

ADOT USE ONLY

PRIVATE PROPERTY

ARIZONA TRAFFIC ACCIDENT REPORT

REPORT ID

Agency Report Number

POLICE ONLY - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION 064R 206 S 17th AVE PHOENIX, ARIZONA 85007-3233

YEAR MONTH DAY HOUR NCIC NO OFFICERS ID NO 0 8 0 5 1 6 1 6 1 5 0 7 0 0 S 1 4 2 5

08-087437 963P Total No. of Sheets

COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY (CIRCLE) AND ANY (DIAMOND) ARE CHECKED

2 Total Units 1 Total Injures 1 Total Fatalities 1 Estimated Total Damage Compared To Limit: [] Over [x] Under Fatal [x] Gov Prop [] Persons Transported for Immediate Medical Care [x] Tow Away of At Least One Vehicle from Scene? [] District or Grid No 3037

3 LOCATION On Highway/Road/Street Private Property Intersecting Street, Road/M P / or R P [] At [] From (b)(6) City Peoria County Maricopa

1 TRAFFIC UNIT NO. 1 Driver Name (b)(6) Sex M Inj 4 Date of Birth 10/06/1992 City Peoria State AZ ZIP Code 85382 Telephone Number (b)(6) Make Yamaha Color Black Year 2005 Body Style ATV

4 TRAFFIC UNIT NO. 4 Driver Name (b)(6) Sex M Inj 4 Date of Birth 10/06/1992 City Peoria State AZ ZIP Code 85382 Telephone Number (b)(6) Make Yamaha Color Black Year 2005 Body Style ATV

5 TRAFFIC UNIT NO. 5 Driver Name (b)(6) Sex M Inj 4 Date of Birth 10/06/1992 City Peoria State AZ ZIP Code 85382 Telephone Number (b)(6) Make Yamaha Color Black Year 2005 Body Style ATV

Table with columns: Seating Position, Safety Devices, Injury Severity Codes, Unit #, Seat, SD, Name, Address, City, State, Zip Code, Age, Sex, Inj. Includes passenger list for Peoria, AZ.

6 Other Property Damage (Describe) Decorative retaining wall located at (b)(6) City Peoria State AZ ZIP Code 85383 Telephone Number (b)(6)

7 WITNESSES Name (b)(6) Address (b)(6) City Peoria State AZ ZIP Code 85383 Telephone (b)(6) Age 71

8 Photos Taken [] Yes [x] No Photographer's Name, ID Number, and Agency Detective J. Eccles #739 Maricopa County Sheriff's Office Invest At Scene [] Yes [x] No Date Invest 5/16/2008 Time Invest 1807 Officer's Signature and ID Number D. Gross S1425 Agency Maricopa County Sheriff's Office Date Completed 7/10/2008

Art. David Taylor #1000 8/19/08

9 - DIAGRAM

See attached diagram

10 - INDICATE NORTH

11 - SKIDDING OCCURRED

| | | | |
|---------|-------------------------------------|--------------------------|--------------------------|
| VEHICLE | 1 | 2 | 3 |
| YES | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12 - CITATIONS

Unit NO. _____ A.R.S. NO. _____

14 - PRIOR ACTION

YES NO RAN OFF ROADWAY PRIOR TO FIRST HARMFUL EVENT

RIGHT LEFT UNIT NO. 1

15 - MANNER OF COLLISION

CHECK ONLY ONE

| | | |
|----|-------------------------------------|--------------------------------|
| 1 | <input checked="" type="checkbox"/> | SINGLE VEHICLE |
| 2 | <input type="checkbox"/> | ANGLE |
| 3 | <input type="checkbox"/> | LEFT TURN |
| 4 | <input type="checkbox"/> | RIGHT TURN |
| 5 | <input type="checkbox"/> | U-TURN |
| 6 | <input type="checkbox"/> | REAR-END |
| 7 | <input type="checkbox"/> | HEAD-ON |
| 8 | <input type="checkbox"/> | SIDESWIPE (SAME DIRECTION) |
| 9 | <input type="checkbox"/> | SIDESWIPE (OPPOSITE DIRECTION) |
| 10 | <input type="checkbox"/> | BACKING |
| 11 | <input type="checkbox"/> | NON CONTACT MOTORCYCLE |
| 12 | <input type="checkbox"/> | NON CONTACT NON MOTORCYCLE |
| 13 | <input type="checkbox"/> | PEDESTRIAN |
| 14 | <input type="checkbox"/> | PEDALCYCLE |
| 15 | <input type="checkbox"/> | OTHER |

16 - LIGHT CONDITION

CHECK ONLY ONE

| | | |
|---|-------------------------------------|--------------|
| 1 | <input checked="" type="checkbox"/> | DAYLIGHT |
| 2 | <input type="checkbox"/> | DAWN OR DUSK |
| 3 | <input type="checkbox"/> | DARKNESS |

YES NO

| | | |
|---|--------------------------|-----------------------------|
| 1 | <input type="checkbox"/> | STREETLIGHT FUNCTIONING |
| 2 | <input type="checkbox"/> | STREETLIGHT NOT FUNCTIONING |

17 - WEATHER CONDITIONS

CHECK ONLY ONE

| | | |
|---|-------------------------------------|-------------------------------|
| 1 | <input checked="" type="checkbox"/> | CLEAR |
| 2 | <input type="checkbox"/> | CLOUDY |
| 3 | <input type="checkbox"/> | SLEET/HAZ |
| 4 | <input type="checkbox"/> | RAIN |
| 5 | <input type="checkbox"/> | SNOW |
| 6 | <input type="checkbox"/> | SEVERE CROSSWINDS |
| 7 | <input type="checkbox"/> | BLOWING DIRT SAND, SOIL, SNOW |
| 8 | <input type="checkbox"/> | FOG, SMOG, SMOKE |

18 - ROAD SURFACE TYPE

CHECK ONLY ONE

| | | |
|---|-------------------------------------|----------|
| 1 | <input checked="" type="checkbox"/> | ASPHALT |
| 2 | <input type="checkbox"/> | CONCRETE |
| 3 | <input type="checkbox"/> | GRAVEL |
| 4 | <input type="checkbox"/> | DIRT |
| 5 | <input type="checkbox"/> | OTHER |

19 - TYPE OF LOCATION

CHECK ONLY ONE

| | | |
|---|-------------------------------------|-----------------|
| 1 | <input type="checkbox"/> | INTERSECTION |
| 2 | <input type="checkbox"/> | JUNCTION AREA |
| 3 | <input type="checkbox"/> | NON-JUNCTION |
| 4 | <input checked="" type="checkbox"/> | DRIVEWAY ACCESS |
| 5 | <input type="checkbox"/> | ALLEY ACCESS |
| 6 | <input type="checkbox"/> | ALLEY |

20 - INTERSECTION RELATED

YES NO

21 - SPECIAL LOCATION

CHECK ONLY ONE

| | | |
|---|--------------------------|------------------------------------|
| 1 | <input type="checkbox"/> | SCHOOL CROSSING |
| 2 | <input type="checkbox"/> | PEDESTRIAN CROSSWALK (STRIPED) |
| 3 | <input type="checkbox"/> | PEDESTRIAN CROSSWALK (NO STRIPING) |
| 4 | <input type="checkbox"/> | BRIDGE |
| 5 | <input type="checkbox"/> | TUNNEL |
| 6 | <input type="checkbox"/> | RR CROSSING |
| 7 | <input type="checkbox"/> | GORE AREA |
| 8 | <input type="checkbox"/> | BIKE PATH |
| 9 | <input type="checkbox"/> | 2-WAY LEFT TURN LANE |

22 - UNUSUAL ROAD CONDITION

CHECK ONLY ONE

| | | |
|----|--------------------------|--|
| 1 | <input type="checkbox"/> | UNDER CONSTRUCTION, TRAFFIC ALLOWED |
| 2 | <input type="checkbox"/> | UNDER CONSTRUCTION, NO TRAFFIC ALLOWED |
| 3 | <input type="checkbox"/> | UNDER REPAIRS |
| 4 | <input type="checkbox"/> | HOLES, RUTS, BUMPS |
| 5 | <input type="checkbox"/> | OBSTRUCTION - PROTECTED |
| 6 | <input type="checkbox"/> | OBSTRUCTION - UNPROTECTED |
| 7 | <input type="checkbox"/> | OBSTRUCTION - UNLIGHTED AT NIGHT |
| 8 | <input type="checkbox"/> | DEFECTIVE SHOULDERS |
| 9 | <input type="checkbox"/> | CHANGING ROAD WIDTH |
| 10 | <input type="checkbox"/> | WATER (STANDING OR MOVING) |
| 11 | <input type="checkbox"/> | TEMPORARY LANE CLOSURE |

23 - TRAFFIC CONTROL DEVICES

LEGEND:
A-DEVICE OPERATIONAL
B-DAMAGED OR NON-FUNCTIONAL PRIOR TO ACCIDENT

CHECK ANY THAT APPLY

| | | |
|---|--------------------------|---------------------|
| A | <input type="checkbox"/> | TRAFFIC SIGNAL |
| B | <input type="checkbox"/> | YIELD SIGN |
| A | <input type="checkbox"/> | STOP SIGN |
| B | <input type="checkbox"/> | WARNING SIGN |
| A | <input type="checkbox"/> | RAILROAD SIGNAL |
| B | <input type="checkbox"/> | FLASHING SIGNAL |
| A | <input type="checkbox"/> | FLAGSMAN OR OFFICER |

24 - NON INTERSECTION ROAD CHARACTER

CHECK ONLY ONE

| | | |
|---|-------------------------------------|--------------------------|
| 1 | <input type="checkbox"/> | 2-WAY STRIPED CENTERLINE |
| 2 | <input checked="" type="checkbox"/> | 2-WAY, NO STRIPE |
| 3 | <input type="checkbox"/> | 2-WAY, PAINTED MEDIAN |
| 4 | <input type="checkbox"/> | 2-WAY, RAISED MEDIAN |
| 5 | <input type="checkbox"/> | 2-WAY, CONCRETE BARRIER |
| 6 | <input type="checkbox"/> | 2-WAY, CABLE BARRIER |
| 7 | <input type="checkbox"/> | 2-WAY, DEPRESSED MEDIAN |
| 8 | <input type="checkbox"/> | 2-WAY EXTENDED MEDIAN |
| 9 | <input type="checkbox"/> | 1-WAY STREET |

25 - ROAD GRADE

CHECK ONLY ONE

| | | |
|---|-------------------------------------|-----------|
| 1 | <input type="checkbox"/> | LEVEL |
| 2 | <input type="checkbox"/> | DOWNGRADE |
| 3 | <input type="checkbox"/> | UPGRADE |
| 4 | <input type="checkbox"/> | HILLCREST |
| 5 | <input checked="" type="checkbox"/> | DIP |

26 - ROAD SURFACE CONDITION

CHECK ONLY ONE

| | | |
|---|-------------------------------------|------------------------------|
| 1 | <input checked="" type="checkbox"/> | DRY |
| 2 | <input type="checkbox"/> | WET |
| 3 | <input type="checkbox"/> | SAND, MUD, DIRT, OIL, GRAVEL |
| 4 | <input type="checkbox"/> | SNOW |
| 5 | <input type="checkbox"/> | SLUSH |
| 6 | <input type="checkbox"/> | ICE |
| 7 | <input type="checkbox"/> | OTHER |
| 8 | <input type="checkbox"/> | UNKNOWN |

27 - CONDITIONS INFLUENCING DRIVER, PEDESTRIAN, PEDALCYCLIST

TWO CHOICES PER PERSON MAY BE SELECTED

| | | |
|---|-------------------------------------|-----------------------|
| 1 | <input checked="" type="checkbox"/> | NO APPARENT INFLUENCE |
| 2 | <input type="checkbox"/> | HAD BEEN DRINKING |
| 3 | <input type="checkbox"/> | USE OF ILLICIT DRUGS |
| 4 | <input type="checkbox"/> | ILLNESS |
| 5 | <input type="checkbox"/> | FELL ASLEEP/FATIGUE |
| 6 | <input type="checkbox"/> | PHYSICAL IMPAIRMENT |
| 7 | <input type="checkbox"/> | PRESCRIPTION DRUGS |
| 8 | <input type="checkbox"/> | OTHER |
| 9 | <input type="checkbox"/> | UNKNOWN |

28 - VIOLATIONS / BEHAVIOR

TWO CHOICES PER PERSON MAY BE SELECTED

| | | |
|----|-------------------------------------|---|
| 1 | <input type="checkbox"/> | NO IMPROPER ACTION |
| 2 | <input type="checkbox"/> | SPEED TOO FAST FOR CONDITIONS |
| 3 | <input type="checkbox"/> | EXCEED LAWFUL SPEED |
| 4 | <input type="checkbox"/> | FAILED TO YIELD RIGHT-OF-WAY |
| 5 | <input type="checkbox"/> | FOLLOWED TOO CLOSELY |
| 6 | <input type="checkbox"/> | RAN STOP SIGN |
| 7 | <input type="checkbox"/> | DISREGARDED TRAFFIC SIGNAL |
| 8 | <input type="checkbox"/> | MADE IMPROPER TURN |
| 9 | <input type="checkbox"/> | DROVE IN OPPOSING TRAFFIC LANE |
| 10 | <input type="checkbox"/> | KNOWINGLY OPERATED WITH FAULTY OR MISSING EQUIPMENT |
| 11 | <input type="checkbox"/> | REQUIRED MOTORCYCLE SAFETY EQUIPMENT NOT USED |
| 12 | <input type="checkbox"/> | PASSED IN NO PASSING ZONE |
| 13 | <input type="checkbox"/> | UNSAFE LANE CHANGE |
| 14 | <input type="checkbox"/> | OTHER UNSAFE PASSING |
| 15 | <input type="checkbox"/> | INATTENTION |
| 16 | <input type="checkbox"/> | DID NOT USE CROSSWALK |
| 17 | <input type="checkbox"/> | WALKED ON WRONG SIDE OF ROAD |
| 18 | <input checked="" type="checkbox"/> | OTHER |
| 19 | <input type="checkbox"/> | UNKNOWN |

29 - VEHICLE CONDITION

TWO CHOICES PER VEHICLE MAY BE SELECTED

| | | |
|----|-------------------------------------|--------------------------|
| 1 | <input type="checkbox"/> | NO APPARENT DEFECTS |
| 2 | <input type="checkbox"/> | DEFECTIVE BRAKES |
| 3 | <input type="checkbox"/> | DEFECTIVE STEERING |
| 4 | <input type="checkbox"/> | DEFECTIVE HEADLAMPS |
| 5 | <input type="checkbox"/> | DEFECTIVE TAIL LAMPS |
| 6 | <input type="checkbox"/> | DEFECTIVE TURN-SIGNAL |
| 7 | <input type="checkbox"/> | PUNCTURE OR BLOWOUT |
| 8 | <input type="checkbox"/> | ONE OR MORE SMOOTH TIRES |
| 9 | <input type="checkbox"/> | FIRE |
| 10 | <input type="checkbox"/> | DEFECTIVE WINDSHIELD W/P |
| 11 | <input type="checkbox"/> | DEFECTIVE EXHAUST SYSTEM |
| 12 | <input type="checkbox"/> | OTHER DEFECTS |
| 13 | <input type="checkbox"/> | NO TRAILER BRAKES |
| 14 | <input checked="" type="checkbox"/> | UNKNOWN |

30 - TRAFFIC UNIT ACTION

CHECK ONE PER UNIT

| | | |
|----|-------------------------------------|--------------------------------------|
| 1 | <input type="checkbox"/> | GOING STRAIGHT AHEAD |
| 2 | <input type="checkbox"/> | SLOWING IN TRAFFICWAY |
| 3 | <input type="checkbox"/> | STOPPED IN TRAFFICWAY |
| 4 | <input checked="" type="checkbox"/> | MAKING LEFT TURN |
| 5 | <input type="checkbox"/> | MAKING RIGHT TURN |
| 6 | <input type="checkbox"/> | MAKING U TURN |
| 7 | <input type="checkbox"/> | ENTERING ALLEY OR DRIVEWAY |
| 8 | <input type="checkbox"/> | LEAVING ALLEY OR DRIVEWAY |
| 9 | <input type="checkbox"/> | OVERTAKING/PASSING |
| 10 | <input type="checkbox"/> | CHANGING LANES |
| 11 | <input type="checkbox"/> | BACKING |
| 12 | <input type="checkbox"/> | AVOIDING VEHICLE, OBJECT, PEDESTRIAN |
| 13 | <input type="checkbox"/> | ENTERING PARKING POSITION |
| 14 | <input type="checkbox"/> | LEAVING PARKING POSITION |
| 15 | <input type="checkbox"/> | PROPERLY PARKED |
| 16 | <input type="checkbox"/> | IMPROPERLY PARKED |
| 17 | <input type="checkbox"/> | DRIVERLESS MOVING VEHICLE |
| 18 | <input type="checkbox"/> | CROSSING ROAD |
| 19 | <input type="checkbox"/> | WALKING WITH TRAFFIC |
| 20 | <input type="checkbox"/> | WALKING AGAINST TRAFFIC |
| 21 | <input type="checkbox"/> | STANDING |
| 22 | <input type="checkbox"/> | LYING |
| 23 | <input type="checkbox"/> | GETTING ON OR OFF VEHICLE |
| 24 | <input type="checkbox"/> | WORKING ON OR PUSHING VEHICLE |
| 25 | <input type="checkbox"/> | WORKING ON ROAD |
| 26 | <input type="checkbox"/> | OTHER |
| 27 | <input type="checkbox"/> | UNKNOWN |

31 - VISION OBSCUREMENT

CHECK ONE PER UNIT

| | | |
|----|-------------------------------------|-------------------------------|
| 1 | <input checked="" type="checkbox"/> | NOT OBSCURED |
| 2 | <input type="checkbox"/> | BY PARKED / STOPPED VEHICLE |
| 3 | <input type="checkbox"/> | BY MOVING VEHICLE |
| 4 | <input type="checkbox"/> | BY BUILDING |
| 5 | <input type="checkbox"/> | BY EMBANKMENT |
| 6 | <input type="checkbox"/> | BY SIGNBOARD |
| 7 | <input type="checkbox"/> | BY HILLCREST |
| 8 | <input type="checkbox"/> | BY LOAD ON VEHICLE |
| 9 | <input type="checkbox"/> | BY TREES, BUSHES |
| 10 | <input type="checkbox"/> | BY HEADLIGHT |
| 11 | <input type="checkbox"/> | BY SUN GLARE |
| 12 | <input type="checkbox"/> | BECAUSE OF BAD WEATHER |
| 13 | <input type="checkbox"/> | OTHER |
| 14 | <input type="checkbox"/> | RAIN, SNOW, FOG ON WINDSHIELD |
| 15 | <input type="checkbox"/> | WINDSHIELD OBSCURED - OTHER |
| 16 | <input type="checkbox"/> | UNKNOWN |

32 - DIRECTION OF TRAVEL

CHECK ONE PER UNIT

| | | |
|---|-------------------------------------|---------|
| 1 | <input checked="" type="checkbox"/> | NORTH |
| 2 | <input type="checkbox"/> | SOUTH |
| 3 | <input type="checkbox"/> | EAST |
| 4 | <input type="checkbox"/> | WEST |
| 5 | <input type="checkbox"/> | NW |
| 6 | <input type="checkbox"/> | NE |
| 7 | <input type="checkbox"/> | SW |
| 8 | <input type="checkbox"/> | SE |
| 9 | <input type="checkbox"/> | UNKNOWN |

GLOBAL POSITION

LATITUDE: 33° 43' 11.00"

LONGITUDE: 112° 16' 46.00"

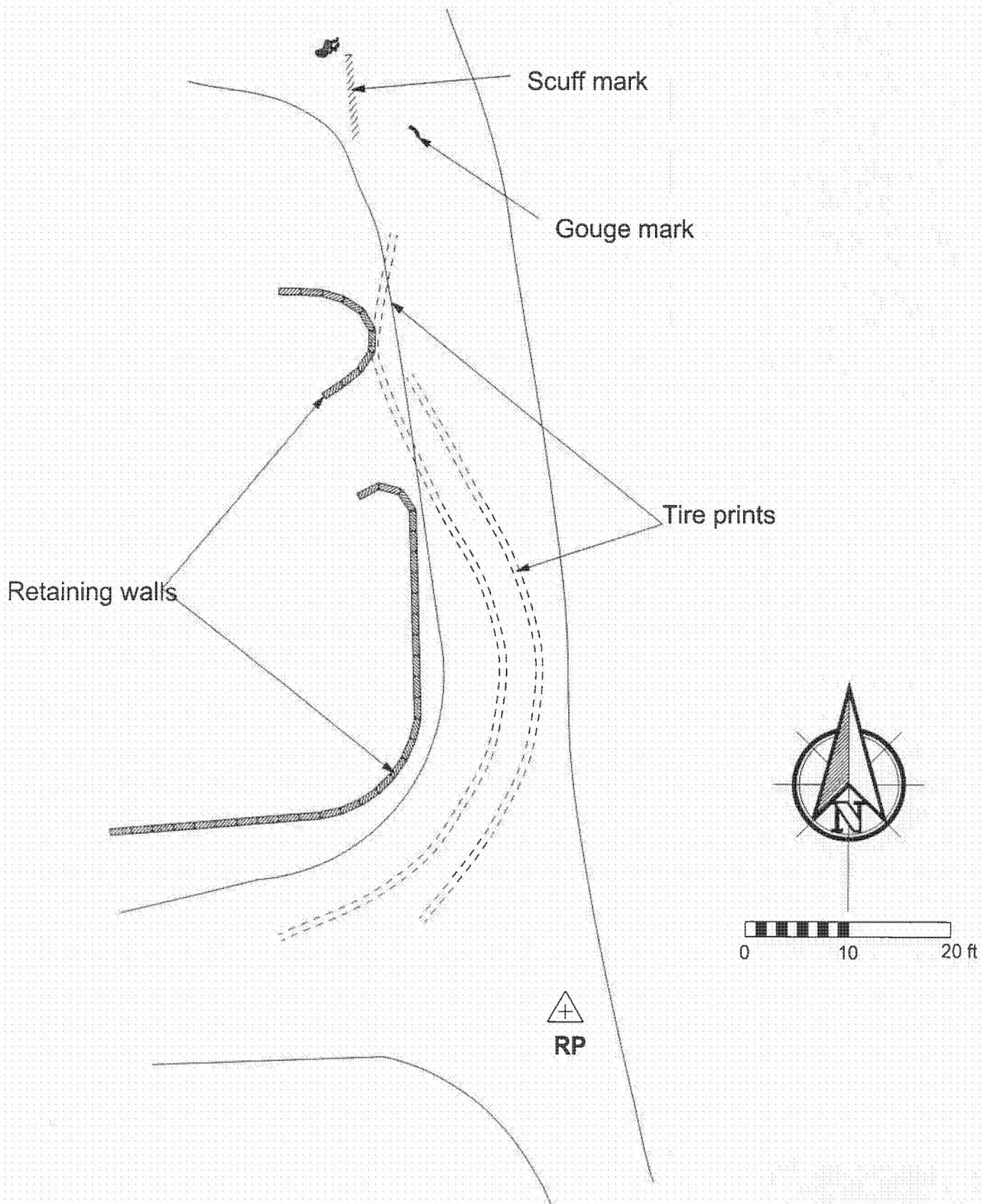
INJURED TAKEN TO / BY

John C Lincoln - North Mountain

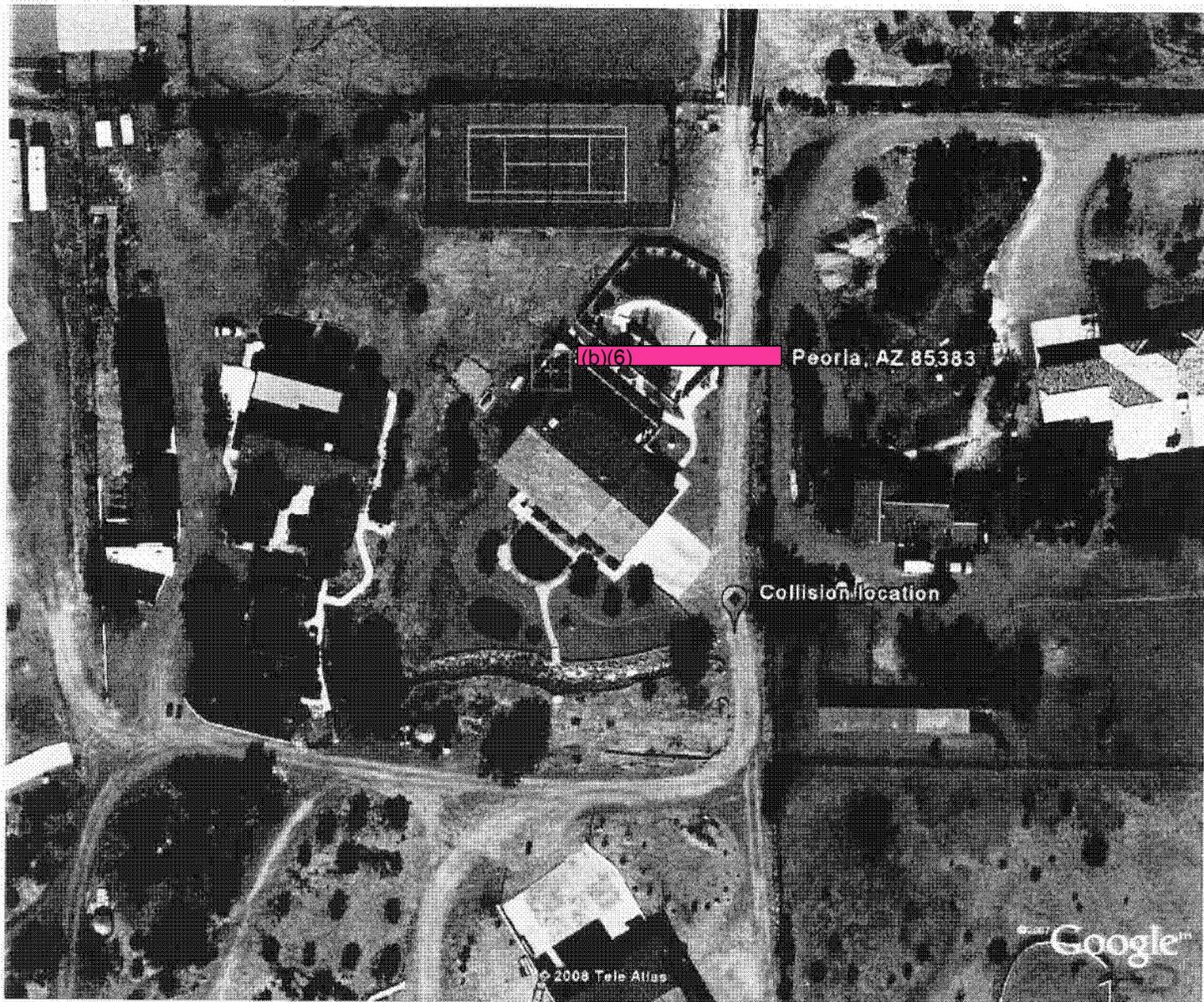
Air ambulance

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------------------------|---|--------------------------|--|--------------------------|--|--|--|--|-------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|--|
| ARIZONA TRAFFIC ACCIDENT REPORT FATAL SUPPLEMENT FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 206 S 17TH AVE. PHOENIX, AZ 85007-3233 | | REPORT ID YEAR MONTH DAY HOUR NCIC NO. OFFICERS ID NO. | | AGENCY REPORT NUMBER 08-087437 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | 0 8 0 5 1 6 1 6 1 5 0 7 0 0 | | S 1 4 2 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | VICTIM | | <input checked="" type="checkbox"/> Delayed Fatality | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF VICTIM (b)(6) | | <input type="checkbox"/> DRIVER <input type="checkbox"/> PEDESTRIAN | | <input type="checkbox"/> PEDALCYCLIST <input checked="" type="checkbox"/> PASSENGER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY STATE Peoria AZ | | RACE MARITAL STATUS W Single | | MARKS, SCARS / TATTOOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEX WEIGHT EYES HEIGHT HAIR DATE OF BIRTH OCCUPATION M 120 5-10 12/23/1992 Student | | VICTIM REMOVED TO John C Lincoln - North Mountain | | VICTIM REMOVED BY Air ambulance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF CLOTHING | | MOTORCYCLE HELMET USED | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF PROPERTY (CONT) | | PROPERTY IN CUSTODY OF: NAME ADDRESS CITY STATE | | NEXT OF KIN: NAME ADDRESS CITY STATE RELATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | NOTIFIED BY JCL - North Mountain Chaplin | | DATE TIME MEDICAL EXAMINER 05/16/08 1715 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | DRIVER | | NAME OF DRIVER <input type="checkbox"/> SAME AS VICTIM (b)(6) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION Student | | RACE White | | MARITAL STATUS Single | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | COMMENTS | | DECEASED AT SCENE: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> / TRANSPORTED TO HOSPITAL: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | POLICE CALLED: 1 6 1 5 POLICE ARRIVED: 1 6 3 0 AMBULANCE CALLED: 1 6 1 5 AMBULANCE ARRIVED: 1 6 4 0 | | IF THE DECEASED WAS NOT TRANSPORTED, THE BLANKS TO THE RIGHT SHOULD RELATE TO THE NEXT MOST SEVERELY INJURED PERSON. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | 7 | | AMBULANCE DEPARTED SCENE: 1 6 4 6 AMBULANCE ARRIVED AT HOSPITAL: 1 6 5 6 O G or A A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MARK DAMAGED AREA (S) OF VICTIM'S VEHICLE | | RESTRAINT USAGE / RESTRAINT FAILURE | | O PLEASEE INDICATE WHETHER THE VICTIM WAS TRANSPORTED BY GROUND (G) AMBULANCE OR (A) AMBULANCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN | | <table border="1"> <tr> <td>ENTER SEAT POSITION</td> <td>10</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NONE FAILED</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LAP FAILED</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SHOULDER FAILED</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>BOTH FAILED</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CHILD RESTRAINT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>AIR BAG NOT DEPLOYED</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>PASSIVE SYSTEM</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>UNKNOWN</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>RESTRAINT PROPERLY USED</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>CHILD RESTRAINT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>PASSIVE & LAP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SHOULDER HARNESS</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | ENTER SEAT POSITION | 10 | | | | | NONE FAILED | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LAP FAILED | <input type="checkbox"/> | SHOULDER FAILED | <input type="checkbox"/> | BOTH FAILED | <input type="checkbox"/> | CHILD RESTRAINT | <input type="checkbox"/> | AIR BAG NOT DEPLOYED | <input type="checkbox"/> | PASSIVE SYSTEM | <input type="checkbox"/> | UNKNOWN | <input type="checkbox"/> | RESTRAINT PROPERLY USED | <input type="checkbox"/> | CHILD RESTRAINT | <input type="checkbox"/> | PASSIVE & LAP | <input type="checkbox"/> | SHOULDER HARNESS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8 | |
| ENTER SEAT POSITION | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NONE FAILED | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LAP FAILED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SHOULDER FAILED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BOTH FAILED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHILD RESTRAINT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AIR BAG NOT DEPLOYED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PASSIVE SYSTEM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNKNOWN | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESTRAINT PROPERLY USED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHILD RESTRAINT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PASSIVE & LAP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SHOULDER HARNESS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | OFFICER'S SIGNATURE AND ID NUMBER Detective D. Gross #1425 | | AGENCY Maricopa County Sheriff's Office | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE REPORT COMPLETED | | DRIVER FAMILIAR WITH LOCAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | | ROAD ALIGNMENT <input type="checkbox"/> STRAIGHT ROAD <input checked="" type="checkbox"/> CURVED <input type="checkbox"/> UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VICTIM EJECTED <input type="checkbox"/> NOT EJECTED <input checked="" type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> UNKNOWN | | VICTIM EXTRICATION <input checked="" type="checkbox"/> NOT REQUIRED <input type="checkbox"/> BY AMBULANCE ATTENDANT <input type="checkbox"/> BY POLICE <input type="checkbox"/> BY FIRE DEPARTMENT <input type="checkbox"/> BY PASSERSBY <input type="checkbox"/> OTHER | | BLOOD ALCOHOL CONTENT TEST TAKEN <input type="checkbox"/> YES - TYPE _____ RESULT _____ (QUANTITY) <input type="checkbox"/> NOT TESTED <input checked="" type="checkbox"/> UNKNOWN IF TESTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TERRAIN TYPE <input type="checkbox"/> LEVEL <input checked="" type="checkbox"/> HILLY <input type="checkbox"/> MOUNTAINOUS | | ACCIDENT LOCALE <input checked="" type="checkbox"/> URBAN <input type="checkbox"/> RURAL <input type="checkbox"/> UNKNOWN | | DRUG SCREEN TAKEN <input type="checkbox"/> YES - TYPE _____ RESULT _____ (NAME(S) OF DRUG(S)) <input type="checkbox"/> NOT TESTED <input checked="" type="checkbox"/> UNKNOWN IF TESTED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(b)(6)



| |
|---|
| Department: Mancopa County Sheriff's Office |
| Case No: 08-087437 |
| Drawn by: Det. D. Gross #1425 |
| Incident Date: May, 16 2008 |
| Location: Private Property s/c (b)(6) |



| RAW DATA REPORT: Measurements.raw | | | | | | | Report Date: 05/19/2008 | | |
|-----------------------------------|--|------------|------------|----------|----------|-----------|-------------------------|--|--|
| RT | Comment | | | | | | | | |
| CO | Nikon RAW data format V2.00 | | | | | | | | |
| CO | 08087437 | | | | | | | | |
| CO | Description: | | | | | | | | |
| CO | Client: | | | | | | | | |
| CO | Comments: | | | | | | | | |
| CO | Downloaded 01-Jan-2001 12:00:39 | | | | | | | | |
| CO | Software: Standard software version: 1.02 | | | | | | | | |
| CO | Instrument: Nikon DTM-520 | | | | | | | | |
| CO | Dist Units: Feet-US | | | | | | | | |
| CO | Angle Units: DDDMMSS | | | | | | | | |
| CO | Zero azimuth: North | | | | | | | | |
| CO | Zero VA: Zenith | | | | | | | | |
| CO | Coord Order: NEZ | | | | | | | | |
| CO | Ha Raw data: Azimuth | | | | | | | | |
| CO | Tilt Correction: VA:ON HA:ON | | | | | | | | |
| CO | 08087437 <JOB> Created 01-Jan-2001 12:00:50 | | | | | | | | |
| CO | Temperature:46 Fahrenheit Pressure:29.9 inchHg Prism constant:30 | | | | | | | | |
| RT | Pt# | Pt ID | Northing | Easting | Elev | Desc | | | |
| MP | 1 | | 0.000 | 0.000 | 0.000 | RP | | | |
| MP | 2 | | | | | BS | | | |
| RT | Comment | | | | | | | | |
| CO | 01-Jan-2001 12:02:35 | | | | | | | | |
| CO | Temperature:46 Fahrenheit Pressure:29.9 inchHg Prism constant:30 | | | | | | | | |
| RT | ST# | Station ID | BS Pt | BS ID | Inst Ht | BS Azimth | BS H Ang | | |
| ST | 1 | | 2 | | 5.550 | 0.0000 | 0.0000 | | |
| RT | Pt# | Target Ht | Slope Dist | Horz Ang | Vert Ang | Time | Desc | | |
| SS | 3 | 0.000 | 40.799 | 262.2942 | 91.4923 | 12:04:45 | EP1 | | |
| SS | 4 | 0.000 | 18.415 | 256.0710 | 89.3417 | 12:05:18 | EP1 | | |
| SS | 5 | 0.000 | 12.461 | 227.0749 | 87.3216 | 12:06:23 | EP1 | | |
| SS | 6 | 0.000 | 18.770 | 185.1857 | 87.1933 | 12:06:56 | EP1 | | |
| SS | 7 | 0.000 | 18.672 | 152.5738 | 86.2544 | 12:07:35 | EP2 | | |
| SS | 8 | 0.000 | 44.642 | 282.1721 | 92.2002 | 12:10:24 | EP3 | | |
| SS | 9 | 0.000 | 47.896 | 291.1429 | 92.2857 | 12:11:08 | WALL1 | | |
| SS | 10 | 0.000 | 29.032 | 284.1425 | 91.2134 | 12:11:46 | TP1 | | |
| SS | 11 | 0.000 | 16.674 | 302.1509 | 90.2624 | 12:12:34 | TP2 | | |
| SS | 12 | 0.000 | 20.935 | 308.1350 | 91.0252 | 12:12:59 | TP1 | | |
| SS | 13 | 0.000 | 32.913 | 292.4935 | 92.0819 | 12:13:27 | EP3 | | |
| SS | 14 | 0.000 | 30.848 | 308.0523 | 92.2614 | 12:15:41 | WALL1 | | |
| SS | 15 | 0.000 | 28.421 | 320.1103 | 91.5747 | 12:16:03 | WALL1 | | |
| SS | 16 | 0.000 | 25.875 | 318.5342 | 91.4924 | 12:16:27 | EP3 | | |
| SS | 17 | 0.000 | 32.073 | 332.4607 | 91.4141 | 12:17:00 | WALL1 | | |
| SS | 18 | 0.000 | 38.858 | 341.1032 | 91.4642 | 12:17:27 | EP3 | | |
| SS | 19 | 0.000 | 22.678 | 333.3433 | 90.4400 | 12:18:12 | TP1 | | |
| SS | 20 | 0.000 | 19.917 | 340.0921 | 90.1532 | 12:18:39 | TP2 | | |
| SS | 21 | 0.000 | 29.411 | 354.0749 | 90.3831 | 12:19:11 | TP2 | | |
| SS | 22 | 0.000 | 29.910 | 347.1119 | 90.5807 | 12:19:37 | TP1 | | |
| SS | 23 | 0.000 | 39.636 | 349.1948 | 91.1403 | 12:20:03 | TP1 | | |
| SS | 24 | 0.000 | 40.125 | 354.1428 | 90.5848 | 12:20:26 | TP2 | | |
| SS | 25 | 0.000 | 53.782 | 348.5546 | 91.1500 | 12:20:53 | TP2 | | |
| SS | 26 | 0.000 | 52.206 | 345.1759 | 91.1704 | 12:21:17 | TP1 | | |
| SS | 27 | 0.000 | 65.929 | 343.1940 | 91.3953 | 12:21:48 | TP1 | | |
| SS | 28 | 0.000 | 63.780 | 345.4623 | 91.2041 | 12:22:19 | TP2 | | |

| RAW DATA REPORT: Measurements.raw | | | | | | | Report Date: 05/19/2008 | | |
|-----------------------------------|-----|-----------|------------|----------|----------|----------|-------------------------|--|--|
| RT | Pt# | Target Ht | Slope Dist | Horz Ang | Vert Ang | Time | Desc | | |
| SS | 29 | 0.000 | 69.095 | 344.0643 | 91.3242 | 12:22:47 | TP1 | | |
| SS | 30 | 0.000 | 77.513 | 347.0622 | 91.1525 | 12:23:11 | TP1 | | |
| SS | 31 | 0.000 | 51.118 | 342.3747 | 91.4224 | 12:24:00 | WALL1 | | |
| SS | 32 | 0.000 | 53.823 | 341.1907 | 91.3143 | 12:24:46 | WALL1 | | |
| SS | 33 | 0.000 | 54.192 | 337.3832 | 91.3140 | 12:25:03 | WALL1 | | |
| SS | 34 | 0.000 | 64.540 | 338.0332 | 91.3940 | 12:25:29 | WALL2 | | |
| SS | 35 | 0.000 | 66.292 | 342.2841 | 91.3857 | 12:25:52 | WALL2 | | |
| SS | 36 | 0.000 | 69.466 | 343.4015 | 91.3347 | 12:26:14 | WALL2 | | |
| SS | 37 | 0.000 | 73.139 | 341.4522 | 91.2620 | 12:26:36 | WALL2 | | |
| SS | 38 | 0.000 | 75.569 | 337.4635 | 91.2618 | 12:26:51 | WALL2 | | |
| SS | 39 | 0.000 | 74.828 | 345.5709 | 91.3059 | 12:27:25 | EP3 | | |
| SS | 40 | 0.000 | 81.874 | 345.3719 | 91.2204 | 12:27:47 | EP3 | | |
| SS | 41 | 0.000 | 90.296 | 343.5415 | 91.3546 | 12:28:11 | EP3 | | |
| SS | 42 | 0.000 | 97.755 | 337.2636 | 91.2452 | 12:28:30 | EP3 | | |
| SS | 43 | 0.000 | 87.353 | 346.0258 | 91.2612 | 12:29:22 | SCM1 | | |
| SS | 44 | 0.000 | 95.398 | 346.4522 | 91.2331 | 12:29:45 | SCM1 | | |
| SS | 45 | 0.000 | 96.274 | 345.3736 | 91.2007 | 12:30:18 | BIO | | |
| SS | 46 | 0.000 | 87.371 | 349.3246 | 91.1622 | 12:30:41 | GM1 | | |
| SS | 47 | 0.000 | 86.843 | 349.5715 | 91.1913 | 12:30:56 | GM1 | | |
| SS | 48 | 0.000 | 86.225 | 350.0215 | 91.1736 | 12:31:10 | GM1 | | |
| SS | 49 | 0.000 | 19.429 | 3.0134 | 89.2656 | 12:31:50 | EP2 | | |
| SS | 50 | 0.000 | 42.405 | 359.1758 | 90.4616 | 12:32:20 | EP2 | | |
| SS | 51 | 0.000 | 72.499 | 355.5321 | 91.0302 | 12:32:47 | EP2 | | |
| SS | 52 | 0.000 | 84.124 | 355.0032 | 91.0308 | 12:33:09 | EP2 | | |
| SS | 53 | 0.000 | 98.104 | 352.5247 | 91.1939 | 12:33:29 | EP2 | | |

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: (b)(6)

GPS Coordinates: 33°

Type of Incident: Fatal Traffic Collision (Private Property)

Investigative Format

DR#: 08-087437

Incident: Fatal Traffic Collision (Private Property)

Date / Time: May 16th, 2008 @ 1615 hours

Location: (b)(6)

Peoria, AZ

Case Agent: **Detective D. Gross #1425**
 Vehicular Crimes Unit
 (602) 876-4854

Other Officers: **Detective J. Eccles #739**
 Vehicular Crimes Unit
 (602) 876-1958

Deputy R. Levy #1881
 Patrol – District III
 (602) 876-1603

Deputy R. Azurin #1621
 Patrol – District III
 (602) 876-1603

Witness #1: (b)(6)

Telephone:

Age: 71

Investigator: Detective D. Gross #1425
 Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: (b)(6)

GPS Coordinates: 33

Type of Incident: Fatal Traffic Collision (Private Property)

Vehicle #1:

2005 Yamaha 660 Rhino ATV
 M/C VJ5A (Registration Invalid)
AZ License:
VIN: (b)(6)
R/O: (b)(6)
Insurance:
Policy: (b)(6)
Disposition: Returned to owner at the scene

Driver:

(b)(6)
Telephone:
DOB: 10/06/1992
OLN: No driver's license
Seatbelt Used: No
Alcohol / Drugs Used: None
Injuries: Closed head trauma
Hospital: Arrowhead Hospital

Passenger(s):

(b)(6)
Telephone:
DOB: 12/23/1992
Seatbelt Used: No
Injuries: Fatal
Hospital: John C Lincoln - North Mountain

(b)(6)
Telephone:
Age: 14
Seatbelt Used: No
Injuries: Minor bruising
Hospital: Arrowhead Hospital

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: (b)(6)

GPS Coordinates: 33

Type of Incident: Fatal Traffic Collision (Private Property)

Passenger(s) Continued:

(b)(6)

Telephone: (b)(6)
 Age: 15
 Seatbelt Used: No
 Injuries: Minor bruising
 Hospital: Arrowhead Hospital

(b)(6)

Telephone: (b)(6)
 Age: 15
 Seatbelt Used: No
 Injuries: Minor bruising
 Hospital: Arrowhead Hospital

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: Private Property @ (b)(6) Peoria AZ

GPS Coordinates: (b)(6)

Type of Incident: Fatal Traffic Collision (Private Property)

Synopsis

On May 16, 2008, at approximately 1615 hours, vehicle #1, a black and brown 2005 Yamaha 660 Rhino ATV, driven by (b)(6) was traveling eastbound on a private driveway located at the termination of (b)(6), approximately .4 miles south of (b)(6) Peoria. (b)(6) was making a left turn on the private driveway, when (b)(6) stepped onto the driver's side of the vehicle.

Vehicle #1 turned sharply to the left and left the private driveway. Vehicle #1 struck a decorative retaining wall located on the south side of a residential property (b)(6). The vehicle was re-directed to the right where it tripped and overturned.

(b)(6) was struck by the upper edge, left side of the roof when the vehicle overturned. (b)(6) sustained serious, possibly life threatening injuries. (b)(6) was transported by air ambulance to John C Lincoln – North Mountain hospital. (b)(6) was pronounced dead at approximately 1714 hours.

(b)(6) was transported by his father to Arrowhead Hospital where he was admitted for a closed head injury. He was later released on May 19, 2008.

(b)(6), and (b)(6) were also passengers in vehicle #1 at the time of the collision. (b)(6) and (b)(6) were transported by ground ambulance to Arrowhead Hospital where they were treated and released for minor injuries.

Speed, drugs, and alcohol are not considered factors in this collision.

Investigator: Detective D. Gross #1425
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: (b)(6)

Peoria AZ

GPS Coordinates: (b)(6)

Type of Incident: Fatal Traffic Collision (Private Property)

Response to Call Out

On May 16th, 2008, at approximately 1700 hours, Sergeant D. Taylor #1060, Vehicular Crimes Unit Supervisor, contacted me by telephone. He advised me of a single vehicle collision on private property in the area of (b)(6), Peoria. He told me the vehicle was an off-road ATV style vehicle and the single occupant had been transported from the scene to John C Lincoln – North Mountain Hospital with serious, possibly life threatening injuries.

I was en route to the scene at approximately 1718 hours.

While en route to the scene, Detective J. Eccles #739, contacted me by telephone. He advised me that the vehicle contained five people. Four of the five people had been transported to local hospitals with unknown injuries. The driver of the vehicle was still on scene. Detective Eccles said he would interview the driver before releasing him from the scene.

Investigator: Detective D. Gross #1425
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: Private Property (b)(6) Peoria AZ

GPS Coordinates: (b)(6)

Type of Incident: Fatal Traffic Collision (Private Property)

Scene Investigation

I arrived on scene at approximately 1841 hours and began my investigation by walking around the area to familiarize myself with the evidence and the location. The weather was clear and dry. There was no noticeable wind. The sun was beginning to set. The temperature was approximately 94 degrees. The area had no streetlights and was dimly lit by decorative lights of the nearby residences. The area surrounding the scene was residential structures. The collision occurred on a private drive for a residential area located on (b)(6).

(b)(6)
in a residential district. The roadway is still designated as (b)(6). The roadway "(b)(6)" referred to in this report relates to the section of (b)(6) Avenue that is a private driveway and located within the residential district south of (b)(6).

(b)(6) is primarily a north / south directional roadway composed of asphalt. In the area of the collision, (b)(6) is a private roadway that acts as the driveways to the residences in the area. (b)(6) curves to the west, south of (b)(6) Peoria. (b)(6) follows the natural contours of the land around the residential area. There are dips, hill crests, and curves in the roadway. The road was dry and appeared to be in good condition. There is sufficient space for two lanes of travel. There are no lane dividers or roadway markings within the residential area. There is a "15 MPH" speed limit sign posted approximately .2 miles north of the collision scene for northbound traffic. There were no speed limit signs posted on (b)(6) south of (b)(6) for southbound traffic. There are no other traffic control devices on (b)(6) Avenue within the residential area.

Investigator: Detective D. Gross #1425
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: Private Property (b)(6), Peoria AZ

GPS Coordinates: (b)(6)

Type of Incident: Fatal Traffic Collision (Private Property)

(b)(6) is an east / west directional roadway composed of asphalt. This roadway was used for location purposes only and had no bearing in the collision.

I found two tire prints on (b)(6) Avenue that began approximately 95-feet south of the driveway for (b)(6). The prints began on the portion of (b)(6) Avenue that curved to the west. The tire prints led east into a left curve in the road and then continued north for approximately 50-feet. The prints left the road to the left (west side) and led northwest to a decorative retaining wall. The east most tire print (right side) terminated at the west edge of the road.

There was contact damage to the decorative retaining wall. The wall was broken on the east end. The broken section was approximately 3-feet wide and the block was pushed to the interior curve of the retaining wall (west).

The west most tire print continued from the retaining wall northeast for approximately 10-feet. The tire print terminated just after crossing back onto the roadway. There was a gap of approximately 10-feet from the termination of the tire print to a gouge mark. The gouge mark was located in the center of the roadway. The gouge mark indicated the point the vehicle tripped and overturned.

There was a scuff mark located approximately 5-feet west of the gouge mark. The scuff mark led north for approximately 8-feet. The scuff mark was consistent with being caused by the left side of the vehicle after it overturned on the left side.

There was a small amount of biological material immediately north of the termination of the scuff mark. Witnesses and the occupants of vehicle #1 indicated this was the location (b)(6) was pinned under the vehicle.

Investigator: Detective D. Gross #1425
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: Private Property (b)(6), Peoria AZ

GPS Coordinates: (b)(6)

Type of Incident: Fatal Traffic Collision (Private Property)

Vehicle #1 was sitting at a controlled point of rest on the east dirt shoulder of the road approximately 5-feet north of the termination of the scuff mark. The vehicle was upright and facing primarily east.

There was no physical evidence found in or around the area to indicate any other vehicle was involved in the collision.

Detective Eccles assisted in collecting scene measurements utilizing a Nikon total station for the completion of a scene diagram.

Investigator: Detective D. Gross #1425
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: (b)(6), Peoria AZ

GPS Coordinates: 33 (b)(6)

Type of Incident: Fatal Traffic Collision (Private Property)

Inspection of Vehicle #1

Vehicle #1 is a black and brown 2005 Yamaha 660 'Rhino' off-road vehicle that bears Arizona license plate (b)(6). This vehicle was moved prior to the investigation. The vehicle was at a controlled point of rest on the east side of (b)(6) Avenue and approximately (b)(6). The vehicle was sitting upright facing primarily east.

There was contact damage to the left upper corner of the protective 'roll cage'. The damage was fresh scrape marks and the silver metal was visible. There was scuffing to the left rear body panel directly above the left rear tire. This was consistent with the scrape mark found in the roadway.

There were multiple scrapes and small dents around the remainder of the vehicle. There was dried mud and debris also around the vehicle body. The damage and debris appeared old and did not correspond to any physical evidence found in the road. This damage was not caused during the collision and appeared consistent with a three year old, off-road vehicle.

There were no windshields or windows installed on the vehicle. There were headlights and taillights installed on the vehicle. The lights were all functional and showed no evidence of 'hot shock'.

The vehicle was equipped with ITP Mud Lite 27x10-12 off-road tires on all four wheels. All four tires were inflated and appeared to be in good condition. There were scuff marks to the tread face of the left front tire. The scuff marks appeared consistent with the tire impacting the decorative retaining wall during the collision sequence. There were scrape marks to the left front wheel rim. There was asphalt lodged between the rim

Investigator: Detective D. Gross #1425
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: (b)(6) Avenue, Peoria AZ

GPS Coordinates: 33° (b)(6)

Type of Incident: Fatal Traffic Collision (Private Property)

and tire bead. This is consistent with the left front tire causing the gouge mark found in the road, which tripped the vehicle. There was scuffing to the outer wall of the left rear tire. This is consistent with the scuff mark found on the road north of the gouge mark.

The damage found on the vehicle appeared consistent with a vehicle that trips and falls to the left side. I found no evidence on the vehicle that would indicate another vehicle was involved in this collision.

Interior

I recoded the vehicle's mileage as 2167 from the digital display on the dash. I also recorded 354.4 from the hour display on the dash. The vehicle's keys were in the ignition, which was in the off position. The light switch was a twist-style located on the left side of the dash. The switch was in the off position. The vehicle is equipped with an automatic, 4-wheel drive transmission. The transmission selection arm, located on the floor between the seats, was in the 4WL position. The 4-wheel drive selection button was located on the left side of the dash. The button was depressed, which selected 4-wheel drive mode on the transmission.

There was no visible damage to the interior of the vehicle. There were miscellaneous personal items in the interior and rear cargo area.

I found a print located on the left side 'running board' directly under the driver's seat. The print appeared consistent with an athletic 'tennis' shoe. I later determined this shoe print was consistent with the shoes worn by (b)(6) at the time of the collision.

Investigator: Detective D. Gross #1425
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: (b)(6)

Peoria AZ

GPS Coordinates: 33°

Type of Incident: Fatal Traffic Collision (Private Property)

I examined the seatbelts installed on the vehicle. The driver's belt was intact and retracted against the B-pillar. There were no friction marks or stretching to the driver's seatbelt. I was unable to determine if the restraint was in use at the time of the collision. The passenger seatbelt was intact and retracted to the B-pillar. The passenger seatbelt was tied to the B-pillar with a nylon strap. There was dirt and dust on the nylon strap. The position of the restraint and the fact it was tied to the pillar lead to the reasonable conclusion the restraint was not in use at the time of the collision.

There was a manufacturer's warning label affixed to the center of the dash directly under the speedometer display. The label indicated that users should wear the seatbelt restraints and protective equipment when operating the vehicle. The label also warned of the possibility of rollover caused by abrupt or aggressive maneuvers. The label also indicated the vehicle was not to be operated by persons under the age of sixteen (16).

There was no evidence of drug or alcohol use inside the vehicle.

The vehicle was left at the residence of the registered owner, which was located just south of the collision scene.

Investigator: Detective D. Gross #1425
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16, 2008

DR: 08-087437

Occurrence Location: (b)(6)

Type of Incident: Fatal Traffic Collision on Private Property

INCIDENT: Fatal Traffic Collision
(On Private Property)

DATE/TIME: May 16, 2008 1614 hours

LOCATION: (b)(6)
Peoria, Arizona 85383

CASE AGENT: David Gross #1425

Supplemental Report by

JEFFREY R. ECCLES 739
Maricopa County Sheriff's Office
Vehicular Crimes Unit
102 West Madison Street
Phoenix, Arizona 85003
Office 602 876-1958

Investigator: JEFFREY R. ECCLES 739
Typed By: 739

Reviewer: Sgt. David Taylor #1060
File title: 08-087437-739.001

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16, 2008

DR: 08-087437

Occurrence Location: (b)(6)

Type of Incident: Fatal Traffic Collision on Private Property

DRIVER: (b)(6) (Age 15)

DATE OF BIRTH: (b)(6)

ADDRESS: (b)(6) Lane
Peoria, Arizona 85383

TELEPHONE: (b)(6)

SEATBELT USED: No

ALCOHOL/DRUG USE: None

INJURIES: Minor abrasion on left side of his forehead

WITNESSES: (b)(6)

Peoria, Arizona 85383

(b)(6)

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16, 2008

DR: 08-087437

Occurrence Location: (b)(6)

Type of Incident: Fatal Traffic Collision on Private Property

Response to Call Out

On May 16, 2008 at 1653 hours, Detective Brandon Rau #1411 of the Vehicular Crimes Unit contacted me by telephone. He asked if I could respond to a single vehicle, serious injury traffic collision that occurred on private property near (b)(6) (b)(6) and Comax Road. I was available and I was en route at 1714 hours.

While I was en route, I contacted Sergeant Christopher Jefferys #1010 by telephone. He told me the collision occurred on a private road in front of (b)(6) (b)(6). He said it was a single vehicle collision involving a side by side ATV, occupied by 5 teenage boys. He told me a (b)(6) was the most seriously injured in the collision and he was flown to John C. Lincoln Hospital. He said the driver of the ATV was still at the scene and he had minor injuries. I asked Sergeant Jefferys if he could keep the driver at the scene until I arrived and Sergeant Jefferys said he would.

I contacted Detective David Gross, advising him what I had been told. He contacted John C. Lincoln Hospital and learned that (b)(6) had died from the injuries received in the collision.

I arrived on scene at 1755 hours and Sergeant Jefferys introduced me to (b)(6) and (b)(6). (b)(6) was seated in the front passenger seat of Sergeant Jefferys' patrol vehicle. Sergeant Jefferys' said (b)(6) was the driver of the ATV and (b)(6) was (b)(6) father.

Sergeant Jefferys had nothing further to add.

Investigator: JEFFREY R. ECCLES 739
Typed By: 739

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Reviewer: Sgt. David Taylor #1060
File title: 08-087437-739.001

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16, 2008

DR: 08-087437

Occurrence Location: (b)(6)

Type of Incident: Fatal Traffic Collision on Private Property

Interview

At 1800 hours, I spoke with (b)(6) and (b)(6). I advised (b)(6) I had learned that (b)(6) had died at the hospital. I asked (b)(6) if he would like me to advise (b)(6) of this information, while I spoke with him.

(b)(6) asked if he could break the news to (b)(6) himself and I told him that would be fine. I recorded the conversation with (b)(6).

I introduced myself to (b)(6) and asked him for his name, date of birth and where he went to school and he gave me this information. I asked (b)(6) what grade he was in and asked how well he did in class. (b)(6) told me he was a freshman and said he had good grades.

I asked (b)(6) if he could tell me what happened today. (b)(6) said he was driving (pointing towards the Yamaha Rhino side by side ATV) and making a left turn when, (b)(6) foot stepped on his right foot and accelerated the ATV. He said (b)(6) was hanging onto the driver's side of the ATV and the ATV hit the small wall and flipped. He said when he awoke he found (b)(6) was lying on his back and the ATV was on top of him and they started yelling for help.

I went back through the incident with (b)(6) and learned the following.

(b)(6) was driving, (b)(6) was seated on the center console, (b)(6) (b)(6) was seated in the front passenger seat and (b)(6) was seated in the ATV'S rear dump bed on the right side behind (b)(6).

(b)(6) told me he was going east on the asphalt drive between the two houses and (b)(6) was hanging onto the driver's side of the ATV. He started to lose control of the ATV and told (b)(6) to get off. He said (b)(6) jumped off and ran along side the left side of the ATV. He said he was driving about 7 miles per

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16, 2008

DR: 08-087437

Occurrence Location: (b)(6)

Type of Incident: Fatal Traffic Collision on Private Property

hour as he approached the left turn. He told me as he was making the left turn, (b)(6) jumped back onto the driver's side of the ATV. (b)(6) said (b)(6) foot stepped onto his right foot, which pushed the gas pedal down and the ATV went "very fast". (b)(6) said he saw he was headed right towards the small block wall and he tried to steer to the right but the ATV hit the block wall anyway. He said the ATV jumped, then flipped over onto its left side and he was knocked out.

I asked (b)(6) how fast he thought the ATV was going when he hit the wall.

(b)(6) told me he did not know, but thought it was going fast.

I asked (b)(6) how fast he was going prior to making the turn. (b)(6) said, "About 7 miles per hour".

I asked (b)(6) if he had ever driven this ATV before. (b)(6) said it was his first time driving it today.

I asked who the ATV belonged to. (b)(6) said it belong to (b)(6) father.

I found (b)(6) showed no signs or symptoms of drug and/or alcohol impairment.

(b)(6) had nothing further to relate. (b)(6) father broke the news to (b)(6) of (b)(6) death and then he (b)(6) was taken to the hospital by his father for the minor cuts and abrasions to his forehead.

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16, 2008

DR: 08-087437

Occurrence Location: (b)(6)

Type of Incident: Fatal Traffic Collision on Private Property

Detective Gross arrived on scene at 1841 hours. He was assigned the case as Case Agent. I photographed the scene and assisted with measuring the scene for the scene diagram. While photographing the scene a (b)(6) advised me that he had witnessed the collision. I interviewed (b)(6).

Interview

At 1930 hours, while Detective Gross and I were standing next to the ATV located near a six foot chain link fence just east of (b)(6), (b)(6) walked up to the east side of the chain link fence and introduced himself to us. He advised us that he had witnessed the collision, while knocking down weeds on his property. He said that he did CPR on the boy and once the Paramedics arrived he went home.

When I arrived on scene, I was told there were no independent witness'. I activated my digital recorder and spoke with (b)(6)

(b)(6)

Peoria, Arizona 85383

(b)(6)

(b)(6) told me he was riding his tractor, knocking down weeds on his property. He said his property runs along the east side of the chain link fence. He said he saw the boys out riding the ATV. He said it was common to see the teens out riding the ATV. (b)(6) said he saw the ATV with four or five teen boys riding on it and they were on the driveway headed north along the fence line. He said it appeared one boy was holding onto the left side of the ATV. He said he was

Investigator: JEFFREY R. ECCLES 739
Typed By: 739

Reviewer: Sgt. David Taylor #1060
File title: 08-087437-739.001

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16, 2008

DR: 08-087437

Occurrence Location: (b)(6)

Type of Incident: Fatal Traffic Collision on Private Property

taking the chain off the back of his tractor when he heard a noise. He said he looked up and saw the ATV on its side. He said he went to help and found the ATV was laying on top of one the boy's chest (he believed the boy was (b)(6) (b)(6)). He said they moved the ATV off of (b)(6) and found he was not breathing. (b)(6) said they started CPR and kept it up until the Paramedics arrived. (b)(6) said once the Paramedics arrived he went home.

I asked (b)(6) how fast he thought the boys were traveling on the ATV, just prior to the collision. (b)(6) said they were not going that fast. I asked (b)(6) if the boys were riding right by him, would he have yelled out, that they should slow down. (b)(6) said, "Oh no, they weren't going that fast at all."

(b)(6) said there was always someone riding off roadway vehicles around here, saying that sometimes they do drive very fast and some drive on the roads around here without driver's licenses or licensed vehicles.

I asked (b)(6) exactly where was he when the collision happened. (b)(6) pointed out a piece of chain-link fencing lying on the ground, approximately 60 feet southeast from the collision site. (b)(6) said he had the chain link fencing attached to his tractor to scrape off the weeds. He said he was taking the chain link off of his tractor, saying the boys drove right by him (about 25 feet west) and he thought he saw one of the boys hanging off the left side of the ATV.

(b)(6) had nothing further to add.

No further action taken.

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16th 2008

DR: 08-087437

Occurrence Location: (b)(6) Peoria

Type of Incident: Fatal Traffic Collision (Private Property)

Interview with (b)(6)**Date:** June 4th, 2008**Time:** 1025 hours**Location:** Contact by telephone
(Interview not recorded)**Passenger Vehicle #1:** (b)(6)
Peoria, AZ 85383
(b)(6)
06/30/1993**Investigator:** Detective B. Rau #1411
Maricopa County Sheriff's Office
Central Investigations Division
Vehicular Crimes Unit
(602)876-1958

On June 4th, 2008, at approximately 1025 hours, I made contact with a passenger in vehicle #1 identified as (b)(6) by telephone. (b)(6) had been previously identified as a passenger in a Yamaha Rhino ATV that was involved in a rollover collision occurring on private property located at (b)(6) Avenue in Peoria, AZ. The collision resulted in the death of one of the occupants on the Rhino. I asked (b)(6) questions in reference to the collision and he related the following information:

(b)(6) told me that he lives down the street from the property where the collision occurred. He said on the day of the collision (b)(6) older sister (b)(6) picked him up in a mini van and drove them to a friend's house by the name of (b)(6). When they

Investigator: Detective B. Rau #1411
Typed By: Detective B. Rau #1411

Reviewer: Sgt. D. Taylor #1060

MARICOPA COUNTY SHERIFF'S OFFICE

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Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: (b)(6) Peoria

Type of Incident: Fatal Traffic Collision (Private Property)

pulled up to (b)(6) house (b)(6) and (b)(6) were seated in the Rhino. He got out of the van and got into the Rhino and sat in the middle of the front seat. He said (b)(6) was driving the Rhino and (b)(6), who owns the Rhino, was seated next to him on the passenger side. (b)(6) was seated in the bed of the Rhino. They decided to ride around on the Rhino and (b) jumped onto the driver side of the Rhino and held onto the roof as they drove around. Their friend (b) stayed at home because he was not allowed to come outside until he was done cleaning the dishes.

He said they drove around a residence in a circle driveway and barely went above 10mph. They drove back up by (b)(6) house and (b)(6) asked (b) to get off the side of the Rhino. (b) got off the side of the Rhino and they began driving away from (b)(6) house. He said (b) ran up along the driver side of the Rhino and jumped on. He said when (b) jumped onto the Rhino they made a left turn at maybe 15mph. When they made the left turn the Rhino started to slide left and he felt the Rhino start to tip. He did not have anything to hold onto and he pushed down on his feet. He said his left foot hit the gas pedal and he felt the Rhino accelerate. The Rhino collided with a small retaining wall in front of one of the houses and then flipped.

I asked (b) if he was injured during the collision and he stated he was the only one that was not injured in the collision. I asked (b)(6) if he had ever been on the Rhino before and he stated he had been on it two times in the past. I asked (b)(6) if he ever saw (b)(6) drive the Rhino before and he told me that he had not. (b)(6) added that it appeared (b)(6) was teaching (b)(6) how to drive the Rhino.

(b)(6) did not have any further information to offer and I concluded my interview with him at approximately 1040 hours.

Investigator: Detective B. Rau #1411
Typed By: Detective B. Rau #1411

Reviewer: Sgt. D. Taylor #1060

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: (b)(6)

Peoria AZ

GPS Coordinates: 33°

Type of Incident: Fatal Traffic Collision (Private Property)

Interview with (b)(6)

On June 6th, 2008, I interviewed (b)(6) regarding the collision that occurred on May 16th, 2008, in the area of (b)(6) Avenue, Peoria. (b)(6) related the following information:

On May 16th, 2008, at approximately 3:30 pm, (b)(6) drove vehicle #1 from his house to (b)(6) house. (b)(6) lives in a residence immediately west of (b)(6) residence. (b)(6) and (b)(6) spent an unknown amount of time behind (b)(6) house. (b)(6) said they were looking "at the chickens and just hanging out."

(b)(6) and (b)(6) arrived at (b)(6) house between 3:45 – 4:00 pm. (b)(6) saw (b)(6) had the Yamaha 'Gator' and asked if he could drive. (b)(6) agreed and they (b)(6) walked around the front of the residence to "drive around the neighborhood. The group went to the front of the residence and (b)(6) (b)(6) walked onto the driveway. (b)(6) said they wanted to "go for a ride" as well.

(b)(6) got into the driver's seat of vehicle #1. (b)(6) was seated in the passenger seat, (b)(6) was seated between (b)(6) into the rear cargo area. (b)(6) stepped onto the driver's side of the vehicle and "was basically hanging off the side".

(b)(6) drove out of the driveway (north) from the residence. He turned to the east on the residential driveway and then began to turn north onto the driveway which becomes (b)(6). As the vehicle made the left turn, (b)(6) felt the vehicle "lift up on two wheels." The vehicle then struck a wall (decorative retaining wall) and then "flipped".

Investigator: Detective D. Gross #1425
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: (b)(6)

Peoria AZ

GPS Coordinates: 33°

Type of Incident: Fatal Traffic Collision (Private Property)

(b)(6) did not remember any other details of the collision. He did not remember any actions by (b)(6) could not further describe the collision.

(b)(6) said no one in the vehicle was wearing a seatbelt at the time of the collision. He estimated the vehicle's speed to be between 10 – 15 mph. (b)(6) denied seeing anyone consuming alcohol or using any drugs prior to the collision.

(b)(6) said there were no mechanical problems with vehicle #1. The vehicle was operating normally when he drove it prior to the collision.

(b)(6) described his injuries as a fracture of his right arm.

(b)(6) could not provide any further information regarding this collision.

I concluded my interview at approximately 1050 hours.

Investigator: Detective D. Gross #1425
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

MARICOPA COUNTY SHERIFF'S OFFICE

SUPPLEMENTAL REPORT FORM

INCIDENT: Traffic Accident

DR08-087437

LOCATION: (a) Injury Information, (b)(6) Peoria AZ

DATE/TIME: 05-16-08/16:15

SUPPLEMENT

DATE: 05-16-08

On 05/16/08 at approximately 1615 hours, I responded to a traffic accident at (b)(6) in Peoria AZ.

Upon arrival I saw that the Peoria Fire Department, Engine 195, was treating one subject. I also noticed that there was an ATV laying on the driver's side, facing west, Arizona plate (b)(6). A registration check of the vehicle through MCSO radio showed the vehicle registration to be invalid - Mandatory Insurance suspension and the registered owner, (b)(6) - 12/30/64.

One of the firefighters advised me that they would be transporting one subject, (b)(6) - 15y/o, by helicopter and that they had a battalion Chief at the landing zone, the neighboring church on (b)(6). Other responding deputies were diverted to the landing zone to assist.

Deputy Azurin #1621 and I began gathering information about the accident and found there to be no witnesses other than the 5 teenagers involved in the accident. We identified the other 4 passengers who were riding in the ATV. (b)(6) 10/06/92; (b)(6), 06/30/93; (b)(6), 15y/o; (b)(6), 02/22/93. We were informed that (b)(6) was driving the ATV, (b)(6) was sitting on the center console, (b)(6) was sitting in the passenger seat, (b)(6) was sitting in the pick-up style bed of the ATV, and that Ben was standing and hanging onto the driver's

MARICOPA COUNTY SHERIFF'S OFFICE

SUPPLEMENTAL REPORT FORM

INCIDENT: Traffic Accident
LOCATION: 25826 N. 102nd Ave Peoria AZ
DATE/TIME: 05-16-08/16:15

DR08-087437

side roll cage.

I contacted (b)(6) as he was attempting to leave the scene to transport his son, (b)(6) to Arrowhead Hospital. I collected (b)(6) information and contact numbers before allowing him to proceed to the hospital. I also discovered that this accident had occurred on private property, the driveway shared by multiple residences.

I was directed by Sergeant C. Jeffreys #1010 to complete the accident face sheet while fire treated the other passengers for minor injuries.

Deputy Azurin advised me that as (b)(6) was driving the ATV on the driveway, (b)(6) jumped onto the vehicle's driver's side roll cage as it was taking a left turn. (b)(6) stated that during the turn his left foot slipped onto (b)(6) right foot causing the gas pedal to be pushed to the floor. As a result of these actions the ATV began to skid and eventually roll onto the driver's side, crushing (b)(6) chest before coming to rest in the position it was upon our arrival.

(b)(6) was transported by Southwest ambulance to the landing zone, where he was further transported by DPS helicopter to St. Joseph's hospital.

The ATV was up righted and moved by unknown persons, without our knowledge or approval to allow (b)(6) SUV to pass

MARICOPA COUNTY SHERIFF'S OFFICE

SUPPLEMENTAL REPORT FORM

INCIDENT: Traffic Accident

DR08-087437

LOCATION: (b)(6) Peoria AZ

DATE/TIME: 05-16-08/16:15

through on his way to Arrowhead hospital.

I was advised by my Sergeant that traffic accident detectives were en-route to the scene and that he was attempting to get a Drug Recognition Expert to respond as well. I was directed to standby with (b)(6) and his father, (b)(6) - 04/27/54, who had just arrived to ensure that (b)(6) did not place anything in his mouth other than water, so that any results found by the DRE were not skewed.

I later found out that no DRE was needed and William was permitted to transport (b)(6) to Arrowhead hospital as he previously indicated he wanted to as a precaution.

Next I contacted (b)(6) mother, (b)(6) - 09/26/67, and (b)(6) father, (b)(6) - 08/05/68, and collected contact information from them as they arrived to the scene.

Detective Jeff Eccles #739 arrived to investigate the accident. Deputy Azurin, Sergeant Jeffreys, and I explained to Detective Eccles the information that we had gathered and gave him a copy of the accident face sheet.

I later was contacted by Detective David Gross #1425 from the Vehicular Crimes Unit concerning this incident. He requested the information that I had gathered of the passengers and their parents so that he could conduct his follow up investigation. I sent him the requested information by county email.

MARICOPA COUNTY SHERIFF'S OFFICE

SUPPLEMENTAL REPORT FORM

INCIDENT: Traffic Accident

DR08-087437

LOCATION: (b)(6) Peoria AZ

DATE/TIME: 05-16-08/16:15

Nothing Further.

MARICOPA COUNTY SHERIFF'S OFFICE**Supplement**Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: (b)(6)

Peoria AZ

GPS Coordinates: 33°

Type of Incident: Fatal Traffic Collision (Private Property)

Reconstruction

I was unable to reconstruct this collision due to the dynamics of the collision and the lack of reconstruction data concerning this specific off-road vehicle. The witnesses and driver of vehicle #1 reported a speed between 10 – 20 mph.

Investigator: Detective D. Gross #1425
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: (b)(6)

Peoria AZ

GPS Coordinates: 33° (b)(6)

Type of Incident: Fatal Traffic Collision (Private Property)

Investigative Conclusions

On May 16, 2008, at approximately 1615 hours, vehicle #1, a black and brown 2005 Yamaha 660 Rhino ATV, driven by (b)(6), was traveling eastbound on a private driveway located at the termination of (b)(6), approximately .4 miles (b)(6).

As the vehicle completed a left turn, (b)(6), seated between the passenger seats, attempted to brace himself because he felt the vehicle "tipping." (b)(6) pressed his left foot down toward the floor and inadvertently pressed the accelerator. Vehicle #1 turned sharply to the left and left the private driveway. Vehicle #1 struck a decorative retaining wall located on the south side of a residential property (b)(6). (b)(6). The vehicle was re-directed to the right where it tripped and overturned.

(b)(6) who was hanging onto the driver's side of the vehicle, outside the passenger compartment, was struck by the upper edge, left side of the roof when the vehicle overturned. (b)(6) was transported by air ambulance to John C Lincoln - North Mountain hospital. (b)(6) was pronounced dead at approximately 1714 hours.

(b)(6) was transported by his father to Arrowhead Hospital where he was admitted for a closed head injury. He was later released on May 19, 2008.

(b)(6), front seat passenger, sustained a fractured right arm. (b)(6) passenger in rear cargo area, and (b)(6) were treated and released for minor injuries.

Investigator: Detective D. Gross #1425
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: (b)(6), Peoria AZ

GPS Coordinates: 33°4

Type of Incident: Fatal Traffic Collision (Private Property)

The primary contributing factors in this collision are: having more passengers than the vehicle was designed to carry, the driver being unfamiliar with the vehicle's operation, the seating position of (b)(6), and the positioning of (b)(6) R, who was hanging onto the side of the vehicle. These factors created a situation where vehicle #1 became unstable and overturned.

No charges or citations are pending.

-Case cleared exceptionally-

Investigator: Detective D. Gross #1425
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

MARICOPA COUNTY SHERIFF'S OFFICE

Supplement

Occurrence Date: May 16th, 2008

DR: 08-087437

Occurrence Location: (b)(6)

Peoria AZ

GPS Coordinates: 33°

Type of Incident: Fatal Traffic Collision (Private Property)

No charges or citations are pending.

-Case cleared exceptionally-

Investigator: Detective D. Gross #1425
Typed By: 1425

Reviewer: Sgt. D. Taylor #1060

| | | |
|-------------------------|-----------|---------------|
| CRIME | DR# | DATE |
| Fatal Traffic Collision | 08-087437 | July, 10 2008 |

MARICOPA COUNTY SHERIFF'S OFFICE CASE STATUS/CLEARANCE REPORT

A REVIEW OF THIS DEPARTMENT REPORT HAS BEEN COMPLETED THIS DATE.
THE CRITERIA FOR CASE STATUS/CLEARANCE IS IN ACCORDANCE WITH
ACCEPTED STANDARDS.

THIS CASE IS:

- CLEARED BY ARREST
- EXCEPTIONALLY CLEARED
- UNFOUNDED
- INACTIVE
- RECODED
- PENDING

STATISTICAL OFFICE

OFFICER/SERIAL #

Detective D. Gross #1425

SUPERVISOR/COMMAND OFFICER

Sgt. D. Taylor #1060

DT
8/19/08



Photo # 1 – The private driveway is located around this home.



Photo # 2 – Another view of the home.



Photo # 3 – The vehicle was traveling along this paved private driveway and turned left. The victim jumped on and held onto the drivers side of the vehicle.



Photo # 4 – The vehicle ran off the driveway and crashed into this decorative wall.



Photo # 5 – Closer look at the wall.



Photo # 6 – Side view of the vehicle.



Photo # 7 – The model name "RHINO" is located on the hood of this vehicle.



Photo # 8 – This vehicle has two front seats and a steering wheel for the driver.



Photo # 9 – Looking at the other side.



Photo # 10 – Rear view of vehicle.



Photo # 11 – The manufacturer name “YAMAHA” is on the back panel of this vehicle.

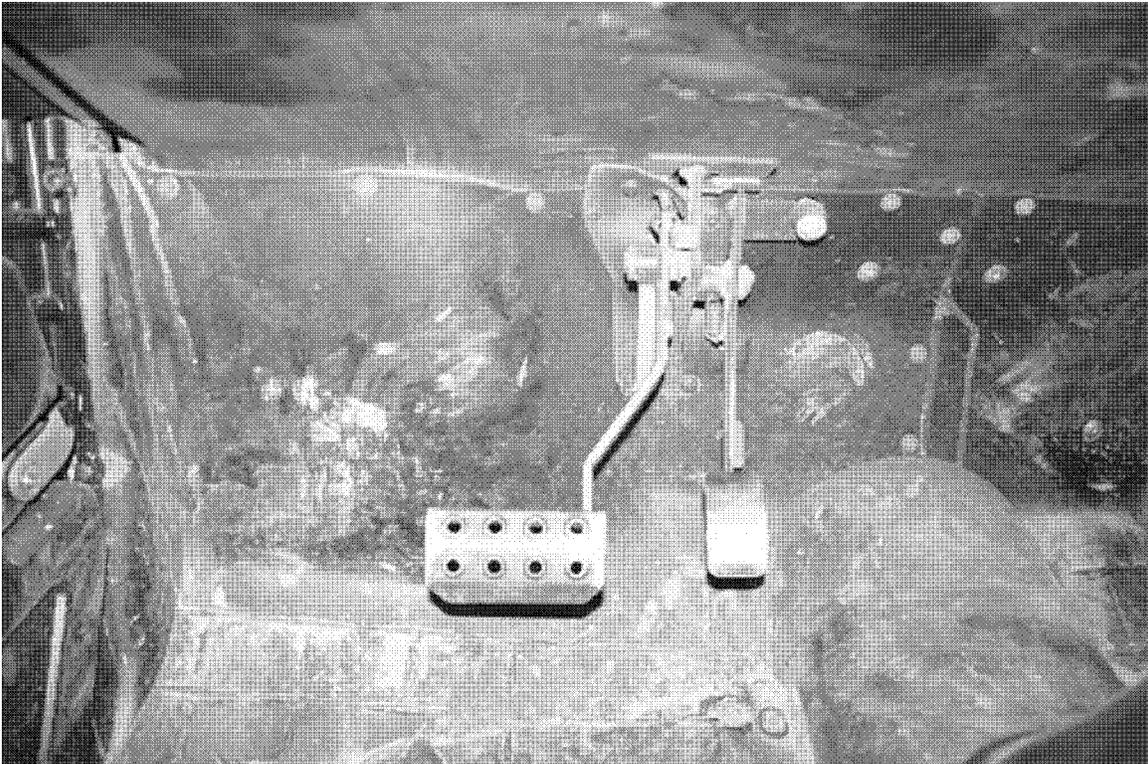


Photo # 12 – Petal controls for the driver.



Photo # 13 – Digital display on dash of vehicle.

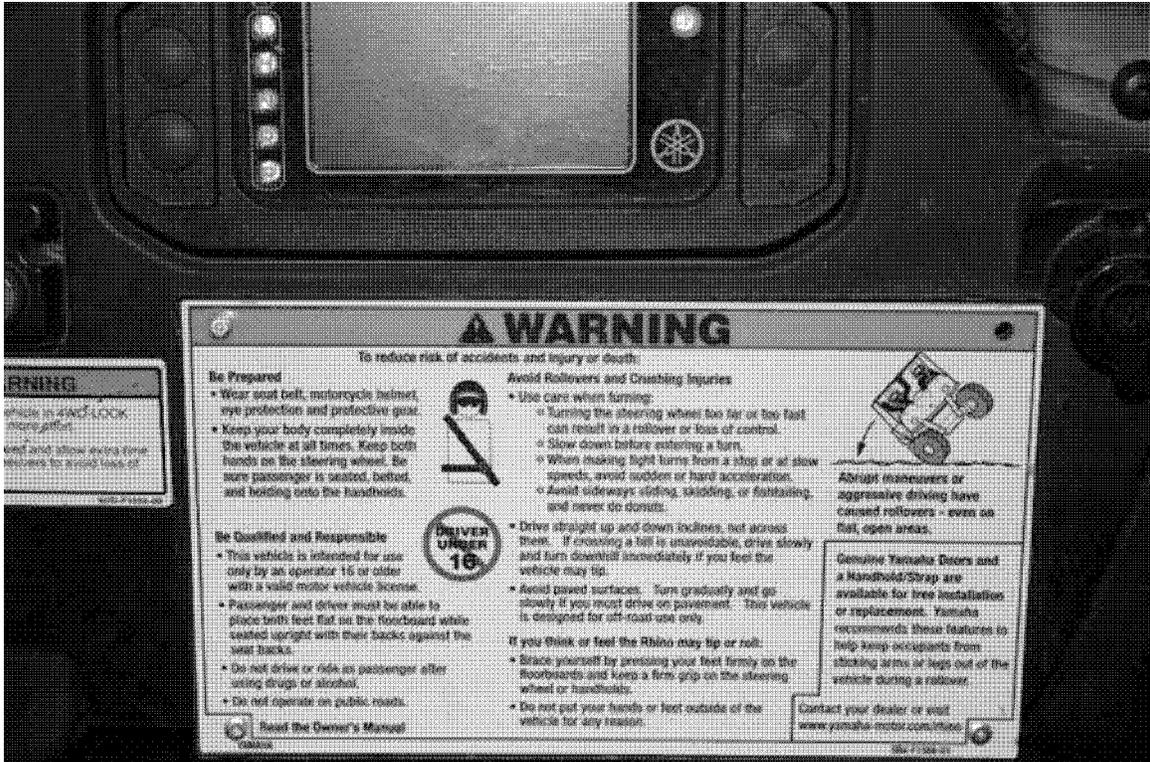


Photo # 14 – Warning label on the vehicle.



OFFICE OF THE MEDICAL EXAMINER
 701 W. Jefferson St.
 Phoenix, AZ 85007

PROPERTY OF
 MARICOPA COUNTY
 DO NOT DUPLICATE

REPORT OF AUTOPSY

DECEDENT: (b)(6)

CASE: 08-03044

DATE OF EXAMINATION: 05/19/2008

TIME: 0741 Hours

PATHOLOGICAL DIAGNOSES

- I. Blunt impact to torso.
 - A. Laceration of heart and pericardium.
 - B. Hemothorax.
 - C. Cutaneous abrasions.
 - D. Blunt impact to extremities.
 - E. Cutaneous abrasions, contusion, and laceration.

CAUSE OF DEATH: Laceration of heart blunt impact to torso
MANNER: Accident

17 June 2008

 Date Signed

Robert E. Lyon

 ROBERT E. LYON, DO
 MEDICAL EXAMINER

(b)(6)

CIRCUMSTANCES OF DEATH

This 15-year-old Caucasian male was a passenger on an ATV which rolled over on top of him. He was declared dead at a local hospital emergency room.

EXTERNAL EXAMINATION

The body is received in a zippered body pouch secured by evidence seal #4307274.

GENERAL EXTERNAL EXAMINATION

The body is that of a 132-pound, 64-inch, well-developed, well-nourished, adolescent male appearing the stated age of 15 years. Rigor mortis is developed. Lividity is posterior, rises to the posterior line, and is fixed. The torso is cool.

The scalp hair is 1 inch long, brown, and straight. The irides are blue. The conjunctivae have no petechiae. The teeth are natural and in good repair. The abdomen has . The external genitalia are those of a normally developed, circumcised adolescent male. The anus is unremarkable. The left hand, posteriorly has the word math in large purple capitalized ink letters. The body has no lower extremity edema, scars, tattoos, or recent injuries except as indicated.

THERAPEUTIC

1. The right nostril has a nasogastric tube with its terminal end in appropriate position within the stomach.
2. The mouth has an orotracheal tube with its terminal end appropriately positioned within the trachea.
3. The left leg, anteriorly has an intraosseous catheter.
4. The left ankle has a white identification-type bracelet bearing the name of the decedent and identification number.

INJURIES

1. The right malar region of the face has a small red cutaneous contusion. The right angle of the jaw has a cluster of two small, one moderate, and one tiny red cutaneous abrasion. The left frontal region of the scalp has a small galeal purple contusion.
2. The torso, anteriorly has a large zone of individual, and confluent tan-orange cutaneous abrasions with oblique striations.
3. The right and left atria of the heart, and atrial septum have a large shredding full-thickness laceration forming communications among the right and left atria, and pericardial cavity. This laceration involves the heart valves. The pericardial cavity contains an estimated 50 mL of red liquid blood.

(b)(6)

4. The left aspect of the pericardial sac has a moderate hemorrhagic full-thickness laceration forming a communication between the pericardial cavity and left chest cavity.
5. The left chest cavity contains an estimated 1800 mL of red liquid blood.
6. The right and left lungs have moderate to marked purple contusions.
7. The right middle ribs, posteriorly have costal vertebral sprain with hemorrhage into endothoracic fascia estimated to total a few milliliters.
8. The right pubic rami have complete vertical fractures with slight distraction, and hemorrhage into endopelvic fascia estimated to total 50 mL.
9. The left arm, medially has a moderate red cutaneous abrasion with oblique striations. The left cubital fossa has a roughly figure of 8 moderate black stain ring shape cutaneous abrasion with a tiny cutaneous laceration penetrating to subcutaneous tissue.
10. The left forearm, medially has a small cluster of three small red cutaneous abrasions.
11. The left thigh, anteriorly has a short horizontal tan cutaneous abrasion.
12. The left knee, laterally has a moderate ovoid red cutaneous abrasion with oblique striations. The left knee has a small red cutaneous abrasion.
13. The right knee has a small red cutaneous abrasion with oblique striations, and a small circular red cutaneous abrasion.
14. The left leg, posteriorly has a red cutaneous abrasion.
15. The right leg, anteriorly has a small red cutaneous contusion.

Having been described, the injuries will not be repeated.

INTERNAL EXAMINATION

HEAD

The scalp is remarkable only as indicated above. The skull has no fractures. There are no epidural or subdural blood accumulations. The brain weighs 1650 grams. The leptomeninges are thin. The cerebrospinal fluid is clear. The cranial nerves have no nodules. The cerebral arteries have no sclerosis. The external and cut surfaces of the brain are unremarkable.

NECK

The cervical spine, the laryngeal cartilages, the hyoid bone, and the strap muscles of the neck have no injuries. The upper airways contain no foreign material. The tongue has no contusions or bite marks.

BODY CAVITIES

The pericardial cavity and the left chest cavity are remarkable only as indicated above. The right chest cavity and abdominal cavity have no liquid accumulations. The

(b)(6)

pneumothorax test is negative bilaterally. The organs are normally situated, have no congestion, and have no abnormal odors.

CARDIOVASCULAR

The aorta is unremarkable. The venae cavae have no thrombi. The pulmonary trunk and arteries have no thromboemboli. The heart is remarkable as indicated above. The great vessels and the chambers of the heart are collapsed and contain a thin layer of red liquid blood. The heart weighs 300 grams. The epicardial surfaces are smooth and have a moderate quantity of fat. The coronary arteries arise from normally situated, normal size ostia, and distribute in a usual pattern. The main epicardial coronary artery has no atherosclerosis. The myocardial cut surfaces are red-brown with no gross evidence of fibrosis or necrosis. The tricuspid, pulmonary, mitral, and aortic valves are thin and unremarkable. The chambers have no dilatation. The endocardium is thin.

LUNGS

The right and left lungs are remarkable as indicated above. The left lung weighs 350 grams; the right lung weighs 675 grams. The pleural membranes are thin and unremarkable. The cut surfaces are reddish-pink. The pulmonary arteries have no thromboemboli. The bronchial mucosa is reddish-pink and congested. No evidence of tumors, infarcts, emphysematous changes, or pulmonary edema are identified.

LIVER, GALLBLADDER AND PANCREAS

The liver weighs 1250 grams. The capsule is thin. The cut surfaces are red-brown and firm. The gallbladder contains green liquid bile and has no stones. The pancreas has tan, lobulated parenchyma.

HEMIC AND LYMPHATIC

The spleen weighs 150 grams. The capsule is thin. The cut surfaces are red. The lymph nodes are not enlarged. The thymus gland has pinkish-gray fleshy cut surfaces. The vertebral marrow is dark red.

GENITOURINARY

The left kidney weighs 150 grams; the right kidney weighs 150 grams. The cortical surfaces are smooth. The cut surfaces are red-brown and have the usual corticomedullary pattern. The ureters have no dilatation. The urinary bladder is not distended and contains no residual urine. The prostate has a normal size and shape. The cut surfaces are white-tan and have no nodules. The seminal vesicles are unremarkable. The testes are descended and have tan, stringy cut surfaces.

(b)(6)

ENDOCRINE SYSTEM

The pituitary, adrenal, and thyroid glands have no hyperplasia or nodules.

DIGESTIVE

The esophagus, stomach and duodenum have no chronic ulcers. The stomach contains an estimated 100 mL of thick tan liquid containing partially digested food solids. External examination of the small and large intestines, and appendix are unremarkable.

MUSCULOSKELETAL

The ribs and pelvis are remarkable only as indicated above. The clavicles, sternum, and spine have no recent fractures. The musculature is unremarkable.

OPINION

Based on all of the available information, Benjamin J. Colyar died from laceration of heart due to blunt impact to torso.

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.

REL/hyf

D: 05/19/08

T: 05/23/08

MARICOPA COUNTY OFFICE OF THE MEDICAL EXAMINER

REPORT OF TOXICOLOGICAL EXAMINATION

Case Number: 08-03044
 Decedent: (b)(6)
 Date Submitted: 05/19/2008
 Report Date: 06/26/2008

PROPERTY OF
 MARICOPA COUNTY
 DO NOT DUPLICATE

Specimens Collected: VITREOUS, BLOT/FILTER PAPER, GASTRIC, PLEURAL BLOOD

Medical Examiner: ROBERT E. LYON, DO

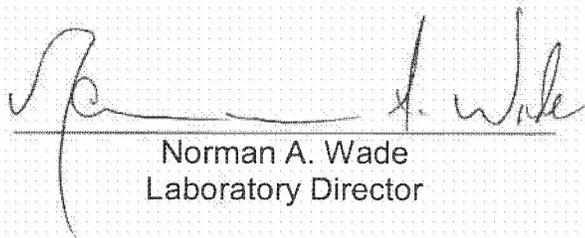
RESULTS*:

Vitreous: None detected for ethanol, methanol, isopropanol and acetone

Pleural Blood: Positive for
 Atropine/Hyoscyamine
 None detected for ethanol, methanol, isopropanol, acetone, amphetamine, methamphetamine, phencyclidine, cocaine, benzoylcegonine, methadone, morphine, codeine, benzodiazepines, barbiturates, antihistamines, phenothiazines, tricyclic antidepressants, and fentanyl

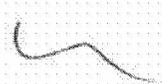
Gastric: None detected for amphetamine, methamphetamine, phencyclidine, cocaine, methadone, codeine, antihistamines, phenothiazines, and tricyclic antidepressants

*If results are not listed for any specimen(s), that/those specimen(s) is/are deemed to be on "HOLD"



Norman A. Wade
 Laboratory Director

Jurisdictional Agency: MCSO
 By: svp; Tox. 1/2000; DAWN:



CONTACT & IDENTIFICATION SHEET

Maricopa County Medical Examiner
701 W. Jefferson
Phoenix, AZ 85007

Maricopa County Sheriff
102 W. Madison
Phoenix, AZ 85004

NOTES:

This crash took place along a private driveway near Peoria, AZ

Victim: (b)(6), 15 years old
DOB: 12-23-1992; Height – 64 inches ; Weight – 132 pounds

Victim's Friends:

Driver – (b)(6), 15-years old
Passenger - (b)(6), 14 years old (sitting on center console)
Passenger - (b)(6) – 15 years old (sitting on front passenger seat)
Passenger - (b)(6) – 15 years old (sitting in the pick-up bed)

ATV: Yamaha, 2005, Rhino VIN # (b)(6)

Medical Examiner – Robert E. Lyon, DO, Maricopa County

Sheriff's Personnel:

Jeff Eccles, # 739, Detective, Maricopa County Sheriff
D. Gross, # 1425, Detective, Maricopa County Sheriff

TASK NUMBER : 081203HWE7908

PRODUCT SEARCH HISTORY:

This death involved a young teenager and the rollover of a Yamaha Rhino utility all terrain vehicle (UTV).

This death involved a young teenager and a Yamaha Rhino utility all-terrain vehicle.

A search of CPSC databases revealed that there have been numerous rollover injuries and deaths involving the Yamaha Rhino. A few CPSC investigations covering Yamaha Rhino vehicles are listed below:

070531HWE5952

070221HCC3265

081106CWE7836

080917HWE7745



**U.S. CONSUMER PRODUCT SAFETY
COMMISSION**

WARNING - INTERNAL USE ONLY

Do not release this information outside CPSC

TRAFFIC COLLISION REPORT
 CHP 555 CARS PAGE 1 (REV 11-06) OPI 065

081031HWE7821 page 1/11 attachment #1

| | | | | | | | |
|--|---|---|--|--|---------------------------------------|---|---|
| SPECIAL CONDITIONS FATAL | | NUMBER INJURED 0 | HIT & RUN FELONY <input type="checkbox"/> | CITY UNINCORPORATED | JUDICIAL DISTRICT BARSTOW SUPERIOR | LOCAL REPORT NUMBER 2008-10-0045 | |
| NUMBER KILLED 1 | | HIT & RUN MISDEMEANOR <input type="checkbox"/> | COUNTY SAN BERNARDINO | REPORTING DISTRICT 906 | ELI AT 906 | DAY OF WEEK SATURDAY | TOW AWAY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| LOCATION | COLLISION OCCURRED ON: DUMONT DUNES OFF HIGHWAY VEHICLE AREA | | | MO 10/18/2008 | DAY 10/18/2008 | YEAR 2008 | TIME (2400) 2500 |
| | MILEPOST INFORMATION: | | | GPS COORDINATES LATITUDE 35.40459° | | LONGITUDE - 116.13519° | |
| | AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: 4.8 MILE(S) EAST OF SR-127 | | | STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | PHOTOGRAPHS BY: B. LOGAR #18712 P. ELLIS #17864 | |
| PARTY 1 | DRIVER'S LICENSE NUMBER A2004501 | STATE CA | CLASS A | AIR BAG P | SAFETY EQUIP. H | VEH. YEAR 2008 | MAKE / MODEL / COLOR POLARIS RZR RED |
| DRIVER | (b)(3):CPSA Section 25(c) | | | OWNER'S NAME <input checked="" type="checkbox"/> SAME AS DRIVER | | | |
| PEDES- TRIAN | | | | OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER | | | |
| PARKED VEHICLE | | | | (b)(3):CPSA Section 25(c) | | | |
| BICY- CLIST | SEX M | HAIR BRN | EYES BRN | HEIGHT 6-01 | WEIGHT 200 | BIRTHDATE MO 01/11/1971 DAY YEAR | RACE W |
| OTHER | HOME PHONE <input type="checkbox"/> (b)(3):CPSA Se | | BUSINESS PHONE | | | | |
| INSURANCE CARRIER N/A | | POLICY NUMBER | | | | | |
| DIR OF TRAVEL ON STREET OR HIGHWAY E DUMONT DUNES OHV | | SPEED LIMIT | | | | | |
| PARTY 2 | DRIVER'S LICENSE NUMBER | STATE | CLASS | AIR BAG | SAFETY EQUIP. | VEH. YEAR | MAKE / MODEL / COLOR |
| 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 |
| OTHER | HOME PHONE | | BUSINESS PHONE | | | | |
| INSURANCE CARRIER | | POLICY NUMBER | | | | | |
| DIR OF TRAVEL ON STREET OR HIGHWAY | | SPEED LIMIT | | | | | |
| PARTY 3 | DRIVER'S LICENSE NUMBER | STATE | CLASS | AIR BAG | SAFETY EQUIP. | VEH. YEAR | MAKE / MODEL / COLOR |
| 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 |
| OTHER | HOME PHONE | | BUSINESS PHONE | | | | |
| INSURANCE CARRIER | | POLICY NUMBER | | | | | |
| DIR OF TRAVEL ON STREET OR HIGHWAY | | SPEED LIMIT | | | | | |
| PREPARER'S NAME BRENT LOGAR 018712 | | DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | REVIEWER'S NAME RINEHART | | DATE REVIEWED 11-20-08 11/20/08 | |

SGT. M. S. LT [Signature] CAPT. [Signature]

| | | | | |
|--|--------------------|----------------|--|------------------------|
| DATE OF COLLISION (MO. DAY YEAR) 10/18/2008 | TIME(2400) 2500 | NCIC # 9835 | OFFICER I.D. 018712 | NUMBER 2008-10-0045 |
| OWNER | | | OWNER ADDRESS | |
| PROPERTY DAMAGE | | | NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 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 - PERSONAL HYGIENE J - READING K - OTHER |
|---|--|--|---|---|---|

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

| PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT | TRAFFIC CONTROL DEVICES | 1 2 3 | | | SPECIAL INFORMATION | 1 2 3 | | | MOVEMENT PRECEDING COLLISION |
|---|---|-------|---|-------|---|-------|---|-------|------------------------------|
| | | 1 | 2 | 3 | | 1 | 2 | 3 | |
| 1 A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 38305 | 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* | | | | 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 | | | X | H UNKNOWN | | | | 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 MANUEVER |
| B CLOUDY | G VEHICLE / PEDESTRIAN | | | | L | | | | L ENTERING TRAFFIC |
| C RAINING | H OTHER*: | | | | M | | | | M OTHER UNSAFE TURNING |
| D SNOWING | MOTOR VEHICLE INVOLVED WITH | | | | N | | | | N XING INTO OPPOSING LANE |
| E FOG / VISIBILITY FT. | A NON - COLLISION | | | | O | | | | O PARKED |
| F OTHER*: | B PEDESTRIAN | | | | P | | | | P MERGING |
| G WIND | C OTHER MOTOR VEHICLE | | | | Q | | | | Q TRAVELING WRONG WAY |
| LIGHTING | D MOTOR VEHICLE ON OTHER ROADWAY | | | 1 2 3 | OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS) | | | X | R OTHER* OFF ROADING |
| A DAYLIGHT | E PARKED MOTOR VEHICLE | | | | A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| B DUSK - DAWN | F TRAIN | | | | B VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| C DARK - STREET LIGHTS | G BICYCLE | | | | C VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| X D DARK - NO STREET LIGHTS | H ANIMAL: | | | | SOBRIETY - DRUG PHYSICAL (MARK 1 TO 2 ITEMS) | | | 1 2 3 | |
| E DARK - STREET LIGHTS NOT FUNCTIONING* | I FIXED OBJECT: | | | | D | | | | A HAD NOT BEEN DRINKING |
| ROADWAY SURFACE | J OTHER OBJECT: | | | | E VISION OBSCUREMENT: | | | | B HBD - UNDER INFLUENCE |
| X A DRY | PEDESTRIAN'S ACTIONS | | | | F INATTENTION*: | | | | C HBD - NOT UNDER INFLUENCE* |
| B WET | A NO PEDESTRIANS INVOLVED | | | | G STOP & GO TRAFFIC | | | X | D HBD - IMPAIRMENT UNKNOWN* |
| C SNOWY - ICY | B CROSSING IN CROSSWALK AT INTERSECTION | | | X | H ENTERING / LEAVING RAMP | | | | E UNDER DRUG INFLUENCE* |
| D SLIPPERY (MUDDY, OILY, ETC.) | C CROSSING IN CROSSWALK - NOT AT INTERSECTION | | | | I PREVIOUS COLLISION | | | | F IMPAIRMENT - PHYSICAL* |
| ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS) | D CROSSING - NOT IN CROSSWALK | | | | J UNFAMILIAR WITH ROAD | | | | G IMPAIRMENT NOT KNOWN |
| A HOLES, DEEP RUT* | E IN ROAD - INCLUDES SHOULDER | | | | K DEFECTIVE VEH. EQUIP.: CITED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | H NOT APPLICABLE |
| B LOOSE MATERIAL ON ROADWAY* | F NOT IN ROAD | | | | L UNINVOLVED VEHICLE | | | | I SLEEPY / FATIGUED |
| C OBSTRUCTION ON ROADWAY* | G APPROACHING / LEAVING SCHOOL BUS | | | | M OTHER*: | | | | |
| D CONSTRUCTION - REPAIR ZONE | | | | | N NONE APPARENT | | | | |
| E REDUCED ROADWAY WIDTH | | | | | O RUNAWAY VEHICLE | | | | |
| F FLOODED* | | | | | | | | | |
| G OTHER*: | | | | | | | | | |
| X H NO UNUSUAL CONDITIONS | | | | | | | | | |

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 4



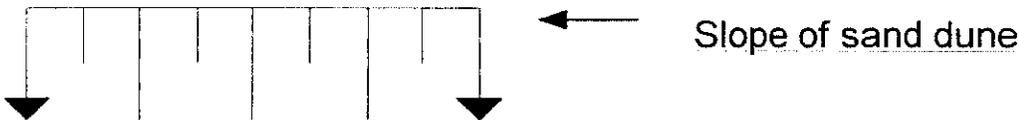
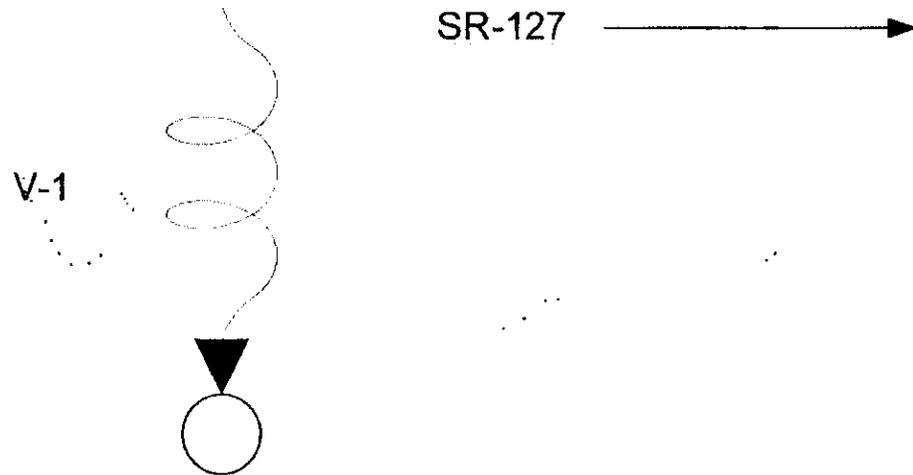
MISCELLANEOUS

| | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--------------------|----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| DATE OF COLLISION (MO. DAY YEAR) 10/18/2008 | | TIME(2400) 2500 | | NCIC # 9835 | | OFFICER I.D. 018712 | | NUMBER 2008-10-0045 | | | | | | | | | | |
| 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"/> | 37 | M | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 1 | P | H | 1 |
| NAME / D.O.B. / ADDRESS (b)(3) CPSA Section 25(c) | | | | | | | | | | | | | | | | | TELEPHONE | |
| (INJURED ONLY) TRANSPORTED BY: SAN BERNARDINO COUNTY CORONER | | | | | | | | | | TAKEN TO: SAN BERNARDINO COUNTY MORGUE | | | | | | | | |
| DESCRIBE INJURIES: LACERATION/BLUNT TRAUMA TO REAR OF SKULL | | | | | | | | | | | | | | | | | | |
| TRANSPORTED BY CORONER A. AVERY Coroner case #: 700-8-07-877 | | | | | | | | | | | | | | | | | | |
| Time of death was determined to be 0745 hours (found time) on 10/18/2008 by Deputy Coroner Avery <input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> # 1 | <input type="checkbox"/> | 40 | 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"/> | <input type="checkbox"/> |
| NAME / D.O.B. / ADDRESS (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"/> | 35 | 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"/> | <input type="checkbox"/> |
| NAME / D.O.B. / ADDRESS (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"/> | 49 | 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"/> | <input type="checkbox"/> |
| NAME / D.O.B. / ADDRESS (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"/> | <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 BRENT LOGAR | | | | | | | | | | | | | | | | | | |
| I.D. NUMBER 018712 | | | MO. DAY YEAR 10/18/2008 | | | REVIEWER'S NAME | | | | | | MO. DAY YEAR | | | | | | |

| | | | | |
|--------------------------------|--------------|---------------------|------------------------|------------------------|
| DATE OF INCIDENT 10/18/2008 | TIME 2500 | NCIC NUMBER 9835 | OFFICER I.D. 018712 | NUMBER 2008-10-0045 |
|--------------------------------|--------------|---------------------|------------------------|------------------------|

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

DUMONT DUNES OHV AREA

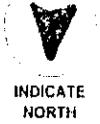


| | | | | |
|----------------------------|-----------------------|--------------------|-----------------|------|
| PREPARED BY BRENT LOGAR | I.D. NUMBER 018712 | DATE 10/18/2008 | REVIEWER'S NAME | DATE |
|----------------------------|-----------------------|--------------------|-----------------|------|

| | | | | |
|---|---------------------|----------------|-----------------------|------------------------|
| DATE OF COLLISION (MO DAY YEAR) 10-18-2008 | TIME (2400) 2500 | NCIC # 9835 | OFFICER I.D. 18712 | NUMBER 2008-10-0045 |
|---|---------------------|----------------|-----------------------|------------------------|

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

FACTUAL DRAWING
NOT TO SCALE



SR-127 →

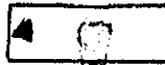
← ORANGE FLAG

○ ← BLACK BANNIE

□ ← WATER BOTTLE

← DROPLETS OF BLOOD

V-1



← BLOOD POOL
UNDER VEHICLE



DOWNHILL SLOPE

| | | | | |
|--------------------------|--------------------|-------------------------|-----------------|-------------|
| PREPARED BY B. LOGGHC | ID NUMBER 18712 | MO DAY YEAR 10-29-08 | REVIEWER'S NAME | MO DAY YEAR |
|--------------------------|--------------------|-------------------------|-----------------|-------------|

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 7 OF 10

| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. | NUMBER |
|------------------|------|-------------|--------------|--------------|
| 10/18/2008 | 2500 | 9835 | 018712 | 2008-10-0045 |

1 FACTS:

2

3 NOTIFICATION:

4

5 On 10-18-08, at approximately 0758 hours, I was dispatched to a collision at Dumont Dunes Off Highway
6 Vehicle (OHV) area with possible fatal injuries. I responded from I-15 S/B at MPM 15 SBD 132 and
7 arrived at the staging area at approximately 0831 hours. All times, speeds and measurements are
8 approximate.

9

10 Due to the location of the collision, near the top of a large sand dune, access to the collision was only
11 possible with the use of an OHV. Baker Ambulance, Baker Fire Department and CHP staged at "rest room
12 #10" (refer to topographical map on page #S1). From the staging area I was transported to the scene of the
13 collision by a volunteer worker by his OHV. Upon arriving at the scene of the collision I discovered this to
14 be a collision with fatal injuries.

15

16 All measurements were obtained by a hand held global positioning satellite unit (GPS) and visual
17 estimation.

18

19 SCENE:

20

21 The collision occurred within the Dumont Dunes OHV area which is owned and operated by the Bureau of
22 Land Management (BLM). The dunes are located in an unincorporated area of San Bernardino County
23 approximately 33 miles north of Baker, CA and east of SR-127. There are no designated lanes for traffic
24 and no set speed limit. The surface is composed primarily of fine sand and rocks. A facsimile of a
25 topographical map is located on page# S1. At the estimated time of the collision, it was dark and the
26 weather was clear and cool.

27

28 PARTIES:

29

30 **Party #1 (P-1)** (b)(3):C was located at the scene and identified by a valid California driver license. P-1
31 was placed as the driver in this collision by the following:

32

- 33 • P-1's fatal injuries
- 34 • Witness #1's (b)(6) (W-1) statement.
- 35 • Witness #3's (b)(6) (W-3) statement.

36

37 24 HOUR HISTORY:

38

39 I contacted W-1 (Atchley) and W-2 (b)(6), the two friends that P-1 (b)(3): was at Dumont Dunes
40 with, at the scene of the collision and they were able to inform me of P-1's activities from the previous 24
41 hours. At approximately 1100 hours on 10-17-08, P-1, W-1 and W-2 left from Paso Robles, CA traveling to
42 Dumont Dunes. The trip took them approximately 7 hours and they arrived at approximately 1800 hours on

| PREPARED BY | I.D. NUMBER | DATE | REVIEWER'S NAME | DATE |
|-------------|-------------|------------|-----------------|------|
| BRENT LOGAR | 018712 | 10/18/2008 | | |

NARRATIVE/SUPPLEMENTAL

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| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. | NUMBER |
|------------------|------|-------------|--------------|--------------|
| 10/18/2008 | 2500 | 9835 | 018712 | 2008-10-0045 |

1 24 HOUR HISTORY (cont.):

2

3 10-17-08. The three of them set up camp and then barbequed some hamburgers and drank some beer and
 4 "mixed drinks" until approximately 2400 hours. W-1 was not sure how many beers or "mixed drinks" P-1
 5 might have consumed between 1800 hours and when he left the camp. At approximately 2400 hours on 10-
 6 17-08, W-1 and W-2 decided to go to sleep. P-1 informed W-1 and W-2 that he was going to go and "put
 7 around" for a little bit. W-1 and W-2 tried to talk him out of it but P-1 insisted.

8

9 At approximately 0630 hours on 10-18-08 W-1 and W-2 woke up and they noticed that P-1 and V-1 were
 10 not at the camp site. W-1 said he looked around and noticed some headlights near the top of one of the
 11 large sand dunes to the south of the camp. He left the camp and headed to that spot. At approximately 0645
 12 hours W-1 arrived at the collision scene and discovered the body of P-1.

13

14 At approximately 0720 hours W-3 said he woke up and went to "restroom #7". He looked up and saw V-1
 15 (Polaris) on the hill. He drove up to check on the vehicle and found the body of P-1. He then returned to
 16 camp and had Mr. Larson an ER doctor in his camp return to the site of the collision with him. When he
 17 returned he found W-1 at the scene.

18

19 **Vehicle #1 (V-1) (Polaris):** was located at the collision scene on its wheels facing in an easterly direction.
 20 V-1 did not sustain any damage as a result of this collision. There were no scrapes or dents located on the
 21 vehicle. There was no prior collision damage to the vehicle. The vehicle was equipped with full roll cage
 22 and 5 point harness for both the drivers and passengers seats. (W-2 (b)(6)) informed me that he and P-1
 23 (b) were the one's that installed the 5-point safety belts in the passenger and drivers seats, as well as the
 24 roll cage for the vehicle.) The restraint systems appeared to be properly installed and working.

25

26 PHYSICAL EVIDENCE:

27

28 Refer to the Legend and Factual diagram located on pages 5 and 6.

29

30 OTHER FACTUAL INFORMATION:

31

32 Coroner case # 700-8-07-877

33

34 GPS coordinates for the location of the collision were obtained via a hand held Garmin GPS V unit.

35

36 GPS coordinates: N - 35.40459
 37 W - 116.13519
 38 Elevation: 1021 feet

39

40

41

42

| PREPARED BY | I.D NUMBER | DATE | REVIEWER'S NAME | DATE |
|-------------|------------|------------|-----------------|------|
| BRENT LOGAR | 018712 | 10/18/2008 | | |

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 9 OF 10

| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. | NUMBER |
|------------------|------|-------------|--------------|--------------|
| 10/18/2008 | 2500 | 9835 | 018712 | 2008-10-0045 |

1 AGENCIES INVOLVED:

2

3 California Highway Patrol (CHP) Barstow Area

4 B. Logar #18712 (760)255-8700 300 E. Mt. View Barstow, Ca. 92311

5 P. Ellis #17864 (760)255-8700 300 E. Mt. View Barstow, Ca. 92311

6 Baker Emergency Medical Services (EMS)

7 S. Chisnell #P2276 (760)733-4716 904 E. Broadway Needles, Ca. 92363

8 A. McGrath #E16355 (760)733-4716 904 E. Broadway Needles, Ca. 92363

9 Baker Fire Department

10 Capt. S. Anderson #A0696 (760)223-4026 72734 Baker Blvd. Baker, Ca. 92309

11 B. McCoy #C4355 (760)223-4026 72734 Baker Blvd. Baker, Ca. 92309

12 E. Cooper #B4744 (760)223-4026 72734 Baker Blvd. Baker, Ca. 92309

13 Bureau of Land Management (BLM)

14 D. Vonhelf #68R4 (909)383-5651 2601 Barstow Rd. Barstow, Ca. 92311

15 P. Shields #64R8 (909)383-5651 2601 Barstow Rd. Barstow, Ca. 92311

16 San Bernardino County Coroner's Office

17 A. Avery (760)242-0270 175 S. Lena Rd. San Bernardino, Ca. 92415

18

19 STATEMENTS:

20

21 **Party #1 (P-1)** (b)(3):CPS had sustained fatal injuries from the collision and no statement could be obtained.

22

23 **Witness #1 (W-1)** (b)(6) contacted at the scene of the collision and related the following: At approximately 2400 hours on 10-17-08 he and W-2 went to bed. P-1 (b)(6) was still out. "When we woke up the next morning we noticed he was not in camp." "I looked up on one of the hills and saw some lights from a vehicle." "I proceeded to the vehicle I had seen with its lights on." "When I arrived V-1 was still running." "P-1 was located with his feet on the sand and his upper body slumped over the passenger side door sill." "We moved the body to where it is now." "He was not wearing a seat belt when we found him."

24

25

26

27

28

29

30 **Witness #2 (W-2)** (b)(6) was contacted at the scene and related in the following: The three of them had left from Paso Robles, Ca. between 10:30 and 11:00 that morning and it took them about 7 hours to get to Dumont Dunes. They planned to stay for the week. They set up camp and then barbequed some burgers and had some beers and mixed drinks. At around midnight she and W-1 decided to go to bed and that is when P-1 (b)(3): told them he was going to drive around for a little bit. She and W-1 attempted to talk him out of it but were unable to. The next morning when she and W-1 woke up they didn't see P-1 or V-1 (Polaris) in camp and that is when W-1 went out looking for P-1.

31

32

33

34

35

36

37

38 **Witness #3 (W-3)** (b)(6) was contacted at the scene of the collision and related the following: "We found the body at approximately 0730 hours." "When we arrived we found the body 1/2 in and 1/2 out of the vehicle." "It looked like he was trying to get back in."

39

40

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42

| PREPARED BY | ID NUMBER | DATE | REVIEWER'S NAME | DATE |
|-------------|-----------|------------|-----------------|------|
| BRENT LOGAR | 018712 | 10/18/2008 | | |

NARRATIVE/SUPPLEMENTAL

PAGE 10 OF 10

| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. | NUMBER |
|------------------|------|-------------|--------------|--------------|
| 10/18/2008 | 2500 | 9835 | 018712 | 2008-10-0045 |

1 OPINIONS AND CONCLUSIONS:

2

3 SUMMARY:

4

5 Party #1 (P-1) (b) was driving Vehicle #1 (V-1) (Polaris) in an unknown direction in the Dumont
6 Dunes OHV area, east of SR-127. P-1 was traveling across the side of a sand dune at an undetermined and
7 unsafe speed. Due to the slope of the terrain and P-1's unsafe speed, V-1 exceeded its lateral limits causing
8 V-1 to overturn to the left. V-1 rolled numerous times causing P-1 to be partially ejected from V-1 resulting
9 in fatal injuries. After rolling over, V-1 came to rest on its wheels facing in an easterly direction.

10

11 The Summary is based upon the vehicle points of rest and the statements of W-1 and W-3.

12

13 AREA OF IMPACT (AOI):

14

15 AOI (V-1 roll over) was located at GPS coordinates: N-35.40459 W-116.13519 and elevation 1021 feet.

16

17 The AOI is based upon the vehicle points of rest and the coordinates obtained from a hand held GPS device.

18

19 CAUSE:

20

21 Party #1 caused this collision by driving at an unsafe speed for conditions due to the slope of the sand dune
22 and this caused the vehicle to overturn. This is a violation of California Vehicle Code 38305, which states,
23 "No person shall drive an off-highway motor vehicle at a speed greater than is reasonable or prudent and in
24 no event at a speed which endangers the safety of other persons or property."

25

26 The Cause was established by physical evidence, vehicle points of rest and the statements of W-1 and W-3.

27

28

29 RECOMMENDATIONS:

30

31 None.

32

33

34

35

36

37

38

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| PREPARED BY | ID NUMBER | DATE | REVIEWER'S NAME | DATE |
|-------------|-----------|------------|-----------------|------|
| BRENT LOGAR | 018712 | 10/18/2008 | | |

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE S 1 OF S 1

| DATE OF INCIDENT | TIME | NCIC NUMBER | OFFICER I.D. | NUMBER |
|------------------|------|-------------|--------------|--------------|
| 10/18/2008 | 2500 | 9835 | 018712 | 2008-10-0045 |



- 1
- 2
- 3 Overhead photo of Dumont Dunes OHV area.

| PREPARED BY | I.D NUMBER | DATE | REVIEWER'S NAME | DATE |
|-------------|------------|------------|-----------------|------|
| BRENT LOGAR | 018712 | 10/18/2008 | | |



Division of Medical Examiner
175 South Lena Road
San Bernardino, CA 92415-0037
(909) 387-2542
Fax (909) 387-2989

Frank Sheridan, M.D.
Chief Medical Examiner

_____, M.D., Deputy M.E.

**San Bernardino County Sheriff's Department
Coroner Division**

**Autopsy Protocol
(External Examination)**

Coroner's Case Number: 700807877

Autopsy Number: A-0852-08

Name: (b)(3):CPSA Section 25 **Age:** 37 **Sex:** Male
Time of Death: Found 0745 hours, October 18, 2008 **Race:** Caucasian
Date of Autopsy: October 20, 2008
Place of Autopsy: San Bernardino County Coroner's Facility **Deputy:** Avery

HISTORY OF DEATH: See Deputy Coroner Investigator's Report of Death #700807877. The subject was driving a four-wheel all terrain vehicle on sand dunes. He left his campsite after midnight and was not found until shortly after sunrise. The subject had reportedly been drinking alcohol at the camp earlier. Examination of the body at the scene revealed a wound in the back of the head on the right side.

EXAMINATION: The body is that of an apparently normally developed and well-nourished Caucasian male appearing about the stated age of 37 years. The body is not embalmed.

The condition of the body, as well as observations relating to injuries, deformities, evidence of therapeutic intervention, tattoos and other identifying characteristics are noted on attached body examination checklist number E0853-08 and confirmed by the undersigned.

Additional Observations: None

TOXICOLOGY: Toxicological examination (femoral blood, vitreous) positive for ethanol at levels of 0.17% W/V and 0.19% W/V, respectively.

OPINION: Based upon the history provided in the deputy coroner investigator's report and upon this examination, the cause and manner of death are determined to be:

CAUSE OF DEATH: Blunt force head injury, minutes.

MANNER OF DEATH: Accident

Frank Sheridan M.D.
Frank Sheridan, M.D.
Pathologist

Date: 11/25/08



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., Ste 1411, SAN DIEGO, CALIFORNIA 92123-1245
TEL: (858) 694-2895 FAX: (858) 495-5956

TOXICOLOGY REPORT

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

SBCCO Number: 700807877
Autopsy Number: A0852-08 FS

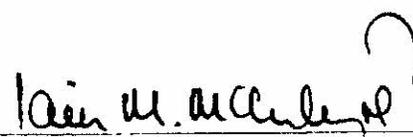
Date of Death: 10/18/2008

Pathologist: Frank Sheridan, M.D.

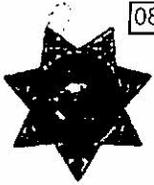
Specimens Received: Left Subclavian Blood, Right Femoral Blood, Right Subclavian Blood, Vitreous

| <u>Test Name (Method of Analysis)</u> | <u>Specimen Tested</u> | <u>Result</u> |
|---------------------------------------|------------------------|---------------|
| <u>Alcohol Analysis (GC)</u> | | |
| Alcohol (Ethanol) | Right Femoral Blood | 0.17 % (w/v) |
| Acetone, Methanol, Isopropanol | | Not Detected |
| Alcohol (Ethanol) | Vitreous | 0.19 % (w/v) |
| Acetone, Methanol, Isopropanol | | Not Detected |
| <u>Drugs of Abuse Screen (ELISA)</u> | Left Subclavian 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: 
11/05/2008
Iain M. McIntyre, Ph.D.
Forensic Toxicology Laboratory Manager
(All Inquiries/Correspondence)

Reviewed: 
Chris Vance
Toxicologist II



Gary Penrod, Sheriff-Coroner

Examination No. 53-8 LH

Coroner of San Bernardino County

175 South Lena Road, San Bernardino, CA 92415-0037
(909) 387-2978

1951-0875

Body Examination Checklist

Case #: 700807877 ✓ Toe Tag #: 25435 ✓ Bag Lock #: 4655371 ✓ New Lock #: 4655438
 Removed By: Hudson Placed By: Hudson Date/Time: 10-20-08 1000
 Name: (b)(3):CPSA Section 25 Male/Female: Male Manner of Death: Accident
 Date of Death (or date found): 10/18/2008 Time of Death (or time found): 0745
 Date of Examination: 10/20/2008 Start Time: 0911 Completion Time: 1000
 Examiner: Lisa Hudson Length: 73 in Weight: 208 lbs Hair Color: Brown
 Race: White Eye Color: Brown Facial Hair: Unshaven
 Complexion: Fair Age: 37 years Hair Length: Short

Clothing: Yes
 Jacket/Coat: Yes - Blue
 Shirt/Blouse: Yes - Black T-shirt
 Pants/Shorts: Yes - Khaki
 Belt: Yes - Black w/ wmt "F" buckle
 Underclothing: Yes - Black Brk.
 Shoes/Boots: Yes - 2 Black Sneakers
 Socks: Yes - 2 Black
 Helmet/Hat: _____
 Other: _____

Property: NO - YES
 Describe: _____
 Photos: # 24 - Attached/L Hudson
 Fingerprints: YES - Deputy
 X-Rays: None
 Temperature: C W
 Rigor: Present
 Lividity: Present
 Organ/Tissue Harvest: _____
 NO YES (Enter on diagram/describe)
 Tattoos/Scars/Marks: _____
 NO YES (Enter on diagram/describe)

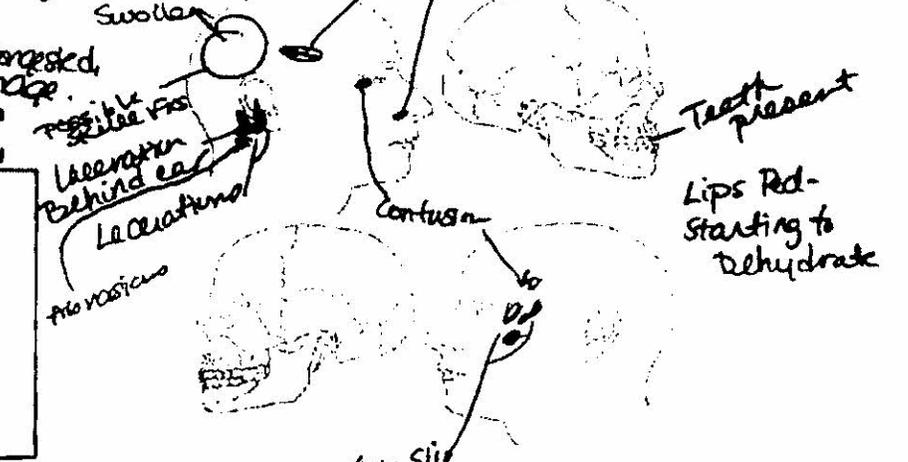
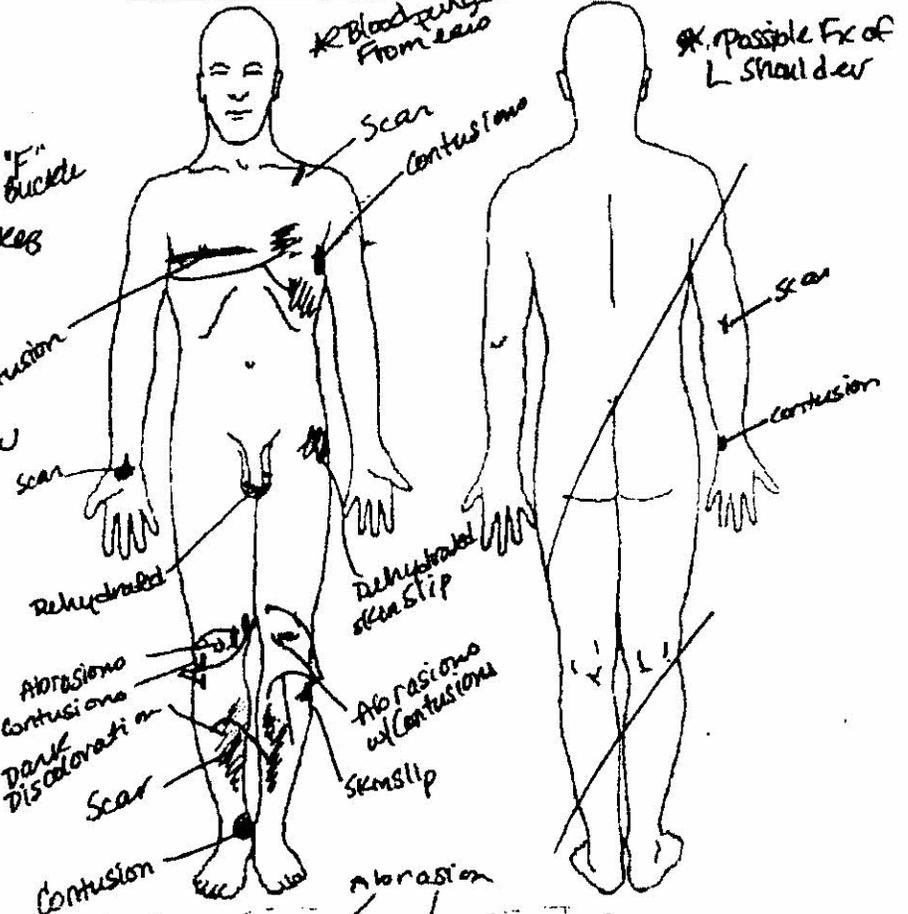
Decomposition (Specify) Fresh

TRAUMA/INJURIES:

YES (Enter on diagram)
 Ocular Areas: Very cloudy, slightly congested, petechial hemorrhage.

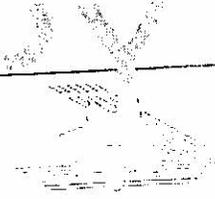
Blood specimen obtained date/time/tech
 Vitrals, I-Femoral, I-R Subclavian,

| | | | |
|----|--------------------------|----|---------------------------|
| 1 | GSW | 14 | Staples or Sutures |
| 2 | Stab Wound | 15 | Track Marks |
| 3 | Incisional Wound | 16 | Tattoo (describe) |
| 4 | Puncture Wound | 17 | Piercing |
| 5 | Abrasion | 18 | IV Site, or Arterial Line |
| 6 | Contusions | 19 | ET Tube/Airway |
| 7 | Fractures (open, closed) | 20 | NG Tube |
| 8 | Lacerations | 21 | EKG Leads |
| 9 | Amputation (surgical) | 22 | Neck Brace |
| 10 | Amputation (traumatic) | 23 | Chest Tube |
| 11 | Surgical Scar | 24 | Pulse Oximeter |
| 12 | Traumatic Scar | 25 | Urinary Catheter |
| 13 | Petechial Hemorrhage | 26 | Other |



San Bernardino County Sheriff - Coroner Division

Coroner Investigation



| | | | | |
|----------|--------|----------|--------|--------------|
| 1 | MODE | Accident | CASE # | 700807877 |
| | STATUS | Post | DEPUTY | Andrew Avery |

| | | | | |
|------------------|-----------------|---------------------------------|------------|--------|
| BASE INFO | | AGENCY | DATE | TIME |
| REPORTED BY | | California Highway Patrol (CHP) | 10-18-08 | 0704 |
| RELEASE | NAME RELEASABLE | ROLL-OUT | # OF PHOTO | MEDIUM |
| *** | **** | Yes | *** | **** |
| | | SPECIAL CIRCUMSTANCES | | |
| | | None | | |

| | | |
|---------------------------|------------|----------|
| DECEDENT INFO | | |
| 1 (FIRST) | 2 (MIDDLE) | 3 (LAST) |
| (b)(3):CPSA Section 25(c) | | (b) |
| PHONE NUMBER | | PHONE |
| ADDRESS | | 21 CITY |
| | | Folsom |
| | | 25 STATE |
| | | CA |
| | | 23 ZIP |
| | | 95630 |

| | | | | | | |
|-----------------|---------|----------------|--------------|----------------------|-------|-------|
| SEX | 14 RACE | 4 DOB | 5 AGE | RELATED CASE NUMBERS | | |
| Male | White | 01-11-1971 | 37 yrs | N/A | | |
| DRIVER'S LIC. # | TOE TAG | 10 SS# | HEIGHT | WEIGHT | HAIR | EYES |
| 4655438 | 25435 | **** | 73.0 in | 208.0 lbs | Brown | Brown |
| DRIVER'S LIC. # | STATE | HOW IDENTIFIED | CDL, Friends | | | |
| ** | CA | IDENTIFIED | | | | |

| | | | | |
|------------------------|--------------|------------------|--------------------|-------------|
| GAL NEXT OF KIN | | | | |
| NAME | RELATIONSHIP | MOTHER'S DOB/AGE | DATE/TIME NOTIFIED | NOTIFIED BY |
| (b)(3):CPSA Se | Mother | | 10-18-08 0000 | Friends |
| ADDRESS | | 21 CITY | 25 STATE | 23 ZIP |
| | | Chino Valley | AZ | 86323 |
| OTHER NEXT OF KIN INFO | | | | |
| TERNATE PHONE # | | | | |

| | | | | |
|---|------------------------------|--------|---|-------------------------|
| PLACE/DEATH OCCURRED | | | | |
| DATE | <input type="checkbox"/> FND | 8 TIME | <input checked="" type="checkbox"/> FND | DAY OF DEATH |
| 0-18-08 | <input type="checkbox"/> ABT | 0745 | <input type="checkbox"/> ABT | Saturday |
| | <input type="checkbox"/> EST | | <input type="checkbox"/> EST | |
| 11 PLACE OF DEATH | | | 102 IP-ER/OP-DOA | FAC OTHER THAN HOSPITAL |
| Dumont Sand Dunes | | | | Other |
| 15 FACILITY ADDRESS OR LOCATION WHERE FOUND | | | | 106 CITY |
| North 35.40459 / West 116.13519 | | | | Baker |

| | | | | | | | |
|------------------|--|---|------|------|-----------------|-----------|---------------|
| MEDICAL | | ADMITTED TO? | DATE | TIME | MED REC ORDERED | MED REC # | BLOOD ORDERED |
| TRANSPORTED FROM | | N/A | | | No | | |
| V/A | | ADDITIONAL NARRATIVE ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |

INVESTIGATIVE SUMMARY
 (b)(3):C 37 year old male was driving a four-wheel drive (Mule type) all terrain vehicle on Dumont Sand Dunes. He left his Dumont camp after midnight and was not found until shortly after sunrise 0745 hours. Ebner had been drinking alcohol (unknown amount beer and hard liquor) at camp prior to leaving on a night time drive.

This incident was not witnessed.

| | | | |
|---|--|-------------------|--|
| <input checked="" type="checkbox"/> REVIEWED BY | | NOTE TO PATHOLOGY | |
| Kroeker | 12-05-08 1454 | | |
| RETURNED: | <input type="checkbox"/> CORRECTIONS REQ | | |
| | <input type="checkbox"/> FOLLOW UP REQ | | |

San Bernardino County Sheriff - Coroner Division

081031HWE7821 page 5/7 attachment #2

Coroner Investigation

| | | | |
|----------|--|---|---|
| 2 | MODE Accident STATUS Post | CASE # 700807877 DEPUTY Andrew Avery |  |
|----------|--|---|---|

CAUSE OF DEATH

| | | |
|---|---------------------------------|---|
| 107 CAUSE (A) Blunt Force Head Injury | TIME INTERVAL Minutes | 109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| DUE TO (B) | | 110 AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| (C) | | AUTOPSY # A0852-08 FS EXAM # E0853-08 LH |
| (D) | | INDIGENT # |

112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107
None

113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF "YES" LIST TYPE OF OPERATION & DATE.

YES NO DESCRIBE

| | | | |
|--|---------|--------------------|---|
| ATTENDING PHYSICIAN N/A | PHONE | DATE LAST ATTENDED | CAUSE GIVEN BY Frank Sheridan |
| 115 PHYSICIAN TO SIGN D.C. Coroner | ADDRESS | PHONE | DATE 10-20-08 TIME 1331 |

INJURY

| | | | | |
|---|---|-------------------------|-----------------------------|-----------------------------|
| 19 SPECIFY MODE Accident | 123 PLACE OF INJURY Dumont Sand Dunes | 120 AT WK? No | 121 DATE 10-18-08 | 122 HOUR 0745 FND |
| 25 LOCATION (include Zip Code) North 35.40459 / West 116.13519 Baker, 92309 | | | | |
| 24 DESCRIBE HOW INJURY OCCURRED Overturned down sand dune, driver, ejected | | | | |

PROPERTY

| | | |
|---|--|--|
| PROPERTY? | PROP RLS'D? | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

LAW ENFORCEMENT

| | | |
|--|--|------------------------------------|
| AGENCY California Highway Patrol (CHP) | AGENT STO B. Logar ID# 18712 | REPORT NUMBER 835-08-10- |
|--|--|------------------------------------|

AUTOPSY

| | | | | |
|-------------------------|-------------------------|--------------------------------|---------------------------------|---------------------------------|
| ORDERED BY AA | DATE 10-18-08 | TOX ORDERED 10-20-08 | TOX RECEIVED 11-14-08 | AGENTS TO ATTEND **** |
|-------------------------|-------------------------|--------------------------------|---------------------------------|---------------------------------|

DISPO OF REMAINS

| | | | | |
|--|----------------------------|--|---------------------|------------------------|
| RESENT LOCATION *** | MORGUE STATUS | VEHICLE TOWED **** | | |
| TRANSPORTED BY *** | NOTIFIED BY **** | DATE **** | TIME **** | ARRIVED **** |
| 4 MORTUARY Arrowhead Aftercare Crematorium | | PHONE OF MORTUARY 909-425-2920 | | |

3MODE **Accident**CASE# **700807877**STATUS **Post**DEPUTY **Andrew Avery****Coroner Investigation****10/18/2008****Notification of Death to Coroner:**

On October 18, 2008 at 0704 hours, I received notification from our computer aided dispatch system of an off road death at Dumont Sand Dunes in the county area about 34 miles north of Baker and about 4 miles east of State Route 127.

responded from the High Desert Coroner's Station and arrived on-scene at 1115 hours.

Scene Description:

This scene was on the north side of a large Sand Dune. Bureau of Land Management (BLM) gave a location by handheld global positioning system (GPS) of North 35.40459 / West 116.13519 at 1021' elevation.

This was a steep loose sand dune with rolling hills used by off road enthusiast. This was a sunny warm fall day without wind. The predicted high for the day was 90, low of 57, and 12% humidity.

Contact with law enforcement:

met with State Traffic Officer B. Logar ID# 18712 of the California Highway Patrol (CHP) Barstow station. Logar reported that the decedent (later identified as (b)(3):CPSA) met friends (later identified as Matthew Atehley) in the Laso Robles area and drove for about seven hours to Dumont Sand Dunes. They barbequed dinner and drank beer and hard liquor while at camp. (b)(3):C left the camp between midnight and 0100 hours and did not return. At sunrise (b)(6) went searching and found (b)(3):C on the sand dune deceased and called 911 at 0745 hours.

The vehicle was a four-wheel drive two seat Polaris Raze RZR with a vehicle identification number of 4XAVH76A78D634201 manufactured on 04/15/08. There are heavy duty seatbelts in the vehicle and the driver's belt was found unbuckled, engine running, and lights on. There was debris up hill from the Raze a bottle, knit beanie cap, and the orange flag on a tall pole. This accident was not a witnessed event.

Contact with informant

met with (b)(6) (b)(6) stated that this morning (b)(3) was not in camp and that was unusual. (b)(6) began a search for the decedent and found (b)(3) with his upper body on the passenger's seat and the lower body outside on the sand. The Raze was facing east and the body was on the up hill side.

Atehley stated that he and (b)(6) were drinking last night and was not able to quantify the amount of alcohol. (b)(6) did not smoke cigarettes, or abuse drugs. (b)(3) was a Sergeant with the California State Corrections Department. (b)(6) had already called the step-father (and mother) and notified them of the death. (b)(3) has multiple homes and (b)(6) does not know the location of (b)(3)'s primary residence.

Family contact:

(b)(6) After I returned to my office I called the step-father (b)(6) confirmed the death and answered his questions. Warner stated that (b)(3)'s father was en route from Texas to meet with the decedent this weekend at Dumont Sand Dunes.

Father (b)(6) was able to reach (b)(6) by cell phone and confirm that he was notified of the death of his son.

There was no wife or children.

Contact with California State Corrections:

Called Lt. M. Hinkle and notified him of the death of (b)(3) who worked at the Salinas Valley facility.

Body Description:

San Bernardino County Sheriff - Coroner Division

Coroner Investigation

081031HWE7821 page 7/7 attachment #2

4

MODE **Accident**

CASE# **700807877**

STATUS **Post**

DEPUTY **Andrew Avery**



At 1220 hours I began the body examination. The body is that of a white male adult identified as (b)(3):CPSA age 37 of Folsom, CA (b)(3) was identified by a friend and (b)(3) matched his California driver license (CDL) physical description of 6'01" tall and 200 pounds.

The body was supine on the sand on the up hill side of the stopped off road vehicle. The head was to the east. The body was clad in black tennis shoes, brown socks, tan short pants, black belt, black t-shirt, and large blue jacket.

There was rigor to the arms and legs and the body was cool to the touch. There was a wound to the right back side of the head. I could not feel any crepitus to the head or chest. There were no other injuries to the body. There were no therapeutic appliances present. The eyes were clear of any petechial hemorrhages. There was no emesis, pulmonary edema, or blood from the mouth or nose. There was no personal property on the body.

I took fourteen photos of the body and scene and completed a fingerprint card.

No personal property was retained by this office.

I affixed a department toe tag numbered 25435 to the body and placed it in a yellow department body bag and secured the bag with lock number 4655371.

After the examination, the body was transported to the San Bernardino County Morgue Facility by Med-Cab Transport Services at my request.

Medications:

Unknown

Disposition:

Submitted to Pathology for Autopsy

081031HWE7821

REPORT IDENTIFIERS

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

Law Enforcement Agency- California Highway Patrol, 300 E. Mountain View Street,
Barstow, CA 92311

Coroners Office- San Bernardino Sheriffs Office, Coroners Division, 175 S. Lena Road,
San Bernardino, CA 92415

TASK NUMBER : 081031HWE7821

PRODUCT SEARCH HISTORY:

A search of CPSCNet showed there were three rollover accidents involving Polaris Razor side by side utility vehicles. Two were Fatal (071010HCC3036 & 081028CCC3070) and one was injury only (070702CWE6021). A search in IPII showed four fatal accidents and three injury only accidents involving rollovers of this vehicle.

INTERNAL USE ONLY



**U.S. CONSUMER PRODUCT SAFETY
COMMISSION**

WARNING - INTERNAL USE ONLY

Do not release this information outside CPSC

| | | | | |
|---|--|--|---|---|
| 1. Task Number 081104HNE3883 | | 2. Investigator's ID 8925 | | EPIDEMIOLOGIC INVESTIGATION REPORT |
| 3. Office Code 810 | 4. Date of Accident YR MO DAY 2008 11 02 | 5. Date Initiated YR MO DAY 2008 11 06 | | |
| 6. Synopsis of Accident or Complaint UPC none Victim 1, a 59-year-old male driver and victim 2, a 28-year-old male passenger were riding in a 4-wheeled utility vehicle/UV on a dry, paved road. They were not wearing helmets. The driver exited a curve where a tractor traversed from the opposite direction. The driver swerved, applied the brakes, traveled to where he struck a guide rail and rode atop where he struck two rail posts. The victims were ejected. The UV overturned on the driver. He sustained chest injuries and died at the scene. The passenger was treated and released from a hospital. MFR/PRVLBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>Sec: 6</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>Apr 6/15/09</i> | | | | |
| 7. Location (Home, School, etc) 4 - STREET OR HIGHWAY | | 8. City PORTER TWP | | 9. State PA |
| 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: 4XARH50A782379687 1225 Highway 169 North Minneapolis, MN 55441 | | | | |
| 11A. Second Product | | 11B. Trade/Brand Name | | 11C. Model Number |
| 11D. Manufacturer Name and Address UNKNOWN | | | | |
| 12. Age of Victim 59 | 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) 8 / 0 | |
| 20. Attachment(s) 9 - Multiple Attachments | | 21. Case Source 05 - Newspaper | | 22. Sample Collection Number |
| 23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only | | | | |
| 24. Review Date 01/21/2009 | 25. Reviewed By 9071 | | 26. Regional Office Director Dennis R. Blasius | |
| 27. Distribution Moon, Clarice; Streeter, Robin; Kessler, Charles | | | 28. Source Document Number N08B0023A | |

The information in this report was based on information received from the police department and the coroner's office. Contact with the victim's next-of-kin was not successful.

On Sunday, November 2, 2008, in Clinton County, Porter Township, PA, victim #1, a 59-year-old male driver and his passenger, victim #2, a 28-year-old male were riding in a 4-wheeled utility vehicle on a dry, paved road. They were not wearing any protective gear, such as a helmet or a safety belt. The weather condition was clear.

The victims were negotiating a curve in the roadway which lead to a narrow one-lane bridge when a truck tractor traversed the bridge from the opposite direction. As the victims exited the curve, victim #1 (driver) swerved and he applied the brakes. The utility vehicle traveled to the edge of the roadway where it struck the end of a guide rail and rode atop the rail. The utility vehicle traveled 38 feet and then struck a post. The vehicle slowed down, traveled another 7 feet and struck a second post where the victims were ejected. The utility vehicle rolled off the guide rail, went down a 4 ft. embankment and the vehicle's roll cage lodged against a tree. The vehicle landed on victim #1 and he sustained chest injuries. He died at the scene.

Victim #1's knowledge regarding operation and/or handling the utility vehicle was unknown. His height and weight were unknown. He was under the influence of alcohol and he traveled at an unsafe rate of speed prior to the incident.

Victim #2 was totally ejected away from the vehicle and he sustained non-life threatening injuries. His height and weight were unknown. He was also under the influence of alcohol. He was taken to a hospital where he was treated and released.

Product: 4-wheeled utility vehicle

Brand/Year: Polaris/unknown

Manufacturer: Polaris Industries Inc.
1225 Highway 169 North
Minneapolis, MN 44551

Model: Ranger

081104HNE3883

Page 2 of 23

VIN: 4XARH50A782379687

Description: green in color

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

Modification: unknown

ATTACHMENTS:

1. Crash Report and photographs (9).
2. Coroner's Report.
3. Contact Information.

AA-500 TX

Incident Number: F04-0997286

Commonwealth of Pennsylvania

PAGE 1

Crash Involves:

Police Crash Report

REPORTABLE CRASH

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

| | | | | | |
|---------------------------|---|-----------------------------------|---|--------------------------|---|
| Police Agency Data | Agency Name PA STATE POLICE - LAMAR | | Case Closed YES | Patrol Zone 28 | Investigation Date 11/02/2008 |
| | Dispatch Time 15:10 hrs. | Arrival Time 15:25 hrs. | Investigator PATTERSON, KEVIN J | | Badge Number 05569 |
| | Approval Date 11/23/2008 | | Reviewer DIFFENBAUGH, BRIAN D | | Reviewer Badge Number 05075 |

| | | | | | | |
|-------------------|--|------------------------------------|----------------------------------|--|---|---------------------------------|
| Crash Data | Date of Crash 11/02/2008 | Time of Crash 15:10 hrs. | Day of the Week SUNDAY | Crash Description HIT FIXED OBJECT | | |
| | County CLINTON | | | Municipality PORTER TWP | | |
| | Weather Conditions NO ADVERSE CONDITIONS | | | Relation to Roadway SHOULDER | | |
| | Illumination DAYLIGHT | | | Road Surface Conditions DRY | | |
| | # of Units 001 | # of People 002 | # of Injured 001 | # Killed 001 | EMS Agency NITTANY VALLEY VOLUNTEER FIRE CO | Medical Facility NONE |
| | School Bus Related NO | School Zone Related NO | PennDOT Notified YES | Type of Intersection MIDBLOCK | Special Location NOT APPLICABLE | |

| | | | |
|---|------------------------|-----------------|--------------------|
| Work Zone | Work Zone NO | Work Zone Type | Where in Work Zone |
| | Speed Limit | Workers Present | Officer Present |
| Work Zone Characteristics | | | |
| <input type="checkbox"/> Lane Closure <input type="checkbox"/> Road Closed with Detour <input type="checkbox"/> Work on Shoulder or Median <input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Flagger Control <input type="checkbox"/> Other | | | |

| | | | | | | |
|-----------------------|--|-------------------------------|----------------|---------------------------|------------------------------|----------------------------|
| Principal Road | Route Signing LOCAL ROAD OR STREET | Route Number T323 | Segment Number | Travel Lanes 02 | Speed Limit 35 MPH | Orientation EAST |
| | House Number | Street Name FURNACE | | | St. Ending ROAD | |

| | | | | | | | |
|-------------------------|------------------------------|---------------|--------------|----------------|--------------|-------------|-------------|
| Intersecting Rd. | Used in Intersection Crashes | Route Signing | Route Number | Segment Number | Travel Lanes | Speed Limit | Orientation |
| | Street Name | | St. Ending | | | | |

| | | | | | | | | |
|-------------------------------|-------------------|--------------|--------------|--------|-------------------|---------------|--|--------|
| Distance From Landmark | Landmark 1 | Route Number | Or Mile Post | Tenths | Or Segment Marker | Ramp Use Only | Feet | |
| | | Street Name | | | Street Ending | | Or Miles | Tenths |
| | Landmark 2 | Route Number | Or Mile Post | Tenths | Or Segment Marker | Ramp Use Only | The above entry is the distance from the Crash Scene to Landmark 1 | |
| | | Street Name | | | Street Ending | | | |

| | | | | | | | | |
|------------|----------------------|----------------------|----------------------|-----------------------|----------------------|----------------------|----------------------|-----------------------|
| GPS | Latitude: | | | | Longitude: | | | |
| | Degrees 41 | Minutes 00 | Seconds 25 | Decimal 377 | Degrees 77 | Minutes 32 | Seconds 01 | Decimal 388 |

| | | |
|------------|---|---|
| TCD | Traffic Control Device NOT APPLICABLE | Traffic Control Functioning NO CONTROLS |
| | Lane Closed NOT APPLICABLE | Lane Closure Direction |

| | | | | |
|-------------|--------------------------------------|------------------------|------------------|-----------------------|
| Lane | Lane Closed NOT APPLICABLE | Lane Closure Direction | Traffic Detoured | Estimated Time Closed |
|-------------|--------------------------------------|------------------------|------------------|-----------------------|

| | | | | | |
|--------------------------|--|--|------------------------------|--|--|
| Event Information | Environmental / Roadway Potential Factors (E/R) | | | | |
| | Factor 1 NONE | | Factor 2 | | Factor 3 |
| | First Harmful Event in the Crash | | | Most Harmful Event in the Crash | |
| | Unit Number 001 | Harmful Event HIT GUARD RAIL END | | Unit Number 001 | Harmful Event OVERTURN/ROLL OVER |
| | Indicated Prime Factor DRIVER ACTION | | Unit Number 001 | Prime Factor Driver Action DRIVING TOO FAST FOR CONDITIONS | |
| | Prime Factor Environmental/Roadway | | Prime Factor Vehicle Failure | | Prime Factor Pedestrian Action |
| | Road Surface Type BLACKTOP | | | Special Jurisdiction NO SPECIAL JURISDICTION | |

AA-500 TX

Incident Number: F04-0997286

Commonwealth of Pennsylvania

PAGE 2

Crash Involves:

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

Police Crash Report

REPORTABLE CRASH

| | | | | | | |
|--|--|--|---|---|---|-----------------------------|
| Unit Number 001 | | Type Unit Motor Vehicle in Transport | | | Commercial Vehicle No | |
| First Name: (b)(3):CPSA Section 25(c) MI: (b)(3):CPSA Section 25(c) Last Name: (b)(3):CPSA Section 25(c) Suffix: (b)(3):CPSA Section 25(c) DOB: (b)(3):CPSA Section 25(c) Telephone Number: (b)(3):CPSA Section 25(c) | | | | | | |
| Gender MALE | License Number 11228205 | License State PA | Class C | Expiration Date 08/31/2011 | Owner/Driver | |
| Driver Presence DRIVER OPERATED VEHICLE | | Physical Condition HAD BEEN DRINKING | | Primary Vehicle Code Violation CARELESS DRIVING | | Person Charged NO |
| Alcohol/Drugs Suspected ALCOHOL | | Alcohol Test Type BLOOD | | Alcohol Test Results PERCENT VALUE .26 | | |
| Driver Action DRIVING TOO FAST FOR CONDITIONS | | | | | | |
| Pedestrian Action | | | Pedestrian Signals | | Pedestrian Clothing | Pedestrian Location |
| 1st Harmful Event HIT GUARD RAIL END | | Left or Right Side RIGHT | Most Harmful NO | Utility Pole Number | | |
| 2nd Harmful Event OVERTURN/ROLL OVER | | Left or Right Side | Most Harmful YES | Utility Pole Number | | |
| 3rd Harmful Event | | Left or Right Side | Most Harmful | Utility Pole Number | | |
| 4th Harmful Event | | Left or Right Side | Most Harmful | Utility Pole Number | | |
| Owner First Name: (b)(6) Owner MI: (b)(6) Owner Last Name or Business Name: (b)(6) Suffix: | | | | | | |
| Vehicle Type ATV | | Special Usage NOT APPLICABLE | | | Government Equipment Number | |
| Model Year | Vehicle Make OTHER | Vehicle Model POLARIS RANGER | | Vehicle Color GREEN | VIN (b)(6) | |
| License Plate NONE | Reg. State | Est. Speed 040 | Vehicle Towed YES | Towed By TRESSLER'S TOWING | | |
| Insurance NO | Insurance Company | | Policy Number | | Expiration Date | |
| Direction of Travel EAST | Vehicle Position RIGHT LANE "CURB" | | Vehicle Movement NEGOTIATING CURVE - LEFT | | Initial Impact Point 12 O'CLOCK | |
| Damage Indicator FUNCTIONAL | Gradient LEVEL | | Road Alignment CURVED | Possible Vehicle Failures NONE | | |
| # of Units 0 | Type Unit 1 | Tag Number | | Tag Year | Tag State | |
| Trailing Units | | | Unit Make | | Unit Owner | |
| Type Unit 2 | | Tag Number | | Tag Year | Tag State | |
| Motorcycle | | | Unit Make | | Unit Owner | |
| Engine Size cc | Passenger? | | Saddle Bag/Trunk? | | Trailer? | |
| Driver Helmet Type | | Helmet Stayed On? | DOT/Snell Designation? | | Eye Protection? | Long Sleeves? |
| Passenger Helmet Type | | Helmet Stayed On? | DOT/Snell Designation? | | Eye Protection? | Long Sleeves? |
| Pedalcycle | | | Passenger? | | Helmet? | |
| Head Lights? | | | Rear Reflectors? | | | |

Crash Involves:

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

Police Crash Report

REPORTABLE CRASH

| | | | | |
|----------|------------------------|---|-------------------------------|---------------------------|
| Fatality | Unit # | Driver Restrictions Compliance | Driver Endorsement Compliance | Driver License Compliance |
| | 01 | NO RESTRICTIONS/NOT APPLICABLE | NONE REQUIRED | VALID LICENSE FOR CLASS |
| | Principal Impact Point | Avoidance Maneuver | Under Ride Indicator | |
| | 12 O'CLOCK | STEERING AND BRAKING - EVIDENCE OR STATED | NO UNDERRIDE OR OVERRIDE | |
| | Emergency Use | Drug Test Type | Drug Test Results | |
| | NOT IN EMERGENCY USE | BLOOD | NO DRUG REPORTED | |

| | | | | | | | |
|----------------------------|----------------------------|--------------------|---------------------------|----------|-----------------|--------|------------|
| People Information | Unit # | Person No. | First Name | MI | Last Name | Suffix | DOB |
| | 001 | 001 | (b)(3):CPSA Section 25(c) | | | | 08/30/1949 |
| | Street Address | City | State | Zip Code | | | |
| | (b)(3):CPSA Section 25 | MILL HALL | PA | 17751 | | | |
| | Phone Number | EMS Transport | Person Type | Gender | Injury Severity | | |
| | (b)(3):CPSA S | NO | DRIVER | MALE | KILLED | | |
| | Seat Position | Safety Equipment 1 | | | | | |
| DRIVER - ALL VEHICLES | NONE USED / NOT APPLICABLE | | | | | | |
| Safety Equipment 2 | Extrication | | | | | | |
| NONE USED / NOT APPLICABLE | NOT APPLICABLE | | | | | | |
| Ejection | Ejection Path | | | | | | |
| NOT APPLICABLE | NOT EJECTED/NOT APPLICABLE | | | | | | |

| | | | | | | | |
|----------------------------|----------------------------|--------------------|-------------|----------|-----------------|--------|------------|
| People Information | Unit # | Person No. | First Name | MI | Last Name | Suffix | DOB |
| | 001 | 002 | (b)(6) | | | | 03/24/1980 |
| | Street Address | City | State | Zip Code | | | |
| | (b)(6) | | PA | 16814 | | | |
| | Phone Number | EMS Transport | Person Type | Gender | Injury Severity | | |
| | (b)(6) | NO | PASSENGER | MALE | MINOR INJURY | | |
| | Seat Position | Safety Equipment 1 | | | | | |
| FRONT SEAT RIGHT SIDE | NONE USED / NOT APPLICABLE | | | | | | |
| Safety Equipment 2 | Extrication | | | | | | |
| NONE USED / NOT APPLICABLE | NOT APPLICABLE | | | | | | |
| Ejection | Ejection Path | | | | | | |
| NOT APPLICABLE | NOT EJECTED/NOT APPLICABLE | | | | | | |

| | | | | | |
|---------|------------|----------|-----------|--------|--------------|
| Witness | First Name | MI | Last Name | Suffix | Phone Number |
| | (b)(6) | | | | (b)(6) |
| | State | Zip Code | | | |
| | PA | 17751 | | | |

| | | | | | |
|-----------------|----------------------|------|-----------------------|----------|----------------|
| Property Damage | Owners First Name | MI | Last Name | Suffix | Phone Number |
| | | | CLINTON COUNTY PA DOT | | (570) 893-2430 |
| | Street Address | City | State | Zip Code | |
| | (b)(6) | | PA | | |
| | Property Description | | | | |
| | GUIDE RAIL POST | | | | |

| | | | | |
|----------|--------------------------|----------------|---------------|---------------|
| Notified | Person/Business Notified | Phone Number | Date Notified | Time Notified |
| | CLINTON COUNTY PA DOT | (570) 893-2430 | 11/09/2008 | 15:00 hrs. |
| | Reason for Notification | | | |
| | DAMAGE TO GUIDE RAIL | | | |

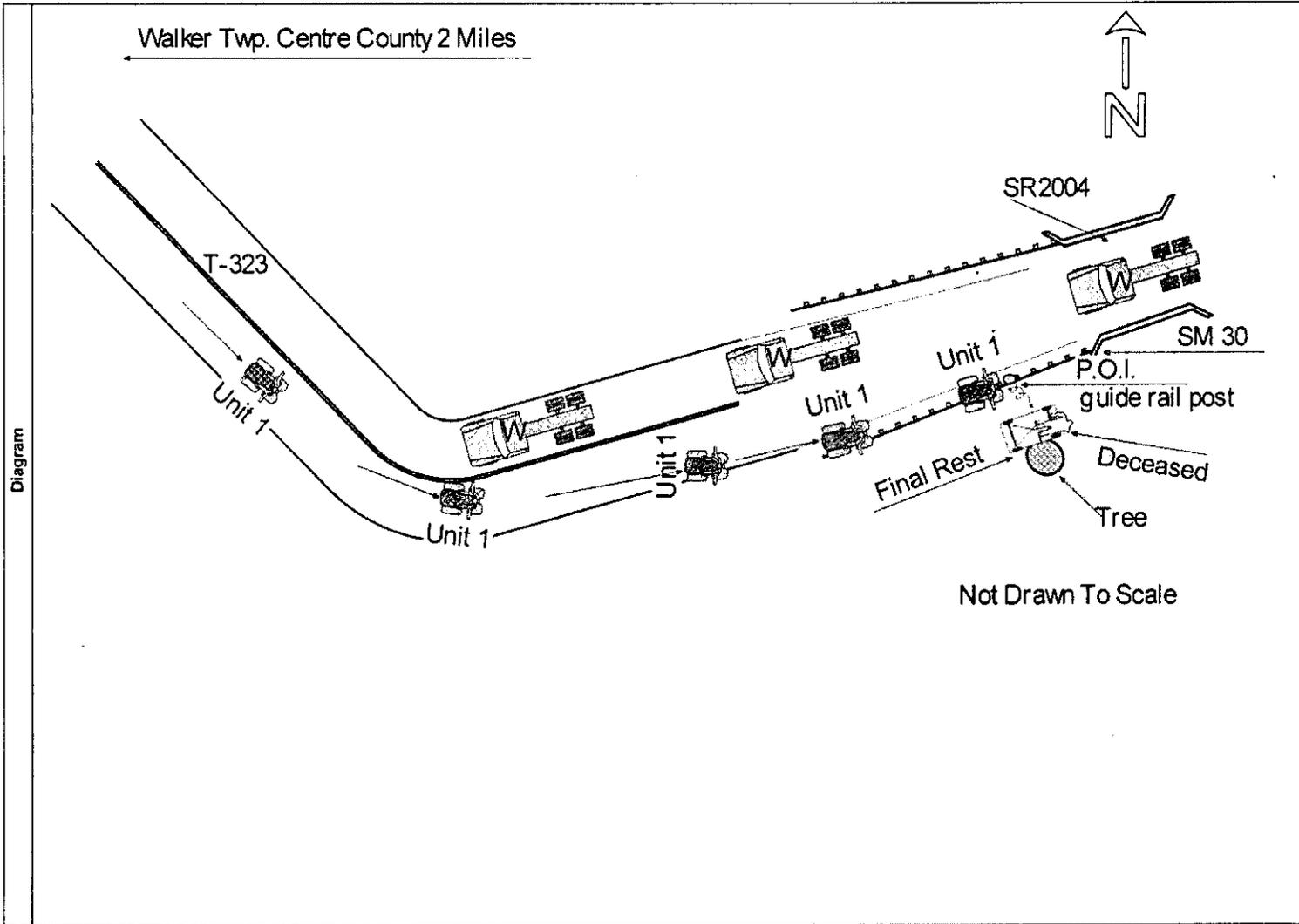
Police Crash Report

Crash Involves:

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

REPORTABLE CRASH

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



Crash Synopsis

Unit #1 was being driven East on T-323 (Furnace Rd), a two lane roadway with a double yellow line separating the travel lanes. Unit #1 was negotiating a left curve in the roadway which leads to the approach of a narrow, one lane bridge. As unit #1 was exiting the curve on the East Bound lane of travel, a truck tractor was traversing the one lane bridge in the opposite direction. Oper #1 swerved to the right and applied the brakes. Unit #1 traveled to the right edge of the roadway where it made initial impact with the end of a guide rail where it turns into the ground. Unit #1 continued up the guide rail approx. 38 feet with the underside of the unit riding on the top of the rail before striking the first guide rail post. Unit #1 suddenly slowed and traveled approx. 7 feet further where it impacted the second guide rail post. Upon impact with the guide rail posts, both occupants of the vehicle were ejected. Unit #1 rolled off of the guide rail to the right and down an approx. four foot embankment where the top portion of the roll cage lodged against a tree. Unit #1 rolled over onto the ejected driver. The top portion of the roll cage crushed the operators chest causing his death. The passenger of Unit #1 was ejected clear of the vehicle and suffered minor injuries.

Narrative

Unit #1 was being driven East on T-323 (Furnace Rd), a two lane roadway with a double yellow line separating the travel lanes. Unit #1 was negotiating a left curve in the roadway which leads to the approach of a narrow, one lane bridge. As unit #1

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Incident Number: F04-0997286

Commonwealth of Pennsylvania

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Police Crash Report

REPORTABLE CRASH

Crash Involves:

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

was exiting the curve on the East Bound lane of travel, a truck tractor was traversing the one lane bridge in the opposite direction. Oper #1 swerved to the right and applied the brakes. Unit #1 traveled to the right edge of the roadway where it made initial impact with the end of a guide rail where it turns into the ground. Unit #1 continued up the guide rail approx. 38 feet with the underside of the unit riding on the top of the rail before striking the first guide rail post. Unit #1 suddenly slowed and traveled approx. 7 feet further where it impacted the second guide rail post. Upon impact with the guide rail posts, both occupants of the vehicle were ejected. Unit #1 rolled off of the guide rail to the right and down an approx. four foot embankment where the top portion of the roll cage lodged against a tree. Unit #1 rolled over onto the ejected driver. The top portion of the roll cage crushed the operators chest causing his death. The passenger of Unit #1 was ejected clear of the vehicle and suffered minor injuries.

The Clinton County Coroner, Donald G WALKER, responded to the scene and pronounced (b)(3):CPSA Se dead at 1615 hrs. Cause of death is listed as blunt force trauma to the chest.

This officer assessed physical evidence at the scene on 11/02/08 at approx. 1530 hrs. This officer viewed Unit #1 at final rest facing east rolled over with the drivers side top of the unit against a tree and the passenger side top on Oper #1. The one lane bridge is a Commonwealth of PA DOT maintained bridge. The bridge is designated SR 2004 and is marked at the West end with segment marker 30. This officer established a baseline from this segment marker and took the following measurements from SM 30/2004. The roadway is marked with a double yellow line and is marked with faded fog lines which are too faded to recognize at the scene. This officer measured each lane from the center of the road to the edge of the pavement. There is no discernable berm.

Road width at the exit of the curve/first skid mark 21'6"

East Bound Lane center to edge of pavement: 10'1"

West Bound Lane center to edge of pavement: 11'5"

This officer discovered two distinct skid marks from the left side tires of Unit #1 beginning at the exit of the left curve/point of perception. The first skid mark starts 95' from SM 30 and ends 83' from SM 30. The point where the skid marks start is 7'4" from the S edge of the road on the EB lane.

The second skid mark starts 80' from SM 30 and ends 73' from SM 30. The skid marks indicate the path of travel toward the South edge of the road.

A guide rail extends from the bridge as a funnel to the approach of the one lane bridge. The guide rail turns into the ground 58'5" from SM 30. Unit #1 straddled the end of the guide rail to where the under carriage made initial impact 48'1" from SM 30. Unit #1 straddled the guide rail causing the tires/wheels to lose contact with the ground as the under carriage rode on the guide rail. Unit #1 maintained under carriage contact for 28'1" where the front right tire of unit #1 made impact with the first guide rail post, 20' from SM 30. The impact with the guide rail post damaged the post and pulled the head of the carriage bolt through the bolt slot in the guide rail. This sudden deceleration caused both occupants of the unit to be ejected. Unit #1 continued 6'3" where it struck a second guide rail post 13' 9" from SM 30.

The opposite side of the guide rail is an embankment that measures approx. four feet lower than the road surface at the point the unit rolled over. Unit #1 rolled off of the guide rail upside down on the embankment. The drivers side top of the roll cage lodged against a large tree. The passenger side top of the roll cage rolled onto Oper #1, pinning him to the ground and causing his death. This officer triangulated the measurement to the tree unit #1 lodged against. The tree is 18'7" from SM 30 and it is 11'7" from the edge of the road. This officer measured the width of the roadway at SM 30 and found it to be 15'1" from each edge of the pavement.

Oper #1 was pinned under the roll cage of unit #1 and was found to be lying on his

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Incident Number: F04-0997286

Commonwealth of Pennsylvania

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Crash Involves:

Police Crash Report

REPORTABLE CRASH

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

back with the front corner of the passenger side of the roll cage on the center of his chest.

Tpr. Christopher SOO Troop F alternate FSU member, responded to the scene and took photographs. The digital images are recorded on compact disc. This officer viewed the body of the deceased at the Moriarty Funeral Home in Lock Haven at approx. 1930 hrs. on 11/02/08. This officer found that the deceased had a crushed chest from the blunt trauma sustained in the roll over. This officer photographed the visible injuries and the digital images are also recorded on compact disc.

On 11/02/08 at approx. 1545 hrs. this officer interviewed the passenger of Unit #1, (b)(6) W/M-28. (b)(6) related that he and his cousin (deceased) were going from their hunting camp to the drivers home on Furnace Road to get hot dog rolls. This officer learned that they had left the hunting camp near Hublersburg in Centre County and went to (b)(6) house on Sand Ridge Rd. in Walker Twp. Centre County where they got a case of beer. (b)(6) related that he drove from the hunting camp to his house (b)(6) stated that they then went a short distance up the road to his shop to get hot dog rolls but did not find any. (b)(6) (b)(6) stated that when he came out of the shop, (b)(3):CPSA (deceased) got in the drivers seat and said that he had hot dog rolls at his house. (b)(6) related that (b)(3):CPSA Se drove down Sand Ridge Rd. to Snyder Town Rd. to Hoy Rd to the end of Hoy Rd at SR 445. They then proceeded on McLain Rogers Rd. to Narrows Rd. to Furnace Rd. where the crash happened.

(b)(6) stated that when they came around the curve in the road that a truck tractor was crossing the bridge in their direction. (b)(6) stated that the driver applied the brakes and swerved, hit the guide rail and rolled over. (b)(6) stated that he was thrown clear and when he got up to get his bearings, that the driver was pinned under the roll cage. (b)(6) stated that he could not lift the machine up to get his cousin out from under the machine.

This officer asked (b)(6) how fast they were going at the time of the crash. (b)(6) stated that he has no idea, but it was too fast to stop. This officer also detected indicators of alcohol intoxication while speaking with (b)(6) stated that they were at the hunting camp and had been drinking. This officer learned from (b)(6) that the driver had been drinking beer since 1000 or 1100 hrs. and had been drinking about three beers an hour. (b)(6) stated that he had drank approx. the same amount. This officer questioned (b)(6) at length concerning whether he was forthright about his statement that he was not driving at the time of the crash. (b)(6) also provided a hand written statement as to the facts of the case on PSP form SP7-0054 at PSP/Lamar at approx. 1810 hrs. Due to his emotional state, (b)(6) was not able to write the statement. This officer wrote questions on the form and (b)(6) hand wrote responses to each question.

On 11/20/08 at approx. 1630 hrs. this officer interviewed the driver of the Truck Tractor, (b)(6) W/M-50, at the scene (b)(6) was driving a burgundy colored 2005 Kenworth, conventional Truck Tractor bearing PA Registration (b)(6) (b)(6) related that he was driving from his home on Furnace Rd. to pick up a trailer. (b)(6) related that he was driving West on I-323 and was crossing the narrow, one lane bridge when he encountered the ATV coming the opposite direction. (b)(6) stated that the ATV went to his left and they passed. (b)(6) related that the ATV was going too fast to stop and that he didn't see the crash but knew that it was going off the road. (b)(6) stated that he stopped and went back to help but he could not lift the machine with (b)(6) This officer learned that (b)(6) is related to both (b)(6) and (b)(3):CPSA Section 25(a) This officer questioned (b)(6) as to whether he could tell who was driving at the time of the crash. (b)(6) stated that at first he thought it was Scott that was driving. (b)(6) related that he remembered the light colored sweatshirt that Scott was wearing. (b)(6) also

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Incident Number: F04-0997286

Commonwealth of Pennsylvania

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Police Crash Report

REPORTABLE CRASH

Crash Involves:

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

related that he remembers the light colored sweatshirt as being on the left (drivers) side of the unit. This officer asked (b)(6) how long he got to see the unit as it passed him (b)(6) guessed that the ATV was past him in one second. This officer asked (b)(6) whether he could swear that (b)(6) was driving (b)(6) stated that he could not say for certain. (b)(6) also related that he does not remember what color sweatshirt the deceased was wearing.

It should be noted that it was due to the statements made by (b)(6) that this officer extensively questioned (b)(6) in regard to him possibly being the driver.

The next of kin/wife of the deceased, (b)(6) appeared at the scene at approx. 1535 hrs. on 11/02/08. She was informed of the death by Tpr. Christopher SOO.

The compact discs containing the digital images and the hand written statement of (b)(6) will be retained in the PSP/Lamar Crash Attachment file along with the Coroner's report.

The driver's license of Oper#1 was turned over to the Clinton County Coroner, Donald G WALKER. Entry was made in the Fatal Crash Data Base by this officer on 11/09/08.

SP 7-0501TX-Driver Exchange
SP 7-0099TX-Non Reportable

**Commonwealth of Pennsylvania
Driver Notice and Exchange Report**

INCIDENT NUMBER
F04-0997286

PA STATE POLICE - LAMAR (570) 726-6000

| | | | | |
|---|---|-----------------------|--------------------------------|-----------------------------|
| DATE OF CRASH 11/02/2008 | TIME OF CRASH 15:10 hrs. | DAY OF WEEK SUNDAY | COUNTY CLINTON | MUNICIPALITY PORTER TWP |
| ROUTE # T323 | SEGMENT # | STREET FURNACE | | STREET ENDING ROAD |
| PATROL ZONE 28 | INVESTIGATOR \ INVESTIGATOR SIGNATURE PATTERSON, KEVIN J | | | BADGE NUMBER 05569 |
| REVIEWER DIFFENBAUGH, BRIAN D | | | REVIEWER BADGE NUMBER 05075 | APPROVAL DATE 11/23/2008 |
| Latitude: Degrees 41 | Minutes 00 | : Seconds 25 | . Decimal 377 | Longitude: - Degrees 77 |
| Minutes 32 | | | | |
| : Seconds 01 | | | | |
| . Decimal 388 | | | | |
| Location: ON FURNACE RD 164 FEET SOUTH OF DRIVEWAY | | | | |

| | | | | | | | |
|------------------------------------|---------------------------|------------|---|--------|-----------------------|--------|--------------|
| UNIT # | DRIVER'S LAST NAME | FIRST NAME | MI | SUFFIX | DOB | GENDER | PHONE NUMBER |
| | (b)(3):CPSA Section 25(c) | | | | | | |
| LICENSE NUMBER 11228205 | LICENSE STATE PA | CLASS C | EXPIRATION DATE 08/31/2011 | | | | |
| INSURANCE COMPANY | POLICY NUMBER | | POLICY EXPIRATION DATE | | | | |
| OWNER'S LAST NAME OR BUSINESS NAME | FIRST NAME | MI | SUFFIX | | | | |
| (b)(6) | | | | | | | |
| VEHICLE YEAR/MAKE OTHER | MODEL POLARIS RANGER | | | | | | |
| VIN (b)(6) | LICENSE PLATE # NONE | STATE | VIOLATIONS (INCLUDING SECTION NUMBERS): CARELESS DRIVING | | DRIVER CHARGED? NO | | |

| | | | | |
|---|----|------------------------------------|--------|--------------------------------|
| OWNER'S FIRST NAME | MI | LAST NAME CLINTON COUNTY PA DOT | SUFFIX | PHONE NUMBER (570) 893-2430 |
| STREET ADDRESS (b)(6) | | CITY | | STATE PA |
| PROPERTY DESCRIPTION GUIDE RAIL POST | | ZIP CODE | | |

| | |
|---------|--------|
| Witness | (b)(6) |
|---------|--------|

Remarks/Notes
Unit #1 was being driven East on T-323 (Furnace Rd), a two lane roadway with a double yellow line separating the travel lanes. Unit #1 was negotiating a left curve in the roadway which leads to the approach of a narrow, one lane bridge. As unit #1 was exiting the curve on the East Bound lane of travel, a truck tractor was traversing the one lane bridge in the opposite direction. Oper #1 swerved to the right and applied the brakes. Unit #1 traveled to the right edge of the roadway where it made initial impact with the end of a guide rail where it turns into the ground. Unit #1 continued up the guide rail approx. 38 feet with the underside of the unit riding on the top of the rail before striking the first guide rail post. Unit #1 suddenly slowed and traveled approx. 7 feet further where it impacted the second guide rail post. Upon impact with the guide rail posts, both occupants of the vehicle were ejected. Unit #1 rolled off of the guide rail to the right and down an approx. four foot embankment where the top portion of the roll cage lodged against a tree. Unit #1 rolled over onto the ejected driver. The top portion of the roll cage crushed the operators chest causing his death. The passenger of Unit #1 was ejected clear of the vehicle and suffered minor injuries.



**Pennsylvania Law Enforcement
Crash - Public Information Release Report**

Crash Involves:

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

Agency Information:

| | |
|-----------------------------------|------------------------------------|
| AGENCY PA STATE POLICE - LAMAR | INVESTIGATOR PATTERSON, KEVIN J |
|-----------------------------------|------------------------------------|

Summary Information:

| | | |
|--|----------------------------|--------------------------|
| INCIDENT NUMBER F04-0997286 | CRASH DATE 11/02/2008 | CRASH TIME 15:10 hrs. |
| COUNTY CLINTON | MUNICIPALITY PORTER TWP | |
| ROUTE # T323 | SEGMENT # | STREET FURNACE |
| | | STREET ENDING ROAD |
| Location ON FURNACE RD 164 FEET SOUTH OF DRIVEWAY | | |
| EMS Agency NITTANY VALLEY VOLUNTEER FIRE CO | Medical Facility NONE | |

People Involved:

| UNIT # | PERSON | FIRST NAME | MI | LAST NAME | SUFFIX | AGE | Gender |
|---------------|-----------|---------------------------|----------------------------|-----------|--------|-----|--------|
| | | (b)(3):CPSA Section 25(c) | | | | 9 | M |
| EMS Transport | | Injury Severity | | | | | |
| NO | | KILLED | | | | | |
| UNIT # | PERSON | FIRST NAME | MI | LAST NAME | SUFFIX | AGE | Gender |
| 001 | PASSENGER | (b)(6) | | | | 28 | M |
| CITY | | STATE | SAFETY EQUIPMENT | | | | |
| HOWARD | | PA | NONE USED / NOT APPLICABLE | | | | |
| EMS Transport | | Injury Severity | | | | | |
| NO | | MINOR INJURY | | | | | |

Vehicles Involved:

| | | | |
|----------------------|---------------------------------------|---------------|-------------------------|
| UNIT # 001 | YEAR | MAKE OTHER | MODEL POLARIS RANGER |
| Driver Charged NO | Primary Violation CARELESS DRIVING | | |

Crash Synopsis:

Unit #1 was being driven East on T-323 (Furnace Rd), a two lane roadway with a double yellow line separating the travel lanes. Unit #1 was negotiating a left curve in the roadway which leads to the approach of a narrow, one lane bridge. As unit #1 was exiting the curve on the East Bound lane of travel, a truck tractor was traversing the one lane bridge in the opposite direction. Oper #1 swerved to the right and applied the brakes. Unit #1 traveled to the right edge of the roadway where it made initial impact with the end of a guide rail where it turns into the ground. Unit #1 continued up the guide rail approx. 38 feet with the underside of the unit riding on the top of the rail before striking the first guide rail post. Unit #1 suddenly slowed and traveled approx. 7 feet further where it impacted the second guide rail post. Upon impact with the guide rail posts, both occupants of the vehicle were ejected. Unit #1 rolled off of the guide rail to the right and down an approx. four foot

SP 1-518TX



Pennsylvania Law Enforcement Crash - Public Information Release Report

Crash Involves:

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

embankment where the top portion of the roll cage lodged against a tree. Unit #1 rolled over onto the ejected driver. The top portion of the roll cage crushed the operators chest causing his death. The passenger of Unit #1 was ejected clear of the vehicle and suffered minor injuries.

Photo 1: shows view of the incident scene

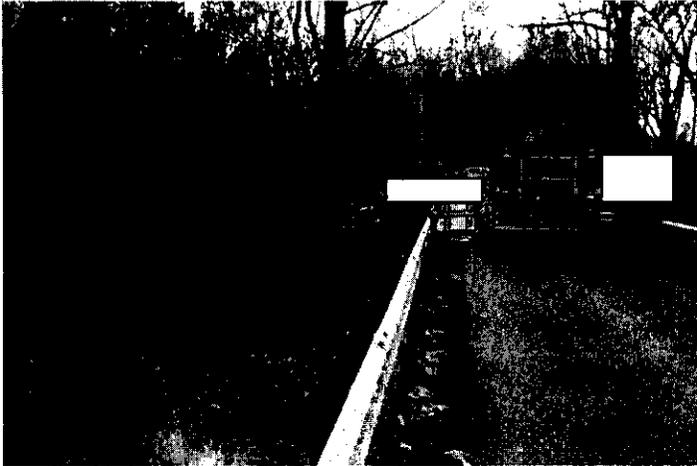


Photo 2: shows another view

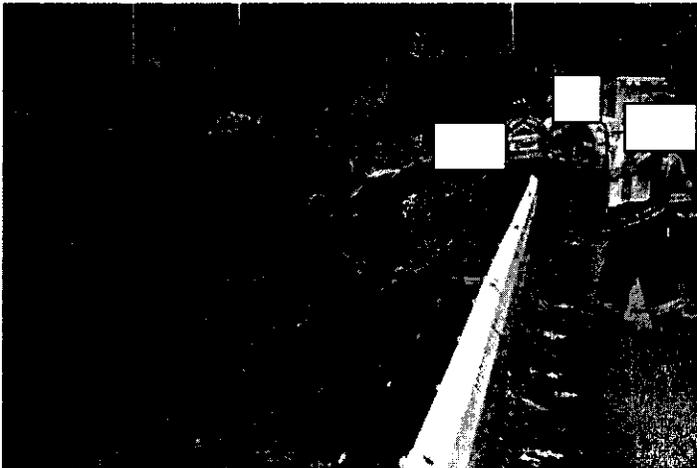


Photo 3: shows a closer view of the scene



Photo 4: shows a close view of the overturned vehicle



Photo 5: shows a rear view of the overturned vehicle and where the driver came to a final rest. He was lying on his back and he was pinned under the roll cage of the vehicle



Photo 6: shows a closer view

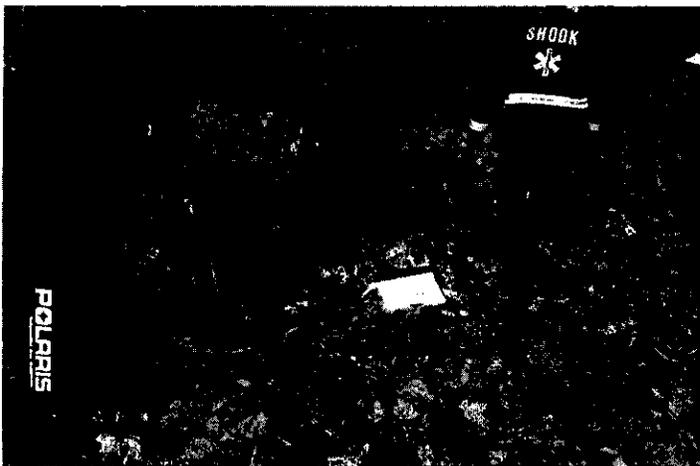


Photo 7: shows where the guide rail ended in to the ground.
This is where the vehicle made its first initial impact and
travels on the rail at 38 feet



Photo 8: shows the rail post



Photo 9: shows view of a seat belt



CASE NUMBER _____

CORONERS FIELD REPORT
CLINTON COUNTY
DONALD G. WALKER, CORONER

Home: 748-1948

Office: 748-5329

231 High Street
Flemington, PA 17745

NAME (b)(3):CPSA Section 25(c)
HOME
Birth

Date/Time of Death: Pronounced: Day 11/2/08 Time 1530 Married Never Married
Widowed Divorced

Estimated: Day _____ Time _____ Separated Unknown

ORGAN DONOR: No Yes

CAUSE OF DEATH: BLUNT FORCE TRAUMA

Other Significant Conditions: _____

MANNER OF DEATH: Natural Suicide Undetermined
Accidental Homicide Under Investigation

Pronounced Dead By D.M. Boone Location SCENE

Next of Kin (Notified): - BY PSP
Name _____ Relationship _____

Address _____ Telephone _____

Place of accident, collapse, etc. (include township or borough): _____

73 FURNACE RD PORTER TWP.

Means of Identification PA DRIVER'S LICENSE

Condition of Body: Fully clothed Partially clothed Describe: _____

Preservation: Well Preserved Decomposed Describe: _____

Estimated Rigor: None Complete Head _____ Arms _____ Legs _____

Livor: None Front _____ Back _____ Localized _____

Blood Absent Present _____ Location _____

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

Describe Primary: CHEST

Primary Location: Head _____ Neck _____ Chest X Abdomen _____ Extremities _____

Hanging: Yes _____ No _____ Means _____

Deceased Found: Date _____ Time _____ By Whom WITNESSES - OPERATOR

Address (if different) _____

Location: Apartment _____ House _____ Townhouse _____ Other (describe) _____

Entrance By: Key _____ Cutting Chain _____ Forcing Door _____ Other (describe) _____

Condition of other doors & windows: Open _____ Closed _____ Locked _____ Unlocked _____

Body Found: Dining Room _____ Living Room _____ Bedroom _____ Kitchen _____ Attic _____

Basement _____ Other (describe) _____

Location in Room: _____

Position of body: On Back _____ Face Down _____ Other (describe) _____

Conditions of Surroundings: Orderly _____ Untidy _____ Disarray _____ Normal ? _____

Lights _____

Evidence of Last Food Preparation:

Where: _____

Type: _____

Dated Materials and Where Found:

Mail: _____

Newspapers: _____

Vehicle Involved: Make MULE - 4 WHEELER Color GREEN Reg. # _____

Last Contact with Deceased: Date _____ Type of Contact: _____

Name of Contact: _____ Phone: _____

Police or Emergency Personnel Notified By:

Name _____ Relationship _____

Address _____ Telephone _____

Date _____ Time _____ Manner _____

NARRATIVE

PIER WITNESSES - DECEASED WAS PASSENGER OF A MOLE - 4 WHEELER THAT STRUCK GUIDE RAIL AND CAME TO REST ON (R) SIDE AGAINST TREE DOWN OVER APPROX 5' EMBANKMENT. PT WAS PINNED UNDER 4 WHEELER. PT WAS REMOVED VIA JAWS WITHOUT DIFFICULTY

PT TRANSPORTED TO LHH MORGUE VIA GOODWILL AMBULANCE BLEED DRAUN, - TO LAB.

APPROX 30 PACK OF FULL BEER CANS @ SCENE, INSTABILITY OF RIB CAGE FELT.

P. M. Boave
CORONER/Deputy Coroner

Print date: 11/02/08 18:06
Printed by: KCARR

P A T I E N T R E P O R T
**** FINAL ****

LOCK HAVEN HOSPITAL
24 CREE DRIVE
LOCK HAVEN PA 17745

LABORATORY
BRIAN KOLAR, M.D.
Acct MR#: 000000026

| | | |
|------------------------------------|-------------------|----------------------------|
| Name: (b)(3):CPSA Section | Status: REFERENCE | Adm Date: 11/02/08 |
| Pat#: 0007296 Tel#: (570) 726-4622 | DOB: 8/30/49 | Account : CORONER CASES |
| Strt: 11/02/08 17:25 | Age/Sex: 59 / M | Ord Phys: MISC/COMPANY PHY |
| Ord#: 100 300 | MR#: 000257141 | |
| Sp. instr cmnt : AML #5186 | | |
| Specimen DT/TM: 11/02/08 16:45 | By: MB | |
| Received DT/TM: 11/02/08 17:25 | By: KC | |
| Completed DT/TM: 11/02/08 18:05 | By: KC | |

| Test Name | Result | Flags | Reference Range | Units |
|------------------------------------|--------|-------|-----------------|-------|
| BLOOD ALCOHOL | 263.51 | | | MG/DL |
| PA STATE LEGAL LIMIT = 80 MG/DL | | | | |
| UNDER 21 YEARS OF AGE = 20 MG/DL | | | | |
| COMMENTS: | | | | |
| 11/02/08 18:01 ETOH coroner's case | | | | |

TEST NAME: TOX SCREEN THC-SERUM Verified DT/TM: 11/02/08 18:05 By KC

SENT TO REFERENCE LAB- SEE SEPARATE REPORT

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

REPORT STATUS Final

Nichols Institute, Chantilly

ORDERING PHYSICIAN

DOB: Age: NP
GENDER: U

CLIENT INFORMATION

SPECIMEN INFORMATION

SPECIMEN: 40508777
REQUISITION: 40508777
LAB REF NO: 40508777

ID: 176402734

763
LOCK HAVEN HOSPITAL
LABORATORY
24 CREE DRIVE
LOCK HAVEN, PA 17745

COLLECTED: 11/02/2008 00:00
RECEIVED: 11/04/2008 09:31
REPORTED: 11/08/2008 13:32

COMMENTS: CORONERS CASE

| Test Name | In Range | Out of Range | Reference Range | Lab |
|--------------------------------------|--|--------------|-----------------|-----|
| MEDICOLEGAL TOXICOLOGY | | | | AMD |
| | MEDICOLEGAL CHAIN-OF-CUSTODY REPORT. Chain of Custody document received and specimen seal intact. | | | |
| TOXICOLOGY SCREEN W/MARIJUANA, BLOOD | | | | AMD |
| TOXICOLOGY SCREEN W/MARIJUANA, BLOOD | | | | |
| TOXICOLOGY SCREEN, BLOOD | | | | |
| NARCOTICS, BLOOD | NONE DETECTED | | | |
| AMPHETAMINES, BLOOD | NONE DETECTED | | | |
| BARBITURATES, BLOOD | NONE DETECTED | | | |
| PHENOTHIAZINE, BLOOD | NONE DETECTED | | | |
| TRANQUILIZERS, BLOOD | NONE DETECTED | | | |
| HYPNOTICS, BLOOD | NONE DETECTED | | | |
| ANTIDEPRESSANTS, BLOOD | NONE DETECTED | | | |
| ACETAMINOPHEN | | | | |
| SALICYLATES, BLOOD | NONE DETECTED | | | |
| ETHCHLORVYNOL | | | | |
| | * ETHCHLORVYNOL TESTING NOT PERFORMED. SAMPLE TOO HEMOLYZED | | | |
| ADDITIONAL DRUGS: | NONE DETECTED | | | |

SCREEN INCLUDES:

NARCOTICS: Cocaine, Codeine, Meperidine, Methadone, Propoxyphene, and Quinine.
AMPHETAMINES: Amphetamine.
BARBITURATES: Amobarbital, Butobarbital, Butalbital, Pentobarbital, Phenobarbital, and Secobarbital.
PHENOTHIAZINES: Chlorpromazine, (Thorazine), Mesoridazine, Perphenazine (Trilafon), Prochlorperazine (Compazine), Promazine (Sparine), Promethazine (Phenergan), and Thioridazine (Mellaril).
TRANQUILIZERS: Alprazolam Chlordiazepoxide (Librium), Clorazepate, Diazepam (Valium), Flurazepam, Lorazepam, Meprobamate (Miltown), Methaqualone (Quaalude), Nordiazepam, Oxazepam, and Prazepam.
HYPNOTICS: Ethchlorvynol (Placidyl), Glutethimide (Doriden), and Methaqualone (Quaalude).
ANTIDEPRESSANTS: Amitriptyline, Amoxapine, Desipramine (Norpramin), Doxepin (Sinequan), Imipramine (Tofranil), Loxapine, Maprotiline, Nortriptyline (Aventyl), Trazodone, and Trimipramine.

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

REPORT STATUS **Final**

Nichols Institute, Chantilly

ORDERING PHYSICIAN

DOB: Age: NP
GENDER: U
ID: 176402734

REPORTED: 11/08/2008 13:32
COLLECTED: 11/02/2008 00:00

| Test Name | In Range | Out of Range | Reference Range | Lab |
|---|----------|--------------|-----------------|-----|
| TOXICOLOGY SCREEN W/MARIJUANA, BLOOD (Continued) (Continued) | | | | |

ADDITIONAL DRUGS: Amantadine, Atropine, Benzocaine, Benztropine, Biperiden, Bromodiphenhydramine, Brompheniramine, Carbamazepine, Carbromal, Carisoprodol, Clonazepam, Chloroquine, Chlorpheniramine, Chlorpropamide, Cimetidine, Cyclobenzaprine, Diltiazem, Diphenhydramine, Disopyramide, Doxylamine, Ephedrine, Haloperidol, Hydroxyzine, Ibuprofen, Lidocaine, Mephenytoin, Metoprolol, Dextromethorphan, Methapyriline, Methylphenidate, Nifedipine, Orphenadrine, Pentazocine, Phencyclidine, Phenmetrazine, Phentermine, Phenylpropanolamine, Phenytoin, Phenyltoloxamine, Primidone, Procainamide, Procaine, Propranolol, Propylhexadrine, Protriptyline, Pyribenzamine, Pyrilamine, Quinidine, Scopolamine, Strychnine, Theophylline, Thiethixene, Tocainide, Tolbutamide, Tranlycypromine, Trimethobenzamide, Trimethoprim, and Triprolidine.

PLEASE NOTE: Our ability to detect many drugs depends upon their concentration in the blood. If you indicate specific suspected drugs, we can search for them at greater sensitivity.

MARIJUANA, PRESUMPTIVE SCREEN, SERUM

MARIJUANA NONE DETECTED
detection limit 20 ng/mL as carboxy-THC

Performing Laboratory Information:

AMD QUEST DIAGNOSTICS INCORPORATED NICHOLS INSTITUTE 14225 NEWBROOK DR CHANTILLY VA 20151
Laboratory Director: KENNETH SISCO, MD,PHD

CONTACT INFORMATION:

Contacted on 11/6/08

Donald G. Walker
Clinton County Coroner
231 High Street
Flemington, PA 17745
(717) 748-5329

State Police
1800 Elmerton Ave
Harrisburg, PA 17110
(717) 705-9319

| | | | | |
|--|--|--|--|---|
| 1. Task Number 081106CWE7836 | | 2. Investigator's ID 8096 | | EPIDEMIOLOGIC INVESTIGATION REPORT |
| 3. Office Code 840 | 4. Date of Accident YR MO DAY 2008 03 22 | 5. Date Initiated YR MO DAY 2008 11 15 | | |
| 6. Synopsis of Accident or Complaint UPC <p>A 26-year-old, male victim was a passenger in a utility vehicle which was driven by his 27-year-old, male friend. The incident vehicle was a borrowed, company vehicle. They were traveling approximately 15 mph down a level construction road and hit a rut. The vehicle veered left, and the driver turned the vehicle to the right and over corrected. The vehicle began to tip over and the victim attempted to stabilize it by sticking his right leg out, but the vehicle was too heavy. The vehicle tipped over and the top, roll bar landed crushed the victim's right, lower leg. He was hospitalized for several days and has recovered.</p> <p><u>MFR/PRVLBR NOTIFIED</u></p> <p>COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED</p> <p><input type="checkbox"/> EXCISIONS/FOIA EXS. _____;</p> <p><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p> <p style="text-align: right;"><i>DFC 4/30/09</i></p> | | | | |
| 7. Location (Home, School, etc) 7 - INDUSTRIAL PLACE | | 8. City SANTA CRUZ MOUNTAIN | | 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 26 | 13. Sex 1 - Male | 14. Disposition 4 - Hospitalized | 15. Injury Diagnosis 54 - Crushing | |
| 16. Body Part(s) Involved 36 - LOWER LEG | 17. Respondent 1 - Victim/Complainant | 18. Type of Investigation 2 - Telephone | 19. Time Spent (Operational / Travel) 12 / 0 | |
| 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 12/08/2008 | 25. Reviewed By 8953 | | 26. Regional Office Director Frank J. Nava | |
| 27. Distribution Streeter, Robin; Hartman, Jason | | | 28. Source Document Number I08B0095A | |

The complainant (victim) was a passenger in a utility vehicle. They were going about 15 mph, when the driver hit a rut in the road. He overcorrected and the vehicle began to tip over on the passenger side. The victim stuck out his leg to stabilize the vehicle, but the vehicle tipped over anyway and crushed his lower leg (see exhibit #2).

The victim provided the information in this report through a telephone interview on 12/3/2008.

The victim, a 26-year-old male, is 6'2" tall and weighs about 185 lbs. He is a normal healthy adult male. At the time of the incident he was not under any medication or under the influence of alcohol.

On March 22, 2008, the victim left his house and drove about 100 miles down to the coastal mountains in order to visit his friend. They played golf in the morning and then went back to his friend's house. He lives on a construction site which is in the coastal mountains.

After lunch the victim's friend borrowed the company utility vehicle. The utility vehicle is used to go from one place to another place on the construction site. He wanted to show the victim the size of the property. They left the house at about 12:45 pm. The victim was sitting in the passenger seat and his 27-year-old friend who is 5'10" tall and weighs about 180 lbs. was the driver. They both fasten their wear seat belts before taking off on the utility vehicle. They did not wear any helmets. They were going about 15 mph down a level dirt and gravel road. They hit a rut on road on the right side of the road. The front passenger side wheel and the passenger side rear wheel went over this rut. The utility vehicle then began to veer to the left. The driver turned the steering wheel to right and over corrected it. The vehicle then began to tip over on the passenger side. The victim stuck out his right leg in attempt to stabilize the utility vehicle, but the vehicle was too heavy. The vehicle tipped over and the top roll bar landed on the victim's right lower leg. He was still strapped onto the utility vehicle passenger seat.

The driver who was not injured in this incident then unbuckled his seat belt. He then lifted up the utility vehicle in order for the victim to pull his right lower leg from under the top roll bar. He then ran back to the house to get help. Several friends then drove up to the incident

site, picked up the victim, and drove him to the emergency room.

The victim suffered several crushing fractures to his right lower leg above the right ankle. He said doctors had to put several metal pins on his lower leg.

The victim said the weather was clear and was between 60 to 70 degrees. The utility did not have any aftermarket modifications done to the vehicle. He also said the utility appears to be top heavy which may have caused the vehicle to tip over.

PRODUCT IDENTIFICATION:

The product involved in this incident is about a 3-year-old Yamaha Rhino 450 Utility Vehicle. The dark green color utility vehicle is owned by property owner of the construction site. The victim was not able to obtain any other information on this utility vehicle.

EXHIBITS:

- #1. Internet information on the 2006 Yamaha Rhino
- #2. CPSC Incident Doc.No. I08B0095A

Staff Report:**New for 2006
The Yamaha Rhino 450**

Yamaha Rhino 450

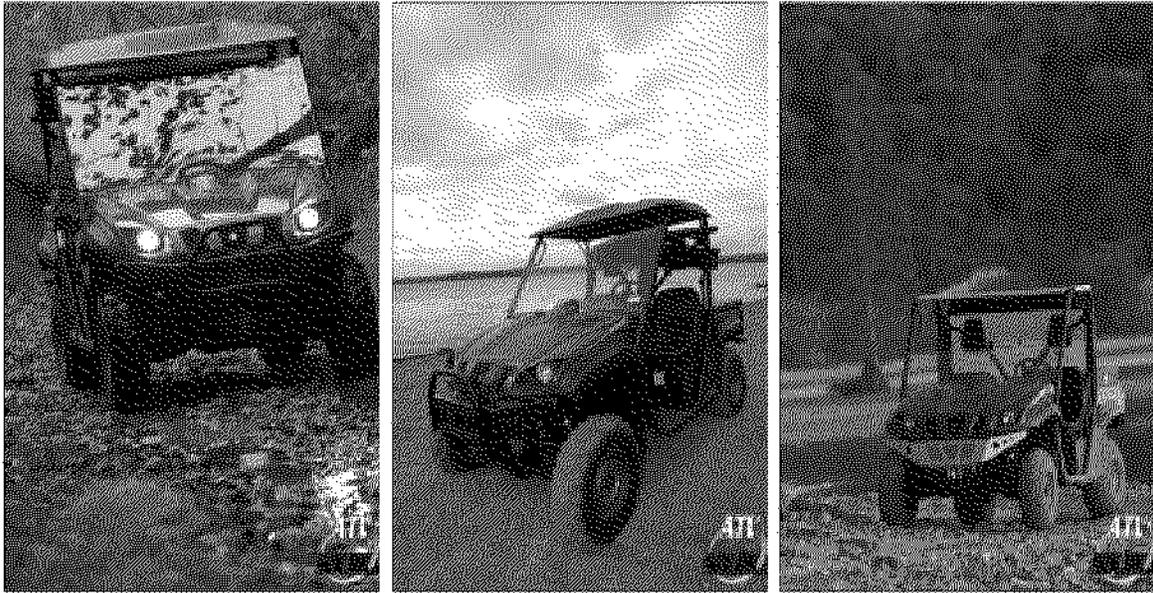
Move over single seat ATVs, there is a new machine in town. The Yamaha Rhino 450, which is priced to compete with the top of the line ATVs on the market. The new Rhino 450 is closely related to the Rhino 660, released in 2003. The sporty 4x4, side by side seated unit with a rear cargo box is well accepted. The 660 Rhino is powered by Yamaha's well known five valves, liquid cooled, power-house, 660 ATV engine. New for 2006, Yamaha introduces the Rhino 450. The new 450 uses the same chassis, frame, and body. The only features that have changed are the engine size and a reduction in gearing within the automatic

transmission. Seems Yamaha has come up with a way to offer the Rhino at a better price, going from \$9,199 with the 660 version to \$7,999 on the 450, a savings of \$1,200.

Why A 450?

The marketing game is based on finding the needs of your consumer and filling those needs efficiently. We see this with many ATV manufacturers, they find out through surveys and dealers what the needs of the main stream purchasers are and fill the need with comparable products. For example, the top of the line ATV is now priced anywhere from \$7,000 to as high as \$9,000. Due to the above mentioned demographics, ATV prices reflect the market segment they are targeting. Many times new ATV owners will receive a mail-in survey card asking what income bracket they fit in, how old they are, and why they purchased the product. This information supplies the marketing team with valuable incite as to who is looking to buy what and how many of these potential buyers are out there. Where is this all leading? I'm laying a basis for why Yamaha would release a smaller version of the already successful Rhino 660 side by side, cargo box, ATV. Frankly, there is a customer who is looking to buy a top of the line ATV, so Yamaha wants to hit the mark and supply this customer with an alternative. An equally priced but more efficient side by side, thus Yamaha has produced good marketing strategy. Yamaha has produced a good marketing strategy by offering their customers an equally priced but more efficient **side by side unit**. We have seen this with other manufacturers; they produce a high end product and then reduce the engine size to provide a better price. This philosophy is exactly what Yamaha did with the Rhino; they kept the same structure and changed the engine size. This lead to more sales due to crossover patterning, as price can determine which machine a consumer will purchase. That may sound a bit confusing, but if a buyer wants to spend \$8,000 maximum, and a top of the line ATV is \$7,999 and a two seat, cargo box, utility model is priced the same, many purchasers will see the differences in buying a typical ATV or a side by side unit. First off, they can bring along a friend, do yard work, and have more fun anytime they ride. What would you buy?





More On The 450 Engine:

Yes, the Rhino is being powered by a 450 but I think the 450 engine size is only small by today's standards. Especially since it was not that long ago that a 400cc engine was quite large, only since the Consumer Product Safety Commission's Consent Decree expired, running from 1988 to 1998 have we seen larger than 400cc engines. Think about it, really it's only in the last few years that we have been exposed to large bore ATV engines. The Rhino 450 engine is the same power-plant used in the now available Kodiak ATV. Yamaha incorporated the same 421 cc liquid cooled, two valve engine found in the Kodiak into the new Rhino. Yamaha decided to use the configuration because of the engines vast amount of low-end torque and mid-range power, making it the perfect choice for a smaller version of the original Rhino. Mated to the 450 engine is Yamaha's tried and true Ultramatic automatic transmission with high, low, neutral, and reverse. One of the only changes made to the basic components of the new Rhino is related to the Transmission. Yamaha has changed and lowered the high and low gear ratio in the original Kodiak Ultramatic transmission to increase the power level needed to efficiently power a larger side by side ATV.

Yamaha has seen many advantages to the reproduction of the Rhino in a smaller version. One advantage we have not discussed is how many components of the Rhino have trickled in from other Yamaha ATVs, such as, the Grizzly's, On-Command Four-Wheel drive, and the fully independent suspension.



Ready to tackle the extremes with its push button on the fly four-wheel or

The On-Command four-wheel drive starts out with a dash mounted switch that enables the driver to in-gauge the machines four-wheel drive. Your first option is two-wheel drive which is for normal driving conditions. At the push of a button, you can go into four-wheel drive for mucky situations, and lastly, true locking four-wheel drive, which locks all four wheels into a direct drive and produces the most efficient amount of power to each wheel. The system may sound complicated but its simple, just push the first four-wheel drive button for four-wheel drive, and if that's not enough, slide the locking lever over and push the locking differential button. This will produce the fully locked front differential and supply power to each wheel.

The Rhino uses a fully independent suspension. Components include a double wishbone suspension with 7.3 inches of wheel travel and 5-way adjustable shocks, both in the front and the rear of the Rhino. This wheel travel translates into 12 inches of ground clearance.

Actual Ride Time:



I know the **side by side cargo-box type ATVs** are not for everyone, there is a demographic age that specifically enjoys the camaraderie of having a friend along to talk with. I now fall into that category, as in a few months I'll hit the big 40. Years ago, I wanted to go fast and run light. Now, I find myself enjoying more of my time with family and friends. My point is, I like the Rhino and the side by side concept so I may sound a bit biased it could be my age or it maybe that the Rhino fits many lifestyles.

Actually, I found the 450 Rhino to be as satisfying to drive as its big brother the Rhino 660. The slow woods operation is quite similar; the only difference I noticed was the 660 had better acceleration in the long haul and produced a higher top speed. The speeds are as follows: The Rhino 450 comes in at 37 mph and the Rhino 660 hits just around 47 mph, a 10 mph difference.

The Rhino is a very capable off-road two seated vehicle, which will surprise many off-roaders'. We found that the Rhino keeps a low and centered weight mass, and the engine, and transmission are both placed in the optimum position. These are also low and centered in the vehicle producing a great driver confidence of how the vehicle will handle in extreme situations. The Rhino 450 is one of the most capable off-road, side by side units I've tested. If you're in the market for a true four-wheel drive, side by side utility ATV, get to a Yamaha dealer and look at the options. You may find the side by side comfort offered by the Yamaha Rhino is more your style.

Doc No: I08B0095A

Issue: 6

11/06/2008

081106CWR 7836

KXM1611 #2

11/04/2008 16:42:34

Name = lucas bryant
Address = 1930 hyde street #16
City = san francisco
State = California
Zip = 94109
Email = larrylowpockets@gmail.com
Telephone = 925-219-2782
Name of Victim = lucas bryant
Victim's Address = 1930 hyde street #16
Victim's City = san francisco
Victim's State = California
Victim's Zip = 94109
Victim's Telephone = 925-219-2782

Incident Description = My name is Lucas Bryant and on March 23rd, 2008, I was a passenger in a Yamaha Rhino, I was wearing my seatbelt and going about 15mph, when the driver hit a rut in the road, overcorrected and tipped the vehicle over on my side. I stuck my leg out to stabilize the vehicle, but unfortunately my leg was snapped. I was rushed to the nearest hospital where I underwent emergency surgery and had a metal rod placed in my right leg.

Victim's age at time of incident = 26
Victim's sex = male
Date of incident = 3/22/08
Product involved = Yamaha Rhino
Product brand name/manufacturer = Yamaha
Manufacturer street address =
Place where manufactured (City and State or Country) =
Product model and serial number, manufacture date =
Product damaged, repaired or modified = no
If yes, before or after the incident =
Description of damage, repair or modification =
Date product purchased =
Product involved still available = no
Have you contacted the manufacturer = no
If not, do you plan to contact them = no
Name Release =

List of Contacts:

Complainant: Lucas Bryant
1930 Hyde St. #16
San Francisco, CA 94109
925-219-2782
Email: larrylowpocket@gmail.com

12/3/2008 - Telephone interview with the complainant.

(b)(5)

11/04/2008 16:42:34

Name = lucas bryant
Address = 1930 hyde street #16
City = san francisco
State = California
Zip = 94109
Email = larrylowpockets@gmail.com
Telephone = 925-219-2782
Name of Victim = lucas bryant
Victim's Address = 1930 hyde street #16
Victim's City = san francisco
Victim's State = California
Victim's Zip = 94109
Victim's Telephone = 925-219-2782

Incident Description = My name is Lucas Bryant and on March 23rd, 2008, I was a passenger in a Yamaha Rhino. I was wearing my seatbelt and going about 15mph, when the driver hit a rut in the road, overcorrected and tipped the vehicle over on my side. I stuck my leg out to stabilize the vehicle, but unfortunately my leg was snapped. I was rushed to the nearest hospital where I underwent emergency surgery and had a metal rod placed in my right leg.

Victim's age at time of incident = 26
Victim's sex = male
Date of incident = 3/22/08
Product involved = Yamaha Rhino
Product brand name/manufacturer = Yamaha
Manufacturer street address =
Place where manufactured (City and State or Country) =
Product model and serial number, manufacture date =
Product damaged, repaired or modified = no
If yes, before or after the incident =
Description of damage, repair or modification =
Date product purchased =
Product involved still available = no
Have you contacted the manufacturer = no
If not, do you plan to contact them = no
Name Release =

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.


Signature

11/11/08
Date

I request that you do not release my name.

You may release my name to the manufacturer but I request that you not release it to the general public.

You may release my name to the manufacturer and to the public.

| | | | | |
|---|--|---|--|---|
| 1. Task Number 081106HCC3100 | | 2. Investigator's ID 9107 | | EPIDEMIOLOGIC INVESTIGATION REPORT |
| 3. Office Code 840 | 4. Date of Accident YR MO DAY 2007 09 26 | 5. Date Initiated YR MO DAY 2009 02 06 | | |
| 6. Synopsis of Accident or Complaint UPC A 72 year old male was riding a UTV 4-wheeler down a trail when his front wheel went up over a large rock causing the right side of the UTV to come up off the ground. When the tires came off the ground the UTV became top heavy and fell to the its left side and The victim was ejected to the ground and his head landed next to the roll bar. The victim was not wearing a helmet nor seatbelts at the time of the incident. The victim died at the scene. | | | | |
| 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 checked="" type="checkbox"/> EXCISIONS/FOIA EXS <i>25u:6</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY | | | | |
| 7. Location (Home, School, etc) 0 - UNKNOWN | | 8. City CLANCY | | 9. State MT |
| 10A. First Product 5044 - Utility Vehicles | | 10B. Trade/Brand Name YAMAHA RHINO | | 10C. Model Number UNKNOWN |
| 10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630 | | | | |
| 11A. Second Product 0 | | 11B. Trade/Brand Name NONE | | 11C. Model Number NONE |
| 11D. Manufacturer Name and Address NONE | | | | |
| 12. Age of Victim 72 | | 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) 8 / 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 03/04/2009 | | 25. Reviewed By 9021 | | 26. Regional Office Director Frank J. Nava |
| 27. Distribution Streeter, Robin; Topka, Tanya | | | 28. Source Document Number 0730007114 | |

This In-Depth Investigation (IDI) was initiated based a death certificate concerning a fatality involving a Utility Vehicle (UTV). The following information was obtained from investigating officials. The incident was not witnessed.

The photographs and the coroner's report were requested but have not been received.

The terrain is identified as a developed 4-wheel wooded trail in a mountain area. Only way to access the area is by way of a 4-wheeler.

It is unknown how fast the victim was going at the time of the incident
The driver was killed; there were no passengers on the UTV.

The victim was a 72 year old male. His date of birth was 6/16/1935. He was 5'9" tall and weighed 180 pounds. The victim did not have any medical problems. On the death certificate it is noted that the victim was not wearing a helmet or seatbelt at the time of the incident.

On 9/26/07, the victim and two other friends on their ATVs were coming back down the trail. The two friends had rode on ahead of the victim and waited down on the trail.

The victim was following behind and he was making his way down the trail, he ventured to the right side just a little too far where his front wheel went up over a large rock and caused the right side of the UTV to come up off the ground. After the two tires were off the ground the UTV then became top heavy and then fell to the left side of the trail.

The two friends that where waiting for the victim noticed that it was taking the victim a little longer than necessary to come down the trail, so they both started back up the trail to investigate.

When they arrived they noticed that the victim's UTV had tipped over on its left side and the victim was lying lifeless with the left side of his head by the roll bar. The two friends pulled the victim away from the UTV and saw blood emitting from inside his mouth. One friend began CPR while the other called for help.

Cause of death was due to blunt force injury to the head.

Product Identification:

The product involved in this In-Depth Investigation was an Utility Vehicle (UTV). The UTV is identified as a **blue 2006 Yamaha RHINO 4-wheel UTV**
No further information was obtained.

Exhibits:

- (1) Police Report
- (2) Search Report
- (3) Toxicology Report
- (4) Photographs

Contacts

Montana Highway Patrol
2550 Prospect Ave
Helena, MT
Contact initiated to obtain a copy of the police report

Jefferson County Sheriff
110 S. Washington St
Boulder, MT
Contact initiated to obtain a copy of the police report
Photographs have not been received

Coroner
PO Box 588
Boulder, MT 59632
Contact initiated to obtain a copy of the coroner's report

Task Number: 081106HCC3100

Date: 2/24/2009

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. _____

Jefferson County
Incident Report
Incident JCSO207368-1 ORI MT0220000

Incident Date/Time 09/26/07 14:59 To
Report Date/Time 09/27/07 10:56
Time Arrived 15:58 Time Cleared 18:16

Description: ACCIDENT I VEI/FATAL

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

Occurred At: CLANCY / CLY - CLANCY

Location: CLY - CLANCY

DOB:

Phone(H):

Race:

Sex:

Ethnic:

Height: 5'0"

Weight: 0

Hair:

Eyes:

DOC:

Complainant Employer:

Occupation:

Phone(W):

Offense:

| IBR# | Offense Description | Statute | Status | Loc | Weapons |
|------|---------------------|---------|-----------|-------------|---------|
| 9011 | Death Accidental | | Completed | Field/Woods | |

Referral:

Children:

Evidence Taken: Photo: Fingerprint(s): Other:

Inv Due:

Status Date: 09/27/07

Status: Cleared

Investigator: 5110 - HAGERTY, DANIEL

Reporting Officer: 5110 - HAGERTY, DANIEL

Supervisor:

Entered By:

Records:

Addendum Codes:

Copies To:

Exceptionally Cleared:

Inv Assgn: 09/27/07

Supervisor Approved: *D. Hagerty*

Record Approved: *Dennis P. ...*

Person(s) Involved:

| Description | Name | DOR | Address | City/State | Phone |
|-------------|---------------------------|-----|---------|------------|-------|
| Victim | (b)(3):CPSA Section 25(c) | | | | |
| Complainant | (b)(3):CPSA Section 25(c) | | | | |

Victim# 1

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

DOB:

Phone(H):

Phone(W):

SSN:

DOC:

Injuries: 1. 2. 3. 4. 5.

Race: White

Sex: M

Ethn: Unknown

Height: 5'09"

Weight: 150

Hair: Grey

Eyes:

Resd: Resident

Age: 72

St: MT

Jefferson County

Incident Report

Incident JCSO207368-1 ORI MT0220000

Subject # 1 - Complainant

| | | | |
|---------------|---------------------------|----------------|---------|
| Name: | (b)(3):CPSA Section 25(c) | Race: | White |
| DOB: | | Sex: | Male |
| Phone: | | Ethnic: | Unknown |
| | | Height: | 6'8" |
| | | Weight: | 235 |
| | | Hair: | Brown |
| | | Eyes: | Blue |
| SSN: | | Skin: | |
| DOC: | | Fac: | NONE |
| OLN: | | Age: | 44 |

Vehicle

No record found

Property

No record found

**Incident Narrative
JCSO207368_1.doc**

On Wednesday September 26, 2007 at approximately 1515Hrs I was notified from Dispatch that I needed to respond to the Clancy, MT area as there was a coroner call involving an ATV accident. I was advised that Deputy Sheriff Chad McFadden and Elkhorn Search & Rescue were also headed to the location due to where the accident was located at. I acknowledged Dispatch and was en route.

At approximately 1623Hrs I arrived at the trailhead where only 4- wheelers were accessible to the accident site. I was transported on one of the search and rescue 4- wheelers. A little further up the trail I met Chad, Terry Sauer and Eagle ambulance personnel. Chad stated to me that the accident was further up the trail and that I could follow him on up. Terry also stated to me that the accident occurred on Ohio Gulch Trail, which was a developed 4- wheeler trail. I thanked Terry and soon after we were en route to the scene.

When I arrived on scene I observed a blue in color 2006 Yamaha ATV (later identified as MT Reg# 30-M28), tipped on its left side with a male body (identified as Decedent- (b)(3):CPSA) lying lifeless in the prone position on his back with his feet facing down towards the trail. The pronounced Time of Death was at 1638Hrs.

I then spoke to two other male individual males who were riding with (b)(3):. The first I spoke to was (b)(6) (b)(6). Both of them stated to me that (b)(3): was the last person coming down the trail as they were a little ways ahead of him. They both noticed that (b)(6) was taking a little longer than necessary to come down the trail, so they both started back up the trail to investigate. When they arrived they noticed that Gerard's 4- wheeler had tipped over on its left side and his body was lying lifeless with the left side of his head by the roll bar. Harry then pulled Gerard's body away from the 4- wheeler and then could see blood emitting from inside his mouth, and then began CPR until he was too tired to continue while Dale called for help.

Sometime later Eagle Ambulance personnel (Shawn and Katherine Jackson), arrived where (b)(6) (b)(6) and (b)(6) were at. (b)(6) tried hooking up a monitor to check for (b)(3):CP heartbeat, but were unable to locate one. Eagle Ambulance then contacted Dispatch and advised them that it was a coroner call.

There were a total of 34 photographs taken at the scene and at the mortuary, and also there was a photo taken from search and rescue of the GPS coordinates of the accident. After completing the necessary paperwork the decedent's body was loaded into a litter and placed on the back of one of the search and rescue's 4- wheeler until it could be unloaded into Eagle Ambulance. Shawn, Katherine and I walked down the trail with the 4- wheeler and body until we met Terry. I explained to Terry what had occurred while the body was loaded into the ambulance, and then en route to Scott Funeral Mortuary in Boulder, MT.

In the meantime I spoke with Undersheriff Steve Marquis and advised him of the present situation. I then asked (b)(6) if he could have Deputy Sheriff Tom Grimsrud respond to the decedent's residence as she hadn't been formally notified. Steve stated to me that he would take care of it.

Later on as I was departing the immediate area I was advised from Deputy Sheriff Bob Gleich that the decedent's wife would like me to stop by and speak with her. I acknowledged him and was en route.

At approximately 1750Hrs I arrived at the wife- (b)(6) residence where I met one of her female neighbors. (b)(6) wanted to know what had happened and I explained to her as (b)(6) was coming back down the trail he ventured to the right side just a little too far where his front wheel went up over the good size rock and caused the right side of the ATV to come up off the ground. After the two tires were off the ground the ATV then became top heavy and then fell to the left side, then causing the accident.

I then asked her what she had in mind for necessary funeral arrangements, and (b)(6) stated to me that she knew that she wanted him cremated but didn't know who since had resided in her present location for only four months. I stated to her where (b)(6) s body would be at and if she was interested she could contact Keith Kneeland. She then thanked me for my help and I then departed the immediate area en route to the mortuary.

At approximately 1835Hrs I met with Deputy Sheriff Shaun Gardner who assisted me and witnessed what items were taken from (b)(6) s body. After taking photographs I then drew vitreous fluid and placed it in the toxicology kit before sealing it. Taken from the body was a money clip that had a total currency of \$580.00 and

Incident Narrative
JCSO207368_1.doc

three credit cards, one insurance card and a MT Driver's license. Next was a black in color LG cellular phone, a small Ruko pocket knife and one pair of glasses with one lens knocked out. The items were then placed inside an evidence bag and then put inside my patrol vehicle where it was properly secured. Shaun and I then departed the mortuary.

At approximately 1937Hrs I arrived at the sheriff's office in Boulder and acquired the necessary paperwork needed from Dispatch so that I could complete the coroner report. I then left en route back to Whitehall, MT.

On Thursday at approximately 1043Hrs I was advised from Dispatch that I needed to contact Gerard's brother Denny and was advised of the phone number. I then contacted Denny and he provided me the necessary paperwork needed so that I could fully complete the coroner report. Denny agreed to meet me at the sheriff's office where I could give him the valuables that I had acquired from (b)

At approximately 1430Hrs Denny and the rest of the family met with me and I then gave him the items of (b)(3):CP. He also signed an evidence card showing that he received all of the items.

The death was of accidental and the cause of death was blunt force injury to the head. Actual time of death was at 1447Hrs, and the pronounced time of death was at 1638Hrs. Decedent didn't have any medical problems related from his wife (b)(6)

**Elkhorn Search & Rescue
P.O. Box 304
Clancy MT 59634**

SEARCH REPORT

Requesting Agency: Jefferson County Sherrifs office

Subject: Mr. Nichols ATV wreck

Prepared by: Dave Kauffman-Coordinator Elkhorn Search & Rescue

Date of Search: 9-25-07

Location of Search: Sheep Mountain * UTM 12T 0422106-5150458
Map datum: NAD 83 Lat Long: N 46d 30'11.5" - W 112d 00'54.7"

Place Last Seen: (PLS) On Trail

Type of Search: Body Recovery

ATV Teams: 4
Chad Mcfadden, Dave Kauffman,
Larry Heigh, Cris Goodhue

Action Taken:

Deputy Chadd Mcfadden called coordinator Dave Kauffman at 15:00 hrs to respond to the Sheep Mountain area for a potentially fatal atv accident. Dave attempted to call coordinator Alan Erickson with no response. While in route to the Esar building Dave called down the call tree to get more help to respond. three members responded: Dave Kauffman, Cris Goodhue and Larry Heigh. When Dave arrived at the building at 15:15 hrs Chad McFadden informed him the Victim was deceased. Responding teams arrived at the building at 15:20 hrs and we deployed with four atvs to Sheep Mountain for the body recovery. Teams arrived on scene at 16:02 hrs and soon deployed. We were informed that Eagle ambulance service had walked into the subject. Chad, Dave, Larry and Cris arrived on scene at 16:15. After the Deputy Coroner investigated Elkhorn team helped with the packaging and transported the Victim and all personnel to the trailhead. The subject was approximately two miles from (b)(6) house on a windy and steep trail. The subject appeared to have hit a large rock with his Rhino atv which started his atv tipping on its side. When we arrived the victim was laying on the trail below the atv.
We returned home from the search at 18:20 hrs.



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



DEPUTY DAN HAGERTY
JEFFERSON COUNTY SHERIFF
COUNTY COURTHOUSE
110 SOUTH WASHINGTON
BOULDER, MT 59822

Lab Case #: FSD-07-003949
Agency Case #: JCSO207368
SUBJECT (b)(3):CPSA Section 25(c)

CC:

TOXICOLOGY REPORT

EVIDENCE:

The laboratory received the following evidence for analysis:

TOX KIT - NICKEL

DRUG CONFIRMATION RESULTS:

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

SAMPLE NOT ANALYZED

AN INSUFFICIENT SAMPLE WAS SUBMITTED FOR ANALYSIS

James D. Hitchmann, Jr.
Forensic Toxicologist/Supervisor

Scott A. Schmeier
Forensic Toxicologist

Sara E. Hansen
Forensic Toxicologist

Elizabeth A. Savelly
Forensic Toxicologist

Date of Report: 11/15/2007

PLEASE NOTE: All biological specimens or other items that were submitted to the Toxicology Section in this case will be retained at this Laboratory for a period of two years in which time they will be destroyed, unless or until we receive a letter from your office stating what other action you may require.

CERTIFICATION: The undersigned, as Custodian of Records for the Department of Justice, Division of Forensic Sciences, hereby certifies that this document, when signed and dated, is a true and correct copy of the original of said document on file in the offices of the Division of Forensic Sciences.

Dated this 15 day of NOV 2007

Custodian of Records, Division of Forensic Sciences

Exhibit #4 – Police Photographs
IDI# 081106HCC3100



Photo #1 – View of the Utility Vehicle on its left side. View is facing the rear lower part of the UTV.



Photo #2 – View of the large rock that overturned the UTV on its left side. The arrows point at the left side tire marks left by the UTV.

Exhibit #4 – Police Photographs
IDI# 081106HCC3100



Photo #3 – View of the underside of the UTV.



Photo #4 – View of the top side of the UTV. The arrow is pointing to where the victim was found with his head near the roll away bar of the UTV.

Exhibit #4 – Police Photographs
IDI# 081106HCC3100

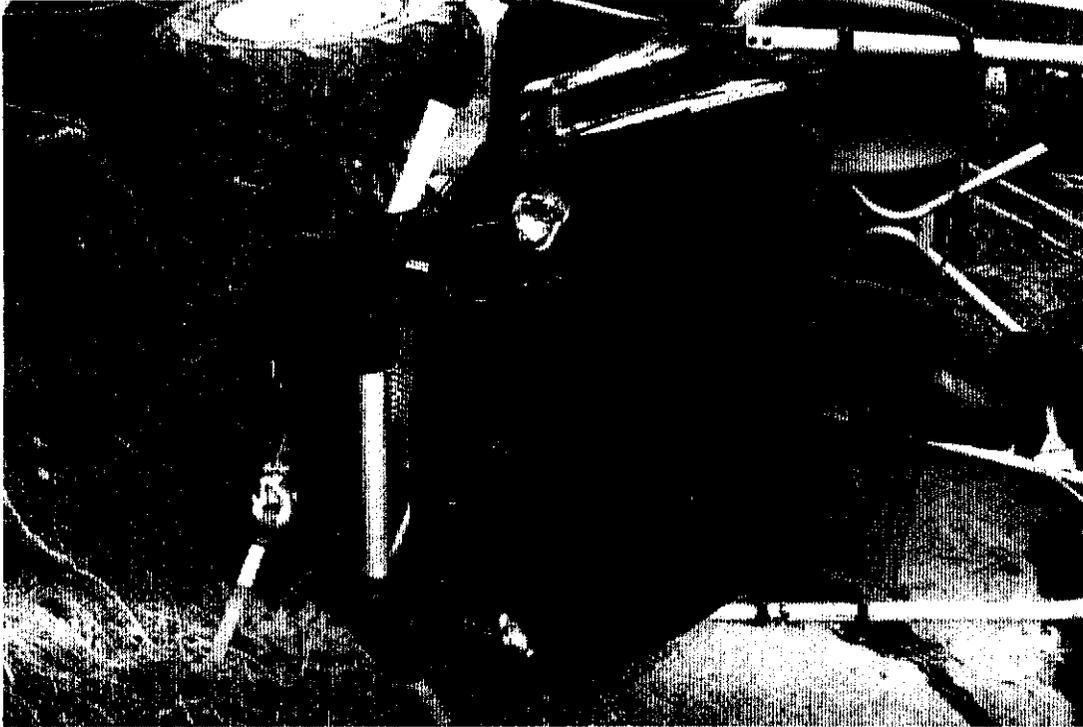


Photo #5 – View of the front end of the UTV.

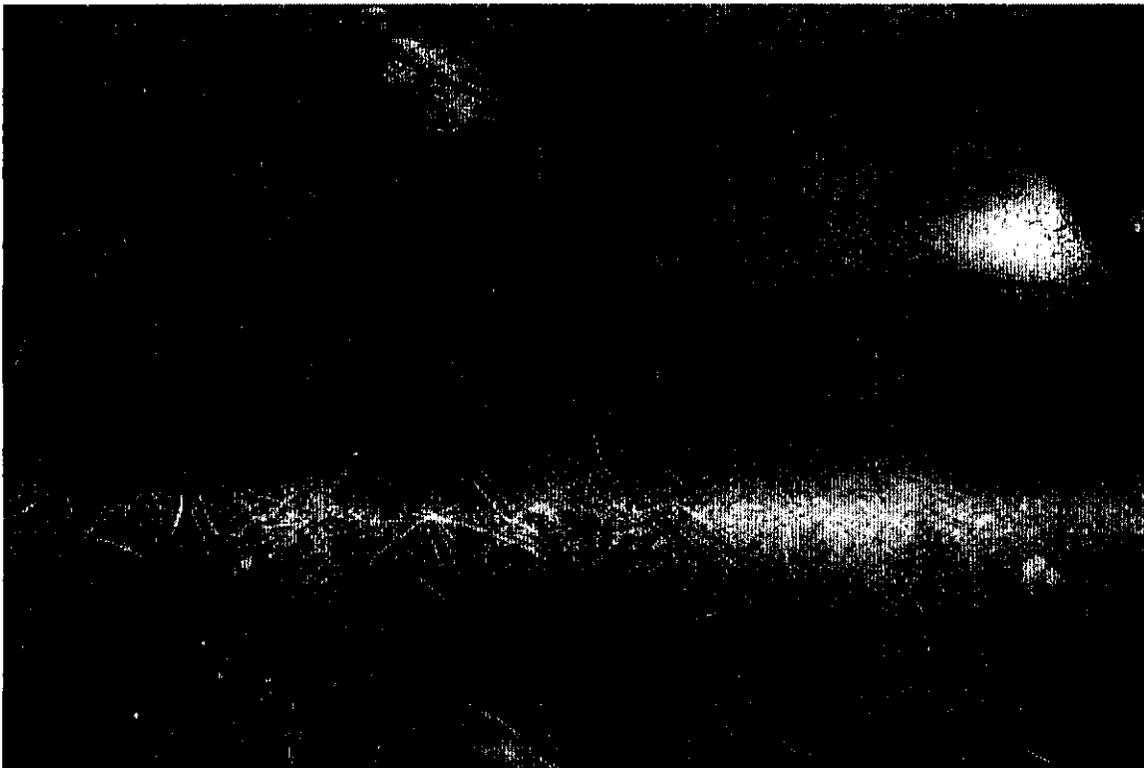


Photo #6 – View of the skid marks left by the UTV after the incident.

Exhibit #4 – Police Photographs
IDI# 081106HCC3100

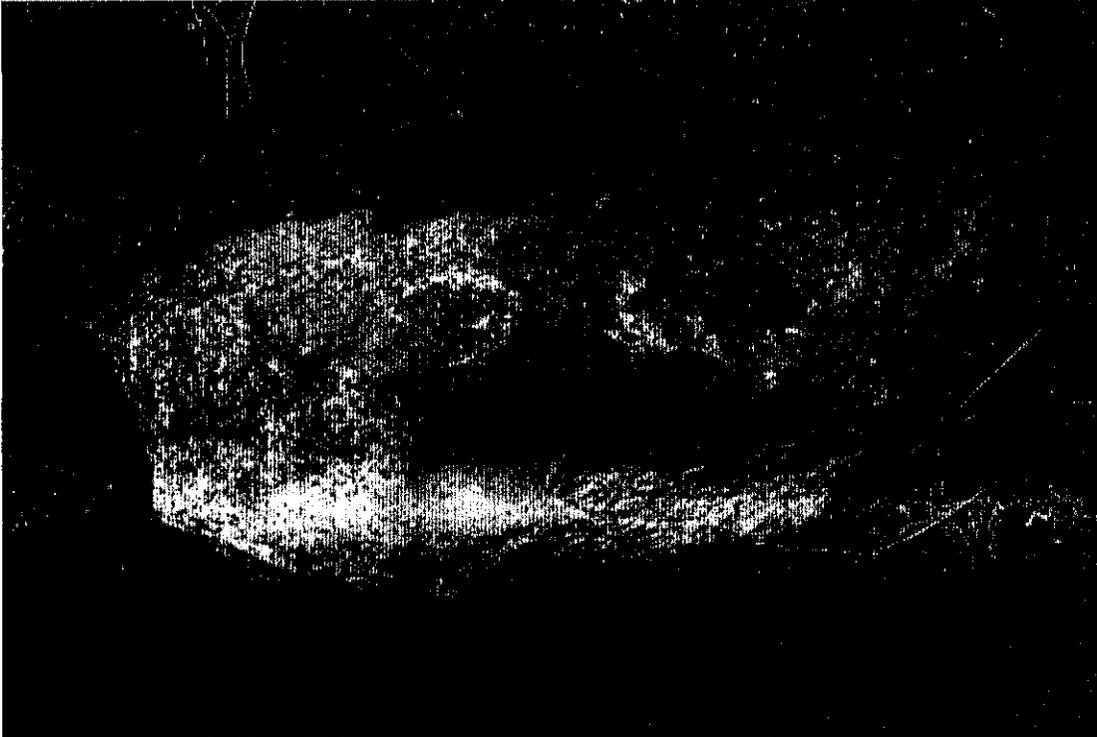


Photo #7 – Closer view of the large rock that over turned the UTV.



Photo # 8 – View of the location where the ATV over turned and came to rest after the incident.

Exhibit #4 – Police Photographs
IDI# 081106HCC3100



Photo #9 – View of the roadway that was used to get to the overturned UTV.

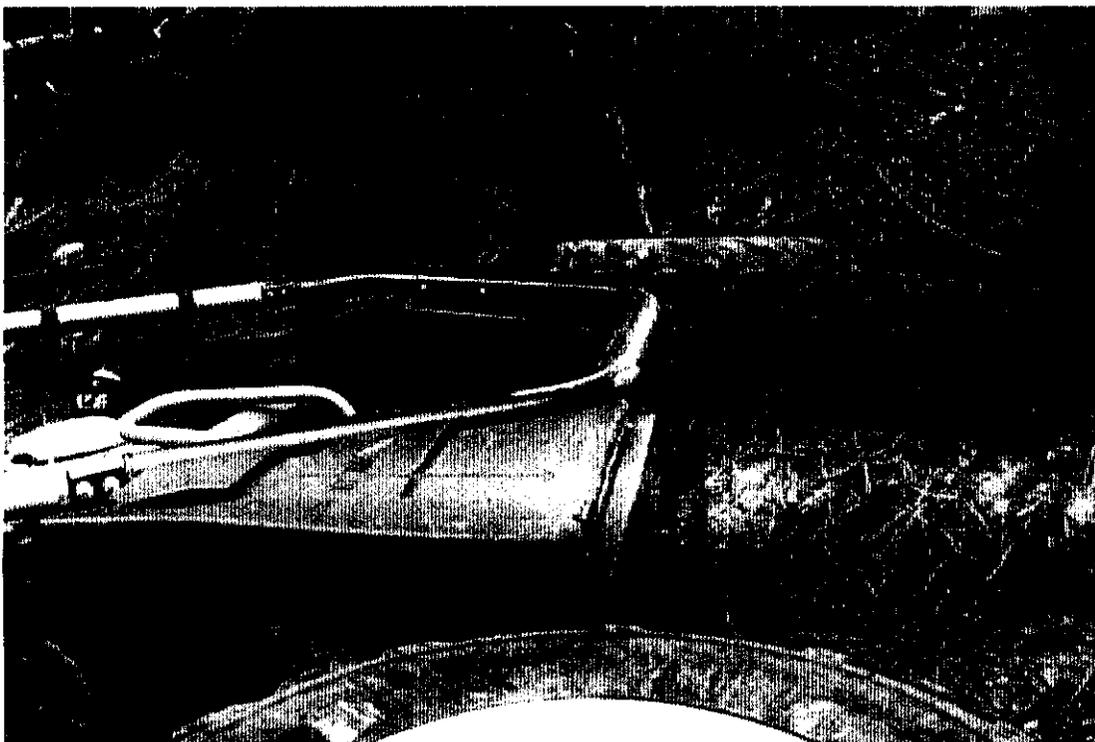


Photo #10 – This is a view of the right side of the UTV. The arrows are pointing to scrapes and scratches on the UTV.

Task Number 081106HCC3100

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

Type of respondent: Police Department

Other, specify:

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

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

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

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

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

Model: Yamaha Rhino | VIN:

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

Model Year: 2006

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

Engine Size: Unknown

6. Was there more than one death involved in this incident? If more than two individuals were killed use an additional sheet.

| | |
|-----------------------------------|----------|
| Death #1 | Death #2 |
| Date of Death: 09/26/2007 | |
| Age/Sex: 72/Male | / |
| State of Death: MONTANA | |
| City of Death: Clancy | |
| County of Death: Jefferson County | |

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

A 72 year old male was riding a UTV 4-wheeler down a trail when his front wheel went up over a large rock causing the right side of the UTV to come up off the ground. When the tires came off the ground the UTV became top heavy and fell to the its left side and The victim was ejected to the ground and his head landed next to the roll bar. The victim was not wearing a helmet nor seatbelts at the time of the incident. The victim died at the scene.

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

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

Victim 1:

Victim 2:

Yes No Unknown Yes No Unknown

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

1 - Driver 3 - Bystander 8 - Other/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: 72 Height: 69 (inches)
Weight: 04 = 150 - 199 Sex: Male

14. How did the driver learn to operate an ATV (READ LIST)

- 1 - Organized Program Sponsor's Name:
- 2 - Dealer/Salesperson Arranged through dealer:
- 3 - Friend/Relative Friend/Relative Age:
- 4 - Self
- 5 - Other (Specify)
- ⑨ - Don't Know

15. What was the type of terrain (ground surface) being travelled at the time the incident occurred?

01 - Forest, Woods

16. Type of road being travelled by ATV when incident occurred?

09 - NA (Not a road)

17. Identify any other motor vehicle(s) involved in this incident.

09 - NA (Not a traffic incident)

18. Had the driver of the ATV used alcohol just prior to the incident?

2 - No

19. Had the driver taken any drugs or medication just prior to the incident?

2 - No, Drugs

Additional Comments:

| | | | | |
|---|--|--|---|---|
| 1. Task Number 081203HWE7908 | | 2. Investigator's ID 8554 | | EPIDEMIOLOGIC INVESTIGATION REPORT |
| 3. Office Code 840 | 4. Date of Accident YR MO DAY 2008 05 16 | 5. Date Initiated YR MO DAY 2008 12 04 | | |
| 6. Synopsis of Accident or Complaint UPC A 15-year old boy jumped up & held onto the side of a utility vehicle as it was driven along a private driveway by another 15-year old boy. Another boy sat in the passenger seat while another boy sat in the pick-up bed of the vehicle. A 14-year old boy sat on the middle console between the seats. The 14-year old boy's foot slipped onto the driver's right foot & pressed down on the gas pedal. The vehicle speeded up, left the driveway & ran into a wall. The vehicle skidded & flipped over onto the boy holding on the outside of the vehicle. He died. MFR/PRVLBR NOTIFIED COMMENTS: ___ YES <input checked="" type="checkbox"/> NO ___ OVERRULED; ___ ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>60</u> ; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY ___ RE-NOTIFY <i>ME 1/30/09</i> | | | | |
| 7. Location (Home, School, etc) 1 - HOME | | 8. City PEORIA | | 9. State AZ |
| 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 15 | 13. Sex 1 - Male | 14. Disposition 8 - Death | 15. Injury Diagnosis 54 - Crushing | |
| 16. Body Part(s) Involved 31 - UPPER TRUNK | 17. Respondent 3 - 2nd Hand Info Only | 18. Type of Investigation 2 - Telephone | 19. Time Spent (Operational / Travel) 7 / 1 | |
| 20. Attachment(s) 9 - Multiple Attachments | | 21. Case Source 12 - MECAP | | 22. Sample Collection Number |
| 23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only | | | | |
| 24. Review Date 01/06/2009 | 25. Reviewed By 9086 | | 26. Regional Office Director Frank J. Nava | |
| 27. Distribution Streeter, Robin; Topka, Tanya | | | 28. Source Document Number N08C0099A | |

This death involved a 15-year old boy and a 4-wheeled utility vehicle which was traveling along a private driveway in Arizona. Information in this report was obtained from local Sheriff and Medical Examiner personnel.

According to the Medical Examiner, the victim was a well-developed and well-nourished male. He weighed 132-pounds and was 64-inches tall.

It happened around 4:15 p.m. during the afternoon of 5-16-2008.

The 15-year old victim along with a 14-year old boy and several other 15-year old boys decided to play/ride on a utility all-terrain vehicle. This vehicle had two front seats with seat belts, a steering wheel, a roll over cage/bar above the seats and a pick-up style bed in the back, see photos # 6 - 10.

A 15-year old boy was sitting in the driver's seat and operating the vehicle. A 14-year old boy was sitting on the center console. Another 15-year old boy was sitting in the front passenger seat and another 15-year old boy was sitting in the pick-up style bed of the vehicle.

The 14-year old boy told Detectives that no one in the vehicle was wearing a seatbelt.

The boys took this vehicle for a spin along a private driveway located next to a private house, see photos # 1 & 2.

According to one Detective, there was sufficient space along this private driveway for two lanes of travel. This private driveway followed the natural contours of the land around the house. There were dips, hill crests and curves in this driveway. He reported that the road was dry and appeared to be in good condition, see photos # 3 & 4.

The 15-year old driver told Detectives that this was the first time he had driven this vehicle. He was driving the vehicle eastward along the driveway and making a left turn when the 14-year old boy's foot stepped on his right foot and caused the vehicle to accelerate.

As the vehicle was traveling along the driveway the 15-year old victim ran over and jumped onto the driver's side as the vehicle was making a left turn along a curve in the driveway. He grabbed onto the outside of the driver's side of the vehicle.

The driver said that the victim was hanging onto the driver's side of the vehicle when the vehicle hit a small retaining wall, see photos # 4 & 5.

The vehicle then flipped over onto its side.

The 14-year old boy confirmed these events during his conversation with deputies. He said that during the turn his left foot slipped onto the driver's right foot which was on the gas pedal. This caused the gas pedal/accelerator to be pushed to the floor.

The vehicle left the private driveway and struck a decorative retaining wall that was located on the south side of the residential property, see photos # 4 & 5.

The vehicle then started traveling to the right.

The vehicle began to skid and eventually rolled onto the driver's side. The vehicle rolled over on top of the 15-year old victim who was holding onto the outside of the vehicle.

According to one Detective, the victim was struck by the upper edge of the left side of the vehicle's roof as the vehicle overturned.

The weight of the vehicle crushed the boy's chest.

According to the Deputies, several of the other boys also suffered injuries. The driver suffered a closed head trauma injury and was admitted to a local hospital. The boy who sat in the front passenger seat suffered a broken arm. The other boys suffered minor bruising.

A 9-1-1 call was received at 4:15 p.m. Paramedics and Sheriff's personnel responded to the scene.

The boys were taken to local hospitals. The 15-year old victim who had been holding onto the side of the vehicle died from his injuries.

An autopsy was performed by a County Medical Examiner. He determined that the boy's death was due to blunt impact to the torso. The pathological diagnoses include laceration of the heart and pericardium; hemothorax; cutaneous abrasions; blunt impact to extremities and cutaneous abrasions, contusion and laceration.

A copy of the medical examiners report is attached as exhibit # 3.

PRODUCT IDENTIFICATION

This death involved a Rhino model utility all-terrain vehicle from Yamaha Motors Corporation.

Deputies identified the vehicle as a 2005 Yamaha, 660 Rhino with VIN # (b)(6)

A warning label was located on this vehicle. This labeling includes (see photo # 14):

/!\ 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.

READ THE OWNER'S MANUAL

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.

If you think or feel the Rhino may tip or roll:

Brace yourself by pressing your feet firmly on the floorboards and keep a firm grip on the steering wheel or handholds.

Do not put your hands or feet outside of the vehicle for any reason.

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/rhino

Photographs of this vehicle are included in exhibit # 2.

CONTACTS:

PURPOSE & RESULTS:

Sheriff &
Medical Examiner personnel

Incident scenario & product info

EXHIBITS:

1. SHERIFF'S REPORTS
2. SHERIFF'S PHOTOGRAPHS
3. MEDICAL EXAMINER REPORTS
4. CONTACT SHEET
- .
- .
- .

ARIZONA TRAFFIC ACCIDENT REPORT REPORT ID

1 Police only - FORWARD COPY TO ADOT TRAFFIC RECORDS SECTION 064R 206 S 17TH AVE PHOENIX, ARIZONA 85007-3233

COMPLETE THE TRUCK/BUS SUPPLEMENT IF ANY O(CIRCLE) AND ANY (DIAMOND) ARE CHECKED

2 Total Units 1 Total Injuries 5 Total Fatalities 1 Estimated Total Damage Compared To Limit: Over Under

3 On Highway/Road/Street Private Property Loc

TRAFFIC UNIT # 1 Driver Name (b)(6) Sex M Inj 2

TRAFFIC UNIT # 4 Driver Name (b)(6) Sex M Inj 2

TRAFFIC UNIT # 5 Driver Name (b)(6) Sex M Inj 2

5 Seating Position Safety Devices Injury Severity Codes

Table with 5 rows and 5 columns: Unit #, Seat Pos, SD, Age, Sex, Inj

6 Other Property Damage (Describe) Owner's Name Address City State ZIP Code Telephone Number

7 Witness Name Address City State ZIP Code Telephone Age

8 Photos Taken Yes No Photographer's Name, ID Number, and Agency

Officer's Signature and ID Number R. Levy #1881 Agency Maricopa County Sheriff's Office

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>9-DIAGRAM</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">DR# 08-087437</p> <p style="text-align: center;">Page 2</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">SEE DETECTIVE'S SUPPLEMENT DIAGRAM</p> | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">11-SKIDDING OCCURRED</td> <td style="width: 10%; text-align: center;">VEHICLE</td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">3</td> </tr> <tr> <td>YES</td> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>NO</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>12-CITATIONS UNIT NO: _____ A.R.S. NO: _____</p> <p>14-PRIOR ACTION RAN OFF ROADWAY PRIOR TO FIRST HARMFUL EVENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>15-MANNER OF COLLISION CHECK ONLY ONE</p> <p>1 <input checked="" type="checkbox"/> SINGLE VEHICLE 2 <input type="checkbox"/> ANGLE 3 <input type="checkbox"/> LEFT TURN 4 <input type="checkbox"/> RIGHT TURN 5 <input type="checkbox"/> U-TURN 6 <input type="checkbox"/> REAR-END 7 <input type="checkbox"/> HEAD-ON 8 <input type="checkbox"/> SIDESWIPR(SAME DIRECTION) 9 <input type="checkbox"/> SIDESWIPE(OPPOSITE DIRECTION) 10 <input type="checkbox"/> BACKING 11 <input type="checkbox"/> NON-CONTACT MOTORCYCLE 12 <input type="checkbox"/> NON-CONTACT NON-MOTORCYCLE 13 <input type="checkbox"/> PEDESTRIAN 14 <input type="checkbox"/> PEDALCYCLE 15 <input type="checkbox"/> OTHER</p> <p>30-TRAFFIC UNIT ACTION CHECK ONE PER UNIT</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">3</td> </tr> <tr> <td>1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>6</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>7</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>8</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>9</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>10</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>11</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>12</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>13</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>14</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>15</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>16</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>17</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>18</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>19</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>20</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>21</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>22</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>23</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>24</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>25</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>26</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>27</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | 11-SKIDDING OCCURRED | VEHICLE | 1 | 2 | 3 | YES | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NO | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | 1 | 2 | 3 | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11-SKIDDING OCCURRED | VEHICLE | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>13-DESCRIBE WHAT HAPPENED</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">SEE ATTACHED NARRATIVE</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>16-LIGHT CONDITIONS CHECK ONLY ONE</p> <p>1 <input checked="" type="checkbox"/> DAYLIGHT 2 <input type="checkbox"/> DAWN OR DUSK 3 <input type="checkbox"/> DARKNESS</p> <p>YES NO 1 <input type="checkbox"/> STREETLIGHT 2 <input type="checkbox"/> STREETLIGHT FUNCTIONING</p> | <p>21-SPECIAL LOCATION CHECK ONLY ONE</p> <p>1 <input type="checkbox"/> SCHOOL CROSSING 2 <input type="checkbox"/> PEDESTRIAN CROSSWALK (STRIPED) 3 <input type="checkbox"/> PEDESTRIAN CROSSWALK (NO STRIPING) 4 <input type="checkbox"/> BRIDGE 5 <input type="checkbox"/> TUNNEL 6 <input type="checkbox"/> RR CROSSING 7 <input type="checkbox"/> GORE AREA 8 <input type="checkbox"/> BIKE PATH 9 <input type="checkbox"/> 2-WAY LEFT TURN LANE</p> | <p>24-NON INTERSECTION ROAD CHARACTER CHECK ONLY ONE</p> <p>1 <input type="checkbox"/> 2-WAY STRIPED CENTERLINE 2 <input type="checkbox"/> 2-WAY NO STRIPE 3 <input type="checkbox"/> 2-WAY PAINTED MEDIAN 4 <input type="checkbox"/> 2-WAY RAISED MEDIAN 5 <input type="checkbox"/> 2-WAY CONCRETE BARRIER 6 <input type="checkbox"/> 2-WAY CABLE BARRIER 7 <input type="checkbox"/> 2-WAY DEPRESSED MEDIAN 8 <input type="checkbox"/> 2-WAY EXTENDED MEDIAN 9 <input type="checkbox"/> 1-WAY STREET</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>17-WEATHER COND. CHECK ONLY ONE</p> <p>1 <input checked="" type="checkbox"/> CLEAR 2 <input type="checkbox"/> CLOUDY 3 <input type="checkbox"/> SLEET/HAIL 4 <input type="checkbox"/> RAIN 5 <input type="checkbox"/> SNOW 6 <input type="checkbox"/> SEVERE CROSSWINDS 7 <input type="checkbox"/> BLOWING DIRT, SAND, SOIL, SNOW 8 <input type="checkbox"/> FOG, SMOG, SMOKE</p> | <p>22-UNUSUAL ROAD COND. CHECK ONLY ONE</p> <p>1 <input type="checkbox"/> UNDER CONST. TRAFFIC ALLOWED 2 <input type="checkbox"/> UNDER CONST. NO TRAFFIC ALLOWED 3 <input type="checkbox"/> UNDER REPAIRS 4 <input type="checkbox"/> HOLES, RUTS, BUMPS 5 <input type="checkbox"/> OBSTRUCTION - PROTECTED 6 <input type="checkbox"/> OBSTRUCTION - UNPROTECTED 7 <input type="checkbox"/> OBSTRUCTION - NOT LIGHTED AT NIGHT 8 <input type="checkbox"/> DEFECTIVE SHOULDERS 9 <input type="checkbox"/> CHANGING ROAD WIDTH 10 <input type="checkbox"/> WATER (STANDING OR MOVING) 11 <input type="checkbox"/> TEMPORARY LANE CLOSURE</p> | <p>25-ROAD GRADE CHECK ONLY ONE</p> <p>1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> DOWNGRADE 3 <input type="checkbox"/> UPGRADE 4 <input type="checkbox"/> HILLCREST 5 <input checked="" type="checkbox"/> DIP</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>18-ROAD SURFACE TYPE CHECK ONLY ONE</p> <p>1 <input checked="" type="checkbox"/> ASPHALT 2 <input type="checkbox"/> CONCRETE 3 <input type="checkbox"/> GRAVEL 4 <input type="checkbox"/> DIRT 5 <input type="checkbox"/> OTHER</p> | <p>23-TRAFFIC CONTROL DEVIC. LEGEND: A-DEVICE OPERATIONAL B-DAMAGED OR NON FUNCTIONAL PRIOR TO ACCIDENT CHECK ANY THAT APPLY A B</p> <p>1 <input type="checkbox"/> TRAFFIC SIGNAL 2 <input type="checkbox"/> YIELD SIGN 3 <input type="checkbox"/> STOP SIGN 4 <input type="checkbox"/> WARNING SIGN 5 <input type="checkbox"/> RAILROAD SIGNAL 6 <input type="checkbox"/> FLASHING SIGNAL 7 <input type="checkbox"/> FLAGMAN OR OFFICER</p> | <p>26-ROAD SURFACE CONDITION CHECK ONLY ONE</p> <p>1 <input checked="" type="checkbox"/> DRY 2 <input type="checkbox"/> WET 3 <input type="checkbox"/> SAND, MUD, DIRT, OIL, GRAVEL 4 <input type="checkbox"/> SNOW 5 <input type="checkbox"/> SLUSH 6 <input type="checkbox"/> ICE 7 <input type="checkbox"/> OTHER 8 <input type="checkbox"/> UNKNOWN</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>19-TYPE OF LOCATION CHECK ONLY ONE</p> <p>1 <input type="checkbox"/> INTERSECTION 2 <input type="checkbox"/> JUNCTION AREA 3 <input type="checkbox"/> NON-JUNCTION 4 <input checked="" type="checkbox"/> DRIVEWAY ACCESS 5 <input type="checkbox"/> ALLEY ACCESS 6 <input type="checkbox"/> ALLEY</p> | <p>27-CONDITONS INFLUENCING DRIVER TWO CHOICES PER PERSON</p> <p>1 2 3 1 <input type="checkbox"/> <input type="checkbox"/> NO APARENT INFLNCE 2 <input type="checkbox"/> <input type="checkbox"/> HAD BEEN DRINKING 3 <input type="checkbox"/> <input type="checkbox"/> USE OF ILICIT DRUGS 4 <input type="checkbox"/> <input type="checkbox"/> ILLNESS 5 <input type="checkbox"/> <input type="checkbox"/> FELL ASLEEP/FATIGUE 6 <input type="checkbox"/> <input type="checkbox"/> PHYSICAL IMPAIRMENT 7 <input type="checkbox"/> <input type="checkbox"/> PRESCRIPTIO DRUGS 8 <input checked="" type="checkbox"/> <input type="checkbox"/> OTHER 9 <input type="checkbox"/> <input type="checkbox"/> UNKNOWN</p> | <p>28-VIOLATIONS/BEHAVIOR TWO CHOICES PER PERSON</p> <p>1 <input type="checkbox"/> <input type="checkbox"/> NO IMPROPER ACTION 2 <input type="checkbox"/> <input type="checkbox"/> SPEED TO FAST FOR COND 3 <input type="checkbox"/> <input type="checkbox"/> EXCEED LAWFUL SPEED 4 <input type="checkbox"/> <input type="checkbox"/> FAILED TO YIELD RIGHT OF WAY 5 <input type="checkbox"/> <input type="checkbox"/> FLOWED TOO CLOSELY 6 <input type="checkbox"/> <input type="checkbox"/> RAN STOP SIGN 7 <input type="checkbox"/> <input type="checkbox"/> DISREGARDED TRAFFIC SIGNAL 8 <input type="checkbox"/> <input type="checkbox"/> MADE IMPROPER TURN 9 <input type="checkbox"/> <input type="checkbox"/> DROVE IN OPPOSING TRAFFIC LN 10 <input type="checkbox"/> <input type="checkbox"/> KNOWINGLY OPERATED WITH FAULTY OR MISSING EQUIP 11 <input type="checkbox"/> <input type="checkbox"/> REQ MOTORCYCLE SAFETY EQUIP NOT USED 12 <input type="checkbox"/> <input type="checkbox"/> PASSED IN NO PASSING ZONE 13 <input type="checkbox"/> <input type="checkbox"/> UNSAFE LANE CHANGE 14 <input type="checkbox"/> <input type="checkbox"/> OTHER UNSAFE PASSING 15 <input type="checkbox"/> <input type="checkbox"/> INATTENTION 16 <input type="checkbox"/> <input type="checkbox"/> DID NOT USE CROSSWALK 17 <input type="checkbox"/> <input type="checkbox"/> WALKED ON WRONG SIDE OF RD 18 <input checked="" type="checkbox"/> <input type="checkbox"/> OTHER 19 <input type="checkbox"/> <input type="checkbox"/> UNKNOWN</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>20-INTERSECTION RELATED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> | <p>29-VEHICLE CONDITION TWO CHOICES PER VEHICLE</p> <p>1 2 3 1 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NO APPARENT DEFECTS 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE BRAKES 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE STEERING 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE HEADLAMPS 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE TAIL LAMPS 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE TURN-SIGNAL 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PUNCTURE OR BLOWOUT 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ONE OR MORE SMOOTH TIRES 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FIRE 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE WINDSHIELD WPR 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DEFECTIVE EXHAUST SYSTEM 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER DEFECTS 13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NO TRAILER BRAKES 14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN</p> | <p>31-VISION OBSCUREMENT CHECK ONE PER UNIT</p> <p>1 2 3 1 <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NOT OBSCURED 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY PARKED / STOPPED VEHICLE 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY MOVING VEHICLE 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY BUILDING 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY EMBANKMENT 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY SIGNBOARD 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY HILLCREST 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY LOAD ON VEHICLE 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY TREES, BUSHES 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY HEADLIGHT 11 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BY SUN GLARE 12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> BECAUSE OF BAD WEATHER 13 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER 14 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RAIN, SNOW, FOG ON WINDSHIELD 15 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> WINDSHIELD OBSCURED- OTHER 16 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UNKNOWN</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>32-DIRECTION OF TRAVEL CHECK ONE PER UNIT</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">3</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">1</td> <td style="width: 10%; text-align: center;">2</td> <td style="width: 10%; text-align: center;">3</td> </tr> <tr> <td>1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>5</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>6</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>8</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>9</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | | 1 | 2 | 3 | | 1 | 2 | 3 | 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | 2 | 3 | | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|-----------|-------|-----|------|---|---|----------|---|-----------------|---|----------------------|--------------------|---|---|---|---|---|---|---|
| ARIZONA TRAFFIC ACCIDENT REPORT SUPPLEMENT <small>ACCIDENT RECORDS ANALYSIS UNIT 084P ARIZONA DEPARTMENT OF TRANSPORTATION 306 E. 17TH AVE. PHOENIX ARIZONA 85017-3233</small> | REPORT ID | | | | | | | | | | Agency Report Number | | | | | | | | |
| | YEAR | MONTH | DAY | HOUR | | | NCIC NO. | | OFFICERS ID NO. | | | 08-87437 Page 3 | | | | | | | |
| | 0 | 8 | 0 | 5 | 1 | 6 | 1 | 6 | 1 | 5 | 0 | 7 | 0 | 0 | 0 | 1 | 8 | 8 | 1 |
| ACCIDENT DESCRIPTION (Narrative) | | | | | | | | | | | | | | | | | | | |

On 05/16/08 at approximately 1615 hours, I responded to a traffic accident at (b)(6) in Peoria AZ.

Upon arrival I saw that the Peoria Fire Department, Engine 195, was treating one subject. I also noticed that there was an ATV laying on the driver's side, facing west, Arizona plate (b)(6). A registration check of the vehicle through MCSO radio showed the vehicle registration to be invalid – Mandatory Insurance suspension and the registered owner, (b)(6) – 12/30/64.

One of the firefighters advised me that they would be transporting one subject, (b)(6) – 15y/o, by helicopter and that they had a battalion Chief at the landing zone, the neighboring church on Jomax Rd. Other responding deputies were diverted to the landing zone to assist.

Deputy Azurin #1621 and I began gathering information about the accident and found there to be no witnesses other than the 5 teenagers involved in the accident. We identified the other 4 passengers who were riding in the ATV, (b)(6) 10/06/92; (b)(6), 06/30/93; (b)(6) 15y/o; (b)(6), 02/22/93. We were informed that (b)(6) was driving the ATV, (b)(6) was sitting on the center console, (b)(6) was sitting in the passenger seat, (b)(6) was sitting in the pick-up style bed of the ATV, and that (b)(6) was standing and hanging onto the driver's side roll cage.

I contacted (b)(6) as he was attempting to leave the scene to transport his son, (b)(6), to Arrowhead Hospital. I collected (b)(6) information and contact numbers before allowing him to proceed to the hospital. I also discovered that this accident had occurred on private property, the driveway shared by multiple residences.

I was directed by Sergeant C. Jeffreys #1010 to complete the accident face sheet while fire treated the other passengers for minor injuries.

Deputy Azurin advised me that as (b)(6) was driving the ATV on the driveway, (b)(6) jumped onto the vehicle's driver's side roll cage as it was taking a left turn. (b)(6) stated that during the turn his left foot slipped onto (b)(6) right foot causing the gas pedal to be pushed to the floor. As a result of these actions the ATV began to skid and eventually roll onto the driver's side, crushing (b)(6) chest before coming to rest in the position it was upon our arrival.

(b)(6) was transported by Southwest ambulance to the landing zone, where he was further transported by DPS helicopter to St. Joseph's hospital.

The ATV was up righted and moved by unknown persons, without our knowledge or approval to allow (b)(6) SUV to pass through on his way to Arrowhead hospital.

I was advised by my Sergeant that traffic accident detectives were en-route to the scene and that he was attempting to get a Drug Recognition Expert to respond as well. I was directed to standby with (b)(6) and his father, (b)(6) – 04/27/54, who had just arrived to ensure that Thomas did not place anything in his mouth other than water, so that any results found by the DRE were not skewed.

I later found out that no DRE was needed and (b)(6) was permitted to transport (b)(6) to Arrowhead hospital as he previously indicated he wanted to as a precaution.

Next I contacted (b)(6), (b)(6) – 09/26/67, and (b)(6) father, (b)(6) – 08/05/68, and collected contact information from them as they arrived to the scene.

Detective Jeff Eccles #739 arrived to investigate the accident. Deputy Azurin, Sergeant Jeffreys, and I explained to Detective Eccles the information that we had gathered and gave him a copy of the accident face sheet.

I later was contacted by Detective David Gross #1425 from the Vehicular Crimes Unit concerning this incident. He requested the information that I had gathered of the passengers and their parents so that he could conduct his follow up investigation. I sent him the requested information by county email.

Nothing Further.