public.

You may release my name to the manufacturer and to the public.

(b)(6)

8/13/08
(Date)

ROBS FUN CENTER
1805 HWY 290 E
BRENHAM TX 77833

080710CWE7610
Attachment #3
Page 1 of 1

Date: July 8, 2006

Account # (b)(6)

Invoice #: (b)(6)
Sale Transaction

Authorization Number: (b)(6)
Sale Amount: \$7361.59

I agree that this purchase is subject to the terms of my Cardholder Agreement. I understand that I am thereby granting the creditor a purchase money security interest in the goods described until paid in full, unless otherwise prohibited by law.

Cardholder (b)(6)

Signature

Financing Plans: Amounts include sales tax allocations

\$7361.59 was financed at: 5 months delayed payments.
06 months no finance charges

VIN: (b)(6)
Model: R06RD68AA

Initials
Total Financed: \$7361.59

Thank You
Have a nice day
Customer Copy

ROB'S FUN CENTER

1805 HWY 290 EAST
BRENHAM, TX 77833
979-836-2700

Invoice

Ticket Number: 7319

Salesperson: (b)(6)

Cashier:

Date: 7/22/2008

Sold To:

(b)(6)

080710CWE7610
Attachment #4
Page 1 of 2

Line Item Breakdown

Sold	S/O	Lay	P/U	Part Number	Src	Cal	Description	Price	Discount	Sold Now	Special	Bin
1				1910846	PO	P50	LINE-	\$43.00	\$34.99	\$34.99	\$0.00	
1				7081247	PO	P50	CABLE-THROTTLE	\$43.75	\$34.99	\$34.99	\$0.00	

Tax Detail Breakdown

TAX EXEMPT	%	Sold Now/Pickup	Special Order/Layaway
		\$0.00	
Total Taxes:		\$0.00	\$0.00

Summary

Subtotal	\$86.75	\$0.00
Less Discount	\$16.77	\$0.00
Special Handling	\$0.00	\$0.00
Taxable Subtotal	\$69.98	\$0.00
Sales Tax	\$0.00	\$0.00
Non-Taxable Subtotal		\$0.00
Invoice Total	\$69.98	\$0.00
Amount Applied to this Invoice	\$0.00	
Amount To Collect Now	\$69.98	\$0.00
Total Amount Due		\$69.98
Visa (022079)		\$69.98

Thank You For Your Business!

****NO REFUNDS OR EXCHANGES AFTER 30 DAYS****

NO RETURNS ON ELECTRICAL OR SPECIAL ORDER PARTS**

ALL RETURNS MUST BE IN UNOPENED PACKAGING AND MUST BE ACCOMPANIED BY THIS INVOICE. ALL SPECIAL ORDERS AND LAYAWAYS MUST BE PICKED UP AND PAID WITHIN 90 DAYS. ALL RETURNS WILL BE ISSUED AS STORE CREDIT

x _____

ROB'S FUN CENTER

1805 HWY 290 EAST
BRENHAM, TX 77833
979-836-2700

Invoice

Ticket Number: 7236

Salesperson: (b)(6)

Cashier:

Date: 7/16/2008

Sold To:

(b)(6)

080710CWE7610
Attachment #4
Page 2 of 2

Line Item Breakdown

<u>Sold</u>	<u>S/O</u>	<u>Lay</u>	<u>P/U</u>	<u>Part Number</u>	<u>Src</u>	<u>Cat</u>	<u>Description</u>	<u>Price</u>	<u>Sold Now</u>	<u>Bin</u>
				1 1542126-067	PO	P10	A-FRAME,RH,BLK	\$136.92	\$136.92	

Tax Detail Breakdown

	<u>Sold Now/Pickup</u>	<u>Special Order/Layaway</u>
SALES TAX 8.25 %	\$11.30	
Total Taxes.	\$11.30	\$0.00

Summary

Subtotal	\$136.92
Taxable Subtotal	\$136.92
Sales Tax	\$11.30
Invoice Total	\$148.22
Amount Applied to this Invoice	\$148.22
Total Amount Due	\$0.00

Thank You For Your Business!

****NO REFUNDS OR EXCHANGES AFTER 30 DAYS****

NO RETURNS ON ELECTRICAL OR SPECIAL ORDER PARTS**

ALL RETURNS MUST BE IN UNOPENED PACKAGING AND MUST BE ACCOMPANIED BY THIS INVOICE. ALL SPECIAL ORDERS AND LAYAWAYS MUST BE PICKED UP AND PAID WITHIN 90 DAYS. ALL RETURNS WILL BE ISSUED AS STORE CREDIT.

x _____



NOTICE OF LIEN RELEASE

HSBC Retail Services
700 N. Wood Dale Road
Wood Dale, IL 60191

January 22, 2007

Account Number: (b)(6)

(b)(6)

080710CWE7610
Attachment #5
Page 1 of 1

Year: 2006

Make: POLARIS

Model:

VIN: (b)(6)

ORIGINAL LEGAL DOCUMENT - DO NOT DESTROY

To Whom It May Concern:

Thank you for using HSBC Bank Nevada, N.A. for your financial needs.

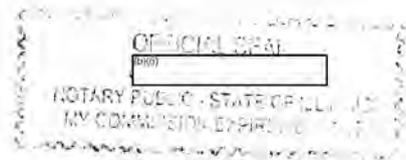
The lien on the vehicle/vessel described above is satisfied as of 1/22/2007. You may or may not have a balance remaining on your account. Please refer to your monthly billing statement.

This letter shall serve as verification of the lien being released and no further interest is now held by HSBC Bank Nevada, N.A. By presenting this letter to the appropriate Vehicle Division Office, you will be issued a title for the above referenced vehicle.

Again, we thank you for your business and hope that you will consider using HSBC Retail Services for any future financial needs.

If you have any questions or need additional information, please contact us at the number appearing on your billing statement.

Sincerely,



State of Illinois

County of DuPage

Subscribed and sworn to before me this 22nd day of January, 2007.

Notary

080710CWE7610
Attachment #6
Page 2 of 2

METHOD OF COLLECTION

delivered to the carrier. The item is identified as in Item 21 and sealed as identified in Item 22. The sample was delivered to Fed Ex on August 26, 2008.

REMARKS

Attachments: 1) Sample Receipt, 2) Replacement Parts Receipts, and 3) Pictures.

**U.S. Consumer Product Safety Commission
SAMPLE COLLECTION REPORT**

1. Sample Flag DOMESTIC		2. Date Collected 8/13/08	3. Sample Type and Number: 08-840-6030 <input checked="" type="radio"/> Physical <input type="radio"/> Documentary	
4a. Product Name BRAKE LINE		4b Model POLARIS RANG	4c NEISS 3286	5. Assignment Number 080710CWE7610
6. Complete for Import Samples Port of Entry: _____ Country of Origin: _____ Entry No. and Date: _____ Customs Contact: _____		7. MIS 32402	8. Hours Activity _____ 4 Travel _____ 1	
10. Sample Cost \$0.00		11. Invoice Value of Lot \$0.00		12. Size of Lot 1 Units unt
13. Manufacturer/Importer # POL053 POLARIS INDUSTRIES INC. 2100 HIGHWAY 55 MEDINA, MN 55340		14. Shipper/Foreign Manufacturer ROB'S FUN CENTER 1805 HWY 90 EAST BRENHAM, TEXAS 77833		15. Dealer/Import Broker # (b)(6)
16. Supporting documents attached: Invoice No. and Date: <u>N/A</u> Shipping Record and Date: <u>N/A</u> Affidavit Signer's name, title and date: <u>N/A</u>				
17. Product Identification: Product is a damaged brake line from a 2006 Polaris Ranger, VIN (b)(6). There are no identifying marks on the brake line other than the burned hole.				
18. Reason for collection/analysis needed: FHSA <input checked="" type="radio"/> CPSA FFA PPPA RSA Collected under IDI 080710CWE7610.				
19. Summary of Field Screening: None.				
20. Sample size/Method of Collection: The sample consists of one throttle cable from a 2006 Polaris Ranger. The sample was provided by the complainant in IDI 080710CWE7610. The sample was taken into custody and kept under lock and key until				
21. Identification on sample: " 08-840-6030 (SUB 1) BBW 8/13/08 "		22. Identification on seal and date: "08-840-6030 Barbara Braspenninckx-Wilson 8/25/08 "		
23a. Sample delivered to: FEDEX 77450		23b Date 8/26/07	24. Report/Record Sent to: CFIW	
25. Laboratory/Office: LSE ___ LSM ___ CRC ___ SIU ___ LSC ___ LS ___ CLD ___ SSF ___ <input checked="" type="checkbox"/> Other				
26. Remarks: The sample was provided by the consumer in this IDI. It is a component of an ATV and there was no separate NEISS code other than the ATV code.				
27. Related Samples: 08-840-6029 / 6031				
28a Collector's name/title: Barbara Braspenninckx-Wilson Product Safety Investigator		28b Collector's signature/date: <i>Barbara B. Wilson</i> 8/20/08		
29a Reviewer's name/title: Sidney C. Englander Supervisor		29b Reviewer's signature/date: <i>Sidney C. Englander</i> 8/21/08		

METHOD OF COLLECTION

delivered to the carrier. The item is identified as in Item 21 and sealed as identified in Item 22. The sample was delivered to Fed Ex on August 26, 2008.

REMARKS

Attachments: 1) Sample Receipt, 2) Replacement Parts Receipts, and 3) Pictures.

**U.S. Consumer Product Safety Commission
SAMPLE COLLECTION REPORT**

080710CWE7610

Attachment #8

Page 1 of 2

1. Sample Flag DOMESTIC		2. Date Collected 8/13/08	3. Sample Type and Number <input checked="" type="radio"/> Physical <input type="radio"/> Documentary	
4a. Product Name A-BAR STABILIZER		4b Model POLARIS RANG	4c NEISS 3286	5. Assignment Number 080710CWE7610
6. Complete for Import Samples Port of Entry: _____ Country of Origin: _____ Entry No. and Date: _____ Customs Contact: _____		7. MIS 32402	8. Hours Activity <u>4</u> Travel <u>1</u>	
10. Sample Cost \$0.00		11. Invoice Value of Lot \$0.00		12. Size of Lot 1 Units unt
13. Manufacturer/Importer # POL053 POLARIS INDUSTRIES INC. 2100 HIGHWAY 55 MEDINA, MN 55340		14. Shipper/Foreign Manufacturer ROB'S FUN CENTER 1805 HWY 90 EAST BRENHAM, TEXAS 77833		15. Dealer/Import Broker # (b)(6)
16. Supporting documents attached: Invoice No. and Date: <u>N/A</u> Shipping Record and Date: <u>N/A</u> Affidavit Signer's name, title and date: <u>N/A</u>				
17. Product Identification: Product is a black A-Bar Stabilizer from a 2006 Polaris Ranger ATV, VIN (b)(6). One portion of the A-Bar is severely bent and the other is straight. Where the weld comes together, it is cracked.				
18. Reason for collection/analysis needed: FHSA <input checked="" type="radio"/> CPSA <input type="radio"/> FFA <input type="radio"/> PPPA <input type="radio"/> RSA Collected under IDI 080710CWE7610.				
19. Summary of Field Screening: None.				
20. Sample size/Method of Collection: The sample consists of one throttle cable from a 2006 Polaris Ranger. The sample was provided by the complainant in IDI 080710CWE7610. The sample was taken into custody and kept under lock and key until				
21. Identification on sample: "08-840-6031 (SUB 1) BBW 8/13/08"		22. Identification on seal and date: "08-840-6031 Barbara Braspenninckx-Wilson 8/25/08"		
23a. Sample delivered to: FEDEX 77450		23b Date 8/26/07	24. Report/Record Sent to: CFIW	
25. Laboratory/Office: LSE <input type="checkbox"/> LSM <input type="checkbox"/> CRC <input type="checkbox"/> SIU <input type="checkbox"/> LSC <input type="checkbox"/> LS <input type="checkbox"/> CLD <input type="checkbox"/> SSF <input checked="" type="checkbox"/> Other				
26. Remarks: The sample was provided by the consumer in this IDI. It is a component of an ATV and there was no separate NEISS code other than the ATV code.				
27. Related Samples: 08-840-6029 / 6030				
28a Collector's name/title: Barbara Braspenninckx-Wilson Product Safety Investigator		28b Collector's signature/date: <i>Barbara B. Wilson</i> 8/20/08		
29a Reviewer's name/title: Sidney C. Englander Supervisor		29b Reviewer's signature/date: <i>Sidney C. Englander</i> 8/21/08		

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PRODUCT IDENTIFICATION

There are no specific identifying marks on this product.

METHOD OF COLLECTION

delivered to the carrier. The item is identified as in Item 21 and sealed as identified in Item 22. The sample was delivered to Fed Ex on August 26, 2008.

REMARKS

Attachments: 1) Sample Receipt, 2) Replacement Parts Receipts, and 3) Pictures.



POLARIS
The Way Out.

2006

RANGER XP 4X4 700 EFI

RANGER 6X6 700 EFI

Owner's Manual
for Maintenance and Safety

Read this manual carefully. It contains important safety information.

This is an adult vehicle only.

Operation is prohibited for those under 16 years of age.

WELCOME

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

- Snowmobiles
- All-terrain vehicles (ATVs)
- **RANGER** utility vehicles
- Victory motorcycles

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

For safe and enjoyable operation of your vehicle, be sure to follow the instructions and recommendations in this owner's manual. Your manual contains instructions for minor maintenance, but information about major repairs is outlined in the Polaris Service Manual and should be performed only by a Factory Certified Master Service Dealer (MSD) Technician.

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

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



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Attachment #9
Page 2 of 60

9710405

Please complete and mail this card to notify us of your new mailing address. In order for the address change to be completed you must be the current registered owner with Polaris and you must provide us with the serial number of the unit. This card will not transfer the warranty on a machine.

VEHICLE SERIAL NUMBER: _____

NAME OF REGISTERED OWNER: _____

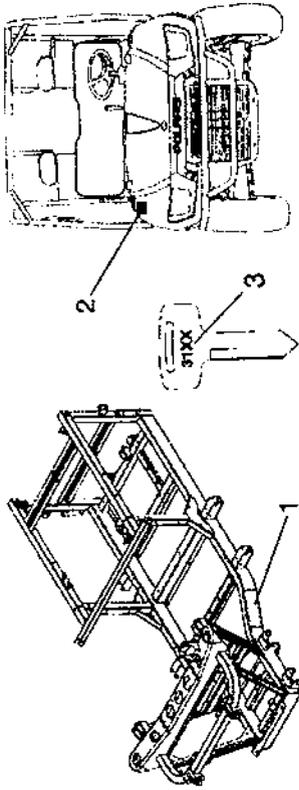
ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

POLARIS INDUSTRIES INC
CHANGE OF ADDRESS REQUEST
PLEASE PRINT CLEARLY

VEHICLE IDENTIFICATION NUMBERS

Record your vehicle's identification numbers and key number in the spaces provided. Remove the spare key and store it in a safe place. Your key can be duplicated only by mating a Polaris key blank with one of your existing keys, so if both keys are lost, the ignition switch must be replaced.



Vehicle Model Number: _____
(behind left front wheel)

Frame VIN (1): _____
(under hood)

Engine Serial Number (2): _____
(right front side of engine crankcase)

Key Number (3): _____

SAFETY

Operator Safety

⚠ WARNING

Failure to follow the warnings contained in this manual can result in severe injury or death.

A Polaris *RANGER* is not a toy and can be hazardous to operate. This vehicle handles differently than other vehicles, such as motorcycles and cars. A collision or rollover can occur quickly, even during routine maneuvers like turning, or driving on hills or over obstacles, if you fail to take proper precautions.

Read and understand your owner's manual and all warnings before operating the vehicle.

Age Restrictions

This vehicle is an **ADULT VEHICLE ONLY**. Operation is prohibited for anyone under 16 years of age. No person under the age of 5 may ride as a passenger in this vehicle.

Know Your Vehicle

As the operator of the vehicle, you are responsible for your personal safety, the safety of others, and the protection of our environment. Read and understand your owner's manual, which includes valuable information about all aspects of your vehicle, including safe operating procedures.

The *RANGER* is an off-road vehicle. Familiarize yourself with all laws and regulations concerning the operation of this vehicle in your area.

We strongly advise you to strictly follow the recommended maintenance program outlined in your owner's manual. This preventive maintenance program is designed to ensure that all critical components on your vehicle are thoroughly inspected at specific intervals.

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Attachment #9
Page 3 of 60

SAFETY
Operator Safety

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

A The *safety alert symbol*, on your vehicle or in this manual, alerts you to the potential for personal injury.

A **WARNING**
The *safety alert warning* indicates a potential hazard that may result in serious injury or death.

A **CAUTION**
The *safety alert caution* indicates a potential hazard that may result in minor personal injury or damage to the vehicle.

CAUTION
A *caution* indicates a situation that may result in damage to the vehicle.

NOTE:
A note will alert you to important information or instructions.

Operator Safety
A WARNING

Serious injury or death can result if you do not follow these instructions and procedures, which are outlined in further detail within your owner's manual.

- Read this manual and all labels carefully. Follow the operating procedures described.
- Never allow anyone without a valid driver's license to operate this vehicle.
- Minimum age recommendation for passengers is five years old. Passengers under five years of age require special restraints which are not available with this vehicle. Driver and passenger should wear their seat belts at all times.
- Never permit a guest to operate this vehicle unless the guest has read this manual and all product labels.
- To reduce tipover risk, be especially careful when encountering obstacles and slopes and when braking on hills or during turns.
- This vehicle is for off road use only. Never operate on public roads. Always avoid paved surfaces.
- Helmets are recommended whenever driving this vehicle in an aggressive manner. Eye protection is recommended at all times.
- Never consume alcohol or drugs before or while operating this vehicle.
- Never operate at excessive speeds. Always travel at a speed proper for the terrain, visibility and operating conditions, and your experience.
- Never attempt wheelies, jumps or other stunts.
- Always inspect your vehicle each time you use it to make sure it's in safe operating condition. Always follow the inspection and maintenance procedures and schedules described in this manual.
- Always keep both hands on the steering wheel and both feet on the floorboards of the vehicle during operation.
- Always travel slowly and use extra caution when operating on unfamiliar terrain. Be alert to changing terrain.
- Never operate on excessively rough, slippery or loose terrain.

SAFETY

Operator Safety

- Always follow proper procedures for turning as described in this manual. Practice turning at slow speeds before attempting to turn at faster speeds. Never turn at excessive speeds.
- Always have this vehicle checked by an authorized Polaris dealer if it has been involved in an accident.
- Never operate this vehicle on hills too steep for the vehicle or for your abilities. Practice on smaller hills before attempting larger hills.
- Always follow proper procedures for climbing hills as described in this manual. Check the terrain carefully before attempting to climb a hill. Never climb hills with excessively slippery or loose surfaces. Never open the throttle suddenly or make sudden gear changes. Never go over the top of a hill at high speed.
- Always follow the proper procedures outlined in this manual for traveling downhill and for braking on hills. Check the terrain carefully before descending a hill. Never travel downhill at high speed. Avoid going downhill at an angle, which would cause the vehicle to lean sharply to one side. Travel straight down the hill where possible.
- Always check for obstacles before operating in a new area. Never attempt to operate over large obstacles such as rocks or fallen trees. Always follow the proper procedures outlined in this manual when operating over obstacles.
- Always be careful of skidding or sliding. On slippery surfaces such as ice, travel slowly and exercise caution to reduce the chance of skidding or sliding out of control.
- Never operate your vehicle in fast-flowing water or in water deeper than that specified in this manual. Wet brakes may have reduced stopping ability. Test your brakes after leaving water. If necessary, apply them lightly several times to let friction dry out the pads.
- Always be sure there are no obstacles or people behind your vehicle when operating in reverse. When it's safe to proceed in reverse, move slowly. Avoid turning at sharp angles in reverse.
- Always use the proper size and type of tires specified in this manual. Always maintain proper tire pressure as specified on page 19.

SAFETY

Operator Safety

- Never modify this vehicle through improper installation or use of accessories.
- Never exceed the stated load capacity for this vehicle. Cargo should be properly distributed and securely attached. Reduce speed and follow the instructions in this manual for hauling cargo or pulling a trailer. Allow a greater distance for braking.
- Always wear the seat belts when operating this vehicle. Seat belts reduce the severity of injury in case of a sudden stop or collision.
- Always keep arms and legs inside the cab frame while the vehicle is in motion.
- Always engage the park brake before getting out of the vehicle. See page 32.
- Always apply the service brakes before releasing the park brake.
- Always turn off the engine before refueling. Make sure the refueling area is well ventilated and free of any source of flame or sparks. Gasoline is extremely flammable. See page 22 for refueling instructions.
- Always remove the ignition key when the vehicle is not in use to prevent unauthorized use or accidental starting.

FOR MORE INFORMATION ABOUT SAFETY, call Polaris at 1-800-342-3764.

080710CWE7610
Attachment #9
Page 5 of 60

SAFETY Operator Safety

▲ WARNING

Make sure your RANGER is in excellent operating condition at all times. We strongly recommend that the operator check all safety components before each ride.

Polaris RANGERS are designed to provide safe operation when used as directed. Failure of critical machine components may result from operation with any modifications, especially those that increase speed or power. The RANGER may become aerodynamically unstable at speeds higher than those for which it is designed. Loss of control may occur at higher speeds. Modifications may also create a safety hazard and lead to bodily injury.

Do not make any modifications to your RANGER.

Equipment Modifications

We are concerned for the safety of our customers and for the general public. Therefore, we strongly recommend that consumers do not install on a Polaris RANGER any equipment that may increase the speed or power of the vehicle, or make any other modifications to the vehicle for these purposes. Any modifications to the original equipment of the vehicle create a substantial safety hazard and increase the risk of bodily injury.

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

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

Operator Safety

▲ WARNING

POTENTIAL HAZARD

Stalling, rolling backwards while climbing a hill

WHAT CAN HAPPEN

Vehicle overturn

HOW TO AVOID THE HAZARD

Maintain a steady speed when climbing a hill.

If you lose all forward speed:

Apply the brakes.

Engage the park brake after fully stopped.

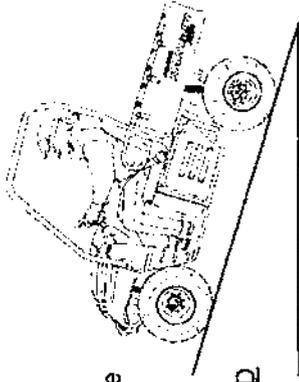
If you begin rolling backwards:

Never apply engine power.

Apply the brakes gradually.

When fully stopped, engage the park brake.

In the event of an accident, have a qualified service dealer check the complete vehicle for possible damage, including (but not limited to) brakes, throttle and steering.



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SAFETY

Operator Safety

▲ WARNING

POTENTIAL HAZARD

Operating this vehicle on paved surfaces

WHAT CAN HAPPEN

Loss of control

HOW TO AVOID THE HAZARD

This vehicle's tires are designed for off-road use only, not for use on pavement. Paved surfaces may seriously affect handling and control of the vehicle, and may cause the vehicle to go out of control.

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

▲ WARNING

POTENTIAL HAZARD

Operating this vehicle without proper instruction

WHAT CAN HAPPEN

Loss of control, accident

HOW TO AVOID THE HAZARD

The risk of an accident is greatly increased if the operator does not know how to operate the vehicle properly in different situations and on different types of terrain.

All operators must read and understand the Owner's Manual and all warning and instruction labels before operating the vehicle.

SAFETY

Operator Safety

▲ WARNING

POTENTIAL HAZARD

Operating this vehicle on public streets, roads or highways

WHAT CAN HAPPEN

Collision with another vehicle

HOW TO AVOID THE HAZARD

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

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

▲ WARNING

POTENTIAL HAZARD

Operating this vehicle after consuming alcohol or drugs

WHAT CAN HAPPEN

Could seriously affect your judgment.

Could cause you to react more slowly.

Could affect your balance and perception.

Could result in an accident.

HOW TO AVOID THE HAZARD

Driving a *RANGER* requires your full attention. **DO NOT** drink alcohol or use drugs or medications before or while driving. They will reduce your alertness and slow your reaction time. In most states and provinces, it's prohibited by law to drive while intoxicated or under the influence of drugs.

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SAFETY
Operator Safety

▲ WARNING

POTENTIAL HAZARD

Operating this vehicle at excessive speeds

WHAT CAN HAPPEN

Loss of control, accident

HOW TO AVOID THE HAZARD

Always travel at a speed proper for the terrain, visibility and operating conditions, and your experience.

▲ WARNING

POTENTIAL HAZARD

Attempting jumps and other stunts

WHAT CAN HAPPEN

Loss of control, accident and/or vehicle overturn

HOW TO AVOID THE HAZARD

Never attempt jumps and other stunts. Avoid exhibition driving.

▲ WARNING

POTENTIAL HAZARD

Operating on frozen bodies of water.

WHAT CAN HAPPEN

Severe injury or death can result if the vehicle and/or the operator fall through the ice.

HOW TO AVOID THE HAZARD

Never operate the RANGER on a frozen body of water.

Operator Safety

▲ WARNING

POTENTIAL HAZARD

Failure to inspect the vehicle before operating

Failure to properly maintain the vehicle

WHAT CAN HAPPEN

Accident, equipment damage

HOW TO AVOID THE HAZARD

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

Always follow the inspection and maintenance procedures and schedules described in the Owner's Manual.

▲ WARNING

POTENTIAL HAZARD

Failure to use extra caution when operating this vehicle on unfamiliar terrain

WHAT CAN HAPPEN

Loss of control, vehicle overturn

HOW TO AVOID THE HAZARD

Travel slowly and use extra caution when operating on unfamiliar terrain.

Always be alert to changing terrain conditions when operating the vehicle. You may come upon hidden rocks, bumps, or holes suddenly, without enough time to react.

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Attachment #9
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SAFETY

Operator Safety

▲ WARNING

POTENTIAL HAZARD

Failure to follow the minimum age recommendations for this vehicle

WHAT CAN HAPPEN

Serious injury or death (the child or others)

HOW TO AVOID THE HAZARD

Only persons with a valid driver's license should operate a Polaris RANGER.

Even though a child may be within the age group for which some vehicles are recommended, he or she may not have the skills, abilities, or judgment needed to operate the vehicle safely and may be involved in a serious accident.

▲ WARNING

POTENTIAL HAZARD

Operating this vehicle with improper tires or with improper or uneven tire pressure

WHAT CAN HAPPEN

Loss of control, accident and/or overturn

HOW TO AVOID THE HAZARD

Always use the size and type of tires specified in the Owner's Manual for this vehicle. See page 19.

Always maintain proper tire pressure as described on the decal and in the Owner's Manual. See page 19.

SAFETY

Operator Safety

▲ WARNING

Leaving the keys in the ignition can lead to unauthorized use of the vehicle resulting in serious injury or death. Always remove the ignition key when the vehicle is not in use.

▲ WARNING

After any overturn or accident, have a qualified service dealer inspect the entire vehicle for possible damage, including (but not limited to) brakes, throttle and steering systems.

▲ CAUTION

Always keep combustible materials away from the exhaust system. Exposure to the hot components could result in a fire.

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Safety Decals and Locations

▲WARNING

- VEHICLE ROLLOVER could cause severe injury or death. This cab frame is not designed or intended to provide rollover protection.
- ALWAYS WEAR YOUR SEAT BELT for maximum protection.

7172676

Location 2

<p>▲WARNING</p>	<p>▲WARNING</p>	<p>▲WARNING</p>
<p>Remove flammable material containers from box before filling.</p>	<p>Passengers can be thrown off. This can cause serious injury or death.</p> <ul style="list-style-type: none"> • Never carry passengers in cargo box. 	<p>Passengers can be thrown off. This can cause serious injury or death.</p> <ul style="list-style-type: none"> • Never carry passengers in cargo box.

▲WARNING

Remove flammable material containers from box before filling.

Passengers can be thrown off. This can cause serious injury or death.

- Never carry passengers in cargo box.

Location 3 (inside front of box)

Container/Passenger/Tire Pressure Warning Decal Text

Remove flammable material containers from box before filling.

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

Maximum 2X4 Box Load 850 lbs. Maximum 4X4 Box Load 1000 lbs.
Maximum 6X6 Box Load 1200 lbs.

IMPROPER TIRE PRESSURE OR OVERLOADING can cause loss of control resulting in SEVERE INJURY OR DEATH.

TIRE PRESSURE (PSI):

RANGER - 2x4 and 4x4 FRONT 10 REAR 10
RANGER - 6x6 FRONT 10 CENTER 10 REAR 10

MAXIMUM WEIGHT CAPACITY (Gross Vehicle Weight) INCLUDING MACHINE, DRIVER AND CARGO:

RANGER 2X4 and 4X4 is 2750 LBS. RANGER 6X6 is 2900 LBS.

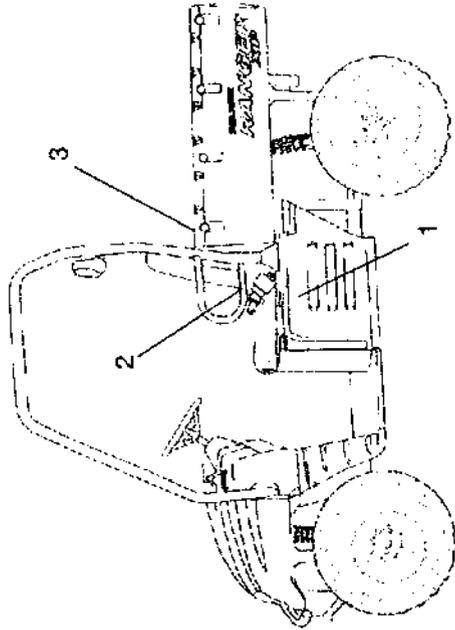
Reduce speed and allow greater distance for braking when carrying cargo. Overloading or carrying tall, off-center, or unsecured loads will increase your risk of losing control. Loads should be centered and carried as low as possible in box. For stability on rough or hilly terrain, reduce speed near cargo.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

Read Owner's Manual for more detailed loading information.

**SAFETY
Safety Decals and Locations**

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

If any decal becomes illegible or comes off, contact your Polaris dealer to purchase a replacement. Replacement safety decals are provided by Polaris at no charge. The part number is printed on the decal.



▲WARNING

- Moving parts hazard under belt-clutch guard. To prevent serious injury, do not operate vehicle with guard removed.
- Do not modify engine or clutch. Doing so can cause part failure, possible imbalance, and excessive engine RPM, which can result in serious injury or death.

NO STEP

7172563

Location 1

SAFETY

Safety Decals and Locations



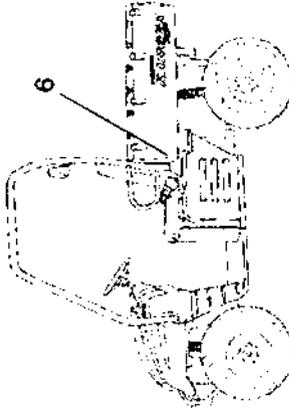
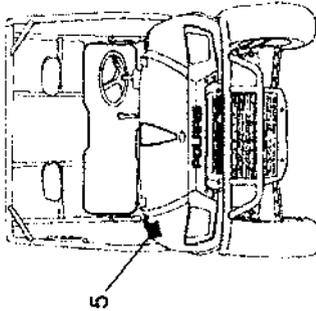
MANUFACTURED
BY POLARIS INC. #INC
DATE
VIN:

THIS VEHICLE IS A GENERAL PURPOSE, OFF-ROAD UTILITY VEHICLE AND IS NOT INTENDED FOR USE ON PUBLIC ROADS.

CE 201412

CE VEHICULE USAGE GENERAL VEHICULE UTILITAIRE
POUR SERVICE MOINS ROUTE QUI
N'EST PAS DESTINE A ETRE UTILISE
SUR LES CHEMINS PUBLICS.

Location 5 (under hood)



ATTENTION

- Operation of this vehicle without the air filter element will severely damage the engine.
- Clean pre-filter element often, more frequent cleaning required in dusty conditions. Do not operate vehicle without pre-filter.

7172921

Location 6

CAUTION

To avoid transmission damage, shift only when vehicle is stationary and at idle.

7172921

Location 7

ATTENTION

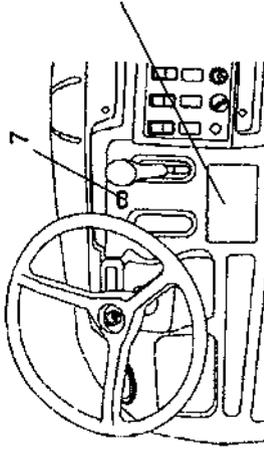
Pour ne pas endommager la boîte de vitesses, ne changer de vitesses que lorsque le véhicule est à l'arrêt ou au ralenti.

7172921

SAFETY

Safety Decals and Locations Discretionary Warning Decal

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WARNING

Improper vehicle use can result in SEVERE INJURY or DEATH.

NEVER:

- Operate on public roads. A collision can occur with another vehicle.
- Carry more than two passengers, or passengers under age five.
- USE ALCOHOL or DRUGS before or while operating this vehicle.
- Operate at speeds too fast for your skills or the conditions.
- Operate this vehicle on HILLS steeper than 15 degrees. To prevent flipover on hilly terrain, use throttle and brakes gradually.

ALWAYS:

- Avoid paved surfaces which may adversely affect handling and control.
- Use proper **FLIPPING TECHNIQUES** to avoid vehicle overturns on hills and rough terrain and in turns.
- Wear eye protection.
- REVERSE operation can be dangerous, even at low speeds. Steering becomes difficult. To prevent flipover, avoid sharp turns.
- The park/emergency brake lever will supply increased braking, but should be used as an emergency or parking brake only.

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

THIS GENERAL PURPOSE OFF-ROAD UTILITY VEHICLE DOES NOT MEET FEDERAL MOTOR VEHICLE SAFETY STANDARDS FOR ON-ROAD VEHICLES. 7172973

AVERTISSEMENT

L'usage incorrect du véhicule peut entraîner des BLESSURES GRAVES ou MORTELLES.

NE JAMAIS :

- conduire ce véhicule sur les voies publiques. Une collision avec un autre véhicule pourrait se produire.
- transporter plus de deux passagers ou des passagers âgés de moins de cinq ans.
- CONSOMMER D'ALCOOL, ni prendre des MÉDICAMENTS ou DROGUES avant ou pendant la conduite de ce véhicule.
- conduire à des vitesses excessives pour ses propres compétences ou l'état de la route.
- conduire ce véhicule sur des PENTES à plus de 15 degrés. Pour éviter un retournement sur les pentes, utilisez les freins et l'accélérateur graduellement.

TOUJOURS :

- éviter de conduire sur des surfaces pavées car cela pourrait sérieusement affecter la tenue de route et le contrôle.
- utiliser les bonnes TECHNIQUES DE CONDUITE en les pentes, en terrain accidenté et dans les virages, afin d'éviter un retournement de véhicule.
- porter une protection oculaire.
- La conduite en MARCHE ARRIÈRE peut être dangereuse, même à basse vitesse. Le braquage est plus difficile. Pour éviter un retournement, ne pas prendre de virages trop serrés.
- Le train de stationnement doit secourir adéquatement la puissance de freinage, mais ne doit s'utiliser que pour le stationnement ou en cas d'urgence.

LIRE LE MANUEL D'UTILISATION, SUIVRE TOUTES LES INSTRUCTIONS ET AVERTISSEMENTS. SI LE MANUEL D'UTILISATION EST MANQUANT, CONTACTER UN CONCESSIONNAIRE POLARIS POUR OBTENIR UN NOUVEAU DEPLACEMENT DU MANUEL D'UTILISATION. LE MANUEL D'UTILISATION NE RÉPOND PAS AUX NORMES FÉDÉRALES D'ÉVALUATION DE LA SÉCURITÉ DES VÉHICULES DESTINÉS À ÊTRE UTILISÉS SUR VOIES PUBLIQUES. 7172973-F

SAFETY

Fuel Safety

▲ WARNING

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

Always stop the engine when refueling.

Always refuel outdoors or in a well ventilated area.

Do not smoke or allow open flames or sparks in or near the refueling area or where gasoline is stored.

Do not over fill the tank. Do not fill the tank neck.

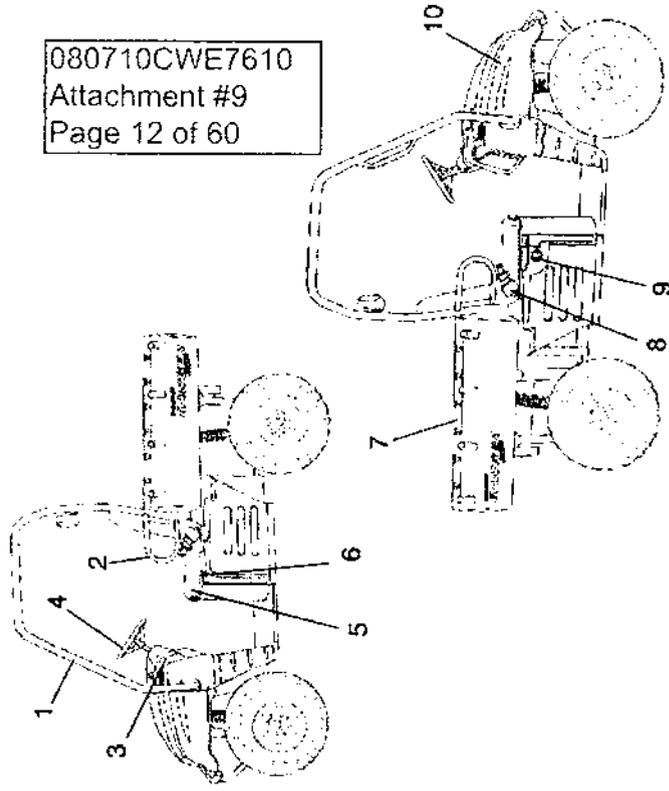
If gasoline spills on your skin or clothing, immediately wash it off with soap and water and change clothing.

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

FEATURES AND CONTROLS

Some Polaris vehicles are equipped with special features such as the cab frame. *Not all models come with all features.* Refer to the specifications section beginning on page 100.

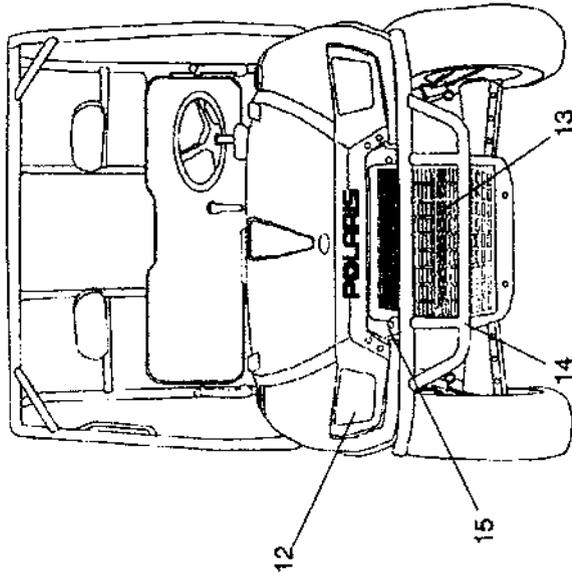
Component Locations



1. Cab Frame (if equipped)
2. Hip Bar
3. Console
4. Steering Wheel
5. Seat
6. Storage Box (under driver's seat)
7. Cargo Box
8. Seat Belts
9. Fuel Tank Cap / Fuel Gauge
10. Battery (under hood)
11. Storage Box (under hood)

FEATURES AND CONTROLS

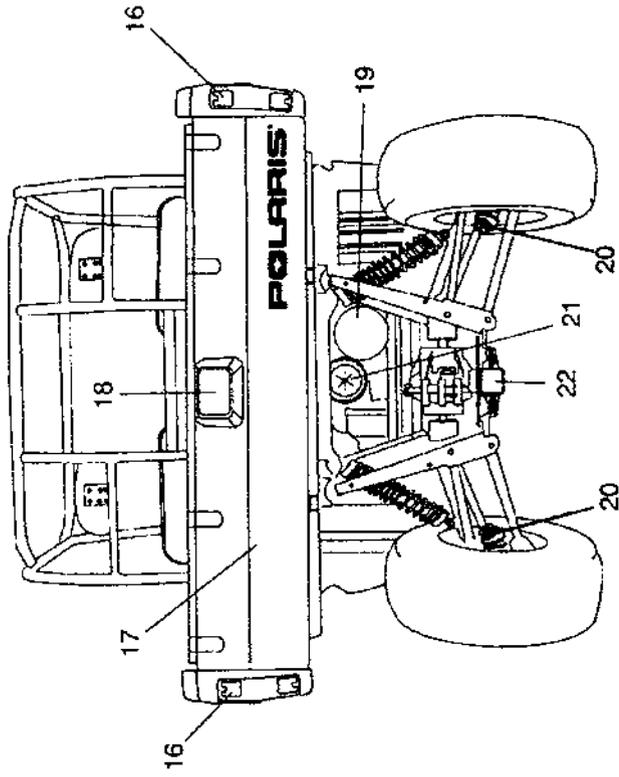
Component Locations



- 12. Headlights
- 13. Radiator (if equipped)
- 14. Front Bumper/Brush Guard
- 15. Hood Hold Down Strap

FEATURES AND CONTROLS

Component Locations



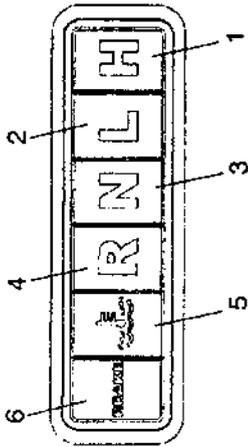
- 16. Taillights
- 17. Tailgate
- 18. Tailgate Latch Release
- 19. Muffler (Spark Arrester)
- 20. CV Boot/Rear Caliper
- 21. Air Box
- 22. Receiver Hitch

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FEATURES AND CONTROLS

Indicator Lights

1. High Gear
2. Low Gear
3. Neutral Gear
4. Reverse Gear
5. High Temperature
6. Park Brake



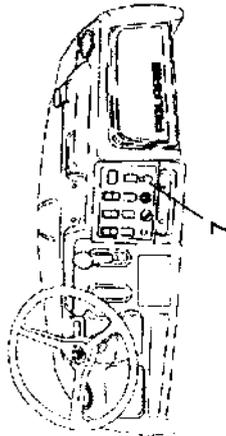
Trailer Hitch Bracket

This vehicle is equipped with a receiver hitch bracket for a trailer hitch. Trailer towing equipment is not supplied with this vehicle.

To avoid injury and property damage, always heed the warnings and towing capacities outlined on page 48.

Auxiliary Outlet

The 12-volt receptacle (7) has spade connections on the back that may be used to power an auxiliary light or other optional accessories or lights. The connections are behind the console, under the hood.



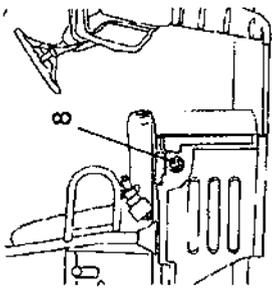
FEATURES AND CONTROLS

Fuel Cap/Fuel Gauge

The fuel tank filler cap (8) is located on the right-hand side of the vehicle near the passenger seat. It has a built-in fuel gauge that indicates the amount of fuel remaining in the tank.

When the indicator needle nears the E (empty) mark, refuel at the earliest opportunity.

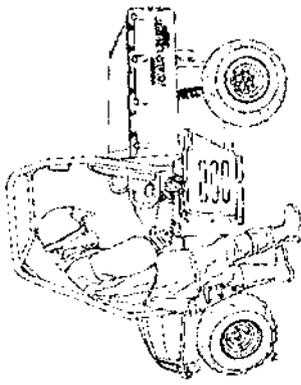
When refueling, always use either leaded or unleaded gasoline with a minimum pump octane number of 87 R+ M/2 octane.



Seat Removal

Pull up on the front of the seat and slide it toward the front of the vehicle.

Install the seat by sliding the tabs into the rear of the seat base. Push down firmly on the front of the seat until the pins are fully seated into the grommets.



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FEATURES AND CONTROLS

Seat Belts

The RANGER is equipped with lap-style seat belts for the operator and passenger.

▲ WARNING

Falling from a moving vehicle could result in serious injury or death. Always fasten your seat belt securely before operating or riding in the RANGER.

Passengers under five years of age require special restraints, which are not available with this vehicle. No person under the age of five years may ride in the RANGER.

To wear the seat belt properly, follow this procedure:

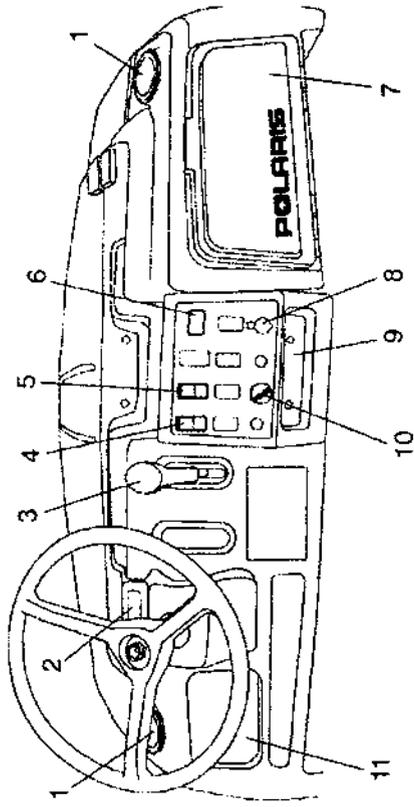
1. Place the belt across your lap as low on your hips as possible, taking care that the belt is not twisted.
2. Push the latch plate into the buckle until it clicks.
3. Release the strap, it will self tighten.

NOTE: The center belt must be tightened manually by pulling on the strap.

To unfasten, press the square red button in the buckle's center.

FEATURES AND CONTROLS

Console



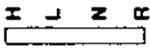
1. Cup Holder
2. Indicator Lights
3. Shift Lever
4. Light Switch
5. AWD/Differential Switch (if equipped)
6. Hour Meter
7. Glove Box with Lid
8. 12V Accessory Plug
9. Storage Tray
10. Ignition Switch
11. Storage Box

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FEATURES AND CONTROLS

Gear Selector

H: High Gear
L: Low Gear
N: Neutral
R: Reverse



NOTE: Low gear is the primary driving range for the **RANGER XP**. High gear is intended for use on hard-packed surfaces with light loads.

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

CAUTION

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

Always place the transmission in gear, engage the park brake and turn the engine off whenever the vehicle is left unattended.

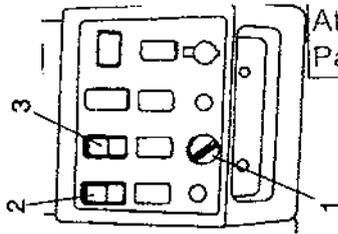
Maintaining shift linkage adjustment is important to assure proper transmission function. See your dealer if you experience any shifting problems.

Switches

Ignition Switch (1)

The ignition switch is a three-position, key-operated switch. The key can be removed from the switch when it is in the OFF position.

OFF	Engine off. All electrical circuits are off except Acc. 12V.
ON/RUN	Electrical circuits are on. Electrical equipment can be used.
START	Electric starter is engaged by holding ignition switch key in this position. Upon release, the key will return to the ON/RUN position.



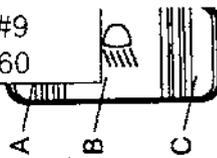
WARNING

Leaving the keys in the ignition can lead to unauthorized use of the vehicle resulting in serious injury or death. Always remove the ignition key when the vehicle is not in use.

Light Switch (2)

The ignition switch key must be in the ON/RUN position to operate the headlights. The switch has three positions:

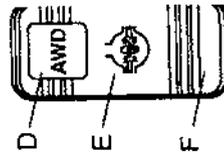
- A: High Beam
- B: Low Beam
- C: Off



AWD/Differential Lock Switch (3)

The AWD/Differential Switch has three positions:

- D: AWD
- E: Differential Lock (2WD)
- F: Off (1WD)



Press the top of the rocker switch to engage AWD. See page 51 for AWD operating instructions.

Move the rocker switch to the center position to lock the differential and return to 2WD. See page 50 for Differential Lock operating instructions.

Press the bottom of the switch to unlock the differential and return to 1WD.

FEATURES AND CONTROLS

Brake Pedal (1)

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

Throttle Pedal (2)

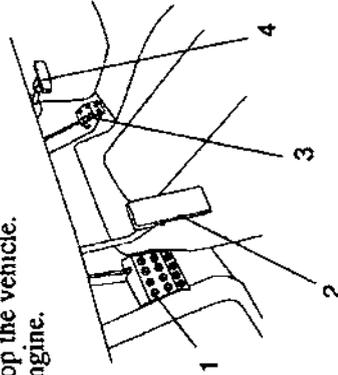
Push the pedal down to increase engine speed. Spring pressure returns the pedal to the rest position when released. Always check that the throttle pedal returns normally before starting the engine. Make sure there's adequate throttle pedal freeplay. See page 81 for throttle pedal adjustment procedures.

Park Brake Pedal (3)

Engage the park brake when parking the vehicle to help prevent the vehicle from rolling. To engage the park brake, apply the brakes, then push the park brake pedal down firmly and fully with your foot.

Park Brake Release (4)

Always apply the service brakes before releasing the park brake. To release the park brake, pull the park brake release handle. Make sure the park brake pedal is functioning properly before each operation.



OPERATION

Vehicle Break-In Period

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

CAUTION

Excessive heat build-up during the first three hours of operation will damage close-fitted engine parts. Do not operate at full throttle or high speeds for extended periods during the first three hours of use.

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

1. Fill the fuel tank with gasoline. Heed the gasoline warnings on page 22.
2. Check the oil level on the dipstick. See page 61. Add Polaris Premium 4 Synthetic Oil if necessary to maintain the oil level in the normal (safe) operating range.
3. Drive slowly at first. Select an open area that allows room to familiarize yourself with vehicle operation and handling.
4. Vary throttle positions. Do not operate at sustained idle.
5. Perform regular checks on fluid levels, controls and areas outlined on the daily pre-ride inspection checklist. See page 34.
6. Pull only light loads.
7. During the break-in period, change both the oil and the filter at 25 hours.

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Attachment #9
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OPERATION Pre-Ride Inspection

▲ WARNING

If a proper inspection is not done before each use, severe injury or death could result. Always inspect the vehicle before each use to ensure it's in proper operating condition.

Pre-Ride Checklist		
Item	Remarks	See Page
Brake system / lever travel	Ensure proper operation	82
Brake fluid	Ensure proper level	82
Front suspension	Inspect, lubricate if necessary	58
Rear suspension	Inspect, lubricate if necessary	58
Steering	Ensure free operation	-
Tires	Inspect condition and pressure	86, 101
Wheels / fasteners	Inspect, ensure fastener tightness	86
Frame nuts, bolts, fasteners	Inspect, ensure tightness	-
Fuel and oil	Ensure proper levels	61
Coolant level	Ensure proper level	73
Coolant hoses	Inspect for leaks	-
Throttle	Ensure proper operation	32
Indicator lights / switches	Ensure operation	26, 31
Air filter, pre-filter	Inspect, clean	78
Air box sediment tube	Drain deposits whenever visible	-
Headlamp	Check operation, apply Polaris dielectric grease when lamp is replaced	88
Brake light / tail lamp	Check operation, apply Polaris dielectric grease when lamp is replaced	89

OPERATION

Starting the Engine

▲ WARNING

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

1. Sit in the driver's seat and fasten the seat belt.
2. Engage the park brake.
3. Shift the transmission to neutral.
4. Apply the brakes while starting the engine.

NOTE: Do not press the throttle pedal while starting the engine.

5. Turn the ignition key past the ON/RUN position to START. Engage the starter for a maximum of five seconds. Release the key when the engine starts.
6. If the engine does not start within five seconds, release the ignition switch and wait five seconds. Repeat steps 5 and 6 until the engine starts.
7. Vary the engine RPM slightly with the throttle to aid in warm up until the engine idles smoothly.

CAUTION

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

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OPERATION

Stopping the Engine

1. Release the throttle pedal completely and brake to a complete stop.
2. Turn the engine off.
3. Engage the park brake.

▲ WARNING

A rolling vehicle can cause property damage and serious injury. Always engage the park brake after stopping the engine.

Braking

1. Release the throttle pedal completely.
2. Press on the brake pedal evenly and firmly.

NOTE: Practice starting and stopping (using the brakes) until you're familiar with the controls.

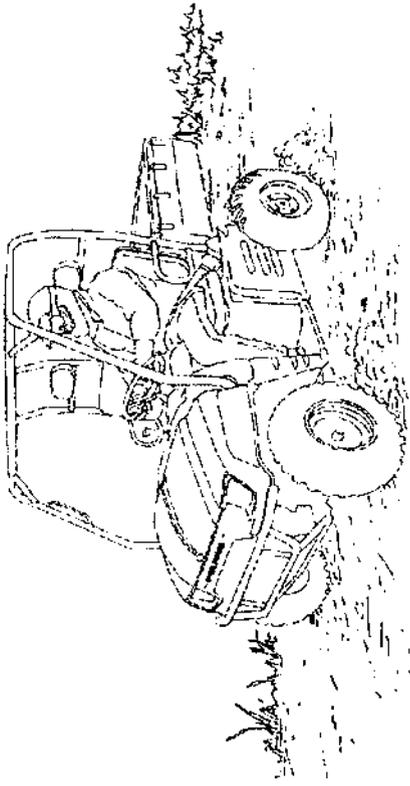
NOTE: When the throttle pedal is released completely and the engine speed drops near an idle, the vehicle has no engine braking.

▲ WARNING

Failure to allow for increased braking distance when hauling cargo or towing a trailer may result in accident and injury. Always slow down and allow additional braking distance when towing or hauling cargo.

OPERATION

Driving Safely Driving Procedures



1. Sit in the driver's seat and fasten the seat belt.
2. After starting the engine and allowing it to warm up, apply the service brakes, and shift the transmission into gear.
3. Check your surroundings and determine your path of travel.
4. Release the park brake.
5. Keeping both hands on the steering wheel, slowly release the brakes and depress the throttle with your right foot to begin driving.
6. Drive slowly. Practice maneuvering and using the throttle and brakes on level surfaces.

NOTE: Low gear is the primary range for operating the **RANGER** XP. High gear is intended for use on hard-packed surfaces with light loads.

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OPERATION

Driving Safely

Driving On Slippery Surfaces

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

1. Slow down when entering slippery areas.
2. Maintain a high level of alertness, reading the trail and avoiding quick, sharp turns, which can cause skids.
3. Correct a skid by turning the steering wheel in the direction of the skid.
4. Drive with AWD engaged (if equipped) to assist in controlling the vehicle.

CAUTION

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

WARNING

Failure to exercise care when operating on slippery surfaces can result in loss of tire traction and cause loss of control, accident, and serious injury or death.

Never apply the brakes during a skid.

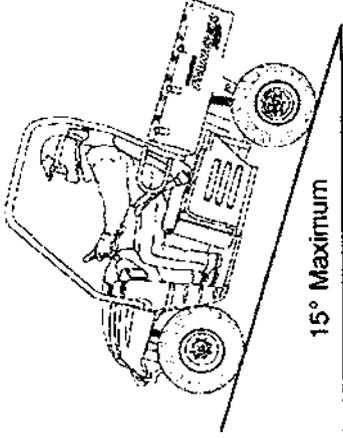
Do not operate on excessively slippery surfaces.

Always reduce speed and use additional caution when operating on slippery surfaces.

OPERATION

Driving Safely

Driving Uphill



Whenever traveling uphill, follow these precautions:

1. Always travel straight uphill.
2. Avoid steep hills (15° maximum).
3. Keep both feet on the floor.
4. Proceed at a steady rate of speed and throttle opening.

WARNING

Climbing hills improperly can cause loss of control or vehicle overturn. Always check the terrain carefully before climbing a hill.

Braking and handling are greatly affected when operating in hilly terrain. Improper procedure could cause loss of control or overturn and result in serious injury or death.

Avoid climbing steep hills (15° maximum).

Use extreme caution when operating on hills, and follow proper operating procedures outlined in the owner's manual.

Never climb hills with excessively slippery or loose surfaces.

Never open the throttle suddenly.

Never go over the crest of a hill at high speed. An obstacle, a sharp drop, or another vehicle or person could be on the other side of the hill.

OPERATION

Driving Safely

Sidehilling

▲ WARNING

Crossing hillsides or turning on hills can result in loss of control or vehicle overturn, resulting in severe injury or death. Avoid crossing the side of a hill when possible. When unavoidable, exercise extreme caution. Avoid operating on steep hills (15° maximum).

Driving Downhill

Whenever descending a hill, follow these precautions:

1. Proceed directly downhill.
2. Slow down.
3. Apply the brakes *slightly* to aid in slowing.

▲ WARNING

Traveling downhill improperly could cause loss of control or vehicle overturn. Always check the terrain carefully before descending a hill.

Never descend a hill at high speed. Excessive speed may result in loss of vehicle control and lead to serious injury or death. Always operate slowly when traveling downhill.

Avoid descending a hill at an angle, which would cause the vehicle to lean sharply to one side. Travel straight downhill when possible.

Driving Safely

Driving Through Water

▲ WARNING

The large tires on your RANGER may cause the vehicle to float in deep or fast-flowing water, which could result in loss of control and lead to serious injury or death. Never cross deep or fast-flowing water with your RANGER.

Your Polaris RANGER can operate through water up to a maximum recommended depth equal to the floorboards (1). Follow these procedures when operating through water:

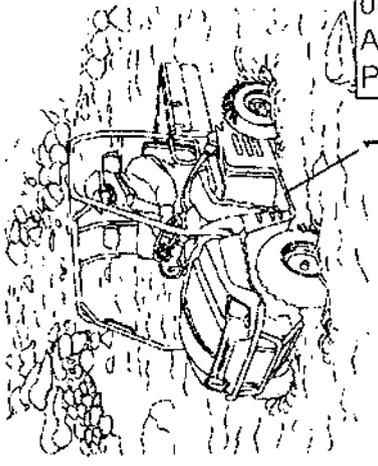
1. Always determine water depths and current before entering.
2. Choose a crossing where both banks have gradual inclines.
3. Proceed slowly, avoiding rocks and obstacles.
4. After leaving water, always dry the brakes by applying light pressure to the pedal repeatedly until braking action is normal.

NOTE: After running your vehicle in water, it's *critical* that you perform the services outlined in the Periodic Maintenance Chart beginning on page 53. Give special attention to oil, transmission oil, front and rear gearcases, and fittings.

CAUTION

Immersion can result in major damage if the vehicle isn't serviced correctly and promptly. After immersion, always take the vehicle to your dealer service. *Do not start the engine!*

If it's impossible to bring the vehicle to your dealer before starting the engine, perform the service outlined on page 91, and take the vehicle to your dealer at the first opportunity.

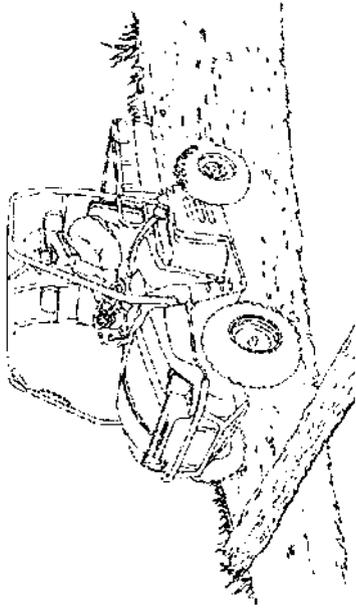


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OPERATION

Driving Safely

Driving Over Obstacles



Be alert! Look ahead and learn to read the terrain you're traveling on. Watch for hazards such as logs, rocks and low hanging branches.

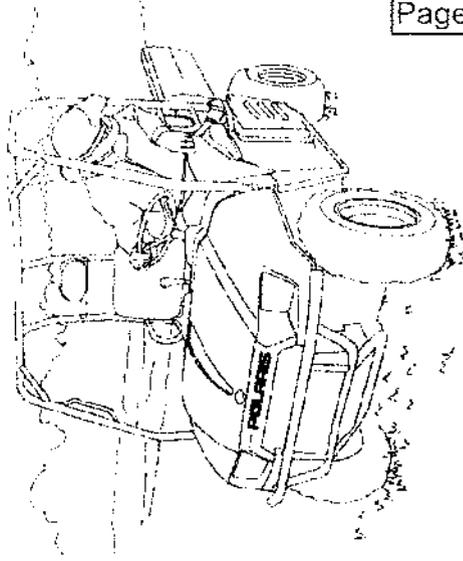
⚠ WARNING

Severe injury or death can result if your vehicle suddenly comes in contact with a hidden obstacle. Not all obstacles are immediately visible. Reduce speed and travel with caution in unfamiliar terrain.

OPERATION

Driving Safely

Driving in Reverse



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Follow these guidelines when operating in reverse:

1. Back slowly.
2. Apply the brakes lightly for stopping.
3. Avoid turning at sharp angles.
4. Always avoid backing downhill.
5. Never open the throttle suddenly while backing.
6. Always inspect left and right fields of vision before backing.

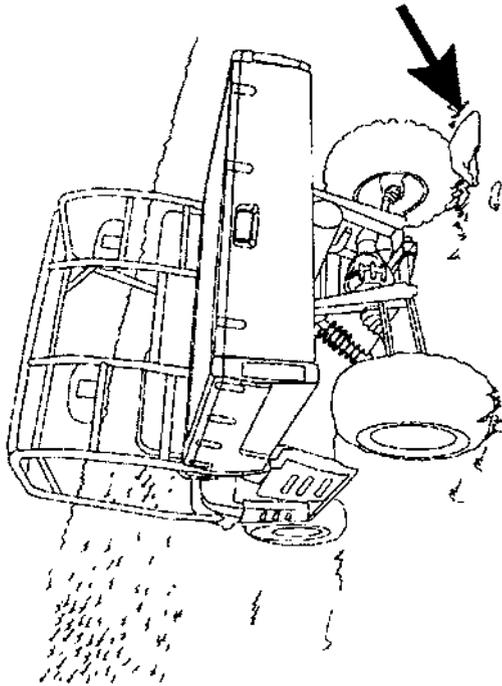
⚠ WARNING

Failure to use caution when operating in reverse can result in serious injury or death. Before shifting into reverse, always check for obstacles or people behind the vehicle and follow the reverse operation procedures outlined in this manual. Always back slowly.

OPERATION

Driving Safely

Parking on an Incline



Avoid parking on an incline if possible. If it's unavoidable, follow these precautions:

1. Place the transmission in gear.
2. Engage the park brake.
3. Turn the engine off.
4. Block the rear wheels on the downhill side.

▲ WARNING

A rolling vehicle can cause property damage and serious injury. Always engage the park brake after stopping the engine. Always block the downhill side of the wheels if leaving the vehicle on a hill, or park the vehicle in a sidehill position instead.

Operating the vehicle while the park brake is engaged could cause loss of control and result in serious injury or death. Always disengage the park brake before operating the vehicle.

OPERATION

Driving Safely

Hauling Cargo

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▲ WARNING

Hauling cargo improperly can alter vehicle handling and may cause loss of control or brake instability, which can result in serious injury or death. Always follow these precautions when hauling cargo:

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

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

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

Always operate the vehicle with extreme care when hauling or towing loads.

Slow down and drive in the lowest gear available.

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

OPERATE ONLY WITH STABLE AND SAFELY ARRANGED LOADS. When handling off-centered loads that cannot be centered, securely fasten the load and operate with extra caution. Always attach the tow load to the hitch point designated for your vehicle.

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

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

DO NOT TRAVEL FASTER THAN THE RECOMMENDED SPEEDS. Vehicle should never exceed 10 mph (16 kph) while towing a load on a level grass surface. Vehicle speed should never exceed 5 mph (8 kph) when towing loads in rough terrain, while cornering, or while ascending or descending a hill.

OPERATION

Driving Safely

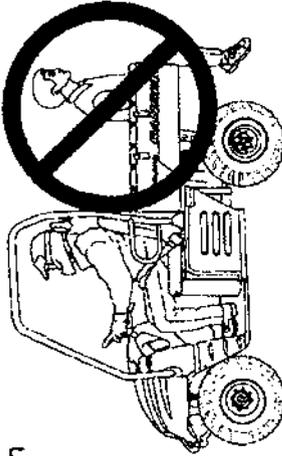
Hauling Cargo

The RANGER has been designed to carry or tow specific capacities. Always read and understand the load distribution warnings listed on the warning labels. Never exceed the following capacities.

	Maximum Capacities (Level Ground)	Cargo Box
RANGER 4X4 XP	1500 lbs. (681 kg)	1000 lbs. (454 kg)
RANGER 6X6 EFI	1750 lbs. (794 kg)	1250 lbs. (567 kg)

▲ WARNING

Driving with passengers in the cargo box can result in severe injury or death. Never allow passengers to ride in the cargo box. Passengers must always ride in the cab with seat belts fastened securely.



Driving Safely

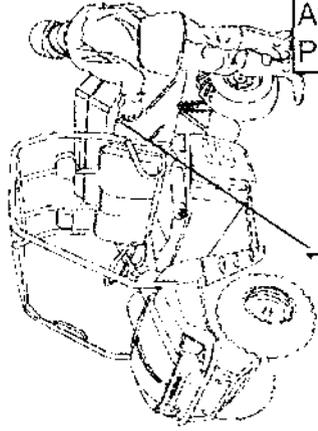
Dumping the Cargo Box

▲ WARNING

Operating the vehicle while the cargo box is raised could result in severe injury. The box could close unexpectedly and cause injury to the driver or passenger. The rear tires will also catch the rear of a raised box, damaging the vehicle and creating hazardous driving conditions.

Never operate this vehicle with the cargo box in the raised position.

1. Select a level site to dump the cargo box. Do not attempt to dump or unload the vehicle while parked on an incline.
2. Engage the park brake.
3. Dismount the vehicle.
4. Ensure that the cargo is positioned evenly or toward the front of the cargo box.
5. Release the tailgate by pulling up on the tailgate latch.
6. Stand clear and pull up on the cargo box release lever (1).
7. Lift the front of the cargo box to dump the cargo.
8. Lower the cargo box and push down securely to latch.



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▲ WARNING

If the weight distribution on the box is located toward the rear of the box when the release lever is pulled forward, the box may dump unexpectedly and cause serious injury to the operator or bystanders.

Never operate the dump lever without ensuring that the load is positioned evenly or at the front of the box.

OPERATION

Driving Safely

Towing Loads

▲ WARNING

Towing improperly can alter vehicle handling and may cause loss of control or brake instability, which can result in serious injury or death. Always follow these precautions when towing:

Never load more than 150 lbs. (68.1 kg) tongue weight on the towing bracket.

Do not operate the vehicle faster than 10 mph (16 km/h) when towing. See page 45. Towing a trailer increases braking distance.

Do not tow more than the recommended weight for the vehicle. See the towing capacity chart below and the specifications charts beginning on page 100.

Attach a trailer to the trailer hitch bracket only. Do not attach a trailer to any other location or you may lose control of the vehicle. Never tow a trailer on a grade steeper than 15°.

Maximum Towing Capacities (Level Ground)

	Total Towed Load Weight (level ground)	Total Towed Load Weight (15° grade)	Total Hitch Vertical Weight	Maximum Towing Speed
RANGER 4x4 XP	1500 lbs. (681 kg)	850 lbs. (386 kg)	150 lbs. (68.1 kg)	10 mph (16 kph)
RANGER 6X6 EFI	1750 lbs. (794 kg)	1000 lbs. (454 kg)	150 lbs. (68.1 kg)	10 mph (16 kph)

Belt Life

To extend belt life, use the lowest gear possible when hauling or towing heavy cargo.

OPERATION

Driving Safely

Parking the RANGER

▲ WARNING

A rolling vehicle can cause property damage and serious injury. Always engage the park brake after stopping the engine.

1. Stop the vehicle on a level surface.
2. Turn the engine off.
3. Engage the park brake.
4. Remove the ignition switch key to prevent unauthorized use.

▲ WARNING

Gasoline is extremely flammable and can be explosive under certain conditions. When parking inside a garage or other structure, be sure that the structure is well ventilated and that the vehicle is not close to any source of flame or sparks, including any appliance with pilot lights.

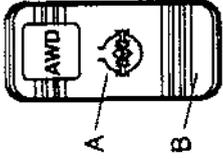
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OPERATION

Differential Lock (4X4)

The 4X4 rear axle is equipped with a lockable differential that allows the operator to choose between an open differential or a closed differential. It's beneficial to lock the differential in low traction situations.

Move the AWD/Differential Lock rocker switch to the center position (A) to lock the differential and return to 2WD. Press the bottom of the switch (B) to unlock the differential and return to 1WD.



CAUTION

Damage to the differential can occur if it is engaged while the vehicle is traveling at high speeds or while the rear wheels are spinning. Slow the vehicle to nearly stopped before engaging the differential.

OPERATION

All Wheel Drive (AWD)

The illuminated amber AWD switch (1) indicates that the vehicle is in AWD.

When the AWD switch is on, the front wheels will automatically engage any time the rear wheels lose traction. When the rear wheels regain traction, the front wheels will automatically disengage. There is no limit to the length of time the vehicle may remain in AWD.

When the RANGER 6X6 AWD switch is off, the vehicle is in two-wheel drive at all times.

When the RANGER 4X4 AWD switch is off, the vehicle is in one-wheel drive at all times. See page 50 for 4X4 two-wheel drive/differential lock operation.

The AWD switch may be turned on or off while the vehicle is moving. If the switch is turned off while the front hubs are driving, they will release until the rear wheels regain traction.

CAUTION

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

Disengaging AWD

Under certain conditions, it may be possible for the front gearcase to remain locked unnecessarily. This condition causes increased steering effort and some vehicle speed restriction.

Take the following steps to disengage the AWD system:

1. Stop the vehicle.
2. Shift to reverse and back up a minimum of 10 feet.
3. Stop completely.
4. Shift into low gear and drive forward.

If the front gearcase remains locked after following these instructions, return the vehicle to your dealer for service.

EMISSION CONTROL SYSTEMS

Noise Emission Control System

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

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

Your Polaris vehicle has a spark arrestor that was tested and qualified to be in accordance with the USDA Forest Service Standard 5100-1C. Federal law requires that this spark arrestor be installed and functional when the vehicle is operated on public lands.

Operation of off-road vehicles on public lands in the U.S.A. is regulated by 43 CFR 8343. Violations are subject to monetary penalties. Federal regulations can be viewed online at www.gpoaccess.gov/ecfr/.

Crankcase Emission Control System

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

Exhaust Emission Control System

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

Engine idle speed is the only adjustment Polaris recommends that the operator perform. Any other adjustments should be performed by an authorized Polaris dealer.

Emissions labels are located on either the recoil cover, the stator housing or the left side of the engine near the clutch cover.

Electromagnetic Interference

This spark ignition system complies with Canadian ICES-002.

This vehicle complies with European directives 97/24/EC and 89/336/EEC.

MAINTENANCE AND LUBRICATION

Periodic Maintenance Chart

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

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

Record maintenance and service in the Maintenance Log beginning on page 116.

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

Maintenance intervals in the following chart are based upon average riding conditions and an average vehicle speed of approximately 10 miles per hour. Vehicles subjected to severe use must be inspected and serviced more frequently.

Severe Use Definition

- Frequent immersion in mud, water or sand
- Racing or race-style high RPM use
- Prolonged low speed, heavy load operation
- Extended idle
- Short trip cold weather operation

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

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MAINTENANCE AND LUBRICATION Periodic Maintenance Chart

Maintenance Chart Key

- ▶ Perform these procedures more frequently for vehicles subjected to severe use.
- E Emission Control System Service - 4 Cycle (California)
- Have an authorized Polaris dealer perform these services.

▲ WARNING

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

MAINTENANCE AND LUBRICATION Periodic Maintenance Chart

Perform all services at whichever maintenance interval is reached first.

Item	Maintenance Interval (whichever comes first)		Remark...
	Hours	Miles (Km)	
Steering	-	Pre-Ride	Make adjustments as needed. See Pre-Ride Checklist on page 34.
Front suspension	-	Pre-Ride	
Rear suspension	-	Pre-Ride	
Tires	-	Pre-Ride	
Brake fluid level	-	Pre-Ride	
Brake pedal travel	-	Pre-Ride	
Brake systems	-	Pre-Ride	
Wheels/fasteners	-	Pre-Ride	
Frame fasteners	-	Pre-Ride	
Engine oil level	-	Pre-Ride	
Air filter, pre-filter	-	Daily	Inspect; clean often
Air box sediment tube	-	Daily	Drain deposits when visible
Coolant (if applicable)	-	Daily	Check level daily; change coolant every 2 years
Headlamp/tail lamp	-	Daily	Check operation; apply dielectric grease if replacing
Air filter, main element	-	Weekly	Inspect; replace as needed
Brake pad wear	10 H	Monthly	Inspect periodically
Battery	20 H	Monthly	Check terminals; clean; test
Front gearcase oil (if equipped)	25 H	Monthly	Inspect level; change yearly
Middle gearcase oil (if equipped)	25 H	Monthly	Inspect level; change yearly
Rear gearcase oil (if equipped)	25 H	Monthly	Inspect level; change yearly
Transmission oil	25 H	Monthly	Inspect level; change yearly

- ▶ Perform these procedures more often for vehicles subjected to severe use.
- E Emission Control System Service - 4 Cycle (California)
- Have an authorized Polaris dealer perform these services.

MAINTENANCE AND LUBRICATION

Lubrication Recommendations

Check and lubricate all components at the intervals outlined in the Periodic Maintenance Chart beginning on page 53. Items not listed in the chart should be lubricated at the General Lubrication interval.

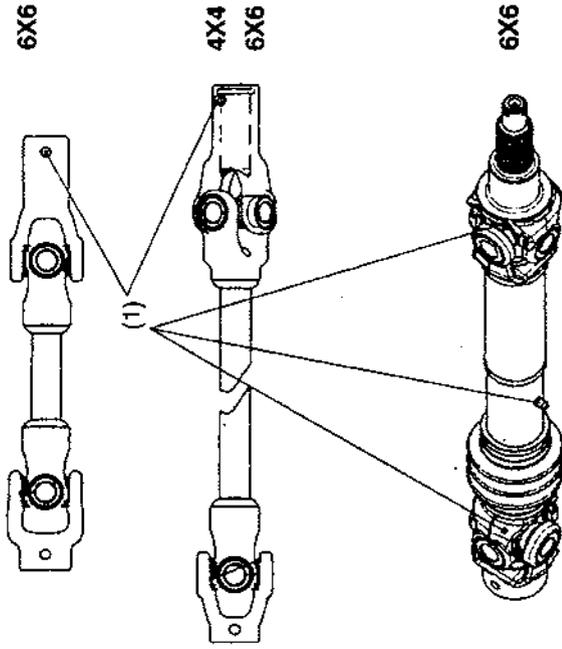
Lubrication Chart Key

- ▲ More often under severe use, such as wet or dusty conditions
- ★ Polaris Premium all Season Grease or grease conforming to NLGI No. 2, such as Conoco Superlube M or Mobilgrease Special
- Use Polaris Premium U-Joint Lube every 500 miles, before long periods of storage, or after pressure washing or submerging.

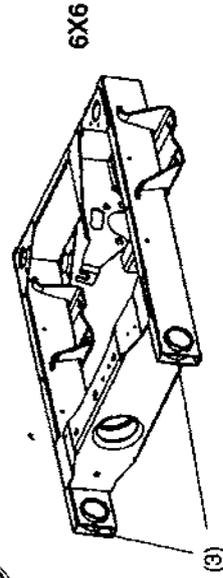
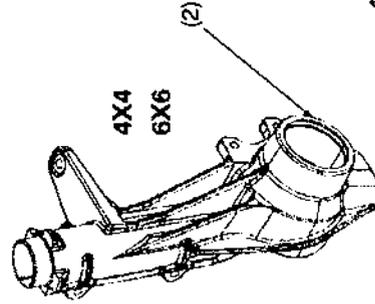
Item	Lube	Method
Engine Oil	Polaris Premium 4 Synthetic 0W40	Add to proper level on dipstick.
Brake Fluid	DOT 3 or DOT 4	Maintain level between fill lines. See page 82.
Main Gearcase Oil (Transmission)	Premium AGL Synthetic Gearcase Lube	See page 64.
Front Gearcase Oil	Premium Demand Drive Hub Fluid	See page 66.
Middle Gearcase Oil (6X6 only)	Premium ATV Angle Drive Fluid	See page 67.
Rear Gearcase Oil	Premium ATV Angle Drive Fluid	See page 68.
(1) Prop Shaft U-joints	● Grease	Locate fittings and grease
Front Prop Shaft Yoke	● Grease	Locate fittings and grease (3 pumps maximum)
(2) Ball Joint	▲ ★ Grease	Locate fitting (back side of struts), grease with grease gun.
(3) Swing Arm Bushings	★ Grease	Locate fittings on swing arm and grease with grease gun.

MAINTENANCE AND LUBRICATION

Lubrication Recommendations



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MAINTENANCE AND LUBRICATION Engine Oil

Always check and change the engine oil at the intervals outlined in the Periodic Maintenance Chart beginning on page 53. Always change the oil filter whenever changing oil.

Premium 4 Synthetic Oil

Polaris Premium 4 All Season Synthetic engine oil has been specially formulated for use in Polaris 4-cycle engines. It's a fully synthetic, high performance, multi-viscosity oil designed to provide the ultimate in lubrication performance and protection. See page 99 for the part numbers of Polaris products.

Premium 4 possesses unsurpassed film strength over the widest possible temperature range. It resists viscosity and frictional breakdown in ambient temperatures from -40° F. to 120° F. Its exceptional frictional properties result in more efficient operation, more power output and lower fuel consumption.

Although Polaris Premium 4 is the only oil recommended for use in this engine, use of any API certified "SH" oil is allowable as long as it's 0W-40. Oil may need to be changed more frequently if Polaris Premium 4 is not used. Follow the manufacturer's recommendations for ambient temperature operation.

CAUTION

Mixing brands or using a non-recommended oil may cause serious engine damage. We recommend the use of Polaris Premium 4 All Season synthetic oil or API certified "SH" oil, 0W-40. Never substitute or mix oil brands. Use only 0W-40.

▲ WARNING

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

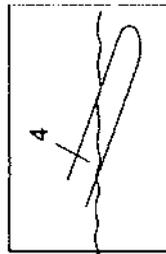
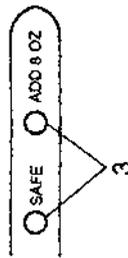
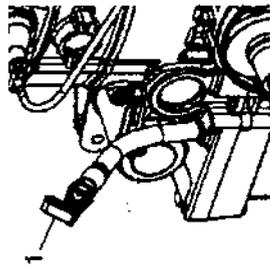
MAINTENANCE AND LUBRICATION Engine Oil

Always check and change the oil at the intervals outlined in the Periodic Maintenance Chart beginning on page 53. We recommend the use of Polaris Premium 4 All Season Synthetic engine oil.

Oil Check

The oil dipstick and fill tube (1) is located on the engine.

1. Position the vehicle on a level surface.
2. Apply the brakes. Start the engine and let it idle for 20-30 seconds, then stop the engine.
3. Lift the lever lock (2) to remove the dipstick. Wipe it dry with a clean cloth.
4. Reinstall the dipstick completely, but do not lock it. The dipstick must be screwed completely in to keep the angle and depth of the stick consistent.
5. Remove the dipstick and check the oil level. Maintain the oil level in the safe range (3). Do not overfill.



- NOTE:** Due to the dipstick entry angle into the crankcase, the oil level will read higher on the bottom side of the dipstick. Always read the level on the upper surface (4) of the dipstick.
6. After reinstalling the dipstick, be sure to seat the lever lock.

MAINTENANCE AND LUBRICATION

Engine Oil

Oil and Filter Change

▲ CAUTION

Hot oil can cause serious burns to skin. Do not allow hot oil to come into contact with skin.

Always change the oil and filter at the intervals outlined in the Periodic Maintenance Chart beginning on page 53. Always change the oil filter whenever changing oil.

1. Position the vehicle on a level surface.
2. Run the engine for two to three minutes until warm. Stop the engine.
3. Clean the area around the drain plug.
4. Place a drain pan beneath engine crankcase and remove the drain plug.
5. Allow the oil to drain completely.
6. Reinstall the sealing washer on the drain plug.

NOTE: The sealing surfaces on drain plug and crankcase should be clean and free of burrs, nicks or scratches.

7. Reinstall the drain plug. Torque to 20 ft. lbs. (27 Nm).
8. Place shop towels beneath the oil filter. Using an oil filter wrench, turn the filter counterclockwise to remove.
9. Using a clean dry cloth, clean the filter sealing surface on the crankcase.
10. Lubricate the o-ring on the new filter with a film of fresh engine oil. Check to make sure the o-ring is in good condition.
11. Install the new filter and turn by hand until the filter gasket contacts the sealing surface, then turn and additional 1/2 turn.

MAINTENANCE AND LUBRICATION

Engine Oil

Oil and Filter Change

12. Remove the dipstick and fill the sump with two quarts (1.9 l) of recommended oil.
13. Shift the transmission to neutral.
14. Engage the park brake.
15. Apply the brakes. Start the engine. Allow it to idle for one to two minutes.
16. Stop the engine. Inspect for leaks.
17. Re-check the oil level on the dipstick and add oil as necessary to bring the level to the upper mark on the dipstick.
18. Dispose of used filter and oil properly.

Gearcases

Gearcase Specification Chart

Gearcase	Lubricant	Capacity	Fill Plug Torque	Drain Plug Torque
Main Gearcase (Transmission)	Premium AGL Synthetic Gearcase Lube	15.2 oz. (450 ml)	14 ft. lbs. (19.4 Nm)	14 ft. lbs. (19.4 Nm)
Front Gearcase	Premium Demand Drive Hub Fluid	5 oz. (150 ml)	8-10 ft. lbs. (11-13.6 Nm)	11 ft. lbs. (15 Nm)
Middle Gearcase (6X6)	Premium ATV Angle Drive Fluid	6.75 oz. (200 ml)	14 ft. lbs. (19.4 Nm)	14 ft. lbs. (19.4 Nm)
Rear Gearcase (4X4)	Premium ATV Angle Drive Fluid	18 oz. (532 ml)	40-50 ft. lbs. (54-68 Nm)	30-45 in. lbs. (3-5 Nm)
Rear Gearcase (6X6)	Premium ATV Angle Drive Fluid	10 oz. (300 ml)	14 ft. lbs. (19.4 Nm)	14 ft. lbs. (19.4 Nm)

MAINTENANCE AND LUBRICATION

Gearcases

Transmission (Main Gearcase)

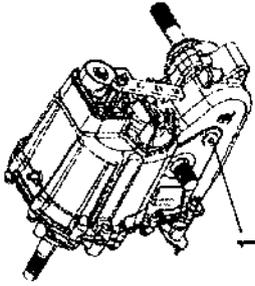
Always check and change the transmission oil at the intervals outlined in the Periodic Maintenance Chart beginning on page 53. Maintain the oil level even with the bottom of the fill plug hole.

The fill plug (1) is located at the rear of the vehicle.

Refer to the Gearcase Specifications Chart on page 63 for recommended lubricants, capacities and torque specifications. See page 99 for the part numbers of Polaris products.

Oil Check

1. Position the vehicle on a level surface.
2. Remove the fill plug.
3. Check the oil level.
4. Add the recommended oil as needed.
5. Reinstall the fill plug. Torque to specification.



MAINTENANCE AND LUBRICATION

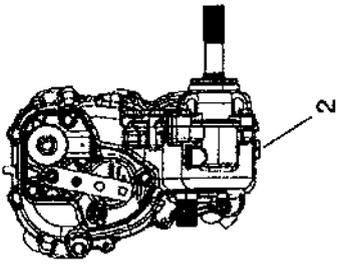
Gearcases

Transmission (Main Gearcase)

Oil Change

The drain plug (2) is located on the bottom of the transmission. Access the drain plug through the drain hole in the skid plate.

1. Remove the fill plug.
2. Place a drain pan under the drain plug. Remove the drain plug. Drain the oil. Dispose of used oil properly.
3. Wipe the magnetic end of the drain plug clean to remove accumulated metallic filings.
4. After the oil has drained completely, install a new sealing washer.
5. Reinstall the drain plug. Torque to specification.
6. Add the recommended oil as needed. Do not overfill.
7. Reinstall the fill plug. Torque to specification.
8. Check for leaks.



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MAINTENANCE AND LUBRICATION

Gearcases

Front Gearcase

Always check and change the front gearcase oil at the intervals outlined in the Periodic Maintenance Chart beginning on page 53. Maintain the oil level even with the bottom thread of the fill plug hole.

The front gearcase fill plug (1) is located on the right side of the front gearcase.

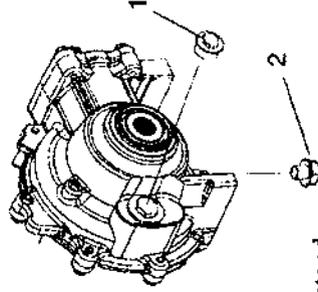
Refer to the Gearcase Specifications Chart on page 63 for recommended lubricants, capacities and torque specifications. See page 99 for the part numbers of Polaris products.

Oil Check

1. Position the vehicle on a level surface.
2. Remove the fill plug. Check the oil level.
3. Add the recommended oil as needed.
4. Reinstall the fill plug. Torque to specification.

Oil Change

1. Support the vehicle securely with a jackstand.
2. Remove the front tire on the driver's side.
3. Remove the fill plug.
4. Place a drain pan under the drain plug (2) on the bottom right-hand side.
5. Remove the drain plug. Drain the oil. Discard used oil properly.
6. Clean the drain plug. Reinstall the drain plug. Torque to specification.
7. Add the recommended oil.
8. Reinstall the fill plug. Torque to specification.
9. Check for leaks.



MAINTENANCE AND LUBRICATION

Gearcases

Middle Gearcase (RANGER 6X6)

Always check and change the middle gearcase oil at the intervals outlined in the Periodic Maintenance Chart beginning on page 53. Maintain the oil level even with the bottom thread of the fill plug hole.

Refer to the Gearcase Specifications Chart on page 63 for recommended lubricants, capacities and torque specifications. See page 99 for the part numbers of Polaris products.

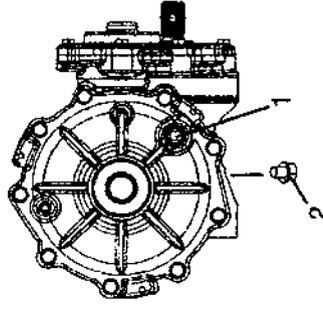
The middle gearcase fill plug (1) is located on the side of the gearcase.

Oil Check

1. Position the vehicle on a level surface.
2. Remove the fill plug. Check the oil level.
3. Add the recommended oil as needed.
4. Reinstall the fill plug. Torque to specification.

Oil Change

1. Remove the fill plug.
2. Remove the drain plug (2) from the bottom of the gearcase. Drain the oil into a drain pan. Discard used oil properly.
3. Clean and reinstall the drain plug. Torque to specification.
4. Add the recommended fluid.
5. Reinstall the fill plug. Torque to specification.
6. Check for leaks.



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MAINTENANCE AND LUBRICATION

Gearcases

Rear Gearcase

Always check and change the rear gearcase oil at the intervals outlined in the Periodic Maintenance Chart beginning on page 53.

Refer to the Gearcase Specifications Chart on page 63 for recommended lubricants, capacities and torque specifications. See page 99 for the part numbers of Polaris products.

The rear gearcase fill plug (1) is on the driver's side of the rear gearcase.

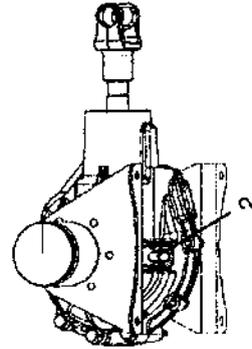
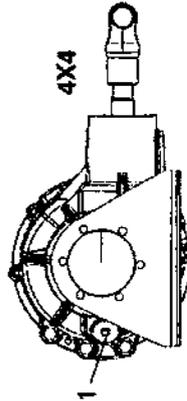
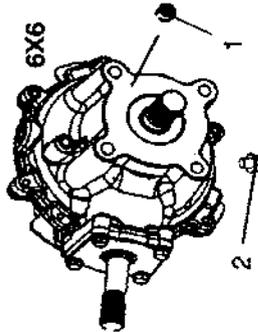
Oil Check (6X6)

The easiest way to check for adequate oil in the 6X6 is to drain and refill the gearcase to capacity (see page 63). Perform the oil change as outlined on page 69.

Oil Check (4X4)

Maintain the oil level 3/4 of an inch (19 mm) below the bottom thread of the fill plug hole. Use a light colored non-absorbent measuring instrument (such as a white cable tie) to measure the depth.

1. Position the vehicle on a level surface.
2. Remove the fill plug. Check the oil level.
3. Add the recommended oil as needed.
4. Reinstall the fill plug. Torque to specification.



MAINTENANCE AND LUBRICATION

Gearcases

Rear Gearcase

Oil Change

1. Remove the fill plug.
2. Place a drain pan under the drain plug (2). Remove the drain plug.
3. Drain the oil. Dispose of used oil properly.
4. Clean the drain plug. Reinstall the drain plug. Torque to specification.
5. Add the recommended oil.
6. Reinstall the fill plug. Torque to specification.
7. Check for leaks.

MAINTENANCE AND LUBRICATION

Spark Plugs

CAUTION

Using non-recommended spark plugs can result in serious engine damage. Always use Polaris-recommended spark plugs. Refer to the specifications section beginning on page 100.

Spark Plug Gap/Torque

Model	Electrode Gap	New Plug Torque	Used Plug Torque
RANGER 4X4 XP	.035" (.9 mm)	18 ft. lbs. (24 Nm)	18 ft. lbs. (24 Nm)
RANGER 6X6 EFI	.035" (.9 mm)	18 ft. lbs. (24 Nm)	18 ft. lbs. (24 Nm)

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

▲ WARNING

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

1. Normal

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

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

MAINTENANCE AND LUBRICATION

Spark Plugs

2. Wet Fouled

The wet fouled insulator tip is black. A damp oil film covers the firing end. There may be a carbon layer over the entire nose. Generally, the electrodes are not worn. General causes of fouling are excessive oil, use of non-recommended injection oil or incorrect throttle body adjustments.

Spark Plug Removal and Replacement

1. Remove the seat to access the engine compartment.
2. Remove the spark plug cap. Using the spark plug wrench provided in the tool kit, remove the plug by rotating it counterclockwise.
3. Reverse the procedure for spark plug installation. Torque to specification. See page 70.

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MAINTENANCE AND LUBRICATION

Cooling System

Operation

The engine coolant level is controlled or maintained by the recovery system. The recovery system components are the overflow bottle, radiator filler neck, radiator pressure cap and connecting hose.

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

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

Adding or Changing Coolant

To ensure that the coolant maintains its ability to protect the engine, we recommend that the system be completely drained every two years and a fresh mixture of antifreeze and water added. Polaris recommends the use of Polaris Premium 60/40 anti-freeze/coolant or a 50/50 mixture of high quality aluminum compatible anti-freeze/coolant and distilled water. Polaris Premium 60/40 is already premixed and ready to use. Do not dilute with water. See page 99 for the part numbers of Polaris products.

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

Any time the cooling system has been drained for maintenance or repair, replace the coolant. If the recovery bottle has run dry, the level in the radiator should be inspected. Add coolant as needed.

MAINTENANCE AND LUBRICATION

Cooling System

Radiator and Cooling Fan

Always check and clean the screen and radiator fins at the intervals outlined in the Periodic Maintenance Chart beginning on page 53. Do not obstruct or deflect air flow through the radiator by installing unauthorized accessories in front of the radiator or behind the cooling fan. Interference with the radiator air flow can lead to overheating and consequent engine damage.

CAUTION

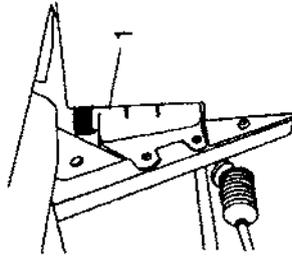
Washing the vehicle with a high-pressure hose could damage the radiator fins and impair the radiator's effectiveness. Exercise caution if a high-pressure system is used for washing the vehicle.

Coolant Level

Always check and change the coolant at the intervals outlined in the Periodic Maintenance Chart beginning on page 53. Maintain the coolant level between the minimum and maximum marks on the bottle (when the fluid is cool). The overflow bottle (1) is located in front of the right front wheel.

1. Position the vehicle on level ground.
2. View the coolant level in the overflow bottle.
3. If the coolant level is below the safe operating range, lift the hood and locate the overflow bottle lid. Remove the lid and use a funnel to add coolant through the filler opening. Reinstall the cap.

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



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MAINTENANCE AND LUBRICATION

Cooling System

Radiator Coolant Level

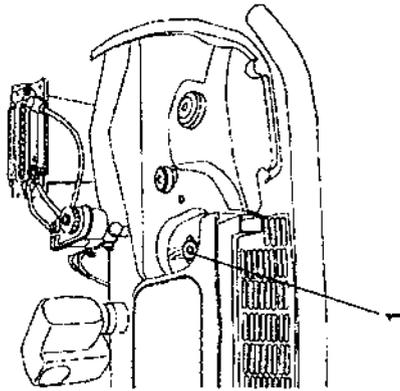
Always check and change the coolant at the intervals outlined in the Periodic Maintenance Chart beginning on page 53.

▲ WARNING

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

1. Lift the hood and slowly remove the radiator cap (1).
2. View the coolant level through the opening.
3. Use a funnel and slowly add coolant as needed.

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



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

MAINTENANCE AND LUBRICATION

Polaris Variable Transmission (PVT) System

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

When To Use Low Range vs. High Range

Following is a guideline for when to use low range and high range.

Low Range

- When basic operation is at speeds less than 7 MPH (11 KPH)
- For heavy pulling
- When operating in rough terrain (swamps, mountains, etc.) at low ground speeds

High Range

- When basic operation is at speeds greater than 7 MPH (11 KPH)
- When operating at high ground speeds

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MAINTENANCE AND LUBRICATION

PVT System

▲ WARNING

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

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

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

Always follow all recommended maintenance procedures. See your dealer as outlined in the owner's manual.

This PVT system is intended for use on Polaris products only. Do not install it in any other product.

Always make sure the PVT housing is securely in place during operation.

MAINTENANCE AND LUBRICATION

PVT System

PVT Drying

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

1. Loosen the bottom screws that secure the clutch cover.
2. Allow the water to drain.
3. Tighten the screws.
4. Apply the brakes. Start the engine.
5. Engage the park brake.
6. Shift the transmission to neutral.
7. Apply varying throttle for 10-15 seconds to expel the moisture and air-dry the belt and clutches. Do not hold the throttle wide open for more than 10 seconds.
8. Allow the engine RPM to settle to idle speed. Apply the service brakes. Release the park brake and shift the transmission to the lowest available range.
9. Test for belt slippage. If the belt slips, repeat the process.
10. Take the vehicle to your dealer for service as soon as possible.

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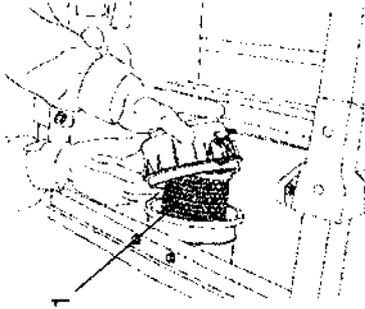
MAINTENANCE AND LUBRICATION

Filter Systems

Air Filter

Always change the air filter at the intervals outlined in the Periodic Maintenance Chart beginning on page 53.

1. Lift the cargo box to access the air box.
2. Remove the air box cover and inspect the gasket. It should adhere tightly to the cover and seal all the way around.
3. Remove the air filter (1).
4. Do not attempt to clean the main element. Install a new air filter.



NOTE: Apply a small amount of general purpose grease to the sealing edges of the filter before installing.

5. Inspect the air box for oil or water deposits. If present, drain them into a suitable container.

NOTE: Service the air filter more frequently if the vehicle is operated in wet conditions or at high throttle openings for extended periods.

Fuel Filter

Your Polaris vehicle is equipped with an in-line fuel filter. Have your dealer replace it after every 100 hours of operation. Do not attempt to clean the fuel filter.

MAINTENANCE AND LUBRICATION

Spark Arrestor

▲ WARNING

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

Do not perform service on the spark arrestor while the system is hot. Exhaust system temperatures can reach 1000° F. Allow components to cool sufficiently before proceeding.

Remove any combustible materials from the area.

Wear eye protection and gloves.

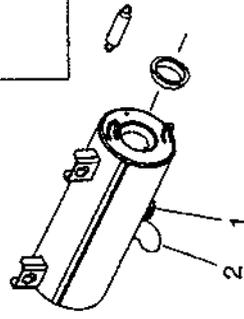
Do not stand behind or in front of the vehicle while purging.

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

Never go under the vehicle while it's inclined.

Use the following procedure to periodically purge accumulated carbon from the exhaust pipe.

1. Remove the arrestor clean-out plugs (1) located on the bottom of the muffler.
2. Shift the transmission to neutral. Apply the brakes. Start the engine.
3. Purge accumulated carbon from the system by momentarily revving the engine several times.
4. If carbon is expelled, cover or plug the exhaust outlet (2) and rap on the pipe around the clean-out plugs while revving the engine several more times.



5. If particles are still suspected to be in the muffler, elevate the rear of the vehicle one foot higher than the front. Engage the park brake. Block the wheels. Make sure the transmission is in neutral and repeat steps 3 and 4 until no more particles are expelled when the engine is revved.

6. Stop the engine. Allow the arrestor to cool.
7. Reinstall the arrestor plugs and remove the outlet cover or plug.

MAINTENANCE AND LUBRICATION

Throttle System

▲ WARNING

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

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

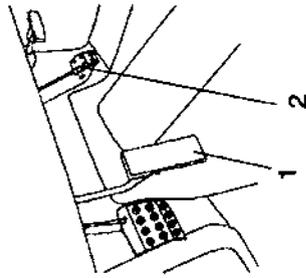
Immediately contact your dealer for service if throttle problems arise.

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

Throttle Freeplay

If the throttle pedal (1) has excessive play due to cable stretch or misadjustment, it will cause a delay in throttle response, especially at low engine speed. The throttle may also not open fully. If the throttle pedal has no freeplay, the throttle may be hard to control, and the idle speed may be erratic.

Check the throttle pedal freeplay at the intervals outlined in the Periodic Maintenance Chart beginning on page 53. Adjust the freeplay if necessary.



Throttle Freeplay Inspection

1. Engage the park brake (2). Shift the transmission to neutral.
2. Apply the brakes. Start the engine. Allow it to warm up thoroughly.
3. Measure the distance the throttle pedal moves before the engine begins to pick up speed. Freeplay should be 1/16 to 1/8 inches (1.6-3.2 mm).

MAINTENANCE AND LUBRICATION

Throttle System

Throttle Freeplay Adjustment

1. Slide the boots (1) off the inline cable adjuster sleeve (2). Loosen the adjuster locknut (3).
2. Turn the adjuster until 1/16 to 1/8 inch freeplay is achieved.

NOTE: While adjusting, flip the throttle lever back and forth.

3. Tighten the locknut and slide the boots over the cable adjuster until they touch at the midpoint of adjuster.



Throttle Body/Idle RPM

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

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MAINTENANCE AND LUBRICATION

Brakes

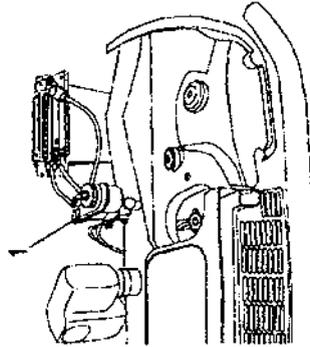
The front and rear brakes are hydraulic disc type brakes and are activated by the brake pedal. See page 32.

Brake Fluid

Routine inspections are recommended to keep the brake system in good operating condition. Inspect the level of the brake fluid before each operation.

Change the brake fluid at the intervals outlined in the Periodic Maintenance Chart beginning on page 53. The brake fluid should also be changed if it becomes contaminated, if the fluid level is below the minimum, or if the type and brand of the fluid in the reservoir are unknown.

1. Position the vehicle on a level surface.
2. View the brake fluid level at the reservoir (1) under the hood. The level should be between the upper (MAX) and lower (MIN) level lines.
3. If the fluid level is lower than the lower level line, add brake fluid to the upper (MAX) line.
4. Apply the brake forcefully for a few seconds and check for fluid leakage around the fittings.



▲ WARNING

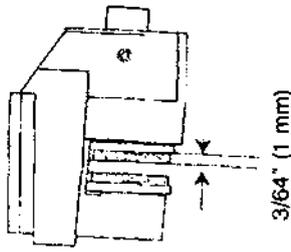
After opening a bottle of brake fluid, always discard any unused portion. Never store or use a partial bottle. Brake fluid is hygroscopic, meaning it rapidly absorbs moisture from the air. The moisture causes the boiling temperature of the brake fluid to drop, which can lead to early brake fade and the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

MAINTENANCE AND LUBRICATION

Brakes

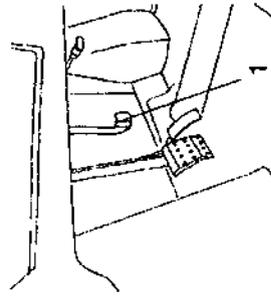
Brake Inspection

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



Park Brake Inspection

1. Slowly push the park brake pedal down with your foot.
2. After 8 to 12 clicks of pedal travel, check the vehicle for movement. The vehicle should not roll while parked. If the vehicle moves, adjustment is necessary.



Park Brake Adjustment

1. Position the vehicle on a level surface.
2. Shift the transmission to neutral.
3. Loosen or tighten the nuts on the pedal end of the park brake cable as needed.

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MAINTENANCE AND LUBRICATION

Steering Wheel Inspection

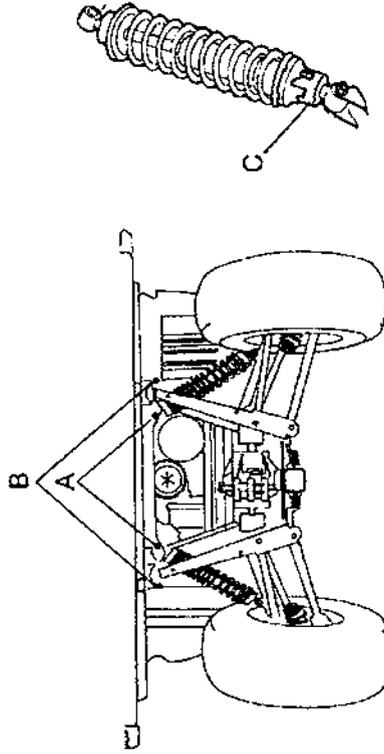
Check the steering wheel for specified freeplay and smooth operation at the intervals outlined in the Periodic Maintenance Chart beginning on page 53.

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

Suspension Adjustment (4X4)

The 4X4 rear suspension may be adjusted to provide a stiffer suspension if necessary. The shocks are mounted to the inside mounting holes (A) at the factory, but they may be relocated to the outside mounting holes (B).

1. Remove the top shock mounting bolts (A).
2. Reposition the shocks to the outside mounting holes (B).
3. Reinstall the shock mounting bolts. Torque to 30 ft. lbs. (40 Nm).



Rear Spring Adjustment

The rear shock absorber springs are adjusted by rotating the adjustment cam (C) either clockwise or counterclockwise to increase or decrease spring tension.

MAINTENANCE AND LUBRICATION

Seat Belts

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

1. Push the latch plate into the buckle until it clicks. The latch plate must slide smoothly into the buckle. A click indicates that it's securely latched.
2. Push the red button in the middle of the buckle to make sure it releases freely.
3. Check the belt webbing for wear, cuts or damage. If any irregularities are found, have the seat belt system checked and/or replaced by an authorized Polaris dealer.

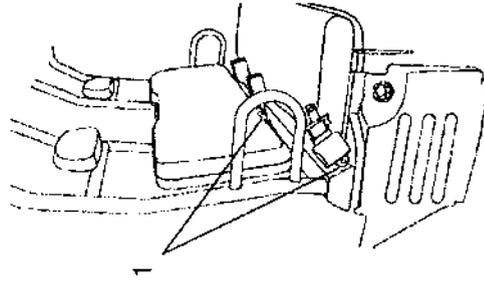
The RANGER seat belt is adjustable and should be adjusted for both the operator and passengers before driving. Although having the belt at 30° is typical for many people, it will not accommodate all body sizes and shapes. *Make sure the seat belt is adjusted to the lowest possible lap position before riding.*

1. To adjust, loosen the bolts (1).
2. Reposition both the buckle and retractor. Tighten the bolts.

NOTE: The center belt does not self adjust. Before riding, pull on the strap to secure the belt on the lap of the center passenger.

▲ WARNING

Failure to follow the age recommendations for this vehicle could result in serious injury or death. No one under the age of 16 may operate this vehicle. No one under the age of 5 may ride as a passenger in this vehicle.



MAINTENANCE AND LUBRICATION

Tires

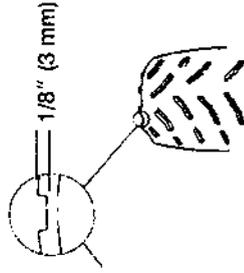
▲ WARNING

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

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

Tire Tread Depth

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



Axle and Wheel Nut Torque Specifications

Inspect the following items occasionally for tightness, and if they've been loosened for maintenance service.

Location	Specification
Front Wheel Nuts	35 ft. lbs. (47 Nm)
Rear Wheel Nuts	35 ft. lbs. (47 Nm)
Front Spindle Nut	70 ft. lbs. (95 Nm)
Center and Rear Hub Retaining Nuts	110 ft. lbs. (150 Nm)

MAINTENANCE AND LUBRICATION

Tires

▲ WARNING

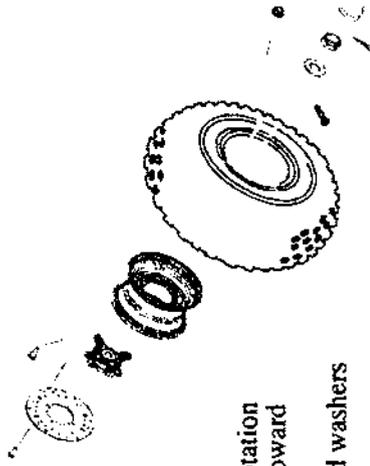
Improperly installed wheels can adversely affect tire wear and vehicle handling, which can result in serious injury or death. Always ensure that all nuts are torqued to specification. Do not service axle nuts that have a cotter pin installed. See your Polaris dealer.

Wheel Removal

1. Stop the engine. Place the transmission in gear. Engage the park brake.
2. Loosen the wheel nuts slightly.
3. Elevate the side of the vehicle by placing a suitable stand under the frame.
4. Remove the wheel nuts and washers. Remove the wheel.

Wheel Installation

1. Place the transmission in gear.
2. Engage the park brake.
3. Place the wheel in the correct position on the wheel hub. Be sure the valve stem is toward the outside and rotation arrows on the tire point toward forward rotation.
4. Attach the wheel nuts and washers and finger tighten.
5. Carefully lower the vehicle to the ground.
6. Torque the wheel nuts to specification. See page 86.



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MAINTENANCE AND LUBRICATION

Lights

When servicing a halogen lamp, don't touch the lamp with bare fingers. Oil from your skin leaves a residue, causing a hot spot that will shorten the life of the lamp.

▲ WARNING

Poor lighting while driving can result in severe injury or death. Headlight and taillight lenses become dirty during normal operation. Wash the headlights frequently to maintain lighting quality.

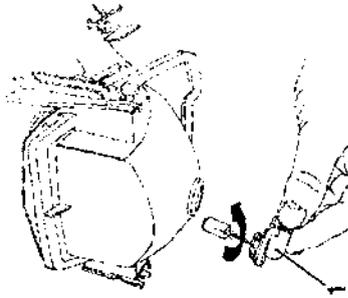
Hot components can cause serious burns to skin. Do not service the headlamps until they've cooled sufficiently.

Headlight Lamp Replacement

1. Open the hood.
2. Unplug the headlamp from the wiring harness (1). Be sure to pull on the connector, not on the wiring.
3. Turn the lamp counterclockwise to remove it.
4. Install the new lamp.

NOTE: Make sure the tab on the lamp locates properly in the housing.

5. Reinstall the harness assembly into the headlight assembly.

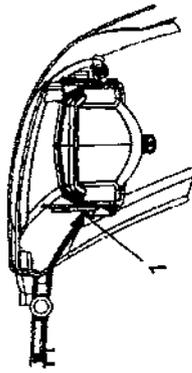


MAINTENANCE AND LUBRICATION

Lights

Headlight Beam Adjustment

1. Place the vehicle on a level surface with the headlight approximately 25 ft. (7.6 m) from a wall.
2. Measure the distance from the floor to the center of the headlight and make a mark on the wall at the same height.
3. Apply the brakes. Start the engine. Turn on the headlights.
4. Observe the headlight aim. The most intense part of the headlight beam should be aimed 8" (20.3 cm) below the mark placed on the wall in step 2.



NOTE: Include the weight of a rider on the seat while performing this step.

5. Adjust the beam to the desired position by turning the adjustment screw (1).

Brake Lights

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

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

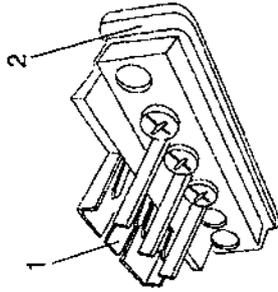
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MAINTENANCE AND LUBRICATION

Lights

Indicator Lamp Replacement

1. Lift the hood.
2. Reach in behind the console panel and lift the release (1) to unplug the light from the harness.
3. Using a flathead screwdriver, press on the tab (2) on the top of the light to remove the indicator light assembly from the console panel.
4. Using a screwdriver, turn the light that needs to be replaced 1/4 turn counterclockwise.
5. Grip the light with a needle nose plier and remove the light from the assembly.
6. Install the new light and use a small flat head screwdriver to seat it into place, 1/4 turn clockwise.
7. Snap the assembly back into the console panel and reconnect the harness.
8. Close the hood.



Tool Kit

To help you perform routine maintenance, a tool kit is provided with your vehicle. Items included in the kit are:

- A screwdriver
- An open-end wrench (8-10 mm)
- An open-end wrench (12-14 mm)
- A tire pressure gauge
- A spark plug wrench and handle
- A spanner wrench (for shock adjustment)

NOTE: Additional tools will be necessary to perform routine maintenance.

MAINTENANCE AND LUBRICATION

Vehicle Immersion

CAUTION

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

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

1. Move the vehicle to dry land or at the very least, to water below the footrests.
2. Dry any water present in the air box.

NOTE: Filter replacement is required if water is present.

3. Thoroughly dry the air pre-cleaner located under the hood.
4. Remove the spark plugs.
5. Turn the engine over several times using the electric start.
6. Dry the spark plugs and reinstall, or replace with new plugs.
7. Attempt to start the engine. If necessary, repeat the drying procedure.
8. Take the vehicle to your dealer for service as soon as possible, whether you succeed in starting it or not.

NOTE: If water has been ingested into the PVT follow the procedure on page 77 for drying.

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MAINTENANCE AND LUBRICATION

Battery

Keep the battery terminals and connections free of corrosion. If cleaning is necessary, remove the corrosion with a stiff wire brush. Wash with a solution of one tablespoon baking soda and one cup water. Rinse well with tap water and dry off with clean shop towels. Coat the terminals with dielectric grease or petroleum jelly.

Be careful not to allow cleaning solution or tap water into the battery.

▲ WARNING

Battery electrolyte is poisonous. It contains sulfuric acid. Serious burns can result from contact with skin, eyes or clothing.

Antidote

External: Flush with water.

Internal: Drink large quantities of water or milk. Follow with milk of magnesia, beaten egg, or vegetable oil. Call physician immediately.

Eyes: Flush with water for 15 minutes and get prompt medical attention.

Batteries produce explosive gases. Keep sparks, flame, cigarettes, etc. away. Ventilate when charging or using in an enclosed space. Always shield eyes when working near batteries. **KEEP OUT OF REACH OF CHILDREN.**

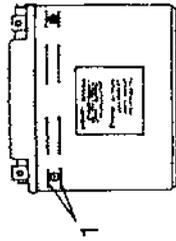
MAINTENANCE AND LUBRICATION

Battery

Replenishing Battery Fluid (Conventional Battery)

A poorly maintained battery will deteriorate rapidly. Check the battery fluid level often. The fluid level should be kept between the upper and lower level marks (1).

To refill use only distilled water. Tap water contains minerals that are harmful to a battery.

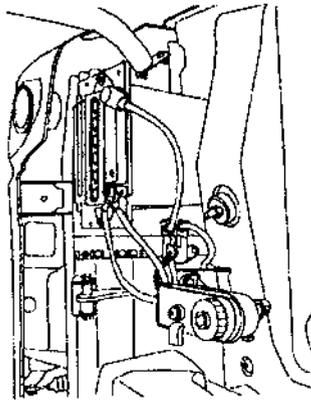


▲ WARNING

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

Battery Removal

1. Open the hood.
2. Remove the battery vent tube from the battery.
3. Disconnect the black (negative) battery cable first.
4. Disconnect the red (positive) battery cable next.
5. Lift the battery out of the vehicle, being careful not to tip it sideways and spill any electrolyte.



▲ CAUTION

If electrolyte spills, immediately wash it off with a solution of one tablespoon baking soda and one cup water to prevent damage to the vehicle.

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MAINTENANCE AND LUBRICATION

Battery

Battery Installation

1. Set the battery in its holder.
2. Install the battery vent tube. It must be free from obstructions and securely installed. If not, battery gases could accumulate and cause an explosion. The tube should be routed away from the frame and body to prevent corrosion. Avoid skin contact with electrolyte as severe burns could result.
3. First connect and tighten the red (positive) cable.
4. Second connect and tighten the black (negative) cable.
5. Verify that cables are properly routed.

NOTE: When installing a new battery, make sure it's fully charged prior to its initial use. Using a new battery that has not been fully charged can damage the battery and result in a shorter life. It can also hinder vehicle performance.

Battery Storage

When the vehicle is placed in storage for three months or more, the battery should be removed, stored out of the sun in a cool, dry place and tested monthly. Before reusing, take the battery to your dealer for testing and recharging.

MAINTENANCE AND LUBRICATION

Cleaning and Storage

See page 99 for the part numbers of Polaris products.

Cleaning the RANGER

Keeping your *RANGER* clean will not only improve its appearance but it can also extend the life of various components. With a few precautions, your *RANGER* can be cleaned much like an automobile.

Washing the RANGER

The best and safest way to clean your *RANGER* is with a garden hose and a pail of mild soap and water. Use a professional type washing mitt, cleaning the upper body first and the lower parts last. Rinse with water frequently and dry with a chamois to prevent water spots.

NOTE: If warning and safety labels are damaged, contact your a Polaris dealer for free replacement.

CAUTION

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

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

If a high pressure water system is used, exercise extreme caution to avoid damaging wheel bearings, radiator, transmission seals, body panels, brakes and warning labels. Grease all zerk fittings immediately after washing, and allow the vehicle to run for a while to evaporate any water that may have entered the engine or exhaust system.

Waxing the RANGER

Your *RANGER* can be waxed with any non-abrasive automotive paste wax. Avoid the use of harsh cleaners since they can scratch the body finish.

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MAINTENANCE AND LUBRICATION

Cleaning and Storage

Storage Tips

CAUTION

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

Clean the Exterior

Make necessary repairs and then clean the vehicle thoroughly with mild soap and warm water to remove all dirt and grime. Don't use harsh detergents or high pressure washers. Some detergents deteriorate rubber parts. Use dish soap type cleaners only. High pressure washers may force water past seals.

Stabilize the Fuel

Fill the fuel tank. Add Polaris Carbon Clean Fuel Treatment or Polaris Fuel Stabilizer. Follow the instructions on the container for the recommended amount. (Carbon clean will also reduce the possibility of bacterial growth in the fuel system.) Allow 15-20 minutes of operation for the stabilizer to disperse through the fuel in the tank.

Oil and Filter

Warm the engine and change the oil and filter.

Air Filter / Air Box / Breather Filter

Inspect and clean or replace the pre-cleaner and air filter. Clean the air box and drain the sediment tube.

Fluid Levels

Inspect the following fluid levels and change if necessary: front and rear gearcases; transmission and brake fluid (change every two years or as required if fluid looks dark or contaminated).

Inspect and Lubricate

Inspect all cables and lubricate. Follow lubrication guidelines in the Maintenance Section of the service or owner's manual to completely grease and lubricate the entire vehicle with Polaris Premium All Season Grease.

MAINTENANCE AND LUBRICATION

Cleaning and Storage

Storage Tips

Fog the Engine

1. Treat the fuel system with Polaris Carbon Clean, following the instructions on the can. Run the engine for several minutes so the Carbon Clean reaches the injectors. Turn the engine off.
2. Remove the spark plugs and add 2-3 tablespoons of Premium 4 Synthetic 0W/40 engine oil. To access the plug holes, use a section of clear 1/4" hose and a small plastic squeeze bottle filled with the pre-measured amount of oil.

NOTE: Do this carefully! If you miss the plug holes, oil will drain from the spark plug cavities into the hole at the front of the cylinder head, and appear to be an oil leak.

3. Reinstall the spark plugs. Torque to specification. See page 70.
4. Apply dielectric grease to the inside of each spark plug cap and reinstall the caps onto the plugs.
5. Turn the engine over several times. Oil will be forced in and around the piston rings and ring lands, coating the cylinder with a protective film of fresh oil.
6. If Polaris fuel system additive is not used, fuel tank, fuel lines, and injectors should be completely drained of gasoline.

Battery Maintenance

Remove the battery and recharge it fully. Store the battery in a cool, dry place.

Engine Anti-Freeze

Test engine coolant strength and change if necessary. Coolant should be replaced every two years.

Storage Area/Covers

Be sure the storage area is well ventilated, and cover the machine with a genuine Polaris cover.

NOTE: Do not use plastic or coated materials. They do not allow enough ventilation to prevent condensation, and may promote corrosion and oxidation.

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MAINTENANCE AND LUBRICATION

Removal from Storage

1. Check the battery electrolyte level and charge the battery if necessary. Install it in the vehicle. Make sure the battery vent hose is routed properly and that it's not pinched or restricted in any way.
2. Make sure the spark plug is tight.
3. Fill the fuel tank with fuel.
4. Check all the points listed in the Daily Pre-Ride Inspection section on page 34.

NOTE: Tightness of the bolts, nuts and other fasteners should be checked by an authorized Polaris dealer.

5. Lubricate at the intervals outlined in the Periodic Maintenance Chart beginning on page 53.

▲ WARNING

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

Transporting the RANGER

Follow these procedures when transporting the vehicle.

1. Turn off the engine and remove the key to prevent loss during transporting.
2. Place the transmission in gear. Engage the park brake.
3. Be sure the fuel cap, oil cap and seat are installed securely.
4. Always tie the *frame* of the RANGER to the transporting unit securely with suitable straps or rope. Do not attach tie straps to the front A-arm bolt pockets.

POLARIS PRODUCTS

Part No.	Description
Engine Lubricant	
2870791	Fogging Oil (12 oz. Aerosol)
2871281	Premium 4 Synthetic 0W-40 (4-Cycle) Engine Oil (qt.)
2871844	Premium 4 Synthetic 0W-40 (4-Cycle) Engine Oil (gal.)
Gearcase / Transmission Lubricants	
2873602	Premium AGL Synthetic Gearcase Lube (qt.)
2873603	Premium AGL Synthetic Gearcase Lube (gal.)
2871653	Premium ATV Angle Drive Fluid (8 oz.)
2872276	Premium ATV Angle Drive Fluid (2.5 gal.)
2870465	Pump for Gallon Jug
2871654	Premium Demand Drive Hub Fluid (8 oz.)
2872277	Premium Demand Drive Hub Fluid (2.5 gal.)
Grease / Specialized Lubricants	
2871322	Premium All Season Grease (3 oz. cartridge)
2871423	Premium All Season Grease (14 oz. cartridge)
2871460	Starter Drive Grease
2871515	Premium U-Joint Lube (3 oz.)
2871551	Premium U-Joint Lube (14 oz.)
2871312	Grease Gun Kit
2871329	Dielectric Grease (Nyogel™)
2872073	Chain Lube (6.25 oz. aerosol)
2872348	Chain Lube (16 oz. aerosol)
Coolant	
2871323	60/40 Coolant (gal.)
2871534	60/40 Coolant (qt.)
Additives / Miscellaneous	
2872889	Brake and Clutch Cleaner
2871326	Carbon Clean Plus (12 oz.)
2870652	Fuel Stabilizer (16 oz.)
2870990	DOT3 Brake Fluid
2872893	Engine Degreaser
2871956	LOCTITE 565 Thread Sealant

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SPECIFICATIONS

RANGER 4X4 XP

Gross Vehicle Weight	2750 lbs. (1247 kg)
Dry Weight	1185 lbs. (537 kg)
Fuel Capacity	8 gal. (30.3 l)
Engine Oil Capacity	2 qts. (2.1 l)
Coolant Capacity	3.25 qts. (3 l)
Towing Capacity	1500 lbs. (681 kg)
Hitch Tongue Capacity	150 lbs. (68 kg)
Max. Cargo Box Load	1000 lbs. (454 kg)
Overall Length	113 in. (282 cm)
Overall Width (box)	60 in. (152.4 cm)
Overall Width (tires)	58 in. (147.3 cm)
Overall Height	75 in. (190.5 cm)
Wheelbase	76 in. (193 cm)
Cargo Box (L x W x H)	58 x 42 x 10 in. (147 x 106.7 x 25.4 cm)
Ground Clearance	11.5 in. (29 cm)
Min. Turning Radius	132 in. (335.3 cm)
Engine	4 valve 4 stroke twin cylinder with counter balance
Displacement	683 cc
Bore x Stroke	80 x 68
Alternator Output	500 W @ 3000 RPM
Compression Ratio	9.40:1
Starting System	Electric
Fuel System	Electronic Fuel Injection
Ignition System	ECU
Spark Plug / Gap	RC7YC / .035 in. (0.9 mm)
Front Suspension	MacPherson strut w/8 in. (20.3 cm) of travel
Rear Suspension	Independent w/9.0 in. (22.9 cm) of travel

SPECIFICATION

RANGER 4X4 XP

Lubrication System	Pressurized Wet Sump
Engine Oil	0W/40
Driving System Type	PVT, 4-wheel independent shaft lockable differential
Shift Type	Single Lever (H/L/N/R)
Gear Reduction - Low	8.71:1
Gear Reduction - Reverse	5.94:1
Gear Reduction - High	3.14:1
Drive Ratio - Front:	3.83:1
Drive Ratio - Final	3.70:1
Tire Size - Front	26 x 8 - 12
Tire Size - Rear	26 x 11 - 12
Tire Pressure - Front	8-12 psi
Tire Pressure - Rear	8-12 psi
Brakes, Front/Rear	Foot Activated, 4 wheel hydraulic disc
Brake, Park	Foot activated, mechanical
Hood Headlight	2 dual beam, 35W, quartz/halogen
Taillights	2 single beam, 5W
Brake Light	2 single beam, 5W
Indicator Light	1.0 W

NOTE: See your Polaris dealer for clutching specifications.

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SPECIFICATIONS

RANGER 6X6 EFI

Gross Vehicle Weight	2900 lbs. (1317 kg)
Dry Weight	1410 lbs. (640 kg)
Fuel Capacity	8 gal. (30.3 l)
Engine Oil Capacity	2 qts. (2.1 l)
Coolant Capacity	3.25 qts. (3 l)
Towing Capacity	1750 lbs. (794 kg)
Max. Cargo Box Load	1250 lbs. (567 kg)
Overall Length	120 in. (304.8 cm)
Overall Width (box)	60 in. (152.4 cm)
Overall Width (tires)	58 in. (147.3 cm)
Overall Height	75 in. (190.5 cm)
Wheelbase	90 in. (228.6 cm)
Ground Clearance	7.2 in. (18 cm)
Min. Turning Radius	180 in. (457.2 cm)
Cargo Box (L x W x H)	58 x 48 x 10 in. (147 x 122 x 25.4 cm)
Engine	4 valve 4 stroke twin cylinder with counter balance
Displacement	683 cc
Bore x Stroke	80 x 68
Alternator Output	500 W @ 3000 RPM
Compression Ratio	9.40:1
Starting System	Electric
Fuel System	Electronic Fuel Injection
Ignition System	ECU
Spark Plug / Gap	RCTYC / .035 in. (0.9 mm)
Lubrication System	Pressurized Wet Sump
Engine Oil	0W/40

SPECIFICATION

RANGER 6X6 EFI

Front Suspension	MacPherson strut w/6.25 in. (15.9 cm) of travel
Center Suspension	Independent w/5.25 in. (13.3 cm) of travel
Rear Suspension	Swing arm w/dual shocks w/6.25 in. (15.9 cm) of travel
Driving System Type	PVT
Shift Type	Single Lever (console)
Gear Reduction - Low	8.71:1
Gear Reduction - Reverse	5.9:1
Gear Reduction - High	3.14:1
Drive Ratio - Front:	3.83:1
Drive Ratio - Final	3.70:1
Tire Size - Front	25 x 10 - 12
Tire Size - Center/Rear	25 x 11 - 12
Tire Pressure - Front	8-12 psi
Tire Pressure - Center/Rear	8-12 psi
Brakes, Front/Rear	Foot Activated, 4 wheel hydraulic disc
Brake, Parking	Foot activated, mechanical
Hood Headlight	2 dual beam, 35W, quartz/halogen
Taillights	2 single beam, 5W
Brake Light	2 single beam, 5W
Indicator Light	1.0 W

NOTE: See your Polaris dealer for clutching specifications.

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TROUBLESHOOTING

Contact your Polaris dealer for service if you're unable to identify solutions using the following charts.

Engine Doesn't Turn Over

Possible Cause	Solution
Low battery voltage	Recharge battery to 12.5 VDC
Loose battery connections	Check all connections and tighten
Loose solenoid connections	Check all connections and tighten
Loose electronic control box connections	Inspect, clean, reinstall connectors

Engine Turns Over, Fails to Start

Possible Cause	Solution
Out of fuel	Refuel
Clogged fuel filter	Inspect and clean or replace
Water is present in fuel	Drain the fuel system and refuel
Old or non-recommended fuel	Replace with new fuel
Fouled or defective spark plug(s)	Inspect plug(s), replace if necessary
No spark to spark plug	Inspect plug(s), replace if necessary
Crankcase filled with water or fuel	Immediately see your Polaris dealer
Clogged fuel filter	Replace the filter
Low battery voltage	Recharge battery to 12.5 VDC
Mechanical failure	See your Polaris dealer

Engine Pings or Knocks

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

TROUBLESHOOTING

Engine Backfires

Possible Cause	Solution
Weak spark from spark plugs	Inspect, clean and/or replace spark plugs
Incorrect spark plug gap or heat range	Set gap to specs or replace plugs
Old or non-recommended fuel	Replace with new fuel
Incorrectly installed spark plug wires	See your Polaris dealer
Incorrect ignition timing	See your Polaris dealer
Mechanical failure	See your Polaris dealer

Engine Runs Irregularly, Stalls or Misfires

Possible Weak Spark Cause	Solution
Fouled or defective spark plugs	Inspect, clean and/or replace spark plugs
Worn or defective spark plug wires	See your Polaris dealer
Incorrect spark plug gap or heat range	Set gap to specs or replace plugs
Loose ignition connections	Check all connections and tighten
Water present in fuel	Replace with new fuel
Low battery voltage	Recharge battery to 12.5 VDC
Kinked or plugged fuel vent line	Inspect and replace
Incorrect fuel	Replace with recommended fuel
Clogged air filter	Inspect and clean or replace
Other mechanical failure	See your Polaris dealer
Possible Lean Fuel Mixture Cause	Solution
Low or contaminated fuel	Add or change fuel, clean the fuel system
Low octane fuel	Replace with recommended fuel
Clogged fuel filter	Replace filter
Possible Rich Fuel Mixture Cause	Solution
Fuel is very high octane	Replace with lower octane fuel

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TROUBLESHOOTING

Engine Stops or Loses Power

Possible Cause	Solution
Out of fuel	Refuel
Kinked or plugged fuel vent line	Inspect and replace
Water present in fuel	Replace with new fuel
Fouled or defective spark plugs	Inspect, clean and/or replace spark plugs
Worn or defective spark plug wires	See your Polaris dealer
Incorrect spark plug gap or heat range	Set gap to specs or replace plugs
Loose ignition connections	Check all connections and tighten
Low battery voltage	Recharge battery to 12.5 VDC
Incorrect fuel	Replace with recommended fuel
Clogged air filter	Inspect and clean or replace
Other mechanical failure	See your Polaris dealer
Overheated engine	Clean radiator screen and core if equipped Clean engine exterior See your Polaris dealer

WARRANTY

LIMITED WARRANTY

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

REGISTRATION

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

Initial dealer preparation and set-up of your vehicle is very important in ensuring trouble-free operation. Purchasing a machine in the crate or with proper dealer set-up will void your warranty coverage.

WARRANTY COVERAGE AND EXCLUSIONS: LIMITATIONS OF WARRANTIES AND REMEDIES

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

This warranty does not cover the use of unauthorized lubricants, chemicals, or fuels if they are not compatible with the vehicle. The exclusive remedy for breach of this warranty shall be, at Polaris' exclusive option, repair or replacement of any defective materials, components or products. **THE REMEDIES SET FORTH IN THIS WARRANTY ARE THE ONLY REMEDIES AVAILABLE TO ANY PERSON FOR BREACH OF THIS WARRANTY. POLARIS SHALL HAVE NO LIABILITY TO ANY PERSON FOR INCIDENTAL, CONSEQUENTIAL OR SPECIAL DAMAGES OF ANY KIND OR ANY OTHER CONTRACT, NEGLIGENCE, OR OTHER TORT OR OTHERWISE.** Some states do not permit the exclusion or limitation of incidental or consequential damages or implied warranties, so the above limitations or exclusions may not apply to you if inconsistent with controlling state law.

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WARRANTY LIMITATIONS OF WARRANTIES AND REMEDIES

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

HOW TO OBTAIN WARRANTY SERVICE

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

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

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

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

Lubricants

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

SPARK ARRESTOR

Polaris warrants that the spark arrestor in this vehicle will meet the efficiency requirements of 43 CFR 8343.1(c) for at least 1000 hours when subjected to normal use and when maintenance and installation are in accordance with Polaris recommendations.

WARRANT

Exported Vehicles

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

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

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

This policy does not apply to Safety Recalls.

How to Get Service

In the Country where your vehicle was purchased:

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

Outside the Country where your vehicle was purchased:

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

If You Move:

If you move to another country, be sure to contact Polaris Customer Assistance and the customs department of the destination country before you move. Vehicles importation rules vary considerably from country to country. You may be required to present documentation of your move to Polaris Industries in order to continue your warranty coverage. You may also be required to obtain documentation from Polaris Industries in order to register your vehicle in your new country.

How to Get Service

If Purchased From A Private Party:

If you purchase a Polaris product from a private citizen outside of the country in which the vehicle was originally purchased, all warranty coverage will be denied.

Notice

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

For questions call Polaris Customer Assistance:

United States: 1-763-417-8650

Canada: 1-204-925-7100

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WARRANTY

U.S.A. EPA Emissions Limited Warranty

This All Terrain Vehicle (ATV) or Off Road Utility Vehicle (ORUV) emissions limited warranty is in addition to the Polaris standard limited warranty for this vehicle.

Polaris warrants that this vehicle is: (1) designed, built, and equipped to conform at the time of initial sale with the requirements of 40 CFR 1051 and, (2) free from defects in materials and workmanship that may keep it from meeting these requirements.

The emissions warranty period for this vehicle begins on the date the vehicle is delivered to the original retail purchaser and ends 30 months (2.5 years) after that date, or after 5000 km (3100 miles), whichever comes first.

This emission-related warranty covers components whose failure would increase an engine's emissions, including electronic controls, fuel injection, exhaust-gas recirculation, aftertreatment, or any other system utilized in this vehicle to control emissions. Replacing or repairing other components not covered by this emissions warranty or the standard warranty is the responsibility of the owner, including the parts, labor and other costs associated with recommended maintenance.

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

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

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

If you have any questions regarding your warranty rights and responsibilities, you should contact the Polaris Warranty Department at 1-763-417-8650.

WARRANTY

California Emission Control Warranty Statement



Note: The lower the Air Index, the less pollution. This engine is certified to be emission compliant for 1000 hours of use.

Your Warranty Rights and Obligations

The California Air Resources Board and Polaris Industries Inc., 2100 Highway 55, Medina, Minnesota 55340 (herein "POLARIS") are pleased to explain the emission control system warranty on your Large Spark Ignition Engine (herein "LSI engine"). "The California Air Resources Board has designated this engine for this vehicle as an LSI engine which produces 25 and greater horsepower and the vehicle has a six (6) or four (4)-wheel drive and/or a round steering wheel." In California, this LSI engine must be designed, built and equipped to meet the state's stringent anti-smog standards. Polaris must warrant the emission control system on your LSI engine for the period of time described below provided there has been no abuse, neglect or improper maintenance of your LSI engine. Your emission control system includes parts such as the carburetor and the ignition system. Also included may be hoses, connectors and other emission-related assemblies. Where a warrantable condition exists, POLARIS will repair your LSI engine at no cost to you, including diagnosis, parts and labor.

Manufacturer's Warranty Coverage:

LSI engines are warranted for two (2) years. If any emission related part on your LSI engine is defective, the part will be repaired or replaced by POLARIS.

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WARRANTY

California Emission Control Warranty Statement

Owner's Warranty Responsibilities:

- As the LSI engine owner, you are responsible for the performance of the required maintenance listed in your Owner's Safety and Maintenance Manual (herein "Owner's Manual"). POLARIS recommends that you retain all receipts covering maintenance on your LSI engine, but POLARIS cannot deny warranty solely for the lack of receipts or for your failure to ensure the performance of all scheduled maintenance.
- As the LSI engine owner, you should, however, be aware that POLARIS may deny you warranty coverage if your LSI engine or a part has failed due to abuse, neglect, improper maintenance or unapproved modifications.
- You are responsible for presenting your LSI engine to a dealer authorized by POLARIS as soon as a problem exists. The warranty repairs should be completed in a reasonable amount of time, not to exceed 30 days.

If you have any questions regarding your warranty rights and responsibilities, you should contact the Polaris Warranty Department at 1-763-417-8650.

Limited Warranty

California Only

POLARIS warrants to the owner of the LSI engine installed in their Polaris vehicle that the LSI engine (1) has been designed, built, and equipped at the time of manufacture so as to conform with the applicable regulations of the California Air Resources Board and, (2) is free from defects in materials and workmanship which may cause it to fail to conform with those regulations as applicable according to the terms and conditions stated below.

Warranty Period

This warranty period begins on the date, which the LSI engine is delivered, to the original retail purchaser and ends two years after that date. During this two year period POLARIS warrants to the original retail purchaser and each subsequent purchaser that the LSI engine is free from defect in material and workmanship that can cause the failure of a warranted emission-related part.

What is Covered Under This Warranty

Repair and/or replacement of any warranted emission-related part will be performed at no charge provided the work is performed at an authorized dealer. There will also be no charge for any diagnostic labor performed at an authorized dealer, which leads to the determination that a warranted emission-related part is defective. Any warranted part which is not scheduled for replacement as required maintenance, or which is scheduled only for regular inspection to the effect of "repair or replace as necessary" shall be warranted for the warranty period. Any warranted part which is scheduled for replacement as required maintenance shall be warranted for the period of time up to the first scheduled replacement of that part. This warranty shall apply only towards the repair, replacement, and/or adjustment of the component parts listed below.

WARRANTY

California Emission Control Warranty Statement

Emission-Related Parts Covered Under This Warranty

- Fuel Metering System
 - Carburetor and internal parts (and/or pressure regulator or fuel injection system)
 - Air/fuel ratio feedback and control system, if applicable.
 - Cold start enrichment system, if applicable.
 - Regulator assy (gaseous fuel, if applicable)
- Air Induction System
 - Intake manifold, if applicable
 - Air filter
- Ignition System
 - Spark plugs.
 - Magneto or electronic ignition system.
 - Spark advance/retard system, if applicable.
- Exhaust manifold, if applicable
- Miscellaneous Items Used in Above Systems
 - Electronic controls, if applicable
 - Hoses, belts, connectors, and assemblies.
 - Filter lock assy (gaseous fuel, if applicable)

If an authorized dealer determines that other LSI engine components have been damaged due to the failure of a warranted emission-related part during the warranty period, POLARIS will repair and/or replace the necessary components.

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WARRANTY

What is Not Covered Under This Warranty

This warranty does not cover any emission-related part which malfunctions, fails or is damaged due to alterations and/or modifications such as changing, adding or removing parts.

When the LSI engine is being serviced under warranty, POLARIS and any of its authorized dealers shall not be liable for any loss of use of the LSI engine, for any damage to goods, or loss of time or inconvenience. This limited warranty also does not apply to any emission-related part which malfunctions, fails, or is damaged due to failure to follow the maintenance and operating instructions specified in the Owner's Manual including:

- (a) Improper or inadequate maintenance of any warranted emission-related part
- (b) Improper installation, adjustment, or repair of the LSI engine or any warranted emission-related part unless performed by an authorized dealer
- (c) Failure to use recommended fuel as specified in the Owner's Manual
- (d) Repairs and diagnosis performed outside of an authorized dealer
- (e) Use of parts which are not authorized by POLARIS

Maintenance Schedule

The LSI engine owner is responsible for having all scheduled inspection and maintenance services performed at the intervals specified in the Owner's Manual and to retain records of these services as having been performed. These records should be transferred to each subsequent owner of the LSI engine. POLARIS cannot deny a claim solely because there are no records of scheduled maintenance, however, a warranty claim may be denied if the failure to perform the scheduled maintenance and inspection resulted in the failure of a warranted emission-related part. As a minimum, the LSI engine owner is responsible for the scheduled inspection and maintenance described below which are based on the procedures described in the Owner's Manual.

WARRANT

Maintenance Schedule Key

- ▶ Perform these procedures more often for vehicles subjected to severe use.
- Emission Control System Service (California)
- Have an authorized Polaris dealer perform these services.

Item	Maintenance Interval (whichever comes first)		Remarks
	Hours	Calendar Miles (Km)	
▲ E Air filter, pre-filter	-	Daily	Inspect; clean often
▲ E Air box sediment tube	-	Daily	Drain deposits when visible
▲ E Air filter, main element	-	Weekly	Inspect; replace as needed
▲ E Engine breather filter (if equipped)	25 H	Monthly	Inspect; replace if necessary
■ E Throttle Cable/ETC Switch	50 H	6 M	Inspect; adjust; lubricate; replace if necessary
E Throttle body air intake ducts/flange	50 H	6 M	Inspect ducts for proper sealing/air leaks
■ E Valve clearance	100 H	12 M	Inspect; adjust
■ E Fuel system	100 H	12 M	Check for leaks at tank cap lines, fuel valve, filter, pump; throttle body; replace lines every two years
■ E Spark plug	100 H	12 M	Inspect; replace as needed

Repair and Replacement of Emission-Related Parts

It is recommended that only LSI engine replacement parts, which have been authorized and approved by POLARIS, should be used in the performance of any warranty maintenance or repairs of emission-related parts. These replacement parts will be provided at no charge if the part is still under warranty.

How to File a Warranty Claim/Where to Get Warranty Service

All repairs qualifying under this Limited Warranty must be performed by a dealer who sold you the LSI engine or a dealer authorized by POLARIS. In the event that any emission-related part is found to be defective during the warranty period, you must notify the Polaris Warranty Department at 1-763-417-8650 and you will be advised of the appropriate dealer where the warranty repair is to be performed.

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MAINTENANCE LOG

Periodic Maintenance Record

Use the following chart to record periodic maintenance.

DATE	MILES (KM)	TECHNICIAN	SERVICE PERFORMED / COMMENTS
	90 hrs.		oil/Filter polaris 2w/40
12/20 01	180 hrs.		oil/Filter Amsoil 2w/40

MAINTENANCE LOG

DATE	MILES (KM)	TECHNICIAN	SERVICE PERFORMED / COMMENTS

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Improper vehicle use can result in SEVERE INJURY or DEATH.

NEVER:

- Operate on public roads. A collision can occur with another vehicle.
- Carry more than two passengers, or passengers under age five.
- Use ALCOHOL or DRUGS before or while operating this vehicle.
- Operate at speeds too fast for your skills or the conditions.
- Operate this vehicle on HILLS steeper than 15 degrees - 15 .
To prevent flipover in hilly terrain, use throttle and brakes gradually.

ALWAYS:

- Avoid paved surfaces, which may adversely affect handling and control.
- Use proper RIDING TECHNIQUES to avoid vehicle overturns on hills and rough terrain, and in turns.
- Wear eye protection.

REVERSE operation can be dangerous, even at low speeds. Steering becomes difficult. To prevent flipover, avoid sharp turns.

The park brake will supply increased braking, but should be used as a parking brake only.

READ OWNER'S MANUAL.
FOLLOW ALL INSTRUCTIONS AND WARNINGS.
THIS GENERAL PURPOSE OFF-ROAD UTILITY VEHICLE
DOES NOT MEET
FEDERAL MOTOR VEHICLE SAFETY STANDARDS
FOR ON-ROAD VEHICLES.



For your nearest Polaris dealer,
call 1-800-POLARIS
or visit www.polarisindustries.com
Polaris Sales Inc.,
2100 Hwy. 55, Medina, MN 55340
Phone (763) 417-8650 Fax (763) 542-0599
Part No. 9920220 Rev 01
Printed in USA

(b)(5)

Doc No: I0870142A

Issue: 41

07/09/2008

07/07/2008 22:24:59

Name = (b)(6)
Address =
City =
State =
Zip = 7
Email =
Telephone =
Name of
Victim's
Victim's
Victim's
Victim's
Victim's

Incident Description = When I pushed in the Brake and turned the key to start the Polaris Ranger it took off at full speed and slammed into the wall of my garage.

Victim's age at time of incident = 34

Victim's sex = female

Date of incident = 7/7/08

Product involved = 2006 Ranger XP 4x4 700 EFI

Product brand name/manufacturer = Polaris Ranger

Manufacturer street address = 2100 Hwy. 55

Place where manufactured (City and State or Country) = Medina MN 55340

Product involved still available = yes

Product model and serial number, manufacture date = Part # 9920220

Date product purchased = 2006

Name Release = Do not release name

1. Task Number 080722HCC2818		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2008 06 08		5. Date Initiated YR MO DAY 2008 07 25	
6. Synopsis of Accident or Complaint UPC none The victim, a 44-year-old male was riding a 6-wheeled Utility vehicle solo on a dry, gravel road and he was not wearing a helmet. He traveled downhill into a curve and the vehicle slid sideways. The vehicle overturned and he was partially ejected. The vehicle landed on him and he sustained a head injury. He was pronounced dead at the scene. <p style="text-align: right;">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, 3, 6 <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 12/3/08 RCP</p>				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City LAUREL COUNTY		9. State KY
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS/RANGER		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC./VIN: [b)(3); CPSA Section 25(c),(b)(6)] 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 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 <input type="radio"/> Yes for Manuf. Only				
24. Review Date 10/08/2008	25. Reviewed By 9093		26. Regional Office Director Dennis R. Blasius	
27. Distribution Moon, Clarice; Streeter, Robin; Kessler, Charles			28. Source Document Number N0870090A	

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24. Review Date 10/08/2008	25. Reviewed By 9093		26. Regional Office Director Dennis R. Blasius	
27. Distribution Moon, Clarice; Streeter, Robin; Kessler, Charles			28. Source Document Number N0870090A	

The information in this report was based on information received from the sheriff department and the coroner's office. A photo of the utility vehicle was not provided. Contact with the victim's next-of-kin was not successful.

On Sunday, June 8, 2008, at 9:19 p.m., in Laurel County, London, KY, a 44-year-old male victim was riding in a 6-wheeled utility vehicle on a dry, gravel road and he was not wearing any protective gear, such as a helmet. The weather condition was clear and the temperature was 81 degrees.

He traveled downhill in a curve where the posted speed limit was 35 mph and he failed to maintain control. The utility vehicle slid sideways where skid marks began at 45 feet in length and then the vehicle overturned. He was partially ejected and the utility vehicle landed on him.

He was under the influence of alcohol and it is unknown what rate of speed he was traveling at prior to the incident. His knowledge regarding operation and/or handling the utility vehicle was unknown.

His height and weight were unknown. He sustained a head injury and he died at the scene. His cause of death was a head injury.

Product: 6-wheeled utility vehicle

Brand/Year: Polaris/2006

Manufacturer: Polaris Industries Inc.
2100 Hwy 55
Medina, MN 55340

Model: Ranger

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

Description: unknown

Condition: maintenance history, bought new or used, and prior problems is unknown.

Modification: unknown

ATTACHMENTS:

1. Sheriff's Accident Report.
2. Missing Document, photo of the utility vehicle.
3. Coroner's Report.
4. Contact Information.



**KENTUCKY UNIFORM POLICE
TRAFFIC COLLISION REPORT**

MASTER FILE # 70577388

INVESTIGATING AGENCY LAUREL COUNTY SHERIFF DEPT.				AGENCY ORI NUMBER 0630000		LOCAL CODE 27-0608423		
ROADWAY NAME ALSIP RD.		PARKING LGT.: N		INTERSECTION TYPE: N		BETWEEN STREETS: N		
ROADWAY #	DISTANCE FROM MILEPOINT	MILEPOINT # 0.558	INJURED	KILLED 001	# UNITS INVOLVED 1	HIT & RUN NO	ONE WAY NO	SPEED LIMIT 035 MPH
IN CITY LIMITS: NO		LATITUDE DEG: 36 MIN: 58.737			COLLISION DATE AND TIME 05/08/2008 21:19			
MILES FROM CITY 18 MILES SOUTH		LONGITUDE DEG: 81 MIN: 18.99						
CITY/TOWN: 06301 - LONDON				RAM: NO				
COUNTY: 063 - LAUREL				FROM:				
SECONDARY COLLISION: NO				TO:				
MANNER OF COLLISION 09 - SINGLE VEHICLE			LOCATION 1ST EVENT 03 - ON ROADWAY			TRAFFIC CONTROL 99 - NONE		
ROADWAY TYPE 01 - COUNTY ROAD	TOTAL LANES 1	ROADWAY CHARACTER 01 - CURVE & GRADE			ROADWAY SURFACE 03 - GRAVEL	ROADWAY CONDITION 01 - DRY		
WEATHER 02 - CLEAR		LIGHT CONDITION 06 - DARK HWY NOT LIGHTED			LAND USE 07 - RURAL	SCHOOL BUS RELATED 03 - NOT APPLICABLE		
FIRST AID AT SCENE YES		FIRST AID GIVEN BY AMBULANCE INC OF LAUREL						
INJURED RELOCATED TO 00097 - BOWLING FUNERAL HOME		<h1>COPY</h1>						
EMS AGENCY AND RUN # 1:174088			EMS AGENCY AND RUN #			EMS AGENCY AND RUN #		
NOTIFIED TIME 21:21	ARRIVED TIME 21:50	TIME AT HOSPITAL	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL
INJURED OR DECEASED REMOVED BY 06 - FUNERAL HOME/CORONER'S OFFICE								
1 PROPERTY DAMAGE - OTHER THAN VEHICLES						PROPERTY		
OWNER/ADDRESS								
2 PROPERTY DAMAGE - OTHER THAN VEHICLES						PROPERTY		
OWNER/ADDRESS								
3 PROPERTY DAMAGE - OTHER THAN VEHICLES						PROPERTY		
OWNER/ADDRESS								
INZ. COMPLETE YES		NOTES YES		PHOTOGRAPHER UNIT NO. 1177				
INVESTIGATOR HOWARD J			ID NUMBER 1127	BEAT OR POST NO. CO./LAKE		TIME NOTIFIED 21:22	TIME ARRIVED 21:48	ROWS UPDATED 00:49
REVIEWED BY E RUDDER							PAGE 1 OF 4	

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - NARRATIVE

KSP 74 Revised 1/2000

MASTER FILE # 79577388

INVESTIGATING AGENCY LAUREL COUNTY SHERIFF DEPT AGENCY ORI NUMBER 0630000 LOCAL OFFICE 27-0608473

Responded to a call on Alsip Rd to find that a Polaris Ranger driven by [redacted] had overturned ejecting [redacted] partially from the vehicle and landing on him. When I arrived I checked to see if [redacted] had a pulse and he did not. Laurel County Ambulance Service arrived as I did and pronounced [redacted] dead. It appeared that [redacted] was south bound coming down a hill in a curve on gravel. It appeared that the vehicle began to slide sideways, the skid marks began half way down the hill and were 45' in length, the vehicle then overturned partial ejecting [redacted] and then landing on him. [redacted] had reportedly been drinking and several empty beer cans were scattered around the scene. [redacted] and [redacted] discovered [redacted]

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT

MASTER FILE # 70577388

INVESTIGATING AGENCY LAUREL COUNTY SHERIFF DEPT. AGENCY ORI NUMBER 063000 LOCAL CODE 27-0608423

UNIT # 1 TOWED? YES - KENS WRECKER # OCCUPANTS 1 PEDESTRIAN FACTORS

OPERATOR'S LIC. NO. STATE OH OPERATORS LICENSE RESTRICTIONS

DDL NO CO. RESIDENT NO OWNER YES

OPERATOR'S NAME (L,M,I,N,M) (b)(3):CPSA Section 25(c)

DATE OF BIRTH ADDRESS (b)(3):CPSA Section 25(c) (b)(6) COMPLIANT YES

A. PRE-COLLISION VEHICLE ACTION 05 - GOING STRAIGHT AHEAD R. UNIT TYPE 05 - FARM TRACTOR &/OR FARM EQUIPMENT C. FIF NO D. OVERTURNED YES

E. PRIMARY FACTORS 01 - ALCOHOL INVOLVEMENT

F. EVENT COLLISION 1ST: 36 - OVERTURNED

I. VEHICULAR FACTORS 99 - NONE DETECTED J. ENVIRONMENTAL FACTORS 99 - NONE DETECTED

K. UNDERRIDE/OVERRIDE 01 - NO UNDERRIDE/OVERRIDE

INVOLVED PERSONS' NAME ADDRESS, CITY, STATE AND ZIP	DOB/DOD	14	15	16	17	18	19	20	21	22	23
(b)(3):CPSA Section 25(c),(b)(6) MALE	DOB: (b)(3):CPSA Section 2 DOD: (b)(3):CPSA Section 2	08.01	YES	01	01	07	02		01	02	07

VEH YLR 2006 MAKE POLARIS MODEL RANGER TYPE 05A77 REGISTRATION NUMBER YEAR

VEHICLE ID NUMBER (b)(3):CPSA Section VEHICLE INSURED NO NAME OF INSURANCE CO. COLOR OF VEH GREEN

1ST AREA OF CONTACT 07 LEFT SIDE 1ST AREA CONTACT - COMBINATION VEHICLE EXTENT OF DAMAGE VERY MINOR AIR BAG SWITCH NOT PRESENT TRAVEL DIRECTION NORTH

ESTIMATED TRAVEL SPEED MOST TRAFFIC EVENT 36 - OVERTURNED

COMMERCIAL VEH. HAZ. CARGO HAZ. SPILL HAZ. CARGO CODE TYPE CARGO/COMMODITY HAS SAFETY REPORT #

SINGLE/COMBINATION/TRAILER NO. AXLES NO. TRAILERS US DOT # ICC MC # CRASH AVOIDANCE (Fatal Only) STEERING (EVIDENCE OR STATED)

GWR TOTAL MOTOR CARRIER NAME CARRIER NAME SOURCE

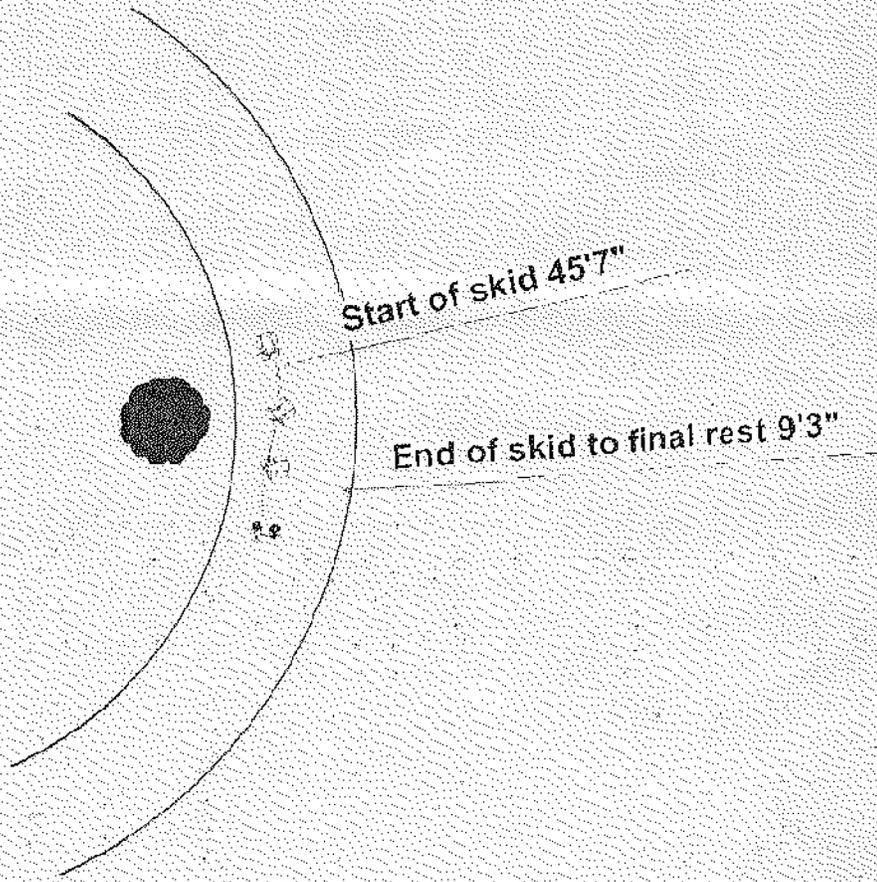
MOTOR CARRIER ADDRESS

VIOLATION CODES CITATION NUMBER CASE NUMBER SUSPECTED DRINKING DRIVER YES ML TMS OF DETERMINATION 02 - OBSERVATION

TAKEN BY TEST OFFERED CHEMICAL TEST TESTED FOR SENT TO RESULTS PAGE

KSP 24 revised 1-2000

11



NOT TO SCALE

Task Number: 080722HCC2818

Date: 10/8/08

Status of Missing Document(s)

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

1. photograph of the 6-wheeled utility vehicle
2. _____
3. _____
4. _____

Date: _____ Investigator No. _____

Regional Office: _____ Supervisor No. _____

LAUREL COUNTY CORONERS INVESTIGATION REPORT

Person Calling Dispatch Time 8:45P AM/PM County
Date 6/8/08 Time Of Call 8:30P Time of Arrival 9:15P Mileage 35 miles

Name of Deceased (b)(3) CPSA Section 25(c),(b)(6)
Address (b)(3) CPSA Section 25(c),(b)(6)

Age 44 Sex M Race W Date of Birth (b)(3) CPSA Section 25(c),(b)(6)

Occupation Of Deceased Lumber Sales SSN [REDACTED]

Single Married Widowed Divorced Separated

Next of Kin Name (b)(6)

Address Same as Above

Phone Number & Relationship Wife

Place of Death Alsip Road Date of Death 6/8/08

Time of Death 8:30PM Last Seen Alive By [REDACTED] Diabetic NO

History Suffered Massive Head Injuries in
ATV Accident

Physician N/A Forensic Pathologist Doug Bowling

Medications N/A

Cause and Manner of Death Head Injuries

Natural Accident Suicide Homicide Unknown Pending

Photos Toxicology Autopsy HIVs: Will be conducted by [REDACTED]

Funeral Home Bowling F.H

Report Completed by Nev Voronov Signature White Patch

CONTACT INFORMATION:

Contacted on 7/25/08

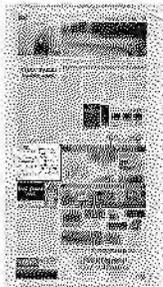
Laurel County Sheriff
203 S. Broad Street
London, KY 40741
(606)864-6600

Laurel County Coroner
1704 N. Main Street
London, KY 40741
(606)864-2151

N0870090A 7/8/08

ISSUE: 41

Sentinel Echo
London, KY
Circ. 8614
From Page:
1
6/11/2008
70241



601-72
**Ohio man
killed in
ATV crash**

STAFF REPORT

Laurel County sheriff's deputies were called to Alsip Road Sunday night to investigate an ATV crash, which resulted in the death of (b)(3):CPSA Section 25

(b)(3):CPSA Section 2
44, of Miamisburg, Ohio, was reportedly riding alone near Laurel Lake about 8:30 p.m. on a Polaris Ranger, which Deputy James Howard described as a utility ATV similar to a Mule. As he attempted to negotiate a curve, the ATV overturned, killing (b)(3):CPSA

"As he went into the curve, the ATV began to slide," Howard said. "As it slid, debris on the road began building up around the tires. The debris, which included dirt, sand and gravel,

SEE **ATV**, PAGE 3A

ATV

CONTINUED FROM PAGE 1A

eventually built up enough that the ATV wouldn't slide anymore and flipped over, partially ejecting him."

Howard said though this particular ATV will seat three people, (b)(3):CP was the only one on the vehicle at the time.

"His uncle had been

riding with him, but had gotten off earlier," Howard said. "When (b)(3):C didn't come back, his uncle and another man went looking for him and found him."

Howard said alcohol is suspected as a factor in the wreck

Howard was assisted at the scene by Ambulance Inc. of Laurel County, Laurel County Fire Department and the U.S. Forest Service.

County:
Laurel

1. Task Number 080811CWE7665		2. Investigator's ID 1919		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2007 08 19	5. Date Initiated YR MO DAY 2008 08 13		
6. Synopsis of Accident or Complaint UPC A 38-year-old female was injured when she was ejected off the back of a side by side utility vehicle as the driver was attempting to make a left turn. The victim was standing in the back of the utility vehicle before ejected. The extent of the victim's injuries are not known. She was not wearing a helmet. 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. <u>2c, 3, 6</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 081119 GP				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City VIOLA		9. State MO
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name (b)(3);CPSA Section 25(c),(b)(6)		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 38	13. Sex 2 - Female	14. Disposition 1 - Injured, not Hosp.	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) 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 <input type="radio"/> Yes for Manuf. Only				
24. Review Date 09/15/2008	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Topka, Tanya			28. Source Document Number N0790215A	

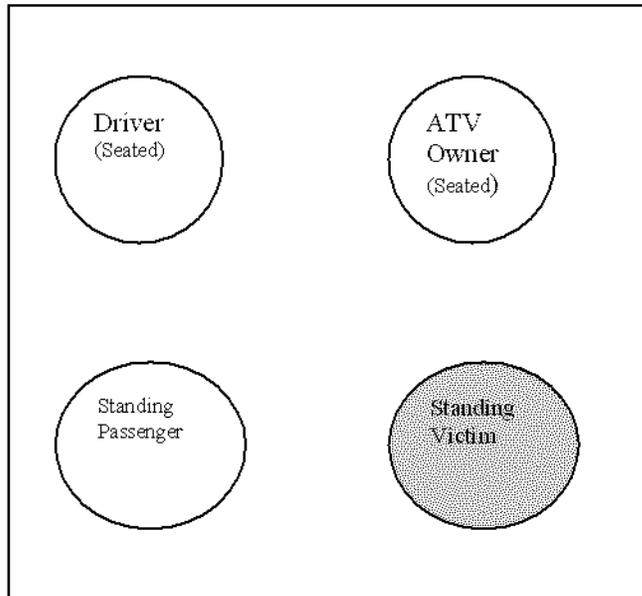
This investigation was initiated based upon a news article reporting an ATV accident in which an adult female was injured. All efforts to interview the involved parties were unsuccessful. Therefore, information contained within this report was obtained from the Missouri State Highway Patrol Accident Report and news article.

According to Missouri Highway Patrol (MHP) accident report, four adults were riding a four-wheeled sport utility ATV or UTV in an unincorporated area near Viola, Missouri. The accident occurred around 1:40 a.m. on August 19, 2007, while the four were riding on an unlit stretch of a paved road which was dry, level, and straight. The UTV was being driven by a 36-year-old female at the time. The male owner of the UTV was seated in the passenger seat, while the 38-year-old female victim was standing in the back of the UTV. A third passenger, a 27-year-old female, was also standing in the back of the UTV. According to the MHP report, the driver was driving south on a street and stopped at an intersection to make a left turn onto another street. According to the driver's statement to the State Trooper, she was probably going too fast while attempting the left turn. The victim was thrown from the back of the UTV and landed on the paved street. A copy of the MHP accident report is attached as Exhibit 2.

The victim was subsequently taken via ambulance to St. John's Hospital in Berryville, Arkansas for treatment. Attached as Exhibit 3, is a copy of the Emergency Room Outpatient record pertaining to the victim. However, the one-page record does not specify the victim's injuries except to indicate that the diagnosis is "99231." Despite repeated attempts to contact the Records Department for the hospital to learn more about the victim's injuries, no further information could be obtained. According to the news article, the victim sustained "moderate injuries." Attempts were made to contact the victim by letter and telephone; however, those attempts were unsuccessful. Attempts to contact the owner of the UTV by letter and telephone were also unsuccessful. Attempts to contact the other individuals by letter were also unsuccessful.

Per the MHP report, it is believed that alcohol use probably contributed to the accident. No photographs were taken of the involved ATV.

Based upon the MHP report, the diagram below represents the location of all parties before the accident. None of the occupants wore helmets. It is unknown whether any of them wore any safety restraints, etc. Besides the victim, no one else was injured.



A diagram of the location of all persons riding the UTV prior to the accident

A research of the internet using search criteria, "2004 Yamaha Rhino 660" located the following website, http://www.atvconnection.com/Features/ATV_Reviews/Ultimate-Sport-Utility-ATV.cfm regarding a model UTV which is believed to be identical to the involved UTV. Below is a photo of a UTV (obtained from this website) which is believed to be identical to the involved UTV.



Photo1 – a photo of a UTV which is believed to be identical to the involved UTV.

IDI # 080811CWE7665

Page 3

PRODUCT IDENTIFICATION

Type:	sport utility vehicle
Brand:	Yamaha
Model:	Rhino 660
VIN:	5Y4AM06Y14A003258
Year:	2004
Manufacturer:	Yamaha

SAMPLE COLLECTED

None

ADDITIONAL INFORMATION

The Barry County Sheriff's Office and Stone County Sheriff's Office were contacted regarding this accident, and advised that they did not work this accident, therefore had no record pertaining to this case.

As previously mentioned, efforts to reach all parties involved in this accident, were unsuccessful. In addition, efforts to clarify medical injuries sustained were also unsuccessful. If however, additional information is received, an Addendum will be submitted.

ATTACHMENTS

1. Identity of Respondents
2. MHP report (4 pages)
3. Outpatient record (1 page)

IDENTITY OF RESPONDENT(S)

The respondents in this investigation are:

1. Records Department – Missouri Highway Patrol, Missouri Highway Patrol, Troop F Headquarters, P.O. Box 568, Jefferson City, MO 65102; initially contacted via mail (required) on 8/13/08
2. Medical Records Department – St. John’s Hospital, 214 Carter Street, Berryville, AR 72616; records requested via fax (870) 423-5281 on 8/25/08
3. Virginia (LNU) Stone County Sheriff’s Office, P.O. Box 245, galena, MT 65656; initially contacted via telephone (417) 357-6116 on 8/13/08
4. Barry County Sheriff’s Office, 505 East Street, Cassville, MO; initially contacted via telephone on 8/13/08

Attempts to contact individuals:

NOTE: Internet research revealed no telephone number listed for Driver (b)(3):CPSA in (b)(3):CPSA Section 25(c)/(h)(6). (b)(3):CPSA Section 25(c)/(h)(6) There were over 300 telephone listings for victim (b)(3):CPSA Section 25(c)/(h)(6). Therefore, attempts to reach the involved parties could not be made until the MHP accident report was received.

8/25/08- a telephone message was left for owner of UTV, (b)(3):CPSA Section 25 (c),(b)(6). To date there has been no response. NOTE: The contact letter mailed to the UTV owner, was returned to the CPSC “RETURN TO SENDER REFUSED UNABLE TO FORWARD” without being opened.

8/25/08 – contact letters were mailed to all four individuals; to date there has been no response from any of the individuals

9/12/08 – a telephone message was left for victim (b)(3):CPSA Section 25 no response

080811CWE7665 - Exhibit 1, Identity of Respondents. Page 1 of 1.

080811CWE7665 - Exhibit 2, Copy of Missouri Highway Patrol report. Page 1 of 4.

1 - AGENCY NAME AND ORI

MISSOURI STATE HIGHWAY PATROL
MOMHPDD00

LEFT THE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLEARED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ACCIDENT CLASSIFICATION <input type="checkbox"/>	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NUMBER INJURED 1	NUMBER KILLED 0	REPORT / CASE / INCIDENT NUMBER 08190700171
NUMBER OF VEHICLES INVOLVED 1	ACCIDENT DATE 08/19/2007	ACCIDENT TIME (MIL.) 0140	TIME NOTIFIED (MIL.) 0149	TIME ARRIVED (MIL.) 0217	INVESTIGATION DATE 08/19/2007	

2 - LOCATION

COUNTY Stone	MUNICIPALITY 105 Non-City Or Unincorporated 9999	BEAT / ZONE 15	TRP / DIST / PCT D	INVESTIGATED AT SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ON CRD Fish n Fun Road	DISTANCE FROM FEET MILES	LOCATION <input type="checkbox"/> AFTER <input type="checkbox"/> BEFORE <input checked="" type="checkbox"/> AT	INTERSECTING STREET OR ROADWAY CRD Bluebird Lane (N)	SPEED LIMIT 60
ROADWAY DIRECTION E	SPEED LIMIT 60	GEO. CODE NA	GPS LONGITUDE 093 34 34.9	GPS LATITUDE 036 34 02.1
ROAD MAINTAINED BY <input type="checkbox"/> 1. STATE <input checked="" type="checkbox"/> 2. COUNTY <input type="checkbox"/> 3. MUNICIPAL <input type="checkbox"/> 4. PRIVATE PROPERTY <input type="checkbox"/> 5. OTHER				

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES NONE

GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE.
 MoDOT

4. DRIVER'S FULL NAME (LAST, FIRST, MI) ADDRESS (STREET, CITY, STATE, ZIP)

DRIVER LICENSE NUMBER / ID NUMBER STATE TYPE OF LICENSE

1. OPERATOR CLASS **C** 3. PERMIT 5. MC ONLY MC ENDORSEMENT
 2. CDL CLASS 4. UNLICENSED UNKNOWN YES NO NA

PROOF OF INSURANCE YES NO NOT REQUIRED INSURANCE COMPANY **None** DRIVER VEHICLE NA POLICY NUMBER

VEHICLE

YEAR 2004	MAKE Yamaha	MODEL Rhino 660	COLOR Camouflage
LIC. PLATE NO. NO LIC. REQU	STATE NA	YEAR NA	VIN. TOTAL NO. OF OCCUPANTS 4
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER		ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> SAME AS DRIVER	

1. VEHICLE DAMAGE (Circle all damaged areas)

<input checked="" type="checkbox"/> NONE	INITIAL IMPACT NO. <input checked="" type="checkbox"/> NA	<table border="1"> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>1</td><td>15</td><td>16</td><td>17</td><td>8</td><td></td></tr> <tr><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td></tr> </table>	2	3	4	5	6	7	1	15	16	17	8		14	13	12	11	10	9	18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo	TOWED FROM SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TOW CO. INFORMATION NA
2	3	4	5	6	7																		
1	15	16	17	8																			
14	13	12	11	10	9																		

5. DRIVER'S FULL NAME (LAST, FIRST, MI) ADDRESS (STREET, CITY, STATE, ZIP)

DRIVERS LICENSE NUMBER / ID NUMBER STATE TYPE OF LICENSE

1. OPERATOR CLASS 3. PERMIT 5. MC ONLY MC ENDORSEMENT
 2. CDL CLASS 4. UNLICENSED UNKNOWN YES NO NA

PROOF OF INSURANCE YES NO NOT REQUIRED INSURANCE COMPANY DRIVER VEHICLE NA POLICY NUMBER

VEHICLE

YEAR	MAKE	MODEL	COLOR
LIC. PLATE NO.	STATE	YEAR	VIN. TOTAL NO. OF OCCUPANTS
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER		ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> SAME AS DRIVER	

2. VEHICLE DAMAGE (Circle all damaged areas)

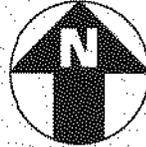
<input type="checkbox"/> NONE	INITIAL IMPACT NO. <input type="checkbox"/> NA	<table border="1"> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>1</td><td>15</td><td>16</td><td>17</td><td>8</td><td></td></tr> <tr><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td></tr> </table>	2	3	4	5	6	7	1	15	16	17	8		14	13	12	11	10	9	18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo	TOWED FROM SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO	TOW CO. INFORMATION
2	3	4	5	6	7																		
1	15	16	17	8																			
14	13	12	11	10	9																		

6 - WITNESS NONE IDENTIFIED

NAME OF WITNESS	ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NO.
NA		

7. COLLISION DIAGRAM	Direction Prior to Impact (circle one)	V1 N Ⓢ W	V2 N E S W	V3 N E S W	V4 N E S W	Est. Speed - Fatals Only
						V1 NA V2 NA V3 NA V4 NA

080811CWE7665 - Exhibit 2, Copy of Missouri Highway Patrol report. Page 2 of 4.



Bluebird Lane

Fish n Fun

18'

20'

Approximate Area of Vehicle and Occupant

Gravel Driveway

Vehicle moved prior to officer arrival

8. EVIDENTIARY PHOTOS TAKEN

YES NO BY WHOM NA

AVAILABLE FROM NA

RECONSTRUCTION - Includes Narrative, Diagram, & Photo(s)

YES NO BY WHOM NA

9 - CODES

SEAT LOCATION XX - Not Known P - Pedestrian B - Bicycle M - Motorcycle OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area CP - Commercial Passenger SV - Other (Explain in Remarks)	FR SR TR FC SC TC FL SL TL	INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent 6. Unknown	TRANSPORTED (Medical Treatment) 1. No 2. EMS 3. Other 4. Unknown	EJECTION 1. NA 2. No 3. Partially 4. Totally 5. Unknown	AIR BAG FRONT 1. None / NA 2. Deployed 3. Not Deployed	AIR BAG SIDE 1. None / NA 2. Deployed 3. Not Deployed	SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 6. Child Restraint 7. Helmet Used 8. Helmet Not Used 9. Use Unknown

10 - DRIVERS

NAME	ADDRESS	DATE OF BIRTH MM-DD-YYYY	SEX	VEH. NO.	SEAT LOC.	INJ.	TRANSPORT	EJECTION	AIR BAG F	AIR BAG S	SAF DEV	TELEPHONE NO.
<input type="checkbox"/> NA	DRIVER 1 - SAME ADDRESS AS ABOVE	07/03/1971	F	1	M	5	1	2	1	1	8	316-259-9821
<input checked="" type="checkbox"/> NA												

11 - OTHER OCCUPANTS & PEDESTRIANS (SAD = SAME AS DRIVER)

NAME	ADDRESS	DATE OF BIRTH MM-DD-YYYY	SEX	VEH. NO.	SEAT LOC.	INJ.	TRANSPORT	EJECTION	AIR BAG F	AIR BAG S	SAF DEV	TELEPHONE NO.
NA			M	1	SV	5	1	2	1	1	8	
NA			F	1	SV	5	1	2	1	1	8	
NA			F	1	SV	2	2	4	1	1	8	

080811CWE7665 - Exhibit 2, Copy of Missouri Highway Patrol report. Page 3 of 4.

12. VEHICLE BODY TYPES
AUTOMOBILES / SPECIAL VEHICLES

V1 V2

1. Passenger Car
 2. Station Wagon
 3. Sport Utility Vehicle
 4. Limousine (6-15 for hire)
 5. Van (8 or less with driver)
 6. Small Bus (9-15 with driver)
 7. Bus (16 or more with driver)
 8. School Bus (less than 16 with driver)
 9. School Bus (16 or more with driver)
 10. Motorcycle
 11. ATV
 12. Motorized Bicycle
 13. Pedalcycle
 14. Motor Home / Camper
 15. Farm Implements
 16. Construction Equipment
 17. Other Transport Device
 18. Unknown
 19. Pick-up
 20. Single-unit Truck; 2 axes, 6 tires
 21. Single-unit Truck; 3 or more axes

A. Vehicle Pulling Another Unit(s) 1-21 only

22. Truck Tractor With No Units
 23. Truck Tractor With One Unit
 24. Truck Tractor With Two Units
 25. Truck Tractor With Three Units
 26. Other Heavy Truck

GCVW Rating (not licensed weight) 19-26 only
 Less than or equal to 10,000 lbs.
 10,001 - 26,000 lbs.
 Greater than 26,000 lbs.

14. HAZARDOUS MATERIALS NA

V1 V2

Placard Displayed

1. Gases in Bulk
 2. Solids in Bulk
 3. Liquids in Bulk
 4. Explosives
 5. None

A. Hazardous Materials' Cargo Released / Spilled

15. ACCIDENT TYPE

1. On Roadway
 2. Off Roadway

COLLISION INVOLVING

1. Animal
 2. Pedalcycle
 3. Fixed Object
 4. Other Object
 5. Pedestrian
 6. Train
 7. MV in Transport
 8. MV on Other Roadway
 9. Parked MV

NON-COLLISION

10. Overturning
 11. Other Non-Collision

TWO VEHICLE COLLISION

60. Head On
 61. Rear End
 62. Sideswipe - Meeting
 63. Sideswipe - Passing
 64. Angle
 65. Backed Into
 67. Other

17. VEHICLE ACTION / SEQUENCE OF EVENTS

1. Going Straight
 2. Overtaking
 3. Making Right Turn
 4. Right Turn on Red
 5. Making Left Turn
 6. Making U Turn
 7. Skidding / Sliding
 8. Slowing / Stopping
 9. Start in Traffic
 10. Start From Parked
 11. Backing
 12. Stopped in Traffic
 13. Parked
 14. Changing Lanes
 15. Avoiding
 16. Crossover Median
 17. Crossover Centerline
 18. Crossing Road
 19. Airborne

20. Ran Off Road - Right
 21. Ran Off Road - Left
 22. Overtake / Rollover
 23. Fire / Explosion
 24. Immersion
 25. Jackknife
 26. Cargo Loss / Shift
 27. Equipment Failure
 28. Separation of Units
 29. Returned to Road
 30. Collision Inv. Pedestrian
 31. Collision Inv. Pedalcycle
 32. Collision Inv. Train
 33. Collision Inv. Animal (enter code - explain)
 34. Collision Inv. MV in Transport
 35. Collision Inv. Parked Motor Vehicle
 36. Collision Inv. Fixed Object (enter code - explain)
 37. Collision Inv. Other Object (explain)
 38. Other - Non Collision

V1 Unknown
 05 / 38 / NA / NA / NA / NA / NA

33. Animal Code NA
 36. Fixed Object Code NA / NA / NA

V2 Unknown
 NA / NA / NA / NA / NA / NA / NA

33. Animal Code NA
 36. Fixed Object Code NA / NA / NA

13. EMERGENCY VEHICLE INVOLVEMENT

V1 V2

1. Police
 2. Fire
 3. Ambulance
 4. Other (must check "A")
 A. Emergency Vehicle on Emergency Run

16. TRAFFIC CONDITIONS

V1 V2

1. Normal
 2. Accident Ahead
 3. Congestion Ahead

Animal, Fixed Object, and Inattention Codes explained in narrative.

18. PROBABLE CONTRIBUTING CIRCUMSTANCES V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Vehicle Defects (explain) <input type="checkbox"/> <input type="checkbox"/> 2. Traffic Control Inoperable or Missing <input type="checkbox"/> <input type="checkbox"/> 3. Improperly Stopped on Roadway <input type="checkbox"/> <input type="checkbox"/> 4. Speed - Exceeded Limit <input type="checkbox"/> <input type="checkbox"/> 5. Too Fast for Conditions <input type="checkbox"/> <input type="checkbox"/> 6. Improper Passing <input type="checkbox"/> <input type="checkbox"/> 7. Violation Signal / Sign <input type="checkbox"/> <input type="checkbox"/> 8. Wrong Side (not passing) <input type="checkbox"/> <input type="checkbox"/> 9. Following Too Close <input type="checkbox"/> <input type="checkbox"/> 10. Improper Signal <input type="checkbox"/> <input type="checkbox"/> 11. Improper Backing <input type="checkbox"/> <input type="checkbox"/> 12. Improper Turn <input type="checkbox"/> <input type="checkbox"/> 13. Improper Lane Usage / Change <input type="checkbox"/> <input type="checkbox"/> 14. Wrong Way (One-Way) <input type="checkbox"/> <input type="checkbox"/> 15. Improper Start From Park <input type="checkbox"/> <input type="checkbox"/> 16. Improperly Parked P1 P2 <input type="checkbox"/> <input type="checkbox"/> 17. Failed to Yield <input type="checkbox"/> <input type="checkbox"/> 18. Alcohol <input type="checkbox"/> <input type="checkbox"/> 19. Drugs <input type="checkbox"/> <input type="checkbox"/> 20. Physical Impairment (explain) <input type="checkbox"/> <input type="checkbox"/> 21. Inattention (explain) P1 P2 V1 V2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 22. None	19. PEDESTRIAN INVOLVEMENT P1 P2 <input checked="" type="checkbox"/> NA <input type="checkbox"/> <input type="checkbox"/> 1. At Intersection <input type="checkbox"/> <input type="checkbox"/> 2. Not At Intersection CROSSING ROAD <input type="checkbox"/> <input type="checkbox"/> 3. With Signal <input type="checkbox"/> <input type="checkbox"/> 4. Against Signal <input type="checkbox"/> <input type="checkbox"/> 5. No Signal <input type="checkbox"/> <input type="checkbox"/> 6. Diagonally <input type="checkbox"/> <input type="checkbox"/> 7. Within Crosswalk <input type="checkbox"/> <input type="checkbox"/> 8. Within Marked Crosswalk <input type="checkbox"/> <input type="checkbox"/> 9. Behind / In Front of Parked Car <input type="checkbox"/> <input type="checkbox"/> 10. With Traffic <input type="checkbox"/> <input type="checkbox"/> 11. Against Traffic <input type="checkbox"/> <input type="checkbox"/> 12. Getting On / Off Vehicle <input type="checkbox"/> <input type="checkbox"/> 13. Standing / Lying / Sitting on Road <input type="checkbox"/> <input type="checkbox"/> 14. Pushing / Working on Vehicle <input type="checkbox"/> <input type="checkbox"/> 15. Other Working <input type="checkbox"/> <input type="checkbox"/> 16. Playing on Road <input type="checkbox"/> <input type="checkbox"/> 17. Off Roadway 26. ROAD SURFACE <input type="checkbox"/> 1. Concrete <input type="checkbox"/> 3. Brick <input type="checkbox"/> 5. Dirt / Sand <input checked="" type="checkbox"/> 2. Asphalt <input type="checkbox"/> 4. Gravel <input type="checkbox"/> 6. Multi-Surface	20. VISION OBSCURED V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Windshield <input type="checkbox"/> <input type="checkbox"/> 2. Load on Vehicle <input type="checkbox"/> <input type="checkbox"/> 3. Trees / Brush <input type="checkbox"/> <input type="checkbox"/> 4. Building <input type="checkbox"/> <input type="checkbox"/> 5. Embankment <input type="checkbox"/> <input type="checkbox"/> 6. Signboards <input type="checkbox"/> <input type="checkbox"/> 7. Hillcrest <input type="checkbox"/> <input type="checkbox"/> 8. Parked Cars <input type="checkbox"/> <input type="checkbox"/> 9. Moving Cars <input type="checkbox"/> <input type="checkbox"/> 10. Glare <input checked="" type="checkbox"/> <input type="checkbox"/> 11. Other (explain) <input checked="" type="checkbox"/> <input type="checkbox"/> 12. Not Obscured 23. LIGHT CONDITION <input type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Dark with Street Lights On <input type="checkbox"/> 3. Dark with Street Lights Off <input checked="" type="checkbox"/> 4. Dark - No Street Lights <input type="checkbox"/> 5. Indeterminate (explain)	21. TRAFFIC CONTROL V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Construction Zone <input type="checkbox"/> <input type="checkbox"/> 2. Other Work Zone <input type="checkbox"/> <input type="checkbox"/> 3. School Zone <input type="checkbox"/> <input type="checkbox"/> 4. Stop Sign <input type="checkbox"/> <input type="checkbox"/> 5. Electric Signal <input type="checkbox"/> <input type="checkbox"/> 6. RR Signal / Gate <input type="checkbox"/> <input type="checkbox"/> 7. Yield Sign <input type="checkbox"/> <input type="checkbox"/> 8. Officer / Flagman <input type="checkbox"/> <input type="checkbox"/> 9. No Passing Zone <input type="checkbox"/> <input type="checkbox"/> 10. Turn Restricted <input type="checkbox"/> <input type="checkbox"/> 11. Signal on School Bus <input checked="" type="checkbox"/> <input type="checkbox"/> 12. None 24. WEATHER CONDITION <input checked="" type="checkbox"/> 1. Clear <input type="checkbox"/> 2. Cloudy <input type="checkbox"/> 3. Rain <input type="checkbox"/> 4. Snow <input type="checkbox"/> 5. Sleet <input type="checkbox"/> 6. Freezing (temp.) <input type="checkbox"/> 7. Fog / Mist <input type="checkbox"/> 8. Indeterminate (explain)	22. ROAD CHARACTER ALIGNMENT <input checked="" type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Curve PROFILE <input checked="" type="checkbox"/> 1. Level <input type="checkbox"/> 2. Grade <input type="checkbox"/> 3. Hillcrest 25. ROAD CONDITION <input checked="" type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow <input type="checkbox"/> 4. Ice <input type="checkbox"/> 5. Slush <input type="checkbox"/> 6. Mud <input type="checkbox"/> 7. Standing Water <input type="checkbox"/> 8. Moving Water <input type="checkbox"/> 9. Other (explain)
--	--	---	---	---

27 - COMMERCIAL MOTOR VEHICLE (Complete for each commercial vehicle involved.)

A. CMV CRITERIA Answer the following to determine if this section should be completed. 1. Does this accident involve any of the following: 1.a person fatally injured; or 2.a person transported for medical attention; or 3.a vehicle towed from the scene of the accident <input type="checkbox"/> NO - DO NOT COMPLETE <input checked="" type="checkbox"/> YES - GO TO NUMBER 2 2. Examine each vehicle to determine if it is a commercial vehicle based on the following: 1.a truck with GCWWR of more than 10,000 lbs. and engaged in commerce; or 2.a bus or school bus (9 or more including driver); or 3.a vehicle with a hazardous materials placard <input checked="" type="checkbox"/> NO - DO NOT COMPLETE <input type="checkbox"/> YES - COMPLETE SECTIONS B - E	B. CARRIER ID NUMBER V1 ICC NO. MC _____ USDOT NO. _____ V2 ICC NO. MC _____ USDOT NO. _____ C. HAZARDOUS MATERIAL PLACARD NUMBER <input type="checkbox"/> NA V1 4-Digit Placard Number _____ Number From Bottom of Diamond _____ V2 4-Digit Placard Number _____ Number From Bottom of Diamond _____ D. TRAFFICWAY <input type="checkbox"/> 1. Two-Way; Not Divided <input type="checkbox"/> 2. Two-Way; Divided; Unprotected Median <input type="checkbox"/> 3. Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> 4. One-Way; Not Divided	E. CARGO BODY TYPE V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Enclosed Box <input type="checkbox"/> <input type="checkbox"/> 2. Cargo Tank <input type="checkbox"/> <input type="checkbox"/> 3. Flatbed <input type="checkbox"/> <input type="checkbox"/> 4. Dump <input type="checkbox"/> <input type="checkbox"/> 5. Concrete Mixer <input type="checkbox"/> <input type="checkbox"/> 6. Auto Transporter <input type="checkbox"/> <input type="checkbox"/> 7. Garbage / Refuse <input type="checkbox"/> <input type="checkbox"/> 8. Grain, Chip, Gravel <input type="checkbox"/> <input type="checkbox"/> 9. Pole Trailer <input type="checkbox"/> <input type="checkbox"/> 10. Other
---	---	--

28 - NARRATIVE / STATEMENTS (If additional room is necessary, attach a separate sheet.)

This accident occurred as vehicle one was attempting a left turn from Bluebird Lane onto Fish n Fun. Passenger [redacted] was ejected from the vehicle and landed on the pavement.

[redacted] was transported by ambulance to St. John's Hospital in Berryville, Arkansas for treatment of injuries.

The driver of vehicle one said, "We were driving up, what is it Bluebird, and stopped and made a left onto it, maybe a little too fast and she came out the back."

The driver of vehicle one was seated in the front left driver seat. Passenger [redacted] was seated in the front right seat. Passenger [redacted] was standing in the bed area on the left side behind the driver. Passenger [redacted] was standing in the bed area on the right side behind passenger [redacted].

080811CWE7665 - Exhibit 2,
Copy of Missouri Highway Patrol
report. Page 4 of 4.

29. REPORTING OFFICER SIGNATURE J. T. Vermillion	DSN / BADGE NO. 1207	BEAT / ZONE 15	TROOP / DIST / PCT D
REVIEWING OFFICER 1 SIGNATURE Sgt. C. A. Stuart	DSN / BADGE NO. 1139	REVIEWING OFFICER 2 SIGNATURE	DSN / BADGE NO.

EMERGENCY ROOM - OUTPATIENT RECORD

SUB TYPE		SERVICE	EXPIRY DATE										
		MEDICAL	8/19/07										
PATIENT NUMBER	TYPE	PATIENT NAME	AGE	SEX	N/S	DATE OF SERVICE	TIME	CLEAR UNIT					
424500	3			F	SW	8/19/07	02:52	HH					
ADDRESS - LINE 1		ADDRESS - LINE 2		CITY		STATE ZIP CODE		TELEPHONE					
PATIENT GUARANTOR		RELATIONSHIP		ADDRESS		TELEPHONE							
		FRIEND											
INSURANCE COMPANY				CONTRACT OR GROUP NUMBER		DATE	PLACE						
BLUE CROSS O/P OUT OF STATE						8/19/07	OTHER						
						TIME	EVENT						
						2:00	ATV WRECK						
GUARANTOR NAME		GUARANTOR ADDRESS		CITY		STATE ZIP CODE		GUAR. TELEPHONE					
GUARANTOR EMPLOYER		GUARANTOR OCCUPATION		GUAR. EMPLOYER ADDRESS		GUAR. EMP. TELEPHONE							
PREV. SERVICE	PREV. SERV. DATE	IF MINOR - PARENT NAME		MED. REC. #		ADMITTING/IMD PHYSICIAN							
						CARD 5 /							

CHARGES

X-RAY	LAB	RESP. TR.	PNT. TR.	ENR.	I.V.	DRUGS	SUPPLIES	OTHER	M.D.	N.R. NM	TOTAL CHG.

ADMITTING/IMD PHYSICIAN: CARD 5 /

DATE: _____ TIME: _____ SIGNED PATIENT: _____ SIGNED GUARANTOR: _____
 CHIEF COMPLAINT (IF Accident State How, When, and Where): **ATV WRECK** ADVANCED DIRECTIVE

TEMP.	PULSE	RESP.	B/P	ALLERGIES	MEDICATIONS - NONE	E.R. PHYSICIAN	TWT. TOX.

NURSES NOTES:

LAB DATA (including X-Rays, EKGs, etc.):

PHYSICIAN'S REPORT

850.11
 920
 E212.1
 E249.5
 401.9
 V15.29

080811CWE7665 - Exhibit 3, Copy of victim's outpatient record. Page 1 of 1.

DIAGNOSIS:

99231
 TREATMENT:

INSTRUCTIONS TO PATIENT:

FOLLOW-UP WITH: _____ M.D.

8/19/07 0537
 DATE - TIME OF DISC. _____ M.D.
 PHYSICIAN'S SIGNATURE

PATIENT'S SIGNATURE ON DISCHARGE
 BY SIGNING HERE I CERTIFY THAT I UNDERSTAND THE FOLLOW-UP INSTRUCTIONS RECEIVED BY ME IN WRITING, WHICH WERE EXPLAINED TO ME.

Branson Daily News
Taney County
Branson MO

8813 Daily
26813 Sunday

August 21, 2007

Two people killed over weekend

By Mindy Honey

BDN Staff Writer

mhoney@bransondailynews.com

Two people were killed and two more injured recently in Stone County.

Table Rock Lake claimed the life of an Ozark woman Saturday night.

Shortly before 9:30 p.m. Brandi Tangora, 24, was swimming approximately six to eight feet from a houseboat that was moored to an island in the James River Arm, Point 10 area in Stone County. When family members discovered Tangora was missing, they began a search for her, but when they could not locate the missing female, they contacted help, according to a report from the Missouri State Water Patrol.

Just before 11 p.m. the victims body was discovered by dragging methods in the same area where she was last seen in a depth of 12-15 feet of water.

Capt. Gary Haupt said it is unclear what happened.

"We don't know what the cause was yet," Haupt said,

adding there was nothing suspicious about the drowning. "She didn't indicate she was having problems."

Results of the toxicology report could take several weeks or possibly months, Haupt said.

Earlier on Saturday a man from Republic died after a motorcycle crash near Cape Fair.

Daniel J. Feather, 29, was traveling westbound on Missouri 76 one and a half miles east of Cape Fair on a 2007 Triumph motorcycle when he lost control of the vehicle while negotiating a curve. The motorcycle went off of the roadway and struck a sign just after 2 p.m., a report from the Missouri State Highway Patrol stated.

Feather was transported to Cox South Hospital in Springfield where he died later Saturday afternoon, the report stated.

On Sunday a Wichita, Kan., woman sustained moderate injuries in an early morning ATV incident.

At 1:40 a.m. (b)(3):CPSA Section 25(c),(b) (b)(3):CPSA Section 25(c),(b)(6)

was traveling southbound on Fish-N-Fun Road in Viola on a 2004 Yamaha Rhino ATV. While making a left turn passenger

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

(b)(3):CPSA who was standing in the bed of the vehicle, was ejected, a report from the MSHP stated.

(b)(3):CPS sustained moderate injuries and was transported by ambulance to St. John's Hospital in Berryville, Ark., the report stated.

An early Monday morning crash has left a Kimberling City man with moderate injuries after crashing into a vehicle parked on the side of the road.

Just before 1 a.m. Allan E. Cedarvall, 48, was traveling southbound on Missouri 13 one mile north of Lampe in a 1981 Buick when the vehicle ran off of the roadway and struck a parked and unoccupied 1994 Ford, a report from the MSHP stated.

Cedarvall sustained moderate injuries and was transported to St. John's Hospital in Springfield, the report stated.

1. Task Number 080811CWE7666		2. Investigator's ID 2343		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2007 09 22	5. Date Initiated YR MO DAY 2008 08 14		
6. Synopsis of Accident or Complaint UPC Two occupants of a all terrain vehicle were reportedly injured during a rollover of the vehicle. The driver was ejected and the passenger was wearing a seatbelt. Neither party was wearing a helmet and injuries to both parties minor. Accident occurred in a pasture area. The police report indicates the driver had consumed alcohol. MFR/PRVLR 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. <u>29, 3, 6</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <u>08119 RP</u>				
7. Location (Home, School, etc) 2 - FARM		8. City MARSHFIELD		9. State MO
10A. First Product 3286 - All Terrain Vehicles (four W)		10B. Trade/Brand Name RHINO		10C. Model Number 660
10D. Manufacturer Name and Address YAMAHA CORP. OF AMERICA INTERNATIONAL 660 Orangathorpe 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 54	13. Sex 1 - Male	14. Disposition 1 - Injured, not Hosp.	15. Injury Diagnosis 71 - Other	
16. Body Part(s) Involved 85 - ALL OF BODY	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 9 / 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 09/24/2008	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number N07A0378A	

IDI 080811CWE7666

NOTE: Information for this report was obtained from third party source (state police report) and telephone interview with passenger of this incident.

The police report stated that on September 22, 2007 at approximately 1:10 a.m. the vehicle that the two victims were riding overturned in a field. The report stated that the driver was ejected from the vehicle and the passenger who was wearing a seatbelt was not ejected. The police report indicated that the driver admitted that he flipped the vehicle, with both the driver and passenger being transported by ambulance to a local hospital after leaving the accident scene to seek help.

Reporting investigator (RI) was unable to interview the driver of the vehicle, but was able to interview the passenger via telephone.

The 54 year old male (YOM) passenger advised RI that the vehicle had originally been used to look for trees to cut down for firewood. The passenger stated that the 55 YOM driver began to drive the vehicle up a sloping hillside, when the driver wanted to demonstrate to the passenger how sharp the vehicle could turn.

The passenger advised RI that as the driver attempted to demonstrate the vehicles turning capabilities that the vehicle made an approximate 180 degree turn and rolled down the grassy slope they were on ejecting the driver over the passenger.

The passenger reiterated that when he got into the vehicle he fastened his seatbelt and the driver didn't do so prior to the accident. The passenger further stated that neither of them was wearing a helmet, and that he believed that driver had ingested some alcohol at some point prior to the accident.

PRODUCT INFORMATION:

Product Type: All Terrain Vehicle

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

Model number: Rhino 660

Manufacturer: Yamaha

Retailer: Unknown

Purchase Price: Unknown

Color: Camouflage

Year: 2005

IDI 080811CWE7666

ATTACHMENTS:

- Exhibit A – Missouri State Highway Patrol accident report
- Exhibit B – Contact list
- Exhibit C – Research Form

FACSIMILE COVER SHEET

MISSOURI STATE HIGHWAY PATROL

TRAFFIC DIVISION
POST OFFICE BOX 568
JEFFERSON CITY, MISSOURI 65102-0568
(573) 526-6113 (TELEPHONE)
(573) 751-9921 (FAX)

DATE: 08/25/2008 TIME 08:32 PAGE 1 OF 5

FROM: (b)(6) TELEPHONE NO: 573-526-6113

TO: (b)(6)

FACSIMILE NO.: 402-932-4471

COMMENTS:

CONFIDENTIALITY NOTICE:

THE DOCUMENTS ACCOMPANYING THIS TELECOPY TRANSMISSION MAY CONTAIN CONFIDENTIAL INFORMATION BELONGING TO THE SENDER WHICH IS LEGALLY PRIVILEGED. THE INFORMATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY RECIPIENT NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, OR THE TAKING OF ANY ACTION IN RELIANCE ON THE CONTENTS OF THIS TELECOPIED INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE TO ARRANGE FOR RETURN OF THE ORIGINAL DOCUMENTS TO US.

MISSOURI UNIFORM ACCIDENT REPORT

SPACE USED FOR BARCODE _____ _____ _____	1. AGENCY NAME AND CITY MISSOURI STATE HIGHWAY PATROL MOHLPDD00
---	--

LEFT THE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CLEARED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ACCIDENT CLASSIFICATION <input type="checkbox"/>	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NUMBER INJURED 2	NUMBER KILLED 0	REPORT CASE # ACCIDENT NUMBER 09220700135
---	--	---	--	----------------------------	---------------------------	---

NUMBER OF VEHICLES INVOLVED 1	ACCIDENT DATE 09/22/2007	ACCIDENT TIME (MIL) 0110	TIME NOTIFIED (MIL) 0125	TIME ARRIVED (MIL) NA	REPORT DATE 09/22/2007
---	------------------------------------	------------------------------------	------------------------------------	---------------------------------	----------------------------------

2 - LOCATION					
CITY Webster	COUNTY 113	MUNICIPALITY Non-City Or Unincorporated	ZIP 64999	BEAT ZONE 10	TRIP DISTRICT D
CITY PP 2926 Timber Ridge RD		DISTANCE FROM LOCATION 0.5 FEET NA MILES		ROAD BEING TRAVELLED CRD Timber Ridge RD (W)	
ROADWAY DIRECTION NA		SPEED LIMIT NA		GPS LONGITUDE 092 57 56.7	
ROADWAY TYPE <input type="checkbox"/> 1. STATE <input type="checkbox"/> 2. COUNTY <input type="checkbox"/> 3. MUNICIPAL		<input checked="" type="checkbox"/> 4. PRIVATE PROPERTY		<input type="checkbox"/> 5. OTHER	
					LATITUDE 037 13 03.0

3. DAMAGE TO PROPERTY OTHER THAN VEHICLES					
					<input checked="" type="checkbox"/> NONE
GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MOBILE					

4. DRIVER'S POLICY INFORMATION					
DRIVER'S NAME (LAST, FIRST, MI) / ADDRESS (STREET, CITY, STATE, ZIP) Detherow, Randy M., 2926 Timber Ridge RD, Marshfield, MO, 65706					
DRIVER LICENSE NUMBER (ID NUMBER) 565840060		STATE MO		TYPE OF LICENSE	
<input type="checkbox"/> 1. OPERATOR CLASS		<input type="checkbox"/> 2. CDL CLASS		<input type="checkbox"/> 3. PERMIT	
<input type="checkbox"/> 4. UNLICENSED		<input type="checkbox"/> 5. MC ONLY		MC ENDORSEMENT	
<input type="checkbox"/> 6. UNKNOWN		<input type="checkbox"/> 7. YES		<input type="checkbox"/> 8. NO	
<input checked="" type="checkbox"/> 9. NA		INSURANCE COMPANY None		POLICY NUMBER	
<input type="checkbox"/> DRIVER		<input type="checkbox"/> VEHICLE		<input checked="" type="checkbox"/> NA	

YEAR 2005	MAKE Yamaha	MODEL Rhino 660	COLOR Camouflage		
VEHICLE IDENTIFICATION NUMBER (VIN) NA		STATE NA		YEAR NA	
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER Sims, Mike, 208C W 3RD, Mountain Grove, MO, 65711		ADDRESS (STREET, CITY, STATE, ZIP) 5Y4AM06Y35A006647		TOTAL NO. OF OCCUPANTS 2	

VEHICLE DAMAGE TO OTHER THAN VEHICLES	<table border="1" style="width:100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	18 - Undercarriage 19 - Windshield 20 - Bumper 21 - Towed Unit 22 - Cargo	TOW CO. INFORMATION NA
1	2	3	4	5	6	7																									
8	9	10	11	12	13	14																									
15	16	17	18	19	20	21																									
22	23	24	25	26	27	28																									

5. DRIVER'S POLICY INFORMATION					
DRIVER'S NAME (LAST, FIRST, MI) / ADDRESS (STREET, CITY, STATE, ZIP)					
DRIVER LICENSE NUMBER (ID NUMBER)		STATE		TYPE OF LICENSE	
<input type="checkbox"/> 1. OPERATOR CLASS		<input type="checkbox"/> 2. CDL CLASS		<input type="checkbox"/> 3. PERMIT	
<input type="checkbox"/> 4. UNLICENSED		<input type="checkbox"/> 5. MC ONLY		MC ENDORSEMENT	
<input type="checkbox"/> 6. UNKNOWN		<input type="checkbox"/> 7. YES		<input type="checkbox"/> 8. NO	
<input checked="" type="checkbox"/> 9. NA		INSURANCE COMPANY		POLICY NUMBER	
<input type="checkbox"/> DRIVER		<input type="checkbox"/> VEHICLE		<input type="checkbox"/> NA	

YEAR	MAKE	MODEL	COLOR		
VEHICLE IDENTIFICATION NUMBER (VIN)		STATE		YEAR	
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER		ADDRESS (STREET, CITY, STATE, ZIP)		TOTAL NO. OF OCCUPANTS	

VEHICLE DAMAGE TO OTHER THAN VEHICLES	<table border="1" style="width:100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> </table>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	18 - Undercarriage 19 - Windshield 20 - Bumper 21 - Towed Unit 22 - Cargo	TOW CO. INFORMATION NA
1	2	3	4	5	6	7																									
8	9	10	11	12	13	14																									
15	16	17	18	19	20	21																									
22	23	24	25	26	27	28																									

6 - WITNESS <input checked="" type="checkbox"/> NONE IDENTIFIED		
NAME OF WITNESS	ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NO.
NA		



8. EVIDENTIARY PHOTOS TAKEN
 YES NO BY WHOM **NA** AVAILABLE FROM **NA**

RECONSTRUCTION - Includes Narrative, Diagram, & Photo(s)
 YES NO BY WHOM **NA**

9 - CODES

SEAT LOCATION	INJURY	TRANSPORTED (Medical Treatment)	EJECTION	AIR BAG FRONT	AIR BAG SIDE	SAFETY DEVICES
XX - Not Known P - Pedestrian B - Bicycle M - Motorcycle OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area CP - Commercial Passenger SV - Other (Explain in Remarks)	1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent 6. Unknown	1. No 2. EWS 3. Other 4. Unknown	1. NA 2. No 3. Partially 4. Totally 5. Unknown	1. None / NA 2. Deployed 3. Not Deployed	1. None / NA 2. Deployed 3. Not Deployed	7. Helmet Used 8. Helmet Not Used 9. Use Unknown 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 6. Child Restraint

10 - DRIVERS

NAME ADDRESS	DATE OF BIRTH MM-DD-YYYY	SEX	VEH. NO.	SEAT LOC.	INJ.	TRANSP. PORT	EJECT. TION	AIR BAG F S	SAF DEV	TELEPHONE NO.
<input type="checkbox"/> NA DRIVER 1 - SAME ADDRESS AS ABOVE	05/16/1953	M	I	M	3	2	4	1 1	8	417-234-5297
<input checked="" type="checkbox"/> NA										

11 - OTHER OCCUPANTS & PEDESTRIANS (SAD - SAME AS DRIVER)

NAME ADDRESS	DATE OF BIRTH MM-DD-YYYY	SEX	VEH. NO.	SEAT LOC.	INJ.	TRANSP. PORT	EJECT. TION	AIR BAG F S	SAF DEV	TELEPHONE NO.
Colten, Joseph R. 2917 Timber Ridge RD, Marshfield, MO, 65706	08/28/1954	M	I	SV	3	2	2	1 1	4	417-859-4317
NA										
NA										
NA										
NA										
NA										

12. VEHICLE BODY TYPES
 AUTOMOBILES / SPECIAL VEHICLES

V1 V2

1. Passenger Car
 2. Station Wagon
 3. Sport Utility Vehicle
 4. Limousine (6-15 for hire)
 5. Van (8 or less with driver)
 6. Small Bus (9-15 with driver)
 7. Bus (16 or more with driver)
 8. School Bus (less than 16 with driver)
 9. School Bus (16 or more with driver)
 10. Motorcycle
 11. ATV
 12. Motorized Bicycle
 13. Pedalcycle
 14. Motor Home / Camper
 15. Farm Implements
 16. Construction Equipment
 17. Other Transport Device
 18. Unknown
 19. Pick-up
 20. Single-unit Truck (2 axles, 6 tires)
 21. Single-unit Truck (3 or more axles)

A. Vehicle Pulling Another Unit(s) (21 only)

22. Truck Tractor With No Units
 23. Truck Tractor With One Unit
 24. Truck Tractor With Two Units
 25. Truck Tractor With Three Units
 26. Other Heavy Truck

GVW Rating (net licensed weight) 19-26 only
 Less than or equal to 10,000 lbs.
 10,001 - 20,000 lbs.
 Greater than 20,000 lbs.

14. HAZARDOUS MATERIALS NA

V1 V2

1. Passes Deployed
 2. Gases in Bulk
 3. Solids in Bulk
 4. Liquids in Bulk
 5. Explosives
 6. Radioactive
 7. A. Hazardous Materials' Cargo Released / Spilled

15. ACCIDENT TYPE

1. On Roadway
 2. Off Roadway

COLLISION INVOLVING

1. Animal
 2. Pedalcycle
 3. Fixed Object
 4. Other Object
 5. Pedestrian
 6. Train
 7. MV In Transport
 8. MV on Other Roadway
 9. Parked MV

NON-COLLISION

10. Overtaking
 11. Other Non-Collisions

TWO VEHICLE COLLISION

00. Head On
 01. Rear End
 02. Sideswipe - Meeting
 03. Sideswipe - Passing
 04. Angle
 05. Backed Into
 07. Other

16. TRAFFIC CONDITIONS

V1 V2 V1-NA

1. Normal
 2. Accident Ahead
 3. Congestion Ahead

17. VEHICLE ACTION / SEQUENCE OF EVENTS

1. Cong Straight
 2. Overtaking
 3. Making Right Turn
 4. Right Turn on Red
 5. Making Left Turn
 6. Making U Turn
 7. Stopping / Sliding
 8. Slowing / Stopping
 9. Start In Traffic
 10. Start From Parked
 11. Backing
 12. Stopped In Traffic
 13. Parked
 14. Changing Lanes
 15. Avoiding
 16. Crossover Median
 17. Crossover Centerline
 18. Crossing Road
 19. Air-borne

20. Ran Off Road - Right
 21. Ran Off Road - Left
 22. Overtaken / Rollover
 23. Fire / Explosion
 24. Immersion
 25. Jack-knife
 26. Cargo Loss / Shift
 27. Equipment Failure
 28. Separation of Units
 29. Returned to Road
 30. Collision Inv. Pedestrian
 31. Collision Inv. Pedalcycle
 32. Collision Inv. Train
 33. Collision Inv. Animal (enter code - explain)
 34. Collision Inv. MV In Transport
 35. Collision Inv. Parked Motor Vehicle
 36. Collision Inv. Fixed Object (enter code - explain)
 37. Collision Inv. Other Object (explain)
 38. Other - Non Collision

V1 Unknown

01 22 NA NA NA NA NA

33. Animal Code NA

36. Fixed Object Code NA NA NA

V2 Unknown

NA NA NA NA NA NA NA

33. Animal Code NA

36. Fixed Object Code NA NA NA

Animal, Fixed Object, and Inattention Codes explained in narrative.

18. PROBABLE CONTRIBUTING FACTORS V1 V2 <input type="checkbox"/> 1. Vehicle Defects (explain) <input type="checkbox"/> 2. Traffic Control Inoperable or Missing <input type="checkbox"/> 3. Inadvertently Stepped on Roadway <input type="checkbox"/> 4. Speed - Exceeded Limit <input type="checkbox"/> 5. Too Fast for Conditions <input type="checkbox"/> 6. Improper Passing <input type="checkbox"/> 7. Vision Signs / Sign <input type="checkbox"/> 8. Wrong Side (not passing) <input type="checkbox"/> 9. Following Too Close <input type="checkbox"/> 10. Improper Signal <input type="checkbox"/> 11. Inproper Backing <input type="checkbox"/> 12. Improper Turn <input type="checkbox"/> 13. Improper Lane Usage / Change <input type="checkbox"/> 14. Wrong Way (One-Way) <input type="checkbox"/> 15. Improper Start From Park P1 P2 <input type="checkbox"/> 16. Improperly Parked <input type="checkbox"/> 17. Failed to Yield <input type="checkbox"/> 18. Alcohol <input type="checkbox"/> 19. Drugs <input type="checkbox"/> 20. Physical Impairment (explain) <input type="checkbox"/> 21. Inattention (explain) P1 P2 V1 V2 <input type="checkbox"/> 22. None		19. PEDESTRIAN INVOLVEMENT P1 P2 <input checked="" type="checkbox"/> NA <input type="checkbox"/> 1. At Intersection <input type="checkbox"/> 2. Not At Intersection CROSSING ROAD <input type="checkbox"/> 3. With Signal <input type="checkbox"/> 4. Against Signal <input type="checkbox"/> 5. No Signal <input type="checkbox"/> 6. Obliquely <input type="checkbox"/> 7. Within Crosswalk <input type="checkbox"/> 8. Within Marked Crosswalk <input type="checkbox"/> 9. Behind / In Front of Parked Car <input type="checkbox"/> 10. With Traffic <input type="checkbox"/> 11. Against Traffic <input type="checkbox"/> 12. Getting On / Off Vehicle <input type="checkbox"/> 13. Standing / Lying / Sitting on Road <input type="checkbox"/> 14. Pushing / Working on Vehicle <input type="checkbox"/> 15. Other Working <input type="checkbox"/> 16. Playing on Road <input type="checkbox"/> 17. Off Roadway		20. VISION OBSCURED V1 V2 <input type="checkbox"/> 1. Windshield <input type="checkbox"/> 2. Load on Vehicle <input type="checkbox"/> 3. Trees / Brush <input type="checkbox"/> 4. Building <input type="checkbox"/> 5. Embankment <input type="checkbox"/> 6. Signboards <input type="checkbox"/> 7. Hillcrest <input type="checkbox"/> 8. Parked Cars <input type="checkbox"/> 9. Moving Cars <input type="checkbox"/> 10. Oars <input type="checkbox"/> 11. Other (explain) <input checked="" type="checkbox"/> 12. Not Obscured		21. TRAFFIC SIGNALS V1 V2 <input checked="" type="checkbox"/> V1-NA <input type="checkbox"/> 1. Construction Zone <input type="checkbox"/> 2. Other Work Zone <input type="checkbox"/> 3. School Zone <input type="checkbox"/> 4. Stop Sign <input type="checkbox"/> 5. Electric Signal <input type="checkbox"/> 6. RR Signal / Gate <input type="checkbox"/> 7. Yield Sign <input type="checkbox"/> 8. Officer / Flagman <input type="checkbox"/> 9. No Passing Zone <input type="checkbox"/> 10. Turn Restricted <input type="checkbox"/> 11. Signal on School Bus <input type="checkbox"/> 12. None		22. ROAD CHARACTER ALIGNMENT NA <input type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Curve PROFILE NA <input type="checkbox"/> 1. Level <input type="checkbox"/> 2. Grade <input type="checkbox"/> 3. Hickeys	
		23. LIGHT CONDITION <input type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Dark with Street Lights On <input type="checkbox"/> 3. Dark with Street Lights Off <input checked="" type="checkbox"/> 4. Dark - no Street Lights <input type="checkbox"/> 5. Indeterminate (explain)		24. WEATHER CONDITION <input checked="" type="checkbox"/> 1. Clear <input type="checkbox"/> 2. Cloudy <input type="checkbox"/> 3. Rain <input type="checkbox"/> 4. Snow <input type="checkbox"/> 5. Sleet <input type="checkbox"/> 6. Freezing (temp.) <input type="checkbox"/> 7. Fog / Mist <input type="checkbox"/> 8. Indeterminate (explain)		25. ROAD SURFACE NA <input type="checkbox"/> 1. Concrete <input type="checkbox"/> 2. Asphalt <input type="checkbox"/> 3. Brick <input type="checkbox"/> 4. Gravel <input type="checkbox"/> 5. Dirt / Sand <input type="checkbox"/> 6. Multi-Surface		26. ROAD CONDITION <input type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow <input type="checkbox"/> 4. Ice <input type="checkbox"/> 5. Slush <input type="checkbox"/> 6. Mud <input type="checkbox"/> 7. Standing Water <input type="checkbox"/> 8. Moving Water <input type="checkbox"/> 9. Other (explain)	

27 - COMMERCIAL MOTOR VEHICLE (Complete for each commercial vehicle involved.)

A. DRIVER INFORMATION Answer the following to determine if this section should be completed. 1. Does this accident involve any of the following: a. a person fatally injured; or b. a person transported for medical attention; or c. a vehicle towed from the scene of the accident <input type="checkbox"/> NO - DO NOT COMPLETE <input checked="" type="checkbox"/> YES - GO TO NUMBER 2 2. Examine each vehicle to determine if it is a commercial vehicle based on the following: a. a truck with GVWR of more than 10,000 lbs. and engaged in commerce; or b. a bus or school bus (9 or more seating driver); or c. a vehicle with a hazardous materials placard <input checked="" type="checkbox"/> NO - DO NOT COMPLETE <input type="checkbox"/> YES - COMPLETE SECTIONS B - E			B. CARRIER ID NUMBER V1 ICC NO. MC _____ USDOT NO. _____ V2 ICC NO. MC _____ USDOT NO. _____			E. CARGO BODY TYPE V1 V2 <input type="checkbox"/> 1. Enclosed Box <input type="checkbox"/> 2. Cargo Tank <input type="checkbox"/> 3. Flatbed <input type="checkbox"/> 4. Dump <input type="checkbox"/> 5. Concrete Mixer <input type="checkbox"/> 6. Auto Transporter <input type="checkbox"/> 7. Garbage / Refuse <input type="checkbox"/> 8. Grain, Chlp, Gravel <input type="checkbox"/> 9. Pole Trailer <input type="checkbox"/> 10. Other		
			C. HAZARDOUS MATERIAL PLACARD NUMBER <input checked="" type="checkbox"/> NA V1 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____ V2 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____					
			D. TRAFFICWAY <input type="checkbox"/> 1. Two-Way Not Divided <input type="checkbox"/> 2. Two-Way Divided, Unprotected Median <input type="checkbox"/> 3. Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 4. One-Way, Not Divided					

28 - NARRATIVE / STATEMENTS (If additional room is necessary, attach a separate sheet.)

This accident occurred as vehicle #1 overturned in a field at 2926 Timber Ridge Road in Webster County, Missouri. Driver #1 was totally ejected from the driver's seat. Vehicle #1's passenger was wearing a lap belt and was not ejected. Both the driver and passenger left the accident scene to seek help.

Driver #1 stated he flipped the ATV.

Both vehicle #1's driver and passenger were transported by ambulance to Cox South Hospital in Springfield, Missouri.

REPORTING OFFICER SIGNATURE Robert W. Schafer		DSN / BADGE NO. 695		BEAT / ZONE 10		POOL / DISTRICT D	
REVIEWING OFFICER 1 SIGNATURE Sgt. Rantz		DSN / BADGE NO. 849		REVIEWING OFFICER 2 SIGNATURE		DSN / BADGE NO.	

IDI 080811CWE7666

Contact Information

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

Victim #2 / respondent

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

(Contacted: 9/3/2008)

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

Victim # 1 / driver

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

(Contacted: NA)

State Trooper Robert W. Schafer - Reporting officer
Missouri State Highway Patrol -Troop D
P.O. Box 568
Jefferson City, MO 65102-0568
573-751-9921
(Contacted: NA)

IDI 080811CWE7666

TASK NUMBER: IDI 080811CWE7666

PRODUCT SEARCH HISTORY:

IDI 060828HNE1389

INTERNAL USE ONLY



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

WARNING - INTERNAL USE ONLY

Do not release this information outside CPSC

Marshfield Mail
Webster County
Marshfield MO

6440 Weekly
17440 Sunday

September 26, 2007

Two injured when ATV overturns

Two Marshfield men were injured in an all-terrain vehicle crash early Saturday morning.

According to a preliminary report from the Missouri State Highway Patrol, the crash occurred a little after 1 a.m. on private property off Timber Ridge Road, three miles north of Marshfield.

(b)(3):CPSA S 54, was reportedly driving a 2005 Yamaha Rhino ATV, with (b)(3):CPS 53, as a passenger when the ATV overturned in a field.

The MSHP report stated neither man was wearing a helmet and the ATV operator did not have insurance.

Both (b)(3):CPSA Sec suffered moderate injuries and were taken to Cox South Hospital in Springfield.

Information contained in this report originated from an Internet consumer complaint. Additional information came from an in person interview with the victim. The victim is a 45-year-old female who lives in a single family home with her husband and their three children. The product involved in this incident is a Yamaha Rhino utility atv. The atv does not belong to the victim but rather her friend. To the victim's knowledge, the vehicle had not been either modified or repaired. The owner of the atv had an opportunity to get some doors for the atv from the manufacturer but decided she did not want them. The atv was approximately three years old at the time of the incident. The victim stated that the driver of the vehicle had consumed alcohol prior to the incident. None of the riders had a helmet on.

According to the victim, the incident occurred on March 15th 2008 around midnight. The incident occurred at Shiloh Ridge ATV Park near Alto, Texas. She had gotten on the atv with two of her female friends which were seated three across on the front of the atv. The victim was on the right side of the seat, the owner was in the middle and the driver was in the driver's position. There were several atvs in the group. At one point the atv that the victim was in came to a dirt embankment. Several atvs had trouble negotiating the embankment. The driver had decided to negotiate the embankment at a different point. As the atv started up the embankment it rolled backwards and then rolled over to its right side. It landed on the victim's leg and she was trapped until bystanders were able to move the atv off of her leg. The victim also stated that she had her seatbelt on but wasn't sure if the other riders had a belt on or not. The victim was taken back to the base camp and rescue personnel were summoned. They arrived and transported the victim to the hospital. The victim stayed at the hospital five days. The victim sustained injuries to her right leg which included a broken tibia, a severed ankle bone as well as severed tendons and ligaments in her foot. She also suffered a torn meniscus in her left knee. The victim still has swelling in her right ankle and is supposed to undergo corrective surgery on October 8th 2008. Currently the victim cannot run and does not have lateral movement but according to doctors, the scheduled corrective surgery should alleviate this.

The victim has not had any contact either from or to the atv manufacturer. She also has had no contact with the other riders on the atv because of possible legal action.

Continued...

Hospital Victim was taken to:

ETMC Jacksonville (East Texas Medical Center)
510 S. Ragdale Street
Jacksonville, TX. 75766

Phone:
(903) 541-5000

ATV Manufactured by:

Yamaha Motor Corporation, U.S.A.
Attn: Online Privacy Manager
6555 Katella Avenue
Cypress, California 90630-5101

Website:
www.yamaha-motor.com

The product involved in this incident is a four wheeled, Yamaha Rhino utility atv. Further details about the atv are unavailable. The driver and the owner of the atv no longer speak to the victim as a result of this incident.

Additional information requested in the assignment message:

- 1) If the victim(s) was wearing a seatbelt?
Yes
- 2) Wearing a helmet?
No

Continued...

3) Where were the passengers (if any) seated?

Yes

4) How the victim(s) reacted when the vehicle started to tip over.

Surprised and tried to hang on

5) Type of terrain/grade/surface/weather conditions?

Dirt (off road), steep grade, uneven surface, clear weather

6) Reason(s) for purchasing a side-by-side vs. an ATV

So daughter could ride along

7) Primary use of the vehicle? (recreation?)

Recreation

8) What kind of training/experience did the driver have?

Training unknown/ One year of experience for driver

9) Did the dealer provide any safety information or cautions regarding stability?

Unknown

10) Have they had any contact from the dealer or manufacturer regarding retro-fit doors or other accessories?

Yes

***Note:** Complainant has agreed to have her name released to the manufacturer and to the public.

Attachments

- I. Respondents
One (1) Page**

- II. Victim Narrative
Four (4) Pages**

- III. Name Release
One (1) Page**

Respondents

**Sandra Taylor
Complainant/Victim
16330 Scenic Circle
Forney, TX. 75126**

**Phone:
(214) 675-4176**

**Email:
mtaylor@custard.com**

Witness Information & Synopsis-Accident Sandra Taylor , Shiloh Ridge ATV Park Near Alto, Texas 3-14 / 3-15-08. Brief Fact Scenario and Witness Information:

Events and Timeline Leading up to the Injury

- The Taylor family arrived at the Park around 10:45-11:00 p.m. on March 14th, a Friday night. We met up with the group as we had done several times before at the camping area. We connected the RV to power poles, my youngest two kids decided to take a shower and retire watching a movie. We were invited, Sandra, George, my son, and I were invited to take a ride to the "bottoms" on an easy check-out-the-crowd ride. There are easy dry paths all around the "bottoms". The intent of the night ride was to be a relaxing, calm, causal ride, it was not going to be a "course challenge" type ride. Although we take these coarse challenge rides, Sandra never participates. Most everyone who operates an ATV or UTV knows the difference in "easy" and "course challenge" rides at an ATV park. There were novice folks with us, and passengers on the ATVs within in the group, including my wife and kids under 16. Dana and Shannon invited Sandra to ride with them Dana or Shannon were driving a UTV Yamaha / UTV= (Utility All-Terrain Vehicle equipped with side-by-side seats)
- We travelled uneventfully to the "bottoms" area as a group. We were safe, and the group mostly stayed together, in line and keeping the ride easy. We spent about 15-20 minutes in the bottoms with the engines turned off and observing folks who were stuck in the mud. We decided to continue the ride.
- Brian, one of the witnesses, from Emory TX, emerged as the leader, just by chance as the path chosen was in the SW of the bottoms. I was a passenger in the bed of his Arctic Cat UTV, and Joel was his passenger. Dana, as I recall was 4th in line, behind my son George. In my opinion, I do not believe anyone in our group had been on this trail. Soon on the trail, we reached an impasse while going uphill just SSE about ½ mile out of the "bottom-lands" near the creek in the south exit area.
- When Brian approached the hazard, as he was leading the group, he stopped, and I believe we all were concerned about our ability to safely continue. Everyone else was behind us in the group. The trail was narrow and uphill, and everyone stayed on or in their respective units with engines running and lights on.
- As Brian came to a safe stop, he allowed Joel and I to get out of the he Arctic Cat. The impasse we met was a "wash wall" , or an eroded part of a trail that created a wall of 2-3' and it was dangerous going uphill or downhill for any vehicle. I do not think many in the group, my son, wife or I, had ever been on this trail.

- While Brian was maneuvering the Arctic Cat up the wall, I turned to help Joel with the ATV his daughter was driving; I helped push her ATV, but very soon it was clear it wasn't going to make it.
- Then I turned and looked to Brian who had made it to the plateau. He stopped but did not get out. I said we were going to have to find another way, however, Joel was still trying to get his daughter's ATV up the hill without any luck.
- I was in the process of turning around to tell my son that we would need to go back in about 3-4 seconds after seeing the trouble Joel was having. I believe Joel and I were the only people on the trail, everyone else was in-line atop or inside their UTV / ATV, engines idling, lights "on".. At this juncture, likely only about 120 seconds had elapsed from initial "stopped" time to current scenario.
- At that time, I heard an engine "rev" and a UTV unit flash to my left, in the silhouette about 25 feet from me (as I was still near the middle of the trail) I saw the UTV approaching the left side of the wall-wash headed for the far left side. I immediately started moving toward it, about 14-15 feet away.
- It was unbelievable to me as I saw Dana was approaching the left side of the "concern" area (hazard) at a near surreal speed. I heard my wife scream as they were about even with me on the trail. I wanted to scream for her to jump, yet there wasn't time, I then heard Dana "get on" the accelerator even more" as she came to the embankment while revving-up the engine hard, I then heard my wife say " Oh God , Oh God" .
- Then I saw the LF wheel hit a pine-tree root extension, by this time, the UTV had moved about 20 feet passed me and my wife's waist and abdomen were about even with my line of sight. I was in the pit of the wash wall area at that point.
- I saw the LF wheel bounce up hard, when it contacted the root and tree ball base I saw the rear tires slide down the bank then the whole rear end slid downhill and the front stayed at the narrow part of the embankment leading to the plateau. The unit began to turn over front to back as the RR wheel hit the lip of the "wall/ impasse area" Dana turned to the wheels left,, but the entire unit pivoted and fell in both a front to back and left side to right side direction..
- I reacted by attempting to grab onto the UTV, but, it already had tremendous momentum. I could not hold back the unit. It fell as soon as the RR wheel hit the pit lip, the whole 3500 lbs came crashing violently into the rock and clay pit at the base of the wall. It fell from about 4-5 feet down into the pit or wall base from the ledge. It hit with such force that it threw an ice chest out of the UTV out about 12-15 feet downhill. I specifically remember that because of two distinct sounds, the

crash of the unit and the ½ second later crash of an ice chest being propelled about 10-12 feet down the hill slinging drinks and ice all along the trail.

- After impact, about 10-12 seconds went by without hearing anything. I thought my wife was dead as there was a thud sound along with a metal sound at impact. I also recall it seemingly taking a long time for everyone else in our group to get there to help me.
- Dana and Shannon were both trapped in the unit. I did not see how Shannon exited the unit, they remained in the cab. Dana, exited the driver's side, now the top and I briefly helped her pull herself out of the top or drivers side. At that point, my major concern was about was getting "people weight" off of Sandra. Dana likely weighs over 235 and Shannon likely weighs 145-150. We could not lift the unit off with Dana and Shannon still in the in the unit. Somewhere under there was my wife. My wife spoke first I recall, about 10 seconds after the impact. Up to that point I felt she may be dead, because I have interviewed and investigated 1000s of crashes in my profession, been on-scene with 100s, and dealt with post-crash dynamics. I believed there was a good chance she was dead due to the force of the impact. When she spoke she said her leg was pinned underneath the unit, and she pleaded for help. She then said "Mark, I believe my ankle and leg are broken and I am trapped". Brian, the Police Officer, and I all worked to free her, but it took 3 large males to get the vehicle off of her.
- At that point, Paige, the Garland Police Dispatcher, began to use her EMS training and we closed off the wound and fracture and moved Sandra to Brian's Arctic Cat bed. From there, we, travelled to the park office and to the Hospital ICU.
- The Park can recreate addresses of Joel, Shannon, Brian and the Garland, TX Officer and dispatch information. Shiloh Ridge ATV retains sign-in sheets for 7 years. Tommy is a representative of the park. There was a Garland Police Officer married to a Garland police dispatcher, (cant be but one Paige, and one officer in Garland) She was EMS certified and was the one who kept Sandra calm as we traveled to a place where the ambulance was to arrive at the park entrance.

The park, ambulance and hospital records should fill in the details from this point forward and should serve to supplement the above facts.

Conclusions & Basis of Underlying Claim-Sandra and Mark Taylor

We have not thanked the witnesses for their needed help. As you speak with them, please know this. We have not since questioned them. We have experienced a very "hands-off" approach to us from several of the witnesses in a "well you were injured" and now you are no good types of physical communication. Some of this is to be expected. This "circle" of friends, to us, was an ATV group. An investigator needs to consider this attitude by the other parties when they are approached. We believe Dana and her partner are good people; we harbor no anger towards her family. We have no desire to drag this through a Cherokee County District Court as a first response action.

We do not know what came over Dana that night while she sat in line there at the hazard-area-impasse. There was no predisposition in Dana's previous driving actions ever known to cause us to believe or forecast such an unsafe and reckless action. She was always previously careful as my son and I had ridden trails with her. My wife rode with her and Shannon that night because of her safe history. My wife is the definition of exactly opposite of a risk-taker. We do not know why Dana, on a moment's notice, "gunned it" into the left side of the trail where neither Brian or Joel's daughter would try due to the immediate and obvious peril.

So, whatever may be argued, mitigated or discussed, the fact is that a decision was made that night by Dana to "go for it". The second issue involves the extraordinary degree of care at issue, and owed for one's passengers. In that moment, Dana had no regard for passenger safety. We believe this is compelling in that Dana was stopped on the trail, viewed the hazard, watched us, Joel and I, get out of a considerably larger UTV, and had ample time to reasonably assess the serious risk for a period of about 2-3 minutes. We can find absolutely no explanation as to what caused Dana to gun the engine and maneuver to the left side of the trail in the UTV.

Whether one is the captain of a ship, an operator of a car, the driver of a UTV, or a pilot of a plane, it is a responsibility of high regard to keep passengers safe. It is the ultimate responsibility.

Something triggered Dana to "go for it" without warning, and even with passengers aboard, she "went for it", into harm's way, with my wife screaming and heading for certain serious injury or death. In catching my wife's expression, I know my wife would have walked home or back to camp in the dark if she had one iota of a notice that Dana was going to try to go up the wall with her as a passenger. We do not need the risk, as Sandra's income depends on her physical ability to perform.

Dana went where no one else would go that night, and in an unsafe reckless and extremely dangerous maneuver with passengers aboard. It nearly resulted, and could have easily resulted in death. Dana did not operate the UTV as would a reasonable person would have operated the UTV under similar circumstances. It is ironic and somewhat of a paradox, that a less-than-death-crippling injury, with likely life-long complications, should be considered a fortunate outcome, but we do consider it to be a fortunate outcome in a way; we could have been dealing with Sandra's funeral.

Please feel free to contact us for further information, or if anyone wants to view the current condition of Sandra's leg and foot, we will be happy to cooperate.

Sandra and Mark Taylor

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

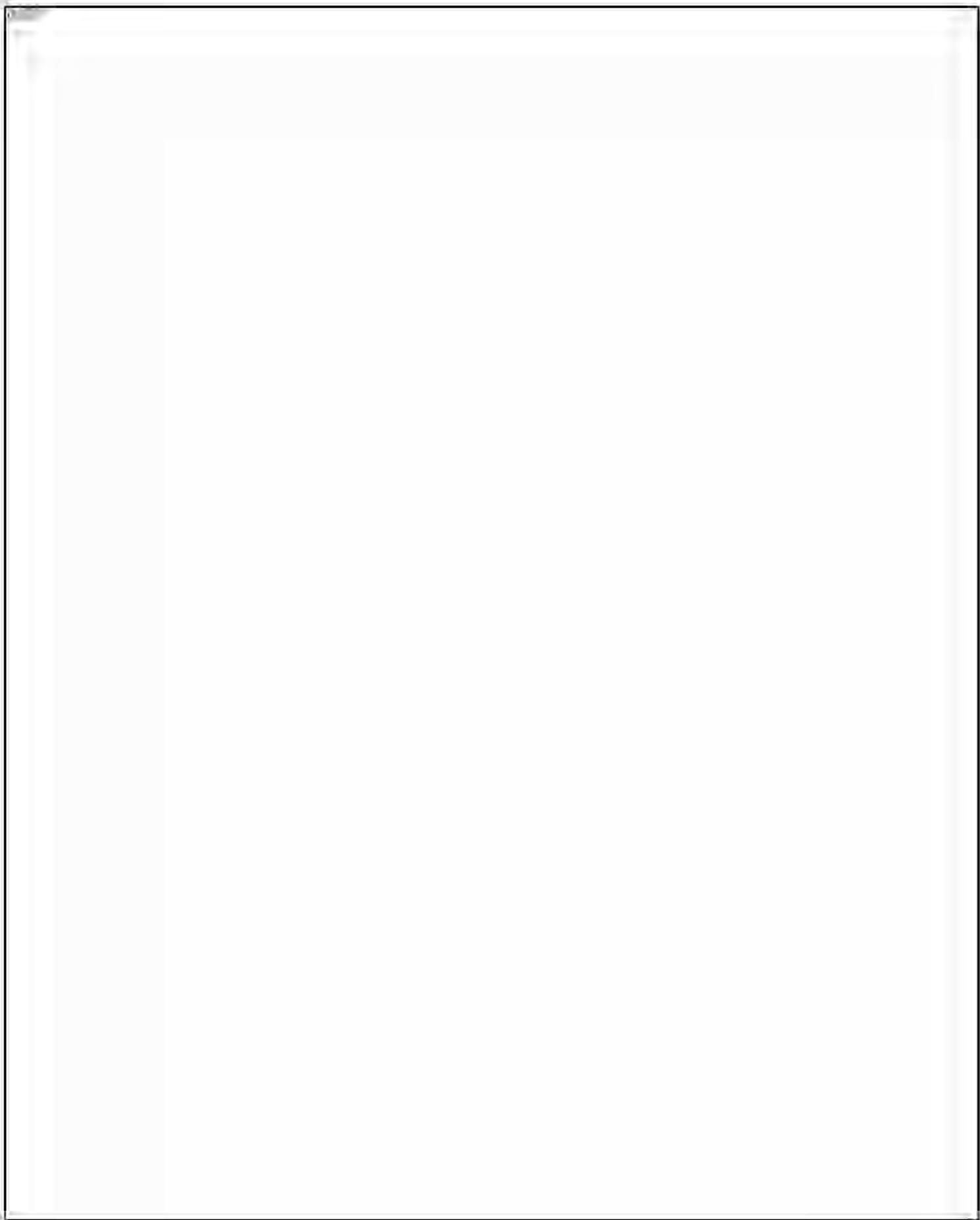
Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

I request that you do not release my name. My identity is to remain confidential.

You may release my name to the manufacturer but I request that you do not release it to the general public.

You may release my name to the manufacturer and to the public.

Stanley Dwyer 9-22-08
(Signature) (Date)



04/09/2008 17:22:13

Name = Mark Taylor
Address = 16330 Scenic Circle
City = Fomey
State = Texas
Zip = 75126
Email = mtaylor@custard.com
Telephone = 214-668-9071
Name of Victim = Sandra Taylor
Victim's Address = 16330 Scenic Cir.
Victim's City = Fomey
Victim's State =
Victim's Zip = 75126
Victim's Telephone = 214-675-4176

Incident Description = V was riding as a passenger on a 2007 Yamaha ATV side-by-side and was belted in . The unit was a "Rhino" and the overturn resulted in a severe foot and leg injury with a FXed leg and laceraterated lower leg at ankle that is debilitating and a serious injury. Many witnessed the accident, we contend the unit is top heavy and should be equipped with a door or cage to protect lower leg injuries.

Victim's age at time of incident = 45
Victim's sex = female
Date of incident = 3-21-08
Product involved = Yamaha Side by Side ATV
Product brand name/manufacturer = Rhino
Manufacturer street address = California
Place where manufactured (City and State or Country) = Alto, TX
Product involved still available =
Product model and serial number, manufacture date = Not available at present, can determine
Date product purchased = The product was not ours, we believe 2007
Name Release = Release name to manufacturer only

Mark Taylor
16330 Scenic Circle
Forney TX 75126

Email = mtaylor@custard.com
Telephone = 214-668-9071
Name of Victim = Sandra Taylor
Victim's Address = 16330 Scenic Cir.
Victim's City = Forney
Victim's State =
Victim's Zip = 75126
Victim's Telephone = 214-675-4176

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Victim's age at time of incident = 45
Victim's sex = female
Date of incident = 3-21-08
Product involved = Yamaha Side by Side ATV
Product brand name/manufacturer = Rhino
Manufacturer street address = California
Place where manufactured (City and State or Country) = Alto, TX
Product involved still available = *yes*
Product model and serial number, manufacture date = Not available at present, can determine
Date product purchased = The product was not ours, we believe 2007
Name Release = Release name to manufacturer only

Sandra Taylor

INCIDENT INVESTIGATION TERMINATION REPORT

1. TASK NO. 080811CWE7670		2. TIME EXPENDED 4.0/3.0		3. DATE INITIATED 8/13/08	
4. HOSPITAL NO.		5. RECORD NO.		6. AGE 26	7. SEX male
8. DATE OF TREATMENT 8/19/07	9. INJURY fracture	10. BODY PART toe		11. DISPOSITION treated	
12. PRODUCT ATV	13. PRODUCT CODE 3286	14. ORGANIZATION CODE CFIWC		15. INVESTIGATOR ID 8109	
16. CATID NO.		17. SPECIAL STUDY NO.		18. TERMINATION CODE	
19. RECORD OF ATTEMPTS TO CONTACT					
DATE	TIME	METHOD		RESPONSE	
8/13/08		email		no reply	
8/20/08		email		no reply	
8/22/08		letter		no reply	
8/27/08		phone		left message; no reply	
9/2/08		email		no reply; left message	
9/5/08		home visit		left message; no reply	
9/11/08		phone		left message; no reply	
9/12/08		email		no reply	
9/15/08		email		no reply	
20. REASON FOR TERMINATION: This assignment was initiated as a follow-up to a consumer complaint report received by CPSC more than one year ago. The complainant could not be contacted.					
21 REVIEWED BY:		ID NO.		MO DAY YR	
9035				9/24/08	

1. Task Number 080811CWE7679		2. Investigator's ID 9088		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2008 06 29	5. Date Initiated YR MO DAY 2008 08 25		
6. Synopsis of Accident or Complaint UPC A 33-year-old male was driving a four-wheel, side-by-side, utility vehicle with a 37-year-old male passenger. They were climbing a shale and rock incline when they realized they were not going to make it. They went backwards to the street to attempt another climb. The vehicle continued backwards onto the street, across the street, and over an embankment, rolling three times. Neither of the victims were wearing helmets and alcohol was determined to be a factor in the incident. The driver and passenger were life-flighted to separate hospitals for treatment. The driver sustained severe burns to his head, face, and neck. The passenger sustained a fractured jaw bone and cheek bone. MFR/PRVLR NOTIFIED COMMENTS: YES NO OVERRULED; ATTACHED EXCISIONS/FOIA EXS 28, 6b(1), 3, 6 DO NOT RE-NOTIFY RE-NOTIFY 12/3/08 RC				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City SWEET HOME		9. State OR
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS		10C. Model Number RANGER XP
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 33		13. Sex 1 - Male	14. Disposition 4 - Hospitalized	15. Injury Diagnosis 57 - Fracture
16. Body Part(s) Involved 76 - FACE	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 1 - On-Site		19. Time Spent (Operational / Travel) 25 / 5
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 <input type="radio"/> Yes for Manuf. Only				
24. Review Date 10/01/2008		25. Reviewed By 9021		26. Regional Office Director Frank J. Nava
27. Distribution Streeter, Robin; Mills, Alberta E.; Hartman, Jason; Topka, Tanya			28. Source Document Number N0870026A	

This in-depth investigation was initiated based upon a news article concerning an ATV injury incident. The following information was obtained from the police department and the owner of the ATV (victim).

Narrative:

The victims are two men. One victim is a 33 year old man who is 5'9" and approximately 175 pounds. The other victim is a 37 year old man who is 5'8" and 185 pounds. The ATV involved in the incident is a green colored 2007 side by side four wheeled ATV. The ATV had a roll bar, windshield and cargo area. There is a bench seat and two seat belts located on the ATV. The 33 year old victim owns the incident ATV. The 33 year old victim purchased the ATV new in November 2006 from a retailer located approximately 45 miles from his home. The 33 year old victim has been driving off road dirt bikes and three wheeled ATVs since he was a kid. He has driven dirt bikes and three wheeled ATVs for recreation, hunting and fishing. This incident ATV was his first four wheeled ATV. The victim was not a "fan" of four wheeled ATV because he did not think they would be much fun since they have four wheels and would not take corners and dirt trails as well as a two wheeled or three wheeled ATVs. The victim has a lot of friends who have four wheeled ATVs two of which have the side by side seated ATV. His friends really liked their side by side four wheeled ATVs. The victim decided to purchase a four wheeled side by side ATV to recreate with his friends and to take his seven year old son hunting and fishing. He also thought the side by side ATV would be safer for his seven year old to ride in when they go hunting.

The ATV was stored in the 33 year old victim's garage when not in use. According to the ATV owner the incident ATV had never been modified. He repaired a belt on the ATV in the Fall of 2007. Otherwise, there have been no other repairs on the ATV. The victim maintained the ATV by changing the oil and washing the ATV after a dirty ride. The victim always maintained proper tire air pressure. The victim used the incident ATV on off road trails, gravel roads, dirt roads and the occasional paved road. The victim only used the ATV on public paved roads to get from one trail or dirt road to another. The victim placed the ATV in the back of his large pick up and would drive the truck to various locations around the State. He has taken the ATV to sand dunes, hunting trails in the mountains and woods, logging roads and dirt trails. The victim indicated that he has driven the ATV at least 1,400 miles. He was the main driver of the ATV. Occasionally he would allow one of his friends to drive the ATV while he was present. Those friends were familiar with ATVs. The victim stated he has never had an incident or accident involving the incident ATV. The victim loves the incident ATV and has never experienced any issues with the incident ATV.

The 33 year old victim stated he is in excellent mental and physical health. He does not ingest drugs of any kind. The 33 year old victim stated he was in "a very bad" car accident about 6 years ago where he suffered severe burns on his head, arms and neck. He has fully recovered from the car accident and does not feel that had any impact on the ATV incident. The 33 year old victim stated that he is a mechanic for a logging company. He drives all over the State repairing logging trucks and heavy equipment.

The victim feels he is an excellent mechanic and understands the mechanics of an ATV. He feels the incident ATV was very easy to operate and was in sound condition prior to the incident.

The 33 year old victim stated that he never wore a helmet when he drove the incident ATV. He said he never saw the point since the incident ATV had a roll bar and was so stable he did not expect to have an incident where a persons head would be affected. He further indicated that none of his passengers ever wore a helmet. The 33 year old victim has never received ATV training. The victim indicated the ATV came with an owner's manual which he read. He was not aware as to the location of the owner's manual at the time of the CPSC in person visit. The 33 year old victim does not recall the ATV dealer providing him with any safety information. The 33 year old victim did not contact the dealer or the manufacturer regarding retro-fit doors or other accessories. The only contact the victim had with the manufacturer was when he ordered a belt for the ATV to replace a belt that had gone "off alignment". He replaced the belt himself in the Fall of 2007.

The 33 year old victim stated that his close friend who is 37 years old and was also injured in the incident was familiar with ATVs and had driven ATVs in the past. The 37 year old victim had at some point owned ATVs and had driven ATVs for years.

According to the 33 year old victim he had worked part of June 29, 2008. He indicated it was at least 90 degrees Fahrenheit that day. It was sunny with no clouds or wind. Around 5:00 pm that day the 33 year old victim removed the ATV windshield. He removed the windshield because it was a clear sunny warm day and he did not think he would need it. He placed his ATV into the back of his truck and drove a mile or two to the other victims home. He did not call first. He dropped by and asked his friend if he wanted to cool off in the mountains and take an ATV ride. His friend agreed. They got into the truck and drove toward the mountains. They stopped off at a store to purchase a case of beer. They placed the case of beer in a cooler that was strapped down in the cargo area of the ATV. There was nothing else in the cargo area. The ATV owner drove down a couple of private gravel logging roads. The gravel roads are owned by private logging companies. At approximately 6:00 pm he parked the truck and removed the ATV from the back of the truck. They had at least one beer on the way to the mountains. They drove the ATV to a water tower and drank a couple more beers. The weather was around 70-80 degrees Fahrenheit, clear and sunny.

The two men were wearing jeans, shirts and shoes. They were not wearing helmets. Sometime around 10:30 pm they decided to leave the area near the water tower and drive back to the truck. The sun had set and they thought they should head back before it got too dark. The 33 year old victim was seated behind the steering wheel with his seat belt on. The 37 year old victim was seated next to him in the passenger area with his seat belt on. The ATV lights were turned on to increase visibility. The 33 year old victim felt that visibility was okay but figured he would turn on the headlights anyway.

The 33 year old victim was driving the ATV down a gravel logging road when he saw a hill to the left side of the road that he thought it would be interesting to climb. The incline

was 30-45 degrees. He attempted to drive the ATV up the incline which consisted of shale and rocks. He was going 20 mph. He realized within a minute or two that he was not going to make it up the incline. He decided to let the ATV roll backwards back to the street so he could attempt another run up the incline. The ATV rolled back and picked up a little speed. Before the 33 year old victim knew it the ATV had rolled across the gravel road to the other side and went backwards off the embankment. He realized what was happening and told his passenger to hold on. He knew he could not correct or do anything at this point. He indicated it happened very quickly. The 33 year old victim grabbed onto the steering wheel and held on with all he had. The 37 year old passenger grabbed onto the roll bar and held on. The ATV rolled three times end over end down the embankment. They came to rest upright against a tree approximately 100 feet down the embankment. They both were knocked out upon landing. At some point not long after the incident both victims came to and were laying on the ground outside of the ATV. The 33 year old was on the ground to the left of the passenger side and the 37 year old was on the ground to the right of the passenger side. They were both injured.

Around 10:50 pm the 37 year old passenger called 911 with his cell phone. The victim indicated he was unsure as to his exact location but gave an estimate. The police had trouble finding the victims location. The police arrived at 12:32 am to the incident location. The police and medical response went down the embankment to treat the victims. The police officials noticed alcohol on both victims' breaths. Both victims indicated that they had consumed some alcohol. The victims were carried out of the embankment on stretchers and taken to local hospitals via life flight helicopters. They were taken to separate hospitals.

According to the police report, the police officials examined the scene and observed a damaged tree about 10-12 feet down the embankment which the ATV must have hit on the way down. The ATV was found 30-40 feet down from the damaged tree. They found a can of beer and a box of beer 20-30 feet down the embankment. The ATV still had its headlights on and there was blood all over the steering wheel. The police official photographed the ATV. The police photos are attached to Exhibit # 1 and the police report is attached as Exhibit # 2.

The police official found the victim's truck with a box of beer sitting in the tailgate. The police officials left the scene. A police official went to the hospital where the 33 year old victim was being treated. He interviewed the victim at approximately 4:32 am. The 33 year old victim indicated he could not remember the accident clearly and admitted he had been drinking. He agreed to a blood draw which was taken at 4:45 am. The blood-alcohol content was .07%. According to the police official the legal limit is under .08%. The police official stated the hospital results indicated .07% and the crime lab indicated results of .04%. The police official indicated the blood was drawn six hours after the incident and that it was likely his alcohol blood levels were much higher at the time of the incident. The police official indicated that it may have made some difference to the victims injuries had they worn helmets. The police official forwarded the case to the District Attorney recommending further action.

On June 30, 2008 a police official went back to the incident scene in the daylight to photograph the scene. Those photos are attached to Exhibit # 1. The ATV had already been removed by the 33 year old victim's friends. The ATV was never examined after the incident by any police official.

On July 3, 2008 a police official went to the victim's homes separately to interview the victims. Both victims admitted to drinking. The 37 year old victim had a lot more beer than the 33 year old victim. Since the 37 year old victim was not driving they did not see an issue with him drinking. The 37 year old victim had to write out his responses since his jaw was wired shut. On July 26, 2008 the police official interviewed the 37 year old victim to confirm the alcohol consumption. By this time the 37 year old victim jaw was not longer wired shut.

On September 8, 2008 this CPSC investigator interviewed the 33 year old victim at his home and photographed the incident ATV. The victim stated that he was in the hospital for three days after the incident. He received cuts and abrasion to his head, face and neck. He had surgery the morning after the incident to place metal plates in his cheeks since the cheek bones were crushed as a result of the incident. The victim has a prominent scar on his forehead from the incident. Otherwise, the victim stated he is fully healed and feels fine. The 33 year old victim stated the 37 year old victim broke his right arm and shoulder. The 37 year old victim also broke his jaw bone and cheek bones. The 37 year old victim was out of the hospital in three days but had to have his jaw wired shut for three weeks. The 37 year old victim was able to go back to work about 4-6 weeks after the incident. The 37 year old victim had to under go physical therapy and probably will for awhile.

The 33 year old victim stated that his friends removed the incident ATV early the next morning after the incident from the embankment. They drove the damaged ATV to the 33 year old victim's house and deposited the ATV in the victim's garage. This is where the ATV has remained since the incident. The victim removed the damage roll bar and the front section of the ATV. The victim intends to rebuild the ATV and use it again. The victim had placed an order another roll bar and will have a body alignment expert realign the ATV. The victim did not have ATV insurance. The victim did not contact the manufacturer or the dealer where he purchased the ATV regarding the incident.

The victim stated both victims had health insurance, however, both victims are strapped with out-of-pocket medical expenses. The 33 year old victim did not know the total cost of medical treatment for him or the other victim. The 33 year old victim hesitated providing his medical records. He indicated he would think about and may try to get them but he doubt he would forward the medical records. The victim's medical records were not received. The 33 year old victim has occasional contact with the 37 year old victim but doubts the 37 year old victim will ever ride an ATV again. The 37 year old victim was not interviewed due to the inability to obtain contact information.

According to the police official sometime around September 15, 2008 the District Attorney's office issued a site warrant for the 33 year old victim indicating fourth degree

assault and DUI. The court date is pending. It appears that the logging road in which the incident occurred is now gated so that no one except log company officials can access the road.

Product Identification:

The product involved in the incident is a green colored **2007 Polaris Ranger XP four wheel ATV. The manufacturer of the ATV is Polaris Industries, Inc., 2100 Highway 55, Medina, MN 55340. A VIN, serial number or model number could not be located on the damaged ATV.**

There is a label located on the incident ATV which states POLARIS RANGER XP. (Photo # 28)

There is a label located on the incident ATV which states APPLY BRAKE TO START. 907419 Oregon ATV Permit 2009. (Photo # 29)

There is a label located on the incident ATV which states CAUTION – To avoid transmission damage, shift only when vehicle is stationary and idle. 7172674. (Photo # 30)

There is a label located on the cargo box of the ATV which states WARNING Remove flammable material containers from box before filling. (Photo # 31)

There is a label located on the cargo box of the incident ATV which states WARNING – Passengers can be thrown off. This can cause serious injury or death. Never carry passengers in cargo box. Max 2 X 4 Box Load 850 lbs. Max. 4 X 4 Box Load 1000 lbs. Max 6 X 6 Load 1200 lbs. (Photo # 32)

There is a label located on the cargo box of the incident ATV which states WARNING Reduce speed and allow greater distance for braking when carrying cargo. Overloading or carrying tall, off-center, or unsecured loads will increase your risk of losing control. Loads should be centered and carried as low as possible in box. For stability on rough or hilly terrain, reduce speed and cargo. Be careful if load extend over the side of the box. Read Owner's Manual for more detailed loading information. 7173777. (Photo # 33)

There is a label located on the cargo box of the incident ATV which states IMPROPER TIRE PRESSURE OR OVERLOADING can cause loss of control resulting in SEVERE INJURY OR DEATH. TIRE PRESSURE – PSI:
RANGER 2 X 4 and 4 x 4 FRONT 10 Rear 10
RANGER 6 X 6 FRONT 10 CENTER 10 REAR 10
MAXIMUM WEIGHT CAPACITY (Gross Vehicle Weight)
INCLUDING MACHINE, DRIVER AND CARGO:
RANGER 2 X 4 AND 4 X 4 IS 2750 LBS. RANGER 6 X 6 IS 2900 LBS.
(Photos # 34- # 35)

On September 8, 2008 the 33 year old victim signed a CPSC Release of Name form indicating he did not want his name released to the manufacturer or the public. The release of name form is attached at Exhibit # 3.

Exhibits:

1. Photographs, 35 Photos, 18 Pages
Photos 1 - 16 taken by police official
2. Police Report, 18 pages
3. Release of Name Form, 1 page



Photo # 1 – View of the road the ATV was traveling. The victim drove the ATV up the hill to the left of the photo.



Photo # 2 – View of the road the ATV was traveling. The victim backed the ATV down the embankment to the right of the photo.



Photo # 3 – View of the hill the victim attempted to climb driving the ATV.



Photo # 4 – View of the hill the victim attempted to climb driving the ATV and the embankment the ATV reversed off.



Photo # 5 – View of the hill the victim attempted to climb driving the ATV and the embankment the ATV reversed off.



Photo # 6 – View of the embankment the ATV rolled off.



Photo # 7 – View of the embankment the ATV rolled off.



Photo # 8 – View down the embankment the ATV rolled off.



Photo # 9 – View of the embankment the ATV rolled and where the ATV landed.



Photo # 10 – View of the ATV the night of the incident off the embankment.



Photo # 11 – View of the ATV the night of the incident off the embankment.



Photo # 12 – View of the ATV the night of the incident off the embankment.



Photo # 13 – View of the ATV the night of the incident off the embankment.



Photo # 14 – View of the ATV the night of the incident off the embankment.



Photo # 15 – View of the ATV the night of the incident off the embankment.



Photo # 16 – View of the ATV the night of the incident off the embankment.



Photo # 17 – View of the ATV at the victims home two months after the incident.

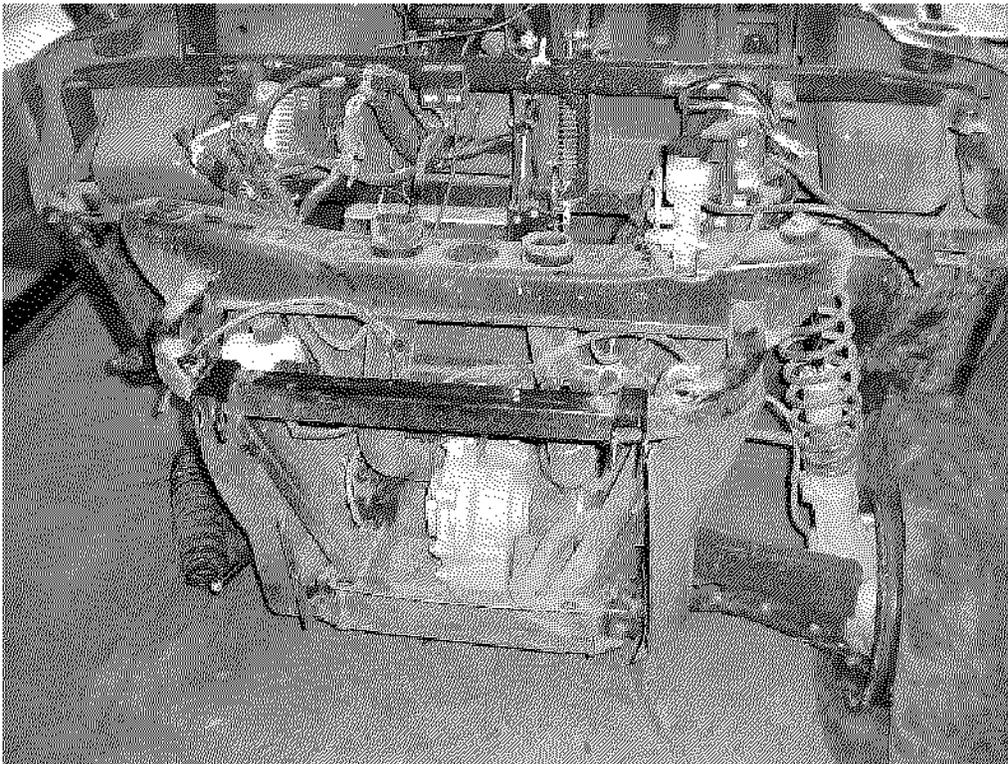


Photo # 18 – View of the ATV at the victims home two months after the incident.

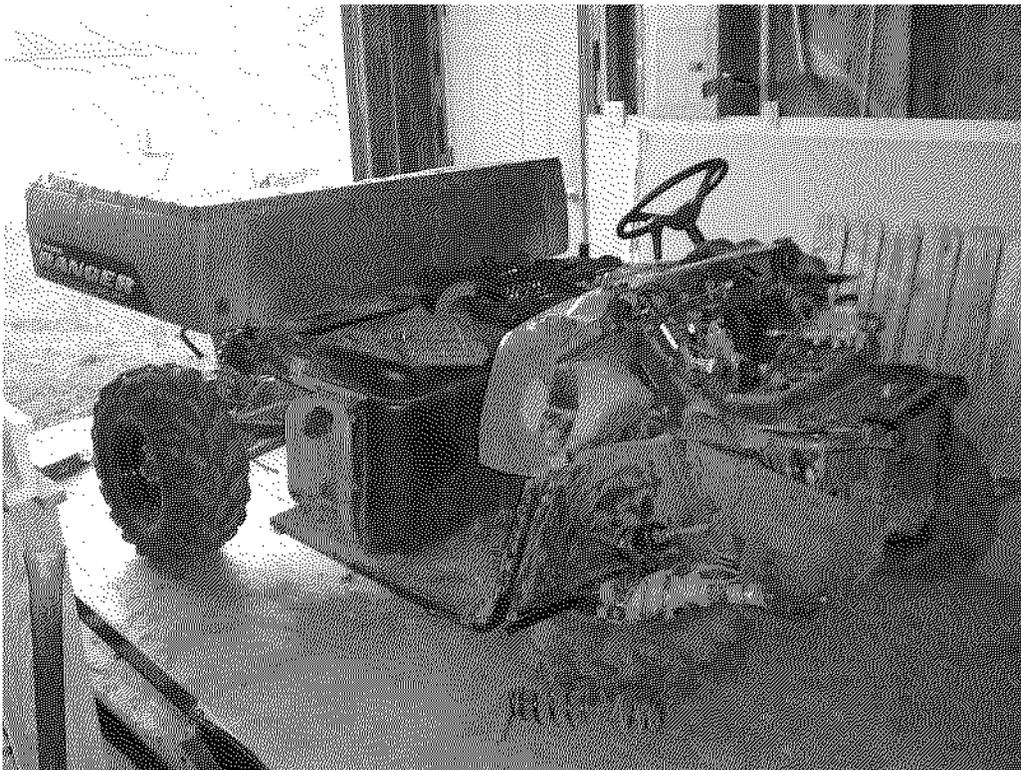


Photo # 19 – View of the ATV at the victims home two months after the incident.

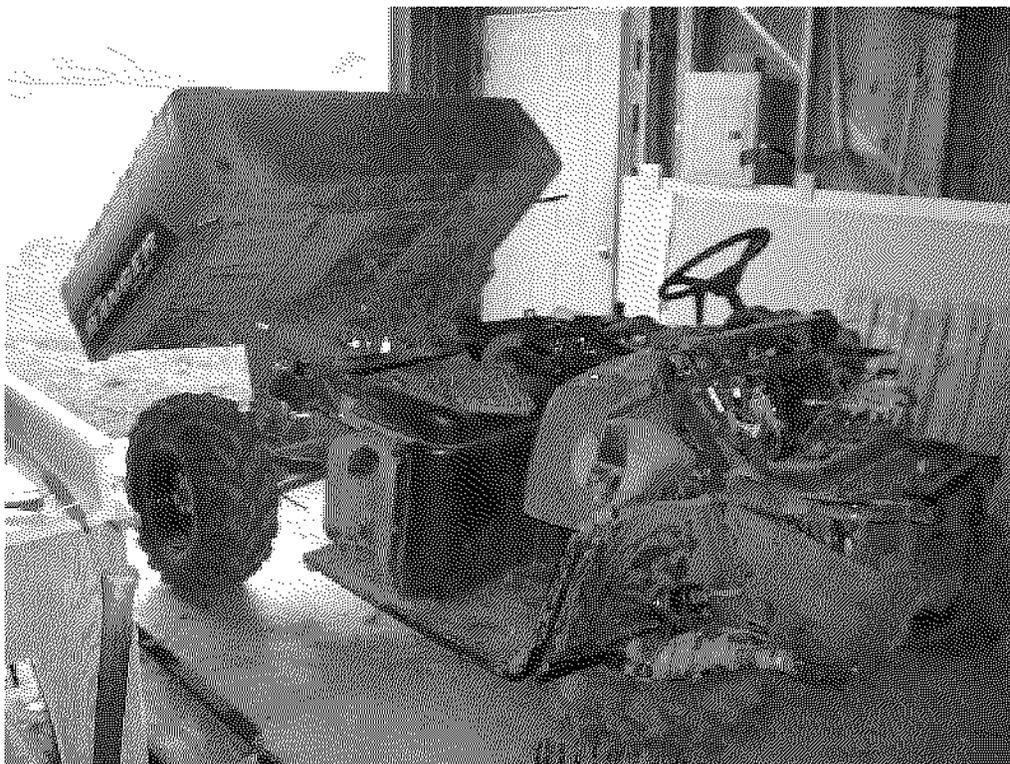


Photo # 20 – View of the ATV at the victims home two months after the incident.



Photo # 21 – View of the ATV at the victims home two months after the incident.



Photo # 22 – View of the ATV at the victims home two months after the incident.



Photo # 23 – View of the ATV at the victims home two months after the incident.



Photo # 24 – View of the ATV at the victims home two months after the incident.

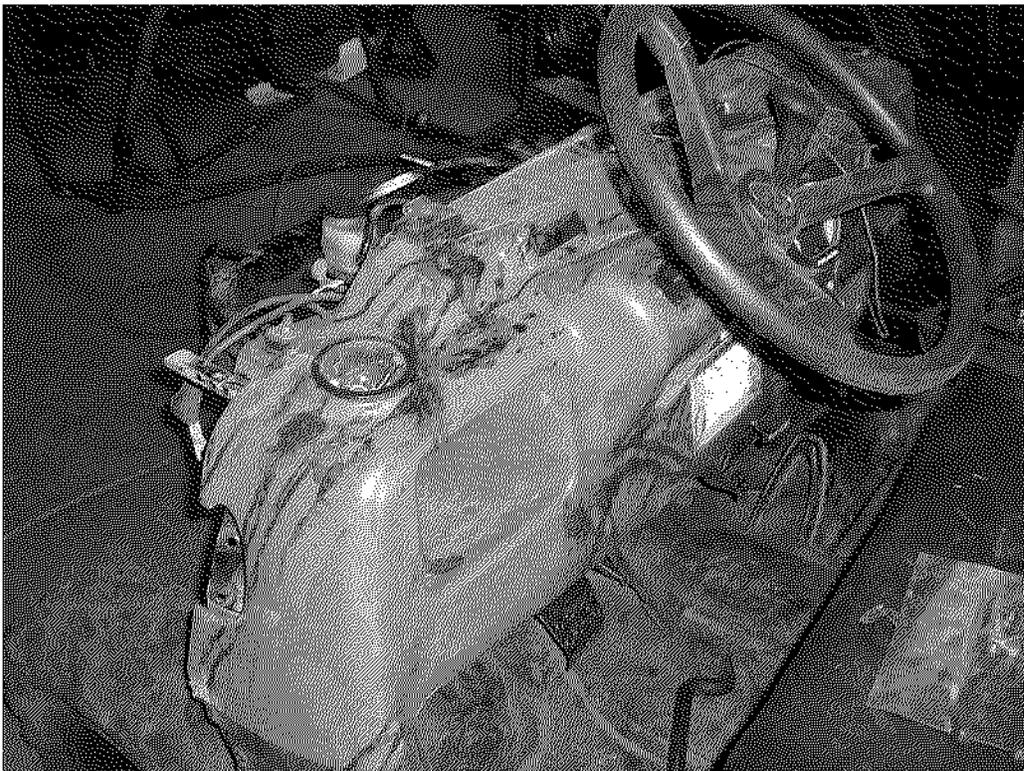


Photo # 25 – View of the ATV at the victims home two months after the incident and the victims blood.



Photo # 26 – View of the ATV rollbar at the victims home two months after the incident.



Photo # 27 – View of the ATV rollbar at the victims home two months after the incident.



Photo # 28 – View of the label on the ATV at the victims home two months after the incident.

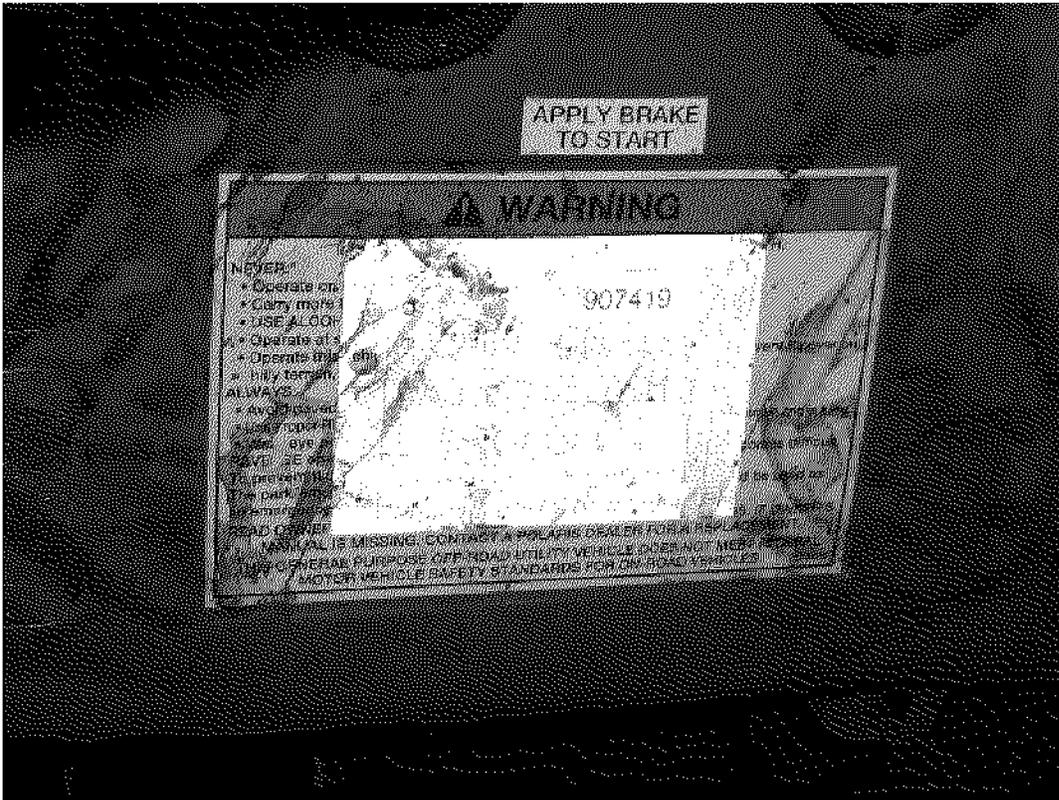


Photo # 29 – View of the label on the ATV at the victims home two months after the incident.



Photo # 30 – View of the label on the ATV at the victims home two months after the incident.



Photo # 31 – View of the label on the ATV at the victims home two months after the incident.



Photo # 32 – View of the label on the ATV at the victims home two months after the incident.

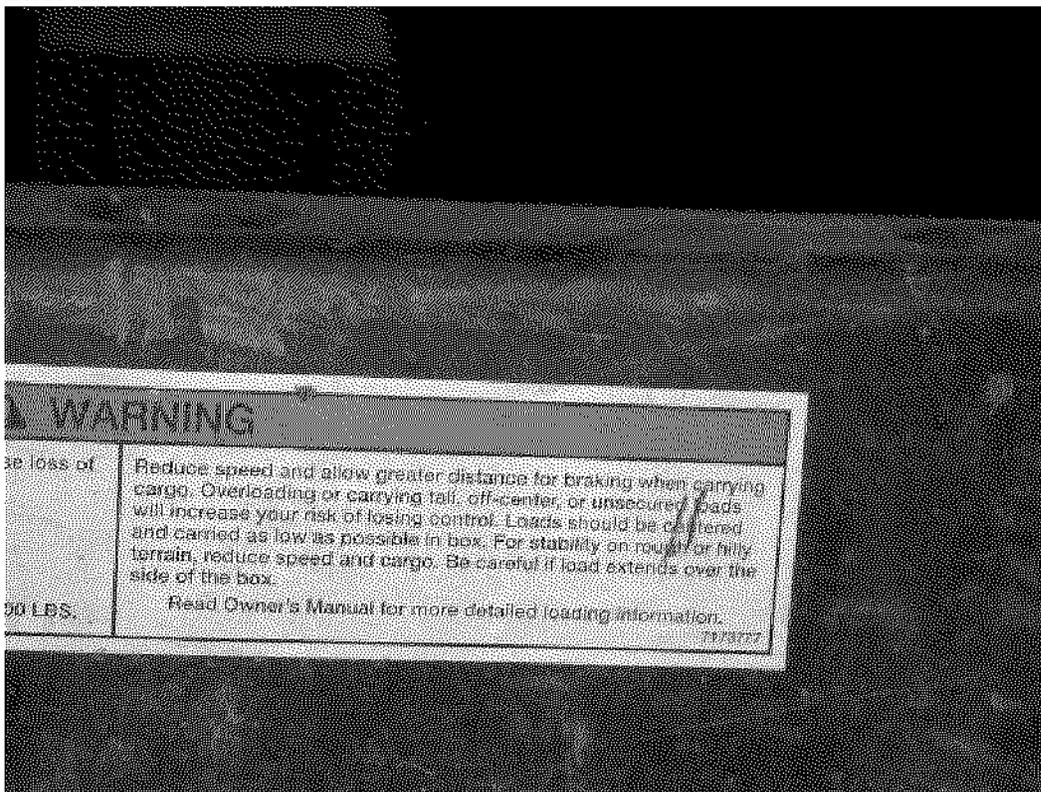


Photo # 33 – View of the label on the ATV at the victims home two months after the incident.



Photo # 34 – View of the left side of the label on the ATV at the victims home two months after the incident.

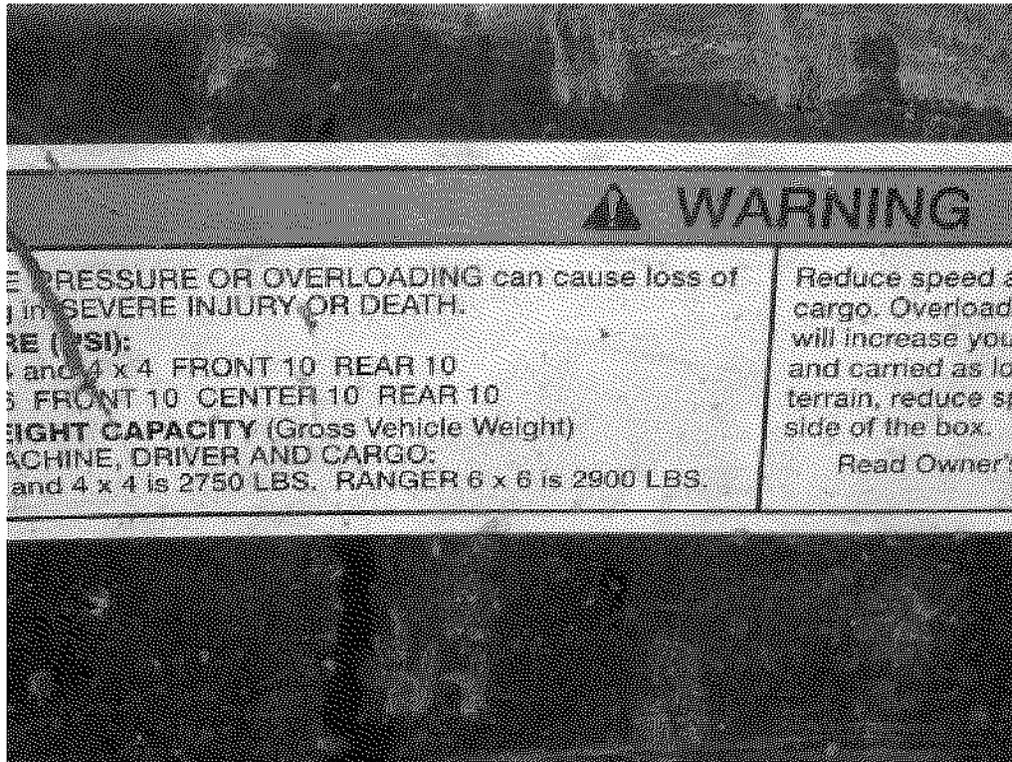


Photo # 35 – View of the right side of the label on the ATV at the victims home two months after the incident.

1. INCIDENT NUMBER 08-10609		2. OTHER NUMBER		 Linn County Sheriff's Office Incident Report		5. ATTACHED REPORTS	
7. INCIDENT TYPE MVC-Injury						<input type="checkbox"/> POLICE FORM <input type="checkbox"/> VEHICLE <input type="checkbox"/> CUSTODY <input type="checkbox"/> FURTHER <input checked="" type="checkbox"/> SUSPECT	<input checked="" type="checkbox"/> EXPLANATION <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MISAPPOINTMENT <input type="checkbox"/> CRASH REPORT <input checked="" type="checkbox"/> OTHER DOCUMENTS
9. REPORT DATE 06-29-08	10. REPORT TIME 2252	11. OCCURRED DATE to		12. OCCURRED TIME to		13. OCCURRED DAY 01 SUN	14. UCR CLASS
15. COMMON NAME				16. LOCATION OF OCCURRENCE Buck Mountain/ Wiley Creek Rd, Sweet Home			
17. LOCATION TYPE 041 Other Road				18. PATROL DISTRICT 50 Sweet Home			
REPORTING PERSON-VICTIM-WITNESS-OTHER							
20. PERSON TYPE 3. Victim		21. LAST, FIRST, MIDDLE/LEGAL BUSINESS NAME		22. DOB		23. SOCIAL SECURITY NUMBER	
24. ADDRESS				25. CITY		26. STATE	
29. EMPLOYER		30. OCCUPATION		31. CELL/BUSINESS PHONE		32. DRIVER'S LICENSE #/STATE	
33. SEX	34. RACE	35. HT.	36. WT.	37. HAIR	38. EYES	39. VICTIM TYPE	
40. PROSECUTE		41. ID SUSP	42. SOBRIETY		43. INJURY		44. TREATED BY/AT
20. PERSON TYPE		21. LAST, FIRST, MIDDLE/LEGAL BUSINESS NAME		22. DOB		23. SOCIAL SECURITY NUMBER	
24. ADDRESS				25. CITY		26. STATE	
29. EMPLOYER		30. OCCUPATION		31. CELL/BUSINESS PHONE		32. DRIVER'S LICENSE #/STATE	
33. SEX	34. RACE	35. HT.	36. WT.	37. HAIR	38. EYES	39. VICTIM TYPE	
40. PROSECUTE		41. ID SUSP	42. SOBRIETY		43. INJURY		44. TREATED BY/AT
20. PERSON TYPE		21. LAST, FIRST, MIDDLE/LEGAL BUSINESS NAME		22. DOB		23. SOCIAL SECURITY NUMBER	
24. ADDRESS				25. CITY		26. STATE	
29. EMPLOYER		30. OCCUPATION		31. CELL/BUSINESS PHONE		32. DRIVER'S LICENSE #/STATE	
33. SEX	34. RACE	35. HT.	36. WT.	37. HAIR	38. EYES	39. VICTIM TYPE	
40. PROSECUTE		41. ID SUSP	42. SOBRIETY		43. INJURY		44. TREATED BY/AT
ADDITIONAL INFORMATION							
45. WEAPON TYPE		46. RELATED ACTIVITY		47. EVIDENCE		48. OTHER	
49. WHERE ENTRY MADE		50. SIGN-MO	51. STRUCTURE		52. VICTIM RELATIONSHIP TO OFFENDER 1. Yes		
53. ACTION TAKEN/ARREST MADE FOR DOMESTIC VIOLENCE				54. ALCOHOL TYPE USED		55. DRUG TYPE USED	
EXPLANATION				EXPLANATION			
VEHICLES							
100. VEHICLE TYPE 13. Victim		101. YEAR 2007	102. MAKE Polaris		103. MODEL Ranger	104. STYLE ATV	
105. COLORS Green		106. LICENSE/STATE 907419 / OR		107. VIN			
108. DAMAGE CODE 5. During Other Offense		109. DAMAGE VALUE		110. DISPOSITION		111. LOSS INSURED	
112. INSURED BY/POLICY NUMBER				ADDITIONAL INFORMATION			
REPORTING DEPT/VOL #		DPSST # 29630	SHIFT B TEAM	ASSIGNMENT 178	SUPER APP DATE/INITIALS RKD 07-09-08		DATA

1. INCIDENT NUMBER 08-10609	2. OFFICER ID #		Linn County Sheriff's Office Suspect Report		3. ATTACHED REPORTS	
10. INCIDENT TYPE MVC-Injury			<input type="checkbox"/> RECORDS FORM	<input type="checkbox"/> PROPERTY	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> WASTEWATER

4. REPORT DATE 06-29-08	5. REPORT # 2252	11. OCCURRED DATE to	12. OCCURRED TIME to	13. OCCUR DAY 01 SUN	14. ICR CLASS
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SUSPECT # 1: **MISSING PERSON - RUNAWAY**

21. LAST FIRST MIDDLE INITIAL BUSINESS NAME
(b)(3) CPSA Section 25(c),(b)(6)

ADDITIONAL MISSING PERSON INFORMATION

53. MISSING TYPE	54. LAST INFO	55. MEDICAL
1. <input type="checkbox"/> RUNAWAY	1. <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. <input type="checkbox"/> CHIEF	2. <input type="checkbox"/> YES <input type="checkbox"/> NO	56. MEDICAL/PHYSICAL CONDITION
3. <input type="checkbox"/> LLELLE	3. <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. <input type="checkbox"/> SLIP/STRIKE	4. <input type="checkbox"/> YES <input type="checkbox"/> NO	57. ASSOCIATED RESUBSTITUTION
5. <input type="checkbox"/> VEHICLE/FACILITY	5. <input type="checkbox"/> YES <input type="checkbox"/> NO	
6. <input type="checkbox"/> OTHER	6. <input type="checkbox"/> YES <input type="checkbox"/> NO	

SUSPECT # 2

22. LAST FIRST MIDDLE INITIAL BUSINESS NAME	23. DOB	24. SOCIAL SECURITY NUMBER
25. ADDRESS	26. STATE	27. ZIP
28. EMPLOYER	29. OCCUPATION	30. TYPE OF RESIDENCE

31. SEX	32. RACE	33. HT	34. WT	35. HAIR	36. EYES
40. HAIR FRESH	41. HAIR STYLE	42. FACIAL HAIR	43. GLASSES	44. COMPLEXION	45. TYPICAL
1. <input type="checkbox"/> SMOOT	1. <input type="checkbox"/> WILD CURLY	1. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> YES <input type="checkbox"/> NO	1. <input type="checkbox"/> LIGHT	1. <input type="checkbox"/> NEUTRAL
2. <input type="checkbox"/> WAVED	2. <input type="checkbox"/> ALL BACK	2. <input type="checkbox"/> STACHE	2. <input type="checkbox"/> NO	2. <input type="checkbox"/> AVERAGE	2. <input type="checkbox"/> BROKEN
3. <input type="checkbox"/> CURLY	3. <input type="checkbox"/> STRAW	3. <input type="checkbox"/> BE STACHE	3. <input type="checkbox"/> JUNK	3. <input type="checkbox"/> LARGE	3. <input type="checkbox"/> CROOKED
4. <input type="checkbox"/> SHCL DFR	4. <input type="checkbox"/> PART	4. <input type="checkbox"/> BEARD		4. <input type="checkbox"/> MUSCULAR	4. <input type="checkbox"/> BUTTER
5. <input type="checkbox"/> D BADER	5. <input type="checkbox"/> PART CLN BY	5. <input type="checkbox"/> DSH HPR		5. <input type="checkbox"/> SLEPH	5. <input type="checkbox"/> MICHING
6. <input type="checkbox"/> WASH	6. <input type="checkbox"/> PART RIGIT	6. <input type="checkbox"/> SSTRFE		6. <input type="checkbox"/> OTHER	6. <input type="checkbox"/> BOTTLE
7. <input type="checkbox"/> UNKNOWN	7. <input type="checkbox"/> COMB BACK	7. <input type="checkbox"/> OTHER		7. <input type="checkbox"/> DR SCL	7. <input type="checkbox"/> DR SCL
	8. <input type="checkbox"/> PONYTAIL TERA D	8. <input type="checkbox"/> JUNKDOWN		8. <input type="checkbox"/> OTHER	8. <input type="checkbox"/> OTHER
	9. <input type="checkbox"/> WAVY CURLY			9. <input type="checkbox"/> OTHER	9. <input type="checkbox"/> OTHER
	10. <input type="checkbox"/> OTHER/UNKNOWN			10. <input type="checkbox"/> UNKNOWN	10. <input type="checkbox"/> UNKNOWN

37. PHYSICAL MARKS/SCARS	38. SOCIAL SECURITY NUMBER
<input type="checkbox"/> MISSING TOOTH	
<input type="checkbox"/> NEEDLE MARKS	
<input type="checkbox"/> SCAR	
<input type="checkbox"/> SORE	
<input type="checkbox"/> TATTOO	
<input type="checkbox"/> TATTOO	
<input type="checkbox"/> INJURY	
<input type="checkbox"/> MOLES/MARKS	
<input type="checkbox"/> OTHER	
<input type="checkbox"/> OTHER	
39. OTHER OBSERVATION	40. ADDITIONAL COMMENTS

REPORTING OFFICER ID #	29630	SHIFT	B TEAM	ASSIGNED TO SUPERVISOR ID #	178
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1. INCIDENT NUMBER 08-10609		2. OTHER NUMBER			Linn County Sheriff's Office Narrative Report		Form H
7. INCIDENT TYPE MVC-Injury							
8. REPORTED DATE 06-29-08	9. REPORTED TIME 2252	10. OCCURRED DATE	11. OCCURRED TIME	12. FOLLOW-UP DATE	13. FOLLOW-UP TIME		

MENTIONED:

- (M) Sacred Heart Hospital, Eugene
- (M) Sacred Heart Hospital, Eugene
- (M) Linn County Sheriff's Office
- (M) Linn County Sheriff's Office
- (M) Linn County Sheriff's Office

OTHER DOCUMENTS:

- 1) Copy of CAD #081810391
- 2) Linn County Sheriff's Office Evidence/ Property Report
- 3) Oregon State Police Forensic Services Request Form
- 4) Photocopy of Voluntary Consent Form signed by Larry Barstad
- 5) One CD-R containing digital photos taken at the scene

NARRATIVE:

On 06-29-08 at approximately 2252 hrs I was dispatched to a reported crash in the area of Wiley Creek Rd and Whiskey Butte Rd, Sweet Home, Linn County, OR. Dispatch advised the caller was unsure where he was at and could only say for certain he was above Wiley Creek. Dispatch also said the caller states he is down an embankment approximately 50 to 100 feet.

I started responding to the call from the Brownsville area and the Sweet Home Fire Department also started responding to the area. I met up with a medic unit from Sweet Home at the intersection of Wiley Creek and Whiskey Butte Rd. I spoke with the incident commander who said they have several units on different roads trying to locate the victims. He asked if I could check Whiskey Butte Rd from Hwy 20 until it intersects with Cedar Mill Rd.

I heard over the radio to have respond to my location in assisting in searching for the crash. I contacted and asked him when he arrived in the area to check Whiskey Butte from Hwy

REPORTING DEPT / RATIO #	DPSST #	SHIFT	ASSIGNMENT	SUPER APP DATE/INITIALS	DATE
<input type="text"/>	29630	B-Team	178	RKD 07-09-08	

1. INCIDENT NUMBER 08-10609		2. OTHER NUMBER		 Linn County Sheriff's Office Narrative Report		Form H	
7. INCIDENT TYPE MVC-Injury							
8. REPORTED DATE 06-29-08	9. REPORTED TIME 2252	10. OCCURRED DATE	11. OCCURRED TIME	12. 13. LEAD RATE	14. 15. POLYMER OF TIME		

20 towards Cedar Mill Rd. I left the incident commander after he asked if I would check Cedar Mill Rd from Whiskey Butte to Wiley Creek.

I drove Cedar Mill and did not locate anyone. I stopped where Cedar Mill and Wiley Creek meet. There is a residence there at the intersection and he came out and spoke with me. I could see there was a gate across from his residence but it was shut and locked.

Dispatch had been trying to guide me by the GPS coordinates given by the caller's phone and from my patrol vehicle. Dispatch told me I needed to south and east from where I was stopped. I told dispatch there was a gate there and it was shut. The resident told me to access that area I needed to go over Buck Mountain which was up the road.

I left the residence and went up Wiley Creek Rd and met with the responding units from the Sweet Home Fire Department. We were located at what is called the intersection of Wiley Creek and Little Wiley. Deputy Kelley had been told to disregard driving Whiskey Butte and had now met up with me. Sweet Home Fire command was deciding on what to do next and so [REDACTED] and I asked where Buck Mountain started. We were told it was the first road to the left heading up Little Wiley.

I heard [REDACTED] over the radio ask dispatch to contact one of the timber deputies and have him respond to assist in searching for the victims. Dispatch stated [REDACTED] would be coming out.

[REDACTED] and I started driving up the road and I also noticed one of the fire department vehicles was in front of us. We continued up Buck Mountain and dispatch was advising by the GPS from my patrol vehicle we were getting close. [REDACTED] and I started sounding our sirens to see if the victim could hear us.

Dispatch had been in phone contact with the victim since the 911 call was made. Dispatch was telling us he wasn't hearing anything. We continued driving up Buck Mountain and I was using the hi/low setting on my siren. Dispatch told me the victim was saying he could hear a siren. I asked dispatch if the victim was hearing

REPORTING OFFICER / RADIO # [REDACTED]	DEPT # 29630	SHIFT B-Team	ASSIGNMENT 178	SUPP APP DATE/TIME/INITIALS RKD 07-09-08	DATA
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1. INCIDENT NUMBER 08-10609		2. OTHER NUMBER			Linn County Sheriff's Office Narrative Report		Form 14
INCIDENT TYPE MVC-Injury							
8. REPORTED DATE 06-29-08	9. REPORTED TIME 2252	10. OCCURRED DATE	11. OCCURRED TIME	12. PAY LOW-JF DATE	13. FOLLOW-UP TIME		

the high and low pitch and they told me yes. Dispatch came back and told me they could hear my siren over the phone with speaking with the victim.

I continued going with my siren sounding until the victim told dispatch it sounded like it was right above him. I stopped my patrol vehicle and started shouting to see if the victim heard me. I could hear a male down an embankment yell back at me saying they were down here. I made voice contact with the victims at about 0032 hrs, about one and one half hours after the call came into dispatch.

[REDACTED] and I found a some what easy path down the side of hill and made visual contact with the victims. I could see there was an ATV with its headlights on resting against the side of a tree. The ATV was a 2007 Polaris Ranger 700. There was one victim on each side of the ATV. I went to the victim on the passenger side and Deputy Kelley went to the driver side.

I made contact with a male subject who was in a squatting position next to the ATV. I observed the male had a bloody face and was complaining his right arm hurt. I asked the male his name and he told me [REDACTED] (b)(3)CPSA. I asked [REDACTED] (b)(3)CPS what happened [REDACTED] (b)(3)CP told me he's not sure [REDACTED] (b)(3)CPS said he woke up and called 911 on his cellular phone. While speaking with [REDACTED] (b)(3)CP I could smell an odor of an alcohol type beverage coming from his mouth. I asked [REDACTED] (b)(3)CPS about his alcohol consumption and he told me he had a couple of beers while they were out riding in the ATV. I asked who had been driving and [REDACTED] (b)(3)CPS told me his friend [REDACTED] (b)(3)CP who was on the other side.

[REDACTED] spoke with the other patient and he was identified as [REDACTED] (b)(3)CPSA Section 25(c),(b)(3)CP. [REDACTED] follow report in regards to statements made by [REDACTED] (b)(3)CPSA Section 25(c),(b)(3)CP while on scene.

The Sweet Home medics came down to our location and started treatment on both subjects. [REDACTED] and I assisted the medics with patient care as we were needed. We both also assisted the Sweet Home Fire Department with the extrication. Both patients were placed on backboards and extricated to the top of the hillside. Extrication took approximately one and one half hours.

OFFICER/REPORTING OFFICER	CRIST # 29630	OFFICER B-Team	ASSIGNMENT 178	SUPERVISING OFFICER/INITIALS RKD 07-09-08	DATE
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1. INCIDENT NUMBER 08-10609		2. OFFICER NUMBER			Linn County Sheriff's Office Narrative Report		Form H
7. INCIDENT TYPE MVC-Injury							
8. INCIDENT DATE 06-29-08	9. REPORT TIME 2252	10. OCCURRED DATE	11. OCCURRED TIME	12. FOLLOW-UP DATE	13. FOLLOW-UP TIME		

Both [redacted] and [redacted] were taken by ambulance to the Sweet Home High School football field where REACH 8 and Lifelight helicopters landed and transported both on to area hospitals. [redacted] was transported by Lifelight to Sacred Heart Hospital in Eugene [redacted] was transported by REACH 8 to Good Samaritan Hospital in Corvallis.

While the extrication was going on [redacted] arrived on the scene. After the medics transported [redacted] and [redacted] got my digital camera and went back down to the crash site. I took digital photographs of the damaged ATV. I observed there was blood all over the steering wheel where the driver had been [redacted] and [redacted] came down as well.

I handed [redacted] my camera and he took photos of a tree which the ATV struck as it came down the hillside. [redacted] estimated the damage to the tree limbs and tree to about 10-12 feet up. The damaged tree was about 30-40 feet away from the ATV. [redacted] and [redacted] followed the path which the ATV came down the hillside. I went back up to the road the way I had come down.

[redacted] and [redacted] reached the roadway where the ATV had come down from. They told me they located a box of "Bud Light" beer along with a can and a bottle of beer down the hillside a short distance. I went over and located where the ATV left the roadway. I went down the hillside about 20-30 feet and found a "Bud Light" beer can and the box of Bud Light" beer. I took photographs of these items.

We all left the scene and met at the intersection of Wiley Creek Rd and Little Wiley. There was white Ford crew cab pickup OR license 155BBX. The vehicle belonged to [redacted] and had the tailgate down and loading ramps still down. I observed a box of "Bud Light" beer in the bed of the pickup. I took photos of the vehicle and of the box of beer.

I spoke with [redacted] and asked how far the crash was from where we were located [redacted] told me it was about 3.1 miles from Wiley Creek Rd and Little Wiley on Buck Mountain Rd. I asked [redacted] if he could return and photograph the scene during daylight hours and he told me he would. Refer to [redacted] follow-up report.

REPORT SECURITY/ADLER	POST # 29630	SHIFT B-Team	ASSIGNMENT 178	SUPV APP DATE/INITIALS RKD 07-09-08	CAUSE
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1. INCIDENT NUMBER 08-10609		2. OTHER NUMBER		 Linn County Sheriff's Office Narrative Report	Form 1.1	
7. INCIDENT TYPE MVC-Injury						
8. REPORTED DATE 06-29-08	9. REPORTED TIME 2252	10. OCCURRED DATE	11. OCCURRED TIME	12. FOLLOW-UP DATE	13. OFFENSE TIME	

Sgt. Welch was also at the intersection and informed me the family of (b)(3):CPSA Section 25(c),(b)(6) was going to be coming up and removing his vehicle.

I left the intersection and responded to Sacred Heart Hospital in Eugene to speak with (b)(3):CPSA Section 25(c),(b)(6) about the crash (b)(6) had told me prior to leaving the scene (b)(3):CP SA Se had admitted to drinking before the crash occurred.

At about 0432 hrs I arrived at Sacred Heart Hospital in Eugene and made contact with (b)(3):CPSA Section 25(c),(b)(6) who was located in the emergency room and on a gurney. I could see (b)(3):CP had (b)(6) I told (b)(3):CP who I was and asked him about the crash.

(b)(3):CPSA Section 2 told me he and (b)(3):CPSA had arrived up at Wiley Creek and Little Wiley around 1800 hrs when they drove off in the Polaris Ranger. I asked (b)(3):CP if he was driving and he told me yes. I asked if the ATV was his and (b)(3):CPSA told me it was. (b)(3):CPSA said they were driving down Buck Mountain and he's not sure what happened about why they crashed.

I asked (b)(3):CPSA if he had been drinking and he told me yes. I asked (b)(3):CP how many beers did he drink and he told me three. I asked what brand and he told me "Bud Light". I asked (b)(3):CPSA when he had his last drink before the crash. (b)(3):CP told me they drove up to an old water tower up the road from where the crash occurred. (b)(3):CPSA Section 25 said he had his last beer at around dusk while at the water tower.

I asked (b)(3):CP SA Se if he would voluntarily consent to a blood draw. At 0443 hrs he told me "yeah, I spose". I spoke with (b)(6) a registered nurse tending to (b)(3):CPSA injuries, and asked if she could do a blood draw for me. (b)(6) told me yes she would. I personally observed (b)(6) who was working under (b)(6) withdraw one vial of blood from (b)(3):CPSA left arm from where an IV had already been established at 0445 hrs. (b)(6) handed the vial to me and I placed it into the provided evidence box.

29630	B-Team	178	RKD 07-09-08
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1. INCIDENT NUMBER 08-10609		2. OTHER NUMBER		 Linn County Sheriff's Office Narrative Report		Page 1 of 1	
7. INCIDENT TYPE MVC-Injury						Form H	
8. REPORTED DATE 06-29-08		9. REPORTED TIME 2252		10. OCCURRED DATE		11. OCCURRED TIME	
				12. FOLLOW-UP DATE		13. FOLLOW-UP TIME	

I asked if he would sign a card indicating this was a voluntary act and he did. See attached photocopy of voluntary consent card. I was told by the blood alcohol content from the laboratory for was a .07%.

At this time I did not place under arrest for any crimes as came over and told Larry he had was going to be moved up to the Intensive Care Unit until his surgery later today.

I left the hospital and returned to the Office where I placed the vial of blood in the receiving evidence refrigerator. I filled out an Oregon State Police Forensic Services Request form to have the blood analyzed for blood alcohol content.

ACTION RECOMMENDED:
Open investigation.

REPORTING DEPT/ RADI#	DPSST # 29630	SHIFT B-Team	ASSIGNMENT 178	SUPER APP DATE/INITIALS RKD 07-09-08	DATA
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1. INCIDENT NUMBER 08-10609 (F)		2. OTHER NUMBER		 Linn County Sheriff's Office Narrative Report	
7. INCIDENT TYPE MVC-Injury					
8. REPORTED DATE 06-29-08	9. REPORTED TIME 2252	10. OCCURRED DATE	11. OCCURRED TIME	12. FOLLOW-UP DATE 07-03-08	13. FOLLOW-UP TIME 1915

MENTIONED:

- (M) (b)(3) CPSA Section 25 (c),(b)(6) [Redacted] DOB/ [Redacted]
- (M) [Redacted] DOB/ [Redacted]
- (M) [Redacted] Linn County Sheriff's Office

OTHER DOCUMENTS:

- 1) Copy of Authorization to Use and Disclose Health Information for [Redacted]
- 2) Copy of Linn County Sheriff's Office Authorization for Disclosure of Information for [Redacted]

NARRATIVE:

On 07-03-08 at approximately 1915 hrs I made contact with [Redacted] at his residence located at [Redacted] to follow up on a crash which occurred on 06-29-08. [Redacted] was the driver of an ATV which when down a steep embankment on Buck Mountain outside of Sweet Home.

I again asked [Redacted] if he remembers anything about the crash and what he did prior to it. [Redacted] told me he and [Redacted] arrived around 1800 hrs at the intersection of Wiley Creek Rd and Little Wiley [Redacted] told me they drove up Buck Mountain in his Polaris Ranger ATV and he was the driver.

[Redacted] said they drove to a grassy area about 5 miles up Buck Mountain and messed around for a while. [Redacted] said they then drove to the water tower which was near by. I asked [Redacted] about drinking and he admitted to drinking 2 beers while at the water tower. I asked what brand of beer and [Redacted] told me "Bud Light". [Redacted] said they left the water tower and headed back down towards his pickup.

I asked [Redacted] if he drank anything prior to arriving at the intersection of Wiley Creek Rd and Little Wiley at 1800 hrs. [Redacted] told me no. I asked [Redacted] if the alcohol affected his ability to drive and he told me no.

[Redacted] then told me he remembers trying to climb the road embankment on the opposite side of where they went down. [Redacted] said when he did this it must have flipped the ATV and they rolled down the hillside to where it came to rest. [Redacted] had contacted me prior to speaking with [Redacted] and told me he had found evidence indicating they tried to climb up the roadside across from where the ATV went down.

REPORTING DEPT/TRACT #	TRUCK#	SHIFT	ASSIGNMENT	SUPER APP SAT/INITIALS	DATE
[Redacted]	29630	B-Team	178	RKD 07-09-08	

1. INCIDENT NUMBER 08-10609 (F)		2. OTHER NUMBER		 Linn County Sheriff's Office Narrative Report	3. DATE	
4. INCIDENT TYPE MVC-Injury					5. TIME	
8. REPORTED DATE 06-29-08	9. REPORTING TIME 2252	10. OCCURRED DATE	11. OCCURRED TIME	12. FOLLOW UP DATE 07-03-08	13. POLICE UNIT TIME 1915	

I asked [redacted] how fast he drove the ATV while up on Buck Mountain. [redacted] told me he didn't think he ever went above 30 mph. I asked [redacted] if he was wearing his seatbelt and he told me yes. [redacted] said he has [redacted] which would be consistent with lap belts located in the ATV.

I asked where the beer they had been drinking had been located. [redacted] told me in a cooler. At the time of the crash I did observe a cooler located in the back of the ATV. I looked inside it while at the scene and found nothing inside it. I asked [redacted] if he drank anything after the crash occurred and he told me no.

I asked [redacted] if he would be willing to sign an Authorization to Use and Disclose Health Information form from Sacred Heart Hospital. [redacted] agreed and signed the form. I told [redacted] that all of my reports were going to be forwarded to the Linn County District Attorney's Office for consideration of criminal charges against him and he understood.

I left [redacted] residence and went to speak with [redacted]. I located [redacted] at his parent's residence at [redacted].

I found [redacted] seated in a recliner chair and his right arm was in a sling. [redacted] was not able to speak with me due to the fact [redacted]. [redacted] mother told me he had a [redacted].

I asked [redacted] a few questions in which he used a dry erase board to answer me. I asked how many beers did he drink and [redacted] wrote seven. I asked how many did [redacted] have and he wrote three. I asked [redacted] if he drank after the crash and he wrote no.

I thanked [redacted] told him to get better, and said I would try and speak with him once his jaw was no longer wired shut and able to speak. I did ask [redacted] if he would be willing to sign a Linn County Sheriff's Office Authorization for Disclosure of Information. [redacted] agreed and signed the form. I explained to him about the

PERSONNEL OFFICER	DATE	SHIFT	ASSIGNMENT	SUPERVISOR INITIALS	REMARKS
[redacted]	29630	B-Team	178	RKD.07-09-08	

1. INCIDENT NUMBER 08-10609 (F)		2. OTHER NUMBER		 Linn County Sheriff's Office Narrative Report			
7. INCIDENT TYPE MVC-Injury							
8. REPORTED DATE 06-29-08	9. REPORTED TIME 2252	10. OCCURRED DATE	11. OCCURRED TIME	12. FOLLOW-UP DATE 07-03-08	13. FOLLOW-UP TIME 1915		

possible charges against § 13-7-203A
Section 25(c)
a(6) and that I was forwarding all my reports to the Linn County District Attorney's Office.

ACTION RECOMMENDED:

Refer to original report.

REPORTING DEPUTY / RADIO # 010	DEPUTY # 29630	SHIFT B-Team	ASSIGNMENT 178	SUPER APP DATE/INITIALS RKD 07-09-08	DATA
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1. INCIDENT NUMBER 08-10609 F		2. FILE NUMBER		 Linn County Sheriff's Office Narrative Report		3. REPORTING OFFICER	
7. INCIDENT TYPE MOTOR VEHICLE ACCIDENT						4. REPORTED DATE 06-29-08	
6. REPORTED DATE 06-29-08		9. REPORTED TIME 2252		10. OCCURRED DATE 06-29-08		11. OCCURRED TIME 2252	
				12. FOLLOW-UP DATE 06-30-08		1855 1955	

MENTIONED:

1. [Redacted]

[Redacted] / Giustina Resources
PO BOX 529 Eugene Or. 97440
Phone # 541-485-1500

2. [Redacted]

[Redacted] Cascade Timber Consulting
3210 Hwy. 20 Sweet Home Or. 97386
Phone # 541-367-2111

2. [Redacted]

[Redacted] Sweet Home F.D.
Forest Officer / Oregon Dept. Forestry
Sweet Home.

OTHER DOCUMENTS:

- 1. C.D. containing digital photographs

NARRATIVE:

On 06-30-08 at 1955 hours I conducted follow up on this case. I returned to the scene and obtained additional photographs. The area this incident occurred is on private timber property South East of Sweet Home. Buck Mtn. Rd. is a road system open to the public to travel on. There are no gates or signs on Buck Mtn. Rd. indicating that the road is closed. The first 2.5 miles of Buck Mtn. Rd. is managed by Cascade Timber Consulting. Milepost 2.5 to approximately 5.0 is owned by Giustina Resources. The vehicle involved in this accident went off Buck Mtn. Rd. at approximate mile post 3.2, which is Giustina Resources property.

At mile post 3.2 on Buck Mtn. Rd. is a steep shale covered embankment. I observed fresh tire marks from a vehicle showing that it had been driving up this steep embankment. Directly across Buck Mtn. Rd. from this embankment is where the vehicle involved in the accident went over the side of the road. Photographs were obtained. Giustina Resources does not allow any motorized vehicles to travel off road on their property nor does Cascade Timber Consulting. The embankment which this vehicle appeared to have been traveling up prior to going over the side of the road is considered off road.

REPORTING DEPUTY / RADIO #	26868	STREET DAYS	183	DATE REPORTED	06-30-08
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1. INCIDENT NUMBER: 08-10609 F		2. OTHER NUMBER:		 Linn County Sheriff's Office Narrative Report		Form #1	
7. INCIDENT TYPE: MOTOR VEHICLE ACCIDENT							
8. REPORTED DATE: 06-29-08	9. REPORTED TIME: 2252	10. OCCURRED DATE: 06-29-08	11. OCCURRED TIME: 2252	12. FOLLOW-UP DATE: 06-30-08	1955		

I hiked back down to the location the vehicle had come to rest and found that it had already been removed. I found no alcoholic beverage containers in the area where the vehicle had come to rest. Photographs were obtained.

I later contacted [redacted] with Giustina Resources and he confirmed that the road was currently open to public use though it is not advertised. [redacted] also confirmed that Giustina Resources allows no off road use and that Buck Mtn. Rd. is owned by Giustina Resources from mile post 2.5 until at least milepost 5.0. [redacted] advised that Giustina Resources wishes to pursue criminal charges against the persons involved for the off road use by driving up the shale embankment on the side of the road prior to the accident.

I also contacted [redacted] with Cascade Timber Consulting who confirmed that Buck Mtn. Rd. was currently open to the public though not advertised. [redacted] also confirmed that Buck Mtn. Rd. is owned by Giustina Resources after milepost 2.5. I later contacted [redacted] who told me that he was one of the firefighters who tended to the victim's at the accident scene. He told me that he observed one empty beer can on the ground next to the passenger side of the ATV when he arrived on scene. He told me that he believes it was Miller brand.

ACTION RECOMMENDED:

Refer to initial report / contact both victims and obtain statements regarding them traveling up the steep embankment next to accident location.

SEARCHED	INDEXED	26868	DAYS	ASSIGNMENT	183	OTHER APPROPRIATE INFORMATION
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1. INCIDENT NUMBER 08-10609		2. OFFICER NUMBER			Linn County Sheriff's Office Narrative Report		3. REPORT DATE		
4. INCIDENT TYPE MVC- INJURY		5. REPORTED TIME 2252					6. OCCURRENCE DATE 06/29/08		7. DISPATCH DATE 06/29/08
8. REPORTED DATE 06/29/08		9. REPORTED TIME 2252		10. OCCURRENCE DATE 06/29/08		11. DISPATCH DATE 06/29/08		12. OFFICER ID 2321	

PERSON CONTACTED:

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

MENTIONED:

(M) (b)(6)

Linn County Sheriff's Office

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

NARRATIVE:

On 06/29/08 at approximately 2321 I was dispatched to a motor vehicle crash in the area of Wiley Creek Road and Whiskey Butte Road, Sweet Home, Linn County, OR. I was informed Dispatch had one of the people involved in the crash on the phone. (b)(6) was already in the area of the crash as well as fire personnel but could not locate the crash.

After meeting fire personnel on Wiley Creek Road I decided to check Buck Mountain for the crash. (b)(6) and I headed up Buck Mountain with our sirens on. Dispatch was still on line with the caller. We had dispatch tell the caller to let us know if they hear our siren (b)(6) and I were approximately 200 yards apart and were using different sirens. At approx. 0032 hours dispatch informed us the caller could hear our siren. Dispatch could also hear the siren through the phone and told us it was the siren (b)(6) was using. (b)(6) got out of his vehicle and made voice contact with the crash victims. (b)(6) and I went down the embankment and located the two victims, identified as (b)(3):CPSA Section 25(c),(b)(6) and (b)(3):CPSA Section 25(c),(b)(6). The vehicle involved is a green 2007 Polaris Ranger ATV.

I contacted (b)(3):CPSA Section 25(c),(b)(6) who was located next to the driver's side of the ATV. I observed (b)(3):CPSA Section 25(c),(b)(6) had (b)(6) was laying in the fetal position. (b)(3):CPSA Section 25(c),(b)(6) told me he did not think he had any other injuries besides his face. (b)(3):CPSA Section 25(c),(b)(6) told me he was the driver of the ATV when it crashed. (b)(3):CPSA Section 25(c),(b)(6) told me the only thing he remembers about the crash is going over backward. (b)(3):CPSA Section 25(c),(b)(6) told me alcohol probably had something to do with the crash. I continued talking to (b)(3):CPSA Section 25(c),(b)(6) until the medics arrived. I assisted the medics while they treated (b)(3):CPSA Section 25(c),(b)(6). One of the medics asked (b)(3):CPSA Section 25(c),(b)(6) how much they had to drink and (b)(3):CPSA Section 25(c),(b)(6) replied around a 12 pack a piece. (b)(3):CPSA Section 25(c),(b)(6) was placed on a backboard and extricated. See (b)(6) original report for contact with the passenger of the ATV. (b)(3):CPSA Section 25(c),(b)(6)

13. PRINTED BY: (b)(6)	14. ICS ID: 31991	15. UNIT: B TEAM	16. ASSIGNMENT: 001	17. SIGNATURE DATE: RKD 07-17-08	18. DATA
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1. INCIDENT NUMBER 08-10609		2. OTHER NUMBER			Linn County Sheriff's Office Narrative Report	
3. INCIDENT TYPE MVC- INJURY						
8. REPORTED DATE 06/29/08	9. REPORTED TIME 2252	10. OCCURRED DATE 06/29/08	11. OCCURRED TIME	12. FOLLOW-UP DATE 06/29/08	13. FOLLOW-UP TIME 2321	

ACTION RECOMMENDED:

See original report for action recommended.

(b)(6)	31991	SUPP B TEAM	ASSIGNMENT 001	REPORT APPROVED BY RKD 07-17-08
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1. INCIDENT NUMBER 08-10609 (F)		2. OTHER NUMBER		 Linn County Sheriff's Office Narrative Report		Total	
3. INCIDENT TYPE MVC-Injury							
8. REPORTED DATE 06-29-08	9. REPORTED TIME 2252	10. OCCURRED DATE	11. OCCURRED TIME	12. FOLLOW-UP DATE 07-17-08	13. FOLLOW-UP TIME 1235		

OTHER DOCUMENTS:

- 1) One CD-R of 911 call
- 2) Copy of CAD call for case #08-10609

NARRATIVE:

On 07-17-08 I received a copy of the 911 call made in this case which I had asked dispatch to make for me. Included is a copy of the CAD call.

ACTION RECOMMENDED:

Forward to DA's Office

016	INVEST # 29630	SHIFT B-Team	ASSIGNMENT 178	SUPER APP DATE/INITIALS RKD 07-17-08	DATA
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1. INCIDENT NUMBER 08-10609 (F)		2. OTHER NUMBER		 Linn County Sheriff's Office Narrative Report		
3. INCIDENT TYPE MVC-Injury						
8. REPORTED DATE 06-29-08	9. REPORTED TIME 2252	10. OCCURRED DATE	11. OCCURRED TIME	12. FOLLOW UP DATE 07-26-08	13. FOLLOW UP TIME 1255	

MENTIONED:

(S) [Redacted] DOB/ [Redacted]

(V) [Redacted] DOB/ [Redacted]

NARRATIVE:

On 07-26-08 at approximately 1255 hrs I made contact with [Redacted] at [Redacted] to speak with him again about the crash he was involved in on 06-29-08. I had received a voicemail from [Redacted] mother saying [Redacted] was getting his jaw unwired and would be able to speak with me.

I asked [Redacted] if he could again tell me what happened with the crash [Redacted] told me the day of the crash [Redacted] had stopped by and had his Polaris in his truck. [Redacted] said [Redacted] had just returned from camping and hadn't unloaded the ATV. [Redacted] wanted to go riding and [Redacted] said he had never ridden in one like [Redacted] has so they decided to go for a ride.

[Redacted] told me he had drunk about 3 beers at his house while washing his pickup before leaving to go with [Redacted] [Redacted] said they left his house and drove over to [Redacted] in separate vehicles.

[Redacted] told me they had stopped for gas in Sweet Home and he also bought a 12pack of "Bud Light" beer. I asked if they were cans or bottles. [Redacted] said he thought they were bottles.

[Redacted] states they drove up Wiley Creek and unloaded the ATV. They left going up Buck Mountain [Redacted] said he had never been up Buck Mountain before. [Redacted] (3)CPS said they drove up to the water tower that [Redacted] (3)CP had done some work on. [Redacted] told me by this time he had drunk an additional 6 beers for a total of nine when the crash occurred. [Redacted] was now saying he was unsure if [Redacted] had drunk any beer.

[Redacted] (b) (3)CPSA said they were headed back down to the pickup. [Redacted] (b) (3)CPS said he remembers [Redacted] (b) (3)CP trying to drive up a hill and the ATV started to roll backwards. [Redacted] (b) (3)CPS said they went across the road and he thought [Redacted] (b) (3)CP was going to stop but they didn't and rolled down the hill to where they stopped.

INVESTIGATOR(S) NAME	REPORT #	SHIFT	ASSIGNMENT	SUPERVISOR/TEAM LEADER	DATE
[Redacted]	29630	B-Team	178	JAW 07-30-08	

1. INCIDENT NUMBER 08-10609 (F)		2. OTHER NUMBER			Linn County Sheriff's Office Narrative Report	
7. INCIDENT TYPE MVC-Injury						
8. REPORTED DATE 06-29-08	9. REPORTED TIME 2252	10. OCCURRED DATE	11. OCCURRED TIME	12. FOLLOW-UP DATE 07-26-08	13. FOLLOW-UP TIME 1255	

ACTION RECOMMENDED:

Forward to Linn County DA's Office

REPORTING OFFICER / RADIO #	DPSS # 29630	UNIT B-Team	ASSIGNMENT 178	SUPER APP DATE/INITIALS JAW 07-30-08	DATA
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U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

- I request that you do not release my name. My identity is to remain confidential.
- You may release my name to the manufacturer but I request that you do not release it to the general public.
- You may release my name to the manufacturer and to the public.

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

9-6-08

(Date)

080811CWE7679

Contact Sheet

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

Consumer

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

Dates of Contact: 9/4/08 and in-person on 9/8/08

(b)(6)

Linn County Sheriff's Office

1115 SE Jackson Street

Albany, OR 97322

(541) 967-3950

Dates of Contact: 8/25/08, 9/3/08, 9/15/08 and 9/26/08

(b)(6)

Linn County Sheriff's Office

1115 SE Jackson Street

Albany, OR 97322

(541) 967-3950

Dates of Contact: 8/25/08, 8/29/08, 9/2/08 and in-person 9/3/08

July 1, 2008

OR

ISSUE: 40

Two men injured in ATV crash found

SWEET HOME — Rescuers found two Sweet Home men who were injured in an ATV accident on Buck Mountain in Linn County late Sunday night, the sheriff's office said Monday.

The men were riding a Polaris Ranger all-terrain vehicle on gravel about four miles southeast of Sweet Home when the ATV slid off the road and down an embankment, Sheriff Tim Mueller said.

One of the men, (b)(3) CPSA Section 25(c) 37, called 911 but was unable to tell exactly where he was, Mueller said.

By 12:30 a.m., searchers used cell-phone coordinates to help find both men, who were down a 150-foot embankment near Wiley Creek and Buck Mountain, Mueller said. (b) was taken by a medical helicopter to Good Samaritan Hospital in Corvallis. The other rider, (b)(3) CPSA Sect 32, was taken by a helicopter to Sacred Heart Medical Center in Eugene. Deputies were investigating.

— Ruth Liao

1. Task Number 080818HWE7697		2. Investigator's ID 1919		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2008 08 17	5. Date Initiated YR MO DAY 2008 08 25		
6. Synopsis of Accident or Complaint UPC An eight-year-old, male victim died from trunk and internal injuries sustained in a side-by-side, utility-vehicle accident. The victim was a passenger in the front of the vehicle being driven by his 12-year-old sister. A 59-year-old female was also a passenger, seated in the front. The group was riding the vehicle on a flat, grassy pasture on private, rural property. The driver made a left turn, the vehicle rolled onto its passenger side and ejected both front-seat passengers. The victim was pinned underneath the vehicle. None of the occupants were wearing helmets or safety restraints. Emergency medical staff arrived and performed CPR, but they were unable to open an airway. He was pronounced dead on the scene. MFR/PRVLBR NOTIFIED COMMENTS: ___ YES <input checked="" type="checkbox"/> NO ___ OVERRULED; ___ ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>6/25a</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>4/15/09</i>				
7. Location (Home, School, etc) 2 - FARM		8. City DIBBLE		9. State OK
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA/VIN <input type="text"/>		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 8		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) 7 / 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 <input type="radio"/> Yes for Manuf. Only				
24. Review Date 11/12/2008		25. Reviewed By 8929		26. Regional Office Director Frank J. Nava
27. Distribution Hartman, Jason; Topka, Tanya			28. Source Document Number N0880186A	

This investigation was initiated based upon a news article reporting the death of an eight-year-old boy while riding in an ATV, side-by-side utility vehicle. Only limited information could be obtained as efforts to interview the involved parties were unsuccessful. Therefore, information contained within this report was obtained from the Oklahoma Highway Patrol (OHP) Accident Report and news article.

The accident occurred around 4:46 p.m. on August 16, 2008, when a 12-year-old girl along with her eight-year-old brother and a 59-year-old female (wife of the owner of the ATV), were riding a four-wheeled side-by-side utility ATV. According to the OHP report, they were riding in a pasture, on private property in a rural area near Dibble, Oklahoma. The pasture was reported to be dry and level. The ATV was being driven by the 12-year-old female at the time. The 59-year-old female and eight-year-old male, were both passengers, who apparently were seated in the same position on the ATV. However, it is unclear whether the victim may have been sitting on the adult female's lap or whether they were sitting beside each other. The accident occurred when the 12-year-old female driver was making a left turn which caused the ATV to roll one-quarter turn onto the passenger side, ejecting both front seat passengers. The ATV came to rest on its side and pinned the eight-year-old boy underneath it. The adult female was also totally ejected but away from the ATV. (See Exhibit 2.)

First responders from Dibble Fire Department and Lindsay EMS arrived on scene within minutes and removed the ATV from atop the boy. They began CPR but were unable to open an airway. He was pronounced dead at the scene by Med-Flight personnel and later by the Medical Examiner's Office. According to the OHP report, the victim sustained massive trunk and internal injuries. The 12-year-old driver and 59-year-old passenger were not injured.

Per OHP report, no photographs were taken of the involved ATV. A copy of the OHP accident report is attached as Exhibit 2. According to the OHP report, none of the occupants wore helmets or used any safety restraints, etc.

PRODUCT IDENTIFICATION

Type:	side-by-side utility ATV
Brand:	Yamaha
Model:	Rhino 660
VIN:	<div style="border: 1px solid black; width: 200px; height: 15px;"></div>
Year:	2005
Manufacturer:	Yamaha

SAMPLE COLLECTED

None

ADDITIONAL INFORMATION

As previously stated, efforts to reach all parties involved in this accident, were unsuccessful. A contact letter was mailed to the Owners of the ATV and there has been no response. In addition, attempts to reach the responding State Trooper was also unsuccessful. If however, additional information is received, an Addendum will be submitted.

A copy of the Medical Examiner's report has been requested, but to date not received. An Addendum will be submitted upon receipt of additional information.

The Dibble Fire Department advised that while they responded to the scene, no report was generated. They referred me to [redacted] EMS for additional information. [redacted] EMS advised that they would not release any information without an authorization of release.

The McClain County Sheriff's Office advised that they did not respond to this accident.

ATTACHMENTS

1. Identity of Respondents
2. OHP report (4 pages)
3. Missing Document Form
4. ATVD Questionnaire

IDENTITY OF RESPONDENT(S)

The respondents in this investigation are:

1. Records Department, OK Department of Public Safety, P.O. Box 11415, Oklahoma City, OK 73136; contacted initially via email on 9/9/08. (NOTE: OHP policy records unavailable until 30 days after incident.)
2. [REDACTED] Office of the Medical Examiner, 901 N. Stonewall, Oklahoma City, OK 73117; initially contacted via email on 8/25/08; on 9/26/08 and 11/4/08.
3. [REDACTED] Dibble Fire Department, 12165 Firemans Road, Dibble, OK 73031; initially contacted via telephone (405) 344-6659 and fax on 9/15/08 and again on 10/9/08
4. [REDACTED] McClain County Sheriff's Office, 121 North 2nd Street, Purcell, OK 73080; initially contacted via telephone (405) 527-2141 on 9/15/08
5. [REDACTED] Lindsay EMS, 110 W. Creek Street, Lindsay, OK ; initially contacted via telephone (405) 756-4321 on 11/4/08
6. OK Department of Public Safety, HQ Administration, 3600 N. Martin Luther King Blvd., Oklahoma City, OK 73136; contacted via telephone (405) 425-2424 and left message for responding OK State Trooper; Trooper did not return telephone calls.

080818HWE7697- Exhibit 1, Identity of Respondents. Page 1 of 1.

NON TRAFFIC

080818HWE7697 - Exhibit 2, OHP accident report. Page 1 of 4.

FATAL

Pg 1 of 4

DO NOT WRITE IN THIS SPACE

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT

Incident Report	<input checked="" type="checkbox"/>	Y N	Revised	<input checked="" type="checkbox"/>	Y N
Investigation Completed	<input checked="" type="checkbox"/>		Fatality	<input checked="" type="checkbox"/>	
Investigation Made at Scene	<input checked="" type="checkbox"/>		Hit and Run	<input checked="" type="checkbox"/>	
Photographs	<input checked="" type="checkbox"/>				

(1) Reporting Agency: OKLAHOMA HIGHWAY PATROL
 Class Number (Agency Use): AR01204-08
 Motor Vehicles Involved: 01
 Number Injured: 00
 Number Killed: 01

(2) Date of Collision (mm/dd/yyyy): 08-17-2008
 Time: 1646
 County Number and Name: 44 - MCCLAIN
 Nearest City or Town Number and Name: DIBBLE

(3) Distance from Nearest City or Town Limits: 0025
 MI FL S N S
 MI FL E W
 Control # Int ID Location East Grid North Grid Administrative

(4) Street, Road or Highway: 15414
 Distance from (Nearest) Intersecting Street, Road or Highway: MERIDIAN AVENUE

(5) Unit: 01
 Occupants: 03
 Type: D
 HE & Run:
 CMV:
 Last Name: [Redacted]
 First: [Redacted]
 Middle: [Redacted]
 Suffix: [Redacted]
 Date of Birth (mm/dd/yyyy): [Redacted]
 Sex: F

(6) Address: [Redacted]
 City: [Redacted] State: [Redacted] Zip: [Redacted] Telephone (Use Area Code): [Redacted]

(7) Driver License Number: 0
 State: [Redacted] Class Endorsement(s): [Redacted] Restriction(s): [Redacted] Inj. Sev.: 1
 Type of Injury: 0
 Dry/Ped. Cond.: 99
 OP Use: 01

(8) Ejected: 0
 Extricated: 1
 Test (% BAC): 5
 Transported by: 0
 To Medical Facility: [Redacted]
 License Plate Number: [Redacted] State: [Redacted] Month: [Redacted] Year: [Redacted]

(9) VIN: [Redacted]
 Vehicle Year: 2005
 Color: GRN
 2nd Color: 0
 Make: YAMA
 Model: RHIN
 Veh. Conf.: 19
 Extent of Damage: 2

(10) Insurance Company Name: [Redacted]
 Policy Number: [Redacted]
 Insurance Telephone (Use Area Code): [Redacted]

(11) Vehicle Removed by: [Redacted]
 Owner's Last Name: [Redacted] First: [Redacted] Middle: [Redacted] Suffix: [Redacted]

(12) Owner's Address: [Redacted]
 City: [Redacted] State: [Redacted] Zip: [Redacted]
 Toward Veh. Type: [Redacted]
 Oversized Load: 0
 Rollover:
 Burned:
 Phone present:
 Phone in use:

(13) Citation Number: [Redacted] Status/Ordinance Number: [Redacted] Citation Number: [Redacted] Status/Ordinance Number: [Redacted]

(14) Unit: [Redacted]
 Occupants: [Redacted]
 Type: [Redacted]
 HE & Run:
 CMV:
 Last Name: [Redacted] First: [Redacted] Middle: [Redacted] Suffix: [Redacted]
 Date of Birth (mm/dd/yyyy): [Redacted] Sex: [Redacted]

(15) Address: [Redacted]
 City: [Redacted] State: [Redacted] Zip: [Redacted] Telephone (Use Area Code): [Redacted]

(16) Driver License Number: [Redacted]
 State: [Redacted] Class Endorsement(s): [Redacted] Restriction(s): [Redacted] Inj. Sev.: [Redacted]
 Type of Injury: [Redacted] Dry/Ped. Cond.: [Redacted] OP Use: [Redacted]

(17) Ejected: [Redacted]
 Extricated: [Redacted]
 Test (% BAC): 0
 Transported by: [Redacted]
 To Medical Facility: [Redacted]
 License Plate Number: [Redacted] State: [Redacted] Month: [Redacted] Year: [Redacted]

(18) VIN: [Redacted]
 Vehicle Year: [Redacted] Color: [Redacted] 2nd Color: [Redacted] Make: [Redacted] Model: [Redacted] Veh. Conf.: [Redacted]
 Extent of Damage: [Redacted]

(19) Insurance Company Name: [Redacted]
 Policy Number: [Redacted]
 Insurance Telephone (Use Area Code): [Redacted]

(20) Vehicle Removed by: [Redacted]
 Owner's Last Name: [Redacted] First: [Redacted] Middle: [Redacted] Suffix: [Redacted]

(21) Owner's Address: [Redacted]
 City: [Redacted] State: [Redacted] Zip: [Redacted]
 Toward Veh. Type: [Redacted]
 Oversized Load: [Redacted]
 Rollover:
 Burned:
 Phone present:
 Phone in use:

(22) Citation Number: [Redacted] Status/Ordinance Number: [Redacted] Citation Number: [Redacted] Status/Ordinance Number: [Redacted]

(23) Investigating Officer: TRP
 Badge Number: 0A
 Tpt/Div. Assigned: 0A
 Tpt/Div. Location: 0A
 Reviewer (Ink): [Signature]
 Reviewer Badge Number: 119
 Date of Report (mm/dd/yyyy): 08 16 2008

Driver: <input type="checkbox"/> Pedestrian: <input type="checkbox"/> Pedestrian - Bicyclist: <input type="checkbox"/> Bicyclist: <input type="checkbox"/>	Other Cyclist: <input type="checkbox"/> Powered Car: <input type="checkbox"/> Aerial: <input type="checkbox"/> Train: <input type="checkbox"/>	N/A: <input type="checkbox"/> Injury: <input type="checkbox"/> Possible: <input type="checkbox"/> Fatal: <input type="checkbox"/>	Injury Severity: <input type="checkbox"/> Incapacitating: <input type="checkbox"/> Fatal: <input type="checkbox"/> Unknown: <input type="checkbox"/>	Type of Injury: <input type="checkbox"/> 1. Laceration 2. Fracture 3. External 4. Internal 5. Laceration 6. Unknown	Driver/Passenger Condition: <input type="checkbox"/> 01 Not Applicable 02 Apparently Injured 03 Driving - Ability Impaired 04 Odor of Alcohol/Beverage 05 Unconscious	06 Not (Stray) Involvement of 99 07 Entrapped 08 Other 09 Unknown	09 Not Applicable 10 Home Use 11 Lsp. Seat Only 12 Shoulder Belt Only 13 Shoulder and Lap Belt	Occupant Protection (OP) In Use: <input type="checkbox"/> 04 Child Restraint Type Unknown 05 Restraint Used - Type Unknown 06 Helmet 07 Child Restraint - Foreign Facing 08 Child Restraint - Rear Facing	10 Booster Seat 11 Other 88 Unknown
Air Bag Deployed: <input type="checkbox"/> 1 Not Deployed 2 Deployed - Front 3 Deployed - Side	4 Deployed - Other (Inlet, etc.) 5 Deployed - Combination 6 Deployment Unknown	Ejected: <input type="checkbox"/> Not Ejected: <input type="checkbox"/> Ejected - Fatally: <input type="checkbox"/> Ejected - Partially: <input type="checkbox"/>	Ejector: <input type="checkbox"/> 1 No 2 Yes	Chestnut Test: <input type="checkbox"/> 1 N/A 2 Blood 3 Brown 4 Other	Extent of Damage: <input type="checkbox"/> 0 None 1 Minor 2 Major 3 Unknown	04 Not Applicable 05 Operator 06 Not Permitted 07 Permitted	Toward Vehicle Type: <input type="checkbox"/> 01 Motor Vehicle 02 Utility Trailer 03 Horse Trailer 04 Farm Trailer 05 Other Trailer	06 Back Trailer 07 Camping Trailer 08 Combination 09 Trailer 10 Unknown	

WARNING - STATE LAW Use of contents for commercial solicitation is unlawful



RECEIVED DPS RM AUG 29 2008

DPS: 0192-01 REV 0107

Case Number ARO1204-08

Page 2 of 4

(24) Unit	Injured	Witness	Passenger	Prop. Owner	Pos in Veh.	Last Name	First	Middle	Suffix	DOB (mm/dd/yyyy)	Sex
01	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13						F
(25) Address	City State Zip Telephone (Use Area Code)										
(26) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility			Property Type		
1 0	01	0	3	1							
(27) Unit	Injured	Witness	Passenger	Prop. Owner	Pos in Veh.	Last Name	First	Middle	Suffix	DOB (mm/dd/yyyy)	Sex
01	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13						M
(28) Address	City State Zip Telephone (Use Area Code)										
(29) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility			Property Type		
5 3	01	0	3	1	MEDICAL EXAMINER	ME.OFFICE					
(30) Unit	Injured	Witness	Passenger	Prop. Owner	Pos in Veh.	Last Name	First	Middle	Suffix	DOB (mm/dd/yyyy)	Sex
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
(31) Address	City State Zip Telephone (Use Area Code)										
(32) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility			Property Type		
(33) Unit	Injured	Witness	Passenger	Prop. Owner	Pos in Veh.	Last Name	First	Middle	Suffix	DOB (mm/dd/yyyy)	Sex
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
(34) Address	City State Zip Telephone (Use Area Code)										
(35) Injury Severity / Type	OP Use	Air Bag	Ejected	Extricated	Transported by	To Medical Facility			Property Type		

Complete information below if this vehicle is being used for **COMMERCE/BUSINESS** and has a **GVWR/GCWR IN EXCESS OF 10,000 LBS.**, or has a **HAZMAT PLACARD**, or is a **BUS WITH SEATING FOR NINE OR MORE INCLUDING THE DRIVER**.

(36) Unit	Carrier Name	Address									
(37) City	State	Zip	GVWR	GCWR	Air Dry	Cargo Body	Vehicle Use	Inhabitable Commerce	Inoperable Commerce	Other Non-Commercial	Government
(38) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Released			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OK		Yes	No	Yes	No					
(39) Unit	Carrier Name	Address									
(40) City	State	Zip	GVWR	GCWR	Air Dry	Cargo Body	Vehicle Use	Inhabitable Commerce	Inoperable Commerce	Other Non-Commercial	Government
(41) U.S. DOT Number	NASI Report Number	Placard Number	Haz. Mat. Class	Haz. Mat. Involved	Haz. Mat. Released			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OK		Yes	No	Yes	No					

<p>Position in Vehicle</p>	<p>Vehicle Configuration</p> <ul style="list-style-type: none"> 03. N/A 01. Passenger Veh. 2 Or Passenger Veh. 4 Or 02. Passenger Veh. Carry 04. Pickup 05. Single Unit Truck 2 axles 06. Single Unit Truck 3+ axles 07. School Bus 08. Truck/Trailer 09. Truck-Tractor (Bobtail) 10. Truck-Tractor Semi-Trailer 11. Truck-Tractor Double 12. Truck-Tractor Triple 13. Bus/Large Van 9-15 occupants including driver 14. Bus 16+ occupants including driver 15. Farm Machinery 16. Motor Scooter/Moped 17. Motor Home 18. ATV 19. SUV 20. Passenger Van 21. Truck more than 10,000 lbs., Commercial Classify 22. Van 10,000 lbs. or Less 23. Other 24. Unknown 	<p>Cargo Body Type</p> <ul style="list-style-type: none"> 00. N/A 01. Bus 9-15 seats 02. Bus 16+ seats 03. Van / Enclosed Box / Stock Trailer 04. Cargo Tank 05. Flatbed 06. Intermodal 07. Dump Truck/Trailer 08. Concrete Mixer 09. Auto Transporter 10. Garbage/Refuse 11. Hopper (grain/chips/gravel) 12. Pole Trailer 13. Log Trailer 14. Vehicle Towing Vehicle 15. Other 16. Unknown
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Case Number AR01204-08

OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT Pg 3 of 4

The unit will correspond to Unit 1 The unit will correspond to Unit 2		Unit 1: 01 Unit 2: 00	Legal Speed: 00	Pedestrian / Pedalcyclist Only Location at Time of Collision: [] Safety Equip: [] Unit Number of Vehicle Striking: []	Was the collision in or near a construction, maintenance or utility work zone? (If yes, complete this section) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
Type of Work Zone 1 Lane Closure [] 2 Lane Shift/Crossover [] 3 Work on Shoulder or Median [] 4 Intermittent or Moving Work [] 5 Unknown []		Location of the Work Zone Collision 1 Before the First Work Zone Warning Sign [] 2 Advance Warning Area [] 3 Transition Area [] 4 Activity Area [] 5 Termination Area [] 9 Unknown []		Workers Present Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>									
Light 1 Daylight 2 Dark-Not Lighted 3 Dark-Lighted 4 Dawn 5 Dusk 6 Dark-Unknown 7 Lighting 8 Other 9 Unknown	What Vehicle Was Going to Do 00 Not Applicable 01 Go Ahead 02 Turn Left 03 Turn Right 04 Make "U" Turn 05 Stop 06 Slow for Cause 07 Start from Park/Stop 08 Change Lanes 09 Overtake 10 Pass 11 Back 12 Remain Stopped 13 Remain Parked 14 Enter/Merge in Traffic 15 Negotiate a Curve 16 Park 17 Other 99 Unknown	Unit 1: 02 Unit 2: []	Under/Over 0 Not Applicable 1 No Under/Over or Override 2 Under/Over, Compartment Intrusion 3 Under/Over, No Compartment Intrusion 4 Under/Over, Compartment Intrusion Unknown 5 Over/Under, Motor Vehicle in Transport 6 Over/Under, Other Motor Vehicle 9 Unknown	Unit 1: 0 Unit 2: []	Trafficway 0 Not Applicable 1 One Way - Not Divided 2 Two-Way - Divided 3 Two-Way - Divided - Positive Median Barrier 4 Turn Lane 5 Ramp / Loop 6 Driveway 7 Alley / Parking Lot 9 Unknown	Unit 1: 0 Unit 2: []	Unsafe / Unlawful Contributing Factors 00 [] Unit 1: [] Unit 2: []						
Weather 01 Clear 02 Fog/Smog/Smoke 03 Cloudy 04 Rain 05 Snow 06 Sleet/Hail (Freezing Rain/Drizzle) 07 Severe Crosswind 08 Blowing Snow 09 Blowing Sand, Soil, Dirt 10 Other 99 Unknown	What Vehicle Did 00 Not Applicable 01 Went Ahead 02 Turned Left 03 Turned Right 04 Entered "U" Turn 05 Stopped 06 Slowed 07 Started From Park/Stop 08 Entered Other Lane 09 Overtaking 10 Passing 11 Backed 12 Remained Stopped 13 Remained Parked 14 Entered/Merged 15 Departed Rdwy-Right 16 Departed Rdwy-Left 17 Swerved Right 18 Swerved Left 19 Parked 20 Other 99 Unknown	Unit 1: 02 Unit 2: []	Traffic Control 00 No Control 01 Stop Sign 02 Traffic Signal 03 Flashing Traffic Signal 04 School Zone Signs 05 Yield Sign 06 Warning Sign 07 Railroad Advance Warning Sign 08 Railroad Cross Buck 09 Railroad Gates 10 Railroad Signal 11 No Passing Zone 12 Person (including flagger, law enforcement, crossing guard, etc.) 13 Abnormal Control 14 Other 99 Unknown	Unit 1: 00 Unit 2: []	Vehicle Removal 0 Not Applicable 1 Towed Due to Vehicle Damage 2 Towed For Reasons Other Than Damage 3 Remained at Scene 4 Driver from Scene 9 Unknown	Unit 1: 3 Unit 2: []	Vehicle Condition 00 Not Applicable 01 Apparently Normal 02 Brakes 03 Headlights 04 Steering 05 Tail Lights 06 Brake Lights 07 Tires/Wheels 08 Suspension 09 Signal lights 10 Windows 11 Truck Coupling/Trailer Hitch/Safety Chains 12 Mirrors 13 Wipers 14 Power Train	Unit 1: 01 Unit 2: []	Road Surface Conditions 01 Dry 02 Wet 03 Ice/Frost 04 Snow 05 Mud, Dirt, Gravel 06 Slush 07 Water (standing, moving) 08 Sand 09 Oil 10 Other 99 Unknown	Unit 1: 01 Unit 2: []	Special Function of Vehicle 00 Not Applicable 01 School Bus 02 Transit Bus 03 Intercity Bus 04 Charter Bus 05 Other Bus 06 Military 07 CHP 08 Other Police 09 Other Law Enforcement 10 Ambulance 11 Fire Truck 12 Public Owned Vehicle 13 Highway Equipment 14 Special Mobilized Machine 15 Other	Unit 1: 00 Unit 2: []	Point of First Contact on Vehicle Unit 1: 03 Unit 2: [] Most Damaged Area Unit 1: 03 Unit 2: []
Locality 1 Residential 2 Business 3 Industrial 4 School 5 Not Built-up 6 Mixed Use 7 Other 9 Unknown	Type of Intersection 0 Not an Intersection 1 Y-Intersection 2 T-Intersection 3 Four-Way Intersection 4 Five-Point or More Intersection as Part of Interchange 5 Traffic Circle 6 Roundabout 9 Unknown	Unit 1: 0 Unit 2: []	Road Character 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)	Unit 1: 1 Unit 2: []	Road Alignment 1 Straight 2 Curve - Left 3 Curve - Right	Unit 1: 0 Unit 2: []	Road Surface Type 1 Concrete 2 Asphalt 3 Gravel 4 Dirt 5 Brick 6 Other 9 Unknown	Unit 1: 4 Unit 2: []	Emergency Vehicle Responding to an Emergency 0 N/A 1 Yes 2 No 9 Unknown	Unit 1: 0 Unit 2: []	Point of First Contact on Vehicle Unit 1: 03 Unit 2: [] Most Damaged Area Unit 1: 03 Unit 2: []	00 Not Applicable 13 Top 14 Undercarriage 99 Unknown	

Case Number AR01204-08

Latitude

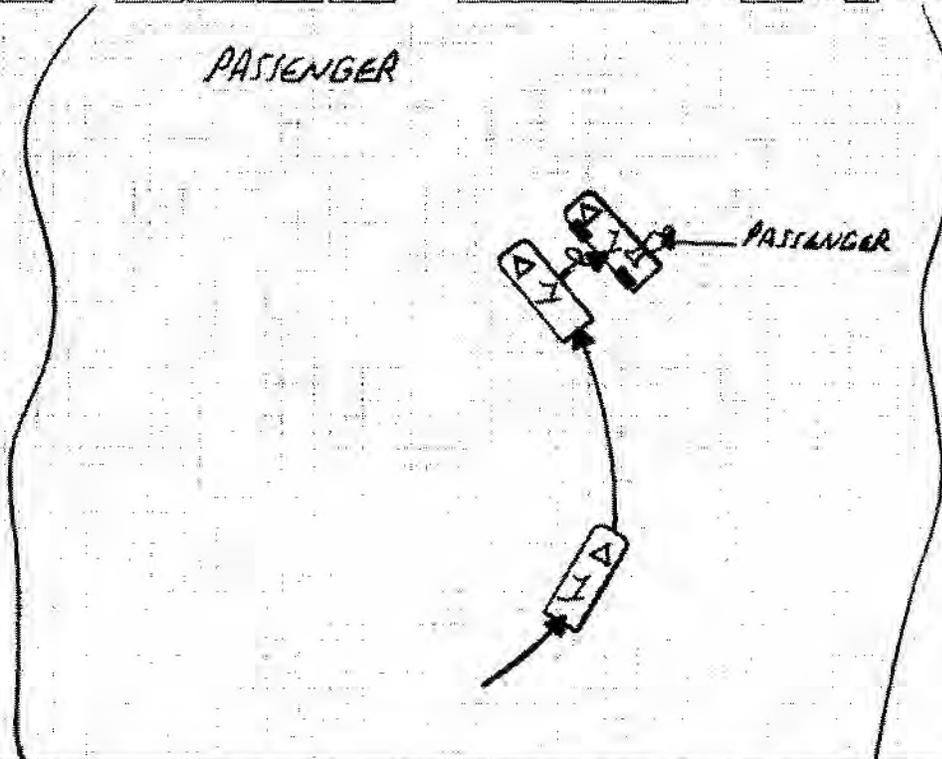
Longitude N W

Railroad Crossing Number

Roadway Orientation
 Unit Number N E S W

Pg 4 of 4

Unit Number N E S W



COLLISION EVENTS

Unit	First Event	Second Event	Third Event	Fourth Event	Most Hazardous Event	First Hazardous Event for the Entire Collision
01	10	00	00	00	10	10
Unit	First Event	Second Event	Third Event	Fourth Event	Most Hazardous Event	

- | | |
|--|---|
| 00 Not Applicable | 21 Fell/Jumped From Motor Vehicle |
| 10 Overtum/Rollover | 22 Thrown Or Falling Object |
| 11 Fire/Explosion | 23 Other Non-Collision |
| 12 Immersion | PERSON, MOTOR VEHICLE, OR NON-FIXED OBJECT: |
| 13 Jackknife | 30 Pedestrian |
| 14 Cargo/Equipment Loss or Shift | 31 Pedal Cycle |
| 15 Equipment Failure (Blown Tire, Brake Failure, etc.) | 32 Railway Vehicle (train, engine) |
| 16 Separation of Units | 33 Animal |
| 17 Departed Road Right | 34 Motor Vehicle in Transport |
| 18 Departed Road Left | 35 Parked Motor Vehicle |
| 19 Cross Median/Centerline | 36 Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle |
| 20 Downhill Runaway | |

- | | |
|-------------------------------------|-----------------------------------|
| 37 Work Zone/Maintenance Equipment | 56 Pavement Drop-Off |
| 38 Other Non-Fixed Object | 57 Ditch |
| FIXED OBJECT: | 58 Embankment |
| 40 Barrier (Cable) | 59 Tree (Standing) |
| 41 Barrier (Concrete) | 60 Dividing Strip |
| 42 Barrier (Other) | 61 Retaining Wall |
| 43 Fence Pole | 62 Bridge Abutment |
| 44 Fence | 63 Bridge Pier or Support |
| 45 Traffic Signal Support | 64 Bridge Rail |
| 46 Traffic Sign Support | 65 Bridge Post |
| 47 Utility Pole/Light Support | 66 Bridge Curb |
| 48 Other Pole/Pole/Support | 67 Bridge Super Structure (Beams) |
| 49 Guardrail/Guardrail Face | 68 Bridge Overhead Structure |
| 50 Guardrail End | 69 Delineator |
| 51 Culvert | 70 Mailbox |
| 52 Curb | 71 Other Fixed Object |
| 53 Island | 72 Other Highway Structure |
| 54 Sand Barrels | 73 Ground |
| 55 Impact Attenuator/ Crash Cushion | 98 Unknown |

Remarks

UNIT 1 WAS MAKING A LEFT TURN IN A PASTURE AND UNIT 1 ROLLED 1/4 TIME ONTO PASSENGER SIDE EJECTING BOTH FRONT SEAT PASSENGERS PINNING UNDERNEATH THE VEHICLE. FIRST RESPONDERS FROM DIBBLE ARRIVED ON SCENE APPROX. FIVE MINUTES AFTER RECEIVING THE CALL AND REMOVED VEHICLE FROM ATOP OF VICTIM. FIRST RESPONDERS BEGAN CPR. WHILE MEDI FLIGHT WAS ENROUTE. THE FIRST RESPONDERS WERE UNABLE TO GET AN OPEN AIRWAY ON VICTIM DUE TO SWELLING AND VICTIM WAS PRONOUNCED DEAD AT THE SCENE BY MEDI FLIGHT PERSONNEL AND LATER BY MEDICAL EXAMINERS OFFICE.

This report is based on the officer's investigation of this collision. This report may contain the opinion of the officer.



080818HWE7697 - Exhibit 3, Missing Document Form

Task No. 080818HWE7697

Date: 11/5/08

STATUS OF MISSING DOCUMENT (S)

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

- 1. Medical Examiner's report - request pending
- 2. Dibble Fire Department - run report - per FD, no report created
- 3. Lindsay EMS run report - would not release info
- 4.
- 5.

Date: 11/12/08 **Investigator No:** 1919

Regional office: _____ **Supervisor No:** _____

Task Number 080818HWE7697

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

Type of respondent: Other

Other, specify: OK State Patrol

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

Manufacturer: 02 - Yamaha

ATV #2

Manufacturer:

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

Model: Rhino

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: 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: 08/17/2008

Age/Sex: 8 / Male

State of Death: OKLAHOMA

City of Death: DIBBLE

County of Death: MccLAIN

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

An eight-year-old boy died from trunk and internal injuries sustained in a side-by-side utility ATV accident. The victim was a passenger in the front of the ATV being driven by his 12-year-old sister. A 59-year-old female was also a passenger seated in the front. The group was riding the ATV in a flat, grassy pasture, when the driver made a left turn, the ATV rolled 1/4 turn onto the passenger side, ejecting both front seat passengers, pinning the victim underneath. None of the occupants wore helmets or safety restraints.

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: 8 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?

07 - Field, Pasture, Farmland, Ranchland

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?

0 - Unknown

Additional Comments:

1. Task Number 080827HWE0001		2. Investigator's ID 9068		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2008 08 24	5. Date Initiated YR MO DAY 2008 08 28		
6. Synopsis of Accident or Complaint UPC A 29-year-old male was driving his UTV on his grass lawn with his three-year-old son and eight-year-old daughter as passengers. The only one wearing a seat belt was the daughter. No one was wearing a helmet. The father was traveling at about 10 mph and as he turned the UTV to the right, the vehicle tipped to the left. As the father stuck his leg out to stop the tip over, his son slid across his lap to the ground. The father's foot was on the ground holding up the UTV for a few seconds before his leg broke and the UTV rolled over and pinned the son at chest level. The child was transported to an area children's hospital where he died a few hours later from internal injuries. 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. <u>25, 3, 6</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 08/10/2008				
7. Location (Home, School, etc) 1 - HOME		8. City LANCASTER		9. State WI
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA RHINO SIDE X SIDE		10C. Model Number YXR66FAV
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 3	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 54 - Crushing	
16. Body Part(s) Involved 31 - UPPER TRUNK	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 1 - On-Site	19. Time Spent (Operational / Travel) 14 / 6	
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 <input type="radio"/> Yes for Manuf. Only				
24. Review Date 09/12/2008	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Hartman, Jason; Topka, Tanya			28. Source Document Number N0880849A	

IDI 080827HWE0001

This death incident was brought to the attention of the U.S. Consumer Product Safety Commission through a newspaper article. This report was compiled from interviews with the parents, sheriff's department and coroner's office.

INCIDENT REPORT

The 29-year-old father of three children (8 yof, 3 yom and 9 mof) stated that he purchased a new 2006 Yamaha Rhino 4 x 4 660cc UTV in August, 2006 from an area dealer. He added that he purchased the UTV to use primarily on his 2.5 acre lot to clear leaves, haul wood and plow snow. The father related that he was aware that the UTV was intended for off-road only and could not be operated on roads or ATV trails. He noted that over the last two years, he has used the UTV primarily on his own property and occasionally used it to help neighbors haul wood and put in fences. Following and included in Exhibit "A" is a photograph of the UTV.



The father advised that accompanying the UTV was an Owner's Manual that he kept in the garage to refer to when needed. Attached as Exhibit "B" is a copy of the manual. He added that he does not recall whether the dealer provided any safety information or cautions regarding the stability of the vehicle other than the warning labels adhered to the vehicle. The father advised that he is very familiar with ATV's and explained that he grew up on a farm with 105 acres of land. He added that he drove an ATV daily on the farm to herd cows and move from field to field. The father noted that when he was 13-years-old he purchased his first ATV. He added that he has also owned several mini-bikes over the years.

The father advised that shortly after purchasing the UTV, he added a metal roof to the top to provide protection from the sun and to deter fading of the leather seats. He informed that he made and attached the roof himself. The father related that the only other attachment he had for the UTV was a plastic shield he put in the windshield area in the winter to break the wind when he was plowing snow. He added that ever since he purchased the UTV, he has not experienced any problems with the vehicle.

The father stated that for Father's Day in 2007, his wife and children gave him a new set of tires for the UTV which he put on that summer. These new tires were wider than the factory issued tires

that came with the UTV and provided more stability. Following is a comparison of the width of the two sets of tires:

<u>Old</u>	<u>New</u>
Front – 8”	Front – 9”
Back – 10”	Back – 12”

Photographs of the two sets of tires are included in Exhibit “A”.

The father stated that in the late fall of 2007, he received a postcard in the mail from Yamaha noting that they were adding removable doors to the Yamaha Rhino UTV. The owners were to contact their local Yamaha dealer and schedule an appointment to pick up plastic portable doors and to add sleeves to the UTV on the sides for the doors to slide into. The driver would need to get into the UTV first and then insert the plastic doors into the sleeves. Upon getting out of the UTV, the driver would have to remove the portable doors before being able to exit the vehicle.

Before the father ever made an appointment to have the door sleeves added, he talked with other Yamaha Rhino owners who informed that the doors were made of a flimsy plastic and not very durable. In addition, the father stated that during the winter of 2007, he ran into a salesman from the Yamaha dealership where he had purchased the UTV. The salesman inquired if the father was enjoying the UTV. The father responded that he really liked the UTV and noted that he had received a notice from Yamaha about adding doors to the vehicle. The salesman advised that the initial doors being offered were made of flimsy plastic and a second set of metal doors with hinges was in the works to replace the plastic door inserts. At this point, the father decided to wait until the metal doors were available before having the doors added. The father further noted that he understood from the correspondence with Yamaha and conversations with the dealer’s salesmen that the doors were being added to prevent the driver’s natural reflex to stick out his leg in the event the UTV would start to tip.

The mother stated that almost daily since they purchased the UTV, her husband would give the two older children rides around their property. She added that when her husband would get home from work each day, the children would immediately ask him for a ride on the UTV if the weather was nice. The mother related that her husband and the two older children would go for a ride on the grass around their property, usually about 10 – 15 times around, while she got dinner ready. She added that ever since her son was 18 months old, he has enjoyed rides on the UTV.

The father related that whenever he gave the children a ride, his oldest daughter would sit in the passenger seat and his son would sit partially with his daughter on the seat and put his left leg up on the console between the two seats. He added that the seats were divided by a console and there were seat belts provided for each seat. The father stated that his daughter would always wear her seat belt. He added that he did not wear a seat belt and there was not a seat belt for his son to wear while sitting in the middle. The father informed that none of them would wear a helmet while they drove around the yard. He added that he is very careful when giving the children rides, does not speed and usually goes about 10 mph.

The father informed that he would start on the front cement driveway car port then drive off onto the grass yard, down a slope in the front yard, across the front yard, across the gravel drive way, between the trees to behind the garage, around the back of the house to the side yard and then start the large circle all over again. He added that they always took the same path around the house and his daughter referred to the ride as their "secret path". Attached as Exhibit "C" is a drawing the father made of the property and the route he would take with the children around the yard on the UTV.

On August 24, 2008, the father related that he arrived home from work at about 11:00 AM and his children immediately asked for a ride on the UTV. He added that it was a nice, dry day and in the 70's when he got the UTV out for a ride. The father advised that the three of them got into the UTV, his eight-year-old daughter in the passenger seat with her seat belt on, his three-year-old son partially on the seat with his daughter and partially on the console without a seat belt and he was in the driver's seat without a seatbelt. He added that none of them was wearing a helmet.

The father stated that they started off on their ride and made three laps around the property. On the fourth lap, the father noticed that there were old corn stalks in the garden area on the side of the house and decided to stop and pick them up to take to the burn pile on the other side of the house. After transporting the corn stalks to the pile, the father noted that they then continued riding around the property. He recalls making two more complete laps around the house.

The father advised that on the next lap, he proceeded down the front yard slope at about 10 mph and as he made the right turn to go across the front of the yard, he touched the brakes and the tires on the UTV dug into the ground. At this point the vehicle started to tip to the left and as the father instinctively put out his left leg, his three-year-old son slid across the father's lap out of the vehicle onto the ground. The father's foot was on the ground holding up the vehicle for just a few seconds before his leg broke and the vehicle rolled onto the driver's side pinning the three-year-old under the roll bar. The eight-year-old daughter then crawled out of her seat belt and ran back to the house to get her mother. The mother ran down the front yard to the scene and helped her husband left the UTV to get the three-year-old out from under the roll bar. The child was unconscious and unresponsive.

The mother placed a "911" call for assistance and an EMS squad arrived on the scene within minutes. The rescue squad transported the three-year-old to an area hospital where he was air-lifted to a children's hospital in the area. The sheriff's department arrived on the scene as the child was leaving in the rescue squad and called for another ambulance for the father. The sheriff's department interviewed the parents and their comments have been incorporated into this report. Attached as Exhibit "D" is a copy of the sheriff's department report.

A second ambulance arrived on the scene and transported the father to an area hospital. When the father arrived at the hospital, the lower portion of his leg bone had broken through the skin and was exposed. He was later transferred to a larger hospital in the area where surgery was performed to reset his leg.

At 2:40 PM on August 24th, the county coroner received a telephone call from the sheriff's department advising that the three-year-old son had died at the children's hospital. The coroner contacted the hospital and the medical examiner in that county to obtain additional information on the incident and death. The coroner listed the manner of death as accidental and the cause of death to be internal injuries. Attached as Exhibit "E" is a copy of the coroner's report.

This investigator received this assignment on August 28th and contacted the sheriff's department and coroner's office for copies of their reports. On September 10, 2008, this investigator and the county coroner met with the father involved in this incident and conducted an on-site interview and took photographs of the UTV and incident site. On September 11th, this investigator contacted the mother of the victim and interviewed her by telephone.

At these interviews, the father related that he has seen advertisements by a law firm on the "Outdoor" channel on his television. The advertisement requests owners of Yamaha Rhino UTV's who are having problems with the vehicle to contact the law firm. The father stated that they are currently talking with an area attorney about the incident and have not contacted the law firm noted in the advertisement. The mother related that since the incident, she has had telephone conversations with a woman from Texas who also lost her son on a Yamaha Rhino UTV.

PRODUCT IDENTIFICATION

Product: YAMAHA RHINO SIDE X SIDE

Manufacturer: YAMAHA MOTOR CORPORATION, U.S.A.
6555 KATELLA AVENUE
CYPRESS, CA 90630

Dealer: MIDWEST MOTOR SPORTS
3699 PRISM LANE
KIELER, WI 53812
(608) 568-3600

Model: YXR66FAV

CC: 660

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

Age: 2006 (Purchased new)

Weight: 1050 lbs.

Tires: 1 TP (Purchased new 6/2007)

Odometer: None

WARNING LABELS

There were several warning labels on the UTV and in the Owner's Manual. They can be found in Exhibit "A" and Exhibit "B".

ATTACHMENTS

Exhibit "A" – Photographs of the UTV, component parts, labeling and incident scene.

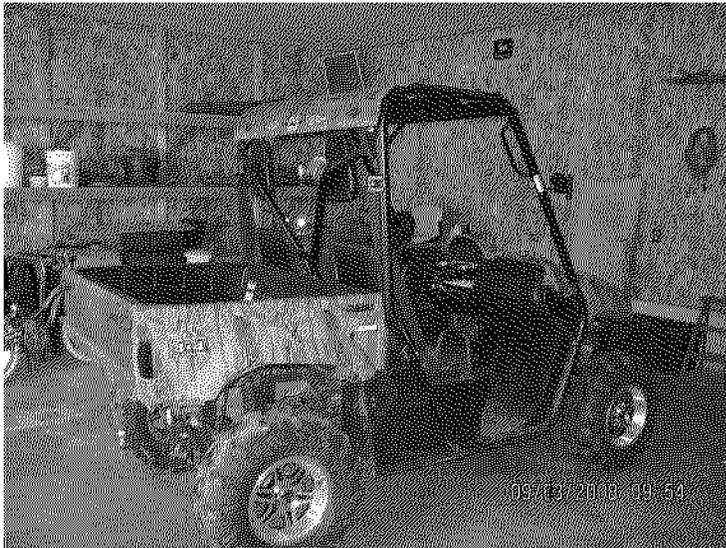
Exhibit "B" – Owner's Manual

Exhibit "C" - Sheriff's Department reports.

Exhibit "D" – Drawing by father of UTV path taken around incident property.

Exhibit "E" – Coroner's report.

Exhibit "F" – Contact List



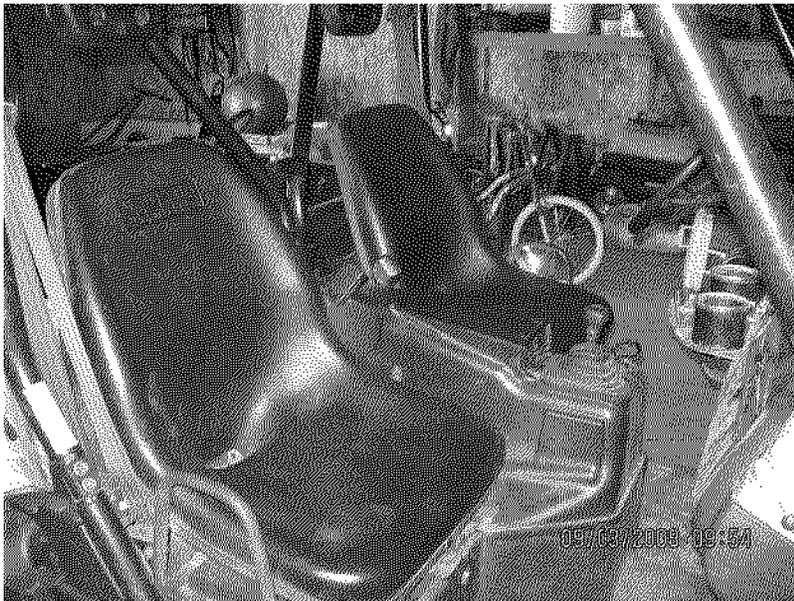
**IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side –
Model: YXR66FAV, 660cc**



**IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side –
Model: YXR66FAV, 660cc**



**IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side –
Model: YXR66FAV, 660cc**



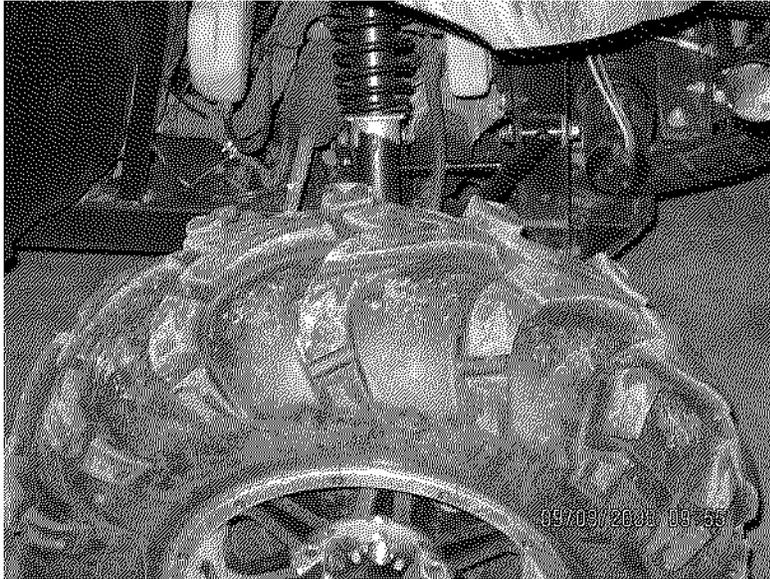
**IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side –
Model: YXR66FAV, 660cc - Inside passenger seat where daughter and victim were
sitting.**



**IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side –
Model: YXR66FAV, 660cc - Inside passenger seat where daughter and son were sitting.**



**IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side –
Model: YXR66FAV, 660cc – New tires put on 6/07.**



**IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side –
Model: YXR66FAV, 660cc – New tires put on 6/07.**



**IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side –
Model: YXR66FAV, 660cc – New tires put on 6/07.**



IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side – Model: YXR66FAV, 660cc – New tires put on 6/07.



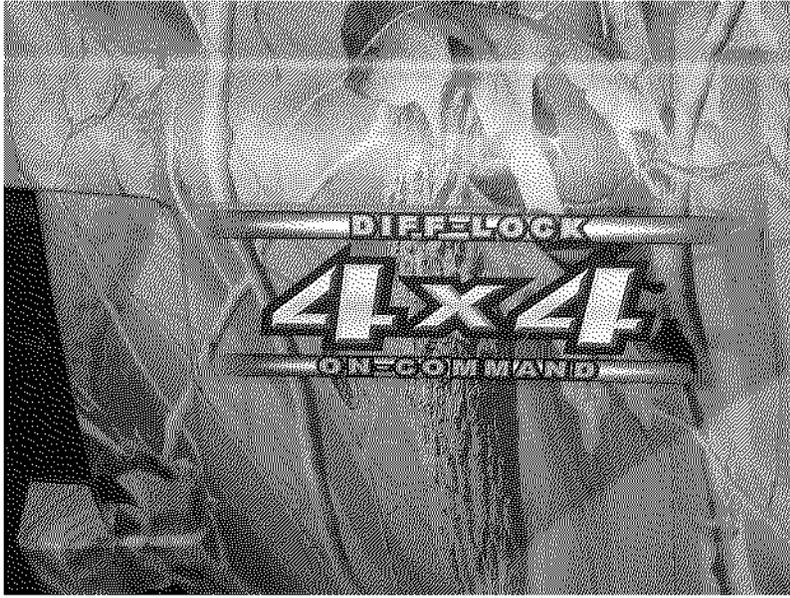
IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side – Model: YXR66FAV, 660cc – Original tires that came with UTV.



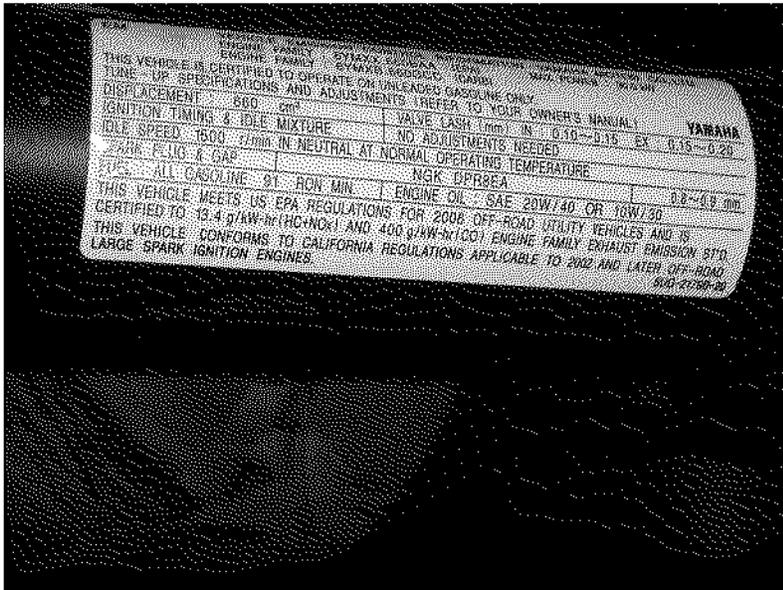
**IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side –
Model: YXR66FAV, 660cc – Product labeling.**



**IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side –
Model: YXR66FAV, 660cc – Product labeling.**



IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side – Model: YXR66FAV, 660cc – Product labeling.



IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side – Model: YXR66FAV, 660cc – Product labeling.



IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side – Model: YXR66FAV, 660cc – Product labeling.



IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side – Model: YXR66FAV, 660cc – Warning label.



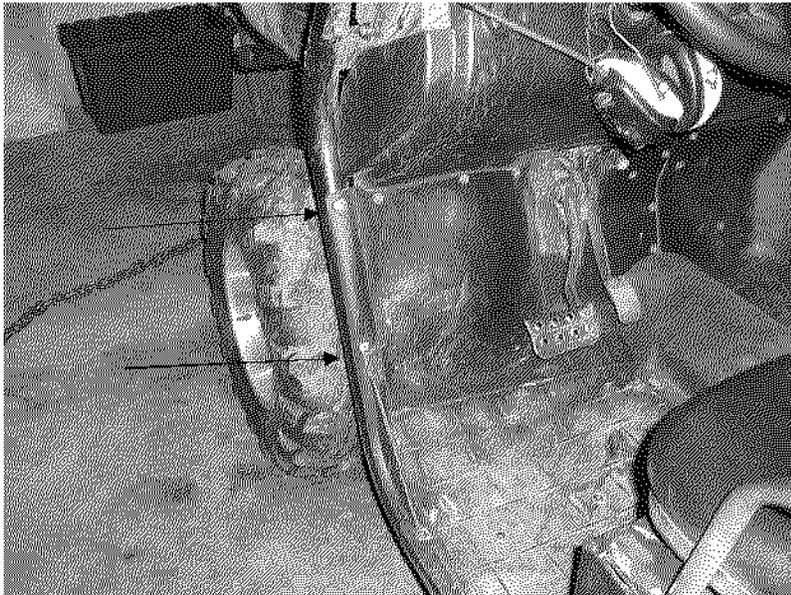
IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side – Model: YXR66FAV, 660cc – Warning label.



IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side – Model: YXR66FAV, 660cc – Warning label.



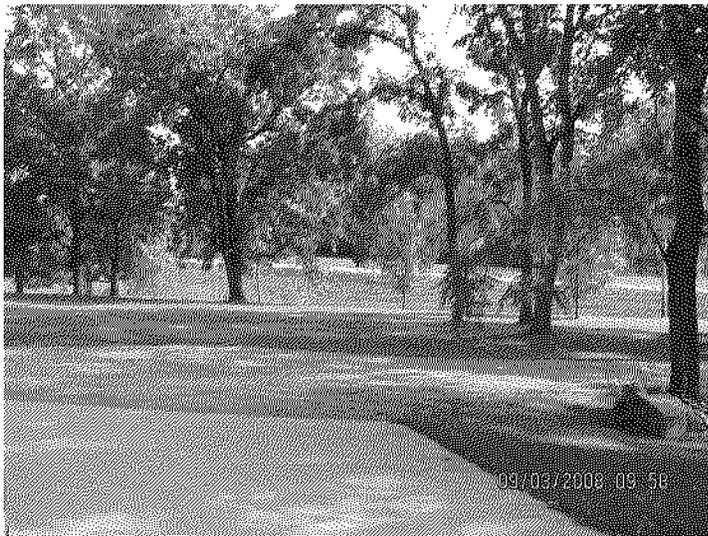
IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side – Model: YXR66FAV, 660cc – Warning label.



IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side – Model: YXR66FAV, 660cc – Arrows point to bolts where new doors were going to be attached.



IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side – Model: YXR66FAV, 660cc – Arrows point to bolts where new doors were going to be attached.



IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side – Model: YXR66FAV, 660cc – Front yard where ride started.



**IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side –
Model: YXR66FAV, 660cc – Front yard where ride started.**



**IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side –
Model: YXR66FAV, 660cc – Front yard showing slope of ground and tires tracks of
ride.**



**IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side –
Model: YXR66FAV, 660cc – Front yard and tire tracks of incident.**



**IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side –
Model: YXR66FAV, 660cc – Front yard and tire tracks of ride.**



**IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side –
Model: YXR66FAV, 660cc – Front yard and tire tracks of incident.**



**IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino UTV Side x Side –
Model: YXR66FAV, 660cc – Front yard and tire tracks of incident.**



IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino Side x Side, Model: YXR66FAV – Photo taken at incident scene by police department.



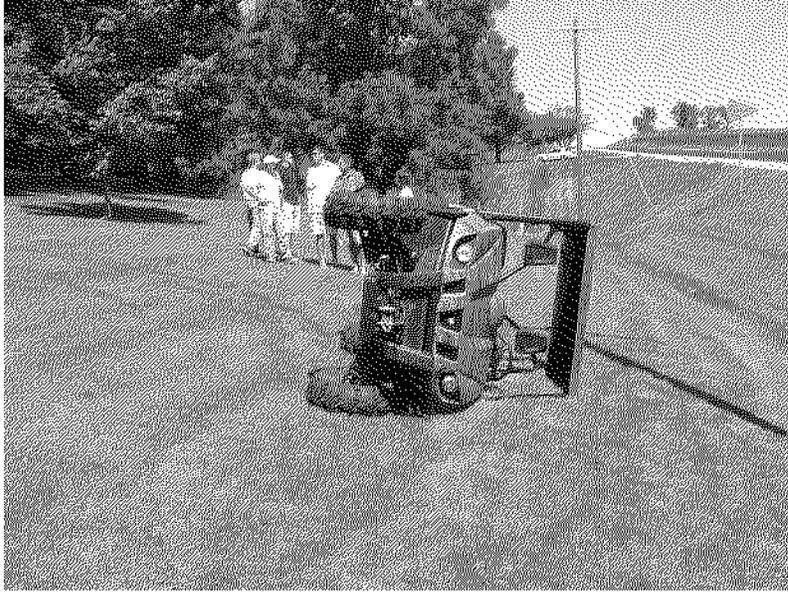
IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino Side x Side, Model: YXR66FAV – Photo taken at incident scene by police department.



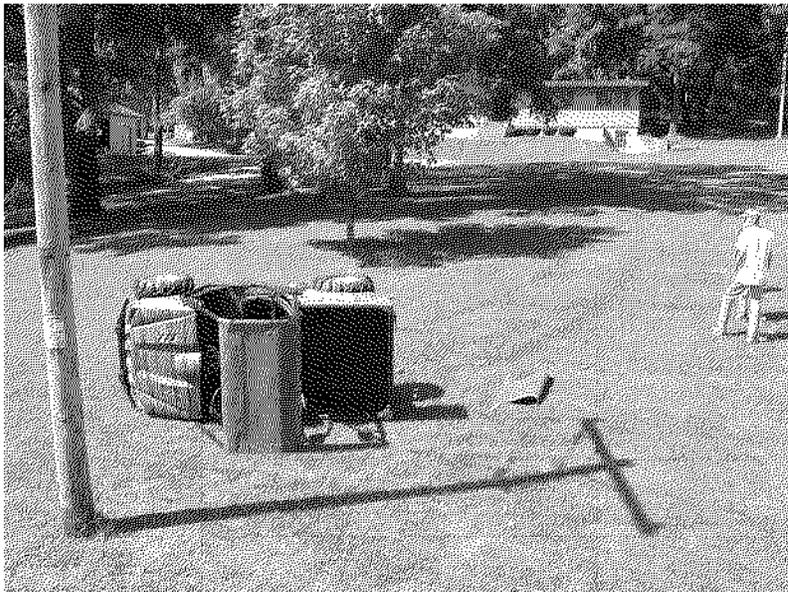
IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino Side x Side, Model: YXR66FAV – Photo taken at incident scene by police department.



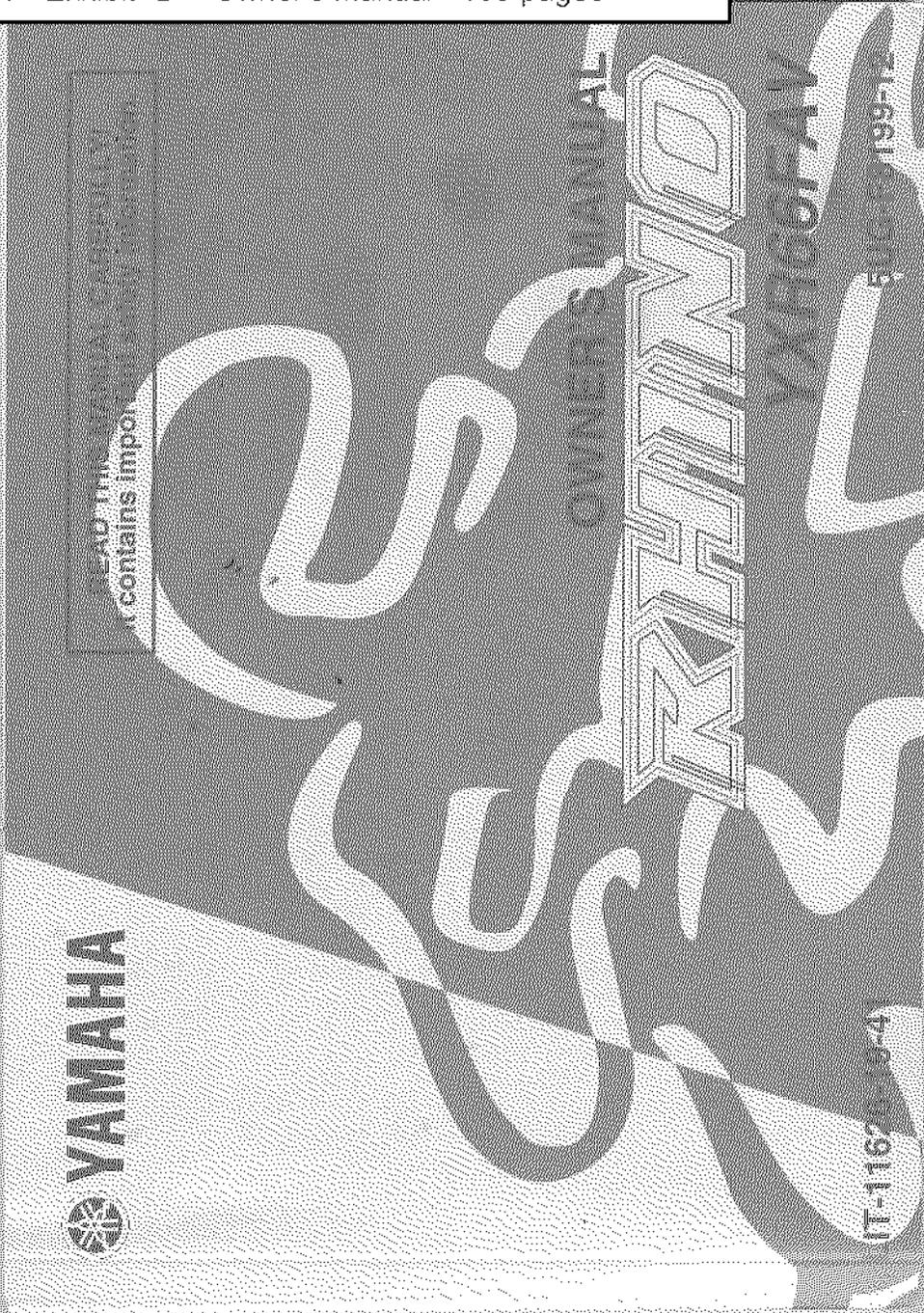
IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino Side x Side, Model: YXR66FAV – Photo taken at incident scene by police department.



IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino Side x Side, Model: YXR66FAV – Photo taken at incident scene by police department.



IDI 080827HWE0001 – Exhibit “A” – 2006 Yamaha Rhino Side x Side, Model: YXR66FAV – Photo taken at incident scene by police department.



IDI 080827HWE0001 - Exhibit "B"

A WARNING

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

YAMAHA

LIT-CALIF-65-01

IDI 080827HWE0001 - Exhibit "B"

INTRODUCTION

Congratulations on your purchase of the Yamaha YXR66FAV. It represents the result of many years of Yamaha experience in the production of fine sporting, touring, and pace-setting racing vehicles. With the purchase of this Yamaha, you can now appreciate the high degree of craftsmanship and reliability that have made Yamaha a leader in these fields.

This manual will provide you with a good basic understanding of the features and operation of this vehicle. It also includes basic maintenance and inspection procedures. If you have any questions regarding the operation or maintenance of your vehicle, please consult a Yamaha dealer.

WARNING

Please read this manual carefully before operating this vehicle. Do not attempt to operate this vehicle until you have attained adequate knowledge of its controls and operating features. Regular inspections and careful maintenance, along with good operating techniques, will help ensure that you safely enjoy the capabilities and reliability of this vehicle.

IMPORTANT MANUAL INFORMATION

FAILURE TO FOLLOW THE WARNINGS CONTAINED IN THIS MANUAL CAN RESULT IN SERIOUS INJURY OR DEATH.

Particularly important information is distinguished in this manual by the following notations:



The Safety Alert Symbol means **ATTENTION! BECOME ALERT! YOUR SAFETY IS INVOLVED!**

WARNING

Failure to follow **WARNING** instructions could result in severe injury or death to the vehicle operator, a bystander or a person inspecting or repairing the vehicle.

CAUTION:

A **CAUTION** indicates special precautions that must be taken to avoid damage to the vehicle.

NOTE:

A **NOTE** provides key information to make procedures easier or clearer.

*Product and specifications are subject to change without notice.

IDI 080827HWE0001 - Exhibit "B"

IMPORTANT NOTICE

- This vehicle is designed and manufactured for off-road use only. It is illegal to operate this vehicle on any public street, road, or highway. Such use is prohibited by law.
- Check the laws and regulations in force before choosing where to operate this vehicle. It is illegal to operate this vehicle on public lands where vehicles its size are prohibited.
- This vehicle complies with almost all state off-highway noise level and spark arrester laws and regulations.

AFFIX DEALER
LABEL HERE

YXR66FAV
OWNER'S MANUAL
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U.S.A.
1st edition, June 2005
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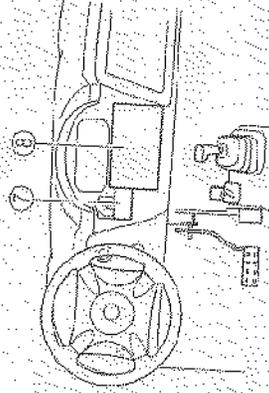
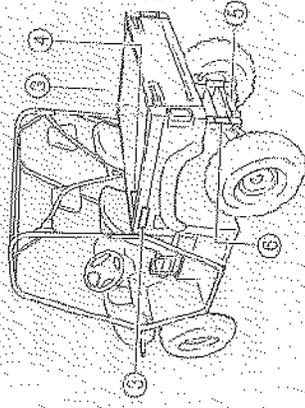
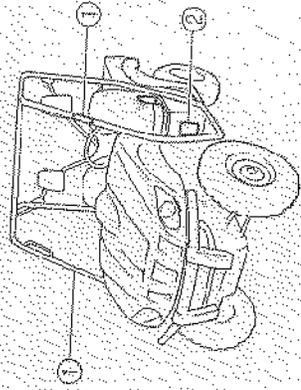
IDI 080827HWE0001 - Exhibit "B"

13 YAMAHA MOTOR CORPORATION,
U.S.A. SIDE x SIDE VEHICLE
LIMITED WARRANTY 13-1

14 YAMAHA EXTENDED SERVICE
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IDI 08082HWE0001 - Exhibit "B"

LOCATION OF THE WARNING AND
SPECIFICATION LABELS



IDI 080827HWE0001 - Exhibit "B"

Read and understand all of the labels on your vehicle. They contain important information for safe and proper operation of your vehicle.

Never remove any labels from your vehicle. If a label becomes difficult to read or comes off, a replacement label is available from your Yamaha dealer.

WARNING

The enclosure cannot protect occupants in all foreseeable accidents, including rollover.

YAMAHA
SUG-K9483-30

②

WARNING

IMPROPER TIRE PRESSURE OR OVERLOADING CAN CAUSE LOSS OF CONTROL.
LOSS OF CONTROL CAN RESULT IN SEVERE INJURY OR DEATH.

OPERATING TIRE PRESSURE: Set with tires cold.
RECOMMENDED: FRONT: 70kPa (70kgf/cm), 10psi
REAR: 98kPa (98kgf/cm), 14psi
MINIMUM: FRONT: 63kPa (63kgf/cm), 9psi
REAR: 91kPa (91kgf/cm), 13psi

Never set tire pressure below minimum. Tire may dislodge from rim.
Gross Vehicle Weight Rating: 907 kg (2000lb) maximum including weight of operator, passenger, accessories, cargo, and (if applicable) trailer tongue weight.

YAMAHA
SUG-FJ696-01

③

WARNING



- Keep hands, body, other persons away when closing bed.
- Do not operate the vehicle with bed up.

YAMAHA

SUG-KY/EN-SE

④

WARNING

Severe INJURY or DEATH can result if you ignore the following:

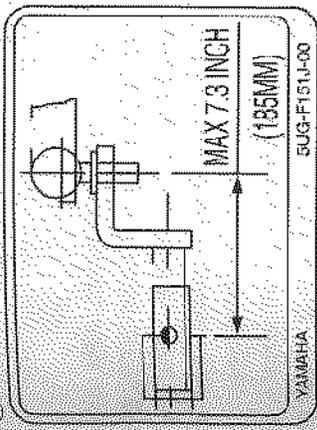
- Maximum Load in Cargo Bed: 181kg (400lb).
- Never carry passengers in cargo bed.
- Cargo can affect handling and stability. Read Owner's Manual before loading or towing.
- When loading with cargo or towing a trailer: Reduce speed and allow more room to stop. Avoid hills and rough terrain.
- Be sure cargo is secured - a loose load could change handling unexpectedly.
- Keep weight in the cargo bed centered, and as low and far forward as possible. Top-heavy loads increase the risk of overturn.

YAMAHA

PUG-F6697-C0

IDI 080827HWE0001 - Exhibit "B"

⑤



⑥

▲ WARNING
Improperly loading a trailer and failure to use extra care when pulling trailer can cause an accident or injury. Never load more than 50kg (110 lbs) tongue weight on the towing bracket. Do not tow more than 550kg (1212 lbs) rolling weight (trailer plus cargo). Operate in low-range gears only, allow for increased braking distance, and use extreme caution when operating on inclines. Read carefully the loading information and trailer hitch sections in the owner's manual.

YAMAHA
5UG-F15TK-02

IDI 080827HWE0001 - Exhibit "B"

⑦

▲ WARNING

Turning the off road vehicle in 4WD-LOCK ("DIFFLOCK") takes more effort. Operate at a slow speed and allow extra time and distance for maneuvers to avoid loss of control.

3UG-F1568-00

⑧

▲ WARNING

Improper use can result in Severe Injury or Death.

This off-highway utility vehicle will handle and maneuver differently from an ordinary passenger car or other vehicle.

- Vehicle capacity: 1 operator and 1 passenger. Passenger must be able to reach and hold the handgrip inside enclosure.
- This vehicle is recommended only for operators 16 and over with a valid motor vehicle license. Adults must supervise use by minors. Check state laws for minimum age requirements.
- Gross Vehicle Weight Rating: 2000 lb (907 kg) maximum including operator, passenger, accessories, cargo and trailer tongue weight.
- Passenger and cargo can affect vehicle handling.

ALWAYS

- wear a seat belt when riding in the vehicle.
- keep your hands and feet inside the vehicle at all times—watch for handsets, brush, or other hazards that could enter the vehicle.
- drive straight up and down inclines—driving across the side of an incline increases the risk of overturn.

NEVER

- operate through water deeper than 13" (33cm) or fast flowing water—if you must cross shallow, slow moving water, choose your path carefully to avoid sharp drop-offs, large rocks, or slippery surfaces that could cause the vehicle to overturn.
- make sharp, high-speed turns—the vehicle could roll over or go out of control.

LOCATE AND READ THE OWNER'S MANUAL, FOLLOW ALL INSTRUCTIONS AND WARNINGS.

YAMAHA

3UG-F1568-01



ALWAYS USE AN APPROVED SEAT BELT AND PROTECTIVE GEAR



NEVER USE ON PUBLIC ROADS OR PAVEMENT



NEVER USE WITH SLEDS OR ALCOHOL

SAFETY INFORMATION

2

This off-highway utility vehicle handles differently from other vehicles including cars and ATVs. SEVERE INJURY OR DEATH can result if you do not follow these instructions:

- Read this manual and all labels carefully and follow the operating procedures described.
- This vehicle is designed to carry the driver and one passenger. Never carry passengers in the cargo bed.
- Always be sure the driver and passenger are wearing seat belts.
- Never give a ride to a passenger who is too small to reach and hold the handgrip on the enclosure.
- Always avoid operating the vehicle on any paved surfaces, including sidewalks, driveways, parking lots, and streets.
- Never operate this vehicle on any public street, road, or highway, even a dirt or gravel one.
- Never operate this vehicle without wearing an approved motorcycle helmet that fits properly. You should also wear eye protection (goggles or a face shield), gloves, over-the-ankle boots, long-sleeved shirt or jacket, and long pants.
- Never consume alcohol or drugs before or while operating this vehicle.
- Never operate at speeds too fast for your skills or the conditions. Always go at a speed that is proper for the terrain, visibility, operating conditions, and your experience.
- Never attempt jumps or other stunts.

- Always inspect your vehicle each time you use it to be sure it is in safe operating condition. Always follow the inspection and maintenance procedures and schedules described in this manual.
- Always keep both hands, arms, feet, and legs inside the vehicle at all times during operation. Keep your feet on the floorboard. Never hold onto the enclosure except when using the handgrip inside the enclosure. Otherwise, your hand could be injured if it is caught between the enclosure and an obstacle outside the vehicle.
- Always keep both hands on the steering wheel when driving.
- Never wrap your thumbs and fingers around the steering wheel. This is particularly important when driving in rough terrain. The front wheels will move right and left as they respond to the terrain, and this movement will be felt in the steering wheel. A sudden jolt could wrench the steering wheel around, and your thumbs or fingers could be injured if they are in the way of the steering wheel spokes.
- Always go slowly and be extra careful when operating on unfamiliar terrain. Always be alert to changing terrain conditions when driving the vehicle.
- Never operate on excessively rough, slippery, or loose terrain until you have learned and practiced the skills necessary to control the vehicle on such terrain. Always be especially cautious on these kinds of terrain.
- Never turn at excessive speed. Practice turning at slow speeds before attempting to turn at faster speeds. Do not attempt turns on steep inclines.
- Never operate the vehicle on hills that are too steep for it or for your abilities. Go straight up and down hills where possible. Maximum slope angle: 15°

- Never operate on hills that are slippery or ones where you will not be able to see far enough ahead of you. Never go over the top of a hill at speed if you cannot see what is on the other side.
- Always follow proper procedures for going uphill. If you lose momentum and cannot continue up a hill, back down the hill with the engine in reverse gear. Use engine braking to help you go slowly. If necessary, use the brakes gradually to help you go slowly.
- Always check terrain carefully before going down hills. Go as slowly as possible. Never go down a hill at high speed.
- Always check for obstacles before operating in a new area.
- Never operate the vehicle in fast flowing water or water deeper than the floorboards on this model. Remember that wet brakes may have reduced stopping ability. Test your brakes after leaving water. If necessary, apply them several times to let friction dry out the linings.
- Always be sure there are no obstacles or people behind you when you operate in reverse. When it is safe to proceed in reverse, go slowly. Do not brake abruptly when carrying loads in the cargo bed.
- Always use the size and type of tires specified in this manual.
- Always maintain proper tire pressure as described in this manual.
- Never exceed the stated load capacity. Cargo should be as far forward in the bed as possible, and distributed evenly from side to side. Be sure cargo is secured so that it cannot move around during operation. Reduce speed and follow instructions in this manual for carrying cargo or pulling a trailer. Allow greater distance for braking.

⚠ WARNING

POTENTIAL HAZARD

Improper handling of gasoline.

WHAT CAN HAPPEN

Gasoline can catch fire and you could be burned.

HOW TO AVOID THE HAZARD

Always turn off the engine when refueling. Do not refuel right after the engine has been running and is still very hot. Do not spill gasoline on the engine or exhaust pipe/muffler when refueling. Never refuel while smoking, or while in the vicinity of sparks, open flames, or other sources of ignition such as the pilot lights of water heaters and clothes dryers.

When transporting the vehicle in another vehicle, be sure it is kept in an upright position. Otherwise, fuel may leak out of the carburetor or fuel tank.

WHAT CAN HAPPEN

Gasoline is poisonous and can cause injuries.

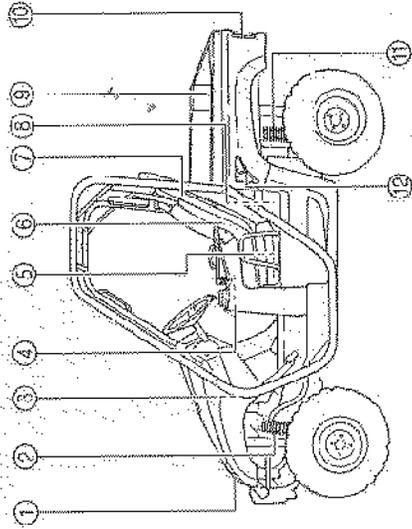
HOW TO AVOID THE HAZARD

If you should swallow some gasoline or inhale a lot of gasoline vapor, or get some gasoline in your eyes, see your doctor immediately. If gasoline spills on your skin, wash with soap and water. If gasoline spills on your clothing, change your clothes.

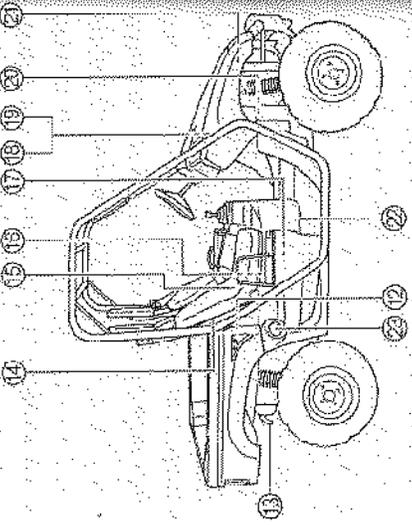
IDI 080827HWE0001 - Exhibit "B"

▲ WARNING
POTENTIAL HAZARD
Starting or running the engine in a closed area.
WHAT CAN HAPPEN
Exhaust fumes are poisonous and may cause loss of consciousness and death within a short time.
HOW TO AVOID THE HAZARD
Always operate your vehicle in an area with adequate ventilation.

DESCRIPTION AND VEHICLE IDENTIFICATION



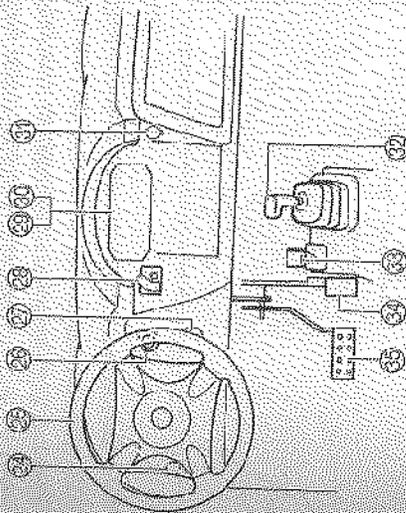
- 1. Headlights
- 2. Front shock absorber assembly adjusting ring
- 3. Brake fluid reservoir
- 4. Air filter element (engine and air intake duct)
- 5. V-belt case
- 6. Driver seat
- 7. Driver seat belt
- 8. Spark plug
- 9. Cargo bed
- 10. Tailbrake lights
- 11. Rear shock absorber assembly adjusting ring
- 12. Cargo bed release levers



- 13. Spark arrester
- 14. Passenger seat belt
- 15. Passenger seat
- 16. Oil filter cartridge
- 17. Engine oil dipstick
- 18. Battery
- 19. Fuses
- 20. Coolant reservoir
- 21. Radiator cap
- 22. Fuel level check window
- 23. Fuel tank cap

24. Light
25. Side
26. Side
27. M...
28. On
29. M...
30. M...
31. A...
32. D...
33. P...
34. A...
35. B...
NOT
The
from

IDI 080827HWE0001 - Exhibit "B"



- 24. Light switch
- 25. Steering wheel
- 26. Starter (Choke)
- 27. Main switch
- 28. On-Command four-wheel drive and differential gear lock switches
- 29. Indicator and warning lights
- 30. Multi-function meter unit (special edition models)
- 31. Auxiliary DC jack
- 32. Drive select lever
- 33. Parking brake lever
- 34. Accelerator pedal
- 35. Brake pedal

NOTE:

The vehicle you have purchased may differ slightly from those shown in the figures of this manual.

IDI 080827HWE0001 - Exhibit "B"

Identification number records

Record the key identification number, vehicle identification number and model label information in the spaces provided for assistance when ordering spare parts from a Yamaha dealer or for reference in case the vehicle is stolen.

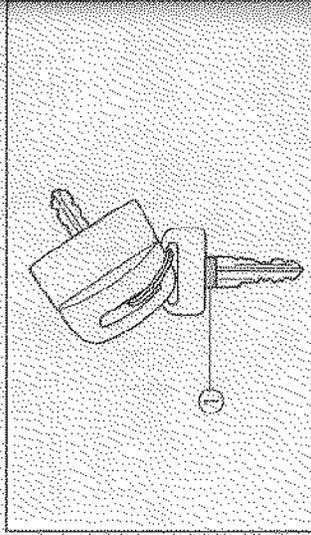
1. KEY IDENTIFICATION NUMBER:

2. VEHICLE IDENTIFICATION NUMBER:

3. MODEL LABEL INFORMATION:

Key identification number

The key identification number is stamped on the key as shown in the following illustration. This number can be used for ordering a new key.

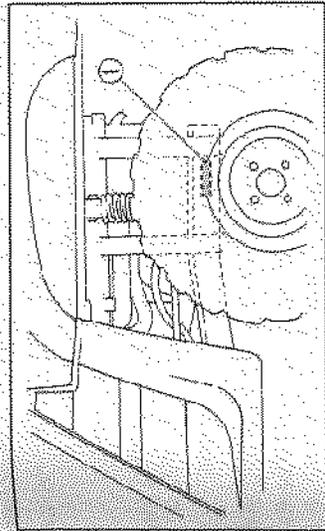


1. Key identification number

IDI 080827HWE0001 - Exhibit "B"

Vehicle identification number

The vehicle identification number is stamped into the frame.



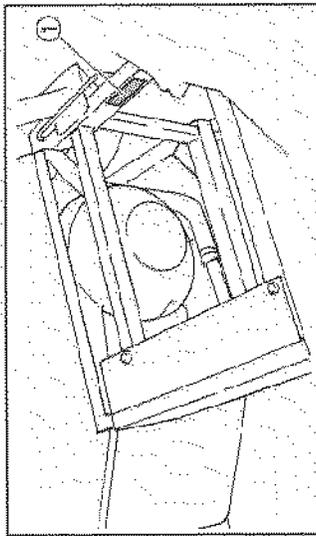
1. Vehicle identification number

NOTE:

The vehicle identification number is used to identify your vehicle.

Model label

The model label is affixed to the location in the illustration. Record the information on this label in the space provided. This information will be needed to order spare parts from your Yamaha dealer.



1. Model label

CONTROL FUNCTIONS

Functions of the respective switch positions are as follows:

ON:

All electrical circuits are supplied with power and the headlights and taillights come on when the light switch is on.

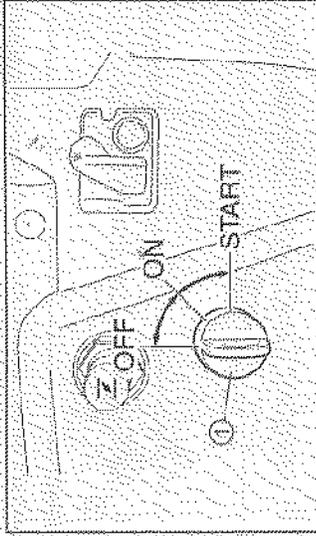
OFF:

All electrical circuits are switched off. The key can be removed in this position.

START:

The electric starter is engaged by turning and holding the key in this position. Release the key when the engine starts.

Main switch

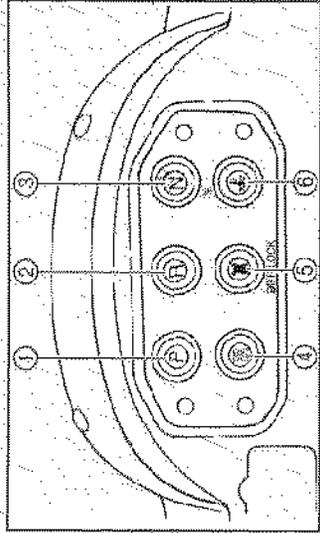


1. Main switch

CAUTION:

- Do not operate the electric starter continuously for more than 5 seconds, or starter damage could occur. Wait at least 5 seconds between each operation of the electric starter to let it cool.
- Do not turn the key to the "START" position with the engine running, or damage to the electric starter can result.
- See starting instructions prior to starting the engine. (See pages 6-1-6-3 for details.)

Indicator and warning lights



1. Parking brake indicator light "P"
2. Reverse indicator light "R"
3. Neutral indicator light "N"
4. Four-wheel-drive indicator light "4WD"
5. Differential gear lock indicator light "DIFF LOCK"
6. Coolant temperature warning light "TEMP"

Parking brake indicator light "P"

This indicator light comes on when the parking brake is applied.

Reverse indicator light "R"

This indicator light comes on when the drive select lever is in the "R" reverse position.

NOTE:

If the indicator light flashes while riding, have a Yamaha dealer check the speed sensor circuit.

Neutral indicator light "N"

This indicator light comes on when the drive select lever is in the "N" position.

Four-wheel-drive indicator light "4WD"
This indicator light comes on when the "2WD/4WD" switch is in the "4WD" position.

NOTE:
Due to the synchronizing mechanism in the differential gear case, the light may not come on until the vehicle starts moving.

Differential gear lock indicator light "DL"
This indicator light comes on when the differential gear lock switch is set to the "LOCK-4WD" position.

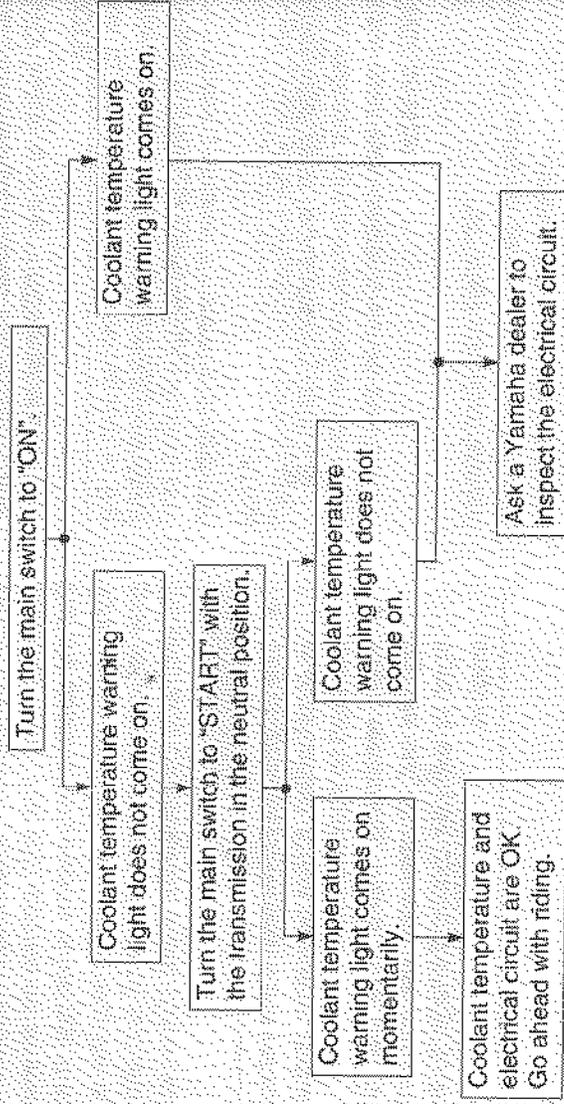
Coolant temperature warning light "E"
When the coolant temperature reaches a specified level, this light comes on to warn that the coolant temperature is too hot. If the light comes on during operation, stop the engine as soon as it is safe to do so and allow the engine to cool down for about 10 minutes.

CAUTION:

- The engine may overheat if the vehicle is overloaded. If this happens, reduce the load to specification.
- After restarting, make sure that the light is out. Continuous use while the light is on may cause damage to the engine.

IDI 080827HWE0001 - Exhibit "B"

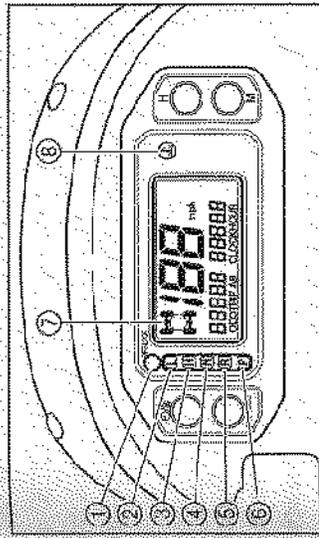
Coolant temperature warning light checking method



Indicate (specify)

- 1. Direct
- 2. Low
- 3. High
- 4. Neutral
- 5. Reverse
- 6. Park
- 7. Four
- 8. Coolant

**Indicator and warning lights
(special edition models)**



1. Differential gear lock indicator light "DIFF. LOCK"
2. Low-range indicator light "L"
3. High-range indicator light "H"
4. Neutral indicator light "N"
5. Reverse indicator light "R"
6. Parking brake indicator light "P"
7. Four-wheel-drive indicator light "4x4"
8. Coolant temperature warning light "E"

Differential gear lock indicator light "DIFF. LOCK"

This indicator light and the differential gear lock indicator in the display come on when the differential gear lock switch is set to the "4WD-LOCK" position.

NOTE:

When the switch is set to "LOCK", the differential gear lock indicator light will flash until the differential gear is locked.

Low-range indicator light "L"

This indicator light comes on when the drive select lever is in the "L" position.

High-range indicator light "H"

This indicator light comes on when the drive select lever is in the "H" position.

Neutral indicator light "N"

This indicator light comes on when the drive select lever is in the "N" position.

Reverse indicator light "R"

This indicator light comes on when the drive select lever is in the "R" reverse position.

NOTE:

If the indicator light flashes while riding, have a Yamaha dealer check the speed sensor circuit.

Parking brake indicator light "P"

This indicator light comes on when the parking brake is applied.

Four-wheel-drive indicator "4WD"

This indicator comes on when the "2WD/4WD" switch is set to the "4WD" position. The differential gear lock indicator "DIFF.LOCK" in the four-wheel-drive indicator also comes on when the "LOCK" "4WD" switch is set to the "4WD-LOCK" position.

NOTE:

Due to the synchronizing mechanism in the differential gear case, the four-wheel drive indicator may not come on until the vehicle starts moving.

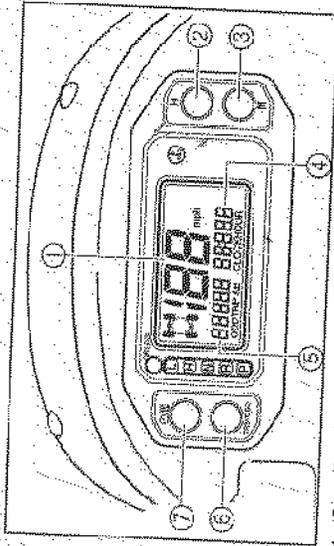
Coolant temperature warning light "E"

When the coolant temperature reaches a specified level, this light comes on to warn that the coolant temperature is too hot. If the light comes on during operation, stop the engine as soon as it is safe to do so and allow the engine to cool down for about 10 minutes

CAUTION:

- The engine may overheat if the vehicle is overloaded. If this happens, reduce the load to specification.
- After restarting, make sure that the light is out. Continuous use while the light is on may cause damage to the engine.

**Multi-function meter unit
(special edition models)**



1. Speedometer
2. "I" button
3. "M" button
4. Clock/Hour meter
5. Odometer/Tripmeter A/Tripmeter B
6. "TRIP/ODO" button
7. Clock/Hour button "🕒"

The multi-function meter unit is equipped with the following:

- a speedometer (which shows the riding speed)
- an odometer (which shows the total distance traveled)

- two tripmeters (which show the distance traveled since they were last set to zero)
- a clock
- an hour meter (which shows the total time and the key has been turned to "ON")

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distance, Odometer and tripmeter modes

Pushing the "TRIP/ODO" button switches the display between the odometer mode "ODO" and the tripmeter modes "A" and "B" in the following order:

ODO → TRIP A → TRIP B → ODO

To reset a tripmeter, select it by pushing the "TRIP/ODO" button, and then push the "TRIP/ODO" button for at least three seconds. The tripmeters can be used to estimate the distance that can be traveled with a full tank of fuel. This information will enable you to plan future fuel stops.

NOTE:

Holding in the "TRIP/ODO" button and then turning the key to "ON" switches the display between "mph" and "km/h".

Clock mode

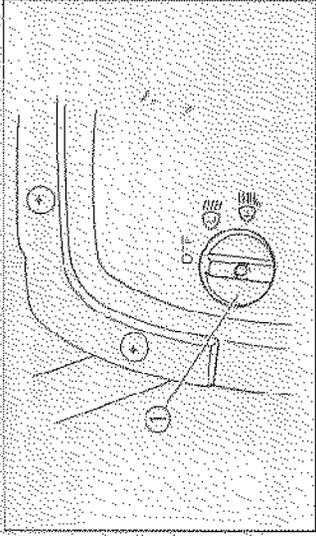
Pushing the "⊖"/"⊗" button switches the display between the clock mode "CLOCK" and the hour meter mode "HOUR" in the following order:

CLOCK → HOUR → CLOCK

To set the clock

1. Set the display to the clock mode.
2. Push the "⊖"/"⊗" button until the clock starts flashing.
3. Set the hours by pushing the "H" button.
4. Set the minutes by pushing the "M" button.
5. Push the "⊖"/"⊗" button, and then release it to start the clock.

Switches



1. Light switch "OFF" / [Low Beam Symbol] / [High Beam Symbol]

Light switch "OFF" / [Low Beam Symbol] / [High Beam Symbol]

Set the switch to "[Low Beam Symbol]" to turn on the low beam and the taillights.

Set the switch to "[High Beam Symbol]" to turn on the high beam and the taillights.

Set the switch to "OFF" to turn off all the lights.

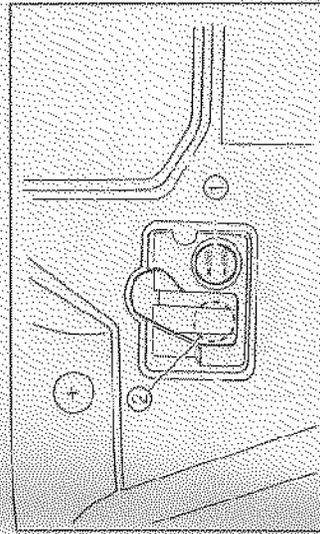
CAUTION

Do not use the headlights with the engine turned off for an extended period of time. The battery may discharge to the point that the starter motor will not operate properly. If this should happen, remove the battery and recharge it.

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On-Command four-wheel drive and differential gear lock switches



1. On-Command four-wheel drive switch "2WD"/"4WD"
2. Differential gear lock switch "LOCK"/"4WD"

This vehicle is equipped with an On-Command four-wheel drive switch "2WD"/"4WD" and a differential gear lock switch "LOCK"/"4WD". Select the appropriate drive according to terrain and the conditions.

- Two-wheel drive ("2WD"): Power is supplied to the rear wheels only.

- Four-wheel drive ("4WD"): Power is supplied to the rear and front wheels.
- Four-wheel drive with the differential gear locked ("4WD-LOCK"): Power is supplied to the rear and front wheels when the differential gear is locked ("DIFF LOCK"). Unlike the 4WD mode, all wheels turn at the same speed regardless of traction.

IDI 080827HWE0001 - Exhibit "B"

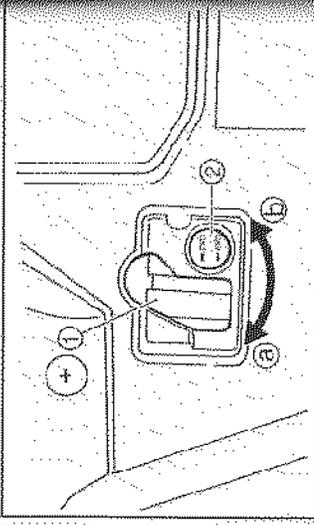
⚠ WARNING

POTENTIAL HAZARD
 Changing from 2WD to 4WD or from 4WD to 4WD-LOCK ("DIFF-LOCK"), or vice-versa while the vehicle is moving.

WHAT CAN HAPPEN
 The vehicle handles differently in 2WD than in 4WD and in 4WD-LOCK in some circumstances. Changing from 2WD to 4WD or from 4WD to 4WD-LOCK, or vice-versa while moving may cause the vehicle to unexpectedly handle differently. This could distract the operator and increase the risk of losing control and an accident.

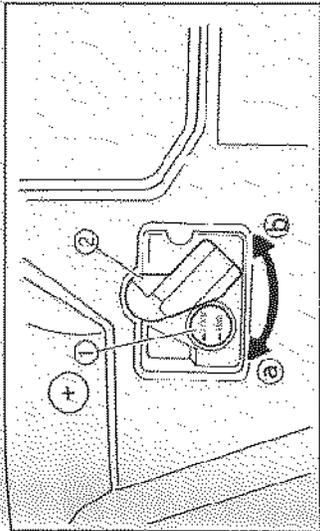
HOW TO AVOID THE HAZARD
 Always stop the vehicle before changing from 2WD to 4WD or from 4WD to 4WD-LOCK, or vice-versa.

On-Command four-wheel drive switch "2WD"/"4WD"



1. Lever
 2. On-Command four-wheel drive switch "2WD"/"4WD"
- To change from 2WD to 4WD, stop the vehicle and then set the switch to "4WD". When the vehicle is in 4WD, the four-wheel-drive indicator light "4WD" or, for special edition models, the four-wheel-drive indicator "4WD" on the multi-function meter unit display will come on. To change from 4WD to 2WD, stop the vehicle, be sure the lever is set to position (a), and then set the switch to "2WD".

the switch differential gear lock switch "LOCK"/
"4WD"



1 Differential gear lock switch "LOCK"/"4WD"
2 Lever

When the vehicle is in 4WD, stop the vehicle. When in 4WD, stop the vehicle, make sure the On-Command four-wheel-drive switch is set to "4WD", move the lever to position (b), and then set the switch to "LOCK". When the differential gear is locked, the differential gear lock indicator light "LOCK" will be on. For special edition models, the differential gear lock indicator light "DIFF.LOCK" and the differential gear lock indicator "DIFF" on the

multi-function meter unit display will come on. To release the differential gear lock, stop the vehicle and set the switch to "4WD".

⚠ WARNING

POTENTIAL HAZARD
Riding too fast while the vehicle is in 4WD-LOCK.

WHAT CAN HAPPEN
All wheels turn at the same speed when the differential is locked, so it takes more effort to turn the vehicle. The amount of effort required is greater the faster you go. You may lose control and have an accident if you cannot make a sharp enough turn for the speed you are traveling.

HOW TO AVOID THE HAZARD
Always ride at a slow speed when the vehicle is in 4WD-LOCK, and allow extra time and distance for maneuvers.

NOTE:

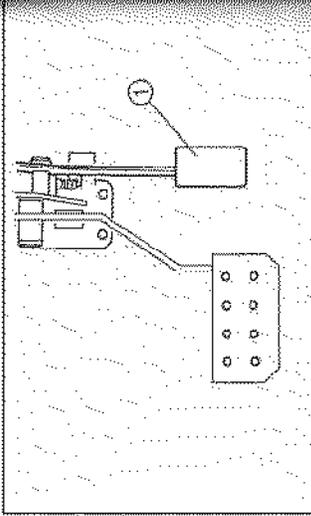
- If the differential gear lock is not engaging properly, turn the steering wheel back and forth to help it engage.
- Riding before the differential gear lock is properly engaged will cause the engine speed to be limited until engagement is complete.

For special edition models:

- When the switch is set to "LOCK", the differential gear lock indicator light will flash until the differential gear is locked.
- When the indicator light is flashing, turning the steering wheel back and forth will help the differential gear lock to engage.
- Riding before the differential gear lock is properly engaged (e.g., when the indicator light is flashing) will cause the engine speed to be limited until engagement is complete.

Accelerator pedal

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



1. Accelerator pedal

Before starting the engine, check the accelerator pedal to be sure it is operating smoothly. Make sure the accelerator pedal fully returns to the idle position as soon as it is released.

⚠ WARNING

POTENTIAL HAZARD

Malfunction of the accelerator pedal.

WHAT CAN HAPPEN

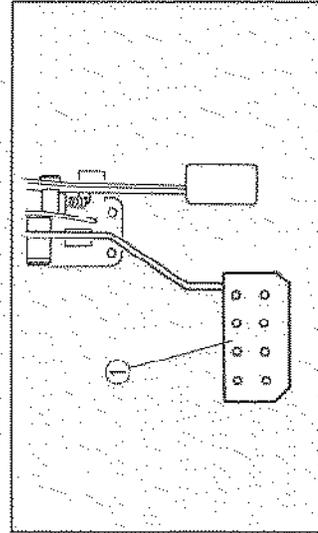
The accelerator pedal could be hard to operate, making it difficult to speed up or slow down when you need to. This could cause an accident.

HOW TO AVOID THE HAZARD

Check the operation of the accelerator pedal before you start the engine. If it does not work smoothly, check for the cause. Correct the problem before operating the vehicle. Consult a Yamaha dealer if you can't find or solve the problem yourself.

Brake pedal

Press the brake pedal to slow or stop the vehicle.



1. Brake pedal

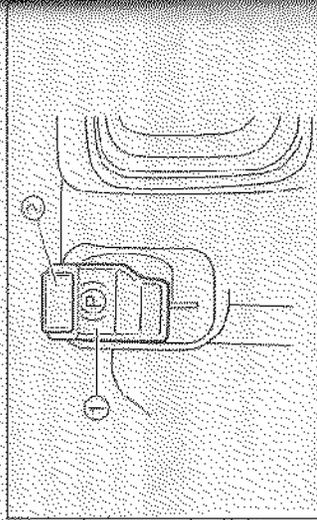
IDI 08082HWE0001 - Exhibit "B"

Parking brake lever

The parking brake lever is located at the right side of the driver's seat. It will help hold the vehicle from moving while parked.

To set the parking brake, pull the lever up completely.

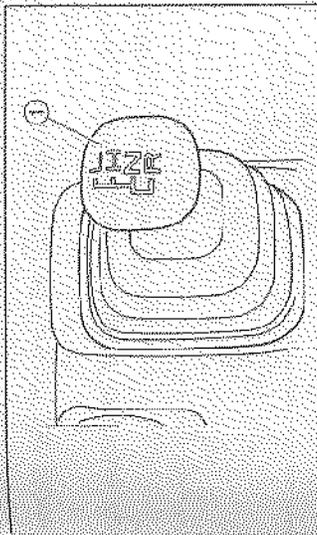
To release the parking brake, pull up on the lever, press the release button, and then push the lever all the way down. Spring pressure helps return the lever to the released position. Be sure to fully release the parking brake before starting out. Failure to do so may result in poor performance and premature wearing of the rear brake and V-belt.



1. Parking brake lever 2. Release button

Drive select lever

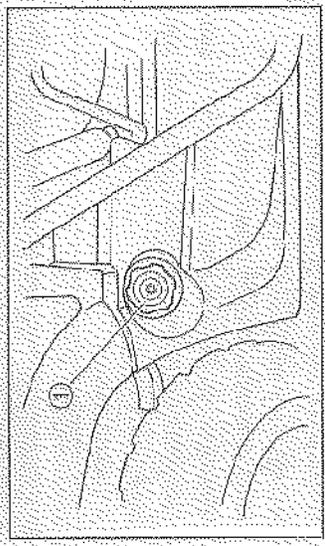
The drive select lever is used to shift your vehicle into the low, high, neutral and reverse positions. (Refer to pages 6-5-6-7 for the drive select lever operation.)



1. Drive select lever

Fuel tank cap

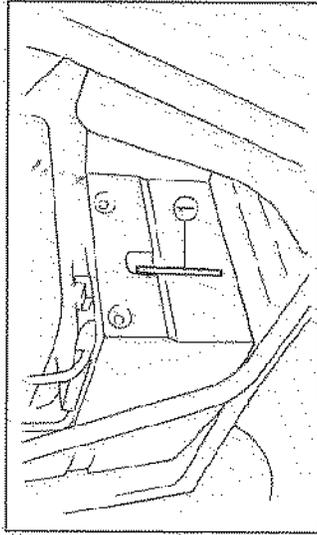
Remove the fuel tank cap by turning it counterclockwise.



1. Fuel tank cap

Fuel level check window

The amount of fuel in the fuel tank can be checked through the fuel level check window. If the fuel level is low, refuel as soon as possible.



1. Fuel level check window

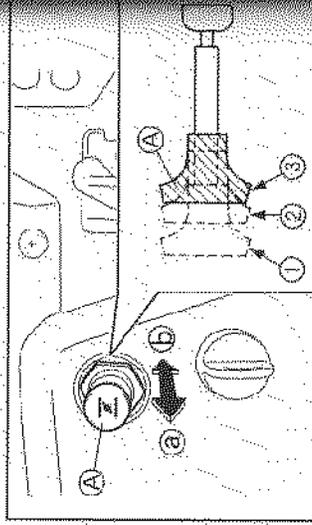
Starter (choke) "N"

Starting a cold engine requires a richer air-fuel mixture. A separate starter circuit supplies the mixture.

Move in direction (a) to turn on the starter (choke).

Move in direction (b) to turn off the starter (choke).

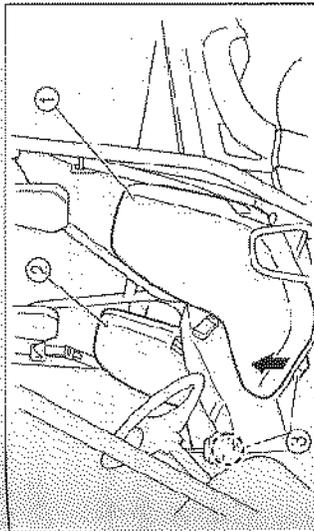
Refer to "Starting a cold engine" for proper operation. (See pages 6-1-6-3.)



A. Starter (choke) "N"
1. Fully open
2. Half open
3. Closed

Seats

To remove a seat, pull its seat lock lever upward, lift the front of the seat, and then slide the seat forward and up.



- 1. Driver seat
- 2. Passenger seat
- 3. Seat lock lever (x 2)

To install a seat, insert the projections on the rear of the seat into the seat holders and push down on the seat at the front.

▲ WARNING

POTENTIAL HAZARD

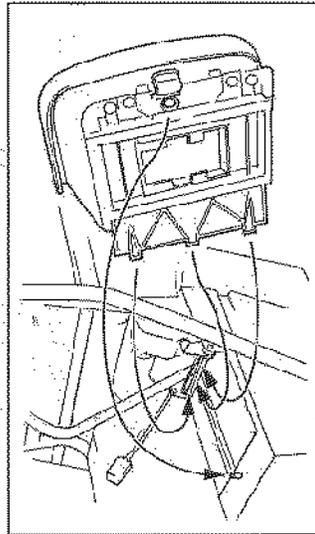
A loose seat.

WHAT CAN HAPPEN

The operator could lose control or the operator or passenger could fall if the seat is loose during operation.

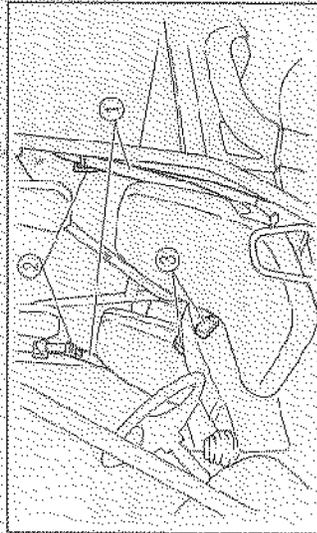
HOW TO AVOID THE HAZARD

Make sure the seat is securely latched.



Seat belts

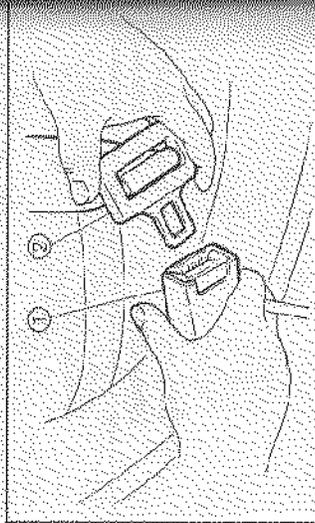
This vehicle is equipped with three-point seat belts for both the operator and passenger. Always wear the seat belt while riding in the vehicle.



- 1. Seat belt (x 2)
- 2. Latch plate (x 2)
- 3. Buckle (x 2)

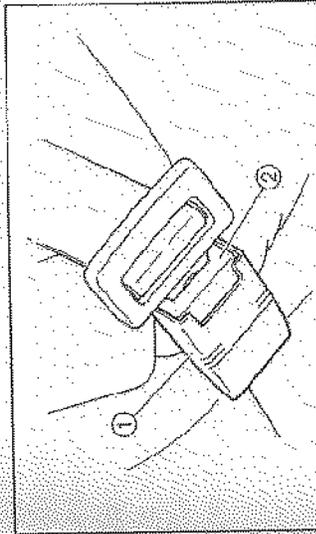
To wear the seat belt properly, do the following:

1. Hold the latch plate as you pull the belt across your lap and chest. Make sure the belt is not twisted and is not caught on any portion of the vehicle, your clothing, or any equipment you are carrying.
2. Push the latch plate into the buckle until it clicks. Pull up on the latch plate to make sure it is secure.



- 1. Buckle
- 2. Latch plate

3. Put the lap portion of the belt low on your hips. Push down on the buckle end of the belt as you pull up on the shoulder part so the belt is snug across your hips.
4. Position the shoulder belt over your shoulder and across your chest. The shoulder belt should fit against your chest. If it is loose, pull the belt out all the way and then let it retract.
5. To release the buckle, firmly press the release button.



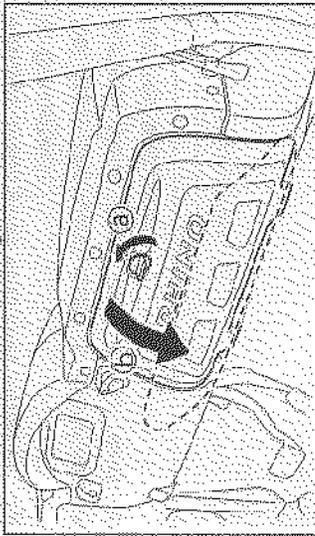
1. Buckle
2. Release button

⚠ WARNING
POTENTIAL HAZARD
Not wearing the seat belt.
Wearing the seat belt improperly.
WHAT CAN HAPPEN
There is increased risk of being killed or seriously injured in an accident.
HOW TO AVOID THE HAZARD
Always wear your seat belt when riding in the vehicle.
Be sure the seat belt is close-fitting across your hips and chest and is latched securely.

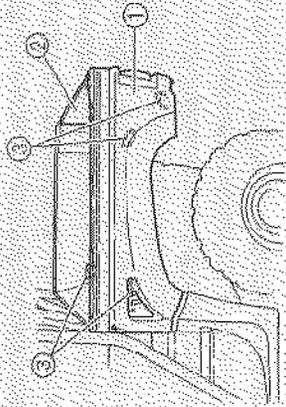
Glove compartment

CAUTION:

To protect from damage, do not put metal products, like tools or sharply edged products directly in the glove compartment. If they must be stored, wrap them in appropriate cushion material.



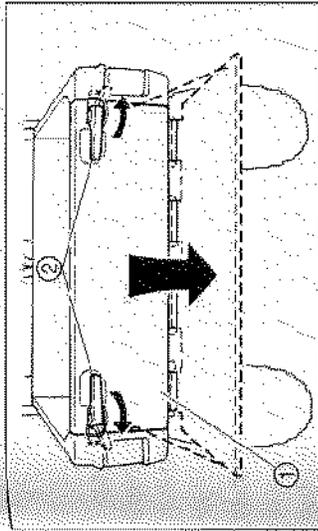
Cargo bed



- 1. Cargo bed
- 2. Tailgate
- 3. Cargo hook (x 4)

To close
Tailgate
To close
Place
then r

Opening and closing the tailgate



- 1. Tailgate
- 2. Latch (x 2)

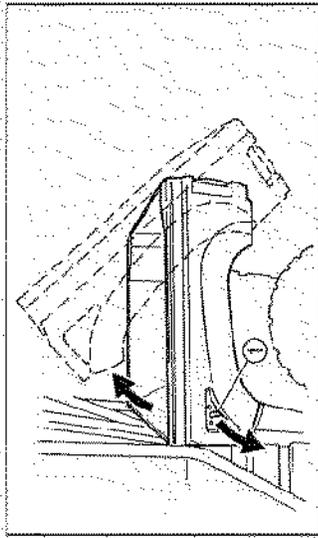
To open:

Unhook the latches, and then lower the tailgate.

To close:

Place the tailgate in the original position, and then hook the latches.

Lifting and lowering the cargo bed



- 1. Cargo bed release lever

To lift:

Push down the cargo bed release lever on the left or right side of the vehicle, and then slowly lift up the cargo bed until it stops.

To lower:

Lower the cargo bed slowly to its original position and be sure the it is locked into place.

Maximum load limit: 181 kg (400 lb)

IDI 080827HWE0001 - Exhibit "B"

⚠ WARNING

POTENTIAL HAZARD
Pinch points.

WHAT CAN HAPPEN
You or someone else could be pinched between the cargo bed and the frame when the bed is being lowered.

HOW TO AVOID THE HAZARD
Before closing the bed, be sure others are standing away from the vehicle. Keep hands and fingers away from the pinch points between the bed and the frame.

⚠ WARNING

POTENTIAL HAZARD
Overloading the cargo bed

WHAT CAN HAPPEN
Could cause changes in vehicle handling which could lead to an accident.

HOW TO AVOID THE HAZARD
Never exceed the stated maximum load limit for this cargo bed.
Cargo should be properly distributed and securely attached.
Reduce speed when carrying cargo. Allow greater distance for braking.

⚠ WARNING

POTENTIAL HAZARD

Carrying a passenger in the cargo bed
WHAT CAN HAPPEN

The passenger could fall, be thrown out,
or be struck by objects in the cargo bed.

HOW TO AVOID THE HAZARD

Never carry a passenger in the cargo
bed. This cargo bed is designed to carry
cargo only.

Front and rear shock absorber adjustment
The spring preload can be adjusted to suit the
operating conditions.

You can reduce preload for a softer ride, or in-
crease preload if frequent bottoming occurs.

CAUTION:

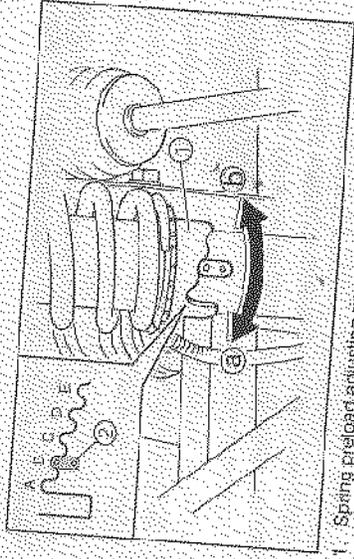
**Frequent or severe bottoming can cause
increased wear or damage to the vehicle.**

Adjust the spring preload as follows.

To increase the spring preload, turn the ad-
justing ring in direction Ⓐ.

To decrease the spring preload, turn the ad-
justing ring in direction Ⓑ.

IDI 080827HWE0001 - Exhibit "B"

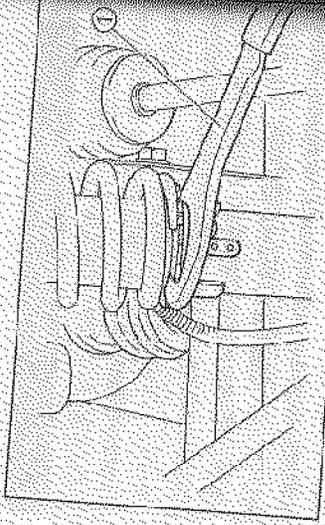


1. Spring preload adjusting ring
2. Position indicator

NOTE:

A special wrench can be obtained at a Yamaha dealer to make this adjustment.

Standard position: B
A- Minimum (soft)
E- Maximum (hard)



1. Special wrench

▲ WARNING

POTENTIAL HAZARD

Improper shock absorber adjustment.

WHAT CAN HAPPEN

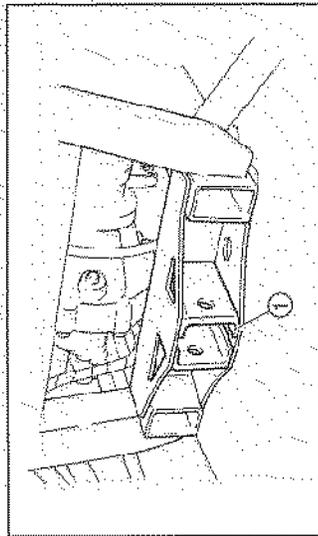
Uneven adjustment can cause poor handling and loss of stability, which could lead to an accident.

HOW TO AVOID THE HAZARD

Always adjust the shock absorbers on the left and right side to the same setting.

Trailer hitch bracket

This vehicle is equipped with a 5 cm (2 in) receiver bracket for a standard trailer hitch. Trailer towing equipment can be obtained at a Yamaha dealer. (See pages 6-11-6-13 for precaution information.)



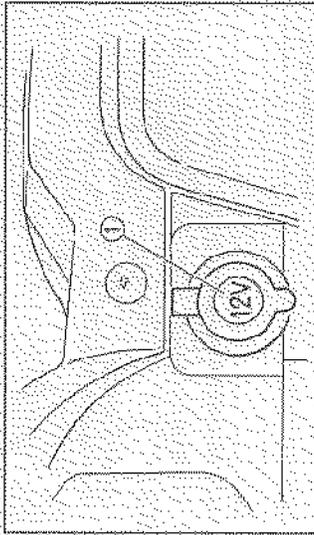
1. Trailer hitch bracket

Auxiliary DC jack

The auxiliary DC jack is located at the right side of the front panel.

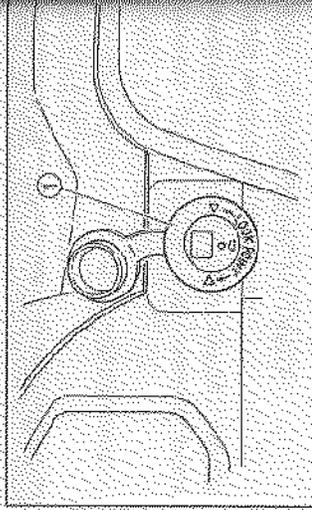
The auxiliary DC jack can be used for suitable work lights, radios, etc.

The auxiliary DC jack should only be used when the engine is running.



1. Auxiliary DC jack cap

1. Set the light switch to "OFF".
2. Start the engine. (See pages 6-1-6-3.)
3. Open the auxiliary DC jack cap, and then insert the accessory power plug into the jack.



1. Auxiliary DC jack

Maximum rated capacity for the auxiliary DC jack.

DC 12 V, 120 W (10 A)

4. When the auxiliary DC jack is not being used, cover it with the cap.

- Do not use accessories requiring more than the above maximum capacity. This may overload the circuit and cause the fuse to blow.
- If accessories are used without the engine running or with the headlights turned on, the battery will lose its charge and engine starting may become difficult.
- Do not use an automotive cigarette lighter or other accessories with a plug that gets hot because the jack can be damaged.

IDI 080827HWE0001 - Exhibit "B"

PRE-OPERATION CHECKS

Before using this vehicle, check the following points:

ITEM	ROUTINE	PAGE
Brakes	<ul style="list-style-type: none">• Check operation, free play, fluid level and fluid leakage.• Fill with DOT 4 brake fluid if necessary.	5-2-5-3, 8-32-8-33
Parking brake	<ul style="list-style-type: none">• Check for proper operation, condition and free play	8-36-8-37
Fuel	<ul style="list-style-type: none">• Check fuel level.• Fill with fuel if necessary.	5-4-5-5
Engine oil	<ul style="list-style-type: none">• Check oil level.• Fill with oil if necessary	5-5, 8-9-8-12
Coolant reservoir	<ul style="list-style-type: none">• Check coolant level.• Fill with coolant if necessary.	5-6, 8-17-8-18
Final gear oil/ Differential gear oil	<ul style="list-style-type: none">• Check for leakage.	5-7, 8-13-8-16
Accelerator pedal	<ul style="list-style-type: none">• Check for proper accelerator pedal operation.	5-7
Seat belts	<ul style="list-style-type: none">• Check for proper operation and belt wear.	5-7
Steering	<ul style="list-style-type: none">• Check for proper operation.	5-8
Fittings and fasteners	<ul style="list-style-type: none">• Check all fittings and fasteners.	5-8
Lights and switches	<ul style="list-style-type: none">• Check for proper operation.	5-8, 8-46-8-51
Wheels and tires	<ul style="list-style-type: none">• Check tire pressure, wear and damage.	5-8-5-11, 8-40-8-41
Axle boots	<ul style="list-style-type: none">• Check for damage.	8-18-8-19

▲ WARNING

POTENTIAL HAZARD

Failure to inspect the vehicle before operating. Failure to properly maintain the vehicle.

WHAT CAN HAPPEN

Increases the possibility of an accident or equipment damage.

HOW TO AVOID THE HAZARD

Always inspect your vehicle each time you use it to make sure the vehicle is in safe operating condition. Always follow the inspection and maintenance procedures and schedules described in the Owner's Manual.

Front and rear brakes

Brake pedal

Check for correct brake pedal free play. If the brake pedal free play is incorrect, have a Yamaha dealer adjust it. (See page 8-35.)

Check the operation of the brake pedal. It should move smoothly and there should be a firm feeling when the brakes are applied. If not, have the vehicle inspected by a Yamaha dealer.

Brake fluid level

Check the brake fluid level. Add fluid if necessary. (See pages 8-33-8-34.)

Recommended brake fluid: DOT 4

Brake fluid leakage

Check to see if any brake fluid is leaking out of the pipe joints or the brake fluid reservoir. Apply the brakes firmly for one minute. If there is any leakage, have the vehicle inspected by a Yamaha dealer.

Brake operation

Test the brakes at slow speed after starting out to make sure they are working properly. If the brakes do not provide proper braking performance, inspect the brake system. (See pages 8-32-8-35.)



WARNING

POTENTIAL HAZARD

Driving with improperly operating brakes.

WHAT CAN HAPPEN

You could lose braking ability, which could lead to an accident.

HOW TO AVOID THE HAZARD

Always check the brakes at the start of every ride. Do not operate the vehicle if you find any problem with the brakes. If a problem cannot be corrected by the adjustment procedures provided in this manual, have the vehicle inspected by a Yamaha dealer.

Fuel

Make sure there is sufficient gasoline in the tank.

Recommended fuel:

UNLEADED GASOLINE ONLY

Fuel tank capacity:

30.0 L (6.60 imp gal, 7.93 US gal)

CAUTION:

Use only unleaded gasoline. The use of leaded gasoline will cause severe damage to internal engine parts, such as the valves and piston rings, as well as to the exhaust system.

Your Yamaha engine has been designed to use regular unleaded gasoline with a pump octane number (R+M/2) of 86 or higher, or research octane number of 91 or higher. If knocking or pinging occurs, use a different brand of gasoline or premium unleaded fuel. Unleaded fuel will give you longer spark plug life and reduced maintenance cost.

Gasohol

There are two types of gasohol, gasohol containing ethanol and that containing methanol. Gasohol containing ethanol can be used if ethanol content does not exceed 10%. Gasohol containing methanol is not recommended by Yamaha because it may cause fuel system damage or vehicle performance problems.

▲ WARNING

POTENTIAL HAZARD
Improper care when refueling.

WHAT CAN HAPPEN
Fuel can spill, which can cause a fire and severe injury.
Fuel expands when it heats up. If the fuel tank is overfilled, fuel could spill out due to heat from the engine or the sun.

HOW TO AVOID THE HAZARD
Do not overfill the fuel tank. Be careful not to spill fuel, especially on the engine or exhaust pipe. Wipe up any spilled fuel immediately. Be sure the fuel tank cap is closed securely.

Engine oil

Make sure the engine oil is at the specified level. Add oil as necessary. (See pages 8-10 to 8-12.)

CAUTION

- In order to prevent clutch slippage (since the engine oil also lubricates the clutch), do not mix any chemical additives. Do not use oils with a diesel specification of "CD" or oils of a higher quality than specified. In addition, do not use oils labeled "ENERGIZER" or "CONSERVING II" or higher.
- Make sure that no foreign material enters the crankcase.

Recommended engine oil type and quantity:
See page 10-2.

Coolant

the specific. Check the coolant level in the coolant reservoir pages 8-5 when the engine is cold. (The coolant level will vary with engine temperature.) The coolant level is satisfactory if it is between the minimum and maximum level marks on the coolant reservoir. If the coolant level is at or below the minimum level mark, add additional coolant to bring the level up to maximum level mark. If coolant is not available, add distilled water. Change the coolant every two years. (See pages 8-17-8-18 for details.)

CAUTION:

Hard water or salt water is harmful to the engine. You may use soft water if you cannot get distilled water.

Coolant reservoir capacity
(up to the maximum level mark):
0.35 L (0.31 Imp qt, 0.37 US qt)

▲ WARNING

POTENTIAL HAZARD

Removing the radiator cap when the engine and radiator are still hot.

WHAT CAN HAPPEN

You could be burned by hot fluid and steam blown out under pressure.

HOW TO AVOID THE HAZARD

Wait for the engine to cool before removing the radiator cap. Always use a thick rag over the cap. Allow any remaining pressure to escape before completely removing the cap.

Final gear oil

Make sure the final gear oil is at the specified level. Add oil as necessary. (See pages 8-13-8-14 for details.)

Recommended oil:

SAE 80 API GL-4 Hypoid gear oil

If desired, an SAE 80W90 hypoid gear oil may be used for all conditions.

NOTE:

GL-4 is a quality and additive rating. GL-5 or GL-6 rated hypoid gear oils may also be used.

Differential gear oil

Make sure the differential gear oil is at the specified level. Add oil as necessary. (See pages 8-15-8-16 for details.)

Recommended oil:

SAE 80 API GL-4 Hypoid gear oil

Accelerator pedal

Check to see that the accelerator pedal operates correctly. It must operate smoothly and fully spring back to the idle position when released. Have a Yamaha dealer repair as necessary for proper operation.

Seat belts

Make sure that both seat belts are not frayed or damaged.

The seat belt must move smoothly when pulled out and retract on its own when released. The latch plate should click securely into the buckle and release when the release button is pushed firmly. Wash off any dirt or mud which could affect operation. Have a Yamaha dealer repair as necessary for proper operation.

Tires

Steering

pedal up, park on level ground. Turn the steering wheel smoothly right and left. Check for excessive free play, or when turning, abnormal noises, or a rough feeling. Have a tire air as per Yamaha dealer repair as necessary for proper operation.

Fittings and fasteners

Always check the tightness of chassis fittings and fasteners before a ride. Take the vehicle to a Yamaha dealer or refer to the Service Manual for correct tightening torque.

Lights

Check the headlights and tail/brake lights to make sure they are in working condition. Repair as necessary for proper operation.

Switches

Check the operation of all switches. Have a Yamaha dealer repair as necessary for proper operation.

WARNING

POTENTIAL HAZARD

Operating this vehicle with improper tires, or with improper or uneven tire pressure.

WHAT CAN HAPPEN

Use of improper tires on this vehicle, or operation of this vehicle with improper or uneven tire pressure, may cause loss of control, increasing your risk of accident.

HOW TO AVOID THE HAZARD

1. The tires listed below have been approved by Yamaha Motor Manufacturing corporation of America for this model. Other tire combinations are not recommended.

	Manufacturer	Size	Type
Front	MAXXIS	25 x 8-12NHS	M951Y
Rear	MAXXIS	25 x 10-12NHS	M952Y

2. The tires should be set to the recommended pressure:

- Recommended tire pressure
 - Front 70 kPa (0.70 kgf/cm², 10 psi)
 - Rear 98 kPa (0.98 kgf/cm², 14 psi)

Check and adjust tire pressures when the tires are cold.

Tire pressures must be equal on both sides.

3. The pressure below the minimum specified could cause the tire to dislodge from the rim under severe riding conditions. The following are minimums:

- Front 63 kPa (0.63 kgf/cm², 9 psi)
- Rear 91 kPa (0.91 kgf/cm², 13 psi)

4. Use no more than the following pressures when seating the tire beads.

- Front 250 kPa (2.5 kgf/cm², 36 psi)
- Rear 250 kPa (2.5 kgf/cm², 36 psi)

Higher pressures may cause the tire to burst. Inflate the tires very slowly and carefully. Fast inflation could cause the tire to burst.

following. **How to measure tire pressure**
 Use the tire pressure gauge.

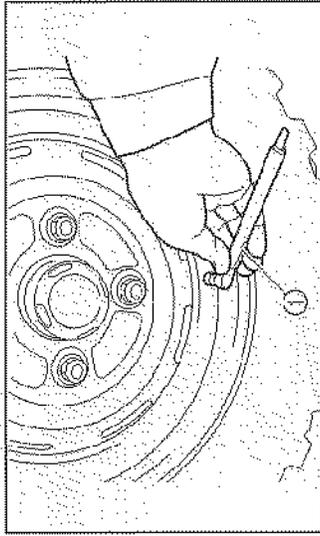
NOTE:

The tire pressure gauge is included as standard equipment. Make two measurements of the tire pressure and use the second reading. Dust or dirt in the gauge could cause the first reading to be incorrect.

Set pressure with tires cold.

Set tire pressures to the following specifications:

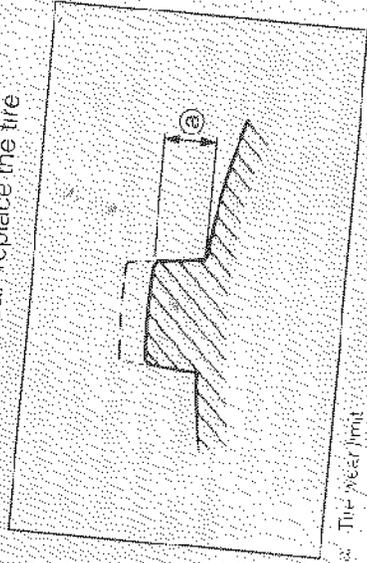
	Recommended pressure	Minimum	Maximum
Front	70 kPa (0.70 kgf/cm ² , 10 psi)	63 kPa (0.63 kgf/cm ² , 9 psi)	77 kPa (0.77 kgf/cm ² , 11 psi)
Rear	98 kPa (0.98 kgf/cm ² , 14 psi)	91 kPa (0.91 kgf/cm ² , 13 psi)	105 kPa (1.05 kgf/cm ² , 15 psi)



1. Tire pressure gauge

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Tire wear limit
When the tire groove decreases to 3 mm
(0.12 in) due to wear, replace the tire



a. Tire wear limit

OPERATION

▲ WARNING

POTENTIAL HAZARD

Operating vehicle without being familiar with all controls.

WHAT CAN HAPPEN

Loss of control, which could cause an accident or injury.

HOW TO AVOID THE HAZARD

Read the Owner's Manual carefully. If there is a control or function you do not understand, ask your Yamaha dealer.

Starting a cold engine

▲ WARNING

POTENTIAL HAZARD

Freezing control cables in cold weather.

WHAT CAN HAPPEN

You could be unable to control the vehicle, which could lead to an accident or collision.

HOW TO AVOID THE HAZARD

When riding in cold weather, always make sure all control cables work smoothly before you begin riding.

1. Apply the brake.
2. Shift the drive select lever into the neutral position.

NOTE:

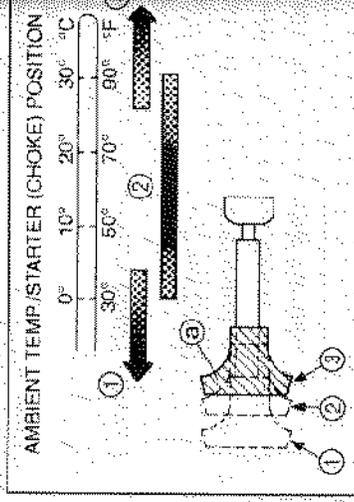
- When the drive select lever is in the neutral position, the neutral indicator light should come on. If the neutral indicator light does not come on, ask a Yamaha dealer to inspect the electric circuit.
- The engine can be started in any gear if the brake is applied. However, it is recommended to shift into neutral before starting the engine.

3. Use the starter (choke) in reference to the figure:

Position ① : Cold engine start-ambient temperature below 5 °C (40 °F).

Position ② : Cold engine start-ambient temperature at 0 °C (30 °F)–30 °C (90 °F) and warming up position.

Position ③ : Cold engine start-ambient temperature above 25 °C (80 °F) and warm engine start position.



- a. Starter (choke)
- 2. Half open

- 1. Fully open
- 3. Closed

4. With your foot off the accelerator pedal start the engine by turning the key to "START".

Starting a warm engine

To start a warm engine, refer to the "Starting a cold engine" section. The starter (choke) should not be used. Press the accelerator pedal slightly.

Jump-starting

Jump-starting the vehicle should be avoided. The battery should be removed and charged instead. (See pages 8-42-8-43 for battery removal and installation procedures.) However, if the vehicle must be jump-started, proceed as follows:

1. Turn the key to "OFF".
2. Open the hood. (See pages 8-6-8-7 for hood opening and closing procedures.)
3. Remove the battery compartment cover.

NOTE:

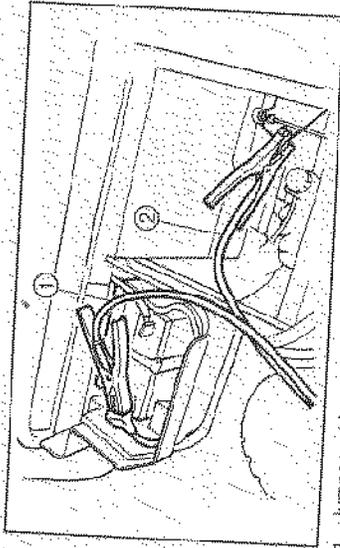
If the engine fails to start, release the key, and then try starting again. Wait a few seconds before the next attempt. Each cranking should be as short as possible to preserve battery energy. Do not crank the engine more than 5 seconds on each attempt.

5. If the engine is started with the starter (choke) in position ①, the starter (choke) should be returned to position ② to warm up the engine. If the engine is started with the starter (choke) in position ②, keep the starter (choke) in this position to warm up the engine.

6. Continue warming up the engine until it idles smoothly and return the starter (choke) to position ③ before riding.

See the "Engine break-in" section prior to operating the engine for the first time.

- Using a charged 12 V battery, connect the positive lead of the jumper cable to the positive terminal of the battery in the vehicle and the other end of the positive lead to the positive terminal of the charged battery.



- Jumper cable positive lead
- Jumper cable negative lead

- Connect the negative lead of the jumper cable to the negative terminal of the charged battery and the other end of the negative lead to an unpainted metal surface of the vehicle.

WARNING

Do not connect the negative lead of jumper cable to the negative terminal of the battery in the vehicle.

- Be especially careful not to:
 - touch the positive lead of the jumper cable to the negative lead.
 - reverse the polarity of the jumper cables when connecting to the batteries - battery explosion and/or serious damage to the electrical system may occur.

- Start the engine. (Refer to "Starting a cold engine" on pages 6-1-6-3.)
- After the engine starts, disconnect the negative lead of the jumper cable from the vehicle and charged battery, and then disconnect the positive lead of the jumper cable from the charged battery and the battery in the vehicle.
- Install the battery compartment cover.
- Close the hood.

Warming up

To get maximum engine life, always warm up the engine before starting off. Never accelerate hard with a cold engine! To see whether or not the engine is warm, check if it responds to the throttle normally with the starter (choke) turned off.

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Drive select lever operation and reverse driving

CAUTION:

Before shifting, you must stop the vehicle and take your foot off the accelerator pedal. Otherwise, the transmission may be damaged.

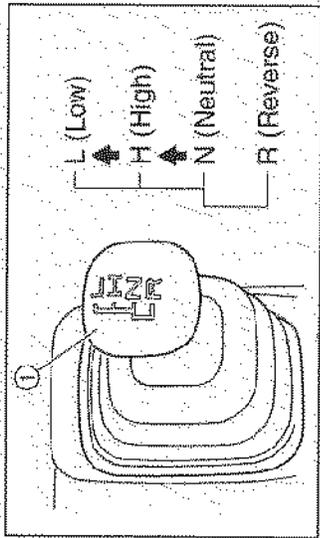
Shifting: Neutral to High and High to Low

1. Stop the vehicle. Keep your foot off the accelerator pedal.

2. Apply the brakes, then shift by moving the drive select lever along the shift guide.

NOTE:

Make sure that the drive select lever is completely shifted into position.

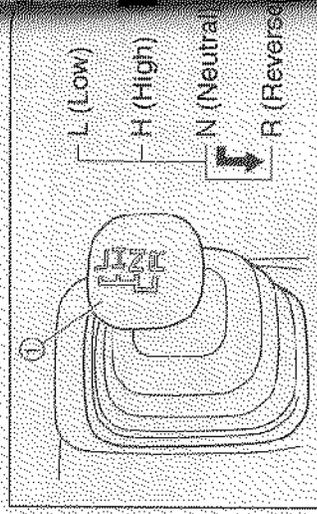


1. Drive select lever

3. Release the brakes and press the accelerator pedal gradually.

Shifting: Neutral to Reverse

1. Stop the vehicle. Keep your foot off the accelerator pedal.
2. Apply the brake pedal.
3. Shift from neutral to reverse or vice versa by moving the drive select lever along the shift guide.



1. Drive select lever

NOTE:

- When in reverse, the reverse indicator light should be on. If the light does not come on, ask a Yamaha dealer to inspect the reverse indicator light electrical circuit.
 - Due to the synchronizing mechanism of the engine, the light may not come on until the vehicle starts moving.
4. Check behind for people or obstacles, then release the brake pedal.

5. Press the accelerator pedal gradually and continue to watch to the rear while backing.

▲ WARNING

POTENTIAL HAZARD
Improperly operating in reverse.

WHAT CAN HAPPEN
You could hit an obstacle or person behind you, resulting in serious injury.

HOW TO AVOID THE HAZARD
When you shift into reverse, make sure there are no obstacles or people behind you. When it is safe to proceed, go slowly.

Engine break-in

There is never a more important period in the life of your vehicle than the period between zero and 20 hours.

For this reason, we ask that you carefully read the following material. Because the engine is brand new, you must not put an excessive load on it for the first several hours of running. During the first 20 hours, the various parts in the engine wear and polish themselves to the correct operating clearances.

During this period, prolonged full throttle operation or any condition which might result in excessive engine heating must be avoided. However, momentary (2-3 seconds maximum) full throttle operation under load does not harm the engine.

Each full throttle acceleration sequence should be followed with a substantial rest period for the engine by cruising at lower r/min so the engine can rid itself of the temporary build up of heat. If any abnormality is noticed during this period, consult a Yamaha dealer.

0-10 hours:

Avoid continuous operation above half throttle. Allow a cooling off period of five to ten minutes after every hour of operation. Vary the speed of the vehicle from time to time. Do not operate it at one set throttle position.

10-20 hours:

Avoid prolonged operation above 3/4 throttle. Rev the vehicle freely but do not use full throttle at any time.

After break-in:

The vehicle can now be operated normally.

Parking

When parking, stop the engine and shift the drive select lever into the neutral position. Apply the parking brake to help prevent the vehicle from rolling.

and normally.

Parking on a slope



WARNING

POTENTIAL HAZARD

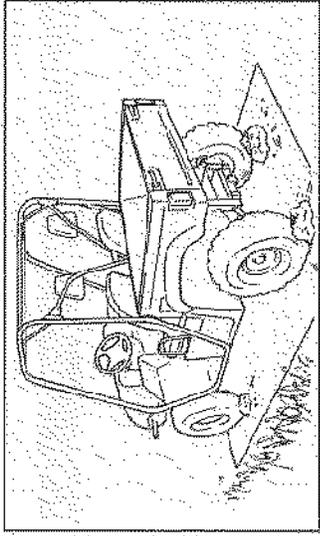
Parking on a hill or other incline.

WHAT CAN HAPPEN

The vehicle could roll out of control, increasing the chance of an accident.

HOW TO AVOID THE HAZARD

Avoid parking on hills or other inclines. If you must park on an incline, apply the parking brake, and block the front and rear wheels with rocks or other objects. Do not park the vehicle at all on hills that are so steep you could not walk up them easily.



1. Bring the vehicle to a stop by applying the brakes.
2. Stop the engine.
3. With the brakes applied, set the parking brake.

NOTE:

Like many other vehicles, the parking brake acts on the rear wheels. For the parking brake to have the effect of braking all four wheels, shift to 4WD before stopping the engine.

Accessories and loading

Accessories

Accessories can affect the handling and control of your vehicle. Keep the following in mind when considering an accessory or operating a vehicle which has accessories.

- Choose only accessories designed for your vehicle. Your Yamaha dealer has a variety of genuine Yamaha accessories. Other accessories may also be available on the market. However, it is not possible for Yamaha to test all non-Yamaha accessories, nor have any control over the quality or suitability of them. Choose a genuine Yamaha accessory, or one that is equivalent in design and quality.

- Accessories should be rigidly and securely mounted. An accessory which can shift position or come off while you are operating could affect your ability to control the vehicle.
- Do not mount an accessory where it could interfere with your ability to control the vehicle. Examples include (but are not limited to) an object that limits your ability to turn the steering wheel or one that limits your view.
- Use extra caution when driving a vehicle with accessories. The vehicle may handle differently than it does without accessories.

Loading

Cargo or a trailer can change the stability and handling of a vehicle.

You must use common sense and good judgment when carrying cargo or towing a trailer. Keep the following points in mind:

- Never exceed the weight limits shown. An overloaded vehicle can be unstable.

MAXIMUM LOADING LIMIT

- Vehicle loading limit (total weight of cargo, operator, passenger and accessories, and tongue weight): 401 kg (884 lb)
- Cargo bed: 181 kg (400 lb)
- Trailer hitch:
 - Pulling load (total weight of trailer and cargo): 550 kgf (1,212 lbf)
 - Tongue weight (vertical weight on trailer hitch point): 50 kgf (110 lbf)

- Choose a trailer hitch drawbar designed for use with a 5 cm (2 in) receiver. (See page 4-28 for more information.)
- Do not exceed the maximum tongue weight. You can measure tongue weight with a bathroom scale. Put the tongue of the loaded trailer on the scale with the tongue at hitch height. Adjust the load in the trailer, if necessary, to reduce the weight on hitch. If you are carrying cargo and towing a trailer, include the tongue weight in the maximum vehicle load limit.
- Load cargo in the cargo bed as close to the center of the vehicle as possible and tie it down using the cargo hooks equipped on the cargo bed.
- Tie down cargo securely in the trailer. Make sure cargo in the trailer cannot move around. A shifting load can cause an accident.

- Make sure the load does not interfere with controls or your ability to see where you are going.
- Drive more slowly than you would without load. The more weight you carry, the slower you should go. Although conditions vary, it is good practice not to exceed low range whenever you are carrying heavier loads when towing a trailer.
- Allow more braking distance. A heavier vehicle takes longer to stop.
- Avoid making sharp turns unless at very slow speeds.
- Avoid hills and rough terrain. Choose terrain carefully. Added weight affects the stability and handling of the vehicle.

▲ WARNING

POTENTIAL HAZARD

Overloading this vehicle or carrying or towing cargo improperly.

WHAT CAN HAPPEN

Could cause changes in vehicle handling which could lead to an accident.

HOW TO AVOID THE HAZARD

Never exceed the stated load capacity for this vehicle.

Cargo should be properly distributed and securely attached.

Reduce speed when carrying cargo or pulling a trailer. Allow greater distance for braking.

DRIVING YOUR VEHICLE

GETTING TO KNOW YOUR VEHICLE

This off-highway utility vehicle will handle and maneuver differently from an ordinary passenger car or other vehicle.

Before you begin to use your vehicle, be sure you have read this Owner's Manual completely and understand the operation of the controls. Pay particular attention to the safety information on pages 2-1-2-5. Please also read all caution and warning labels on your vehicle.

This vehicle is designed for the operator and one passenger. The driver and passenger must always wear a seat belt. Never carry passengers in the cargo bed.

▲ WARNING

POTENTIAL HAZARD

Not wearing the seat belt.

Wearing the seat belt improperly.

WHAT CAN HAPPEN

There is increased risk of being killed or seriously injured in an accident.

HOW TO AVOID THE HAZARD

Always wear your seat belt when riding in the vehicle.

Be sure the seat belt is close-fitting across your hips and chest and is latched securely.

WARNING

POTENTIAL HAZARD

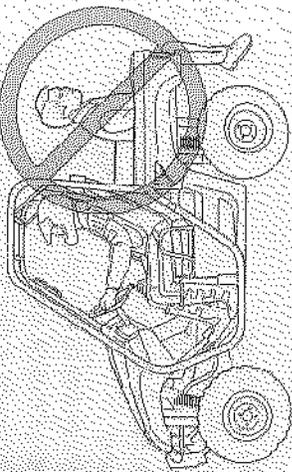
Carrying a passenger in the cargo bed.

WHAT CAN HAPPEN

The passenger could fall or be struck by objects in the cargo bed.

HOW TO AVOID THE HAZARD

Never carry a passenger in the cargo bed. The cargo bed is designed to carry cargo only.



The total weight of operator, passenger, accessories, cargo, trailer tongue weight, and the vehicle itself must not exceed 907 kg (2,000 lb). (See "Loading" on page 6-11.) Carrying a passenger and cargo can affect vehicle handling.

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▲ WARNING

POTENTIAL HAZARD
Overloading this vehicle or carrying or towing cargo improperly.

WHAT CAN HAPPEN
Could cause changes in vehicle handling which could lead to an accident.

HOW TO AVOID THE HAZARD
Never exceed the stated load capacity for this vehicle.
Cargo should be properly distributed and securely attached.
Reduce speed when carrying cargo or pulling a trailer. Allow greater distance for braking.
Always follow the instructions in your Owner's Manual for carrying cargo or pulling a trailer.

The driver and passenger must always wear seat belt and an approved motorcycle helmet. Also wear eye protection and protective clothing, including over-the-ankle boots, gloves, long-sleeved shirt or jacket, and long pants. Keep hands and feet inside the vehicle at times.

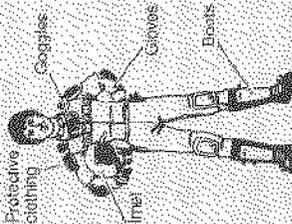
⚠ WARNING

POTENTIAL HAZARD

Operating this vehicle without wearing an approved motorcycle helmet, eye protection, and protective clothing.

WHAT CAN HAPPEN

Operating without an approved motorcycle helmet increases your chances of a severe head injury or death in the event of an accident.



Operating without eye protection can result in an accident and increases your chances of a severe injury in the event of an accident.

HOW TO AVOID THE HAZARD

Always wear an approved motorcycle helmet that fits properly. You should also wear:

- eye protection (goggles or face shield)
- gloves
- boots
- long-sleeved shirt or jacket
- long pants

IDI 080827HWE0001 - Exhibit "B"

LEARNING TO OPERATE YOUR VEHICLE

You should become familiar with the performance characteristics of the vehicle in a large, flat area that is free of obstacles and other vehicles. Practice control of the accelerator pedal, brakes, steering, and drive select lever. Drive first at slow speed and become comfortable at that speed before gradually increasing your speed. Become familiar with the way the vehicle feels in low and high ranges, first in two-wheel drive (2WD) and then in four-wheel drive (4WD) and four-wheel drive with the differential locked (DIFF. LOCK). Also practice driving in reverse. Take the time to learn basic operation before attempting more difficult maneuvers.

Perform the Pre-Operation Checks on page 5-1-5-11. Set the parking brake, shift to neutral, and follow the instructions on page 6-1-1 to start the engine. Once it has warmed up a bit, you have turned the choke off, you are ready to begin driving your vehicle. With the engine idling, shift the drive select lever into low range. Then release the parking brake. Press the accelerator pedal slowly and smoothly. The centrifugal clutch will engage and you will start to accelerate. Avoid higher speeds until you are thoroughly familiar with the operation of your vehicle. When slowing down or stopping, take your foot off the accelerator pedal and smoothly press the brake pedal. Improper use of the brakes can cause the tires to lose traction, reducing control and increasing the possibility of an accident.

CAUTION:

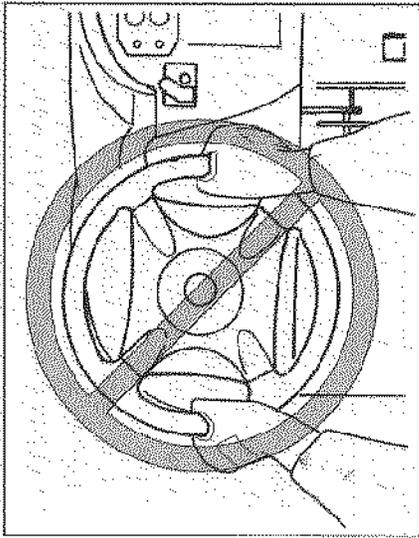
Do not shift from low to high or vice versa without coming to a complete stop and waiting for the engine to return to normal idle speed. Damage to the engine or drivetrain may occur.

TURNING YOUR VEHICLE

The vehicle is easier to steer in two-wheel drive (2WD) than four-wheel drive (4WD). Steering takes the most effort in 4WD with the differential locked (DIFF. LOCK).

It is possible for the vehicle to roll over or go out of control if you attempt sharp, high-speed turns. You should also be careful making sharp turns on rough terrain. Do not attempt to turn around or make abrupt maneuvers on slopes.

Position your hands on the steering wheel so that your thumbs and fingers do not wrap around the wheel. This is particularly important when driving in rough terrain. The front wheels will move right and left as they respond to the terrain, and this movement will be felt in the steering wheel. A sudden jolt could wrench the steering wheel around, and your thumbs or fingers could be injured if they are in the way of the steering wheel spokes.



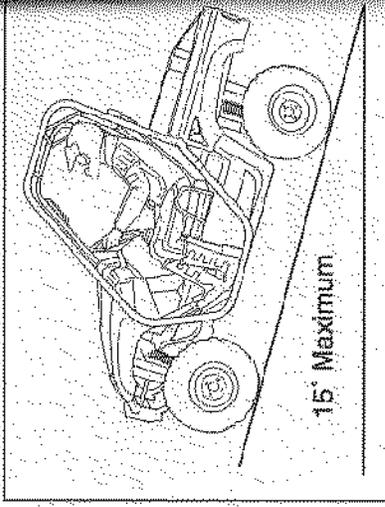
BRAKING

Braking ability is affected by the type of terrain. In most cases, gradually application of the brakes is more effective than abrupt braking, particularly on loose surfaces like gravel. Always allow for greater braking distance on rough, loose, or slippery surfaces.

GOING UPHILL

Do not attempt to climb hills until you have mastered basic maneuvers on flat ground. Use proper driving techniques to avoid over-turns on hills and slopes. Drive straight up hills, and avoid crossing the side of a hill, which increases your chance of rollover. Practice first on gentle slopes before attempting steeper hills. Always check the terrain carefully before attempting any hill. Use common sense and remember that some hills are too steep for you to climb.

Maximum slope angle: 15°



Choose carefully which hills you attempt to climb. Avoid hills with slippery surfaces or ones where you will not be able to see far enough ahead of you.

▲ WARNING

POTENTIAL HAZARD

Operating on excessively steep hills.

WHAT CAN HAPPEN

The vehicle can overturn more easily on extremely steep hills than on level surfaces or small hills.

HOW TO AVOID THE HAZARD

Never operate your vehicle on hills too steep for it or your abilities. Never operate vehicles on hills steeper than 15°.

Do not drive across the face of a hill. Go straight up the hill. Practice on smaller hills before attempting large hills.

Before climbing the hill, first be sure you are operating in low range 4WD or, if necessary, with 4WD Diff. Lock. To climb a hill, you need traction, momentum, and steady throttle. Travel fast enough to keep your momentum going, but not so fast that you cannot react to changes in the terrain as you climb. Slow down when you reach the crest of the hill if you cannot clearly see what is on the other side — there could be another person, an obstacle, or a sharp drop off.

If you start to lose traction or momentum when climbing, and you decide you will be unable to continue, use the brakes to come to a stop. Do not attempt to turn the vehicle around. With your foot on the brake, look behind you and plan your descent. Shift the drive select lever in reverse so you can use the engine brake if necessary to slow your descent. Release the brake and begin to coast down the hill. Use engine braking as much as possible, gently applying the brakes when necessary.

GOING DOWNHILL

Check the terrain carefully before going down a hill. When possible, choose a path that lets you drive your vehicle straight downhill. Avoid sharp angles that could allow the vehicle to pitch or roll over. Carefully choose your path and drive no faster than you will be able to react to obstacles that may appear.

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▲ WARNING

POTENTIAL HAZARD

Going down a hill improperly.

WHAT CAN HAPPEN

Could cause loss of control or cause the vehicle to overturn.

HOW TO AVOID THE HAZARD

Always check the terrain carefully before you start down any hill. Never go down a hill at high speed. Avoid going down a hill at an angle that would cause the vehicle to lean sharply to one side. Go straight down the hill where possible.

Before starting down hill, make sure the vehicle is in low-range 4WD. On most slopes, this will let you use engine braking to help you go downhill slowly. Go as slowly as possible. If you are starting to go too fast, apply the brakes gently. Avoid sudden application of the brakes, which could cause the vehicle to start sliding.

If you are sliding or skidding, try to steer in the direction the vehicle is sliding to help you regain control.

If you must turn on the hill to avoid an obstacle, do so slowly and carefully. If the vehicle starts to tip, gradually steer in the downhill direction if there are no obstacles in your path. As you regain proper balance, gradually steer again in the direction you want to go.

CROSSING THROUGH SHALLOW WATER

If you must cross shallow, slow moving water up to the depth of the vehicle's floorboards, choose your path carefully to avoid sharp drop-offs, large rocks, or slippery surfaces that could cause the vehicle to overturn. Never operate through water deeper than 33 cm (13 in) or fast flowing water.

Wet brakes may have reduced effectiveness. After leaving the water, test your brakes. If necessary, apply the brakes several times to let friction dry out the linings.



WARNING

POTENTIAL HAZARD

Operating this vehicle through deep or fast-flowing water.

WHAT CAN HAPPEN

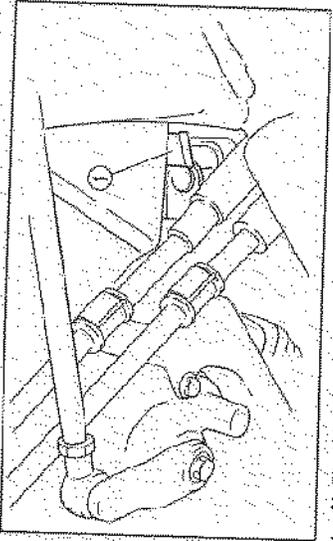
Loss of control, which could result in an accident including overturn, which could increase the risk of drowning.

HOW TO AVOID THE HAZARD

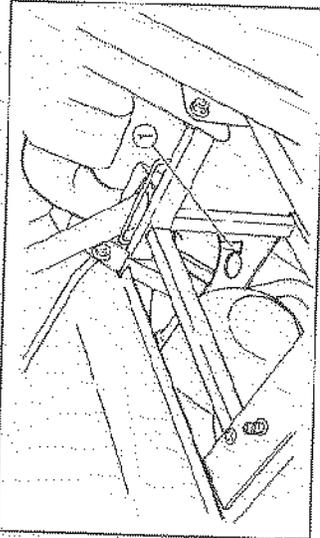
Never operate this vehicle in fast flowing water or in water deeper than 33 cm (13 in).

Remember that wet brakes may have reduced stopping ability. Test your brakes after leaving water. If necessary, apply them several times to let friction dry out the linings.

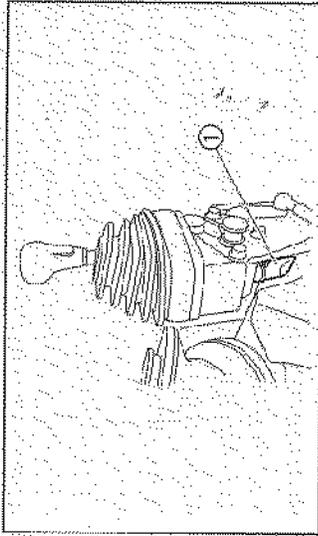
After riding your vehicle in water, be sure to drain the trapped water by removing the check hose at the bottom of the air filter case, the V-belt cooling duct check hose, the drive select lever box check hose and the V-belt case drain plug. Wash the vehicle in fresh water if it has been operated in salt water or muddy conditions.



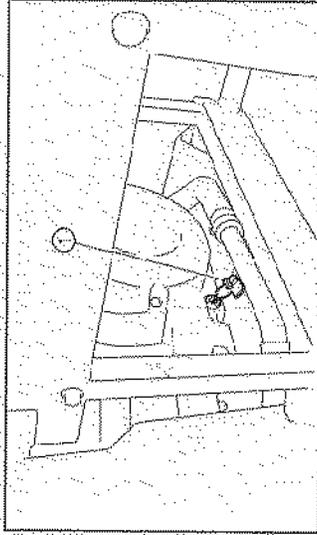
1. Air filter case check hose



1. V-belt cooling duct check hose



1. Drive select lever box check hose



1. V-belt case drain plug

RIDING OVER ROUGH TERRAIN

Operating over rough terrain should be done with caution. Look for obstacles that could cause damage to the vehicle or could lead to a rollover or accident. Avoid jumping the vehicle as injury, loss of control, and damage to the vehicle could occur.

⚠ WARNING

POTENTIAL HAZARD

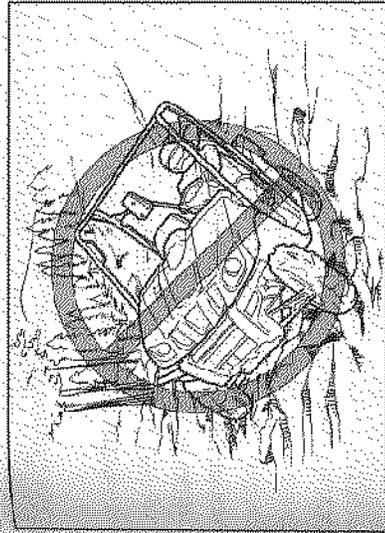
Failure to use extra care when operating this vehicle on unfamiliar terrain.

WHAT CAN HAPPEN

You can come upon hidden rocks, bumps, or holes, without enough time to react. Could result in the vehicle overturning or going out of control.

HOW TO AVOID THE HAZARD

Go slowly and be extra careful when operating on unfamiliar terrain. Always be alert to changing terrain conditions when operating the vehicle.



RIDING IN BRUSH OR WOODED AREAS

When operating in areas with brush or trees, watch carefully on both sides and above the vehicle for obstacles such as branches that the vehicle might hit, causing an accident, or for brush that might enter the vehicle as you pass and strike the driver or passenger. Never hold onto the enclosure so your hand is outside the vehicle. Hold only onto the handgrip inside the enclosure.

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ENCOUNTERING OBSTACLES ON THE TRAIL

If you cannot go around an obstacle such as a fallen tree trunk or a ditch, stop the vehicle where it is safe to do so. Set the parking brake and get out to inspect the area thoroughly. Look from both your approach side and the exit side. If you believe you can continue safely, decide the path that will allow you to get over the obstacle at as close to a right angle as possible to minimize vehicle tipping. Go only fast enough to maintain your momentum but still give yourself plenty of time to react to changes in conditions. If there is any question about your ability to maneuver safely over the obstacle, you should turn around, if the ground is flat and you have the room, or back up until you find a less difficult path.

▲ WARNING

POTENTIAL HAZARD

Improperly operating over obstacles
WHAT CAN HAPPEN

Could cause loss of control or a collision. Could cause the vehicle to overturn.

HOW TO AVOID THE HAZARD

Before operating in a new area, check for obstacles.

Use extreme caution when operating over large obstacles, such as large rocks or fallen trees.

PERIODIC MAINTENANCE AND ADJUSTMENT

Periodic inspection, adjustment and lubrication will keep your vehicle in the safest and most efficient condition possible. Safety is an obligation of the vehicle owner. The most important points of vehicle inspection, adjustment and lubrication are explained on the following pages.

⚠ WARNING

POTENTIAL HAZARD

Servicing an engine while it is running.

WHAT CAN HAPPEN

Moving parts can catch clothing or parts of the body, causing injury.

Electrical components can cause shocks or can start fires.

HOW TO AVOID THE HAZARD

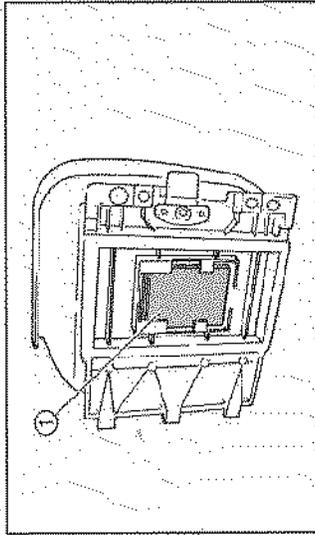
Turn off the engine when performing maintenance unless otherwise specified.

Have a Yamaha dealer perform service if you are not familiar with vehicle service.

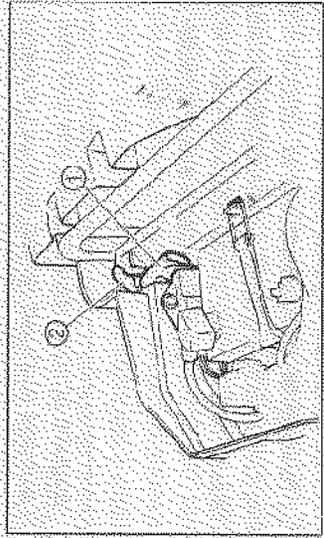
Owner's manual and tool kit

You are recommended to put this owner's manual in the vinyl bag and always carry it on the bottom of the driver seat as shown. Put the owner's tool kit and tire pressure gauge in the space beside the battery.

8



1. Owner's manual



1. Owner's tool kit

2. Tire pressure gauge

The service information included in this manual is intended to provide you, the owner, with the necessary information for completing your own preventive maintenance and minor repairs. The tools provided in the Owner's tool kit are sufficient for this purpose, except that a torque wrench is also necessary to properly tighten nuts and bolts.

NOTE:

If you do not have a torque wrench available during a service operation requiring one, take your vehicle to a Yamaha dealer to check the torque settings and adjust them as necessary.

▲ WARNING

POTENTIAL HAZARD

Operating this vehicle with improper modifications.

WHAT CAN HAPPEN

Improper installation of accessories or modification of this vehicle may cause changes in handling which in some situations could lead to an accident.

HOW TO AVOID THE HAZARD

Never modify this vehicle through improper installation or use of accessories. All parts and accessories added to this vehicle should be genuine Yamaha or equivalent components designed for use on this vehicle and should be installed and used according to instructions. If you have questions, consult an authorized Yamaha vehicle dealer.

PERIODIC MAINTENANCE/LUBRICATION

NOTE:

- For vehicles not equipped with an odometer or hour meter, follow the month maintenance intervals.
- For vehicles equipped with an odometer or an hour meter, follow the km (mi) or hours maintenance intervals. However, keep in mind that if the vehicle isn't used for a long period of time, the month maintenance intervals should be followed.
- Items marked with an asterisk should be performed by a Yamaha dealer as they require special tools, data and technical skills.

ITEM	ROUTINE	Which ever comes first ↔	INITIAL		EVERY			
			1	3	6	6	12	
			month	1,200	2,400	2,400	2,400	4,800
			km	(750)	(1,500)	(1,500)	(3,000)	(3,000)
			hours	75	150	150	300	300
Valves*	<ul style="list-style-type: none"> • Check valve clearance. • Adjust if necessary. 							
Cooling system	<ul style="list-style-type: none"> • Check coolant leakage. • Repair if necessary. • Replace coolant every 24 mo. ltr. 							
Spark plug	<ul style="list-style-type: none"> • Check condition. • Adjust gap and clean. • Replace if necessary. 							
Air filter elements (engine and air intake duct)	<ul style="list-style-type: none"> • Clean. • Replace if necessary. 							
Carburetor*	<ul style="list-style-type: none"> • Check idle speed/starter operation. • Adjust if necessary. 							
Crankcase breather system*	<ul style="list-style-type: none"> • Check breather hose for cracks or damage. • Replace if necessary. 							
Exhaust system*	<ul style="list-style-type: none"> • Check for leakage. • Tighten if necessary. • Replace gasket(s) if necessary. • Clean. 							
Spark arrester	<ul style="list-style-type: none"> • Check fuel hose for cracks or damage. • Replace if necessary. 							
Fuel line*	<ul style="list-style-type: none"> • Replace (warm engine before draining). 							
Engine oil	<ul style="list-style-type: none"> • Replace (warm engine before draining). 							
Engine oil filter cartridge	<ul style="list-style-type: none"> • Check oil level/oil leakage. • Replace. 							
Final gear oil	<ul style="list-style-type: none"> • Replace. 							
Differential gear oil	<ul style="list-style-type: none"> • Replace. 							

Front brake	
Rear brake	
Accelerator	
V-belt*	
Wheels	
Wheel bolts	
Front and rear suspension	
Steering	
Rear upper pivots*	
Drive shaft	
Engine oil	
Front and rear stabilizers	
Fittings	

NOTE

- Replace
- Clean

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ITEM	ROUTINE	Which ever comes first	INITIAL			EVERY		
			month	1	3	5	6	12
			km (mi)	920 (580)	1,200 (750)	2,400 (1,500)	2,400 (1,500)	4,800 (3,000)
			hours	20	75	150	150	300
Front brake*	<ul style="list-style-type: none"> Check operation/brake pad wear/fluid leakage/see NOTE page 6-5 Correct if necessary. Regulate pads if worn to the limit. 	↔		<input type="checkbox"/>				
Rear brake*	<ul style="list-style-type: none"> Check operation/brake pad wear/fluid leakage/see NOTE page 6-5 Correct if necessary. Regulate pads if worn to the limit. 			<input type="checkbox"/>				
Accelerator pedal*	<ul style="list-style-type: none"> Check operation and free play. 			<input type="checkbox"/>				
Wheels*	<ul style="list-style-type: none"> Check operation. Check for wear, cracks, or damage. Check balance/damage/runout. Repair if necessary. 			<input type="checkbox"/>				
Wheel bearings*	<ul style="list-style-type: none"> Check bearing assemblies for looseness/damage. Replace if damaged. Correct if necessary. 			<input type="checkbox"/>				
Front and rear suspension*	<ul style="list-style-type: none"> Check operation and for looseness/Replace if damaged. Correct if necessary. 			<input type="checkbox"/>				
Steering system*	<ul style="list-style-type: none"> Check operation and for looseness/Adjust if necessary. 			<input type="checkbox"/>				
Rear upper and lower knuckle pivots*	<ul style="list-style-type: none"> Lubricate with lithium-soap-based grease. 			<input type="checkbox"/>				
Drive shaft universal joint*	<ul style="list-style-type: none"> Lubricate with lithium-soap-based grease. 			<input type="checkbox"/>				
Engine mount*	<ul style="list-style-type: none"> Check for cracks or damage. Check bolt tightness. 			<input type="checkbox"/>				
Front and rear axle boots*	<ul style="list-style-type: none"> Check operation. Replace if damaged. 			<input type="checkbox"/>				
Stabilizer bushings*	<ul style="list-style-type: none"> Check for cracks or damage. 			<input type="checkbox"/>				
Flings and fasteners*	<ul style="list-style-type: none"> Check all chassis fittings and fasteners. Correct if necessary. 			<input type="checkbox"/>				

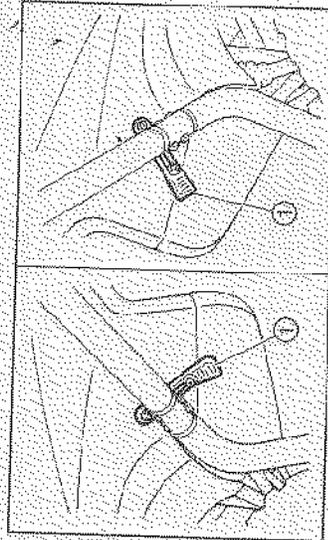
NOTE:

- Recommended brake fluid: DOT 4
- Brake fluid replacement:
 - When disassembling the master cylinder or caliper, replace the brake fluid. Normally check the brake fluid level and add fluid as required.
 - On the inner parts of the master cylinder and caliper, replace the oil seals every two years.
 - Replace the brake hoses every four years, or if cracked or damaged.

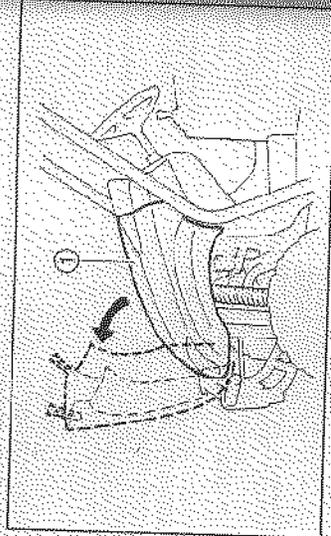
Hood

To open

Unhook the hood latches, and then slowly tilt the hood up until it stops.



1. Latch (x-2)



1. Hood

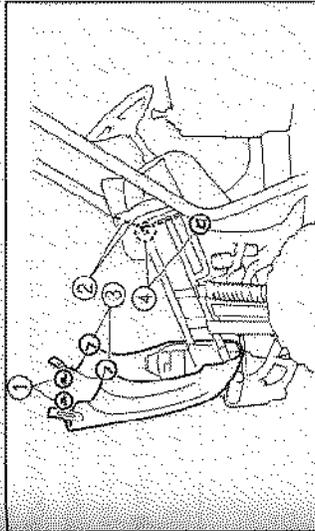
To close
Lower the hood and then
Secure the hood into
ment panel
hood arou

- 1. Projection (x-2)
- a. Slot (x-2)

To close

Lower the hood slowly to its original position, and then hook the hood latches.

Secure projections ① on the underside of the hood into slots ② on the back of the instrument panel. Secure slots ③ on the side of the hood around projections ④ on the frame.



- 1. Projection (x 2)
- 2. Slot (x 2)
- 3. Slot (x 2)
- 4. Projection (x 2)

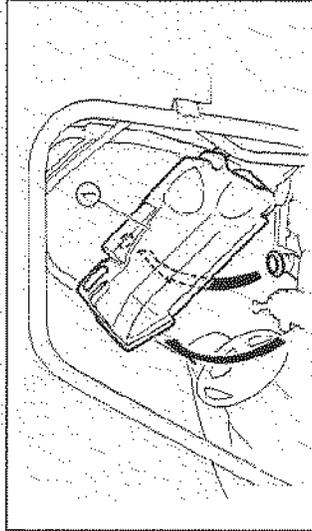
CAUTION:

- Make sure that all cables and wires are in place when closing the hood.
- Do not drive the vehicle with the hood open, unattached, or removed.

Console

To remove

1. Remove the seats. (See page 4-20 for seat removal and installation procedures.)
2. Remove the parking brake lever boot.
3. Pull the console upward (the drive select lever boot will come loose).



1. Console

To install

1. Place the console in its original position.
2. Install the parking brake lever boot.
3. Install the seats.

- When installing the console, be sure not to pinch the cables or wires.
- Make sure that the groove at the bottom of the parking brake lever boot and the drive select lever boot fits securely around the edge of the hole in the console.

Engine oil and
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To check the e

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Engine oil and oil filter cartridge

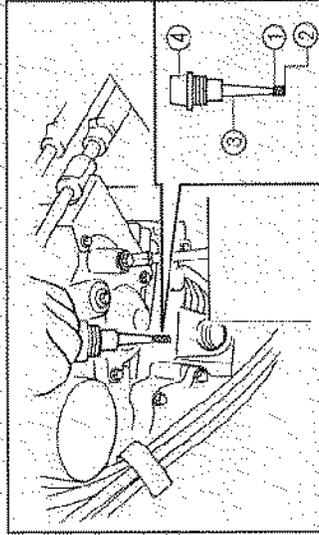
The engine oil level should be checked before each operation. In addition, the oil must be changed and the oil filter cartridge replaced at the intervals specified in the periodic maintenance and lubrication chart.

To check the engine oil level

1. Place the vehicle on a level surface.
2. Remove the console. (See page 8-8 for console removal and installation procedures.)
3. Start the engine, warm it up for several minutes, and then turn it off.
4. Wait a few minutes until the oil settles.
5. Remove the engine oil filler cap and wipe off the dipstick with a clean rag.
6. Insert the dipstick in the oil filler hole (without screwing it in), and then remove it again to check the oil level.

NOTE:

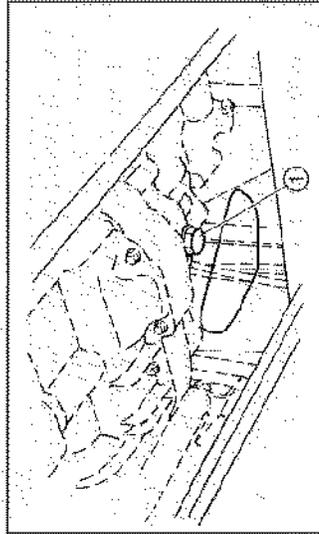
The engine oil should be between the minimum and maximum level marks.



1. Maximum level mark
 2. Minimum level mark
 3. Dipstick
 4. Engine oil filler cap
7. If the engine oil is at or below the minimum level mark, add sufficient oil of the recommended type to raise it to the correct level.
 8. Insert the dipstick into the oil filler hole, and then tighten the oil filler cap.
 9. Install the console.

To change the engine oil (with or without oil filter cartridge replacement)

1. Remove the console. (See page 8-8 for console removal and installation procedures.)
2. Start the engine, warm it up for several minutes, and then turn it off.
3. Place an oil pan under the engine to collect the used oil, and then remove the engine oil filler cap.
4. Remove the engine oil drain bolt to drain the oil from the crankcase.

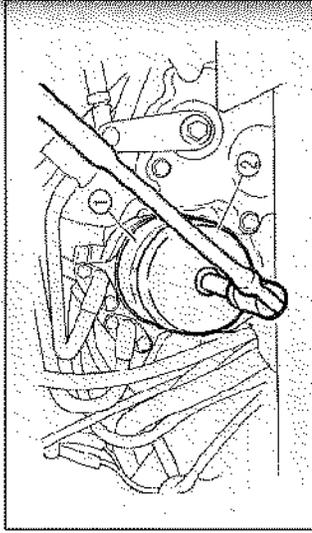


1. Engine oil drain bolt

NOTE:

Skip steps 5-7 if the oil filter cartridge is not being replaced.

5. Remove the oil filter cartridge with an oil filter wrench.



1. Oil filter cartridge 2. Oil filter wrench

NOTE:

An oil filter wrench is available at a nearby Yamaha dealer.

6. App

O-ring
NOTE:
Make su

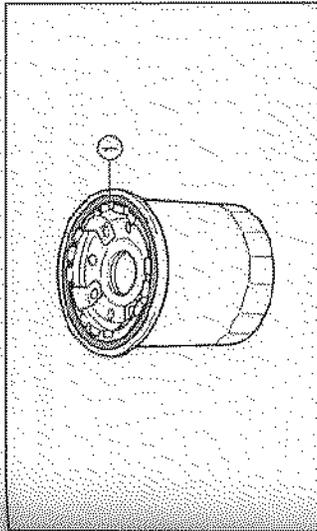
1. O-ring

7. Insta
oil fill
spec

Tighter
Oil fill
17

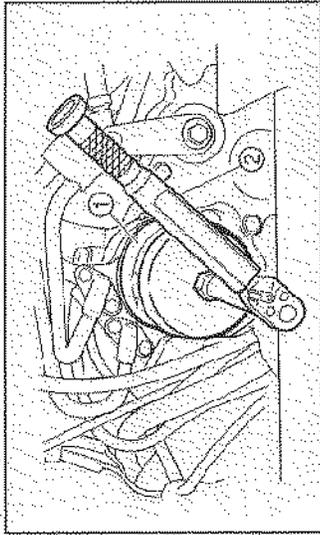
6. Apply a light coat of engine oil to the O-ring of the new oil filter cartridge.

NOTE:
Make sure the O-ring is seated properly.



7. Install the new oil filter cartridge with an oil filter wrench, and then tighten it to the specified torque with a torque wrench.

Tightening torque:
Oil filter cartridge:
17 Nm (1.7 m·kgf, 12 ft·lbf)



8. Install the engine oil drain bolt, and then tighten it to the specified torque.

Tightening torque:
Engine oil drain bolt:
30 Nm (3.0 m·kgf, 22 ft·lbf)

9. Add the specified amount of recommended engine oil, and then install the engine oil filler cap and tighten it.

Recommended engine oil:

See page 10-2.

Oil quantity:

Without oil filter cartridge replacement:

1.90 L (1.67 Imp qt, 2.01 US qt)

With oil filter cartridge replacement:

2.00 L (1.76 Imp qt, 2.11 US qt)

CAUTION:

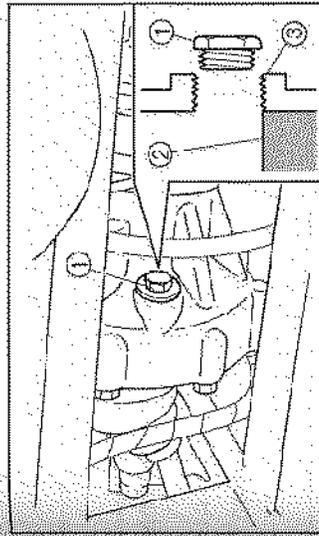
- In order to prevent clutch slippage (since the engine oil also lubricates the clutch), do not mix any chemical additives. Do not use oils with a diesel specification of "CD" or oils of a higher quality than specified. In addition, do not use oils labeled "ENERGY CONSERVING II" or higher.
- Make sure that no foreign material enters the crankcase.

10. Start the engine and warm it up for several minutes. While warming up, check for oil leakage. If oil leakage is found, turn the engine off immediately and check for the cause.
11. Turn the engine off, and then check the oil level and correct it if necessary.
12. Install the console.

Final gear oil

Checking the final gear oil level

1. Place the vehicle on a level surface.
2. Remove the oil filler bolt, and then check the oil level in the final gear case.



1. Final gear oil filler bolt
2. Final gear oil
3. Correct oil level

NOTE:

The oil level should be at the brim of the filler hole.

3. If the oil is below the brim of the filler hole, add sufficient oil of the recommended type to raise it to the correct level.

CAUTION:

Be sure no foreign material enters the final gear case.

4. Install the oil filler bolt, and then tighten it to the specified torque.

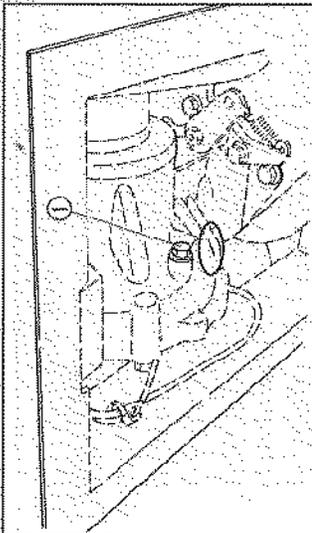
Tightening torque:

Final gear oil filler bolt:

23 Nm (2.3 m.kgf, 17 ft.lbf)

Changing the final gear oil

1. Place the vehicle on a level surface.
2. Place a container under the final gear case to collect the used oil.
3. Remove the oil filler bolt and the drain bolt to drain the oil.



1. Final gear oil drain bolt

4. Install the drain bolt, and then tighten it to the specified torque.

Tightening torque:

Final gear oil drain bolt:
20 Nm (2.0 m.kgf, 14 ft.lbf)

B-14

5. Add the recommended final gear oil up to the brim of the filler hole.

Recommended oil:

SAE 80 API GL-4 Hypoid gear oil
Oil quantity:
0.25 L (0.22 Imp qt, 0.26 US qt)

CAUTION:

Be sure no foreign material enters the final gear case.

6. Install the oil filler bolt, and then tighten it to the specified torque.

Tightening torque:

Final gear oil filler bolt:
23 Nm (2.3 m.kgf, 17 ft.lbf)

7. Check for oil leakage. If oil leakage is found, check for the cause.

Differential Checkin

1. Place
2. Reinstall and the low speed

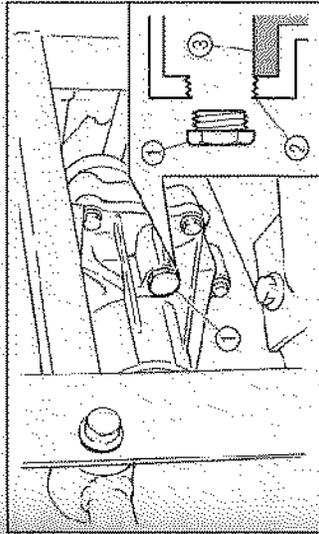


1. Differentiate
2. Correct

Differential gear oil

Checking the differential gear oil level

1. Place the vehicle on a level surface.
2. Remove the differential gear oil filler bolt and check the oil level. It should be up to the brim of the filler hole. If the level is low, add sufficient oil of the recommended type to raise it to the specified level.



1. Differential gear oil filler bolt
2. Correct oil level
3. Differential gear oil

CAUTION:

Be sure no foreign material enters the differential gear case.

3. Install the differential gear oil filler bolt, and then tighten it to the specified torque.

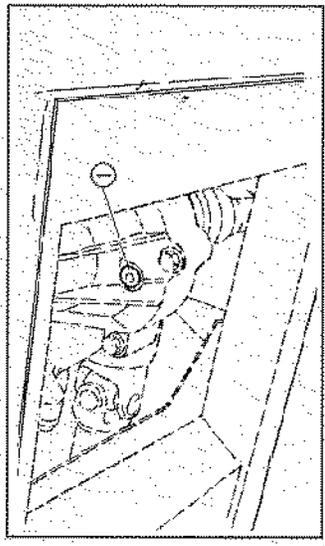
Tightening torque:

Differential gear oil filler bolt:
23 Nm (2.3 m·kgf, 17 ft·lbf)

Changing the differential gear oil

1. Place the vehicle on a level surface.
2. Place a container under the differential gear case to collect the used oil.
3. Remove the differential gear oil filler bolt and differential gear oil drain bolt to drain the oil.

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1. Differential gear oil drain bolt

4. Install the differential gear oil drain bolt, and tighten it to the specified torque.

Tightening torque:
Differential gear oil drain bolt:
9.8 Nm (0.98 m·kgf, 7.1 ft·lbf)

5. Fill the differential gear case with the recommended oil.

Recommended oil:
SAE 80 API GL-4 Hypoid gear oil
Oil quantity:
0.32 L (0.28 imp qt, 0.34 US qt)

CAUTION:

Be sure no foreign material enters the differential gear case.

6. Install the differential gear oil filler bolt, and then tighten it to the specified torque.

Tightening torque:
Differential gear oil filler bolt:
23 Nm (2.3 m·kgf, 17 ft·lbf)

7. Check for oil leakage. If oil leakage is found, check for the cause.

Coolant

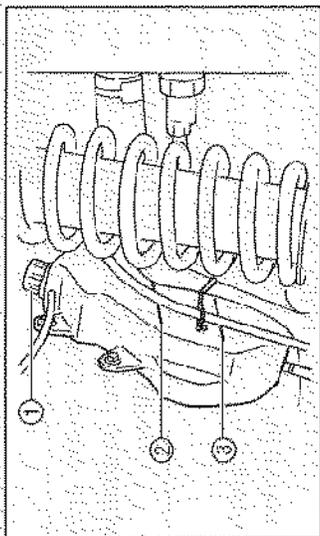
The coolant level should be checked before each ride.

Checking the coolant level

1. Place the vehicle on a level surface.
2. Open the hood. (See pages 8-6-8-7 for hood opening and closing procedures.)
3. Check the coolant level in the coolant reservoir when the engine is cold as the coolant level varies with engine temperature.

NOTE:

The coolant should be between the minimum and maximum level marks.



1. Coolant reservoir cap
 2. Maximum level mark
 3. Minimum level mark
4. If the coolant is at or below the minimum level mark, remove the reservoir cap, add coolant to the maximum level mark, install the reservoir cap, and then close the hood.

Coolant reservoir capacity
(up to the maximum level mark):
0.35 L (0.31 Imp qt, 0.37 US qt)

CAUTION:

Mix anti freeze with distilled water only. However, if distilled water is not available, soft water may be used for refilling.

Changing the coolant

The coolant must be changed by a Yamaha dealer at the intervals specified in the periodic maintenance and lubrication chart.

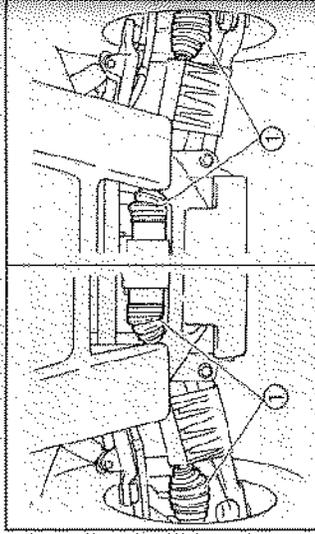
NOTE:

- Adding water instead of coolant lowers the antifreeze content of the coolant. If water is used instead of coolant, have a Yamaha dealer check the antifreeze content of the coolant as soon as possible.
- The radiator fan operation is completely automatic. It is switched on or off according to the coolant temperature in the radiator.

If your vehicle overheats, see page 8-54 for details.

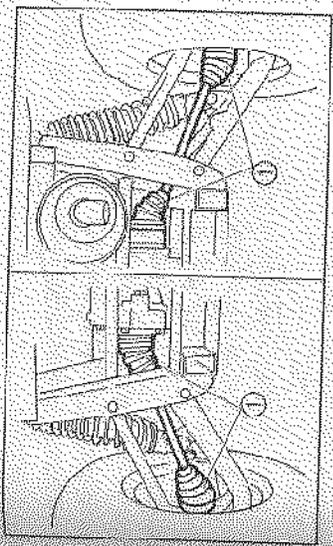
Axle boots

Check the protective boots for holes or tears. If any damage is found, have them replaced by a Yamaha dealer.



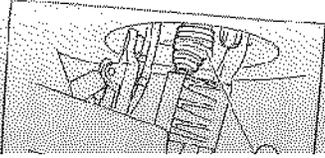
1. Front axle boot (x 2 each side)

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1. Rear axle boot (x 2 each side)

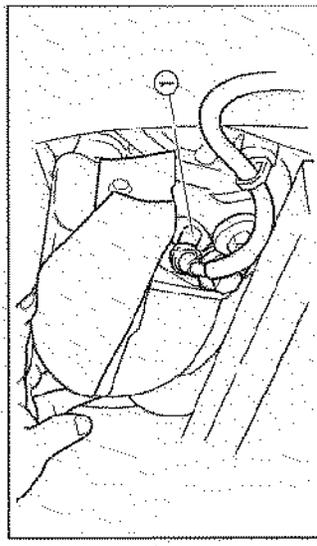
holes or tears,
them replaced



Spark plug inspection

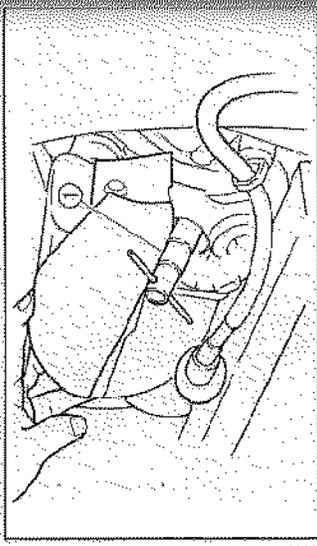
Removal

1. Lift the cargo bed up. (See pages 4-23-4-26 for cargo bed lifting and lowering procedures.)
2. Remove the spark plug cap.



1. Spark plug cap

3. Use the spark plug wrench in the tool kit to remove the spark plug as shown.



1. Spark plug wrench

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Inspection

The spark plug is an important engine component and is easy to inspect. The condition of the spark plug can indicate the condition of the engine.

The ideal color of the porcelain insulator around the center electrode is a medium-to-light tan for a vehicle that is being ridden normally.

Do not attempt to diagnose such problems yourself.

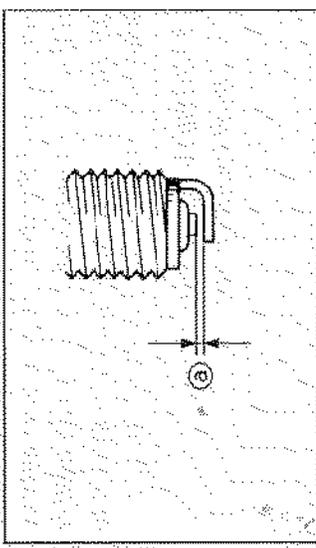
Instead, take the vehicle to a Yamaha dealer. You should periodically remove and inspect the spark plug because heat and deposits will cause the spark plug to slowly break down and erode. If electrode erosion becomes excessive, or if carbon and other deposits are excessive, you should replace the spark plug with the specified plug.

Specified spark plug:
DPR8EA-9 (NGK)

Installation

1. Measure the electrode gap with a wire thickness gauge and, if necessary, adjust the gap to specification.

Spark plug gap:
0.8–0.9 mm (0.031–0.035 in)



a. Spark plug gap

2. Clean the surface of the spark plug gasket and its mating surface, and then wipe off any grime from the spark plug threads.

3. Install the spark plug and tighten it to the specified torque.

Tightening torque:

Spark plug:
17.5 Nm (1.75 m·kgf, 12.7 ft·lbf)

NOTE:

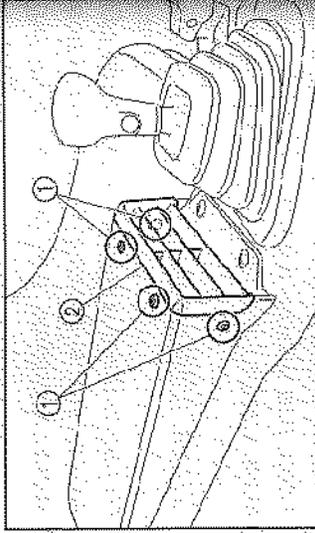
If a torque wrench is not available when you are installing the spark plug, a good estimate of the correct torque is 1/4 to 1/2 turn past finger tight. Have the spark plug tightened to the specified torque as soon as possible.

4. Install the spark plug cap.
5. Lower the cargo bed.

Cleaning the air filter elements

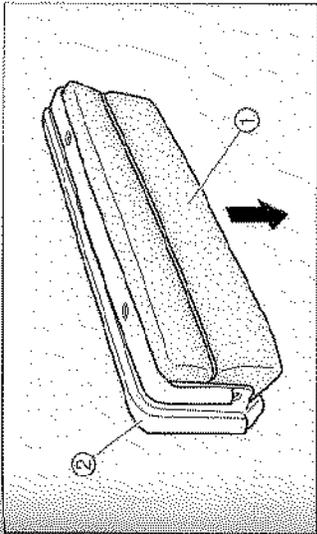
Cleaning the intake duct air filter element

1. Remove the air intake duct grill by removing the quick fastener screws.

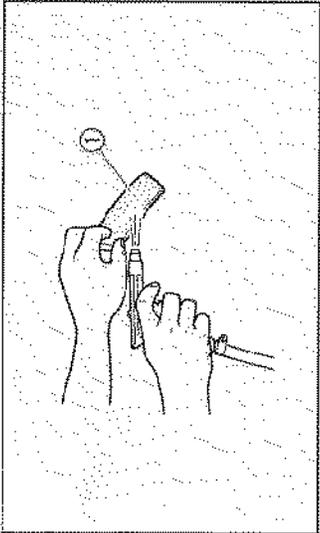


1. Quick fastener screw (x 4)
2. Air intake duct grill

2. Remove the air filter element from the intake duct grill by pulling it out as shown.



- 1. Air filter element
 - 2. Air intake duct grill
3. Remove any large particles from the air filter element by hand.
4. Tap the air filter element to remove most of the dust and dirt, and then blow the remaining dirt out with compressed air.



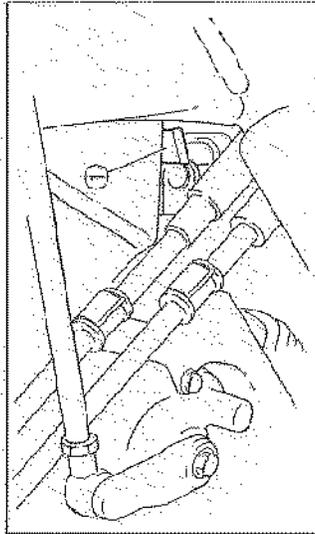
- 1. Air filter element
5. Install the air filter element into the air intake duct grill.
6. Install the air intake duct grill by installing the quick fastener screws.

JDI 080827HWE0001 - Exhibit "B"

Cleaning the engine air filter element

NOTE:

There is a check hose at the bottom of the air filter case. If dust or water collects in this hose, empty the hose and clean the air filter element and air filter case.

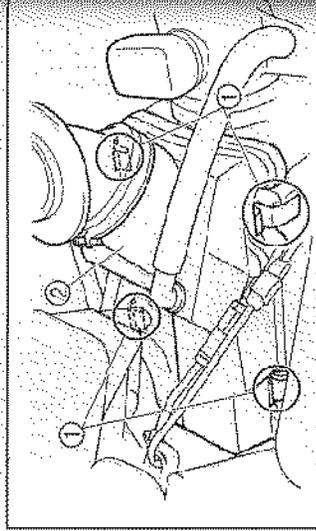


1. Air filter case check hose

1. Remove the seats. (See page 4-20 for seat removal and installation procedures.)
2. Remove the console. (See page 8-8 for console removal and installation procedures.)

6-24

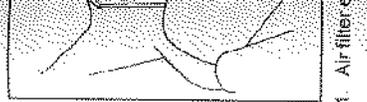
3. Remove the air filter case cover by unhooking the holders.



1. Holder (x 4)

2. Air filter case cover

4. Remove the air filter element.
5. Remove the air filter element from its frame.

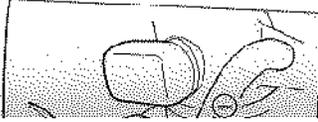


1. Air filter element



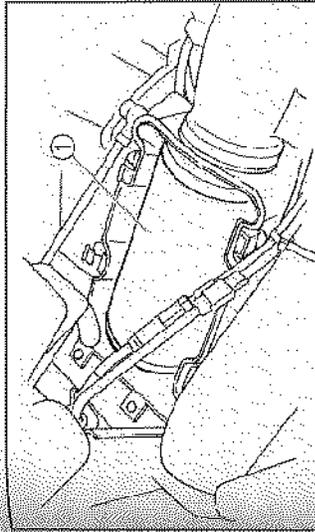
1. Air filter frame
3. Element

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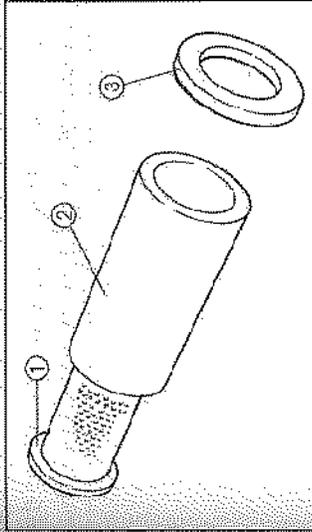


over

from its



Air filter element



- 1. Air filter frame
- 2. Air filter element
- 3. Element retaining plate

6. Wash the air filter element gently but thoroughly in solvent.

⚠ WARNING

POTENTIAL HAZARD

Using low flash point solvents or gasoline to clean the air filter element.

WHAT CAN HAPPEN

Low flash point solvents or gasoline can catch fire or explode.

HOW TO AVOID THE HAZARD

Use parts cleaning solvent to clean the air filter element.

7. Squeeze the excess solvent out of the air filter element and let it dry.

CAUTION:

Do not twist the air filter element when squeezing it.

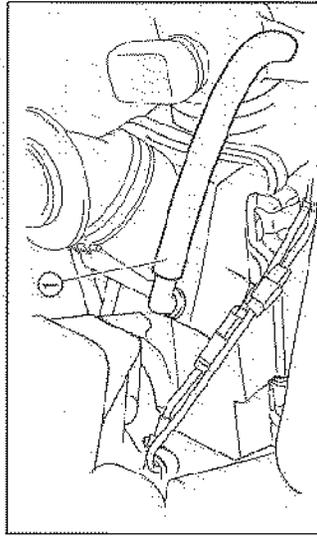
8. Inspect the air filter element and replace it if damaged.

9. Thoroughly apply Yamaha foam air filter oil or other quality liquid foam air filter oil (not spray type) to the air filter element.

NOTE:

The air filter element should be wet but not dripping.

10. Pull the air filter element over its frame.
11. Install the air filter element.
12. Install the air filter case cover and be sure the crankcase breather hose is connected.



1. Crankcase breather hose

13. Install the console.
14. Install the seats.

NOTE:

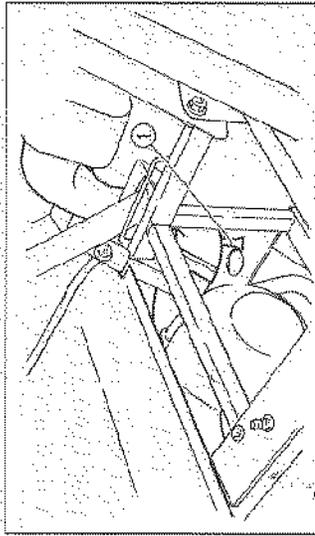
The air filter element should be cleaned every 20-40 hours. It should be cleaned and lubricated more often if the vehicle is operated in extremely dusty areas. Each time air filter element maintenance is performed, check the air inlet to the air filter case for obstructions. Check the air filter element rubber joint to the carburetor and manifold fittings for an airtight seal. Tighten all fittings securely to avoid the possibility of unfiltered air entering the engine.

CAUTION:

Never operate the engine with the air filter element removed. This will allow unfiltered air to enter, causing rapid engine wear and possible engine damage. Additionally, operation without the air filter element will affect carburetor jetting with subsequent poor performance and possible engine overheating.

V-belt cooling duct check hose

The V-belt cooling duct check hose is located under the driver seat. (See page 4-20 for seat removal and installation procedures.) If dust or water collects in the V-belt cooling duct check hose, remove the hose and clean it.



1. V-belt cooling duct check hose

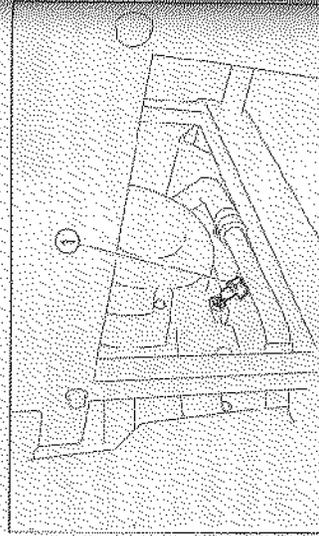
V-belt case drain plug

The V-belt case drain plug is located under the driver seat. (See page 4-20 for seat removal and installation procedures.)

After riding in water deep enough to allow water to enter the V-belt case, remove the drain plug to drain any water from the case.

NOTE:

If water drains from the V-belt case after removing the drain plug, have a Yamaha dealer inspect the vehicle as the water may affect other engine parts.

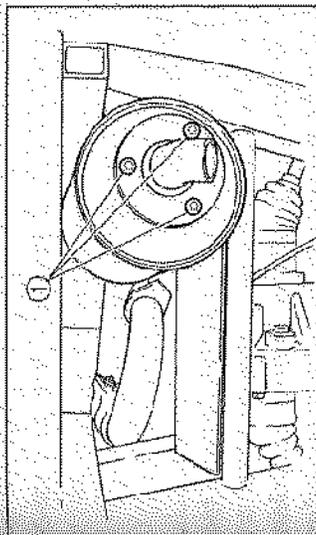


V-belt case drain plug

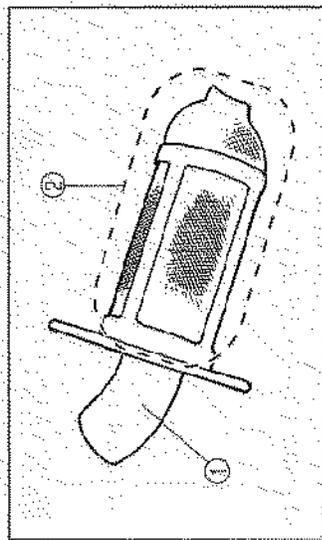
Cleaning the spark arrester

Be sure the exhaust pipe and muffler are cool before cleaning the spark arrester.

1. Remove the bolts.



2. Remove the tailpipe by pulling it out of the muffler.
3. Tap the tailpipe lightly, and then use a wire brush to remove any carbon deposits from the spark arrester portion of the tailpipe and inside of the tailpipe housing.



1. Tailpipe
 2. Spark arrester
4. Insert the tailpipe into the muffler and align the bolt holes.
 5. Install the tailpipe by installing the bolts, and then tighten the bolts to the specified torque.

* Tightening torque:
Tailpipe bolt:
9.5 N·m (0.95 m·kgf, 6.9 ft·lbf)

IDI 08082HWE0001 - Exhibit "B"

▲ WARNING

POTENTIAL HAZARD
Improper cleaning of the spark arrester.
Hot exhaust system

WHAT CAN HAPPEN
Could injure the eyes.
Could cause burns.
Could cause carbon monoxide poisoning, possibly leading to death.
Could start a fire.

HOW TO AVOID THE HAZARD
When cleaning the spark arrester:
Always let the exhaust system cool prior to touching exhaust components.
Do not start the engine when cleaning the exhaust system.

Carburetor adjustment

The carburetor is a vital part of the engine and requires very sophisticated adjustment. Most adjusting should be left to a Yamaha dealer who has the professional knowledge and experience to do so. However, the idling speed may be performed by the owner as a part of the usual maintenance routine.

CAUTION:

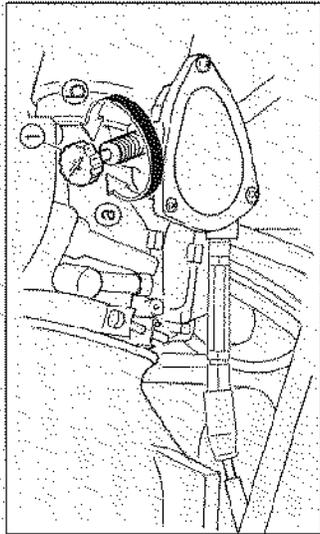
The carburetor was set at the Yamaha factory after many tests. If the settings are disturbed by someone without sufficient technical knowledge, poor engine performance and damage may result.

Idle speed adjustment

NOTE:
A diagnostic tachometer must be used for this procedure.

1. Start the engine and warm it up for a few minutes at approximately 1,000 to 2,000 r/min. Occasionally rev the engine to 4,000 to 5,000 r/min. The engine is warm when it quickly responds to the throttle.
2. Remove the seats. (See page 4-20 for seat removal and installation procedures.)
3. Remove the console. (See page 8-8 for console removal and installation procedures.)
4. Connect the tachometer to the spark plug lead, and then set the idle to the specified idling speed by adjusting the throttle stop screw. Turn the screw in direction (a) to increase the engine speed, and in direction (b) to decrease the engine speed.

Specified idle speed:
1,450–1,550 r/min



1. Throttle stop screw
5. Install the console.
6. Install the seats.

Valve clearance adjustment

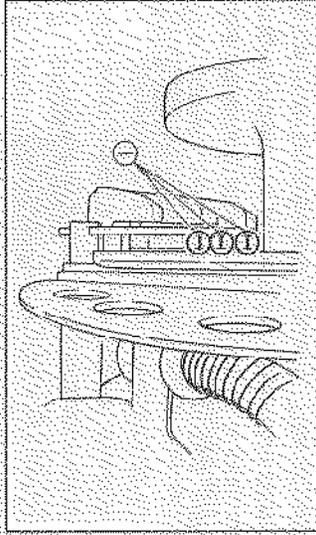
The correct valve clearance changes with use, resulting in improper fuel/air supply or engine noise. To prevent this, the valve clearance must be adjusted regularly. This adjustment however, should be left to a professional Yamaha service technician.

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Front brake pad check

Each brake pad is provided with wear indicator grooves, which allow you to check the brake pad wear without having to disassemble the brake. To check the brake pad wear, check the wear indicator grooves. If a brake pad has worn to the point that the wear indicator grooves have almost disappeared, have a Yamaha dealer replace the brake pads as a set.

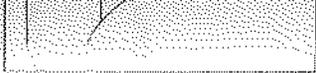


1. Brake pad wear indicator groove

NOTE:

The wheels need to be removed to check the brake pads. (See pages 8-40-8-41 for wheel removal and installation procedures.)

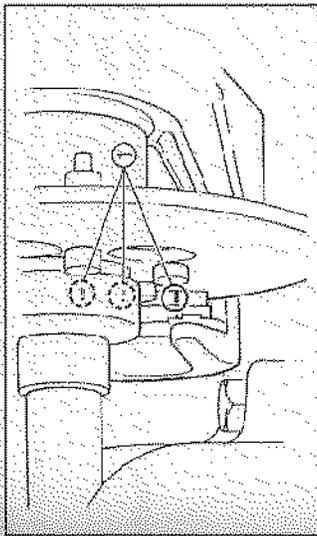
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1. Brake

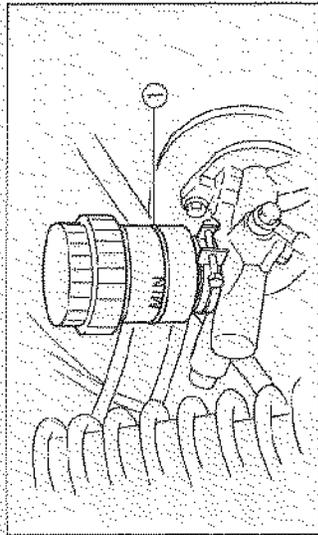
Rear brake pad check

Each brake pad is provided with wear indicator grooves, which allow you to check the brake pad wear without having to disassemble the brake. To check the brake pad wear, check the wear indicator grooves. If a brake pad has worn to the point that the wear indicator grooves have almost disappeared, have a Yamaha dealer replace the brake pads as a set.



1. Brake pad wear indicator groove

Checking the brake fluid level



1. Minimum level mark

Insufficient brake fluid may let air enter the brake system, possibly causing the brakes to become ineffective.

Before riding, check that the brake fluid is above the minimum level mark and replenish if necessary. A low brake fluid level may indicate worn brake pads and/or brake system leakage. If the brake fluid level is low, be sure to check the brake pads for wear and the brake system for leakage.

The brake fluid reservoir is located under the hood. (See pages 8-6-8-7 for hood opening and closing procedures.)

Observe these precautions:

- When checking the fluid level, make sure the top of the brake fluid reservoir is level.
- Use only the recommended quality brake fluid. Otherwise, the rubber seals may deteriorate, causing leakage and poor braking performance.

Recommended brake fluid: DOT 4

- Refill with the same type of brake fluid. Mixing fluids may result in a harmful chemical reaction and lead to poor braking performance.
- Be careful that water does not enter the brake fluid reservoir when refilling. Water will significantly lower the boiling point of the fluid and may result in vapor lock.

- Brake fluid may deteriorate painted surfaces or plastic parts. Always clean up spilled fluid immediately.
- Have a Yamaha dealer inspect the brake system if the brake fluid level goes down.

Brake fluid replacement

Complete fluid replacement should be done only by trained Yamaha service personnel. Have a Yamaha dealer replace the following components during periodic maintenance or when they are damaged or leaking.

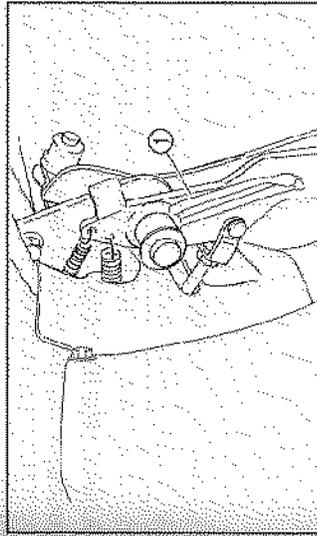
- Replace the oil seals every two years.
- Replace the brake hoses every four years.

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Checking the brake pedal
Have a Yamaha dealer check the brakes at the intervals specified in the periodic maintenance and lubrication chart. There should be no free play in the brake pedal. The brakes should operate smoothly and there should be no brake drag. If the brakes feel soft or spongy, this could indicate air in the brake system. Have a Yamaha dealer check the brake system if necessary.



1. Brake pedal

⚠ WARNING

POTENTIAL HAZARD
Operating with improperly serviced or adjusted brakes.

WHAT CAN HAPPEN
You could lose braking ability, which could lead to an accident.

HOW TO AVOID THE HAZARD
After servicing:

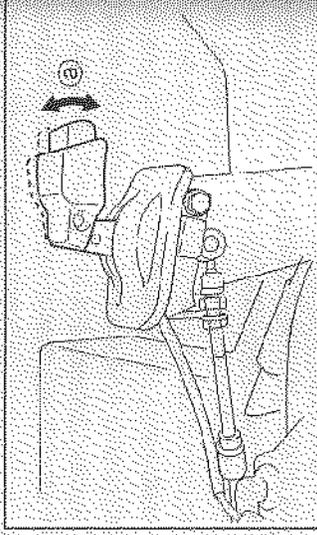
- Make sure the brakes operate smoothly and that the brake pedal position is correct.
- Make sure the brakes do not drag.
- All air must be bled from the brake system.

Replacement of brake components requires professional knowledge. These procedures should be performed by a Yamaha dealer.

Parking brake lever free play adjustment

Periodically check the parking brake lever free play and adjust it if necessary.

1. Shift the drive select lever into low gear "L".
2. Remove the seats. (See page 4-20 for seat removal and installation procedures.)
3. Remove the console. (See page 8-8 for console removal and installation procedures.)
4. Check the parking brake lever free play. The maximum free play is equal to one click of the parking brake lever. If necessary, adjust the free play as follows.



a. Parking brake lever free play

NOTE:

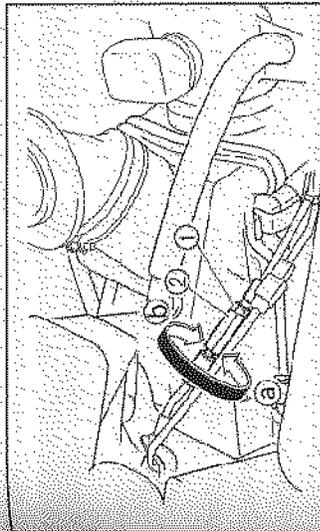
The parking brake lever must be released when checking and adjusting the parking brake lever free play.

5. Loosen the locknut.

Brake light switch adjustment

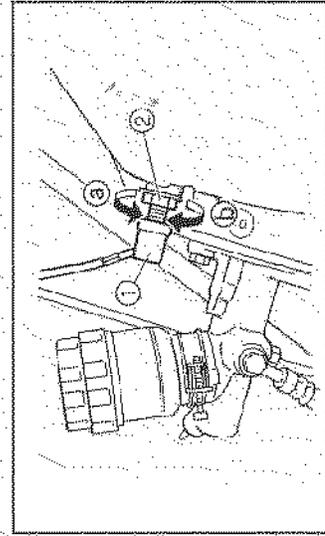
The brake light switch, which is activated by the brake pedal, is properly adjusted when the brake light comes on just before braking takes effect. If necessary, adjust the brake light switch as follows.

1. Open the hood. (See pages 8-6-8-7 for hood opening and closing procedures.)
2. Turn the adjusting nut while holding the brake light switch in place. To make the brake light come on earlier, turn the adjusting nut in direction ③. To make the brake light come on later, turn the adjusting nut in direction ④.



1. Locknut
2. Adjusting nut
6. Turn the adjusting nut in direction ③ to increase the free play or in direction ④ to decrease the free play.
7. Tighten the locknut.
8. Install the console.
9. Install the seats.

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- 1. Brake light switch
- 2. Adjusting nut
- 3. Close the hood.

Cable inspection and lubrication

⚠ WARNING

POTENTIAL HAZARD

Damaged control cables.

WHAT CAN HAPPEN

Corrosion can result when the outer covering of control cables becomes damaged. Cables can also become frayed or kinked. Operation of controls could be restricted, which could cause an accident or injury.

HOW TO AVOID THE HAZARD

Inspect cables frequently. Replace damaged cables.

Lubricate the inner cables and the cable ends. If the cables do not operate smoothly, ask a Yamaha dealer to replace them.

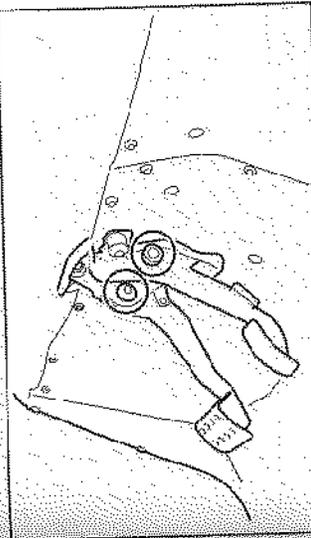
Recommended lubricant:

Yamaha chain and cable lube or SAE 10W30 motor oil

Brake pedal and accelerator pedal lubrication

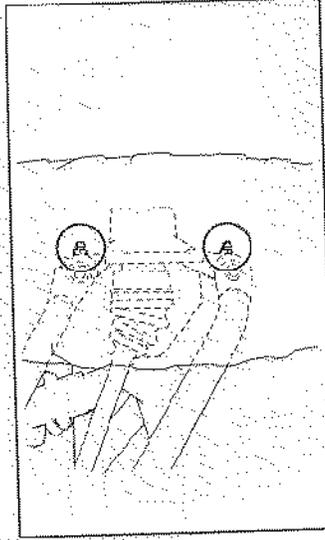
Lubricate the pivoting parts.

Recommended lubricant:
Lithium-soap-based grease
(all-purpose grease)



Rear knuckle upper and lower pivot lubrication

Lubricate the knuckle upper and lower pivots with a grease gun.



Recommended lubricant:
Lithium-soap-based grease

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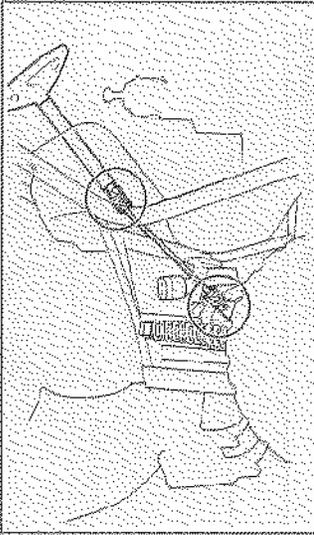
SAE

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Steering shaft lubrication

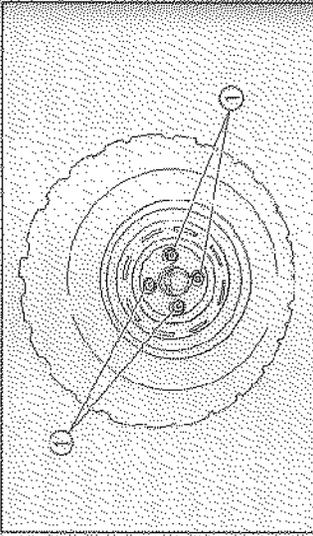
Lubricate the pivot points.

Recommended lubricant:
Lithium-soap-based grease
(all purpose grease)



Wheel removal

1. Loosen the wheel nuts.
2. Elevate the vehicle and place a suitable stand under the frame.
3. Remove the nuts from the wheel.
4. Remove the wheel.



1. Nut (x 4)

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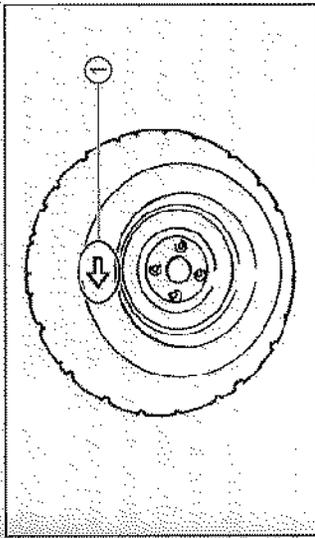
1. Arrow

Wheel installation

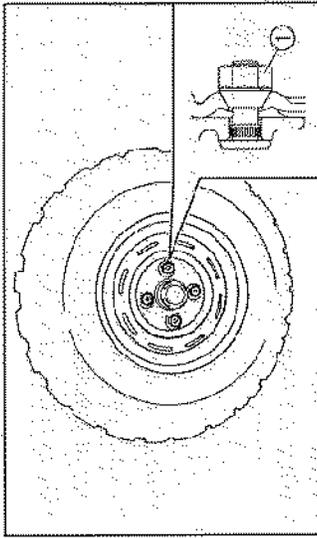
1. Install the wheel and the nuts.

NOTE:

- The arrow mark  on the tire must point toward the rotating direction of the wheel.
- Tapered nuts are used for both the front and rear wheels. Install the nut with its tapered side towards the wheel.



1: Arrow mark



1: Tapered nut

2. Lower the vehicle so that the wheel is on the ground.
3. Tighten the wheel nuts to the specified torque.

Wheel nut torque:

Front: 55 Nm (5.5 m·kgf, 40 ft·lbf)

Rear: 55 Nm (5.5 m·kgf, 40 ft·lbf)

Battery

This vehicle is equipped with a sealed-type battery. Therefore it is not necessary to check the electrolyte or add distilled water in the battery. If the battery seems to have discharged, consult a Yamaha dealer.

CAUTION:

Do not try to remove the sealing caps of the battery cells. You may damage the battery.

WARNING

POTENTIAL HAZARD

Failure to handle batteries or battery electrolyte carefully.

WHAT CAN HAPPEN

You could be poisoned. You could be severely burned by the sulfuric acid in battery electrolyte. Batteries produce explosive gases.

HOW TO AVOID THE HAZARD

Avoid contact with skin, eyes or clothing. Always shield eyes when working near batteries. Keep out of reach of children.

Antidote:

EXTERNAL: Flush with water.

INTERNAL: Drink large quantities of water or milk. Follow with milk of magnesia, beaten egg or vegetable oil. Get prompt medical attention.

EYES: Flush with water for 15 minutes and get prompt medical attention. Keep batteries away from sparks, flames, cigarettes or other sources of ignition. Ventilate when charging or using in a closed space.

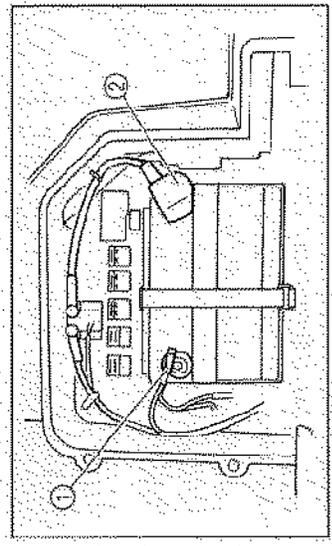
Battery maintenance

1. When the vehicle is not used for a month or longer, remove the battery and store it in a cool, dark place. Completely recharge the battery before reinstallation.

CAUTION:

A special battery charger (constant voltage/ampere or constant voltage) is required for recharging a sealed-type battery. Using a conventional battery charger may shorten the battery life.

2. Always make sure the connections are correct when putting the battery back in the vehicle.



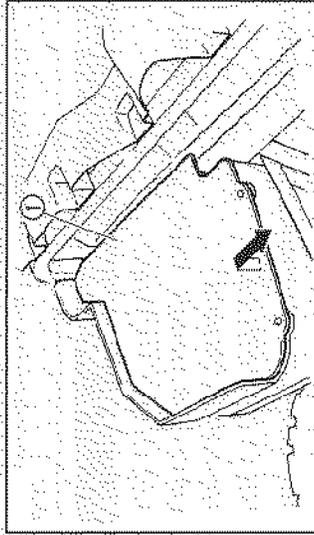
1. Negative battery lead 2. Positive battery lead

Fuse replacement

The main fuse and the fuse box are located under the hood. (See pages 8-6-8-7 for hood opening and closing procedures.)

If a fuse is blown, turn off the main switch and install a new fuse of the specified amperage. If a fuse is blown, replace it as follows.

1. Remove the battery compartment cover by lifting it up and pulling it out.



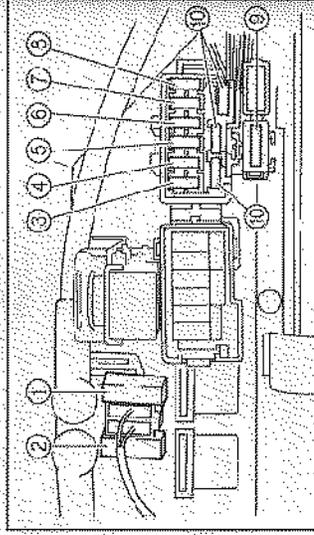
1. Battery compartment cover

2. Turn the key to "OFF" and turn off the electrical circuit in question.

CAUTION:

To prevent accidental short-circuiting, turn off the main switch when checking or replacing a fuse.

3. Remove the blown fuse, and then install a new fuse of the specified amperage.



1. Main fuse
2. Spare main fuse
3. Headlight fuse
4. Ignition fuse
5. Auxiliary DC jack fuse
6. Four-wheel-drive fuse
7. Signaling system fuse
8. Backup fuse (for optional odometer and clock)
9. Carburetor warmer fuse
10. Spare fuse (x 3)

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- Auxiliary
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- Carburetor
- Four-wheel-drive
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Specified fuses:	
Main fuse:	30.0 A
Headlight fuse:	15.0 A
Ignition fuse:	10.0 A
Auxiliary DC jack fuse:	10.0 A
Signaling system fuse:	10.0 A
Carburetor warmer fuse:	10.0 A
Four-wheel-drive fuse:	3.0 A
Backup fuse:	10.0 A

4. Turn the key to "ON" and turn on the electrical circuit in question to check if the device operates.
5. If the fuse immediately blows again, have a Yamaha dealer check the electrical system.
6. Install the battery compartment cover.
7. Close the hood.

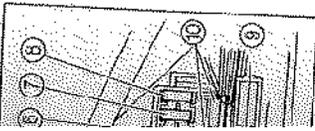
⚠ WARNING

POTENTIAL HAZARD
Using an improper fuse
WHAT CAN HAPPEN
An improper fuse can cause damage to the electrical system, which could lead to a fire.

HOW TO AVOID THE HAZARD
Always use a fuse of the specified rating. Never use a material in place of the proper fuse.

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the fuse.

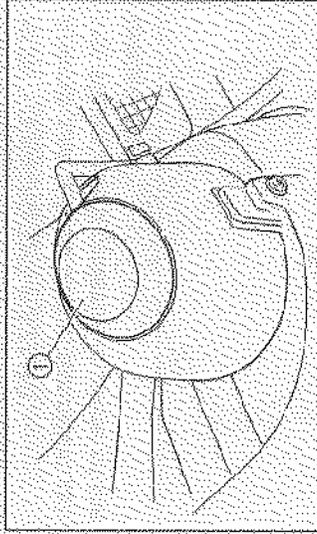


the fuse

Replacing a headlight bulb

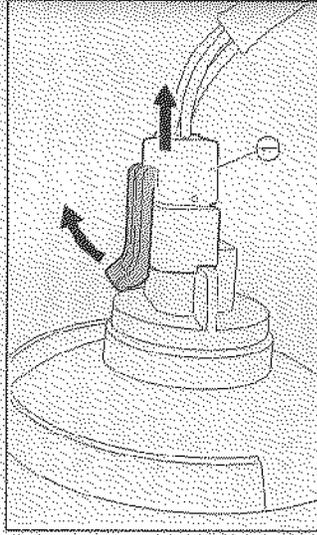
If a headlight bulb burns out, replace it as follows.

1. Lift the hood up. (See pages 8-6-8-7 for hood opening and closing procedures.)
2. Remove the bulb holder cover at the rear of the headlight by pulling it off.



1. Headlight bulb holder cover

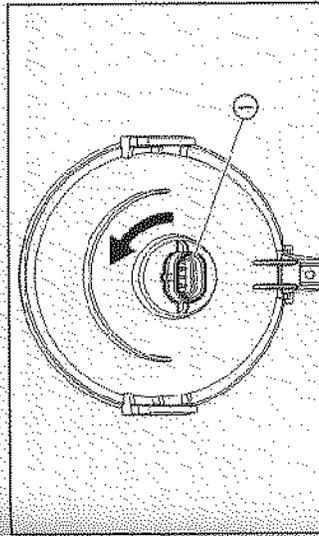
3. Disconnect the headlight coupler by lifting the tab as shown and pulling out the coupler.



1. Headlight coupler

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4. Remove the headlight bulb holder assembly by turning it counterclockwise.



1. Headlight bulb holder assembly

NOTE:

The headlight bulb cannot be removed from the headlight bulb holder. To replace the headlight bulb, replace the headlight bulb holder assembly.

▲ WARNING

POTENTIAL HAZARD

A headlight bulb is hot when it is on and immediately after it is turned off.

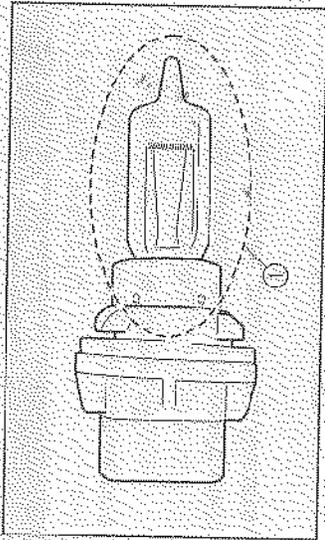
WHAT CAN HAPPEN

You can be burned, or a fire could start if the bulb touches something flammable.

HOW TO AVOID THE HAZARD

Wait for the bulb to cool before touching or removing it.

5. Install a new headlight bulb holder assembly by inserting it and turning it clockwise.



1. Do not touch the glass part of the bulb.

CAUTION:

Do not touch the glass part of the headlight bulb to keep it free from oil, otherwise the transparency of the glass, the luminosity of the bulb, and the bulb life will be adversely affected. Thoroughly clean off any dirt and fingerprints on the headlight bulb using a cloth moistened with alcohol or thinner.

6. Connect the headlight coupler.
7. Install the headlight bulb holder cover at the rear of the headlight.
8. Close the hood.

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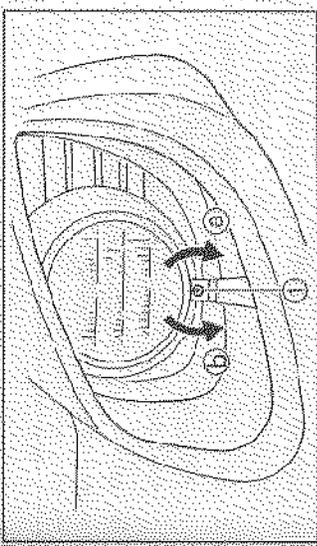
Headlight beam adjustment

CAUTION:

it is advisable to have a Yamaha dealer make this adjustment.

To raise the beam, turn the adjusting screw in direction (a).

To lower the beam, turn the adjusting screw in direction (b).

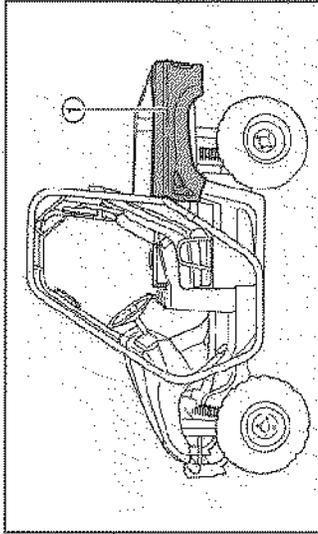


1. Headlight beam adjusting screw

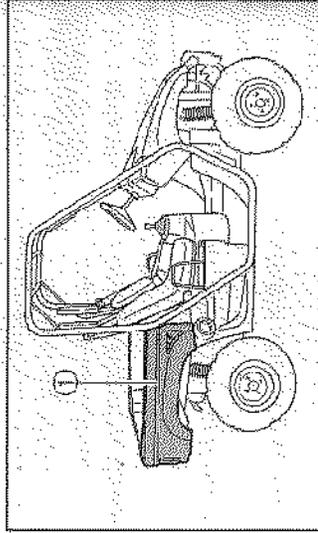
IDI 080827HWE0001 - Exhibit "B"

Tail/brake light bulb replacement
If a tail/brake light bulb burns out, replace it as follows:

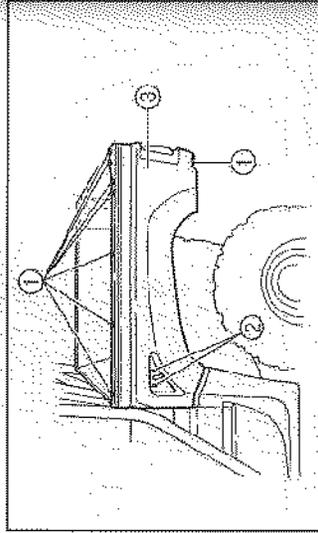
1. Remove panel A (if replacing the left tail/brake bulb) or panel B (if replacing the right tail/brake bulb) by removing the quick fasteners and bolts.



1. Panel A



1. Panel B

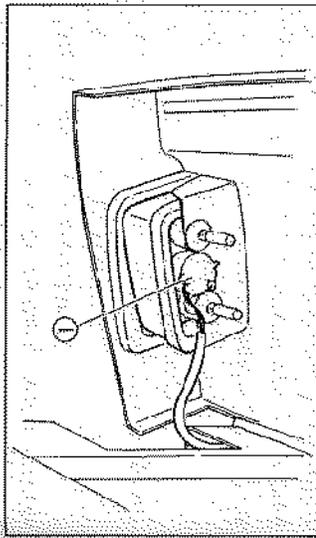


1. Quick fastener ($\times 8$)
2. Bolt ($\times 2$)
3. Panel A

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IDI 08082HWE0001 - Exhibit "B"

2. Remove the bulb holder (together with the bulb) by turning it counterclockwise.



1. Tail/brake light bulb holder

3. Push the defective bulb in and turn it counterclockwise to remove it from the bulb holder.
4. Push a new bulb in and turn it clockwise to install in the bulb holder.
5. Install the bulb holder (together with the bulb) by turning it clockwise.
6. Install the panel by installing the quick fasteners and bolts, and then tighten the bolts to the specified torque.

Tightening torque:
Panel bolt:
6.5 N·m (0.65 m·kgf, 4.7 ft·lbf)

IDI 080827HWE0001 - Exhibit "B"

Troubleshooting

Although Yamaha vehicles receive a rigid inspection before shipment from the factory, trouble may occur during operation. Any problem in the fuel, compression, or ignition systems can cause poor starting and loss of power. The troubleshooting chart describes a quick, easy procedure for making checks. If your vehicle requires any repair, take it to a Yamaha dealer.

The skilled technicians at a Yamaha dealership have the tools, experience, and know-how to properly service your vehicle. Use only genuine Yamaha parts on your vehicle. Imitation parts may look like Yamaha parts, but they are often inferior. Consequently, they have a shorter service life and can lead to expensive repair bills.

8-52



WARNING

POTENTIAL HAZARD

Checking the fuel system while smoking or near an open flame.

WHAT CAN HAPPEN

Fuel can ignite or explode, causing severe injury or property damage.

HOW TO AVOID THE HAZARD

Do not smoke when checking the fuel system. Make sure there are no open flames or sparks in the area, including pilot lights from water heaters or furnaces.

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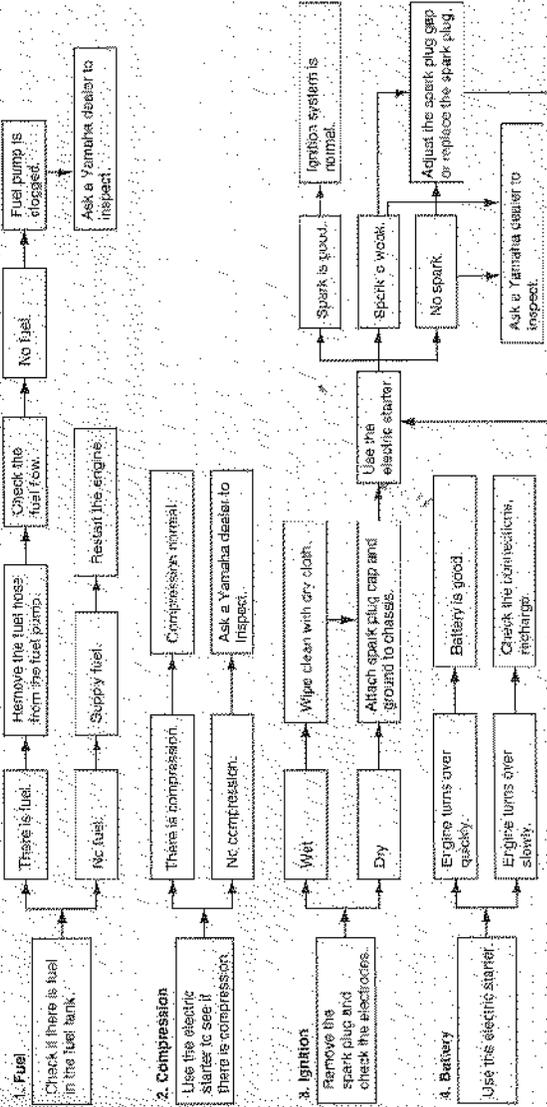
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4. B.
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IDI 08082HWE0001 - Exhibit "B"

Troubleshooting charts Starting problems or poor engine performance



Engine overheating

⚠ WARNING

POTENTIAL HAZARD

Removing the radiator cap when the engine and radiator are still hot.

WHAT CAN HAPPEN

You could be burned by hot fluid and steam blown out under pressure.

HOW TO AVOID THE HAZARD

Wait for the engine to cool before removing the radiator cap. Always use a thick rag over the cap. Allow any remaining pressure to escape before completely removing the cap.

Wait until the engine has cooled

Check the coolant level in the coolant reservoir and/or radiator

Level is low, check the cooling system for leakage.

Leakage

Ask a Yamaha dealer to inspect and repair the cooling system.

No leakage

Add coolant. (See NOTE.)

Level is OK.

Restart the engine. If the engine overheats again, ask a Yamaha dealer to inspect and/or repair the cooling system.

NOTE:

If it is difficult to get the recommended coolant, tap water can be temporarily used, provided that it is changed to the recommended coolant as soon as possible.

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Fire will imp the
1. a.
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CLEANING AND STORAGE

A. CLEANING

Frequent, thorough cleaning of your vehicle will not only enhance its appearance but will improve its general performance and extend the useful life of many components.

1. Before cleaning the vehicle:
 - a. Block off the end of the exhaust pipe to prevent water entry. A plastic bag and strong rubber band may be used.
 - b. Make sure the spark plug and all filler caps are properly installed.
2. If the engine case is excessively greasy, apply degreaser with a paint brush. Do not apply degreaser to the wheel axles.
3. Rinse the dirt and degreaser off with a garden hose. Use only enough pressure to do the job.

CAUTION:

Excessive water pressure may cause water seepage and deterioration of wheel bearings, brakes, transmission seals and electrical devices. Many expensive repair bills have resulted from improper high pressure detergent applications such as those available in coin-operated car washers.

4. Once the majority of the dirt has been hosed off, wash all surfaces with warm water and mild, detergent-type soap. An old toothbrush or bottle brush is handy for hard-to-get-at places.
5. Rinse the vehicle off immediately with clean water and dry all surfaces with a chamois, clean towel or soft absorbent cloth.

6. Clean the seats with a vinyl upholstery cleaner to keep the cover pliable and glossy.
7. Automotive type wax may be applied to all painted and chrome plated surfaces. Avoid combination cleaner-waxes. Many contain abrasives which may scratch the paint or protective finish. When finished, start the engine and let it idle for several minutes.

▲ WARNING

POTENTIAL HAZARD

Operation with wet brakes after washing.

WHAT CAN HAPPEN

Wet brakes may have reduced stopping ability, increasing the chance of an accident.

HOW TO AVOID THE HAZARD

Test the brakes after washing. Apply the brakes several times at slow speeds to let friction dry out the linings.

B. STORAGE

Long term storage (60 days or more) of your vehicle will require some preventive procedures to guard against deterioration. After thoroughly cleaning the vehicle, prepare for storage as follows:

1. Fill the fuel tank with fresh fuel and add the specified amount of Yamaha Fuel Stabilizer and Conditioner or equivalent product. Operate the vehicle for at least 5 minutes to distribute treated fuel through the fuel system.
2. Drain the fuel from the carburetor float chamber into a clean container by loosening the drain bolt; this will help prevent fuel deposits from building up. Pour the drained fuel into the fuel tank.

Specified amount:

1 oz of stabilizer to each gallon of fuel (or
7.5 cc of stabilizer to each liter of fuel)

NOTE:

Use of fuel stabilizer and conditioner eliminates the need to drain the fuel system. Consult a Yamaha dealer if the fuel system needs to be drained instead.

3. Remove the spark plug, pour about one tablespoon of SAE 10W30 or 20W40 motor oil in the spark plug hole and reinstall the spark plug. Ground the spark plug wire and turn the engine over several times to coat the cylinder wall with oil.
4. Lubricate all control cables.
5. Block up the frame to raise all wheels off the ground.
6. Tie a plastic bag over the exhaust pipe outlet to prevent moisture from entering.
7. If storing in a humid or salt-air atmosphere, coat all exposed metal surfaces with a light film of oil. Do not apply oil to any rubber parts or the seat covers.

IDI 080827HWE0001 - Exhibit "B"

8. Remove the battery and charge it. Store it in a dry place and recharge it once a month. Do not store the battery in an excessively warm or cold place (less than 0 °C (30 °F) or more than 30 °C (90 °F)).

NOTE:

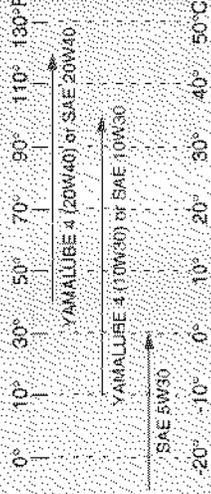
Make any necessary repairs before storing the vehicle.

Dim	O	O	O	Se	WI	Gr	Mir	Basic	WI	Engin	En	Ov	Di	Bo	Co	Sl	Lu
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SPECIFICATIONS

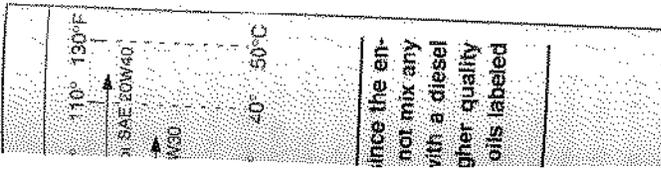
Model	YXR00FAV
Dimensions:	2,885 mm (113.6 in)
Overall length	1,385 mm (54.5 in)
Overall width	1,853 mm (73.0 in)
Overall height	818 mm (32.2 in)
Seat height	1,910 mm (75.2 in)
Wheelbase	280 mm (11.02 in)
Ground clearance	3,900 mm (153.5 in)
Minimum turning radius	
Basic weight:	506.0 kg (1,116 lb)
With oil and full fuel tank	
Engine:	Liquid cooled 4-stroke, SOHC
Engine type	Forward-inclined single cylinder
Cylinder arrangement	660.0 cm ³
Displacement	100.0 x 64.0 mm (3.94 x 3.31 in)
Bore x stroke	9.10 : 1
Compression ratio	Electric starter
Starting system	Wet sump
Lubrication system	

IDI 080827HWE0001 - Exhibit "B"

<p>Engine oil: Type</p> <p>Model</p> <p>Recommended engine oil classification</p> <p>Quantity: Without oil filter cartridge replacement With oil filter cartridge replacement</p>	<p>YXR66FAV</p>  <p>SAE 5W30</p> <p>YAMALUBE 4 (10W30) or SAE 10W30</p> <p>YAMALUBE 4 (20W40) or SAE 20W40</p> <p>API Service SE, SF, SG type or higher</p> <p>CAUTION In order to prevent clutch slippage (since the engine oil also lubricates the clutch), do not mix any chemical additives. Do not use oils with a diesel specification of "CD" or oils of a higher quality than specified. In addition, do not use oils labeled "ENERGY CONSERVING II" or higher.</p> <p>1.90 L (1.67 imp qt, 2.01 US qt) 2.00 L (1.76 imp qt, 2.11 US qt)</p>
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IDI 08082HWE0001 - Exhibit "B"

Model	YXR66FAV
Final gear case oil:	
Type	SAE80 API GL-4 Hypoid gear oil
Quantity:	0.25 L (0.22 Imp qt, 0.26 US qt)
Differential gear case oil:	
Type	SAE80 API GL-4 Hypoid gear oil
Quantity:	0.32 L (0.28 Imp qt, 0.34 US qt)
Radiator capacity (including all routes):	2.50 L (2.20 Imp qt, 2.64 US qt)
Air filter:	
Engine	Wet element
Intake duct	Dry element
Fuel:	
Type	UNLEADED GASOLINE ONLY
Fuel tank capacity	30.0 L (6.60 Imp gal, 7.93 US gal)
Carburetor:	
Type/quantity	BSR42/1
Manufacturer	MIKUNI
Spark plug:	
Type/manufacturer	DPR8EA-9/NGK
Spark plug gap	0.8-0.9 mm (0.031-0.035 in)
Clutch type:	Wet, centrifugal automatic



IDI 080827HWE0001 - Exhibit "B"

Transmission:	Model	YXR66FAV
Primary reduction system		
Secondary reduction system		
Secondary reduction ratio		41/21 x 24/18 x 33/9 (9.544)
Transmission type		V-belt automatic
Operation		Right hand operation
Reverse gear		25/17 (1.471)
Sub transmission ratio	low	35/17 (2.058)
	high	28/19 (1.473)
Chassis		
Frame type		Steel tube frame
Caster angle		5.0°
Trail		26.0 mm (1.02 in)
Tire		
Type		Tubeless
Size	front	25 x 8-12NHS
	rear	25 x 10-12NHS

IDI 080827HWE0001 - Exhibit "B"

Brakes:	Model	YXR66FAV
System Type	front rear	Front and rear unified Dual disc brake Single disc brake Foot operation
Operation		Double wishbone Double wishbone
Suspension:		Coil spring/oil damper Coil spring/oil damper
Front suspension		185.0 mm (7.28 in)
Rear suspension		185.0 mm (7.28 in)
Shock absorber:		DC CDI AC magneto U1L-11 12 V 28.0 Ah
Front shock absorber		Halogen bulb
Rear shock absorber		
Wheel travel:		
Front wheel travel		
Rear wheel travel		
Electrical:		
Ignition system		
Generator system		
Battery type		
Battery capacity		
Headlight type:		

Model	YXR66FAV
Bulb voltage, wattage x quantity	12 V 30 W/30.0 W x 2
Headlight	12 V 5 W/21.0 W x 2
Tail/brake light	12 V 1.7 W x 1
Indicator lights	LED (special edition models)
Neutral indicator light	12 V 1.7 W x 1
Reverse indicator light	LED (special edition models)
Coolant temperature warning light	12 V 1.7 W x 1
Parking brake indicator light	LED (special edition models)
Four-wheel-drive indicator light	12 V 1.7 W x 1
Differential gear lock indicator light	LED (special edition models)
High-range indicator light (special edition models)	LCD (special edition models)
Low-range indicator light (special edition models)	12 V 1.7 W x 1
	LED (special edition models)
	LED
	LED

IDI 080827HWE0001 - Exhibit "B"

Model	YXR60FAV
Specified fuses: Main fuse Headlight fuse Ignition fuse Auxiliary DC jack fuse Four-wheel-drive fuse Carburetor warmer fuse Signaling system fuse Backup fuse	30.0 A 15.0 A 10.0 A 10.0 A 3.0 A 10.0 A 10.0 A 10.0 A

IDI 080827HWE0001 - Exhibit "B"

NOISE REGULATION

TAMPERING WITH NOISE CONTROL SYSTEM PROHIBITED:

Federal law prohibits the following acts or the causing thereof: (1) The removal or rendering inoperative by any person other than for purposes of maintenance, repair, or replacement of any device or element of design incorporated into any new vehicle for the purpose of noise control prior to its sale or delivery to the ultimate purchaser or while it is in use or (2) the use of the vehicle after such device or element of design has been removed or rendered inoperative by any person.

"AMONG THOSE ACTS PRESUMED TO CONSTITUTE TAMPERING ARE THE ACTS LISTED BELOW."

These acts include tampering with the following systems; i.e., modification, removal, etc.

Exhaust system	Muffler Exhaust pipe Silencer
Intake system	Air cleaner case Air cleaner element Intake duct

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month	1	3	6	12	18	24	30	36	42	48	54	60
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IDI 080827HWE0001 - Exhibit "B"

MAINTENANCE RECORD

Copies of work orders and/or receipts for parts you purchase and install will be required to document maintenance done in accordance with the warranty. The chart below is printed only as a reminder to you that the maintenance work is required. It is not acceptable proof of maintenance work.

month	MAINTENANCE INTERVAL		DATE OF SERVICE	MILEAGE	SERVICING DEALER NAME AND ADDRESS	REMARKS
	km (mi)	hours				
1	320 (200)	20				
3	1,200 (750)	75				
6	2,400 (1,500)	150				
12	4,800 (3,000)	300				
18	7,200 (4,500)	450				
24	9,600 (6,000)	600				
30	12,000 (7,500)	750				
36	14,400 (9,000)	900				
42	16,800 (10,500)	1,050				
48	19,200 (12,000)	1,200				
54	21,600 (13,500)	1,350				
60	24,000 (15,000)	1,500				

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LISTED

YAMAHA MOTOR CORPORATION, U.S.A. SIDE x SIDE VEHICLE LIMITED WARRANTY

Yamaha Motor Corporation, U.S.A. hereby warrants that new Yamaha Side x Side vehicles purchased from an authorized Yamaha Side x Side Vehicle Dealer in the continental United States will be free from defects in material and workmanship for the period of time stated herein, subject to certain stated limitations.

THE PERIOD OF WARRANTY for YXR OR YXP Yamaha Side x Side vehicles shall be six (6) months from the date of purchase, with no mileage limitation.

MODELS EXCLUDED FROM WARRANTY, include those used for non-Yamaha-authorized renting, leasing, or other commercial purposes.

DURING THE PERIOD OF WARRANTY any authorized Yamaha Side x Side Vehicle Dealer will free of charge, repair or replace, at Yamaha's option, any part judged defective by Yamaha due to faulty workmanship or material from the factory Parts used in warranty repairs will be warranted for the balance of the product's warranty period. All parts replaced under warranty become property of Yamaha Motor Corporation, U.S.A.

GENERAL EXCLUSIONS from this warranty shall include any failures caused by:

- Corruption or racing use.
- Installation of parts or accessories that are not qualitatively equivalent to genuine Yamaha parts.
- Abnormal strain, neglect, or abuse.
- Lack of proper maintenance.
- Accident or collision damage.
- Modification to original parts.
- Damage due to improper transportation.

SPECIFIC EXCLUSIONS from this warranty shall include parts replaced due to normal wear or routine maintenance, such as spark plugs, oil, oil filter, air filter, and brake shoes.

THE CUSTOMER'S RESPONSIBILITY under this warranty shall be to:

- Operate and maintain the Side-by-Side vehicle as specified in the appropriate Owner's Manual, and
- Give notice to an authorized Yamaha Side x Side Vehicle Dealer of any and all apparent defects within ten (10) days after discovery, and make the machine available at that time for inspection and repairs at such dealer's place of business.

WARRANTY TRANSFER: To transfer the warranty from the original purchaser to any subsequent purchaser(s), it is imperative that the Side-by-Side vehicle be inspected and registered for warranty by an authorized Yamaha Side-by-Side vehicle dealer in order for this warranty to remain in effect. This inspection and registration must take place within ten (10) days after transfer of ownership to the subsequent purchaser. A reasonable dealer imposed fee may be charged for this inspection.

EMISSION CONTROL SYSTEM WARRANTY

Yamaha Motor Corporation, USA also warrants to the ultimate purchaser and each subsequent purchaser of each 2008 and later model Yamaha Side x Side built and equipped so as to conform at the time of sale with all U.S. emissions standards applicable at the time of manufacture and that it is free from defects in materials and workmanship which would cause it not to meet these standards within the period listed immediately below. Failures other than those resulting from defects in material or workmanship which arise solely as a result of owner abuse and/or lack of proper maintenance are not covered by this warranty.

All Models

Thirty (30) months from the original purchase date

YAMAHA MOTOR CORPORATION, U.S.A. MAKES NO OTHER WARRANTY OF ANY KIND, EXPRESSED OR IMPLIED. ALL IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE WHICH EXCEED THE OBLIGATIONS AND TIME LIMITS STATED IN THIS WARRANTY ARE HEREBY DISCLAIMED BY YAMAHA MOTOR CORPORATION, U.S.A. AND EXCLUDED FROM THIS WARRANTY.

SOME STATES DO NOT ALLOW LIMITATIONS ON HOW LONG AN IMPLIED WARRANTY LASTS, SO THE ABOVE LIMITATION MAY NOT APPLY TO YOU. ALSO EXCLUDED FROM THIS WARRANTY ARE ANY INCIDENTAL OR CONSEQUENTIAL DAMAGES INCLUDING LOSS OF USE. SOME STATES DO NOT ALLOW THE EXCLUSION OR LIMITATION OF INCIDENTAL OR CONSEQUENTIAL DAMAGES, SO THE ABOVE EXCLUSION MAY NOT APPLY TO YOU. THIS WARRANTY GIVES YOU SPECIFIC LEGAL RIGHTS, AND YOU MAY ALSO HAVE OTHER RIGHTS WHICH VARY FROM STATE TO STATE.

YAMAHA EXTENDED SERVICE (Y.E.S.)

Keep your Yamaha protected even after your warranty expires with genuine Yamaha Extended Service (Y.E.S.).

Y.E.S. is designed and administered by Yamaha Motor Corporation to provide maximum owner satisfaction. You get uninterrupted, factory-backed coverage for extra peace of mind.

Y.E.S. is flexible. You choose the plan that's right for you: 12 months, 24 months, or 36 months beyond your warranty period.

Y.E.S. is designed and administered by the same Yamaha people who handle your warranty - and it shows in the comprehensive coverage benefits. There are no mileage limitations. Coverage isn't limited to "moving parts" or the "drive train" like many other plans. And Y.E.S. covers manufacturing defects just like the warranty. See the sample contract at your Yamaha dealer to see how comforting uninterrupted factory-backed protection can be.

You don't have to pay anything for covered repairs. There's no deductible to pay, and repairs aren't "prorated." You don't have any "out-of-pocket" expenses for covered repairs.

In addition, Travel and Recreation Interruption Protection (TRIP) is included at no extra cost. TRIP gives you up to \$150 reimbursement per occurrence for any reasonable expenses you incur because your Yamaha needs covered service: replacement vehicle rental, emergency towing, phone calls, even food and lodging when you are away from home. This superb coverage goes into effect when you purchase Y.E.S., so it applies to any warranty repairs as well as covered repairs during your entire Y.E.S. plan period.

Y.E.S. coverage is honored at any authorized Yamaha dealer nationwide.

Y.E.S. coverage is transferable to a new owner if you sell or trade-in. That can make your Yamaha much more valuable!

This excellent Y.E.S. plan coverage is only available to Yamaha owners like you, and only while your Yamaha is still within the Yamaha Limited Warranty period. So visit your authorized Yamaha dealer to get all the facts. He can show you how easy it is to protect your investment with Yamaha Extended Service.

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ATION, U.S.A. MAKES
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MITS STATED IN THIS
Y. Y. DISCLAIMED BY
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FACT APPLY TO YOU.
IS WARRANTY ARE
QUENTIAL DAMAGES
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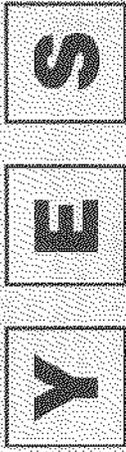
IDI 080827HWE0001 - Exhibit "B"

We urge you to act now. You'll get the excellent benefits of TRIP coverage right away, and you'll rest easy knowing you'll have strong factory-backed protection even after your Yamaha Limited Warranty expires. You can also save money: Y.E.S. costs less within the first 90 days after you buy your Yamaha. See your dealer today!

A special note:

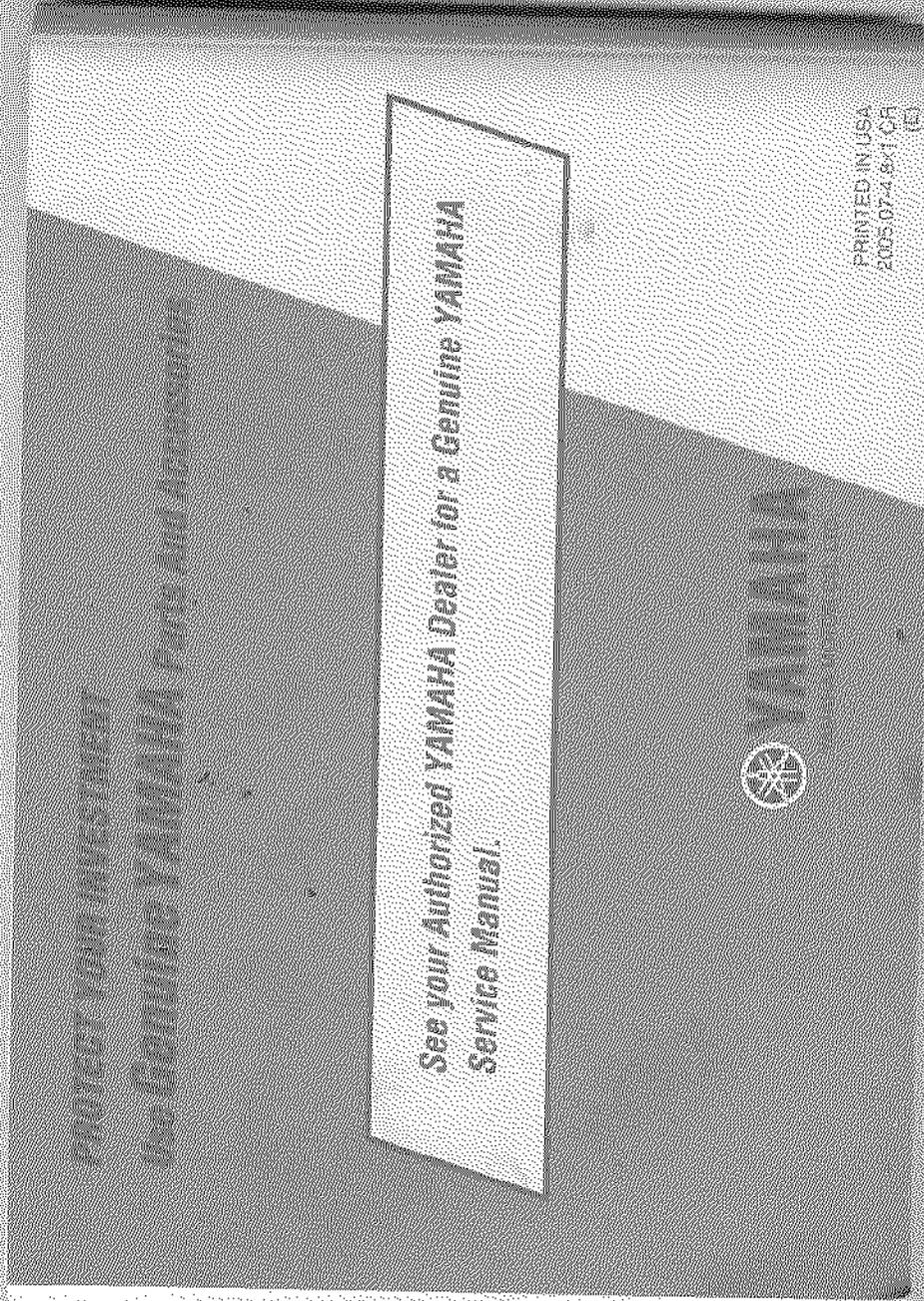
If visiting your dealer isn't convenient, contact Yamaha with your Primary ID number (your frame number). We'll be happy to help you get the Y.E.S. coverage you need.

Yamaha Service Marketing
P.O. Box 8555
Cypress, CA 90630



YAMAHA EXTENDED SERVICE

IDI 080827HWE0001 - Exhibit "B"



INCIDENT REPORT

ADMIN

AGENCY Grant County Sheriff's Department		ORI # W10220000	REPORT DATE 9/24/2008 11:26:02 AM	CASE NUMBER 08-02428
DATE(S) OF INCIDENT Start: 08-24-2008 End:	TIME(S) OF INCIDENT Start: 11:26 End:	EXCEPTIONAL CLEARANCE N/A	Reporting Officer (ID/Name) 00004 Wright, P. J.	Assisting Officer (ID/Name)
		EXCEPTIONAL CLEARANCE DATE	Reviewing Officer (ID/Name)	Approving Officer (ID/Name)
LOCATION OF INCIDENT 10033 CTY K LANCASTER WI			CLEARED	CASE STATUS
STATUTE UCR CODE	STATUTE DESCRIPTION UCR CODE DESCRIPTION		STATUS COMPLETED OR ATTEMPTED	
1				
2				
3				

OFFENSE

BIAS MOTIVATION (OFFENSE 1-3)		LOCATION OF OFFENSE (OFFENSE 1-3)		
1		1		
2		2		
3		3		
TYPE CRIMINAL ACTIVITY		TYPE WEAPON FORCE INVOLVED		
1		1		AUTOMATIC
2		2		AUTOMATIC
3		3		AUTOMATIC
(For Burglary Only) NUMBER OF PREMISES ENTERED	METHOD OF ENTRY:	OFFENDER(S) USED		
	ALCOHOL	DRUGS		
	COMPUTER EQUIP			
Method of Operation				
Brief Description of Incident: EMS Response - EMS Response to Scene				

VICTIM

VICTIM NUMBER 1	VICTIM NAME		HOME PHONE		CONNECTED TO OFFENSES	
					1	6
ADDRESS (Street, City, State, ZIP)			CELL PHONE		2	7
					3	8
TYPE OF VICTIM	RACE	SEX	RESIDENT STATUS	ETHNICITY	AGE	4
OTHER JUR	WHITE	MALE			29	6
5					6	10
AGGRAVATED ASSAULT CIRCUMSTANCES		JUSTIFIABLE HOMICIDE CIRCUMSTANCE		INJURY TYPE		
1		2		BROKEN BONES		
3		4		POSS INT INJURIES		
5		6		SEVERE LACERATION		
7		8		UNCONSCIOUSNESS		
				NONA		
				MINOR INJURY		
				MAJOR INJURY		
				LOSS OF TEETH		
RELATIONSHIP OF VICTIM TO OFFENDER 1-10						
1	2	3	4	5	6	
7	8	9	10			

INCIDENT REPORT NARRATIVE

AGENCY NAME Grant County Sheriffs Department	CR# WI0220000	REPORT DATE 8/24/2008 11:26:02 AM	CASE NUMBER 08-02428
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Narrative From CAD

Complaint Type: EMS Response - EMS Response to Scene

Caller Name (b)(6)

[08/24/2008 12:04:21 : pos1 : brianaj]
517 - HAVE PICTURES THERE ARE SUBJECTS HERE WANTING TO MOVE THE ATV/UTV TOLD THEM NOT TO UNTIL I HEARD FROM SOMEONE

4 - CAN THEY MOVE THE ATV OR DO YOU WANT TO SEE IT? NEG THEY CAN MOVE IT//517 HAS PHOTOS ALSO

[08/24/2008 11:41:16 : pos1 : brianaj]
250 - YOU WILL HAVE A STRAIGHT SHOT THROUGH THE SQUARE IT IS SHUT DOWN

[08/24/2008 11:35:40 : pos1 : brianaj]
C227 - NEED SECOND AMBULANCE PARTY WITH POSSIBLE BROKEN LEG

[08/24/2008 11:26:33 : pos2 : tonyawl]
3 yr injured in atv rollover.

INCIDENT REPORT NARRATIVE

AGENCY NAME Grant County Sheriff's Department	CR#: # W10220000	REPORT DATE: 8/24/2008 11:26 02 AM	CASE NUMBER 08-0242R
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utv accident

UTV ACCIDENT

INITIAL INFORMATION:

On 8-24-08 at about 1126AM I copied radio traffic dispatching the Lancaster rescue squad to 10933 CTH K in reference to a ATV rollover with injuries.

I was not dispatched or in the area. I began to work toward the Lancaster area.

I copied radio traffic that DNR warden Marty Stone was on scene. I copied radio traffic that Lancaster Police officer John Murray was on scene.

I continued to monitor radio traffic as two rescue squads were called to the scene and transported patients to Grant Regional Hospital.

At one point Warden Stone asked for a deputy to respond. I met with him at the hospital.

Warden Stone advised me that the accident involved a utility vehicle and would not fall under the DNR's jurisdiction. I was advised by Warden Stone that a 4 year old boy had been thrown from the vehicle as it rolled over and was pinned by the roll bar. I was informed that the father was driving and had suffered a broken leg, and was also being transported to the hospital.

I determined that there were no other people involved that could provide additional information at this time and did not make contact with the individuals involved.

Officer Murray contacted the Sheriff dept. and advised that he had photographed the scene and that other family members were there and wanted to remove the UTV. I advised him to allow them to remove it.

I later received copies of the photos that he took.

I spoke with Officer Murray about the accident and was advised that [redacted] was operating the UTV and that his son [redacted] was a passenger. [redacted] was descending a hill and turned to the right. The vehicle overturned and [redacted] was ejected.

I later learned that [redacted] was med-flighted to Madison where he passed away.

[redacted] was also transported to Madison for treatment of his broken leg.

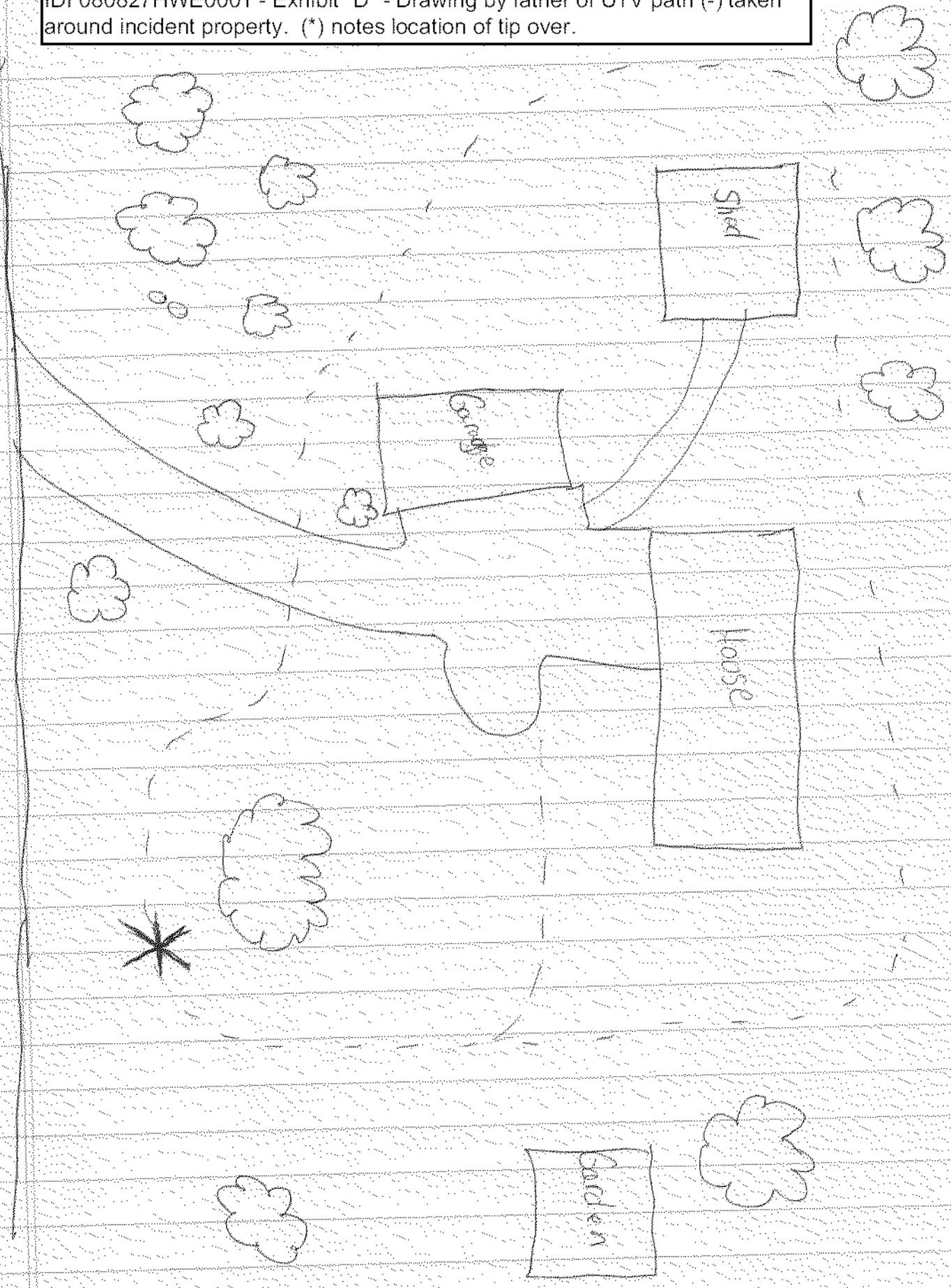
End of report.

Sgt. Edward R. Breitsprecker Jr.

INCIDENT REPORT
ADDITIONAL VICTIMS

AGENCY Grant County Sheriff's Department		CRIME W10220000	REPORT DATE 8/24/2008 11:28:02 AM			PAGE NUMBER 08-02428	
VICTIM NUMBER 1	VICTIM NAME (b)(3).CPSA Section 25(c), (b)(6)		HOME PHONE		CONNECTED TO OFFENSES		
ADDRESS (Street, City, State, Zip) (b)(3).CPSA Section 25(c), (b)(6)		DOB (b)(3).CPSA Section 25(c)		1 _____ 6 _____			
TYPE OF VICTIM	RACE WHITE	SEX MALE	RESIDENT STATUS	ETHNICITY	AGE	2 _____ 7 _____	
LEO ACTIVITY	OTHER JUR					3 _____ 8 _____	
AGGRAVATED ASSAULT CIRCUMSTANCES		JUSTIFIABLE HOMICIDE CIRCUMSTANCE			INJURY TYPE		
1 _____					<input type="checkbox"/> BROKEN BONES <input type="checkbox"/> NONE <input type="checkbox"/> POSS INT INJURIES <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> SEVERE LACERATION <input type="checkbox"/> MAJOR INJURY <input type="checkbox"/> UNCONSCIOUSNESS <input type="checkbox"/> LOSS OF TEETH		
2 _____							
RELATIONSHIP OF VICTIM TO OFFENDER 1 - 10							
1 _____		2 _____		3 _____		4 _____	
5 _____		6 _____		7 _____		8 _____	
9 _____		10 _____					
VICTIM NUMBER	VICTIM NAME		HOME PHONE		CONNECTED TO OFFENSES		
ADDRESS (Street, City, State, Zip)		DOB		1 _____ 6 _____			
TYPE OF VICTIM	RACE	SEX	RESIDENT STATUS	ETHNICITY	AGE	2 _____ 7 _____	
LEO ACTIVITY	OTHER JUR					3 _____ 8 _____	
AGGRAVATED ASSAULT CIRCUMSTANCES		JUSTIFIABLE HOMICIDE CIRCUMSTANCE			INJURY TYPE		
1 _____					<input type="checkbox"/> BROKEN BONES <input type="checkbox"/> NONE <input type="checkbox"/> POSS INT INJURIES <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> SEVERE LACERATION <input type="checkbox"/> MAJOR INJURY <input type="checkbox"/> UNCONSCIOUSNESS <input type="checkbox"/> LOSS OF TEETH		
2 _____							
RELATIONSHIP OF VICTIM TO OFFENDER 1 - 10							
1 _____		2 _____		3 _____		4 _____	
5 _____		6 _____		7 _____		8 _____	
9 _____		10 _____					
VICTIM NUMBER	VICTIM NAME		HOME PHONE		CONNECTED TO OFFENSES		
ADDRESS (Street, City, State, Zip)		DOB		1 _____ 6 _____			
TYPE OF VICTIM	RACE	SEX	RESIDENT STATUS	ETHNICITY	AGE	2 _____ 7 _____	
LEO ACTIVITY	OTHER JUR					3 _____ 8 _____	
AGGRAVATED ASSAULT CIRCUMSTANCES		JUSTIFIABLE HOMICIDE CIRCUMSTANCE			INJURY TYPE		
1 _____					<input type="checkbox"/> BROKEN BONES <input type="checkbox"/> NONE <input type="checkbox"/> POSS INT INJURIES <input type="checkbox"/> MINOR INJURY <input type="checkbox"/> SEVERE LACERATION <input type="checkbox"/> MAJOR INJURY <input type="checkbox"/> UNCONSCIOUSNESS <input type="checkbox"/> LOSS OF TEETH		
2 _____							
RELATIONSHIP OF VICTIM TO OFFENDER 1 - 10							
1 _____		2 _____		3 _____		4 _____	
5 _____		6 _____		7 _____		8 _____	
9 _____		10 _____					

IDI 080827HWE0001 - Exhibit "D" - Drawing by father of UTV path (-) taken around incident property. (*) notes location of tip over.



IDI 080827HWE0001 - Exhibit "E" - Coroner's report - Three pages

Grant County Coroner's Case History Docket

State of Wisconsin

County of Grant

Case Number: 121-2008

Date: August 24, 2008

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

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

Address:

Social Security Number

Notification date: August 24, 2008 Time: 1440

By: Grant Co Sheriff's Dept

Pronounced date: August 24, 2008 Time: 1422

By: (b)(6)

Cause of death: Internal Injuries

Natural Suicide Undetermined Blood Draw No Blood draw time N/A

Accident Homicide Autopsy No

Medications: See attached History

Death Location: University of Wisconsin Hospital

Weapon serial number Suicide note No

Number of chemo treatments: N/A

Number of radiation treatments: N/A

Dates of chemo treatments
From: To:

Dates of radiation treatments
From: To:

Did tobacco use contribute to death
Yes No Probably Unknown

Not Pregnant within the past year Not pregnant, but pregnant with 43 days to 1 year prior to death

Pregnant at the time of death Unknown if pregnant within last year

Not pregnant, but pregnant with 42 days of death

Funeral Home: Schwartz Removed by: (b)(6)

Identified by: (b)(6) Physician: (b)(6)

Investigated by: Grant County Coroner Ronald Sturmer

Case History Narrative

See attached history

IDI 080827HWE0001 - Exhibit "E"

Grant County Coroners Office Case History Report

Case Number

121-2008

Notification:

On August 24, 2008 at 1440 I was called by a Grant County Sheriff's Department dispatcher reference calling [redacted] advised me that [redacted] a three year old had been brought to the University of Wisconsin Hospital following a utility terrain vehicle accident. He said that [redacted] had pronounced [redacted] at 1422.

At 1455 I was called by a Grant County Sheriff's Department dispatcher and asked to call Dane County Deputy Coroner Jeffrey Sholts at 576-9115. When [redacted] was pronounced the Dane County Coroner's Office was called and he was calling me to pass along the information. Jeffrey also asked me to call [redacted] the Nursing Supervisor at the UW Hospital at (608) 576-6372. She also told me about the death of [redacted] and said that he had bruises on his chest, abdominal distention and a closed head injury.

Case Report:

After I got the report of the death of [redacted] I went to Grant Regional Health Center. I got copies of the reports from the Lancaster Rescue Squad and the hospital emergency room records. I also talked with [redacted] who had treated [redacted] in the emergency room.

I was told that [redacted] was a passenger on utility terrain vehicle being operated by his father, the vehicle rolled over pinning [redacted]

At 1600 [redacted] from the UW Hospital called and I released the body.

On August 28th I sent a fax to the University of Wisconsin Hospital Medical Records requesting the report made on the death of [redacted] I was faxed two pages of dictation from [redacted]

I received pictures of the vehicle taken by Officer John Murray of the Lancaster Police Department who had gone to the scene to help with traffic.

On August 25th I went to the Schwartz Funeral Home. [redacted] identified the body of a male as that of [redacted] I viewed the body and took photographs for identification.

End of report

Ronald Sturmer
Grant County Coroner Ronald Sturmer
Grant County Coroners Office

IDI 080827HWE0001 - Exhibit "E"

GRANT COUNTY CORONER'S OFFICE

224 East Cherry Lancaster, Wisconsin 53813

Phone: 608-723-2157 Fax: 608-723-4204

September 3, 2008

On September 3, 2008 at 0900 I talked with [redacted] reference the accident involving their son [redacted] birthday of [redacted]

On August 24, 2008 [redacted] was giving his son [redacted] and his daughter [redacted] birthday of [redacted] a ride on their Yamaha Rhino utility terrain vehicle. [redacted] was sitting in the passenger seat wearing a seat belt, Andrew was sitting on the console area between the seats. [redacted] was not wearing his seat belt and there is no seatbelt for the area where [redacted] was sitting. [redacted] drove off of the cement area by the garage and across the yard then towards the highway. They were on a slight side hill as [redacted] started to make a right hand turn he touched the brakes. He felt the vehicle start to tip and put out his left leg [redacted] slid across [redacted] lap out of the vehicle onto the ground. [redacted] was holding the vehicle up until his leg broke the vehicle then rolled onto the driver's side pinning [redacted] under the roll bar [redacted] crawled out of the seat belt and ran to the house to get [redacted] her mother. [redacted] and [redacted] managed to get [redacted] out from under the roll bar.

[redacted] and [redacted] said giving the children a ride in the Rhino is a daily event and sometimes more than once a day. They have a path that goes through the yard about to the highway and back up around behind the house. He is careful when giving the children rides and does not speed and was not speeding the day of the accident. The Yamaha Rhino weighs 1050 pounds and has heavy duty tires on it with a deep tread that can leave tracks in the yard.

I took several pictures of the Yamaha Rhino showing the seating area and the tires.

End of Report

Ronald Sturmer
Ronald Sturmer
Grant County Coroner

Contact List

Sgt. Ed Breiestrecker

(b)(6)

Grant County Sheriff's Department
1000 N. Adams Street
Lancaster, WI 53813
(608) 723-2157

Chief Dan Jacobson – No report
Lancaster Police Department
222 S. Madison
Lancaster, WI 53813
(608) 723-4188

Ronald Sturmer - Coroner
Grand County Coroner
224 Cherry Street
Lancaster, WI 53813
(608) 723-2157 (Dispatch)

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

(6)

Victims

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

1. Task Number 080905CNE3738		2. Investigator's ID 2259		EPIDEMIOLOGIC INVESTIGATION REPORT	
3. Office Code 810	4. Date of Accident YR MO DAY 2007 07 05	5. Date Initiated YR MO DAY 2008 09 09			
6. Synopsis of Accident or Complaint UPC Two 36 year old males were injured, one severely, when the side by side off road utility vehicle they were riding in rolled over onto the passenger side. The incident occurred on a level dirt lot. The passenger received multiple fractures to his leg and wrist and is still undergoing multiple surgeries to correct the injuries. Neither victim was wearing a helmet or seatbelt. <div style="text-align: right;"> MFR/PRVLBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>5/18/09</i> <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input type="checkbox"/> EXCISIONS/FOIA EXS. ____; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY </div>					
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City IDAVILLE		9. State TN	
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO 450 YXR45F	
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA/VIN #5Y4AJ19Y76A006176 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 36		13. Sex 1 - Male		14. Disposition 4 - Hospitalized	
15. Injury Diagnosis 57 - Fracture		16. Body Part(s) Involved 36 - LOWER LEG		17. Respondent 1 - Victim/Complainant	
18. Type of Investigation 1 - On-Site		19. Time Spent (Operational / Travel) 21 / 7			
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 07 - Consumer Complaint		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 10/23/2008		25. Reviewed By 2147		26. Regional Office Director Dennis R. Blasius	
27. Distribution Blasius, Dennis; Hartman, Jason; Topka, Tanya				28. Source Document Number 10890076A	

This investigation was initiated as the result of a consumer complaint. Two victims were injured, one severely, when the side by side off road vehicle they were riding in turned over on to the passenger side during a slow speed turning maneuver. The victims are the son and son-in-law of the complainant. Information was obtained from the complainant, one victim (Victim #1, the driver, via telephone), an attorney representing the other victim (Victim #2, the passenger,), the owner of the involved side by side off road vehicle (via telephone), and by viewing related internet web sites. The attorney for victim #2 would not allow him to speak with me but did provide an approximately 250 page transcript of a deposition completed by his client. (Not Attached) No official police investigation was conducted at the scene. I completed an on site investigation and the involved vehicle was examined.

Victim #1 was operating a temporary, seasonal road side fireworks business along with his wife and a friend. The retail operation was housed in an approximately 20' X 20' tent on a partially developed dirt lot at TN-14 and Atoka Idaville Roads near Idaville, TN. They parked an RV next to the tent so they could stay at the location while it was in operation. A portable generator was used as a source for electricity for the fireworks tent. Victim #2 was not involved in the business but had come by on the day of the incident to help them close the operation down. The involved side by side ATV was borrowed from a friend by victim #1 to be used as transportation around the lot and to a nearby convenience store and friend's home. Victim #1 had no previous experience with a side by side ATV but had been driving it daily around the business location without incident for approximately 2 ½ weeks prior to this incident.

The incident occurred on July 5, 2007 in the afternoon. The weather was hot and dry the day of the accident. The dirt lot the accident occurred on was in the process of being developed and built up for new commercial construction. Most of the lot had been graded and compacted to some extent. The area where the accident occurred was principally level.

Victim #1 (36 year old male 6'4" 340 lbs) and his wife were at the fireworks tent when victim #2 (36 year old male 6'2" 160 lbs) arrived to assist them some time in the early afternoon. This was the day after the fourth of July holiday and was their last day of operation for this season. Business was sporadic. At one point, victim #1 and victim #2 decided to take a ride in the side by side vehicle as victim #2 had never been in one. There was one set of customers in the tent shopping. Victim #1 asked victim #2 to go out and shut off the portable generator when the customers left as they were trying to conserve gasoline expense. Victim #1 told victim #2 he would come around and pick him up in the side by side and take him for a ride. Victim #2 waited by the generator as victim #1 drove around to pick him up. This would have been near a back corner of the tent. (Exhibit #2 Photo B)

Both victims were wearing shorts and t shirts. Victim #2 was wearing sandals. It is unknown what foot wear victim #1 was wearing. Neither victim was wearing a helmet or seatbelt. They were the only two occupants and there was no cargo in the cab or the bed of the side by side and there were no trailers or other equipment being towed.

They began driving along the back side of the tent and made a left hand turn as they cleared the corner of the tent. There is some disparity between victim #1 and victim #2 regarding how far they traveled at this point. Victim #2 says they continued along the side of the tent and then began making a second left hand turn toward the front. Victim #1 says the incident occurred during the first left hand turn after clearing the back of the tent. Victim #1 said he was traveling at a steady speed he estimated about 10-15 mph and was not accelerating or decelerating when the tipping began. He said the steering wheel was not at a full lock and he had made no drastic movements with the wheel. He indicated he had been driving the vehicle in a similar manner and on that same path several times for the 2 ½ weeks prior to this incident with no problems.

Both victims state the vehicle suddenly tipped over onto the passenger side. Neither felt any bump, sliding, or other trigger mechanism for a roll over prior to tipping. They stated they just suddenly realized and were surprised that they were going over. Victim #1 had both hands on the steering wheel and said he doesn't know how or if he reacted when he realized he was tipping. Victim #2 said that as the driver's side lifted up in the air he felt victim #1 slide into him. Victim #2 also stated he was holding on to an available hand rail with his right hand during the entire time he was in the side by side. It is never specified in his deposition which bar he was using. There is one on the roll bar which sits at approximately the same height as the head rests along the interior edge of the vehicle roll bar. (Exhibit #3 Photos A & B) There is also one that rises slightly above the outside edge of the passenger seat. (Exhibit #3 Photo C) He said as they tipped up he grabbed onto that same bar with both hands. Victim #2 stated his feet were flat on the floor boards. The outside edge of the vehicle at the floor boards is open to the exterior. (Exhibit #3 Photos C & F)

The vehicle tipped onto its right side and came to a stop. Victim #1 was thrown from the vehicle. Victim #2 was on the ground with the vehicle on top of his right leg. He was unable to move the leg. Victim #1 ran to the RV and had his wife call 911 and then returned to the vehicle and lifted the vehicle up with one hand and pulled victim #2's leg out from underneath it with the other. Both victims were transported by ambulance.

Victim #1's injuries included a large area of swelling and bruising on the inside of his left thigh. He has healed without extensive medical treatment.

Victim #2 received fractures to his right wrist and both the tibia and fibula of his right leg. The entire skin layer was removed (de-gloved) exposing muscle and connective tissues from the right knee to the right ankle. Victim #2 continues to undergo surgeries and skin grafts to correct these problems. He has metal plates in his right leg supporting the bone and is undergoing multiple surgeries to try to rejuvenate and repair the bone.

The involved vehicle has not been driven since this incident. It was put onto a trailer and transported to victim #1's home. It has been parked outside in the back yard since. The complainant has purchased the vehicle from the original owner in the mean time at the suggestion of victim #2's attorney.

I completed an on-site investigation and physical examination of the involved vehicle. I also spoke with the original owner of the vehicle. The original owner indicated he had made no modifications nor added any accessories to the vehicle since its purchase. Measurements of the vehicle completed at the time of my inspection were congruent with specifications in the owner's manual. The tires on the vehicle also matched the size and manufacturer listed as original equipment in the owner's manual. The original owner did say he had damaged the body plastic below the gas filler loading the vehicle into a trailer the day he bought it. Aside from that there had been no damage to the vehicle before he loaned it. He had used the vehicle approximately 4-5 hours before loaning it. I did notice damage to the passenger side of the vehicle beyond that which the original owner described including broken body panels and scrapes on the roll cage (Exhibit #3 Photos F thru K)

The scene where the incident actually occurred was no longer in the same physical condition as when it occurred. There has been new construction and ground moving work completed on it now. The complainant had aerial photographs of the incident scene which depicted it shortly after the occurrence. The tent, RV, and generator had been removed already but there is a darkened area in the photos depicting the tent location due to straw that was put on the ground as a floor surface for the tent and entryway. He supplied me with those. (Exhibit #2 Photos A & B) I included mark ups on the photos to assist in describing the incidents events and locations.

Victim #2 has filed civil suit against the manufacturer of this product. His attorney is approaching nearly 100 cases involving product liability claims with this vehicle and the complainant says he has located internet information referencing approximately 300 filed and/or resolved law suits. He supplied me with an index list he says is approximately 230 U.S. cases related to this product. (Exhibit # 6) Some of the arguments being used in the law suits are related to design including: A propensity to overturn during certain low speed turning maneuvers due to an alleged too narrow wheelbase and high center of gravity using the National Highway Traffic Safety Administration's (NHTSA) Static Stability Factor (SSF) and other analysis and the lack of a rear differential. Other claims involve early models having no doors and inadequate handholds. Exterior doors and internal handholds are now standard equipment on current models of this vehicle. An additional claim is that the roll bar itself creates more injury threat than it prevents.

One of the internet sites I visited included a letter purportedly sent out to owner's of this vehicle advising them of a new warning label that was being made available for the vehicle. (Exhibit #4). The complainant provided me with a copy of a warning label he says is the one referenced in the letter (Exhibit #5) Another site shows what it claims to be actual consumer complaint logs from the manufacturer. This is referenced in the contacts page exhibit but is not included as an attachment due to the size of the document.

An owner's manual is not included as an attachment to this report but I was able to view the owner's manual for this model year as a "read only" document where it is available on the manufactures web site.

PRODUCT IDENTIFICATION:

The product involved in this incident is a 1996 Yamaha Rhino 450cc off – road, side by side utility vehicle. Its model number is YXR45FAV and its VIN number is 5Y4AJ19Y76A006176.

This is a 4 wheeled, front engine, automatic transmission, 4 wheel drive vehicle which holds two passengers in two bucket seats separated by a center console. The vehicle is equipped with two seat belts. The seat belts have the following tag information on them:

AMSAFE Commercial products
Elkhart, IN
Part number I-3500-02
Date 06-25791

Conforms to FMVSS 209
Conforms to FMVSS 302

There are other illegible markings on the seatbelt tag

There is a front mount engine and a pick up style dump bed on the back with a drop down tailgate. There are two head lights and two tail lights on the vehicle. Steering is controlled with a steering wheel and acceleration and brakes are controlled with foot pedals. There are no doors. The vehicle is equipped with a roll cage. The roll cage has the following warning label affixed to it:

WARNING! The enclosure cannot protect occupants in all foreseeable accidents including rollover.

The following warning label is attached to the center face of the dash:

Improper use can result in severe injury or death.

This off-highway utility vehicle will handle differently form an ordinary passenger car or other vehicle

Vehicle capacity: one operator and one passenger. Passenger must be able to reach and hold the hand grip inside the enclosure.

Gross vehicle rating 2000 lbs (907kg) maximum including operator, passenger, accessories, cargo, and trailer tongue weight.

Passenger and cargo can affect vehicle handling

ALWAYS

Wear a seatbelt when riding in the vehicle

Keep your hands and feet inside the vehicle at all times – watch for branches brush or other hazards that could enter the vehicle.

Drive straight up and down inclines – driving across the side of an incline increases the risk of overturn

NEVER

Operate through water deeper than 13” (33cm) or fast flowing water – if you must cross shallow slow moving water, chose your path carefully to avoid sharp dropoffs, large rocks, or slippery surfaces that could cause the vehicle to overturn.

Make sharp - high speed turns – the vehicle could roll over or go out of control.

Specifications:

Overall Width:	113.6”
Overall Length:	54.5”
Overall Height:	73.0”
Seat Height:	32.2”
Wheelbase:	75.2”
Ground Clearance:	11.02”
Minimum Turning Radius:	153.5”
Dry Weight:	1,105 Lbs

Engine:

Carbureted, Liquid Cooled, 4 stroke single overhead cam forward inclined single cylinder.

Displacement:	421.0 cubic centimeters
Bore X Stroke	84.5 X 75.0 mm (3.33 X 2.95 inches)
Compression Ratio:	10.00: 1
Starting System:	Electric Starter
Lubrication System:	Wet Sump
Fuel:	Unleaded Gasoline
Fuel Tank Capacity:	6.6 Imperial Gallons 7.93 U.S. Gallons

Transmission:

Primary Reduction System:	V-Belt
Secondary Reduction System:	Shaft Drive
Secondary reduction Ratio:	43/20 X 24/17 X 33/9 (11.129)

Transmission Type: V-Belt Automatic
Reverse Gear: 30/15 (2.000)
Sub transmission Ratio: Low 43/18 (2.389)
High 39/22 (1.773)

Chassis:

Frame Type: Steel Tube Frame
Castor Angle: 5 degrees
Trail: 26 mm (1.02")

Tire:

Type: Tubeless
Size Front: 25 X 8-12NHS
Rear: 25 X 10-12NHS
Manufacturer: Maxxis

Brakes:

System: Front and Rear Unified
Type: Front: Dual Disk
Rear: Single Disk

Suspension:

Front and Rear: Double wishbone

Shock Absorber:

Front and Rear: Coil spring / Oil Damper

Wheel Travel:

Front and Rear: 185.0 mm (7.28")

MANUFACTURER:

Yamaha Motor Corporation USA
6555 Katella Ave
Cypress, CA 90630-5101
(714) 761-7300
<http://www.yamaha-motor.com/>

RETAILER:

Yamaha of Millington
7705 US Highway 51 N
Millington, TN 38053-2255
Ph: 901-873-2914
Fax: 901-873-2916

ATTACHMENTS:

- Exhibit #1: Contacts
- Exhibit #2: Aerial photographs of incident scene (2 photos)
- Exhibit #3: Photographs of involved product (24 photos A thru X)
- Exhibit #4: Letter from website
- Exhibit #5: Warning Label
- Exhibit #6: Index of court cases

Contacts:

1: Tom Presgrove – Complainant (contacted 09-11-08) - Agreed to release of name.
81 Sommersby
Jackson, TN 38305
(731) 660-4611

2: Gary Logan – Attorney for Victim #2 (Contacted 09-24-08)
4550 California Avenue
2nd Floor
Bakersfield, CA 93309
(661) 395-1000

3:  Victim #1 (contacted 10-02-08)

4:  original owner (Contacted 10-20-08)

Information obtained from following web sites:

<http://www.yamaharhinoaccidents.com/> (letter obtained form this site)

http://www.yamaha-rhino-information.com/Site_3/Introduction.html (site contains alleged manufacturer consumer complain logs from a court case, rhino advertising videos)

http://www.yamaha-motor.com/outdoor/service/viewmanuals/outdoor_manuals.aspx (viewed owners manual)

The red outline depicts the approximate area shown in photograph B. The scale and shape of the red outline will not match the image in B as the two images were taken from different angles, elevations, and/or magnifications.



The markings depicting the locations of objects, the path of the involved vehicle, and the AIC (area of initial collision) are **NOT TO SCALE**. They are provided only for the purpose of providing a general overview picture of the scene the day of the incident.

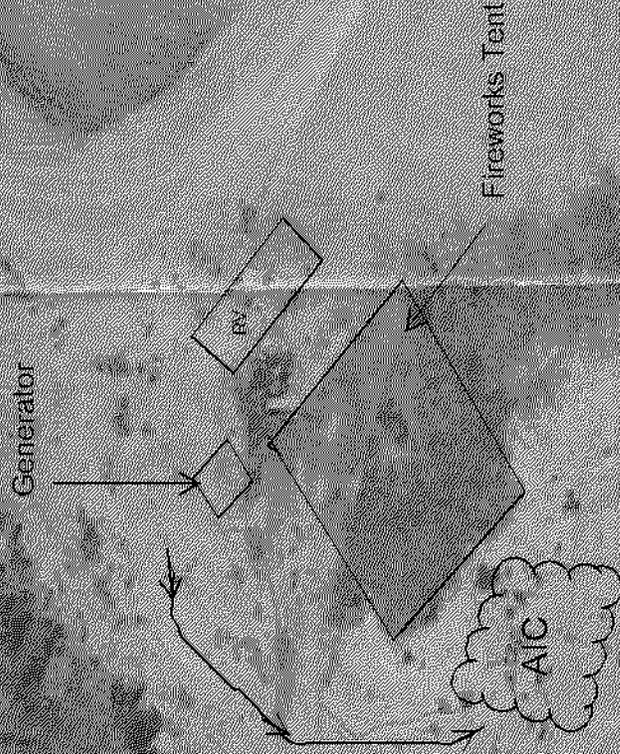




Photo A: Driver Side



The Hand Hold

Photo B: Front End



Photo C: Passenger Side



Photo D: Back End



Photo E: VIN on frame

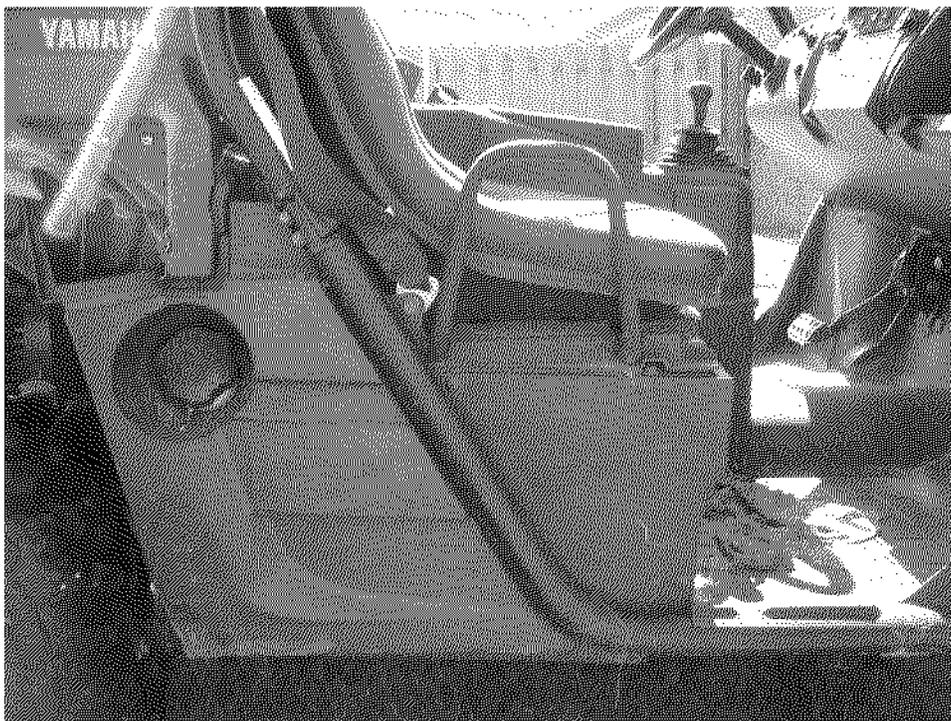


Photo F: Passenger side damage and floor board opening



Photo G: Passenger side damage



Photo H: Damage on passenger side roll bar



Photo I: Damage on passenger side

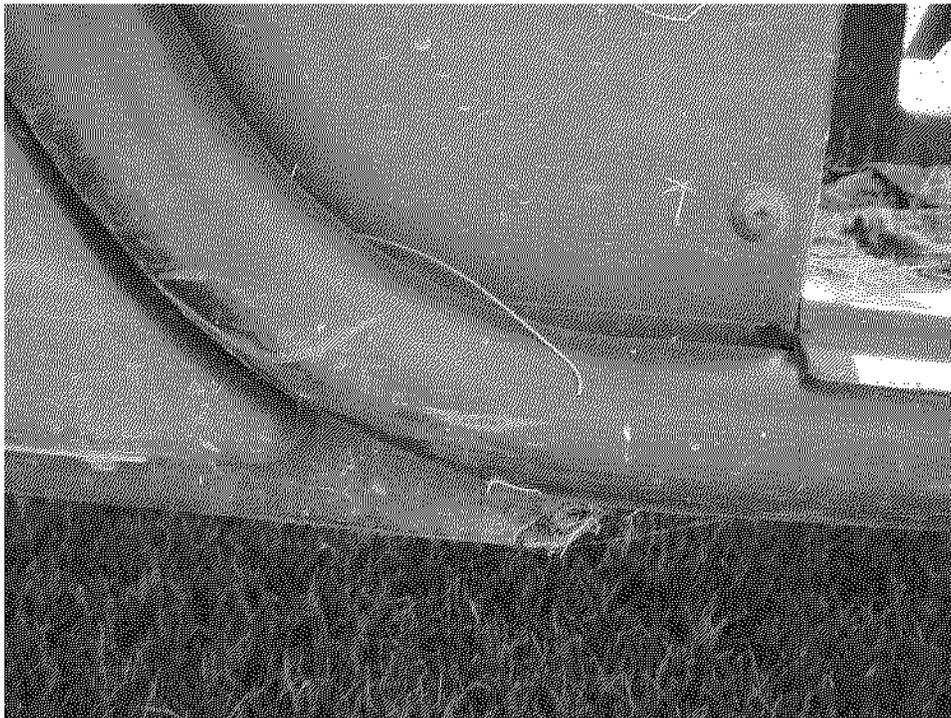


Photo J: Damage on passenger side



Photo K: Damage on Passenger side and name decal



Photo L: Dump bed in up position

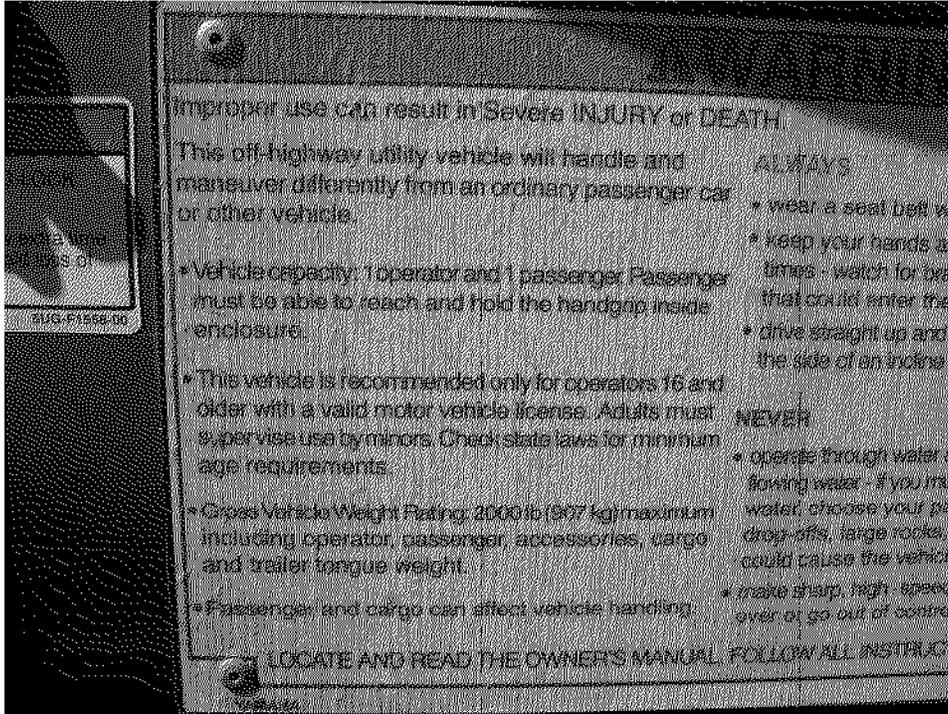


Photo M: Left side warning label on dash

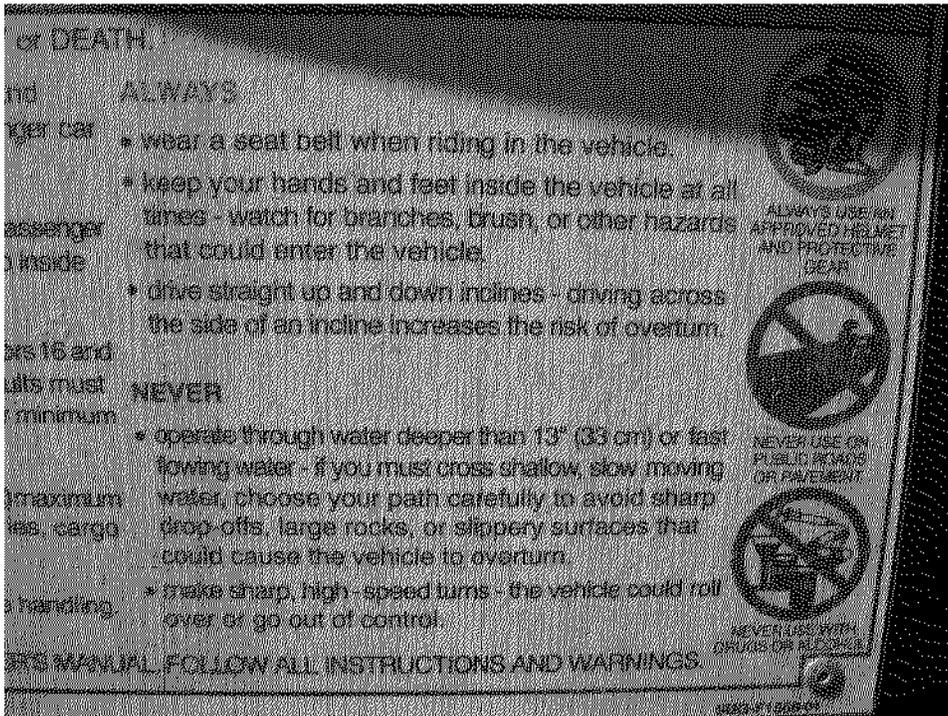


Photo N: Right side warning label on dash

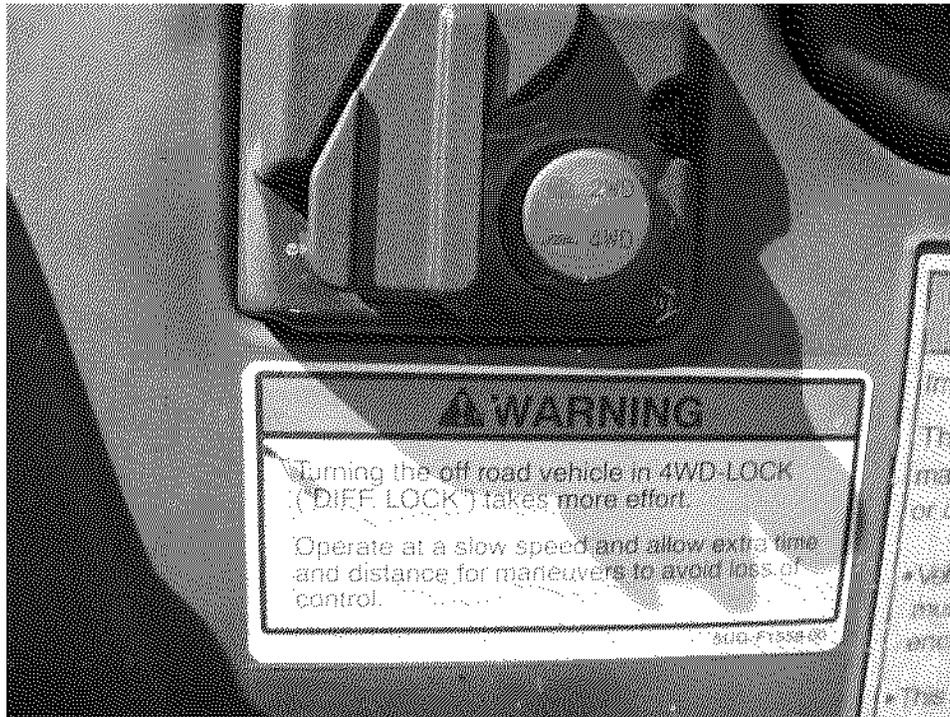


Photo O: 4X4 switch in 2WD position and warning label on dash

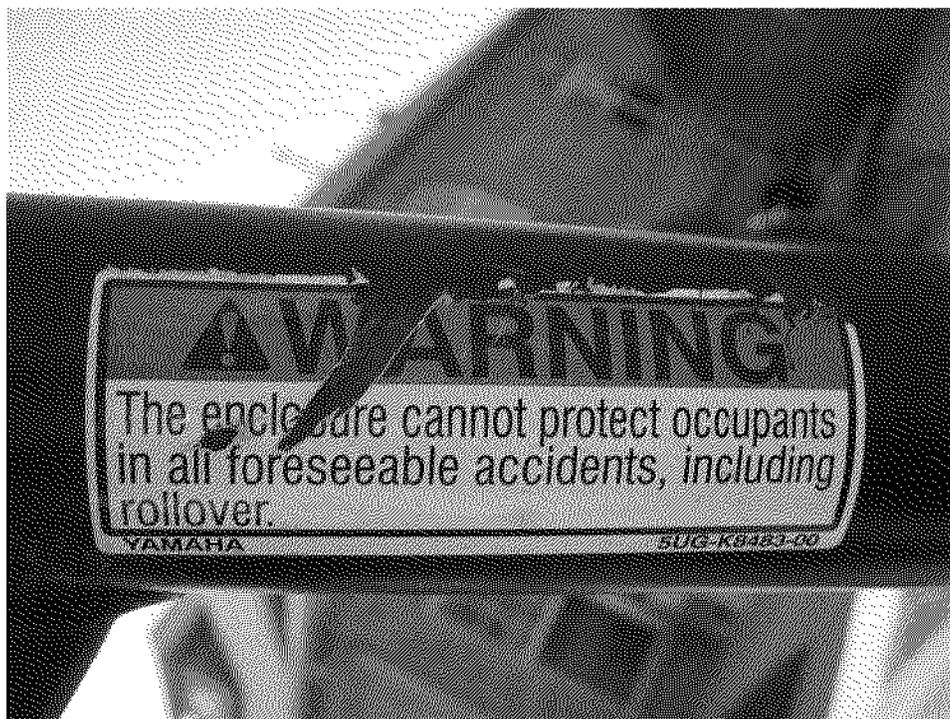


Photo P: Warning label on roll bar



Photo Q: Seat Belt tag



Photo R: Seat belt tag

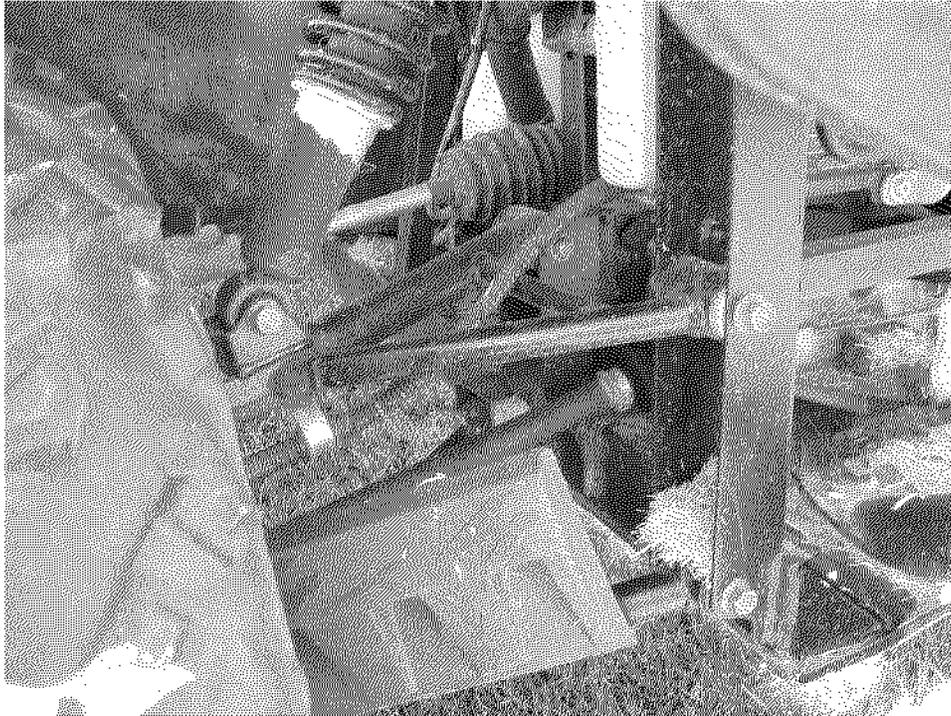


Photo S: Front suspension

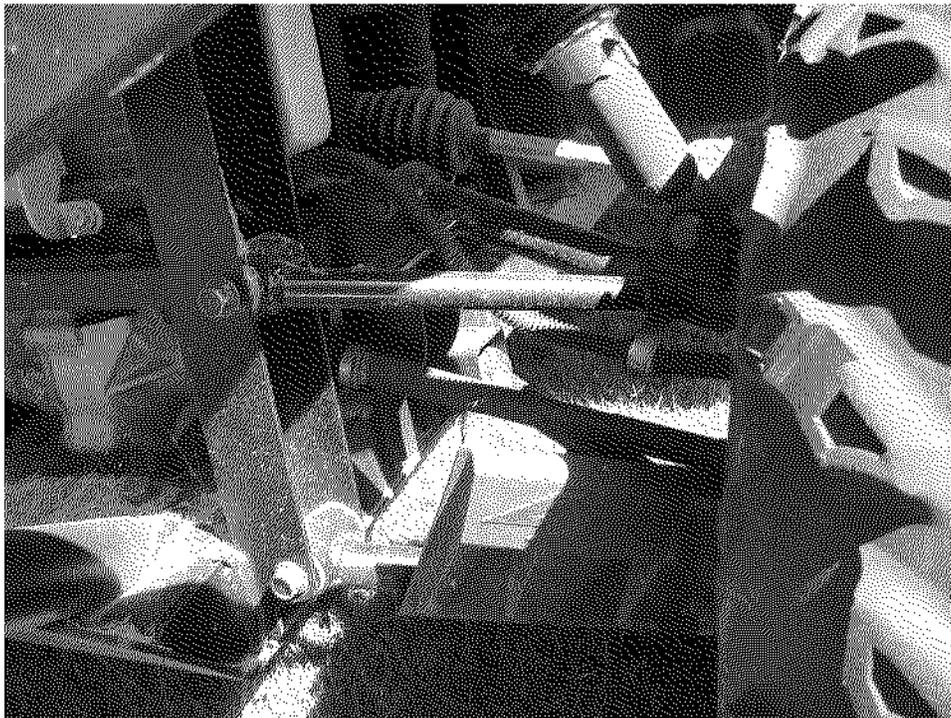


Photo T: Front suspension

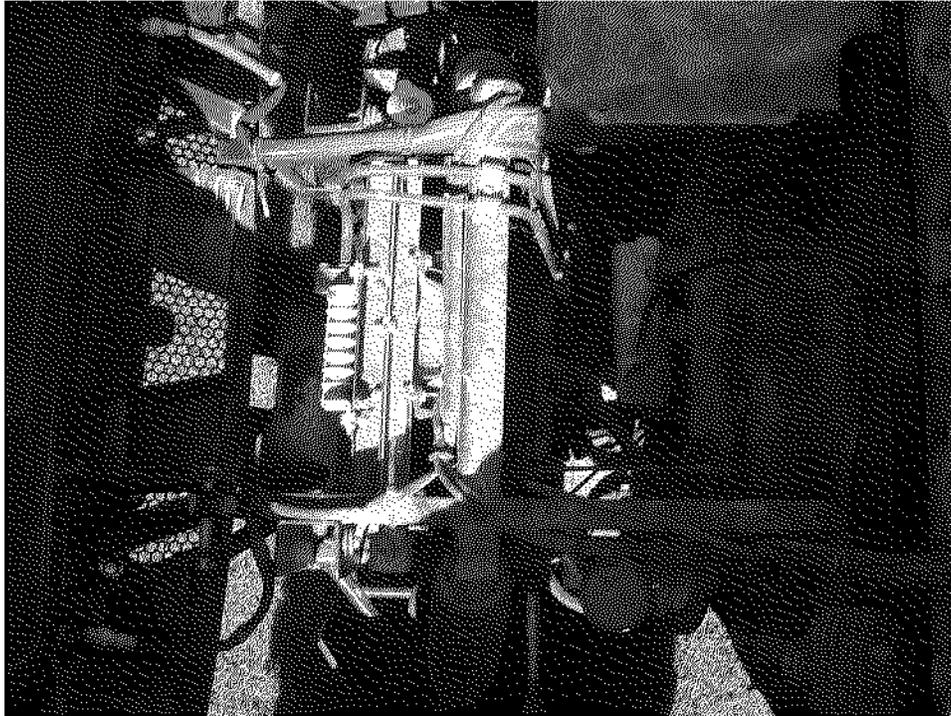


Photo U: Under Hood

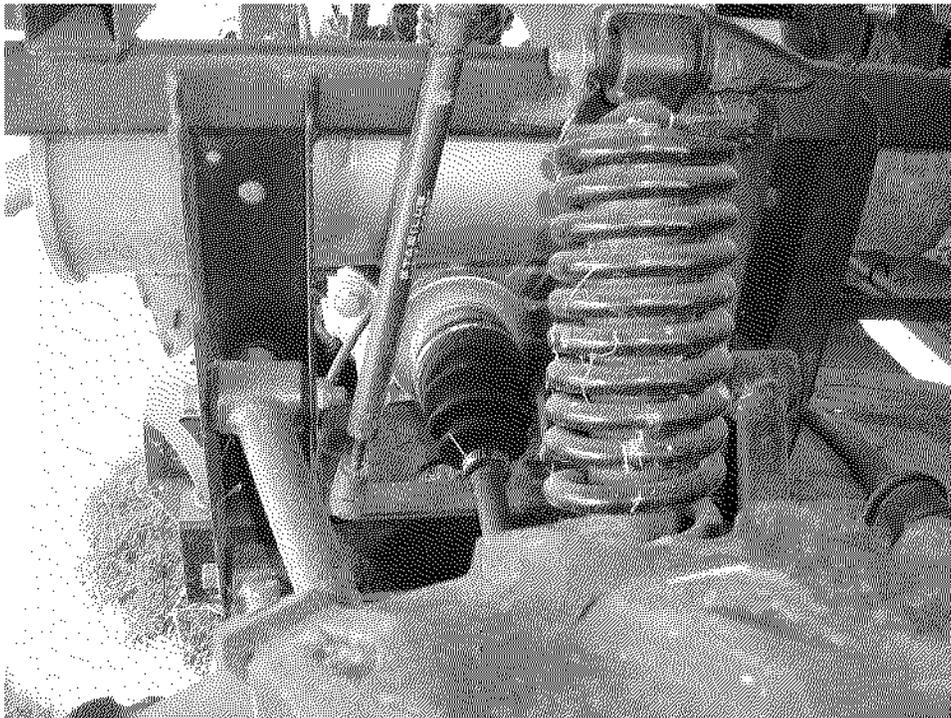


Photo V: Rear suspension



Photo W: Front Tire



Photo X: Rear Tire



YAMAHA MOTOR CORPORATION, U.S.A.
6555 KATELLA AVENUE, CYPRESS, CALIFORNIA 90630-5101 714-761-7300

September 11, 2006

Dear Rhino Owner:

Your Rhino side-by-side vehicle was designed to be a very capable off-road vehicle with a wide variety of potential uses.

Regardless of how you use your Rhino, please remember that both the driver and passenger must always buckle the seat belt when riding in the vehicle. Also the driver and passenger must wear an approved off-road motorcycle-type helmet that fits properly.

As with any off-road-capable vehicle, there is a risk of tip over or rollover under certain conditions. Uneven terrain or slopes which pitch the vehicle sideways, turning too fast or sharp, or a combination of conditions increase the risk of tip over.

As your Owner's Manual describes, "If the vehicle starts to tip, gradually steer in the downhill direction if there are no obstacles in your path. As you regain proper balance, gradually steer again in the direction you want to go."

However, if you are in a situation where the vehicle is tipping over, do not put your arm or leg outside the vehicle to try to stop it. You could be severely injured. You could suffer a crushed hand, arm, leg, or foot, if part of your body is caught underneath the vehicle. You must keep your arms and legs inside the vehicle until it has stopped moving.

To help remind you and other operators or passengers in your Rhino of this important information, Yamaha has prepared new warning labels, one for each side of the enclosure. We recommend you install these labels on your Rhino or have your authorized Yamaha dealer install them for you. An illustration showing proper location is provided on the back of this letter.

We are concerned about your safety and continued satisfaction with our products. Thank you for giving your attention to this important matter.

Sincerely,
Customer Support Group
Yamaha Motor Corporation, U.S.A.

WARNING

To reduce risk of accidents and injury or death:

Be Prepared

- Wear seat belt, motorcycle helmet, eye protection and protective gear.
- Keep your body completely inside the vehicle at all times. Keep both hands on the steering wheel. Be sure passenger is seated, belted, and holding onto the handholds.



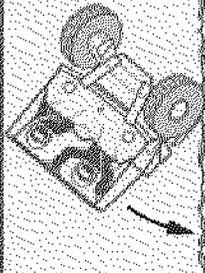
Be Qualified and Responsible

- This vehicle is intended for use only by an operator 16 or older with a valid motor vehicle license.
- Passenger and driver must be able to place both feet flat on the floorboard while seated upright with their backs against the seat backs.
- Do not drive or ride as passenger after using drugs or alcohol.
- Do not operate on public roads.



Avoid Rollovers and Crushing Injuries

- Use care when turning:
 - Turning the steering wheel too far or too fast can result in a rollover or loss of control.
 - Slow down before entering a turn.
 - When making tight turns from a stop or at slow speeds, avoid sudden or hard acceleration.
 - Avoid sideways sliding, skidding, or fishtailing, and never do donuts.
- Drive straight up and down inclines, not across them. If crossing a hill is unavoidable, drive slowly and turn downhill immediately if you feel the vehicle may tip.
- Avoid paved surfaces. Turn gradually and go slowly if you must drive on pavement. This vehicle is designed for off-road use only.



Abrupt maneuvers or aggressive driving have caused rollovers - even on flat, open areas.

Genuine Yamaha Doors and a Handhold/Strap are available for free installation or replacement. Yamaha recommends these features to help keep occupants from sticking arms or legs out of the vehicle during a rollover.

Contact your dealer or visit www.yamaha-motor.com/rhms

YAMAHA

584-F1658-01

ALL RHINO CASES

<u>Plantiff</u>	<u>Injury Date</u>	<u>File date</u>	<u>Court</u>	<u>Case Number</u>	<u>Injury</u>	<u>Status</u>
(b)(3) CPSA Section 25(c), (b)(6)	Jun-07	Oct-07	Florida	(b)(3) CPSA Section 25(c), (b)(6)		
	Jun-07	Oct-07	Boone County W.V.		Dealership test drive	
	Jul-07	Jul-08	Eastern District of Kentucky (London)		right ankle	
	Apr-06	Apr-08	Eastern Districy of Texas (Texarkana)			
	Jun-07	Nov-07	Texas			
	Mar-07	Nov-07	Orange County Superior Court			
	May-06	Aug-07	Oklahoma Dist Court			
	Jul-04	Aug-04	Florida			
	Sep-06	Jan-07	Superior Court Napa County			
	Jul-07		Canada		DEATH (CHILD)	
	Jul-07	Nov-07	Ohio			
	Jul-07	Dec-07	District Court (Tacoma)			
	Nov-06	Apr-07	Orange County Superior Court			SETTLED 7/2008
	Nov-06	Oct-07	Orange County Superior Court			DEATH (TEEN)
	Aug-07	Nov-07	Michigan			

P.2
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 7316601418
 OCT-6-2008 09:01A FROM: TP EQUIPMENT

10/06/2008 10:24AM (GMT-04:00)

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

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

Sep-07	Feb-08	District Court of Arizona	Right Leg	
		Orange County Superior Court		SETTLED 8/08
Jun-06	Oct-07	Myrtle Beach S.C.		
Apr-06	May-07	Houston Tx		
Nov-05	Nov-07	Orange County Superior Court		
Apr-07	Sep-07	San Diego Superior Court		
Aug-06	Jun-07	Orange County Superior Court		
	Feb-08	Orange County Superior Court		
May-05	Apr-07	Orange County Superior Court		
Jun-07	Sep-07	California		
Jun-08	Jun-08	Alabama		
Jun-06	Oct-06	Orange County Superior Court		SETTLED 9/07
Mar-07	Sep-07	Orange County Superior Court		
	Apr-08	Orange County Superior Court		
Sep-05	Dec-06	Alabama Curcit Court Baldwin County		
Jun-08	Jun-08	Wood County District Court	DEATH (CHILD)	SETTLED 4/08
Oct-05	Jan-07	Orange County Circuit Court		
May-06	Jun-08	District Court of walker city Texas	Left Hand	

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 TO: 18666867939
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 OCT-6-2008 09:01A FROM: TP EQUIPMENT

10/06/2008 10:24AM (GMT-04:00)

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 TD:18666867939
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 OCT-6-2008 09:01A FROM: TP EQUIPMENT

(b)(3) CPSA Section 25(c),(b)(6)	Sep-05	Sep-08	US District Court S.C. Anderson Division	(b)(3) CPSA Section 25(c),(b)(6)		
	Jul-06	Apr-07	Orange County Superior Court			
		Jun-08	Orange County Superior Court			
	Jun-06	Oct-06	Superior Court Of California			
	May-07	Sep-07	California			
	Jun-07	Aug-08	Eastern Districy of Texas (Texarkana)			
		Apr-08	Orange County Superior Court			
	Mar-07	Nov-07	Little Rock			
	Aug-07	Sep-07	California			
	Jul-07	Jul-08	Eastern Dist Of Pennsylvania			Right Leg
	Jun-07	Sep-07	California			
	May-06	Aug-06	Milwaukee WI			
	Jun-06	Nov-07	Piedmont MO			
	Oct-06	Mar-07	Superior Court of Arizona (Maricopa)			
	Jun-06	May-08	Northern Dist of Alabama Southern Division			
	Oct-06	Mar-07	California			
Jul-06	Aug-07	25th Jud Dist, Parish of Plaquemines				
May-07	May-08	Missouri District Court (Eastern Div)				

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(b)(3) CPSA Section 25(c),(b)(6)	Feb-06	Jun-06	San Diego Superior Court	(b)(3) CPSA Section 25(c),(b)(6)	
	Apr-07	Apr-08	Eastern Dist of Louisiana		Right Shoulder
		Oct-08	Orange County Superior Court		
	Oct-05	Oct-07	2nd Jud Dist Ct (Clairborne Parish)		
	Apr-05	Apr-08	Eastern District of Arkansas (Western Division)		Left Leg
	Sep-04	Jan-05	Orange County Superior Court		SETTLED 12/06
	May-07	Nov-07	New York		
	Sep-06	Apr-07	Orange County Superior Court		
		Aug-08	Superior Court Cleveland N.C		
	Sep-05	May-06	Westerville Ohio (Muskingum Cty)		
	Jun-07	Nov-07	Circuit Court of Mobile County		
	Jun-07	Aug-08	Circuit Court of Mobile Alabama		
	Jun-06	Apr-07	District Court, Clark County NV		
	Apr-05	Apr-08	District Court of Maryland		Leg
	Aug-04	Apr-08	District Court of Nebraska		
	Jun-06	Jan-07	Circuit Ct, 10th Jud Circuit, Peoria Cty Ill		
		Oct-08	Orange County Superior Court		
	Oct-04	Jan-07	Circuit Ct of Blount Cty at Marysville		

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 TO: 18666867939
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(b)(3) CPSA Section 25(c), (b)(6)	Apr-06	Oct-07	Kentucky (Louisville)	(b)(3) CPSA Section 25(c), (b)(6)			
		Feb-08	Orange County Superior Court				
		Mar-08	Orange County Superior Court				
	May-06	May-08	Southern Dist of Mississippi			Right Foot	
		May-08	Eastern Dist of Kentucky (Pikeville)				
	Apr-06	Oct-06	Orange County Superior Court				
	Jul-07	Nov-07	Arozona				
	Jul-07	Nov-07	Orange County Superior Court				
	May-06	Sep-06	New York				
			Louisiana				SETTLED 5/08
	Jan-06	Feb-07	7th Judicial Dist, Parish of Catahoula				SETTLED 5/2008
	Feb-07	Jul-07	Orange County Superior Court				
	Mar-07	Mar-08	Eastern Dist of Louisiana (New Orleans)			Right Leg	
	Jun-07	Sep-07	California				
		Feb-08	Orange County Superior Court				
	Jun-07	Sep-07	8th Judicial Ct Alachua Cty				
		Jul-08	Orange County Superior Court				
	Sep-06	Sep-07	Dist Ct of Arizona				

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OCT-6-2008 09:02A FROM: TP EQUIPMENT

(b)(3) CPSA Section 25(c), (b)(6)	Oct-05	May-07	District Ct Clark Cty Nevada	a538445		SETTLED 2/08	
	Jul-07	Nov-07	Chicago				
	Feb-08	Sep-08	Orange County Superior Court	(b)(3) CPSA Section 25(c), (b)(6)		DEATH	
	Jun-07	Sep-07	New York				
	Aug-07	Sep-07	California				
	Jul-05	Dec-06	Circuit Ct of Phillips Cty Arkansas				
	Jul-07	Dec-07	Common Pleas Philadelphia Cty				
	Feb-08	May-08	Orange County Superior Court			DEATH	
	Oct-08	Mar-07	Orange County Superior Court				
	Jul-07	Sep-07	California				
		Mar-08	Orange County Superior Court				
	Aug-07	Sep-07	California				
	Feb-06	Mar-07	Orange County Superior Court				SETTLED 7/2008
	Apr-04	Dec-05	Orange County Superior Court			?????	
	Jul-07	Nov-07	Utah				
	Mar-06	Oct-07	Ft Lee New Jersey				
Jul-06	Oct-07	Monroeville Pa					
Nov-05	Dec-05	Van Texas					

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OCT-6-2008 09:03A FROM: TP EQUIPMENT

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

Oct-07	Nov-07	California			
Jul-07	Jan-08	Eastern Dist of Tennessee (Northern Div)		Leg	
Jun-07	Nov-07	ME			
Sep-06	Jul-07	District Ct Nevada Clark County	(b)(3) CPSA Section 25(c),(b)(6)		SETTLED 2/08
Jul-07	Sep-07	Orange County Superior Court			SETTLED 7
Apr-07	Sep-07	California			
Feb-06	Apr-07	Orange County Superior Court			
Jun-06	Nov-07	California			
Mar-07	Sep-07	N.C.			
Feb-07	Nov-07	Fla Circuit Ct (Okeechobee)			
Nov-05	Nov-07	Alabama			
Aug-05	Aug-08	District of Eastern Texas (Texarkana)			
	Dec-07	Gwinnett County, Ga			
Jan-07	Dec-07	Alabama District Ct (Northern Dist)			
Mar-06	Apr-08	Eastern Dist of Texas (Beaumont)			
	Dec-07	Gwinnett County Court (Ga)			
Jun-06	Oct-07	18th Judiicial Circuit Brevard Cty Fla			
Jun-06		Arizona			

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

		Arizona	cv2006-001223		
Feb-06	Feb-06	Maricopa Cty Superior Ct (Az)	(b)(3) CPSA Section 25(c),(b)(6)		SETTLED 7/07
	Dec-07	Morrison Ill			
Mar-07		US District Ct Arizona District			
Jul-07	Aug-08	District Court of Tennessee (Northeastern Division)			Fractured Pelvis
May-06	Apr-07	Orange County Superior Court			
Feb-05	Aug-07	Eastern Div US District Ct Spokane Wa			
Jul-07	Jul-08	US Eastern District Ct Kentucky Pikeville			
Jun-07	Oct-07	Chattanooga Tenn			
May-04	Apr-05	(HI) Circuit Ct of the 3rd Circuit			
Aug-08	Nov-08	California			
	Nov-07	California			
Sep-07	Dec-07	Arizona			
	Sep-08	Orange County Superior Court			
Feb-07	Sep-07	Arizona			
	Nov-07	New Jersey			
Jul-07	Oct-07	Tipton County Circuit Court (Tenn)			
Aug-06	Nov-06	Weirton WV			

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 OCT-6-2008

(b)(3) CPSA Section 25(c),(b)(6)		Sep-08	Orange County Superior Court	(b)(3) CPSA Section 25(c),(b)(6)	
	Sep-07	Nov-07	Orange Superior Ct (TX)		
	Jan-06		Superior Court of Arizona (Maricopa County)		
	Dec-04	Dec-07	Hinds Circuit Ct (MS)		
	Sep-07	Aug-08	Eastern District of Kentucky (London)		
	Feb-08	Aug-08	Hinds County Miss		DEATH
		Sep-08	Orange County Superior Court		
	Jun-06	Sep-07	13th Judicial Circuit Ct Hillsborough County (Fla)		
		Jul-08	Gwinnett County, Ga		
	May-07	May-08	District Court of Texas (Marshall Division)		Right Arm
		Jun-08	Orange County Superior Court		
	Nov-06	Sep-07	Contra Costa Superior Ct (CA)		
	Dec-06	Dec-07	District Court of Tennessee (Nashville)		Legs & Ankle
	Oct-07	Jun-08	Ohio		DEATH (CHILD)
	Nov-06	Dec-06	New Jersey		
	Jun-07	Sep-07	PA		
		May-08	Orange County Superior Court		
	Aug-06	May-07	6th Judicial Court Champaign County Ill.		

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OCT-6-2008 09:04A FROM: TP EQUIPMENT

(b)(3) CPSA Section 25(c),(b)(6)	Jul-06	Apr-07	US Districk Court, Clark County Nevada	A538446		
	Dec-05	Mar-06	Orange County Superior Court	(b)(3) CPSA Section 25(c),(b)(6)		SETTLED 4/2007
	Dec-05	Apr-06	St Martin Parish District Ct (LA)			SETTLED 4/2007
	Jul-07	Jul-08	District Court of Montana Missoula Division			
	Nov-06	Nov-07	Circuit Court of Baltimore Cty			
		Sep-08	Orange County Superior Court			
	Mar-07	Jul-07	Superior Court, Santa Clara County			
	Sep-07	Aug-08	US District Court Northern District Ohio			
	Jul-06	Sep-07	Circuit Court of Mobile County (Alabama)			
		Aug-08	Orange County Superior Court			
	Sep-07	Sep-07	West Virginia			
	Apr-06	Dec-07	District of Colorado			Legs & Foot
	Jun-05	Mar-07	Okaloosa County Circuit Court			
	Nov-05	Mar-06	US District Ct Orange County (Texas)			
	Sep-06	Mar-07	Orange County Superior Court			SETTLED 7/08
		Jan-08	Orange County Superior Court			
	Nov-06	Sep-07	Boone Circuit Kentucky			
	Apr-06	Apr-07	Superior Court of San Diego			

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09:05A FROM: TP EQUIPMENT

OCT-6-2008

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

	Jul-08	Kentucky	5/08-cv-00329-jbc		
Sep-05	Jan-06	Orange County Superior Court	(b)(3) CPSA Section 25(c), (b)(6)		SETTLED 7/2007
Nov-08	Jun-08	Orange County Superior Court		DEATH	
Aug-06	Aug-07	State of Louisiana, Parish of Union. 3rd District			
	Aug-08	Orange County Superior Court			
Mar-05	Oct-05	Orange County Calif			Settled 2/2006
Apr-06	Apr-08	Northern Dist of Texas (Amarillo Division)		Verterbre	
	Mar-08	Orange County Superior Court			
Jun-06	Aug-08	Nevada			
Jun-06	Jun-08	District Court of Arizona			
Oct-07	6/208	Middle Dist of Tennessee (Nashville)			
Jul-06	Jan-07	Charlston WV			
Apr-07	Sep-07	Las Vegas NV			
Sep-06	Oct-08	Los Angles Fed Ct			
Sep-06	Sep-07	Hampton Ga			
	May-06	Portland Or			
Apr-06	Apr-08	Northern District of Ohio Eastern Division			

10/06/2008 10:24AM (GMT-04:00)

09/04/2008 10:43:58

Name = Tom Presgrove
Address = 81 Sommersby
City = jackson
State = Tennessee
Zip = 38305
Email = tpequip@usit.net
Telephone = 731-660-4611
Name of Victim = Grant Presgrove
Victim's Address = 118 Dogwood Cove
Victim's City = medina
Victim's State = Tennessee
Victim's Zip = 38355
Victim's Telephone = 731-414-5110

Incident Description = While riding as a passenger in a Yamaha Rhino, side by side ATV, a slow gradual turn to the left causing the vehicle to roll over on the passenger side. The vehicle is very top heavy and too narrow. Injuries included a crush right leg with compound fractures to the tibia and fibula, and a fractured right hand. The vehicle trapped the leg and broke the leg literally off just below the knee cap. There are 100's of Rhino accidents similar to this incident with almost identical injuries. Yamaha recently made a dealer recall to install safety doors to prevent legs from being slung out. Also a new warning label was added saying that even at slow speed, roll overs were possible.

Victim's age at time of incident = 36
Victim's sex = male
Date of incident = july 5, 2007
Product involved = side by side ATV, Rhino 450, utility vehicle
Product brand name/manufacturer = Yamaha
Manufacturer street address = 1000 highway 34 east
Place where manufactured (City and State or Country) = Newnan Georgia 30265
Product involved still available = yes
Product model and serial number, manufacture date = Yamaha Rhino 450, 2006 year, vin 544aj19y76add6176
Date product purchased = 2006
Name Release = Release name to the manufacturer and public

1. Task Number 080911HCC2010		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2008 03 15	5. Date Initiated YR MO DAY 2008 09 15		
6. Synopsis of Accident or Complaint UPC none The victim, a 33-year-old male was riding on a 4-wheeled utility vehicle in a wooded area and he was not wearing a helmet. He struck a brush pile of trees and he lost control. He was ejected and the utility vehicle overturned away from him. He sustained a head injury and he was taken to a hospital, where he died. The cause of death was traumatic brain injury due to blunt force trauma to the head. <u>MFB/PRVLBR NOTIFIED</u> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>GP</i> ; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>DL 4/30/09</i>				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City PULASKI COUNTY		9. State KY
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA/RHINO		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION/VIN: UNKNOWN 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) 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 12/10/2008	25. Reviewed By 9093		26. Regional Office Director Dennis R. Blasius	
27. Distribution Moon, Clarice; Kessler, Charles; Streeter, Robin			28. Source Document Number 0821011240	

1. Task Number 080911HCC2010		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2008 03 15	5. Date Initiated YR MO DAY 2008 09 15		
6. Synopsis of Accident or Complaint UPC none The victim, a 33-year-old male was riding on a 4-wheeled utility vehicle in a wooded area and he was not wearing a helmet. He struck a brush pile of trees and he lost control. He was ejected and the utility vehicle overturned away from him. He sustained a head injury and he was taken to a hospital, where he died. The cause of death was traumatic brain injury due to blunt force trauma to the head.				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City PULASKI COUNTY		9. State KY
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA/RHINO		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION/VIN: UNKNOWN 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) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Verbal <input type="checkbox"/> Yes for Manuf. Only				
24. Review Date 12/10/2008	25. Reviewed By 9093		26. Regional Office Director Dennis R. Blasius	
27. Distribution Moon, Clarice; Kessler, Charles; Streeter, Robin			28. Source Document Number 0821011240	

The information in this report was based on information received from the sheriff department. A photo of the utility vehicle was not taken. Contact with the victim's next-of-kin was not permissible.

On Saturday, March 15, 2008, in Pulaski County, Kentucky, the victim, a 33-year-old male was riding in a 4-wheeled utility vehicle on a trail located in the woods. The weather condition was cloudy and the temperature was 30 degrees.

He struck a brush pile of trees and he lost control. He was ejected and the utility vehicle overturned away from him.

It is unknown what rate of speed the victim was traveling at prior to the incident. He was not wearing any protective gear, such as a helmet. His knowledge regarding operation and/or handling the utility vehicle was unknown.

His height and weight are not known. He sustained a severe head injury and he was taken to a hospital, where he died. His cause of death was traumatic brain injury.

Product: 4-wheeled utility vehicle

Brand/Year: Yamaha/unknown

Manufacturer: Yamaha Motor Corporation
6555 Katella Avenue
Cypress, CA 90630

Model: Rhino

VIN: unknown

Description: unknown

Condition: maintenance history, bought new or used, and prior problems is unknown.

Modification: unknown

080911HCC2010

ATTACHMENTS:

1. Sheriff's Incident Report.
2. Contact Information.



Pulaski County Sheriff's Department

Incident Report



P.O. Box 752 Somerset, KY 42502 Phone (606) 678-5145 Fax (606) 679-3119

Incident Number: 108-03-0105 Date: 3/17/2008
 Report Type: CITIZEN REPORT Time: 6:00

Reported By:

Last Name: (b)(6)
 Address 1: (b)(6)
 Address 2:
 City: SOMERSET State: KY Zip: 42503-
 Phone: (b)(6)

Victim:

Last Name: (b)(6) First Name: DENZIL
 Address 1: (b)(6)
 Address 2:
 City: LONDON State: KY Zip: 40741-
 Phone: (b)(6)

Incident Details:

Date: 3/15/2008 Time: 5:30
 Location: ACORN ANO ROAD/4000 BLOCK IN WOODS

Incident Description:

ON MARCH 15 2008 (b)(6) WAS OPERATING A YAMAHA RHINO AT 0530 HOURS OFF ROAD NEAR ACORN ANO ROAD WHEN HE LOST CONTROL HITTING A BRUSH PILE/TREE'S. (b)(6) SUFFERED SEVERE HEAD TRAUMA AND OTHER LIFE THREATING INJURIES. (b)(6) WAS TREATED BY SHOPVILLE FIRE AND RESCUE, SOMERSET E.M.S., LAKE CUMBERLAND REGIONAL MEDICAL CENTER AND UNIVERSITY OF KENTUCKY MEDICAL CENTER WHERE HE WAS LATER FLOWN TO. STATUS OF (b)(6) IS STILL UNKNOWN AT THIS TIME. Update 04/01/2008 (b)(6) had deceased in Lexington on 03/16/2008.

Officer: J.LAYNE Badge Number 1139 Date: 3/17/2008

Enter Case Number if Upgraded from Incident:

Attachment 2 - 080911HCC2010

CONTACT INFORMATION:

Contacted on 9/15/08

Pulaski County Sheriff
PO Box 752
Somerset, KY 42502
(606) 678-5145

John A. McCarty
Fayette County Deputy Coroner
247 E. 2nd Street
Lexington, KY 40507
(859) 455-5700

1. Task Number 080911HCC3891		2. Investigator's ID 9086		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2007 09 30	5. Date Initiated YR MO DAY 2008 09 16		
6. Synopsis of Accident or Complaint UPC <p>The victim is a 19-year-old male who was a passenger, standing on the rear bed of a 4-wheeled utility vehicle, holding onto a roll bar while riding. The driver of this utility vehicle collided with a pickup truck which was going 40 mph. The victim was ejected and died at the scene from his injuries.</p> <p>MFR/PRVLBR NOTIFIED</p> <p>COMMENTS: ___ YES <input checked="" type="checkbox"/> NO ___ OVERRULED; ___ ATTACHED</p> <p><input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>By 25c</i></p> <p><input checked="" type="checkbox"/> DO NOT RE-NOTIFY ___ RE-NOTIFY</p> <p><i>SLC 4/30/09</i></p>				
7. Location (Home, School, etc) 9 - SPORTS OR RECREATION PLACE		8. City VICTORVILLE	9. State CA	
10A. First Product 5044 - Utility Vehicles		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				
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) 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 10/28/2008	25. Reviewed By 9087		26. Regional Office Director Frank J. Nava	
27. Distribution Streeter, Robin			28. Source Document Number 0706096398	

This incident occurred on 09-30-07, and involved a 19 year old male victim and a four wheeled, off-road utility type vehicle being used recreationally in a recreational area near Victorville, CA. All of the information comes from the medical examiner's office. The report is appended as Exhibit 1.

On the day of the incident, victim was in a utility vehicle as a rear passenger and was standing upright in the bed of the utility vehicle holding onto the roll bar that was traveling about 20 miles per hour when it collided with an off road pickup truck that was traveling at about 40 miles per hour. Victim was ejected from the bed of the utility vehicle he was in and was found supine by fire personnel. Victim was down 30 minutes before fire personnel reached him and could not resuscitate him. There was right side chest trauma, abdominal distention and rigidity and abrasions to victim's back. Victim was pronounced dead at 0220 on 9-30-08. It was further reported that there was possible alcohol use by both drivers involved.

The records indicate that the cause of death was multiple blunt force injuries.

PRODUCT

The product is a green 2005 Yamaha Rhino Utility Vehicle not further identified.

EXHIBITS

1. San Bernardino Medical Examiners Report
2. Missing documents
3. Contact Sheet

San Bernardino County Sheriff - Coroner Division
Coroner Investigation

080911HCC3891 Exh. 1
(2/15)

2	MODE: Accident	CASE #: 700707349
	STATUS: Post	DEPUTY:

080911HCC3891 Exh. 1

CAUSE OF DEATH

107 CAUSE (A) Multiple Blunt Force Injuries	TIME INTERVAL Minutes	107 BOWEN REPAIRMENTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
108 DUE TO (B)		110 AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
109 (C)		AUTOPSY# A0754-07 ST EXAM#
110 (D)		INDICENT#

112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107
None

113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES LIST TYPE OF OPERATION & DATE
 YES NO DESCRIBE

ATTENDING PHYSICIAN	PHONE	DATE LAST ATTENDED	CAUSE GIVEN BY
115 PHYSICIAN TO SIGN D.C. Coroner		ADDRESS	PHONE
		DATE 10-02-07	TIME 1232

INJURY

119 SPECIFY MODE Accident	120 PLACE OF INJURY Anderson Dry Lake	120 AT WIC? No	121 DATE 09-30-07	EST EST	122 HOUR 0053
123 LOCATION (include Zip Code) 3.5 miles N/E of Camp Rock Road Lucerne, 92356					
124 DESCRIBE HOW INJURY OCCURRED ATV struck pickup truck, decedent passenger in ATV, ejected unrestrained.					

PROPERTY

PROPERTY?	PROB. ALSO?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

LAW ENFORCEMENT

AGENCY California Highway Patrol (CHP)	AGENT 	REPORT NUMBER 14858
--	--	-------------------------------

AUTOPSY

ORDERED BY CW	DATE 09-30-07	TOX ORDERED 10-02-07	TOX RECEIVED 10-18-07	AGENT(S) TO ATTEND ****
-------------------------	-------------------------	--------------------------------	---------------------------------	-----------------------------------

DISPO OF REMAINS

PRESENT LOCATION ****	MORQUE STATUS ****	VEHICLE ****
TRANSPORTED BY ****	NOTIFIED BY ****	DATE ****
IN MORTUARY Murrietta Valley Funeral Home	PHONE OF MORTUARY 951-696-0626	TIME ****

San Bernardino County Sheriff - Coroner Division
Coroner Investigation

08091HCC3891
Exh. 1
(308)

3

MODE Accident

CASE # 700707349

STATUS Post

DEPUTY [REDACTED]

08091HCC3891 Exh. 1

Coroner Investigation

09/30/2007

Notification of Death to Coroner:

On September 30, 2007, at 0258 hours, I received notification from our Computer Aided Dispatch from San Bernardino Communication Dispatch who called to report an accidental death.

Per San Bernardino Communication Dispatch request and the remote location of the accident, I was to meet fire personnel at San Bernardino County Fire Department Station #111 then continue to the scene at Anderson Dry Lake

I responded from the Coroner's Division at 0319 hours and arrived on-scene at Station #111 at 0434 hours.

Scene Description:

The location of the scene was San Bernardino County Fire Department Station #111 located at 33269 Old Woman Springs Road, in the city of Lucerne. Upon my arrival I observed an ambulance gurney covered with a sheet inside the engine bay of the fire station.

Statement of Facts:

After taking pictures of the scene, I contacted California Highway Patrol Officer [REDACTED]. Per Officer [REDACTED] the body was transported from the scene in Medic Ambulance #111 to Station #111.

Officer Harris stated that original scene was 3.5 miles northeast of Camp Rock Road at Anderson Dry Lake off road recreation area (GPS North 34 degrees, 34 minutes 159, West 116 degrees, 46 minutes 328) [REDACTED] was the right rear passenger in an All Terrain Vehicle (ATV) Yamaha Rhino. At approximately 0053 hours, [REDACTED] was standing holding onto the roll bar in the bed of the Rhino that was traveling at approximately 20 miles per hour. The Rhino collided head on with an off road Toyota pickup that was traveling at approximately 40 miles per hour. [REDACTED] was ejected from the Rhino and was found prone by emergency medical personnel at 0155 hours. Cardiopulmonary resuscitation was discontinued due to a prolonged down time of 30 minutes and [REDACTED] was pronounced dead at 0220 hours. Three other passengers in the Rhino were injured and transported by air to Arrowhead Regional Medical Center.

Officer Harris stated that the 2005 Rhino was green in color and had major front end damage. There was a 1991 Toyota that was not street legal and had moderate front end damage. Officer Harris took pictures of the collision scene and stated he would provide copies of the pictures to this Division. Per Officer [REDACTED] there was possible alcohol usage by both drivers.

San Bernardino County Sheriff - Coroner Division
Coroner Investigation

080911HCC3891

Ex. 1
(4/15)

4

MODE Accident

CASE # 700707349

STATUS Post

DEPUTY

080911HCC3891 - Exh. 1

I contacted San Bernardino County Fire Department [redacted] who stated that [redacted] was found by fire personnel 5-10 feet on the left side of the Rhino. Basic life support was initiated but was discontinued due to no response and MCI protocol. Medic Ambulance left the scene at 0315 hours and arrived at Station #111 at 0340 hours.

Body Description:

At 0445 hours, I observed an ambulance gurney covered with a white sheet. Upon removing the sheet, I observed the body of a White adult male, identified as [redacted] a 19 year-old resident of Murrieta, by California Drivers License photo and clothing and physical description from [redacted] step-mother, [redacted]

The body was supine. The head was oriented to the east and the feet were oriented to the south. The arms were extended out from the body. The legs were extended out from the body.

The hair was black in color and short in length. Facial hair consisted of a black goatee. The eyes were hazel in color. Tache noir was present in both eyes. No petechial hemorrhage present. The body weighed approximately 110 pounds and was five feet, four inches in height.

The body was clad in a grey nylon jacket, a short sleeved olive green T- shirt, blue jeans, blue briefs, a black athletic shoe (left) and a black sock (left).

The body was warm to the touch. No rigor mortis had developed. Lividity was present, dark pink in color, blanched with the application of pressure and was consistent with the body's position.

Trauma was a depression to the right chest, inferior to right nipple. The chest appeared asymmetrical. There was a slight dark discoloration of the right axillary chest. The abdomen was firm to the touch and distended. There was an abrasion to the posterior lower right arm and fingers, upper left back and left anterior lower leg. There was dried blood from the nose and on the lips.

There were no scars, marks or tattoos noted.

Therapeutic appliances consisted of an oropharyngeal airway, three EKG leads affixed to the chest, a cervical collar in place around the neck, a head stabilizer and a backboard with cervical straps.

I took 11 digital photos of the body and scene and completed two sets of fingerprint cards. I removed a black Cingular cell phone from the decedent's left front pocket. This item were itemized on a Sheriff Department CR-3 property form and later booked into the Coroner Division Property Room. I affixed toe tag number #24059 to the great right toe. The body was placed in a yellow Coroner body pouch. The pouch was secured with lock number #5167096.

San Bernardino County Sheriff - Coroner Division
Coroner Investigation

080911HCC3891

Exh 1
(5/15)

5

MODE **Accident**

CASE # **700707349**

STATUS **Post**

DEPUTY **[REDACTED]**

080911Hcc3891 Exh: 1

The examination was concluded at 0530 hours. After the examination, the body was transported to the San Bernardino County Morgue Facility by Southwest Mortuary Transport Services at my request.

Investigation:

At 0531 hours, I contacted [REDACTED] father, [REDACTED], whose phone number I located in the cell phone and advised him of [REDACTED] death. [REDACTED] stated that he had spoken to [REDACTED] on September 29, 2007 about the Rhino but did not know where his son was prior to his death. [REDACTED] stated that he would contact [REDACTED] mother.

I cleared the scene at 0534 hours.

Disposition:

Submitted to Pathology for autopsy

#080911HCC3891 Exh 1
(6 of 15)

Division of Medical Examiner
175 South Lemo Road
San Bernardino, CA 92415-0037
Phone: 387-1561
Fax: (909) 387-2989



[Redacted] 080911HCC3891 Exh 1
[Redacted]

San Bernardino County Sheriff's Department
Coroner Division

Autopsy Protocol

Coroner's Case Number: [Redacted]

Autopsy Number: [Redacted]

Name: [Redacted]

Age: 19

Sex: Male

Time of Death: Reported 0220 hours, September 30, 2007

Race: Caucasian

Time of Autopsy: 1005 hours, October 2, 2007

Place of Autopsy: San Bernardino County Coroner's Facility

[Redacted]

HISTORY OF DEATH:

Deputy Coroner Investigator's Report Summary: According to the deputy coroner investigator's report, from information received from highway patrol officers, the scene of this incident was the **Anderson Dry Lake**. The decedent was the right rear passenger in an all terrain vehicle. At approximately 0053 hours on September 30, 2007, [Redacted] was standing holding onto the roll bar in the bed of the ATV that was traveling at about 20 mph. The ATV collided head on with an off-road Toyota pickup that was traveling approximately 40 mph. [Redacted] was ejected from the ATV and found prone by emergency medical personnel at 0155 hours. Cardiopulmonary resuscitation was discontinued due to his prolonged down time, and he was pronounced dead at 0220 hours. Three other passengers in the ATV were injured and transported to Arrowhead Regional Medical Center. Reportally, the Toyota was a 1991 pickup and had moderate front end damage.

When the deputy coroner examined the body at 0445 hours, it was clad in a gray nylon jacket, a short-sleeved olive-green tee shirt, blue jeans, blue briefs, and a black athletic shoe on the left foot. The body was warm to the touch. No rigor mortis had developed. Lividity was present, dark pink, and blanched with pressure. There was some chest deformity. There were therapeutic appliances present.

Medical Record Review: The paramedics' report noted that the patient was pulseless and apneic.

Also refer to Coroner's Investigative Report [Redacted]

EXTERNAL EXAMINATION: This is the nude body of a well-developed and well-nourished adult male appearing consistent with the stated age of 19 years. The length is 68 inches, the weight 125 pounds. The hair is brown, the eyes are brown, and the complexion is fair. The body is identified by a coroner's tag as [Redacted] case [Redacted]. The body is not embalmed.

Clothing: The clothing has been removed.

Evidence of Medical Intervention: There are EKG monitor pads on the chest. There is an oral airway in the mouth. There is a neck brace around the neck.

AUTOPSY CONTINUED

PAGE 2

080911HCC3891 Exh. 1

Evidence of Postmortem Change: There is moderate residual rigor mortis. There is posterior lividity. There is no evidence of decomposition.

Evidence Collected at Autopsy: None

Tattoos: None

Radiographs: None

Examination and Description of Blunt Force Injuries: The head appears normocephalic. There is some dried blood around the nose and left forehead. On the anterior left forehead is a 2 x 1 cm. abrasion/contusion. The sclerae are white. There are no petechial or confluent hemorrhages. The nose is midline. There are no palpable fractures of the nose or maxilla. There is no laxity of the jaw. No intraoral injury is noted. There is no injury to the anterior neck. At the superior neck at the junction of the neck and the medial right shoulder is a 3 x 2 cm. contusion.

The chest and abdomen are symmetric. There is a very shallow 1 mm. x 15 mm. abrasion over the right lower ribcage. Over the right anterior superior iliac crest is a 1.5 cm. abrasion/contusion. The external genitalia are normal male. Both testes are descended and are normal by palpation.

The right upper extremity is well formed and muscled. There are no fracture deformities. On the medial distal forearm is a 4 x 1 cm. superficial abrasion on the back of the hand. Over the carpal bones of the fourth finger is a 1 cm. abrasion.

The left upper extremity is well formed, without fracture deformity. There is a very superficial 1 x 0.1 cm. abrasion over the anterior forearm. The digits of the left hand are unremarkable.

The lower extremities are symmetric. The right lower extremity is well formed with no apparent fracture deformity. There is a 5 x 4 cm. abrasion on the anterior right shin associated with a 1.5 x 0.5 cm. laceration. The digits of the right foot are intact.

The left lower extremity is well formed without apparent fracture deformity. Over the anterior distal lower leg are various abrasions that vary from 1 to 3 x 1 cm.

There are multiple abrasions over the posterior left shoulder and the left mid back varying from 1 cm. to about 10 x 5 cm. There are some smaller abrasions in the right and left lower back varying from 2 to 5 cm. There is a 2 cm. abrasion on the posterior left upper buttock. There is a 2 cm. abrasion on the lateral left buttock. The back shows posterior lividity with pressure demarcation.

INTERNAL EXAMINATION:

HEAD: Examination of the scalp reveals multifocal impact sites with deep galeal hemorrhage in the posterior upper neck and the deep scalp over the posterior occipital bone. When the skull is opened, there is a posterior left occipital fracture that extends into the base of the left temporal bone and extends inferiorly into the base of the left occipital bone. There is slight diastasis of the left lambdoid suture and the posterior half of the sagittal suture.

The dura is intact. There is no extradural hemorrhage. There is bilateral thin subdural hemorrhage. When the dura is washed, there is patchy subarachnoid hemorrhage over the anterior

and lateral portions of the right frontal lobe. There is patchy subarachnoid hemorrhage at the base of the brain. There are gliding contusions involving the inferior surface of the right and left frontal lobes and right and left occipital lobes. The superficial blood vessels are empty. The vessels at the circle of Willis are unremarkable. Serial coronal sections through the cerebral hemispheres reveal good gray/white matter demarcation, normal ventricular, with blood-tinged ventricular fluid. Serial sections of the brainstem and cerebellum show focal deep pontine central hemorrhage. There is subarachnoid hemorrhage around the midline and left cerebellum. The brain weighs 1305 grams.

NECK: There is no injury to the anterior muscles of the neck. The hyoid bone and thyroid cartilage are intact. The upper airway is patent. There is a minimal anterior fracture at the C5-C6 disk with minimal associated hemorrhage.

BODY CAVITIES: The right and left pleural cavities are moist and smooth. There is 300 cc's of blood in the left chest cavity and none in the right. The hemidiaphragms are intact. The peritoneal lining is smooth and glistening. There is about 100 cc's of blood within the peritoneal cavity. There is extensive subpleural hemorrhage in the left chest cavity associated with posterior fractures of third through seventh ribs.

CARDIOVASCULAR SYSTEM: The pericardial sac is intact. The heart weighs 265 grams. The epicardium is unremarkable. The right and left coronary arteries arise normally. Serial sectioning reveals a normal course and caliber. The chambers are normally formed and situated, without dilatation. The valves are normally formed and situated. The valve tissue is thin and pliable. There are no valvular vegetations. There are no mural thrombi. The ascending aorta, aortic arch and descending aorta are intact.

RESPIRATORY TRACT: The right and left lungs are normally formed and lobated. The right lung weighs 810 grams, the left lung 710 grams. Both lungs show extensive congestion, more prominent on the left side and marked postmortem dependent congestion. The proximal airways are clear. There are no proximal or distal thromboemboli. There are no pulmonary masses.

GASTROINTESTINAL TRACT: The esophagus is intact throughout. The stomach contains 250 ccs. of amorphous, partially digested food. The gastric mucosa is unremarkable. The small and large intestines are normally formed and situated, with the cecum and an unremarkable appendix in the right lower quadrant. There are no strictures or masses.

PANCREAS: The pancreas shows the usual lobular, tan-brown parenchyma.

HEPATOBIILIARY SYSTEM: The liver has an extensive, horizontally oriented, 12 cm. laceration through the left lobe of the liver, essentially bivalves the left lobe. The remaining liver is intact with the usual lobular, tan-brown parenchyma, without nodularity, fibrosis, masses, or hemorrhage. A thin walled gallbladder is unremarkable.

LYMPHOID SYSTEM: The spleen has two small 1.5 cm. parenchymal lacerations. Otherwise, the splenic parenchyma is unremarkable. Lymph nodes are unremarkable. There is hemorrhage in the anterior mediastinum around the residual thymus.

GENITOURINARY TRACT: The right and left kidneys are normally formed and situated with the right kidney weighing 110 and the left kidney 135 grams. There is hemorrhage in the hilum of the left kidney and around the capsule of the left kidney. The cut section shows normal renal architecture with good corticomedullary demarcation, except for the hemorrhage. The pelvis and ureters are not dilated. The bladder contains about 250 ccs. of urine. The prostate is

D(1) (C) PA Section 25(1)(b)

AUTOPSY CONTINUED

PAGE 4

D(1) (C) PA Section 25(1)(b)

080911HCC3891 Exh. 1

unremarkable. The testes are normal by palpation.

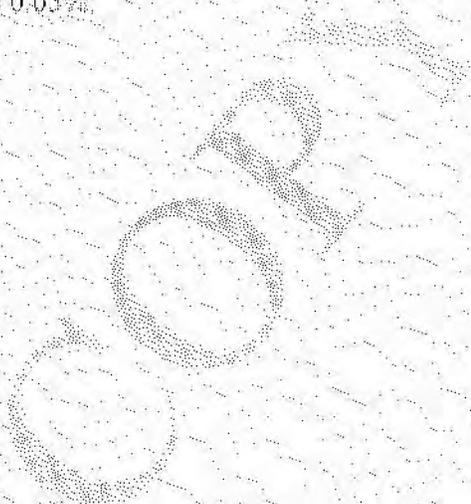
ENDOCRINE SYSTEM: The thyroid is symmetric with firm, red-brown colloid. The left and right adrenals are normally formed and situated and show the usual thin, yellow cortex. There is hemorrhage in the soft tissues around the left adrenal gland. The pituitary is unremarkable.

MUSCULOSKELETAL SYSTEM: There is the above-mentioned skull fractures, left posterior rib fractures three through seven, and anterior cervical spine minimal fracture. There is hemorrhage in the soft tissue and muscle along the posterior side wall, indicating impact on that side.

TOXICOLOGY: Postmortem blood is screened for ethanol and drugs of abuse. No drugs are detected. The ethanol level is 0.03%.

Postmortem vitreous ethanol is 0.03%.

Postmortem urine ethanol is 0.05%.



STATE OF CALIFORNIA
COUNTY OF LOS ANGELES
PAGE 5
STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

AUTOPSY CONTINUED

DIAGNOSIS:

- I. Multiple blunt force injuries.
 - A. Head:
 - 1. Multiple cutaneous abrasions and contusions.
 - 2. Posterior and left posterior deep soft tissue hemorrhage and subgaleal hemorrhage.
 - 3. Left occipital bone fracture with basilar fracture.
 - 4. Diastasis of left lambdoid and posterior sagittal suture.
 - 5. Bilateral thin subdural hemorrhage.
 - 6. Right frontal subarachnoid hemorrhage.
 - 7. Bilateral inferior gliding contusions of frontal and temporal lobes.
 - 8. Deep pontine hemorrhage.
 - 9. Left cerebellar and subarachnoid hemorrhage.
 - 10. Intraventricular hemorrhage.
 - B. Neck:
 - 1. Hemorrhage in the anterior mediastinum and sternum.
 - 2. Anterior fracture of C5-C6 with minimal hemorrhage.
 - C. Chest:
 - 1. Cutaneous abrasions.
 - 2. Left posterior rib fractures.
 - 3. Extensive left subpleural hemorrhage.
 - 4. Bilateral pulmonary contusions, left greater than right.
 - 5. Left hemothorax (300 ccs.).
 - D. Abdomen:
 - 1. Cutaneous abrasions and contusions.
 - 2. Laceration of left lobe of liver.
 - 3. Small lacerations of spleen.
 - 4. Hemoperitoneum (100 ccs.).
 - 5. Soft tissue hemorrhage around left kidney and adrenal.
 - E. Extremities:
 - 1. Multiple cutaneous abrasions and lacerations.
- II. Postmortem toxicology.
 - A. Blood:
 - 1. Drug screen negative.
 - 2. Ethanol 0.03%.
 - B. Vitreous ethanol 0.03%.
 - C. Urine ethanol 0.05%.

CAUSE OF DEATH: Multiple blunt force injuries, minutes.

Manner of Death: Accident

Autopsy Completed: 1140 hours, October 2, 2007.

[Redacted Signature Area]

Date: 11/15/07

[Redacted Box]



County of San Diego

[Redacted]

[Redacted]

OFFICE OF THE MEDICAL EXAMINER
5555 OVERLAND AVE., Ste 1411, SAN DIEGO, CALIFORNIA 92123-1245
TEL (619) 694-2855 FAX (619) 498-5850

TOXICOLOGY REPORT

Name:

[Redacted]

SBCCO Number:
Autopsy Number:

[Redacted]

Date of Death:

09/30/2007

Pathologist:

[Redacted]

Specimens Received:

Femoral/Iliac Blood, Heart Blood, Urine, Vitreous

<u>Test Name (Method of Analysis)</u>	<u>Specimen Tested</u>	<u>Result</u>
<u>Alcohol Analysis (GC)</u>		
Alcohol (Ethanol)	Femoral/Iliac Blood	0.03 % (w/v)
Acetone, Methanol, Isopropanol		Not Detected
Alcohol (Ethanol)	Vitreous	0.03 % (w/v)
Acetone, Methanol, Isopropanol		Not Detected
Alcohol (Ethanol)	Urine	0.05 % (w/v)
Acetone, Methanol, Isopropanol		Not Detected
<u>Drugs of Abuse Screen (ELISA)</u>	Heart Blood	
Cocaine metabolites		Not Detected
Opiates		Not Detected
Amphetamines		Not Detected
Benzodiazepines		Not Detected
Fentanyl		Not Detected
Cannabinoids		Not Detected

End Results

Approved and Signed
10/15/2007

[Redacted Signature]

(All Inquiries/Correspondence)

Reviewed

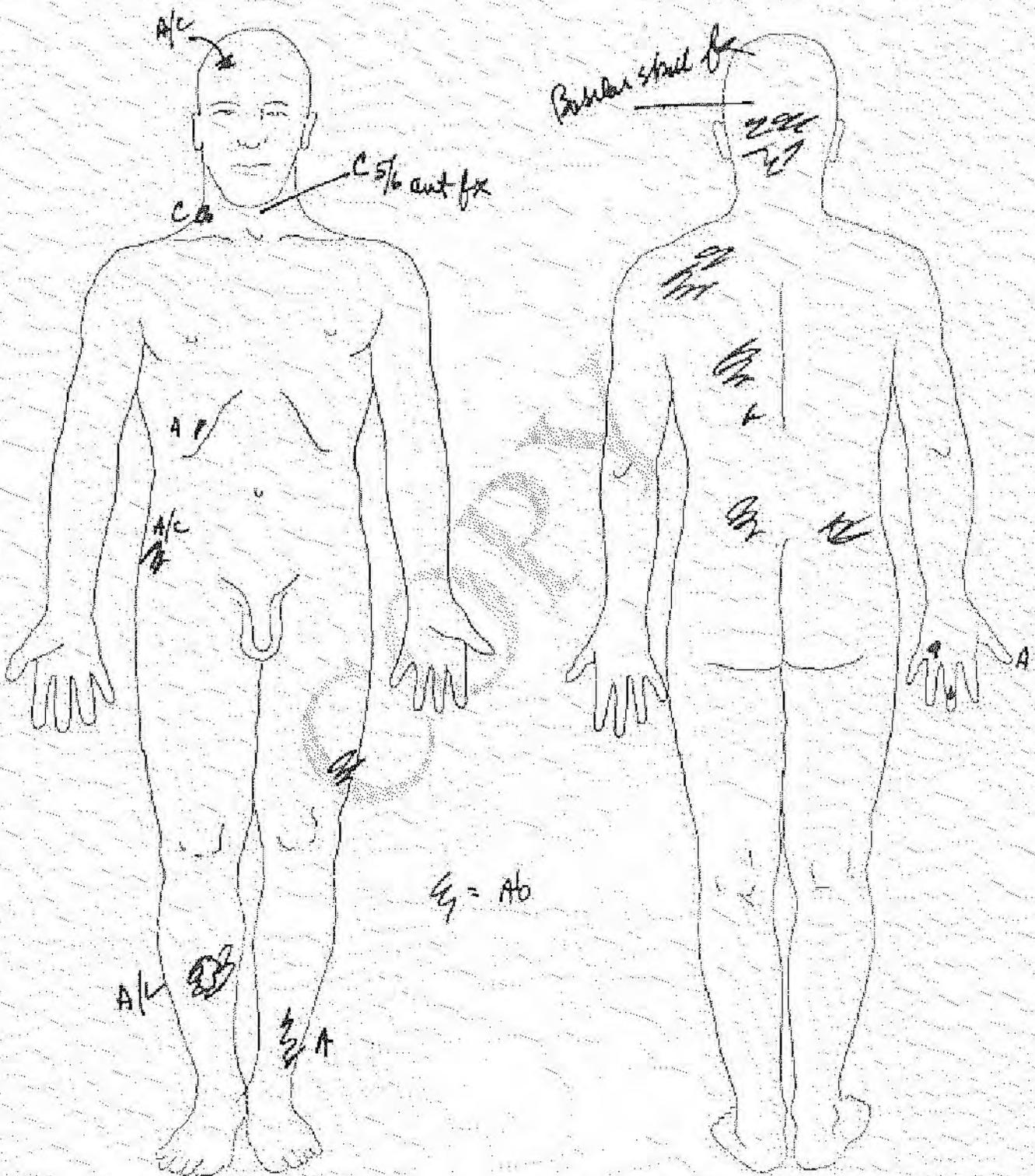
[Redacted Signature]

[Redacted]

#080911 HCC3891 Exh. 1
(12/15)



080911HCC3891 Exh. 1



49 = Ab

Full Body Male, Anterior & Posterior Views (A) - San Bernardino County Sheriff's Office

[Redacted]

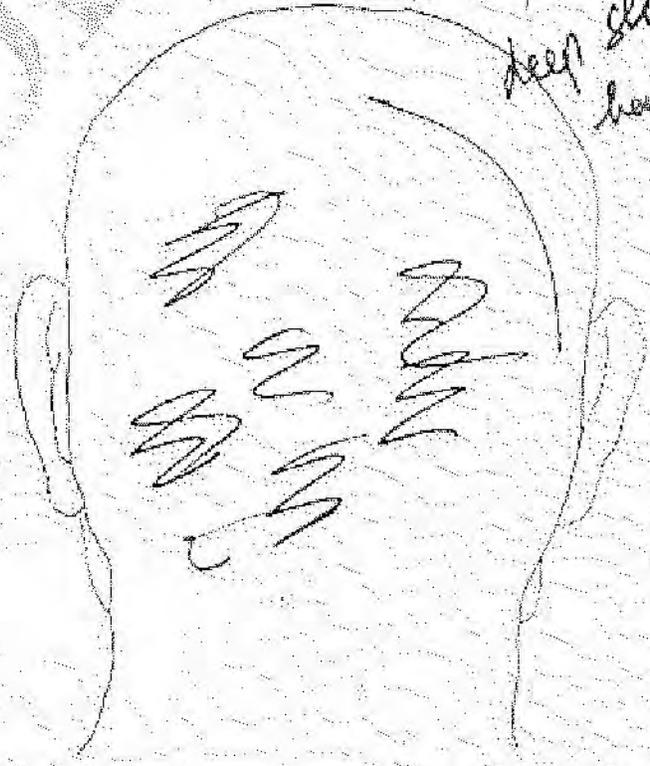
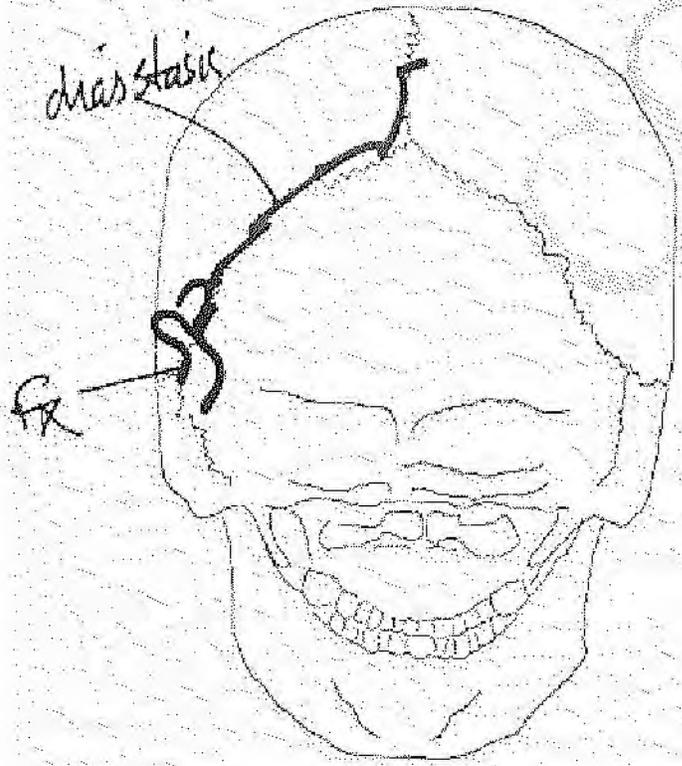
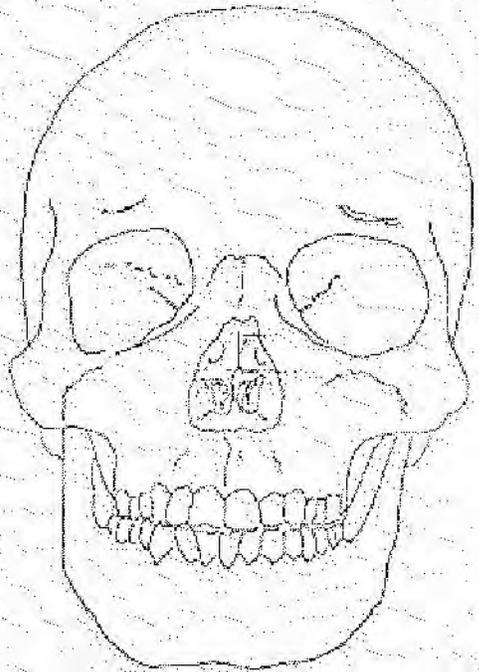
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(b)(6)

080911HCC3891 Exh. 1

(13915)

080911HCC3891 Exh. 1



Head Surface & Skeletal Anatomy, Anterior & Post.

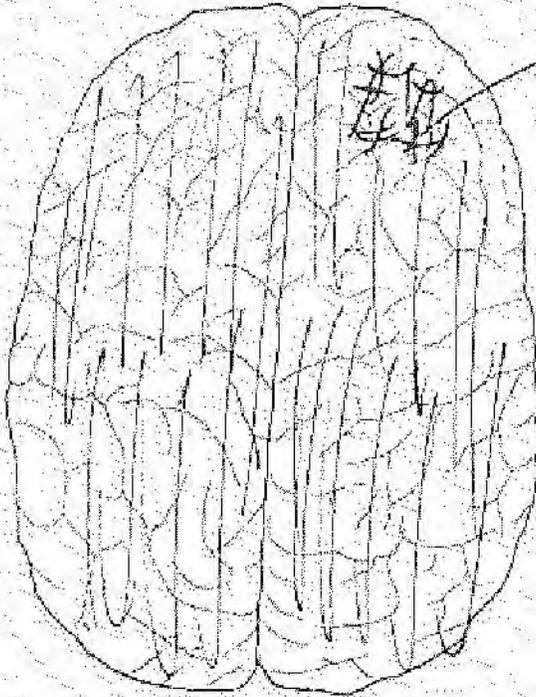
San Bernardino County Coroner

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

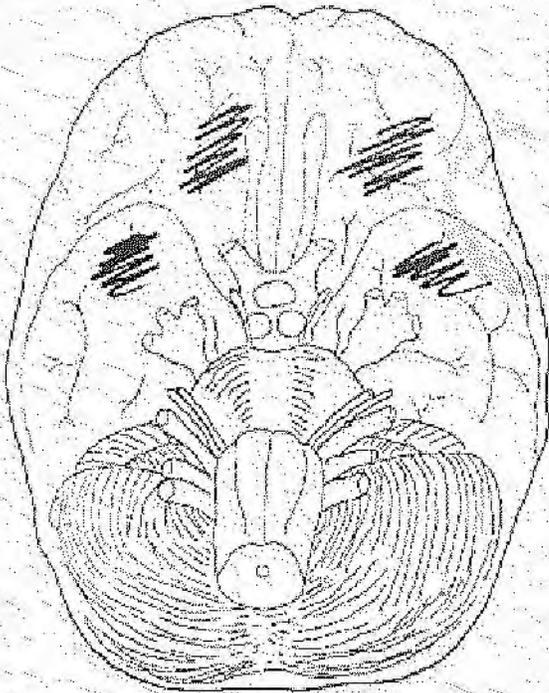
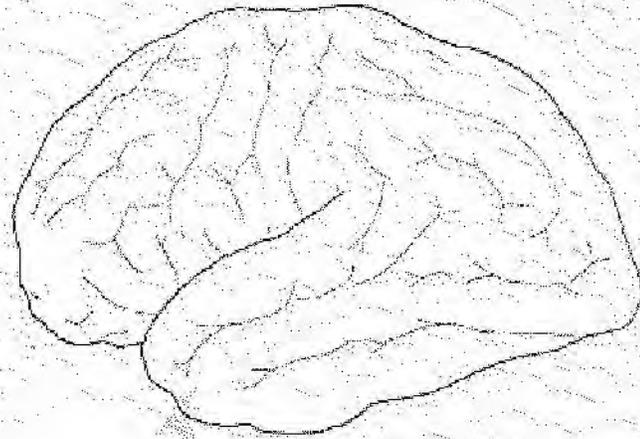
mc _____ Coroner's Case # _____

Age _____ Race _____ Sex _____

Form 11002-0007 Date: 12/23

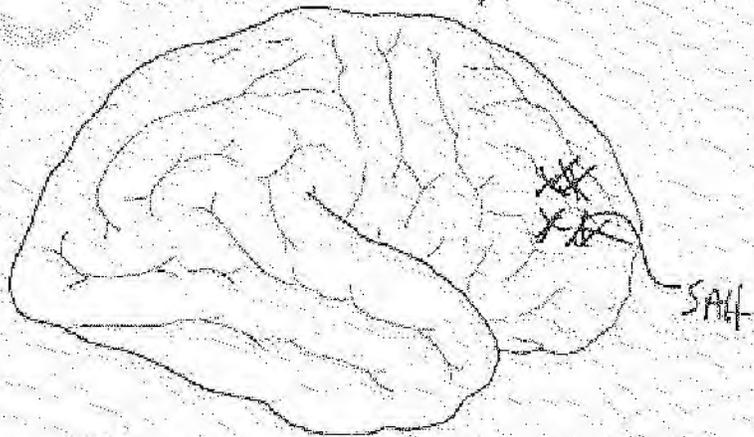


Subarachnoid hemorrhage



gliding contusions

thin subdural blood



Brain Sections

Name: _____ Coroner Case # _____

Age: _____ Race: _____ Sex: _____

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



Name _____

Autopsy No. _____

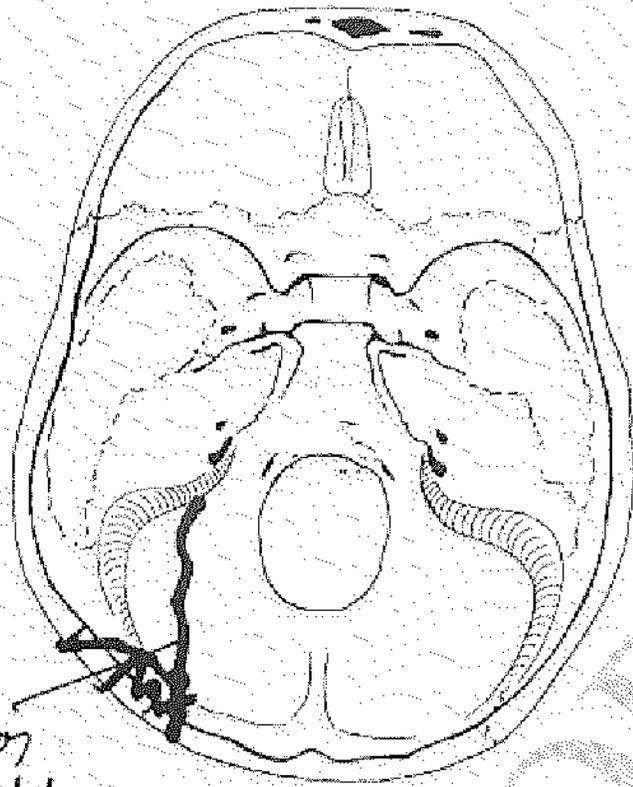
Age _____

Race _____

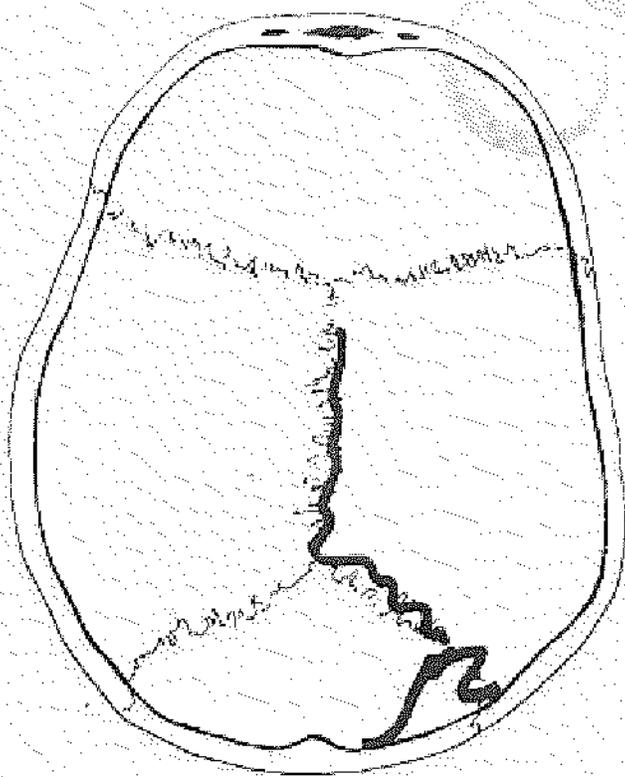
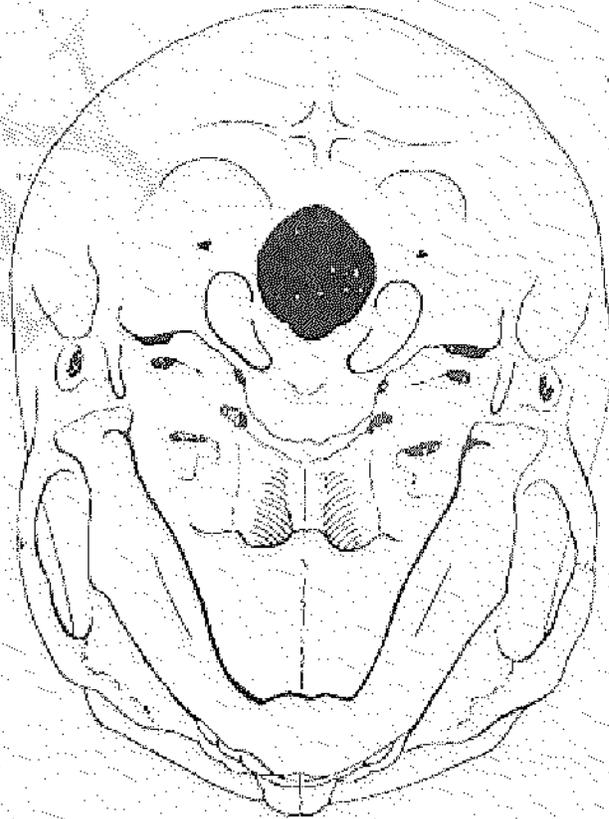
Sex _____

Date _____

080911HCC3891 Exh. 1



Basilar skull fx



INNER VIEW OF SKULL

Task No. 080911HCC3891

Exhibit 2

Date:10-24-08

Status of Missing Document(s)

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

1. CA Highway Partol records are pending
2. San Bernardino Fire District, records division, records pending.

DATE:_____10-23-08 INVESTIGATOR NO:___9086

REGIONAL OFFICE:_____ SUPERVISOR NO:_____

1. San Bernardino Coroner's Office, 909-387-2978.
2. CA Highway Patrol, Victorville, CA 760-241-1186
3. San Bernardino Fire Dept. records, 909-384-5286

Task Number 080911HCC3891

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 / VIN:

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:

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: Victorville	
County of Death: San Bernardino	

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

A nineteen year old male, victim, was hanging onto a roll bar while riding in the bed of a Yamaha Rhino going 20 mph when the driver of this ATV collided with Toyota Pickup truck which was going 40 mph. The victim was ejected and died at the scene from blunt force trauma. Victim did not have a helmet.

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: 68 (inches)
Weight: 03 = 100 - 149 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?

00 - Unknown

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

02 - Truck

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:

The report indicates that it is possible that the drivers of both vehicles had consumed alcohol prior to driving.

STATE OF CALIFORNIA

TRAFFIC COLLISION REPORT

CHP 552 CARS Page 1 (Rev 1-03) OP 061

ORIGINAL

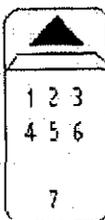
SPECIAL CONDITIONS FATAL		NUMBER INJURED 3	HIT & RUN FELONY <input type="checkbox"/>	CITY UNINCORPORATED		JUDICIAL DISTRICT VICTORVILLE SUPERIOR		LOCAL REPORT NUMBER 07-09-094			
		NUMBER KILLED 1	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY SAN BERNARDINO		REPORTING DISTRICT		BEAT 906			
LOCATION	COLLISION OCCURRED ON ANDERSON DRY LAKE BED					MO	DAY	YEAR	TIME (2400)	NCIC #	OFFICER I.D.
	MILEPOST INFORMATION					DAY OF WEEK		TOW AWAY		PHOTOGRAPHS BY <input checked="" type="checkbox"/> NONE	
	AT INTERSECTION WITH <input checked="" type="checkbox"/> OR 496 FEET EAST OF CAMP ROCK RD					STATE HWY REL					
PARTY 1	DRIVER'S LICENSE NUMBER (b)(6)	STATE CA	CLASS C	AIR BAG P	SAFETY EQUIP. G	VEH YEAR 1991	MAKE / MODEL / COLOR TOYOT OFF HWY BLU		LICENSE NUMBER 17A02Z	STATE CA	
DRIVER	NAME (FIRST, MIDDLE, LAST) (b)(6)					OWNER'S NAME		<input checked="" type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS (b)(6)					OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY / STATE / ZIP YORBA LINDA CA 92886					DISPOSITION OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICYCLIST	SEX M	HAIR BRN	EYES BRN	HEIGHT 5-11	WEIGHT 240	Mo 9/28/1977	Day	Year	RACE W	DRIVER MADE OWN ARRANGEMENTS	
OTHER	HOME PHONE (b)(6)		BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER		PRIOR MECH DEFECTS <input checked="" type="checkbox"/> NONE APP REFER TO NARRATIVE			
INSURANCE CARRIER		POLICY NUMBER			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA TOP VIEW		
NONE					06		<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER				
DIR OF TRAVEL		ON STREET OR HIGHWAY			SPEED LIMIT		CAL-T		DOT		
S		ANDERSON DRY LAKE					TCP/PSC		MCMX		
PARTY 2	DRIVER'S LICENSE NUMBER (b)(6)	STATE CA	CLASS C	AIR BAG P	SAFETY EQUIP. G	VEH YEAR 2005	MAKE / MODEL / COLOR YAMA RHINO GRN		LICENSE NUMBER	STATE CA	
DRIVER	NAME (FIRST, MIDDLE, LAST) (b)(3): CPSA Section					OWNER'S NAME		<input checked="" type="checkbox"/> SAME AS DRIVER			
PEDESTRIAN	STREET ADDRESS (b)(6)					OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER			
PARKED VEHICLE	CITY / STATE / ZIP MURRIETA CA 92562					DISPOSITION OF VEHICLE ON ORDERS OF:		<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> OTHER			
BICYCLIST	SEX M	HAIR RED	EYES BLU	HEIGHT 5-07	WEIGHT 130	Mo 7/15/1985	Day	Year	RACE W	RELEASED TO PASSENGER	
OTHER	HOME PHONE (b)(6)		BUSINESS PHONE NONE			VEHICLE IDENTIFICATION NUMBER		5Y4AM04Y55A01944			
INSURANCE CARRIER		POLICY NUMBER			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA TOP VIEW		
NONE					06		<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				
DIR OF TRAVEL		ON STREET OR HIGHWAY			SPEED LIMIT		CAL-T		DOT		
N		ANDERSON DRY LAKE					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			
PEDESTRIAN	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			
BICYCLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	Mo	Day	Year	RACE	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP REFER TO NARRATIVE	
OTHER	HOME PHONE		BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER					
INSURANCE CARRIER		POLICY NUMBER			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE		SHADE IN DAMAGED AREA		
							<input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER				
DIR OF TRAVEL		ON STREET OR HIGHWAY			SPEED LIMIT		CAL-T		DOT		
							TCP/PSC		MCMX		
PREPARER'S NAME L. M. HARRIS 14858					DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME Avt: PJ 10/16/07 Sgt: SWA 10/20/07			DATE REVIEWED	

STATE OF CALIFORNIA

TRAFFIC COLLISION CODING

CHP 555 CARS Page2 (Rev. 1-03) OPI 061

DATE OF COLLISION (MO. DAY YEAR) 9/30/2007	TIME(2400) 0056	NCIC # 9850	OFFICER I.D. 14858	NUMBER 07-09-094
OWNER		OWNER ADDRESS		NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
PROPERTY DAMAGE DESCRIPTION OF DAMAGE				

SEATING POSITION  <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STA WGN REAR 8 - RR OCC TRK DR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	M/C BICYCLE - HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONNEL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (M) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1 2 3			SPECIAL INFORMATION	1 2 3			MOVEMENT PRECEDING COLLISION
		1	2	3		1	2	3	
2 A VC SECTION VIOLATED: CITED: YES/NO 23152(A)	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
B OTHER IMPROPER DRIVING*	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE	X	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				E MAKING LEFT TURN
	A HEAD-ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H				H SLOWING / STOPPING
	D BROADSIDE				I				I PASSING OTHER VEHICLE
WEATHER (MARK 1 TO 2 ITEMS)	E HIT OBJECT				J				J CHANGING LANES
X A CLEAR	F OVERTURNED				K				K PARKING MANEUVER
B CLOUDY	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
C RAINING	H OTHER*				M				M OTHER UNSAFE TURNING
D SNOWING					N				N XING INTO OPPOSING LANE
E FOG / VISIBILITY FT					O				O PARKED
F OTHER*	MOTOR VEHICLE INVOLVED WITH				P				P MERGING
G WIND	A NON - COLLISION				Q				Q TRAVELING WRONG WAY
LIGHTING	B PEDESTRIAN								R OTHER*
A DAYLIGHT	C OTHER MOTOR VEHICLE				OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	A VC SECTION VIOLATED: CITED: YES/NO 38305	X	NO		
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				B VC SECTION VIOLATED: CITED: YES/NO 38305	X	NO		
X D DARK - NO STREET LIGHTS	F TRAIN				C VC SECTION VIOLATED: CITED: YES/NO		NO		
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE								
	H ANIMAL								
ROADWAY SURFACE	I FIXED OBJECT:								
X A DRY	J OTHER OBJECT:								
B WET									
C SNOWY - ICY									
D SLIPPERY (MUDDY, OILY, ETC.)									
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTIONS								
A HOLES, DEEP RUT*	A NO PEDESTRIANS INVOLVED								
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK AT INTERSECTION								
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION								
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK								
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER								
F FLOODED*	F NOT IN ROAD								
G OTHER*	G APPROACHING / LEAVING SCHOOL BUS								
X H NO UNUSUAL CONDITIONS									

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 3 <div style="text-align: center;">  INDICATE NORTH </div>	MISCELLANEOUS
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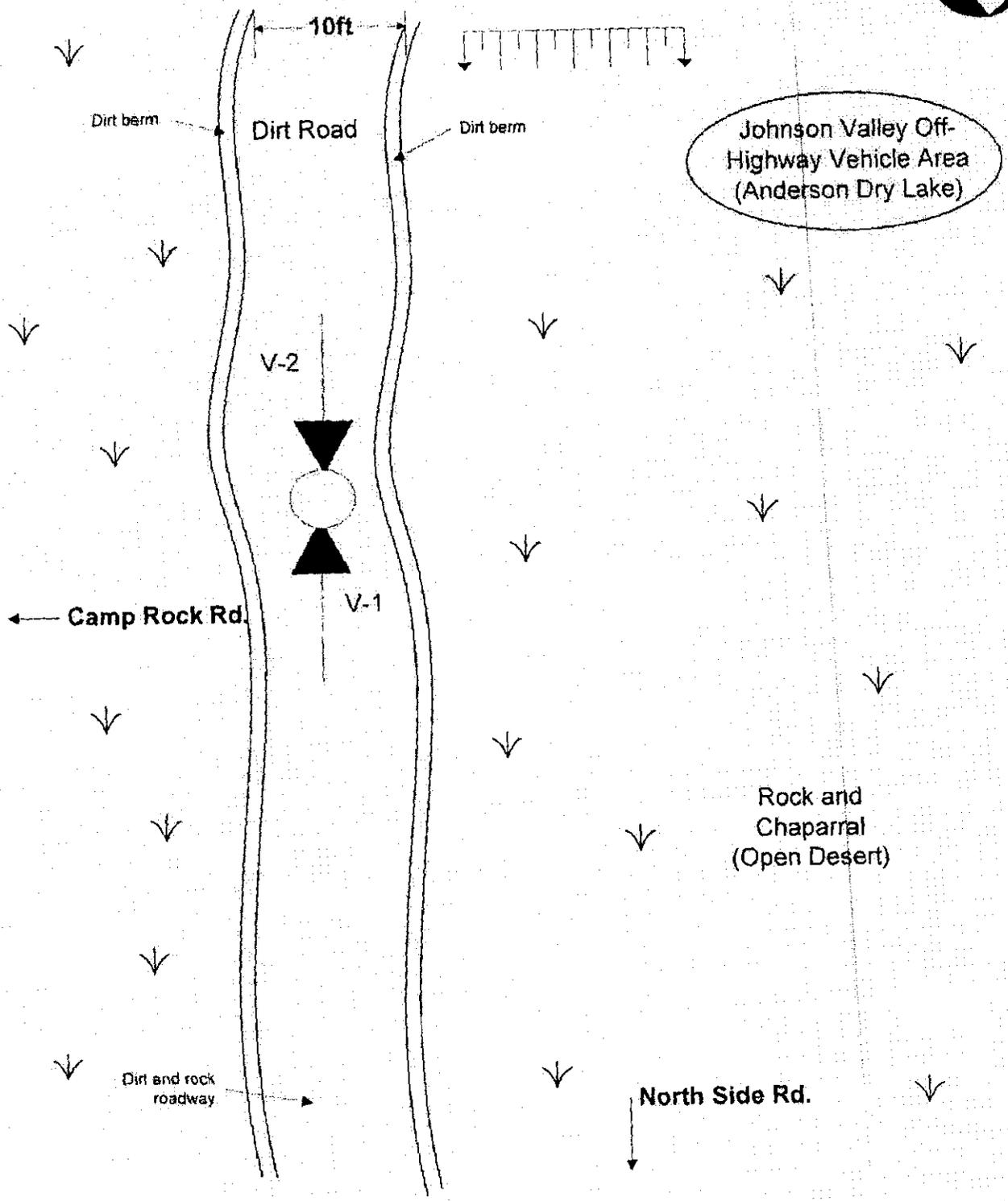
STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

Sketch

PAGE 3

DATE OF INCIDENT 09-30-07	TIME 0056	NCIC NUMBER 9850	OFFICER ID 14858	NUMBER 07-09-094
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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) 9/30/2007		TIME(2400) 0056		NCIC # 9850		OFFICER I.D. 14858		NUMBER 07-09-094											
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"/>	19	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	6	P	A	1		
NAME / D.O.B. / ADDRESS (b)(6)												TELEPHONE NONE							
(INJURED ONLY) TRANSPORTED BY: SAN BERNARDINO COUNTY CORONERS OFFICE												TAKEN TO: SAN BERNARDINO COUNTY CORONERS OFFICE							
DESCRIBE INJURIES: BLUNT FORCE TRAUMA TO UPPER TORSO PRONOUNCED BY SAN BERNARDINO COUNTY FIRE PARAMEDIC ROY GAULT AT 0220 HOURS CORONER CASE NUMBER: 700707349																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input checked="" type="checkbox"/>	29	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"/>	1	3	P	G	0		
NAME / D.O.B. / ADDRESS (b)(6)												TELEPHONE (b)(6)							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
DESCRIBE INJURIES:																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>	22	M	<input type="checkbox"/>	<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"/>	2	1	P	G	0		
NAME / D.O.B. / ADDRESS (b)(6)												TELEPHONE (b)(6)							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
MERCY AIR												ARROWHEAD REGIONAL							
DESCRIBE INJURIES: ANGULATED FRACTURE TO LEFT LOWER LEG, LACERATIONS TO FACE AND MOUTH, FRACTURED LEFT ARM, INTERNAL BLEEDING, PARTY WAS UNCONSCIOUS.																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>	24	M	<input type="checkbox"/>	<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"/>	2	4	P	A	1		
NAME / D.O.B. / ADDRESS (b)(6)												TELEPHONE NONE							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
MERCY AIR												ARROWHEAD REGIONAL							
DESCRIBE INJURIES: LEFT FEMUR FRACTURE, LACERATION TO LEFT HAND																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input type="checkbox"/> #	<input type="checkbox"/>	23	M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	3	P	G	0		
NAME / D.O.B. / ADDRESS (b)(6)												TELEPHONE (b)(6)							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
SAN BERNARDINO COUNTY FIRE												ST MARY'S							
DESCRIBE INJURIES: FRACTURED LEFT ARM, COMPLAINT OF PAIN IN JAW																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
<input checked="" type="checkbox"/> #	<input type="checkbox"/>	25	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"/>							
NAME / D.O.B. / ADDRESS (b)(6)												TELEPHONE (b)(6)							
(INJURED ONLY) TRANSPORTED BY:												TAKEN TO:							
DESCRIBE INJURIES:																			
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																			
PREPARER'S NAME L M HARRIS				I.D NUMBER 14858				MO. DAY YEAR 9/30/2007				REVIEWER'S NAME				MO. DAY YEAR			

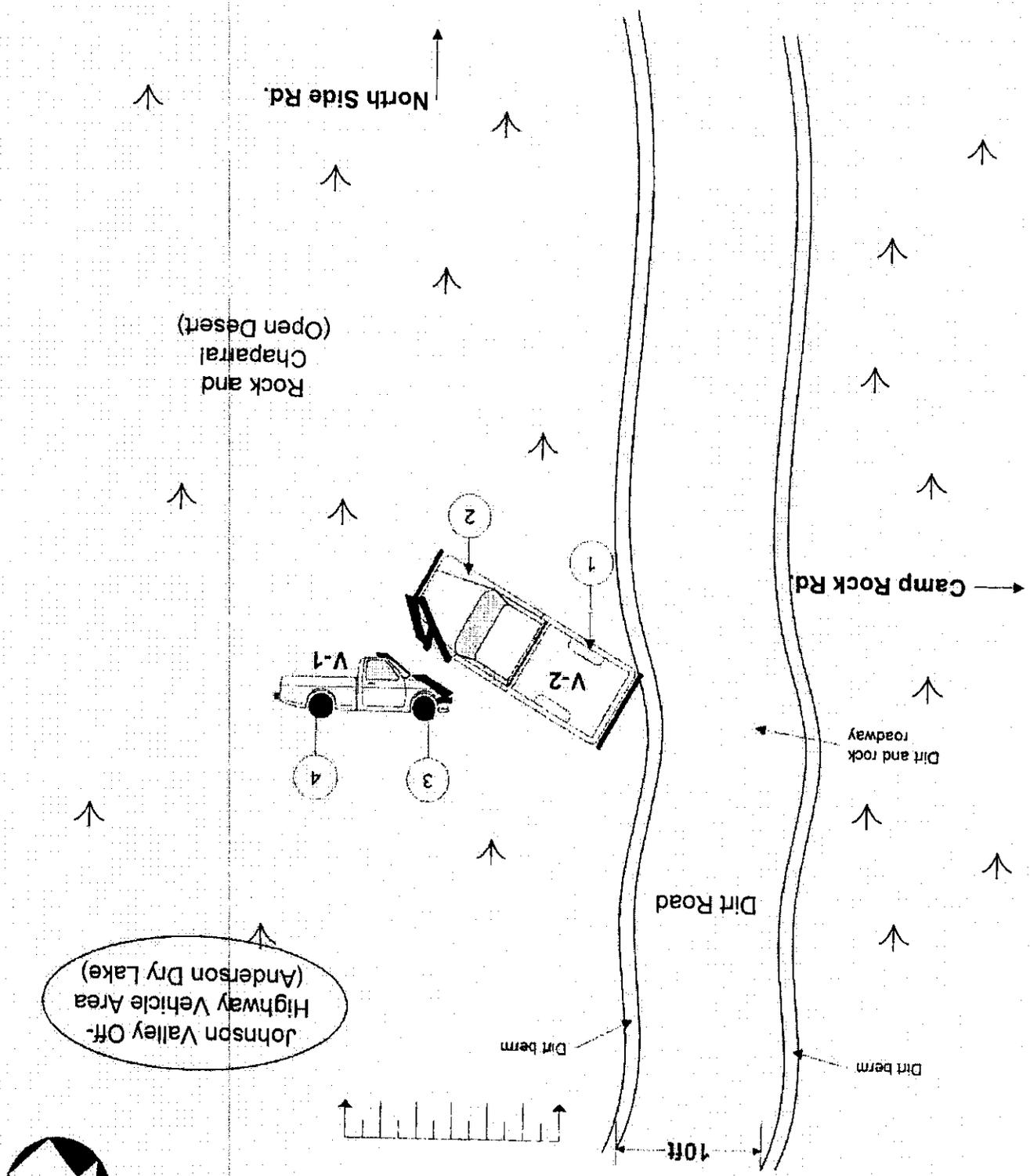
STATE OF CALIFORNIA
INJURED / WITNESSES / PASSENGERS
 CHP 555 CARS Page 3 (Rev 1-03) OPI 067

DATE OF COLLISION (MO. DAY YEAR) 9/30/2007		TIME(2400) 0056	NCIC # 9850	OFFICER I.D. 14858	NUMBER 07-09-094																	
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 checked="" type="checkbox"/> # 2	<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)(6)													TELEPHONE (b)(6)									
(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:									
DESCRIBE INJURIES:																						
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																						
<input checked="" type="checkbox"/> # 3	<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)(6)													TELEPHONE NONE									
(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:									
DESCRIBE INJURIES:																						
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																						
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
NAME / D.O.B. / ADDRESS													TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:									
DESCRIBE INJURIES:																						
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																						
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
NAME / D.O.B. / ADDRESS													TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:									
DESCRIBE INJURIES:																						
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																						
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
NAME / D.O.B. / ADDRESS													TELEPHONE									
(INJURED ONLY) TRANSPORTED BY:													TAKEN TO:									
DESCRIBE INJURIES:																						
<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED																						
PREPARER'S NAME L. M. HARRIS													I.D. NUMBER 14858		MO. DAY YEAR 9/30/2007		REVIEWER'S NAME			MO. DAY YEAR		

STATE OF CALIFORNIA	NARRATIVE/SUPPLEMENTAL		"Diagram"	
DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER ID	NUMBER
09-30-07	0056	9850	14858	07-09-094



Johnson Valley Off-Highway Vehicle Area (Anderson Dry Lake)



PREPARER'S NAME	ID NUMBER	DATE	REVIEWER'S NAME	DATE
W. CUTTING	12908	10/03/07		

STATE OF CALIFORNIA
 NARRATIVE/SUPPLEMENTAL
 CHP 556 (Rev 7-90) OPI 042

Page 7

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) BA 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
--	------------------	-----------------	------

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER
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1 **FACTS**2
34 **NOTIFICATION**5
6

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.

10
1112 **SCENE DESCRIPTION**13
14

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.

24
2526 **PARTIES**27
28

29 PARTY #1 (b)(6) 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.

34

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.

40
41
42

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1 PARTIES CONT

2
3
4 PARTY #2((b)(6)) was located on the ground next to Vehicle #2(YAMA) at its point of rest on
5 the east side of the dirt road, e/of Camp Rock Rd. P-2 was moved by emergency personnel prior
6 to CHP arrival. P-2 was identified by his valid California driver's license. P-2 was established as
7 the driver of V-2 at the time of the collision by a passenger statement, a witness statement, his
8 injuries, and he is the registered owner of V-2. P-2 sustained an angulated fracture to his left leg,
9 a fractured left arm, lacerations to his face and mouth, internal bleeding, and he was unconscious.

10
11 VEHICLE #2(YAMA) was located at it's point of rest on the east side of the dirt road, e/of Camp
12 Rock road, on it's left side, facing in a westbound direction. V-2 sustained the following damage:
13 The engine compartment was crushed inward, the l/f wheel was separated from the axle, the l/f
14 seat was jarred loose and rotated in a counter-clockwise direction, and a bottom skid-plate was
15 knocked loose. I conducted an inspection of the seatbelts and safety harnesses inside of V-2 with
16 no defects or excessive wear noted. There was no prior damage observed.

17
18

19 PHYSICAL EVIDENCE

20
21

22 Refer to the Factual Diagram for the location and description of the physical evidence.

23
24

25 OTHER FACTUAL INFORMATION

26

27 The collision scene was photographed by Ofcr. W. Cutting. Due to a malfunction with the camera,
28 not discovered until the collision scene was cleared, no photographs of the collision are available.

29
30

31 STATEMENTS

32
33

34 PARTY #1((b)(6)) stated in essence he was driving Vehicle #1(TOYT) in a s/b direction on the
35 dirt road located in the Anderson Dry Lake Bed. P-1 stated he doesn't have a speedometer in his
36 vehicle, but he had shifted into third gear and he estimated his speed to be between 30 to 40 mph.
37 P-1 stated he crested the top of the hill in the dirt road and he suddenly observed a Yamaha
38 Rhino ATV traveling in an e/b direction. P-1 stated he was unable to stop his vehicle in time to
39 avoid a collision. P-1 stated "When I saw them, I hit them." P-1 was unable to stop, and the front
40 bumper on his vehicle collided with the front engine compartment on the Yamaha. P-1 stated he
41 had activated all of the overhead lights on his vehicle as well as the four additional lights located
42 near the grill.

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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)(6) 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 (b)(6) was unable to provide a statement due to fatal injuries.

12
13 PASSENGER #2 (b)(6) stated he was riding in the r/f seat of Vehicle #1(TOYT) at the time
14 of the collision. (b)(6) stated Party #1 (b)(6) was driving V-1 at a speed between 30 to 50
15 mph. Banallen 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)(6) was unable to give a statement due to the extent of his injuries.

19
20 PASSENGER #4 (b)(6) stated in essence he was riding in the r/f seat of Vehicle #2(YAMA) at
21 the time of the collision. (b)(6) stated Party #2 (b)(6) was driving V-2. Wilson stated he only
22 remembered seeing lights coming at him just prior to the collision. (b)(6) stated he could not
23 remember the speed that P-2 was traveling at. (b)(6) stated P-2 had consumed "a couple of
24 beers" earlier in the day.

25
26 WITNESS #1 (b)(6) stated in essence he was at his camp site located just south of the
27 collision scene. (b)(6) 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)(6) estimated the speed of V-2 to be 20
29 mph. (b)(6) 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)(6) stated none of
31 the parties in V-2 were wearing helmets.

32
33 (b)(6) saw Vehicle #1(TOYT) pass by his camp site as it traveled in a southwest direction on the
34 dirt road. (b)(6) estimated the speed of V-1 to be 45 to 50 mph. (b)(6) stated V-1 completed 5
35 laps on the dirt road in a southwest direction prior to the collision.

36
37 WITNESS #2 (b)(6) stated in essence he was at his camp site located approximately 1/8 of a
38 mile south of the collision scene. (b)(6) 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)(6) 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

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1 STATEMENTS CONT

2
3
4 (b)(6) stated he heard one of the passengers who were standing in V-2 yell at the driver of V-2 to
5 "slow the fuck down" as it passed by. (b)(6) stated he saw headlights at the subsequent collision
6 scene 30 seconds later after V-2 passed by.
7

8 WITNESS #3 (b)(6) stated in essence she was at the same camp site with Party
9 #2 (b)(6) prior to the collision. (b)(6) stated that P-2 left the camp site at 0015 hours in
10 Vehicle #2(YAMA) with three passengers. P-2 was driving V-2 when they left the camp site.
11

13 OPINIONS AND CONCLUSIONS**16 24 HOUR PROFILE**

17
18
19 This information was obtained via an interview with Witness #3 (b)(6).
20

21 On 09-28-2007 PARTY #2 (b)(6) arrived at the camp site located on Anderson Dry Lake Bed
22 at approximately 2330 hours. P-2 was camping with Passenger #1 (b)(6), Passenger
23 #3 (b)(6), Passenger #4 (b)(6), and Witness #3 (b)(6). They set up camp in the
24 dry lake bed and stayed by the fire the rest of the night. Collingwood stated she went to sleep at
25 0230 hours and P-2 was still awake.
26

27
28 (b)(6) stated she woke up at 0930 hours and P-2 was already awake. Their camp site was
29 near the dirt road where a scheduled race was going to occur. P-2 stayed at the camp site
30 throughout the day with everybody else to watch the race. The race ended early in the afternoon.
31 P-2 consumed an unknown amount of alcoholic beverages throughout the day. P-2 was operating
32 Vehicle #2(YAMA) at unknown intervals after the completion of the race.
33

34 P-2 remained in the vicinity of the camp site until 0015 hours on 09-30-2007 when he left in
35 Vehicle #2(YAMA) with (b)(6) and (b)(6). Collingwood went to sleep and was informed of
36 the traffic collision approximately one hour later.
37
38
39
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41
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1 SUMMARY

2
3
4 PARTY #1((b)(6)) 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)(6)) 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)(6)) and Passenger #3((b)(6)) were ejected from
37 Vehicle #2(YAMA). (b)(6) and (b) were both moved prior to CHP arrival by emergency
38 personnel.

39
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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)(6) 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)(6) 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)(6) sustained fatal injuries. Passenger #3 (b)(6)
39 sustained a fractured left femur, and Passenger #4 (b)(6) 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)(6) via a
42 complaint to be filed.

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1 **INTOXICATION NARRATIVE CONT**

2
3
4 As I spoke to PARTY #1 (b)(6) on the west side of the dirt road located e/of Camp Rock Rd, I
5 could smell the odor of an alcoholic beverage emitting from his breath. P-1 stated he had
6 consumed 6 to 8 beers from 10:00am to midnight prior to the collision. P-1 denied consuming
7 alcoholic beverages after the collision. P-1 didn't exhibit additional symptoms of intoxication. I
8 administered a series of field sobriety tests, including a PAS Test of .05%. I used PAS Device
9 #008597 for this test. I formed the opinion that P-1 wasn't under the influence of an alcoholic
10 beverage or drugs.

11
12
13 **CAUSE**

14
15
16 PARTY #2 (b)(6) was found to be at fault for this collision by driving in violation of 23152(a)VC
17 MISD DUI with an associated cause of 38316(a)VC RECKLESS DRIVING IN AN OFF-HIGHWAY
18 VEHICLE. Party #1(HELTON) was found to be an associated cause of this collision by driving in
19 violation of 38305VC UNSAFE SPEED FOR CONDITIONS IN AN OFF-HIGHWAY VEHICLE.

20
21 The cause was based on the following factors. Both parties had an obligation to travel at a speed
22 which would allow them to stop in the event of an on-coming vehicle, neither party did. Due to P-
23 2's state of intoxication he had impaired motor skills, a slower reaction time, and impaired
24 judgment. P-2 transported passengers in his vehicle at an unsafe speed without safety equipment,
25 and they were standing up in a portion of the vehicle that wasn't intended for human
26 transportation. This contributed greatly to the extent of injuries that were sustained by the
27 passengers in P-2's vehicle.

28
29
30 **RECOMMENDATIONS**

31
32
33 Forward this investigation to the district attorney to file the following charges against Party
34 #2 (b)(6): 23153(a)(b)VC DUI CAUSING DEATH/INJURY, 191.5(a)PC GROSS VEHICULAR
35 MANSLAUGHTER WHILE INTOXICATED, and 38316(a)VC RECKLESS DRIVING CAUSING
36 INJURY IN AN OFF-HIGHWAY VEHICLE.

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