

MEDICAL EXAMINER'S/CORONER'S REPORTING FORM ISSUE 10

To report a case by telephone, call (toll free) 1-800-638-8095. Say "THIS IS A MECAP REPORT." Or, send by email to dwierdak@cpsc.gov, or fax to 1-800-809-0924

Product/ model/ brand involved ATV

Date of accident 5-16-2008 Date of Death 5-16-2008

Victim's Name: (b)(6) (b)(6)

Victim's Age: 15 years Sex Male

Address: (b)(6)

Location of Accident: City Peoria State AZ

Medical Examiner's Office (county, city & state) Maricopa

Medical Examiner's Case No. 08-03044 Phone No. _____

Name of Medical Examiner: Lyon

Cause of Death: Blunt injuries

Police/Sheriff (who investigated this death): Maricopa Sheriff's

Police/Sheriff case number: 08-087437

Brief description of accident sequence:

For processing at CPSC:

Report obtained by:

Chief Med. Exam. Rpt ()

Copy for MECAP News ()

Regular MECAP ()

Document No. _____

1. Task Number 081204CCC3175		2. Investigator's ID 9011		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2008 11 25	5. Date Initiated YR MO DAY 2008 12 18		
6. Synopsis of Accident or Complaint UPC A 16 year old female lost control of her UTV as she was traversing down a very steep embankment at an OHV Park. The UTV rolled several times ejecting her. She was the only person in the UTV. It is estimated the UTV and victim rolled about 400 feet down the embankment. She was not wearing a helmet, seat belt or harness. The victim died at the scene. The UTV was destroyed. MFR/PRVLBR NOTIFIED COMMENTS: ___ YES <input checked="" type="checkbox"/> NO ___ OVERRULED; ___ ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>66</u> ; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY ___ RE-NOTIFY <i>De 4/30/09</i>				
7. Location (Home, School, etc) 9 - SPORTS OR RECREATION PLACE		8. City JAWBONE		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 16	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 71 - Other	
16. Body Part(s) Involved 85 - ALL OF BODY	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 1 - On-Site	19. Time Spent (Operational / Travel) 9 / 3	
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 01/08/2009	25. Reviewed By 9086		26. Regional Office Director Frank J. Nava	
27. Distribution Vega-Garcia, Sandra; Topka, Tanya; Streeter, Robin			28. Source Document Number X08C0079A	

081204CCC3175

This investigation originated from a news article. There were two drivers (mother and daughter) and their two vehicles that were traveling in the same group. They were involved in two separate accidents that occurred only "seconds" apart on the same embankment. Both accidents are being conducted under two IDI's. (Second IDI is 090106HWE7951).

Information for this report was obtained by an on-site visit to the Off Highway Vehicle (OHV) Park, to the responding highway patrol office and by talking to a witness to the accident at the OHV Park. Attempts to contact the family of the victim were unsuccessful.

On December 31, 2008, I conducted an on-site visit and photographed the incident location. The incident vehicle was not available for photographing.

The product involved in this incident is a side-by-side utility vehicle (UTV) with four wheels. The UTV has a steering wheel, accelerator pedal, brake pedal, harness and seat belt. The driver was the only person in the UTV.

The victim is a 16 year old female. According to the highway patrol report, she was the driver of the UTV. She was 5'6" tall and weighed 160 pounds. The victim is not believed to have been under the influence of any alcohol, drugs or medications at the time of the incident. Nor is she known to have any pre-existing physical or mental conditions that might have contributed to the incident. Her experience and training on a UTV is unknown.

The accident occurred at the Jawbone Canyon OHV Park which is managed by the Bureau of Land Management (BLM). The park provides open areas which are available for all forms of cross country motorized vehicle use. The park has many large hills and canyons and are part of the Mojave desert, located at the extreme eastern edge of the Sierra Nevada.

The victim and her family were camping in the Dove Springs area of the OHV Park. On November 25, 2008 around noontime, the victim and 3 other family members decided to take their UTV's to visit the one store in the area, which was located on the major highway. The weather was cloudy and dry. The victim was not wearing a helmet nor was she wearing the 5 way latch / link restraint system. The group of took 4 separate UTV's. The group took the off highway trails. On the way back from the store, the group was driving in a line following each other when they got lost returning to their campsite. They were traveling on top of a mountain and came upon an area where the trail became a steep descending grade.

The first UTV driver (witness #1) stated the victim was directly behind him, then her mother and another UTV. He then started down the steep grade and made it to the bottom when he stopped. He then saw the victim had already started down the steep embankment, approximately 600 foot long at 1355 hours. Witness #1 then motioned to the victim that it was okay and that she needed to come down the embankment slow. Witness #1 said it appeared that while the victim was coming down the embankment, one of the UTV's tires came to rest on a rock. The victim gave the UTV some gas, got her over the rock, but she gave it too much gas and she started coming down the embankment too fast. The victim started to go sideways and then started to overturn. The victim's mother, who was at the top of the mountain watched as her daughter started to overturn. The victim continued to overturn down the steep embankment, was ejected out of the UTV and continued to tumble down the hillside. Both the victim and the UTV came to rest at the bottom of the hillside.

An unrelated witness who was standing at the base of the embankment near his campsite heard a woman screaming and he looked up to see the UTV start tumbling down the steep grade, end over end. He watched as the UTV seemed to disintegrate apart. He saw the victim "fly out" of the UTV as it was tumbling down the hill and he also watched the victim roll and overturn down the hill. This witness estimates the victim rolled about 400 feet down the embankment.

The victim received fatal injuries as a result of the accident and was pronounced deceased by the responding emergency personnel at approximately 1410 hours. The UTV was totally destroyed in the roll-over accident.

PRODUCT IDENTIFICATION:

The product involved in this incident is a 2007 Yamaha Rhino. It is a side-by-side utility vehicle. It is black and red in color. The date of purchase is unknown and the usage is unknown. It is unknown if the owner had any previous problems with the UTV.

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

LABELING:

As the incident UTV was unavailable for viewing, no examination of the labeling was possible.

SAMPLE:

None

CONTACTS:

PURPOSE & RESULTS:

Highway Patrol: Obtained incident scenario & product information

BLM: Obtained incident scenario information

Witness: Obtained incident scenario information

Attachments:

- Exhibit #1 Respondent Identifiers
- Exhibit #2 CHP Report
- Exhibit #3 BLM Visitor Information on OHV Park
- Exhibit #4 Manufacturer specifications on ATV
- Exhibit #5 Photographs (2)
- Exhibit #6 UTV Questionnaire
 Missing Document Form

081204CCC3175

Exhibit #1

Page 1 of 1

Respondent Identifiers:

Victim:

(b)(6)

Highway Patrol:

California Highway Patrol
1365 Highway 58
Mojave, CA 93501
Telephone: 661-824-2408
Traffic Report #2008-11-0039

BLM:

Bureau of Land Management
Ridgecrest Field Office
300 South Richmond Rd.
Richmond, CA 93555
Telephone (760) 384-5400

BLM:

Jawbone Station
28111 Jawbone Canyon Rd.
Cantil, CA 93519

Coroner:

Kern County Sheriff's Office
1832 Flower St., Bakersfield, CA 93305
Telephone: 661-868-0100
Fax: 661-868-0147
Case #C-2603-08
Contact: Deputy Coroner Mancera

Witness:

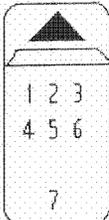
(b)(6)

STATE OF CALIFORNIA

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

SPECIAL CONDITIONS <i>Footed OFF HWY</i>		NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY UNINCORPORATED	JUDICIAL DISTRICT EKSC (MOJAVE)			LOCAL REPORT NUMBER 2008-11-0039			
NUMBER KILLED 1		HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY KERN	REPORTING DISTRICT			BEAT 906	DAY OF WEEK TUESDAY	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
LOCATION	COLLISION OCCURRED ON JAWBONE CYN OFF HWY				MO 11/25/2008	DAY 25	YEAR 2008	TIME (2400) 1355	NCIC # 9830	OFFICER I.D. 012724	
	MILEPOST INFORMATION				GPS COORDINATES LATITUDE 35.1873°			LONGITUDE - 118.0340°		PHOTOGRAPHS BY: <input type="checkbox"/> NONE J. BLAIS # 17064	
	AT INTERSECTION WITH: <input checked="" type="checkbox"/> OR: 3.8 MILE(S) WEST OF SR-14				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			DIGITAL			
PARTY 1	DRIVER'S LICENSE NUMBER N/A	STATE	CLASS	AIR BAG P	SAFETY EQUIP. H	VEH. YEAR 2007	MAKE / MODEL / COLOR YAMA RHINO BLK/RED	LICENSE NUMBER 77B07V	STATE CA		
DRIVER	NAME(FIRST, MIDDLE, LAST) <input checked="" type="checkbox"/> (b)(6)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER (b)(6)					
PEDES-TRIAN	STREET ADDRESS 1 (b)(6)					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER (b)(6)					
PARKED VEHICLE	CITY / STATE / ZIP (b)(6)					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER					
BICY-CLIST	SEX F	HAIR BRN	EYES BRN	HEIGHT 5-6	WEIGHT 160	MO 11/11/1992	DAY 11	YEAR 1992	RACE H		
OTHER	HOME PHONE (b)(6)		BUSINESS PHONE NONE			VEHICLE IDENTIFICATION NUMBER: (b)(6)					
INSURANCE CARRIER N/A		POLICY NUMBER N/A			VEHICLE TYPE 06		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA TCP/PS/PC 		
DIR OF TRAVEL N		ON STREET OR HIGHWAY OFF HWY AREA			SPEED LIMIT N/A		CA _____ DOT _____		CAL-T _____ TCP/PS/PC _____ MC/MX _____		
PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE		
DRIVER	NAME(FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDES-TRIAN	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICY-CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO	BIRTHDATE DAY	YEAR	RACE		
OTHER	HOME PHONE		BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:					
INSURANCE CARRIER		POLICY NUMBER			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA		
DIR OF TRAVEL N		ON STREET OR HIGHWAY			SPEED LIMIT		CA _____ DOT _____		CAL-T _____ TCP/PS/PC _____ MC/MX _____		
PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE		
DRIVER	NAME(FIRST, MIDDLE, LAST)					OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER					
PEDES-TRIAN	STREET ADDRESS					OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER					
PARKED VEHICLE	CITY / STATE / ZIP					DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER					
BICY-CLIST	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO	BIRTHDATE DAY	YEAR	RACE		
OTHER	HOME PHONE		BUSINESS PHONE			VEHICLE IDENTIFICATION NUMBER:					
INSURANCE CARRIER		POLICY NUMBER			VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA		
DIR OF TRAVEL N		ON STREET OR HIGHWAY			SPEED LIMIT		CA _____ DOT _____		CAL-T _____ TCP/PS/PC _____ MC/MX _____		
PREPARER'S NAME D. F. MULLIGAN JR 012724				DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				REVIEWER'S NAME <i>BB</i>			DATE REVIEWED 12-8-08

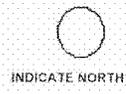
DATE OF COLLISION (MO. DAY YEAR) 11/25/2008	TIME(2400) 1355	NCIC # 9830	OFFICER I.D. 012724	NUMBER 2008-11-0039
OWNER			OWNER ADDRESS	
PROPERTY DAMAGE			NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF DAMAGE				

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

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	SPECIAL INFORMATION	1	2	3	MOVEMENT PRECEDING COLLISION
1 A VC SECTION VIOLATED: CITED 38312	A CONTROLS FUNCTIONING				A HAZARDOUS MATERIAL				A STOPPED
	B CONTROLS NOT FUNCTIONING*				B CELL PHONE HANDHELD IN USE		X		B PROCEEDING STRAIGHT
B OTHER IMPROPER DRIVING*	C CONTROLS OBSCURED				C CELL PHONE HANDSFREE IN USE				C RAN OFF ROAD
	D NO CONTROLS PRESENT / FACTOR*		X		D CELL PHONE NOT IN USE				D MAKING RIGHT TURN
C OTHER THAN DRIVER*	TYPE OF COLLISION				E SCHOOL BUS RELATED				E MAKING LEFT TURN
D UNKNOWN*	A HEAD - ON				F 75 FT MOTORTRUCK COMBO				F MAKING U TURN
	B SIDE SWIPE				G 32 FT TRAILER COMBO				G BACKING
	C REAR END				H				H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I				I PASSING OTHER VEHICLE
A CLEAR	E HIT OBJECT				J				J CHANGING LANES
X B CLOUDY	F OVERTURNED				K				K PARKING MANUEVER
C RAINING	G VEHICLE / PEDESTRIAN				L				L ENTERING TRAFFIC
D SNOWING	H OTHER*:				M				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.					N				N XING INTO OPPOSING LANE
F OTHER*:	MOTOR VEHICLE INVOLVED WITH				O				O PARKED
G WIND	X A NON - COLLISION				P				P MERGING
	B PEDESTRIAN				Q				Q TRAVELING WRONG WAY
X LIGHTING	C OTHER MOTOR VEHICLE				OTHER ASSOCIATED FACTORS (MARK 1 TO 2 ITEMS)				R OTHER*:
B DUSK - DAWN	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3					
C DARK - STREET LIGHTS	E PARKED MOTOR VEHICLE				A VC SECTION VIOLATED: CITED	<input type="checkbox"/> YES			
D DARK - NO STREET LIGHTS	F TRAIN					<input type="checkbox"/> NO			
E DARK - STREET LIGHTS NOT FUNCTIONING*	G BICYCLE				B VC SECTION VIOLATED: CITED	<input type="checkbox"/> YES			
ROADWAY SURFACE	H ANIMAL:					<input type="checkbox"/> NO			
X A DRY	I FIXED OBJECT:				C VC SECTION VIOLATED: CITED	<input type="checkbox"/> YES	1	2	3
B WET	J OTHER OBJECT:					<input type="checkbox"/> NO			
C SNOWY - ICY					D				A HAD NOT BEEN DRINKING
D SLIPPERY (MUDDY, OILY, ETC.)					E VISION OBSCUREMENT:				B HBD - UNDER INFLUENCE
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S ACTIONS				F INATTENTION*:				C HBD - NOT UNDER INFLUENCE*
A HOLES, DEEP RUT*	X A NO PEDESTRIANS INVOLVED				G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN*
B LOOSE MATERIAL ON ROADWAY*	B CROSSING IN CROSSWALK AT INTERSECTION				H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE*
C OBSTRUCTION ON ROADWAY*	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL*
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				J UNFAMILIAR WITH ROAD		X		G IMPAIRMENT NOT KNOWN
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER				K DEFECTIVE VEH. EQUIP.: CITED	<input type="checkbox"/> YES			H NOT APPLICABLE
F FLOODED*	F NOT IN ROAD					<input type="checkbox"/> NO			I SLEEPY / FATIGUED
G OTHER*:	G APPROACHING / LEAVING SCHOOL BUS				L UNINVOLVED VEHICLE				
X H NO UNUSUAL CONDITIONS			X		M OTHER*:				
					N NONE APPARENT				
					O RUNAWAY VEHICLE				

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 5



MISCELLANEOUS
 P-1 WAS NOT WEARING A HELMET AT THE TIME OF THE COLLISION.

STATE OF CALIFORNIA
INJURED / WITNESSES / PASSENGERS
CHP 555 CARS PAGE 3 (REV 11-06) OPI 065

DATE OF COLLISION (MO. DAY YEAR) 11/25/2008		TIME(2400) 1355	NCIC # 9830	OFFICER I.D. 012724	NUMBER 2008-11-0039												
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"/>	16	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	P	H	I
NAME / D.O.B. / ADDRESS (b)(6)															TELEPHONE (b)(6)		
(INJURED ONLY) TRANSPORTED BY: KERN COUNTY CORONER										TAKEN TO: KERN COUNTY CORONERS OFFICE							
DESCRIBE INJURIES: (b)(6) RECEIVED FATAL INJURIES AS A RESULT OF THIS COLLISION. PRONOUNCED DECEASED BY KCFD FIREFIGHTER SHANE REED #K0684 @ APPROX 1410 HRS, KERN COUNTY CORONERS CASE # C-2603-08. CORONER MANCERA #920																	
															<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED		
<input checked="" type="checkbox"/> # 1	<input type="checkbox"/>	32	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS (b)(6)															TELEPHONE (559)960-8000		
(INJURED ONLY) TRANSPORTED BY:										TAKEN TO:							
DESCRIBE INJURIES:																	
															<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED		
<input checked="" type="checkbox"/> # 2	<input type="checkbox"/>	41	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS (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"/>	62	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS HOLGER ARTHUR SELLING, III (11/25/1946) 35724 AVE 14 MADERA CA 93638															TELEPHONE (559)645-1632		
(INJURED ONLY) TRANSPORTED BY:										TAKEN TO:							
DESCRIBE INJURIES:																	
															<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED		
<input checked="" type="checkbox"/> # 4	<input type="checkbox"/>	60	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS PAULA SELLING (01/28/1948) SAME AS WIT # 3															TELEPHONE (559)645-1632		
(INJURED ONLY) TRANSPORTED BY:										TAKEN TO:							
DESCRIBE INJURIES:																	
															<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED		
<input checked="" type="checkbox"/> # 5	<input type="checkbox"/>	33	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS SCOTT KUENZINGER (04/26/1975) 10603 TEAPARTY LN FRESNO CA 93720															TELEPHONE (559)905-9023		
(INJURED ONLY) TRANSPORTED BY:										TAKEN TO:							
DESCRIBE INJURIES:																	
															<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED		
PREPARER'S NAME D. F. MULLIGAN JR			I.D. NUMBER 012724			MO. DAY YEAR 11/25/2008			REVIEWER'S NAME			MO. DAY YEAR					

STATE OF CALIFORNIA

INJURED / WITNESSES / PASSENGERS

CHP 555 CARS PAGE 3 (REV 11-06) OPI 065

DATE OF COLLISION (MO. DAY YEAR) 11/25/2008				TIME(2400) 1355		NCIC # 9830		OFFICER I.D. 012724				NUMBER 2008-11-0039							
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED		
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINT OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER							
<input checked="" type="checkbox"/> # 6	<input type="checkbox"/>	51	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME / D.O.B. / ADDRESS (b)(6)												TELEPHONE (408)568-8388							
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:											
DESCRIBE INJURIES:																			
																<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED	
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NAME / D.O.B. / ADDRESS (b)(6)												TELEPHONE (818)335-0069							
(INJURED ONLY) TRANSPORTED BY:								TAKEN TO:											
DESCRIBE INJURIES:																			
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DESCRIBE INJURIES:																			
																<input type="checkbox"/>		VICTIM OF VIOLENT CRIME NOTIFIED	
PREPARER'S NAME D. F. MULLIGAN JR				I.D. NUMBER 012724				MO. DAY YEAR 11/25/2008				REVIEWER'S NAME				MO. DAY YEAR			

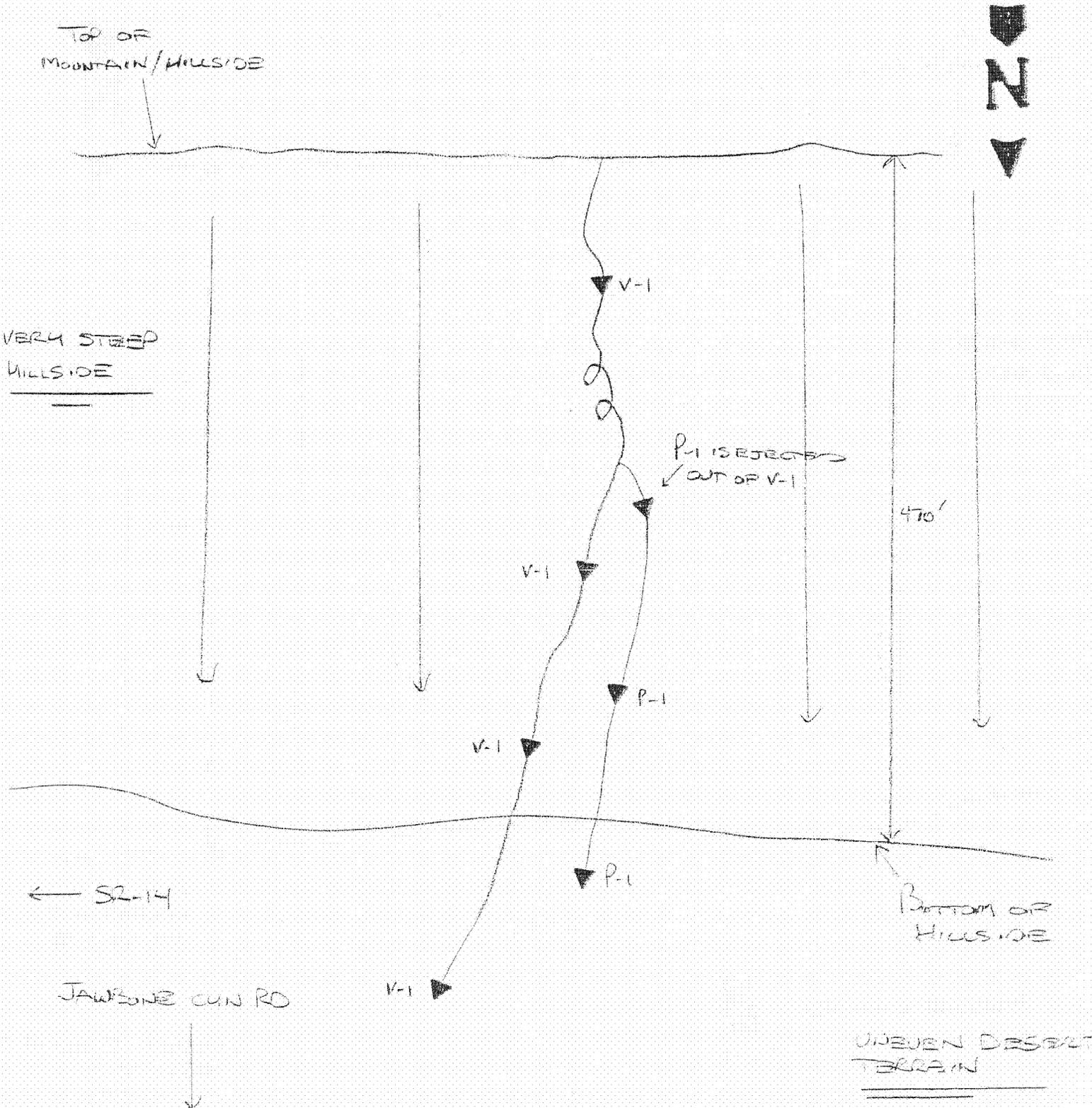
STATE OF CALIFORNIA
SKETCH DIAGRAM

PAGE 5 OF 13

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

DATE OF INCIDENT 11/25/2008	TIME 1355	NCIC NUMBER 9830	OFFICER I.D. 012724	NUMBER 2008-11-0039
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



PREPARED BY D. F. MULLIGAN JR	I.D. NUMBER 012724	DATE 11/25/2008	REVIEWER'S NAME	DATE
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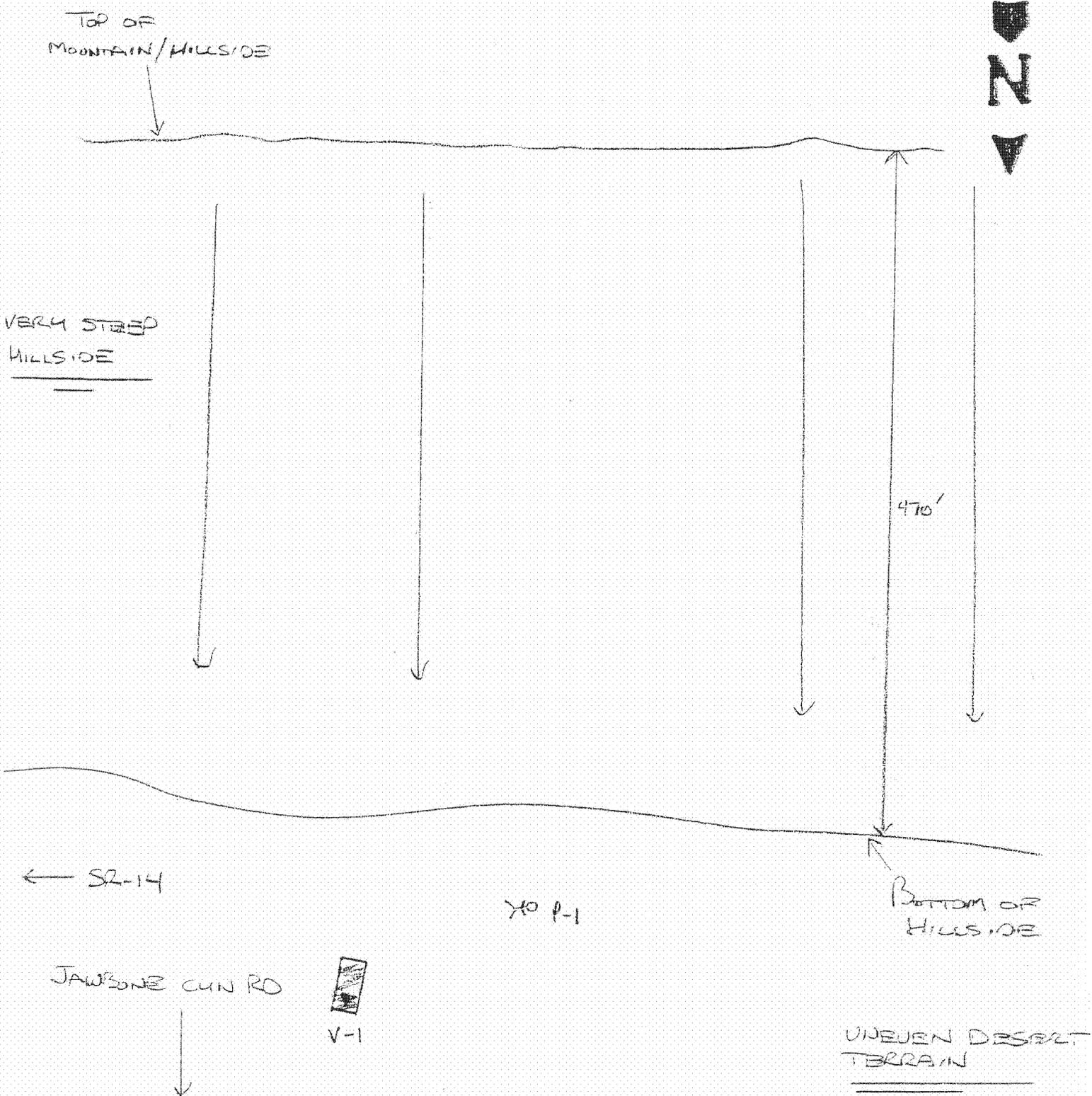
STATE OF CALIFORNIA
FACTUAL DIAGRAM

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

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DATE OF INCIDENT 11/25/2008	TIME 1355	NCIC NUMBER 9830	OFFICER I.D. 012724	NUMBER 2008-11-0039
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



PREPARED BY D. F. MULLIGAN JR	I.D. NUMBER 012724	DATE 11/25/2008	REVIEWER'S NAME	DATE
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STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
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LEGEND

1

2

3 **VEHICLE POINT OF REST:**

4

5 V-1's R/F tire was 800' south of the south rdwy edge of Jawbone Cyn Rd and 400' east of GPS
6 coordinate 35.1873 / 118.0340.

7

8 V-1's R/R tire was 805' south of the south rdwy edge of Jawbone Cyn Rd and 398' east of GPS
9 coordinate 35.1873 / 118.0340.

10

11 **P-1'S PLACE OF REST:**

12

13 P-1's place of rest was determined to be 850' south of the south rdwy edge of Jawbone Cyn Rd
14 and 380' east of GPS coordinate 35.1873 / 118.0340.

15

16 **PHYSICAL EVIDENCE AND LOCATION:**

17

18 Due to the steepness of the grade, and the roughness of the terrain where P-1 and V-1 overturned
19 I was unable to actually check the area for fresh dirt impressions or disturbed dirt. I determined the
20 approximate location where V-1 started overturning by using the statements of all the witnesses.

21

22

23

24

25

26

27

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/25/2008	1355	9830	012724	2008-11-0039

1 **FACTS:**

2

3 **NOTIFICATION:**

4

5 I received a call of a collision (off hwy) with an ambulance rolling at 1401 hrs. I was advised that
6 two "rhino's" (off hwy / all terrain vehicles) were involved. I responded from the Mojave CHP office,
7 and arrived on scene at 1417 hrs. Upon arriving at the scene, I learned that both drivers and
8 vehicles were traveling in the same group, however they were involved in two separate collisions
9 that occurred only "seconds" apart.

10

11 All speeds, times and measurements are approximate. All measurements were obtained by
12 estimation. All E/W measurements were taken from a GPS coordinate reading that was acquired
13 from the GPS instrument located in a Kern County Fire Dept Helicopter (# 408). The helicopter
14 landed just west of where the collisions took place.

15

16 **SCENE:**

17

18 The Jawbone Cyn off hwy area is located on Jawbone Cyn Rd, west of SR-14. This is a rugged
19 desert terrain area set aside for off hwy vehicle use. The Jawbone Cyn off hwy area is located in a
20 rural uninc area of Kern County. At the time of the collision it was cloudy and dry.

21

22 **PARTIES:**

23

24 **Party # 1** (b)(6) was lying on the ground in a supine position upon my arrival. P-1 had
25 succumbed to her injuries. P-1 was identified by Wit # 3 and Wit # 4. P-1 was determined to be
26 the driver of V-1 at the time of the collision by witness statements.

27

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
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1 **Vehicle # 1 (Yamaha Rhino)** was in an upright position upon my arrival, and came to rest as
 2 indicated on the factual diagram. V-1 received total roll over damage. I conducted a visual
 3 inspection on V-1's left front seat belt. The seat belt was a latch / link 5 way type restraint and was
 4 not fastened together in any way when I looked at it. The seat belt appeared to be in good working
 5 order.

6
 7 There was a nylon strap affixed to the latch. The nylon strap had a piece of Velcro sewn into it.
 8 The Velcro is on the nylon strap so that once the latch has been locked over the links, the latch
 9 can be held down to the lap belt where the other half of the Velcro is. Both sides of the Velcro
 10 appeared to be in good condition.

11
 12 **PHYSICAL EVIDENCE:**

13
 14 See factual diagram for further.

15
 16 **OTHER FACTUAL INFORMATION:**

17
 18 #1) Coroner Mancera contacted me via the telephone on 11-25-2008, at 1900 hrs. Coroner
 19 Mancera wanted to confirm the spelling of some names. At that time I asked Coroner Mancera if
 20 she could examine P-1 and see if she had any obvious bruising on, or near her shoulders that
 21 would be associated with wearing a seat belt device. Coroner Mancera said she would examine
 22 P-1, and told me to call her back in a few minutes. I called Coroner Mancera back several minutes
 23 later. Coroner Mancera told me that P-1 did not have any obvious bruises near her shoulders or
 24 chest area, that would indicate P-1 was wearing V-1's restraint.

25
 26
 27
 28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
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1 STATEMENTS:

2

3 **Party # 1** (b)(6) no statement obtained from P-1 due to the fact that she sustained fatal
4 injuries as a result of this collision.

5

6 **Witness # 1 (Huesner)** said he was driving his Yamaha Rhino, through the desert, being followed
7 by three other Rhino driver's. P-1 was directly behind him, Wit # 2 was directly behind P-1, and
8 Wit # 3 and # 4, who where in the same Rhino, were directly behind Wit # 2. Wit # 1 said that they
9 got lost and were trying to get back to their campsite. Wit # 1 said he had told the other Rhino
10 drivers to stay back from him while they were traveling together. Wit # 1 said they were traveling
11 on top of a mountain and came upon an area where the trail became a steep descending grade.

12

13 Wit # 1 said he started down the grade, and made it to the bottom where he stopped. He then saw
14 P-1 had already started down the steep embankment. Wit # 1 said he motioned to P-1 that it was
15 okay, and that she (P-1) needed come down slow. Wit # 1 said it appeared that while P-1 was
16 coming down the embankment, one of V-1's tires came to rest on a rock. Wit # 1 said that P-1
17 gave V-1 some gas. Wit # 1 said P-1 got over the rock however gave V-1 too much gas. Wit # 1
18 said that V-1 started coming down the hill too fast. Wit # 1 said V-1 started to go sideways and
19 then started to overturn.

20

21 Wit # 1 said he heard Wit # 2 screaming. Wit # 1 said V-1 continued to overturn down the steep
22 embankment. Wit # 1 said P-1 was ejected out of V-1 and continued to tumble down the hillside.
23 Wit # 1 said as V-1 and P-1 came to rest at the bottom of the hillside, he saw Wit # 2's Rhino
24 overturning down the hillside as well. Wit # 1 said when Wit # 2's Rhino came to rest, he
25 immediately tried to call 9-1-1 on cellular telephone. Wit # 1 said he did not have a signal on his
26 cellular telephone. Wit # 1 said as soon as he saw that both P-1 and Wit # 2 were being helped he
27 immediately starting driving in an easterly direction. Wit # 1 said he drove until he could get a
28 signal on his cellular telephone to make the 9-1-1 call.

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1 **Witness # 2** (b)(6) who was directly behind P-1, may have witnessed P-1, her daughter, start
 2 to overturn down the hillside. Only a few seconds passed when Wit # 2 and the Rhino she was
 3 driving started to overturn down the steep hillside. Wit # 2 was ejected out of her Rhino, and
 4 subsequently received fatal injuries. For obvious reasons no statement was obtained from Wit # 2.
 5 A separate investigation was completed on Wit # 2's collision.

6
 7 **Witness # 3** (b)(6) said he was driving his Yamaha Rhino following Wit # 1, P-1, and
 8 Wit # 2. Wit # 3 said that they were trying to get back to their campsite. Wit # 3 said they were on
 9 top of a mountain and came to an area where the trail turned into a steep hillside. Wit # 3 said as
 10 he started down the hillside he saw V-1 start to overturn and then land down at the bottom of the
 11 hillside.
 12 Wit # 3 said soon after, Wit # 2's vehicle started to overturn and also landed down at the bottom of
 13 the hill. Wit # 3 said after seeing P-1, and Wit # 2 overturn their Rhino's he decided to park his
 14 Rhino. Once Wit # 3 felt he had secured his Rhino, he exited his Rhino and slid down the hill to
 15 help P-1 (his granddaughter), and Wit # 2 (his daughter).

16
 17 **Witness # 4** (b)(6) was a passenger in Wit # 3's vehicle. She is the wife of Wit # 3, the
 18 grandmother of P-1, and the mother of Wit # 2. I did not obtain a statement from Wit # 4.

19
 20 **Witness # 5** (b)(6) said he was standing near his campsite, directly across from the
 21 hillside where the four Rhino's attempted to descend the steep grade. Wit # 5 said he was talking
 22 to Wit # 6 when all of a sudden Wit # 6 said "Oh Shit". Wit # 5 turned around and saw one of the
 23 Rhino's start to overturn down the hillside. Wit # 5 said he ran over to the area where the Rhino
 24 overturned to help any victims.

25
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 27

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1 **Witness # 6** (b)(6) said he was standing near his campsite, talking to Wit # 5. Wit # 6 said he
 2 saw a Rhino start tumbling down a steep grade directly south of his location. Wit # 6 said he got
 3 on his motorcycle and immediately went over to aid the victims. Wit # 6 said he drove his
 4 motorcycle partially up the steep grade, got off his motorcycle, and aided Wit # 2.

5

6 **Witness # 7** (b)(6) said he was driving his Jeep Cherokee in an easterly direction when he
 7 saw Wit # 2's vehicle overturning down the hillside. Wit # 7 said he stopped his vehicle and ran to
 8 Wit # 2's location.

9

10 **OPINIONS AND CONCLUSIONS:**

11

12 **SUMMARY:**

13

14 P-1 was driving V-1 on a dirt trail, located on top of a steep mountain. P-1 was directly behind
 15 Wit # 1, and being followed by Wit # 2, and Wit # 3. The four drivers came upon a portion of the
 16 trail that descended down a very steep grade. All four of them started to drive their Rhino's down
 17 the steep grade. Wit # 1 made it to the bottom of the grade. P-1 then attempted to drive V-1 down
 18 the steep grade herself. P-1 lost control of V-1 and V-1 subsequently started overturning. As V-1
 19 overturned down the steep grade, she (P-1) was ejected out of V-1. Both P-1 and V-1 continued
 20 tumbling / overturning down the steep grade and finally came to rest at the bottom.

21

22 The summary was based on statements, along with P-1's and V-1's place of rest after the
 23 collision. I formed an opinion that P-1 was not wearing the 5 way latch / link restraint system as
 24 V-1 started overturning due to P-1's lack of bruising near her shoulder area, or chest area.

25

26

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28

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1 **AREA OF IMPACT:**

2

3 Area of Impact (V-1 overturns) was determined to be 1,230' south of the south rdwy edge of
4 Jawbone Cyn Rd and 380' east of GPS coordinates 35.1873 / 118.0340.

5

6 Area of Impact (P-1 gets ejected out of V-1) was determined to be 1160' south of the south rdwy
7 edge of Jawbone Cyn Rd and 380' east of GPS coordinates 35.1873 / 118.0340.

8

9 **CAUSE:**

10

11 P-1 caused this collision due to her violation of 38312 VC (No person shall place in motion an off-
12 hwy vehicle that is stopped, standing, or parked until such movement can be made with
13 reasonable safety). The cause was based on statements and the steepness of the hillside.

14

15 **RECOMMENDATIONS:**

16

17 None.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
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JAWBONE CANYON & DOVE SPRINGS VISITOR INFORMATION AND TRAIL MAP



Welcome to the Jawbone - Dove Springs Area, managed by the Bureau of Land Management (BLM). The BLM is responsible for the balanced management of the public lands and resources. This management is based upon the principles of multiple use and sustained yield for both renewable and non-renewable resources. These resources include recreation, range, timber, minerals, watershed, wildlife, wilderness, natural, scenic, scientific, and cultural values. Fulfilling this mission is a challenging task, but one to which the BLM employees are committed!

Please join us in keeping your Public Lands open for your recreation adventures.

The Jawbone Canyon and Dove Springs Open Areas provide challenging riding and hill climbing opportunities for riders of all skill levels, from the beginner to expert. Surrounding these areas are several hundred miles of designated trails within the Limited Use area. These trails can take one from the wide-open desert flats, past geological wonders, to high scenic vistas.

JAWBONE-DOVE SPRINGS AREA RULES:

Inside the flyer is a map. The map shows the designated route system along with general information pertaining to the Jawbone-Butterbredt Management Area. There are three types of riding areas. Please read the rules below. Your cooperation in following and helping enforce these rules is appreciated. Only through your cooperation and compliance can we assure that the Jawbone-Butterbredt Management Area will remain open for continued recreational use.

1. **LIMITED USE ONLY AREA:** A LEGAL ROUTE IS ONE THAT IS MARKED WITH A BROWN NUMBERED POST. YOU ARE IN VIOLATION IF YOU RIDE NON POSTED ROUTES, CROSS COUNTRY, HILL CLIMB OR IF YOU ARE BEHIND A RED POST. RIDING THROUGH A FENCE CUT OR AROUND A FENCE IS ALSO A VIOLATION. ***IT IS YOUR RESPONSIBILITY TO KNOW WHERE YOU ARE RIDING!***

2. **OPEN AREA:** NO RESTRICTIONS ON RIDING. ALL FORMS OF CROSS COUNTRY TRAVEL AND HILL CLIMBING IS ALLOWED.

3. **CLOSED AREA:** CLOSED AREAS INCLUDE: DESIGNATED WILDERNESS AREAS, STATE PARKS, PRIVATE PROPERTY, PACIFIC CREST TRAIL, BIRDS OF PREY NESTING AREA (1 FEBRUARY 1 – JULY 1 ANNUALLY), AND DESERT RESTORATION AREAS. INCURSIONS CAN LEAD TO CITATIONS AND FINES, KNOW WHERE YOU ARE RIDING.

4. **HAY BALES** ARE BOUNDARY MARKERS FOR DESERT RESTORATION PROJECTS AND THE AREA BEHIND THE HAY BALES ARE CLOSED TO OHV USE. PLEASE RESPECT THE BOUNDARIES AND DO NOT DAMAGE OR MOVE THE HAY BALES.

OFF HIGHWAY VEHICLE (OHV) USE IN THE CALIFORNIA DESERT AREA

(OHV is any 4WD, Motorcycle, ATV Quad/3 wheeler, Dune Buggy)

A current registration (or copy) in possession, a valid green/red sticker properly affixed to the OHV, spark arrestor, and exhaust system that is California State Noise Regulation compliance is required.

Attention ATV riders, a helmet is required; **No passengers** on ATVs, unless the vehicle was designed to carry a passenger by the manufacture. If the rider is under fourteen years old they must have an ATV Safety Certificate and be under **direct adult** supervision

DESERT TORTOISE INFORMATION:

If you find a Desert Tortoise please respect it. *Any activity that causes harm to a tortoise, or possession of a tortoise, tortoise remains or destruction of their habitat is a violation of the Endangered Species Act. Violations will be treated accordingly.* Never return a domestic tortoise to the wild. If you want to adopt or return a tortoise you can contact the California Turtle and Tortoise Club at 510-886-2946 for additional information.

SHOOTING: Target shooting of legally registered weapons is permitted. Please clean up your target debris, shell casings and do not fire into to the air. Fireworks are not allowed on public lands at any time.

CAMPING: Remember! Pack it Out. Please select previously used campsites and your stay is limited to 14 days. The desert is home to many unique creatures and plants. Please respect them. The Joshua Tree is a protected plant and not a good selection for firewood. They are not really trees, burn very poorly and only grow about one foot every ten years. Please help us protect this resource. Prevent theft, lock up your equipment when departing your campsite for the day or turning in for the evening. Leave the area cleaner than you found it. If you have a campfire, please clean out the fire ring upon your departure.

TIPS FOR A TROUBLE FREE VISIT:

Always ride with a partner, whenever possible, know where you are going and have a map. Leave a riding plan in camp, check your fuel, have water with you before departing. Remember it is your responsibility to know where you are riding and if you can not see around turns slow down. Always be on the lookout for other riders when riding in or around camping and staging areas be on the lookout for younger riders. Do not count on your cell phone as coverage is very limited.

The Jawbone-Dove Springs Area has many historic, prehistoric archaeological sites and mine sites scattered across the desert. Please respect these sites, enjoy them, but leave artifacts where they were found and do not explore abandoned mine shafts. They can be very dangerous.

The BLM encourages that all desert travelers use a propylene glycol based antifreeze/coolant. It is proven safer and has less impact on wildlife and the environment should a leak occur.

EMERGENCY NUMBERS: 9 1 1

Kern County Sheriff (800)861-3110
California City Police (760)373-8600
BLM Dispatch Center (909)383-5652

Antelope Valley Hospital (661)949-5000
(BLM) Jawbone Station (760)373-1146
Ridgecrest Regional Hospital (760)446-3551

FOR ADDITIONAL INFORMATION OR YOUR COMMENTS:

Bureau of Land Management
Ridgecrest Field Office
300 S Richmond Rd,
Ridgecrest CA 93555
(760)384-5400

Jawbone Station BLM
28111 Jawbone Canyon Road
P.O. Box 1940
Cantil, CA 93519
(760)373-1146

Remember Responsible Riders Keep Areas Open! Irresponsible riders damage the environment resulting in possibly loosing riding opportunities.

DUI and Open Container Laws are strictly enforced!



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MSRP*	\$9,799 (Hunter Green) \$9,799 (Red) \$10,249 Hunter (Hardwoods HD Camo)
--------------	--

Engine	
Type	660cc liquid-/oil-cooled w/fan, SOHC four-stroke; 5-valve
Bore x Stroke	100mm x 84mm
Compression Ratio	9.1:1
Carburetion	Mikuni 42mm BSR
Ignition	DC - CDI
Starting System	Electric
Transmission	Yamaha Ultramatic® V-Belt /H, L, N, R
Engine Braking	All Wheel
Drive Train	Yamaha On-Command® pushbutton 3-way locking differential, 2WD, 4WD, locked 4WD; Shaft

Chassis	
Suspension/Front	Independent double wishbone, 7.3" travel w/5-way preload adjustment
Suspension/Rear	Independent double wishbone, 7.3" travel w/5-way preload adjustment
Brakes/Front	Dual hydraulic disc, twin pistons
Brakes/Rear	Hydraulic disc, self-adjust parking system, shaft mounted
Tires/Front	AT25x8-12 NHS
Tires/Rear	AT25x10-12 NHS

Dimensions	
L x W x H	113.6" x 54.5" x 73.0"
Wheelbase	75.2"
Turning Radius	153.5"
Ground Clearance	12.1"
Fuel Capacity	7.9 gal.
Dry Weight	1049 lb.
Bed Capacity	400 lb.
Towing Capacity	1212 lb.

Other	
DC Outlet	Standard
Instrumentation	Digital LCD, multifunction display, fuel gauge, speedometer, odometer, dual trip, hour meter, clock and gear position
Lighting	Dual 30W Krypton multireflector headlights & dual 21/5W brake light
Warranty	6 Month (Limited Factory Warranty)

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

081204CCC3175

Exhibit #5

Page 1 of 1

Photographs



5.1 – View of steep embankment the victim was traversing down when she lost control and rolled.



5.2 – Arrow points to approximate area the victim lost control and her UTV started to roll.

FOR INCIDENTS INVOLVING UTILITY VEHICLES (UTVs)

* PLEASE USE NEISS PRODUCT CODE 5044 on the cover sheet (182) if the investigation confirms that the incident involves a utility vehicle.

* Please contact Tanya Topka (301 504 7594 or TTopka@cpssc.gov) with questions about the investigation.

* Please explicitly address each of the following questions in the IDI narrative. If no information is available for a specific question, please list the question number and indicate "na" or "not available."

1. Provide the terrain type for the incident (grass, pavement, gravel, etc.) and also indicate if the terrain is flat, sloped, etc. Dirt road in an OHV Park going down a steep embankment.
2. Determine if the driver and/or passengers were wearing seat belts. If they were wearing seat belts, please list if they were ejected. Victim was not wearing the seat belt.
3. Determine if they were wearing a helmet. Victim was not wearing a helmet.
4. Determine ages of the driver and all passengers and list the person by age and location (ex. Driver 16yom, Passenger 15yof, etc.) Driver only – 16 yof
5. Determine speed at time of incident (even if not exact speed is available provide range (ex. Between 10-20mph) Victim was going very slow down the approximately 600 ft. steep embankment when it appears one of the UTV's tires came to rest on a rock. The victim gave the UTV some gas, got her over the rock, but she gave it too much gas and she started coming down the embankment too fast. The actual speed is unknown.
6. Determine if the person was making a turn at the time of incident and in what direction. (If not what were they doing?) No
7. Determine if the vehicle had aftermarket modifications. Unknown
8. Determine the model year of the product and if it was the 450, 660, or 700cc model.
2007 660 cc
9. Please list on the cover sheet (182) in the manufacturer section "Yamaha" and in the model section "Rhino" (We need this for easy searching) Done
10. Determine if the vehicle rolled or tipped over. If so, did it land on or crush victim? Also, please make sure you clearly identify who was killed driver, passenger, and if passenger the location they were sitting in. As the UTV sped down the steep embankment, the victim lost control and started to go sideways and then overturn numerous times. The victim was ejected and rolled separately down the hill.
11. Determine number of riders on the vehicle at time of incident. One

Task No. 081204CCC3175

Date: 1-7-09

Status of Missing Document(s)

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

1. Kern County Coroner's Report

2. _____

DATE: 1-7-09 **INVESTIGATOR NO:** 9011

REGIONAL OFFICE: CFWIC-C **SUPERVISOR NO:** _____



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Hot News

Tens of Thousands of Off-Roaders Swarm Eastern Kern County

Monday, December 01, 2008 3:57 PM

Symbols: ATV

(Source: The Bakersfield Californian) By Steven Mayer, The Bakersfield Californian

Dec. 1--Thanksgiving Day weekend is all about off-road recreation for huge numbers of Californians who come to Kern County to play.

But if this year is anything like the ghost of Thanksgiving past, the weekend will end with serious injury or even death.

Ron Lewis, chief area ranger for the Ridgecrest office of the U.S. Bureau of Land Management, estimated 25,000 people were crowded into the Jawbone Canyon off-highway recreation area by midday Friday, with tens of thousands more riding two wheels and four at other Kern County off-road areas near Ridgecrest and California City.

"Last year, we saw between 70,000 and 75,000 people over the Thanksgiving weekend," Lewis said. "At one point, we had five air (ambulances) carrying out injured riders."

Kern County sheriff's Sgt. Tyson Davis called Thanksgiving weekend the biggest weekend for off-roaders in the areas in and around Jawbone Canyon. Like Lewis, he also estimated about 25,000 people were at Jawbone on Friday.

Tragically, Thanksgiving week began with a deadly accident on Tuesday when a mother and daughter were killed after the four-wheel drive utility vehicles they were driving rolled down a steep hill in Jawbone Canyon.

The victims, (b)(6) and her daughter, (b)(6), of Clovis, were thrown from their vehicles. They were not wearing helmets and other safety equipment.

Ironically, the law does not require that helmets and other safety equipment be worn by drivers of "outdoor utility vehicles" like those the victims were operating, the BLM's Lewis said.

"We have tons of safety laws for ATVs (all-terrain vehicles) ... but pretty much no laws for utility vehicles," he said.

With an ATV, the rider straddles the seat, Lewis said. Utility vehicles look more like a cart or small car.

One has to be age 16 or older to operate an ATV with an engine larger than 90 cubic centimeters, but there's no limit for drivers of utility vehicles.

Lewis recalled stopping a 7-year-old driving a utility vehicle with a powerful 700-cc engine.

"There was nothing I could do," he said. "The laws in California are just written that way."

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Speeding Tickets, Over 100 mph Lamont, Taft, Mojave CA



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1. Task Number 081215CCC3192		2. Investigator's ID 8953		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2008 06 23	5. Date Initiated YR MO DAY 2009 08 08		
6. Synopsis of Accident or Complaint UPC A 52-year-old, male complainant discovered that his utility vehicle continuously veered to the right while driving at any speed and he had to counterbalance by steering left. He discovered that the vehicle frame was 1/2' shorter on the right side. The dealer replaced the frame, and the vehicle no longer veers to the right. The rear tire on the new frame toes inward, and the complainant feels this presents a safety hazard, so he has discontinued use of the vehicle. The complainant sustained no injuries. MFR/PRVLBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input type="checkbox"/> EXCISIONS/FOIA EXS. _____; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>4/30/09</i>				
7. Location (Home, School, etc) 9 - SPORTS OR RECREATION PLACE		8. City BISHOP		9. State CA
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA/RHINO/VIN#5Y4AM16488A0012		10C. Model Number YXR 70FXGR
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 52	13. Sex 1 - Male	14. Disposition 0 - No Injury	15. Injury Diagnosis 70 - No Injury	
16. Body Part(s) Involved 99 - NO INJURY	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 20 / 0	
20. Attachment(s) 5 - Other		21. Case Source 07 - Consumer Complaint		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 02/12/2009	25. Reviewed By 9021		26. Regional Office Director Frank J. Nava	
27. Distribution Topka, Tanya			28. Source Document Number I08C0315A	

This incident was investigated in response to an Internet complaint. The following information was obtained from the complainant via telephone. The complainant's city is located 500+ miles away in snow country at 4000 feet in elevation. Due to difficulties in traveling to his site, along with the fact that the incident vehicle has been repaired by the dealer, an on-site investigation was not conducted. Additional information was obtained from the service manager from the dealership where the vehicle was purchased.

The complainant is a 53-year-old male who is 5'11" tall and weighs 180 pounds. The complainant is in good health. Alcohol, medication or drugs are not factors in this complaint.

Other people involved in this complaint: the complainant's 47-year-old wife who is 5'9" tall and weighs 150 pounds; his 22-year-old son who is 6'4" tall and weighs 250 pounds; and his 7-year-old son who is 4'6" tall and weighs 70 pounds.

The complainant is a certified snowmobile technician. From 1988 until 2005, he owned a snowmobile dealership selling top brand snowmobiles. In 2005, he moved to his current location and opened up a rental dealership for recreational vehicles. He rents or has rented snowmobiles, all-terrain vehicles, utility vehicles, dirt bikes, motorcycles, kayaks, and other recreational items.

The incident involves a 2008 model utility vehicle that the victim purchased in June 2008 from an out-of-state dealer who is located about 200 miles away from his home. He purchased this vehicle initially for his own use with the idea of eventually renting it out to customers at his rental dealership.

The complainant had a 2006 same brand/model utility vehicle that he rode and also rented out. He recently sold this 2006 model. The complainant said that neither he nor his customers experienced any problems or incidents with the 2006 model.

The complainant said that he is very experienced in the use of recreational vehicles, such as utility vehicles, snowmobiles, all-terrain vehicles, dirt bikes and motorcycles. He took training many years ago from a dealer

when he purchased his first all-terrain vehicle, but he never took any formal training in riding utility vehicles. Prior to using the utility vehicle, the complainant said that he read and fully understood all 100+ pages of the owner's manual.

The complainant tried out the incident vehicle soon after he brought it home from the dealer, on or around 6/23/09. He first rode it on the level cement-paved parking lot surface of his rental dealership. He noted that the vehicle was leaning to the right and it felt like it wanted to tip over to the right. He then drove the vehicle on a level dirt area surface at his business location, and the vehicle continued to lean and pull to the right. He was driving at an estimated 10 to 15 mph at this time.

Afterwards, the complainant always rode the vehicle on off-highway vehicle dirt trails on dirt surfaces that were level or that had a slight incline (he could not estimate the incline angle). He said that the vehicle always pulled to the right, and he had to counterbalance it by holding the steering wheel to the left. If he was on a slight incline, he said that he had to really fight with the vehicle's tendency to pull to the right by really holding the wheel to the left.

The complainant said that from June until September 2008, he rode the vehicle for around one to two hours a week on overnight camping trips in the recreational areas located around five to six miles away from his home. During this time period, he drove about 1000 miles. The complainant was unable to tell me the total number of hours that he rode it during this time.

When not in use, the vehicle was stored in a secure, covered location at the complainant's rental store.

The complainant is the main user of the utility vehicle. His 22-year-old son drove it a couple of times. The son told the complainant that he did not like the vehicle because it kept pulling and leaning to the right and he had to fight to keep it from tipping over. The son no longer drives it. The complainant's wife drives the vehicle on occasion and she also reported to the complainant that she has to fight to keep it from leaning right and tipping over. The son and the wife always used the utility vehicle on dirt trails and they never drove it more than 25 mph.

Neither the son nor the complainant's wife experienced any tipover incidents with the vehicle.

Nobody else drove the utility vehicle. The complainant said that he had planned on renting out the utility vehicle at his rental dealership, after he broke it in and rode it around for awhile. However, he did not like the way the vehicle handled by pulling to the right, so he never did rent it out. He perceived this to be an unsafe condition and he did not want to see any of his customers get hurt while riding the vehicle.

The complainant generally rode alone, but he occasionally had his 7-year-old son or his 47-year-old wife as a passenger. He and his passenger always wore a seatbelt and a helmet.

The complainant made no after-market modifications to the utility vehicle.

The complainant said that he performed routine maintenance on the vehicle, as recommended in the owner's manual, such as keeping the tires properly inflated, changing the oil, conducting visual inspections, etc. He could not recall the dates that he performed such maintenance.

The complainant told me that he always rode his utility vehicle in a normal and very careful manner, and he never drove it recklessly or at high speeds. The complainant said that he always followed the posted speed limits, driving from 10 to 15 mph where posted. When there was no posted speed limit, he would drive at speeds of 20 to 25 mph. He said that the vehicle was harder to handle at these higher speeds, and he had to put more effort into counterbalancing the vehicle by steering harder to the left.

The complainant said that he has had several close calls involving potential tipover while driving the vehicle, but he has never experienced an actual tipover incident. He said that even though he never experienced a tipover incident, he feels that the vehicle has a great potential for tipping over. He said that, because he is a very experienced driver, he knows how to counterbalance the vehicle's tendency to pull to the right and thereby prevent any type of incident.

The complainant said that he tried to live with the problem of the vehicle leaning to the right. Then sometime in early September 2008, he decided to examine the vehicle in order to determine if there was a reason why it was leaning to the right. The complainant took the front and rear panels off of the utility vehicle in order to access and examine the frame. He inspected the frame from various angles and he measured all four corners. He discovered that the frame of the vehicle was lower on the right side, and he realized that this was the reason that the vehicle was pulling to the right.

In early September, the complainant said that he contacted the utility vehicle dealer and he advised of the problem that he experienced with the vehicle and of his inspectional findings. The dealer told him to bring the vehicle in for an inspection by the service department. The complainant said that he loaded the utility vehicle on his truck and drove it 200 miles to the dealer.

The complainant said that the service department agreed with his findings that the frame was lower on the right side, and the service manager told him he would contact the manufacturer regarding a possible repair under warranty. The manager later advised the complainant that the manufacturer refused to repair the vehicle because there was no safety issue involved. The complainant said that he then kept calling the manufacturer directly asking the firm to replace the frame of his utility vehicle under warranty because he felt that it presented a safety hazard. He said that after many phone calls to the manufacturer, the firm finally agreed to authorize a frame replacement under warranty.

The complainant said that it took about six weeks to get the frame replaced. The repair cost was about \$3000 but the complainant was not charged since it was a warranty repair. The complainant said that the dealer delivered the repaired utility vehicle to him sometime in November 2008. He also received an extended six-month warranty on the new frame.

Upon taking possession of the utility vehicle (with its new replacement frame), the complainant conducted a visual inspection. He discovered that shock bolts were missing and about six nuts and bolts were also missing in the area where the floorboard attaches to the frame. Further visual

examination of the vehicle at this time revealed that the rear tire "toes-in" where the tire mounts to the frame, making the vehicle "pigeon-toed", according to the complainant.

The complainant called the dealer and told him to pick up his utility vehicle and fix the problem. The dealer picked up the vehicle sometime in November 2008 from the complainant's business location, and drove it back to the dealership for repair. The service manager advised the complainant that they would replace any missing bolts but they could not repair the "toe-in" issue because the manufacturer would not authorize the repair. The complainant contacted the manufacturer directly regarding this problem, and the firm advised him that there is nothing else that they will do for him.

The dealer returned the vehicle to the complainant in November 2008. The complainant examined the vehicle and he found that the dealer installed the missing bolts in the area of the shocks, but the dealer had not installed the missing nuts/bolts in the floorboard area. The complainant said that he was fed up by this time, so he went to the hardware store for replacement nuts/bolts and he put them on the floorboard area himself.

After getting the vehicle back from the dealer this second time, the complainant rode the vehicle about ten miles one day and about 50 miles another day. He rode on a flat dirt road, going in a straight direction each time. The complainant said that since replacement of the frame, the vehicle is drivable and it does not lean to the right anymore. However, he feels that the "toe-in" problem with the new frame presents a safety hazard, and he is afraid to drive the vehicle as is.

The complainant told me that while the vehicle was at the dealership awaiting the first repair, sometime around October 2008, he began to see many industry magazine articles, news reports and Internet accounts about rollover issues with his brand/model utility vehicle. He discovered that there have been many injuries and deaths involving his brand/model vehicle. These articles greatly concerned him and he wondered about the safety of his vehicle. As a result of the media reports and the current "toe-in" condition of his vehicle, he decided to discontinue use of the vehicle. The vehicle is currently in storage.

On 12/12/08, the complainant decided to notify CPSC of the problems that he has experienced with his utility vehicle. He said that he feels that his vehicle is unsafe to drive, even with the new frame, and the dealer and manufacturer have refused to make any additional repairs to render it a safe vehicle. He said that he has passionately expressed his safety concerns to the manufacturer to no avail.

I contacted the utility vehicle dealership and spoke to the service manager, who reported the following details to me. The complainant brought the vehicle into the dealership on 9/9/08. The manager noted that there was a big "rental" sticker on the vehicle at the time, and it made him wonder what the complainant had been doing with the vehicle and what driving conditions it had been subjected to. The manager said that the service department determined that one fender was lower than the other and the diagnosis is listed as "lean" on the work order. The manager told me that the work order also stated that the "suspension is 1/2-inch lower on the passenger side" and that the "customer has maintained proper tire pressure at all times". He said that the manufacturer refused to repair the vehicle under warranty because the firm felt that this was a cosmetic issue that did not affect the vehicle's performance, and that it did not present a safety hazard. The manager told me that he agrees with the manufacturer's determination. The complainant's vehicle sat in his shop for about six weeks until the manager received word from the manufacturer to go ahead and replace the complainant's frame under warranty. The manufacturer's rep told the manager that the complainant kept calling the firm, so they decided to replace the frame as a good will gesture, even though they felt that the problem was only cosmetic. The repair was conducted on/around 10/23/08, which is the "close" date listed on the work order record.

I asked the dealer about the second repair to the complainant's utility vehicle involving the missing bolts. The manager told me that he had the vehicle picked up at the complainant's location and returned to the dealership. Inspection reviewed one loose bolt on the rear swing bar, which the service department tightened. This was an internal repair, and the manager said that there is no repair record for this fix. I asked him about the six missing bolts on the floorboard. The manager said that they never found any missing bolts, as the complainant alleged.

I asked him about the "pigeon-toe" or "toe-in" problem noted by the complainant. The manager said that he checked this alleged problem and it appeared to be fine. He took digital pictures of the vehicle and emailed them to the manufacturer. The manufacturer advised the manager that the "toe-in" (in which the rear tire "toes-in" where it mounts to the frame) is not a problem and it is well within tolerance, and the manufacturer would not authorize repair. The manager stated that he agrees with the manufacturer, and he feels that this issue is not a safety hazard.

I asked the manager if the service department ever performed any routine maintenance on the vehicle, such as oil changes. He stated no, and he does not know who performed routine maintenance on the vehicle. The manager told me that after he returned the utility vehicle to the complainant the second time, he has had no additional contact with him.

The service manager concluded that he feels that the complainant's utility vehicle is safe to drive, and he added that he suspects that the complainant may have had buyer's remorse after purchasing the vehicle.

I asked the service manager for the complainant's repair records, digital photographs of the vehicle, and his email correspondence to/from the manufacturer regarding the "toe-in" problem. The information was not received.

PRODUCT IDENTIFICATION:

The product involved in the incident is a utility vehicle. The brand is Yamaha. The model is Rhino. The model number is YXR70FXGR. The original VIN is 5Y4AM16488A001230. The service manager stated that even though the vehicle has a new frame, it is still assigned the original VIN. The engine is 700cc. The color is green. The manufacturer is Yamaha Motor Corporation, 6555 Katella Ave., Cypress, CA 90630.

The complainant purchased the utility vehicle on 6/23/08 from Michael's Reno in Reno, Nevada. The complainant said that he would sent the sales invoice (showing price paid) at a later date, but he failed to provide the information.

The 2008 model utility vehicle is advertised on the manufacturer's website www.yamaha.com (exhibit 1). Product

specifications are as follows: The vehicle size is 113.6 x 54.4 x 73 inches. The wheelbase is 75.2". The turning radius is 153.5". The ground clearance is 12.1". The fuel capacity is 7.9 gallons. The bed capacity is 400 pounds. The engine type is 686cc liquid-cooled with fan, 4-stroke, SOHC, 4 valves. The carburetion is Yamaha Fuel Injection, 41mm. The starting system is electric. The ignition system is 32 bit ECU. The drive train is Yamaha On-Command pushbutton; 3-way locking differential; 2WD, 4WD, locked 4WD; shaft drive. The front and rear suspensions are independent double wishbone; 5-way preload adjustment, 7.3-in travel. The front brakes are dual hydraulic disc, twin piston. The rear brakes are dual hydraulic disc. The front tires are AT25x8-12 NHS. The rear tires are AT25x10-12NHS.

The complainant told me during the initial interview that the owner's manual was too big to copy and send to me. A copy was downloaded from the manufacturer's website at <http://www.yamaha-motor.com/outdoor/service/viewmanuals/viewmanuals.aspx?ls=outdoor> (exhibit 2). Note that the owner's manual is password protected and is therefore attached as a separate attachment to this report.

I requested the following information from the complainant: all repair records, the sales invoice, and photographs of the utility vehicle (with the old frame and the replacement frame). Sometime after our interview, the complainant left me a message and stated that he and his family are going through a devastating personal tragedy, and he cannot focus enough to send me the requested information. He apologized and said that the information would not be forthcoming.

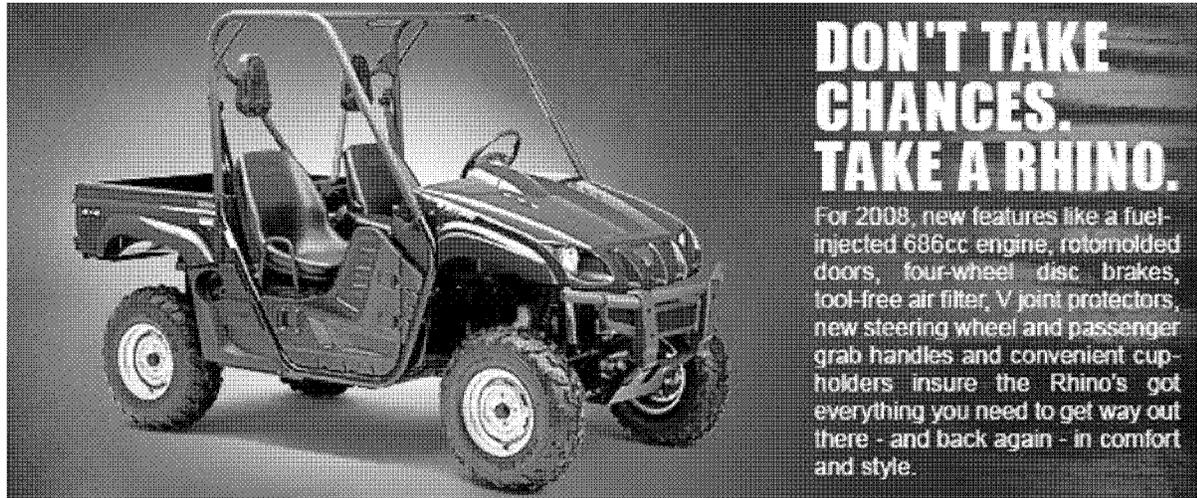
The complainant authorized release of name to the manufacturer only.

EXHIBITS:

1. Online advertisement for product (2 pages).
2. Owner's manual (178 pages).

2008 Rhino 700 FI Auto. 4x4

[Model Home](#) [Features](#) [Specs](#) [Gallery](#) [Video](#) [Accessories](#) [Build Your Own](#)



MSRP* \$10,499 (Hunter Green) Available from October 2007
\$10,499 (Red) Available from October 2007
\$10,949 (Realtree® AP HD™ Camouflage) Available from November 2007

Engine

Type	686cc liquid-cooled w/fan, 4-stroke; SOHC, 4 valves
Bore x Stroke	102.0 x 84.0mm
Compression Ratio	9.2:1
Carburetion	Yamaha Fuel Injection (YFI) , 41mm
Ignition	32 Bit ECU
Starting System	Electric
Transmission	Yamaha Ultramatic® V-belt with all-wheel engine braking/H, L, N, R
Engine Braking	All Wheel
Drive Train	Yamaha On-Command® pushbutton;3-way locking differential; 2WD,4WD, locked 4WD; shaft drive

Chassis

Suspension/Front	Independent double wishbone; 5-way preload adjustment, 7.3-in travel
Suspension/Rear	Independent double wishbone; 5-way preload adjustment, 7.3-in travel
Brakes/Front	Dual hydraulic disc, twin piston

Exhibit 1 – Manufacturer’s online advertisement 081215CCC3192
from www.yamaha-motor.com

Brakes/Rear Dual hydraulic disc, twin piston

Tires/Front AT25x8-12 NHS

Tires/Rear AT25x10-12 NHS

Dimensions

L x W x H 113.6 x 54.4 x 73 in

Wheelbase 75.2 in

Turning Radius 153.5 in

Ground Clearance 12.1 in

Fuel Capacity 7.9 gal

Dry Weight 1124 lb

Bed Capacity 400 lb

Towing Capacity 1212 lb

Other

Lighting Dual 30W Krypton multireflector headlights & dual 21/5W brakelight

Instrumentation Digital LCD Multi-function display; speedo, odo, dual trip, hour, clock, fuel, and gear position

Warranty 6 Month (Limited Factory Warranty)

CONTACT LIST

Russell Markman (Complainant)
107 S. Main St.
Bishop, CA 93514
760-914-0937
Contact: 1/15/09, 1/16/09

Michael's Reno
Reno, NV
774-825-8680
Dave Nadeau - Service Manager
Email: dnadeau@mrpsrno.com
Contact: 2/10/09

Websites checked for product information:
www.google.com
www.yamaha-motor.com
www.atvriders.com

Complainant first contacted the dealer to advise of the incident in September 2008.

Complainant first contacted the manufacturer in September 2008, and various times in Sept and October 2008 - he spoke to Sean Ryan who authorized the replacement frame. Complainant spoke to Mr. Ryan several times again in November 2008 and he last spoke to Jake Singh requesting additional repair - the representatives would not authorize repair. He called Mr. Singh again on 1/15 for an update, and was told that Mr. Singh and everyone else in customer service were laid off except for Sean Ryan. Complainant did not speak to Mr. Ryan at this time and he has had no further contact with the manufacturer.

TASK NUMBER : 081215CCC3192

PRODUCT SEARCH HISTORY:

On 2/10/09, a search was conducted of the CPSCNet database, the Section 15 database, and a 3-year search was conducted of the IPII database on the Yamaha Rhino utility vehicle involving safety hazards.

Results:

Section 15: 1 active open case involving tipover hazards; 1 monitored case involving brake failure resulting in recall 08-552 dated 3/15/08; 1 case closed on 8/16/05 involving a gas cap hazard.

IPII: 127 consumer complaints involving complaints, injury or deaths that occurred while riding the vehicle - records are too numerous to list.

CPSCNet: numerous IDIs conducted - too numerous to list.



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

WARNING - INTERNAL USE ONLY

Do not release this information outside CPSC

Doc No: I08C0315A

Issue: 12

12/16/2008

12/12/2008 12:08:13

Name = russell markman
Address = 107.s. main st
City = bishop
State = California
Zip = 93514
Email = sierraengine@snomobiles.com
Telephone = 760-914-0937
Name of Victim = RUSSELL MARKMAN
Victim's Address = 107 S. MAIN ST
Victim's City = BISHOP
Victim's State = California
Victim's Zip = 93514
Victim's Telephone = 760-914-0937

Incident Description = AFTER PURCHASING AND DRIVING MY BRAND NEW YAMAHA RHINO, I NOTICED THE HANDLING AND PERFORMANCE OF THE RHINO TO BE UNSAFE. UPON MY INSPECTION OF THE UNIT, I DISCOVERED THE FRAME WAS LEANING TO THE RIGHT, AND THE MACHINE WAS LOWER ON THE RIGHT SIDE, THEREFORE PULLING THE UNIT TO THE RIGHT WHEN BEING OPERATED. I HAVE READ MANY STORIES OF THE "YAMAHA RHINO BEING AN UNSAFE VEHICLE DUE TO IT CONTAINING MULTIPLE DESIGN FLAWS RENDERING IT DANGEROUSLY UNSTABLE AND UNDULY PRONE TO TIPPING AND ROLLING OVER." I HAVE SINCE READ THAT THE YAMAHA RHINO IS UNDER INVESTIGATION BY FEDERAL SAFETY OFFICIALS, DUE TO THE HIGH NUMBER OF PRODUCT LIABILITY SUITS, AS WELL AS THE NUMBER OF ACCIDENT AND DEATH REPORTS FILED. AFTER SEVERAL ATTEMPTS WITH THE DEALER AND YAMAHA CORPORATE, INCLUDING A NEW FRAME BEEING INSTALLED, TO GET THIS UNIT SAFE, I HAVE BASICALLY BEEN TOLD BY YAMAHA THERE IS NOTHING THEY WILL DO FOR ME. THIS UNIT IS STILL UNSAFE TO DRIVE, AND I HAVE PASSIONATELY EXPRESSED MY CONCERN OF INJURY OR DEATH TO MY FAMILY OR MYSELF TO YAMAHA.

Victim's age at time of incident = 52
Victim's sex = male
Date of incident =
Product involved = UTV...UTILITY TERRAIN VEHICLE
Product brand name/manufacturer = RHINO/YAMAHA
Manufacturer street address = 6555 KATELLA AVE CYPRESS CALIFORNIA
Place where manufactured (City and State or Country) = UNKNOWN TO ME
Product model and serial number, manufacture date = YFR 70FXGR
Product damaged, repaired or modified = no
If yes, before or after the incident =
Description of damage, repair or modification = TWEAKED FRAME/FRAME REPLACED
Date product purchased = 6/23/2008
Product involved still available = no
Have you contacted the manufacturer = yes
If not, do you plan to contact them =
Name Release = Release name to manufacturer only

1. Task Number 081218CCC2191		2. Investigator's ID 9094		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2008 01 01	5. Date Initiated YR MO DAY 2008 12 19		
6. Synopsis of Accident or Complaint UPC A 26-year-old male was a passenger in a side-by-side UTV driven on a paved road by another adult male, who owned the UTV. They were not wearing helmets or seat belts. They stopped the UTV at an area of loose dirt and gravel where road repair work was in progress. When they tried to make a 180-degree turn to the left, the UTV tilted and skidded to the right. The passenger was ejected, landing on his right leg. The UTV also landed on him and dragged him several feet. He received a broken leg, torn ligaments, and torn tendons. The driver was not injured.				
				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>250</i> ; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>5/18/09</i>
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City MCCOMB		9. State MS
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 1 - Injured, not Hosp.	15. Injury Diagnosis 57 - Fracture	
16. Body Part(s) Involved 36 - LOWER LEG	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 16 / 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 checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 01/29/2009	25. Reviewed By 8631		26. Regional Office Director Frank J. Nava	
27. Distribution Topka, Tanya			28. Source Document Number I08C0328A	

NOTE: This investigation originated from a consumer complaint. There were no deaths in this incident. The complainant was a passenger in a side-by-side utility vehicle driven by a friend of his, the owner of the vehicle.

I interviewed the complainant via telephone on December 19, 2008. During this interview, the complainant stated that his friend had sold the incident vehicle following the incident. Stating that the former owner of the vehicle did not wish to discuss the incident with CPSC, the complainant declined to provide the owner's name or contact information.

During the telephone interview, the complainant stated the incident had occurred on a road that was being repaired at the time. He said that the road repairs had been completed prior to the time he reported the incident to CPSC and that the area of loose dirt involved in the incident had been repaved.

Due to the fact that the incident vehicle was no longer available for inspection, the incident site had been altered following the incident, and the former owner could not be contacted, I did not conduct an on-site visit.

No official law enforcement, fire department, or emergency response documents were generated pertaining to this incident. I was unable to obtain sufficient information from the complainant to request a copy of any insurance report that might have been generated as a result of this incident.

The product involved in this incident is a side-by-side utility vehicle (UTV) with four wheels. The complainant was unable to provide any further identifying information for the vehicle than the brand name and manufacturer.

The incident UTV belonged to a friend of the complainant's. This friend was driving the UTV at the time of the incident. The complainant stated that the owner had purchased the UTV new from an area dealer shortly before the incident, but he did not provide any further information about the dealer. The complainant said that the owner had not made any modifications to the vehicle since its purchase.

The complainant is a 26-year-old male. His height and weight are unknown. He stated that he did not have any pre-existing physical or mental condition that might have contributed to the incident. He also stated that he was not under the influence of any alcohol, drugs, or medication at the time of the incident.

According to information provided by the complainant, the driver of the vehicle is an adult male. The complainant did not provide the driver's age, height, or weight. The complainant indicated that the driver had no known pre-existing physical or mental condition that might have contributed to the incident. He also said that, to his knowledge, the driver of the UTV was not under the influence of alcohol, drugs, or medication at the time of the incident.

As stated previously, the complainant in this incident was a passenger in a side-by-side utility vehicle (UTV), owned and driven by his friend. The complainant stated that they were not wearing helmets or seat belts at the time of the incident. He said that they had been wearing seat belts prior to the incident but that they had removed the seat belts. He did not indicate why the seat belts had been removed or why he and the driver were not wearing seat belts when the incident occurred.

The complainant did not provide the date of the incident. He said that his friend had not owned the UTV long when the incident occurred, but he did not indicate the date or month in which the incident occurred. He said he thought that the incident had occurred in the autumn of 2008.

Some time during the autumn of 2008, two adult males were riding a side-by-side UTV on a paved residential street. Neither man was wearing a helmet. Although the complainant indicated that they had been wearing seat belts earlier during the drive, he said that they were not wearing seat belts when the incident occurred.

The rate of speed at which the UTV was traveling is unknown. However, the complainant stated that they had come to a complete stop and were starting up again when the incident occurred. He said that they were not traveling at a high rate of speed when the incident occurred.

The complainant stated that the UTV came to a place in the road where there was red clay and gravel. He said that road workers were filling in a ditch that ran beneath the road and that that the area above the ditch was unpaved when the incident occurred.

According to the complainant, the driver of the UTV decided to make a 180-degree turn (U-turn) when he came to the repair work area. The complainant said that the driver brought the UTV to a complete stop and then began making a U-turn to the left.

As the UTV began turning left, the passenger-side wheels apparently went off the paved area of the road, causing the UTV to tilt and skid to the right. (However, it is unclear from the statement given by the complainant whether all four wheels were in the dirt when this occurred or only the passenger-side wheels.)

The complainant, who was not wearing a seat belt, fell out of the UTV and landed on his right leg. He said that the UTV, which continued its sideways tilt, landed on him and dragged him several feet.

The complainant stated that the outside bone in his lower right leg was broken and that he received numerous torn ligaments and tendons in his ankle. He indicated that he sought medical attention for these injuries but that he was unable to afford all of the prescribed treatment. At the time of the telephone interview, he said that he was still suffering from injuries received in the incident.

I requested copies of medical records from the complainant and forwarded him a Medical Records Disclosure Form. However, neither the completed form nor a copy of the medical records was received.

According to information provided by the complainant, the driver of the UTV was uninjured in the incident.

The complainant stated that the UTV sustained minor damages in the incident. However, no specific information about the extent of damages to the UTV could be obtained.

CONTACT WITH RETAILER AND MANUFACTURER:

The complainant indicated that he had not contacted the retailer of the UTV involved in the incident.

The complainant said that he had not contacted the manufacturer of the incident UTV but that he intended to do so. He did not provide any record of attempted contact with the manufacturer following the telephone interview with CPSC.

PRODUCT IDENTIFICATION:

The product involved in this incident is a **Yamaha Rhino** side-by-side utility vehicle (UTV). The product was purchased new by a friend of the complainant several days or weeks before the incident occurred.

I was unable to obtain any further identifying information regarding the UTV involved in the incident.

Information about the manufacturer is listed below:

Yamaha Motor Corporation, USA
6555 Katella Avenue
Cypress, CA 90630

The complainant said that, to his knowledge, the owner had not experienced any problems with the UTV prior to the incident.

The complainant stated that the owner of the UTV had not made any aftermarket modifications to the UTV prior to the incident.

The complainant did not provide a copy of the owner's manual for the incident UTV,

LABELING

As the incident UTV had been sold by the owner prior to initiation of this investigation, I was unable to examine any labeling.

SAMPLE:

None collected.

ATTACHMENTS:

Attachment 1 – Contact Sheet

Attachment 2 – Copy of Documents Sent to Complainant following telephone interview

Attachment 3 – Missing Documents Form

List of Contacts

Name: (b)(3):CPSA Section 25(c)
Title:
Address:
Phone:
Interviewed:

Information from interview is included in narrative.

Sent the following documents to complainant as pdf files attached to e-mail on 12/19/08:

- Authorization for Release of Name
- Medical Records Release Form
- FOIA Information

Documents were not returned.

No further information was provided.

Pigott, Mary

From: Pigott, Mary
Sent: Friday, December 19, 2008 2:46 PM
To: (b)(3):CPSA Section 25
Subject: CPSC Complaint regarding Yamaha Rhino
Attachments: CPSC letter.pdf; HIPAA - Medical Release Form.pdf; AuthorizationForm.pdf; FOIA Info.pdf

(b)(3):CPSA

Thank you for taking the time to discuss your complaint with me earlier today. As I mentioned, I am attaching a letter requesting further action from you. I am also attaching two forms for your review and signature.

I have also attached information concerning the procedure for making a request through the Freedom of Information Act. Please note the highlighted information regarding requests for brand-name data. Also, if you should choose to request a copy of the report pertaining to your case number, please wait to make that request until after the case has been completed. I will submit a report on your case after receiving a response from you regarding the attached forms. (If you choose not to release medical records to CPSC, please let me know by responding to this e-mail or calling me at the telephone number listed below.)

As always, please feel free to contact me if you have any further questions or comments regarding your case.

Thanks!

Kim Pigott
Product Safety Investigator - Jackson, MS
U.S. Consumer Product Safety Commission
601-924-8370

12/19/2008

Mary Kimberly Pigott
Product Safety Investigator
Post Office Box 167
Clinton, Mississippi 39060



Telephone: 601-924-8370
Fax: 866-922-9730
E-mail: mpigott@cpsc.gov

**U.S. CONSUMER PRODUCT SAFETY COMMISSION
Jackson, MS Field Office**

December 19, 2008

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

Thank you for taking the time to discuss the incident you experienced with a Yamaha Rhino. As we discussed, the United States Consumer Product Safety Commission (CPSC) is a consumer protection agency of the U.S. federal government involved with the safety of various consumer products, including side-by-side utility vehicles. The information you provided our agency might help prevent an incident like this from happening to someone else.

In an effort to obtain official information regarding the incident, I would like to request a copy of any records relating to the treatment you obtained for injuries resulting from this incident. In order to obtain the medical records, I need a signed release form from you. If you would agree to let the care provider forward a copy of your treatment records to CPSC, please sign the enclosed release form and return it to me at the address listed below:

Kim Pigott – CPSC
P. O. Box 167
Clinton, MS 39060.

I am also including an Authorization for Release of Name form. After reviewing this form, please indicate your preference, sign the form, and return it to me at the address above.

For your benefit I have included information about the procedure for making a request from our agency through the Freedom of Information Act (FOIA).

Again, thank you for the information you provided our agency regarding this incident.

Sincerely,

A handwritten signature in black ink that reads "Kim Pigott".

Kim Pigott
Product Safety Investigator
Consumer Product Safety Commission

APPENDIX VII-D-7 MEDICAL RECORDS DISCLOSURE FORM

U.S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR MEDICAL RECORDS DISCLOSURE

This form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332. I understand that my disclosure of the information requested on this form is voluntary. I further understand that the Social Security Number will be used to locate records for release and if not voluntarily furnished completely and accurately, the health or medical facility will be unable to comply with the request.

TO WHOM IT MAY CONCERN:

I request and authorize _____ *(name of health or medical facility)* to furnish the United States Consumer Product Safety Commission all information and copies of any and all records you may have pertaining to (my case)(the case of)

Patient Name _____

Relationship to you _____

Patient Social Security Number _____

including, but not limited to, medical history, physical reports, laboratory reports and pathological slides, and X-ray reports and films.

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the unit or office at the facility housing the records. Redislosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and my records may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ *(date supplied by patient)*; or (3) under the following conditions:

(DATE)

(SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT)

(WITNESS)

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will, of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

I request that you do not release my name. My identity is to remain confidential.

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

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

(Signature)

(Date)



Thank you for contacting the U.S. Consumer Product Safety Commission. (CPSC)

Filing a complaint is the first step in helping the CPSC identify safety problems. CPSC staff reviews your complaint and also considers it in relation to other complaints the Agency receives. When a trend is suspected and a problem has a potential for causing a risk of injury, the staff may open an investigation to further investigate the product's involvement in any potential risk of injury. The information you provide could lead to a product recall, a voluntary or mandatory standard, an information and education safety campaign, or help us better understand the product, its use and possible injury trends.

If the data and staff review indicates that a safety-related defect exists, the manufacturer or importer may be asked to conduct a recall. CPSC seeks a recall when there has been or could be a significant risk of injury presented by a consumer product as a result of a defect and/or violation of a Commission regulation or standard. Not every CPSC investigation results in a request for a recall. Some investigations are used to determine the need for improvements to products through the development of a federal mandatory or voluntary industry standard or even to conduct an information and education safety program. While we have no set number of complaints needed to open an investigation, the staff does look for trends and responds accordingly. Commission technical staff (which may include engineers, scientists and epidemiologists) and compliance staff review complaints submitted to the CPSC whether by phone, letter or electronic submission.

We hope you find this information helpful. However, if you wish to follow-up or obtain a copy of the investigative reports regarding this matter, please feel free to contact our Freedom of Information Act (FOIA) Office at 301-504-7923 (fax 301-504-0127) or file a FOIA request online at:

<https://xapps.cpsc.gov/FOIA/pages/requestentry.jsp>

Please reference CPSC file # 081218CCC2191

We cannot give out brand-name information without first notifying the company 15 days in advance of any proposed disclosure and giving them an opportunity to comment on the information. Congress required this procedure in Section 6(b) of the Consumer Product Safety Act. You may file a FOIA request for brand-name data; the FOIA Office will give the information to the company for comment, resolve any issues the company raises, and then send you the results.

Copies of product recall and product safety information can be sent to you automatically via Internet e-mail, as they are released by CPSC. To subscribe or unsubscribe to this service go to the following web page:

<http://www.cpsc.gov/epsclist.aspx>

Thank you,
Investigator Kim Pigott
U.S. Consumer Product Safety Commission

Task No. 081218CCC2191

Date: 01-29-2009

STATUS OF MISSING DOCUMENT(S)

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

1. Medical Records Disclosure Form
2. Copy of medical records
3. Authorization for Release of Name
4. Insurance Report - unable to make official request; no contact info
5.

Date: 01-29-2009 **Investigator No:** 9094

Regional office: CFIW **Supervisor No:** 8631

1. Task Number 081219CCC3214		2. Investigator's ID 9083		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2008 12 12	5. Date Initiated YR MO DAY 2008 12 23		
6. Synopsis of Accident or Complaint UPC 4XAVH76A09D647194 A 23-year-old male driver died and the 23-year-old male passenger suffered several injuries as a result of this utility vehicle incident. The two victims had borrowed the utility vehicle and drove it on a steep mountain slope, when the driver lost control and the utility vehicle rolled backwards down the steep hillside. The vehicle rolled about a dozen times before it came to rest on the hillside. The victims were not ejected from the vehicle. The victims were wearing their safety belts but no helmets. The deceased victim died from head and neck trauma. <p style="text-align: right;"><u>MFR/PRVLBR NOTIFIED</u> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <u>25c, 6</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>Jim 6/15/09</i></p>				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City ROCK SPRINGS		9. State WY
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS		10C. Model Number RANGER-RZRS 2520
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 23	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 1 - On-Site		19. Time Spent (Operational / Travel) 22 / 14
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 02/20/2009	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Topka, Tanya			28. Source Document Number X08C0164A	

The utility vehicle involved in this incident was owned by the deceased victim's employer, located in Rock Springs, Wyoming. More information relating to the vehicle identification is located under the "Product Identification" section of this report. This vehicle is also referred to as a side by side and contains seats that the driver and one passenger can sit in rather than straddle like a motorcycle or other well known all-terrain vehicles.

According to an in-person interview with the County Coroner the deceased victim (D.O.B. 11/23/1985), who was driving the utility vehicle at the time of the incident, had taken rides and driven the vehicle involved in this crash on a couple of occasions. In fact, the Coroner explained that the victim had taken the vehicle to the area where the crash happened with his boss riding and driving around.

However, on the evening of the incident, the deceased victim borrowed the vehicle with permission and took a twenty-three-year old friend with him. The Coroner explained that he believed that being with his young friend (D.O.B 7/23/1985), rather than the older boss may have contributed to the accident as the boss was definitely more familiar with the White Mountain terrain and slopes than the young victims.

On December 12, 2008, after a Company Christmas Party, at around 8:30 p.m. the two friends borrowed the subject utility vehicle and drove up White Mountain, located just on the outskirts of Rock Springs, Wyoming. Photos showing the terrain of the White Mountain area are contained in Exhibit A of this report (A-16 through A-20). In addition, the last page of the Sheriff Department Report Exhibit B contains a topographic map showing the steep terrain where the utility vehicle was taken and rolled down hill. The gentleman who removed the vehicle from the hillside after the crash indicated that the slope was greater than a forty-five degree angle; he estimated it to be about a fifty percent grade.

According to what the passenger reported to the sheriff department officials, the utility vehicle rolled numerous times front over the back, rolling maybe as many as a dozen times. It was as if the vehicle was falling backwards off the hill where they were riding. Both driver and passenger were seat belted in the utility vehicle and were not ejected during the crash. However, neither of the victims wore a helmet or other protective gear at the time of the incident. The responding deputy estimated that the utility vehicle rolled about one hundred and twenty-five yards down the hillside.

After the utility vehicle stopping rolling, the passenger victim observed that his friend who was driving the vehicle was unconscious and did not appear to be breathing. The passenger explained to officials that he unbuckled his seat belt and crawled over to his friend unbuckled him and pulled him from the wreck. He then proceeded to drag his friend downhill a bit while he proceeded to yell for help.

At around 9:15 p.m. a person living in the neighborhood near White Mountain called the emergency dispatch and reported that he had just seen saw a vehicle roll down the hillside from near the top of White Mountain. The reporting party stated that the he observed what he believed to be a pick up that had rolled numerous times down the side of the mountain from his residence.

A Sheriff's Deputy responded to the White Mountain area and briefly spoke with the reporting person who further pointed the Deputy in the direction of the accident. The Deputy drove his four-wheel drive truck up a "small two track road" and then had to exit his vehicle as the terrain was too steep to drive. The Deputy had to walk with flash lights in search of the crash scene and the victims. About five minutes after beginning his hike, the Deputy heard some yelling. The Deputy identified himself and asked that the person keep yelling so that the Deputy could use the voice to locate the victim's of the crash. The reporting party, another neighbor and his son also hiked up the hill to assist the Deputy in locating the vehicle and crash victims.

Approximately thirty-minutes after beginning the difficult hike, the responding Deputy located the crash vehicle and the two victims. The passenger, who was conscious was holding the driver's head in his lap and said to the Deputy "Help my friend, I think he's dead." The Deputy used a flashlight to see the victims and he reported observing that the unconscious victim "had numerous abrasions to his face and forehead" and they appeared "extremely swollen".

Prior to performing any first aid the Deputy, walked several feet up the hill to where the utility vehicle was to ensure that it would not roll further down the steep hill onto the victims or those arriving to assist and provide first aid. The Deputy found that "roll cage" of the overturned utility vehicle was dug into the ground and the vehicle was secure and it would not roll further down the hill.

After making sure that the vehicle was secure, the Deputy returned to the victims and asked the conscious passenger victim to describe his injuries. The victim complained of "severe pain to his abdomen, right shoulder and left leg", but denied that he had neck or back pain. The Deputy then turned his attention to the unconscious victim, who had been the driver of the utility vehicle. The Deputy listened for breathing and checked for a pulse. He reported that he could not hear or feel any breathing, but thought that he felt a faint pulse, which according to the Deputy was not felt a few minutes later when he checked. At that point CPR was started on the unconscious victim by the Deputy and the neighbors; however, it proved to be unsuccessful. The two victims were placed on backboards and were transported with All-Terrain Vehicles off the hillside to awaiting emergency services. The victims were then taken to the local hospital where the driver was pronounced dead by a Deputy Coroner. The passenger was treated for his injuries and according to the Coroner survived the incident. The cause of death for the driver is listed on the death certificate (Exhibit D) as "Head and Neck Trauma."

The toxicology report for the deceased victim (Exhibit E) indicates that a small amount of alcohol was found, with a Blood Alcohol Concentration (BAC) of .020. Which according to the Coroner, is significantly less than the legal limit of .080, for a driving under the influence citation and that it probably equates one or two light beers, that the victim was reported to have had at the Christmas Party. The Coroner further stated that he doubted that the victim was feeling the effects or impaired by the alcohol in his system and that alcohol does not appear to have contributed to this incident in his opinion. In addition, a full toxicology drug screen was performed, however, there were no other drugs detected or suspected in this incident (Exhibit E).

This investigation assignment was received on December 23, 2008, and the County Sheriff was contacted that day for their Report which is enclosed as Exhibit B. In addition, the Wyoming Department of Transportation was contacted for their "Traffic Crash Report" this document was received via email from the Wyoming Department of Transportation and is contained in Exhibit

C. The Sweetwater County Coroner was contacted each week since the Investigation assignment for any available documentation. On February 11, 2009, during a telephone conversation, the Coroner indicated that he had not yet finalized any of the paperwork relating to this incident, but would provide what he could upon this Investigator's arrival in Rock Springs for the scheduled February 13, 2009, CPSC Investigation. The documents provided by the Sweetwater County Coroner, a death certificate and the toxicology reports are contained in Exhibits D and E of this report.

On February 13, 2009, this Investigator traveled to Rock Springs, Wyoming, and met with the Sweetwater County Coroner and a Sweetwater County Sheriff's Deputy. The County Coroner offered to drive this Investigator in his four-wheel drive truck up to the top of the White Mountain to point out the location of the utility vehicle crash. The Sweetwater County Sheriff's Deputy drove his vehicle to the mesa located on the top of White Mountain. The Deputy utilized a topographic map and pointed out the area where the incident is believed to have occurred. In addition, the County Coroner took this CPSC Investigator to the location where the wrecked utility vehicle was being stored. Digital photographs were taken of the utility vehicle and the White Mountain terrain by this CPSC Investigator. These photos are contained in Exhibit A of this report. While in Rock Springs, this Investigator attempted to reach the injured/passenger victim and left a couple of messages. However, no return call was received.

PRODUCT IDENTIFICATION

Manufacturer/Distributor:	Polaris Industries Inc. Minneapolis, MN 55441
Vehicle Type:	Utility-4-wheel, with side by side seating
Model Name:	RANGER-RZR
Model Number:	2520914
Serial:	2008826093
Model Year:	2009
Engine Size:	760 CC
Dry Weight:	1000 pounds
VIN:	4XAVH76A09D647194

ATTACHMENTS

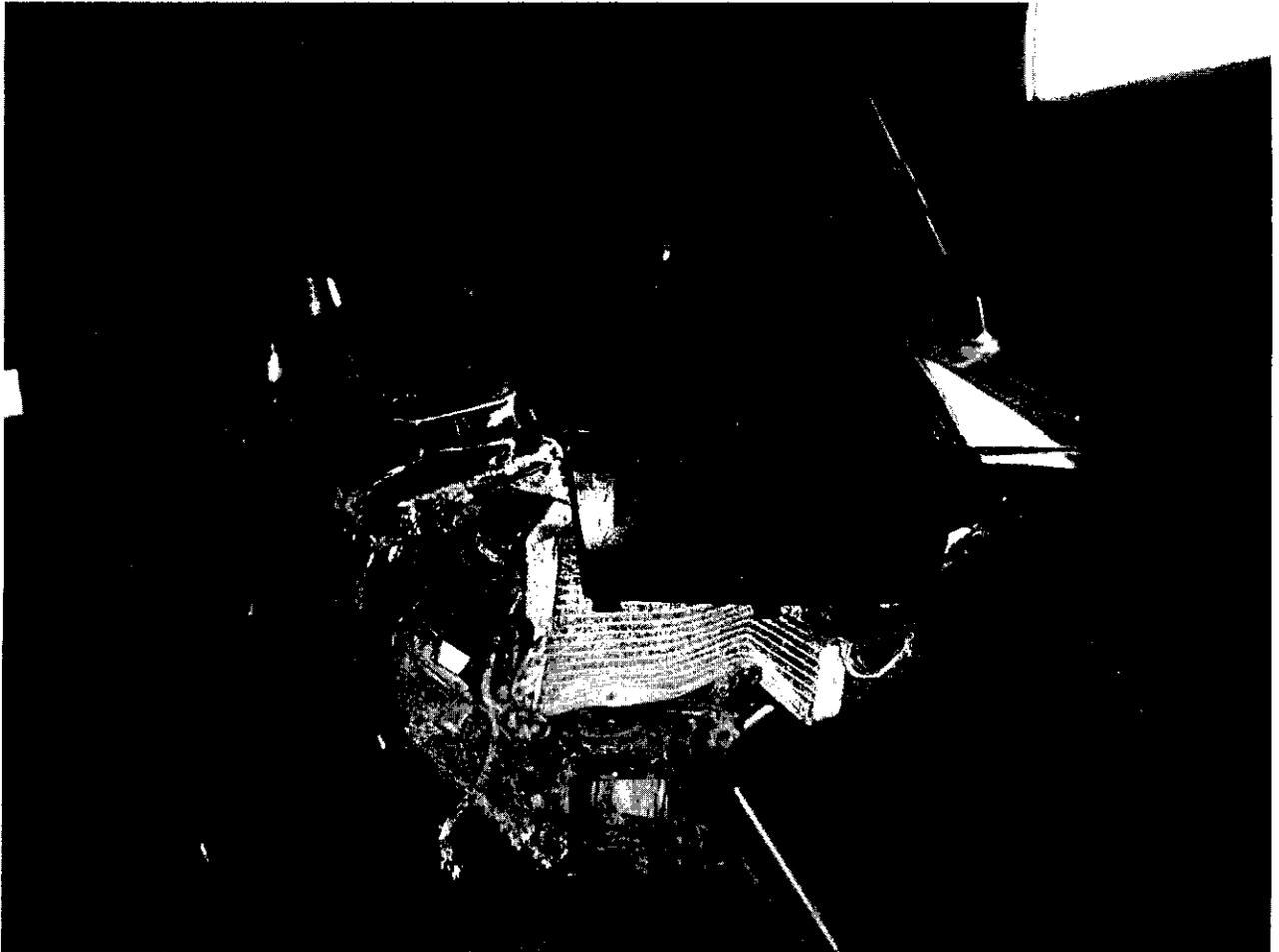
- Exhibit A-Digital Photographs (21 photographs)
- Exhibit B-Sweetwater County Sheriff's Report
- Exhibit C-Wyoming State Traffic Crash Report
- Exhibit D-Sweetwater County Coroner Death Certificate
- Exhibit E-Toxicology Report
- Exhibit F-Investigation Contact Sheet

DIGITAL PHOTOGRAPHS TAKEN BY CPSC INVESTIGATOR

A-1 An overview photo showing the incident utility vehicle, a 2009 Polaris- Ranger-RZR 800, after it was removed from the crash site.

**It should be noted that the gentleman that recovered the vehicle from the hillside crash site indicated that there was very little damage to the vehicle when he arrived at the scene. Mainly just the left front wheel bent in to the frame. However, to due the steep terrain the vehicle was pulled off and rolled numerous times down the hillside to remove it from the accident scene. According to the person who recovered the vehicle there was no other reasonable way to get the utility vehicle off the mountain.*

Unfortunately, there are no photos available of the utility vehicle at the scene showing the minimal damage after the fatal crash.



A-2 Another overview photo, showing a different angle of the wrecked utility vehicle involved in the incident.



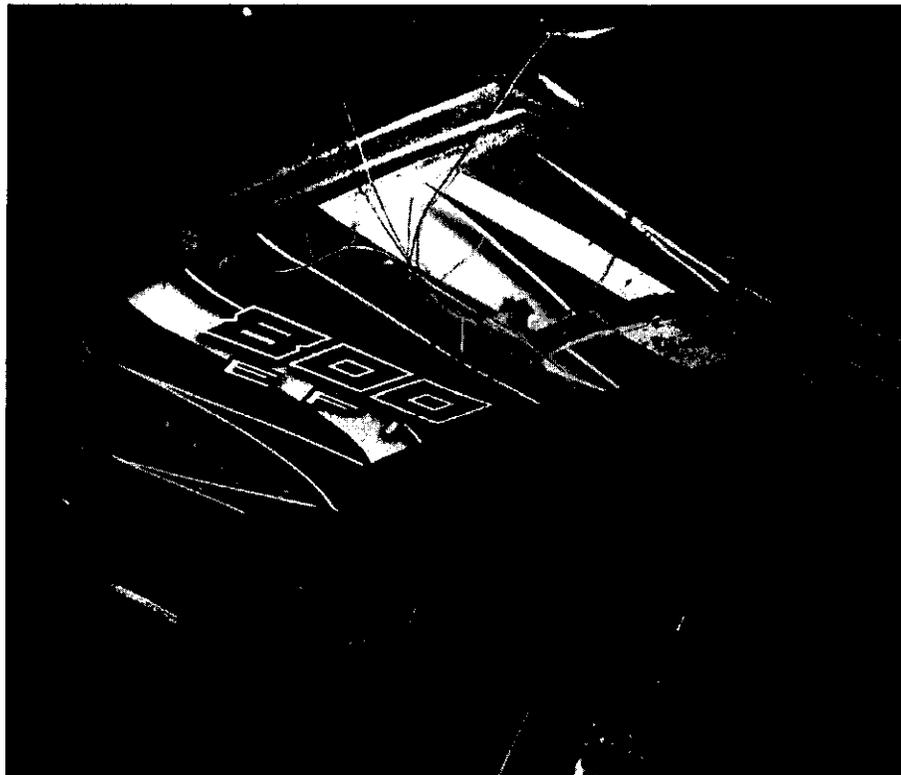
A-3 A side view showing the utility vehicle, the Ranger RZR model name can be seen on the rear area of the vehicle (purple arrow) and the 800 EFI information on the right front panel (orange arrow).



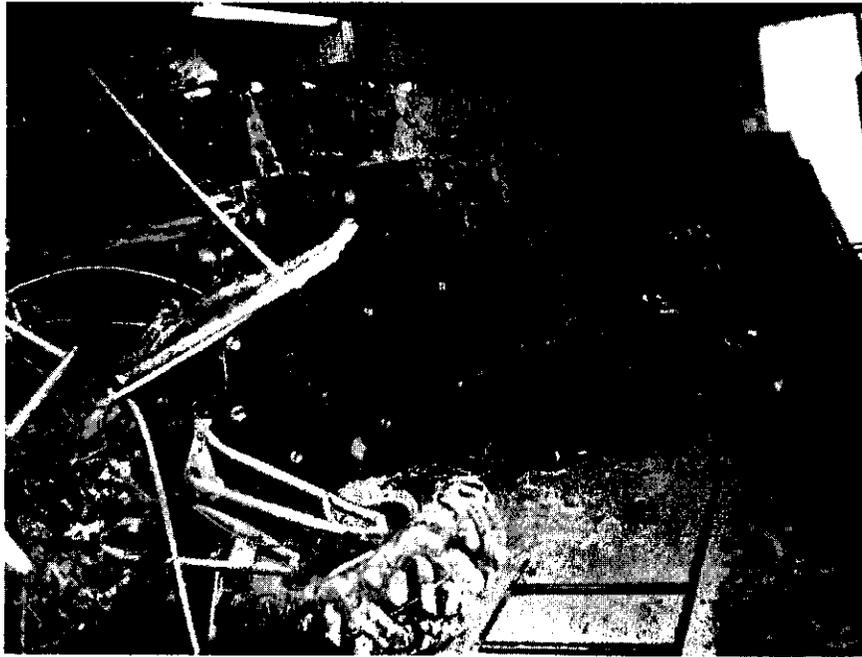
A-4 Closer view of the "RANGER RZRs" information on the right rear of the utility vehicle



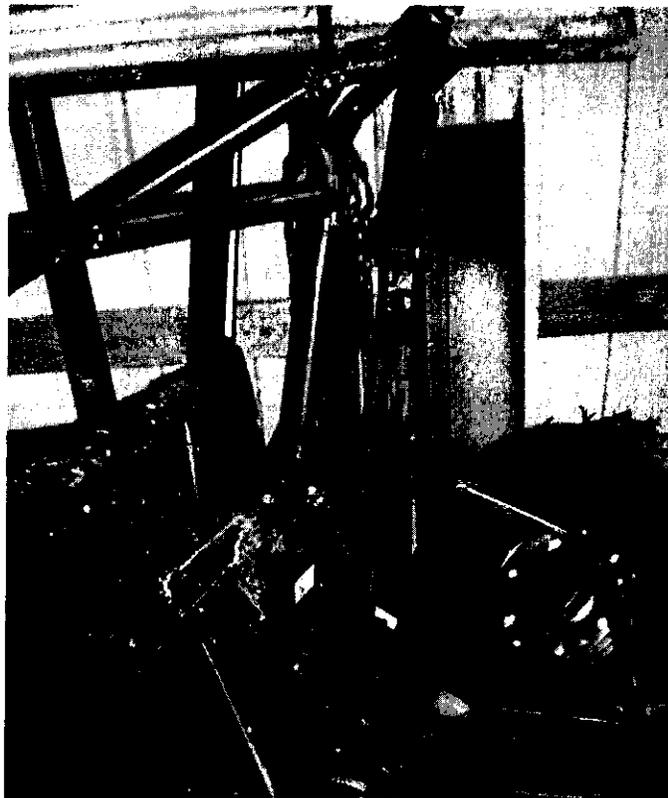
A-5 Closer photo showing the "800 EFI" label



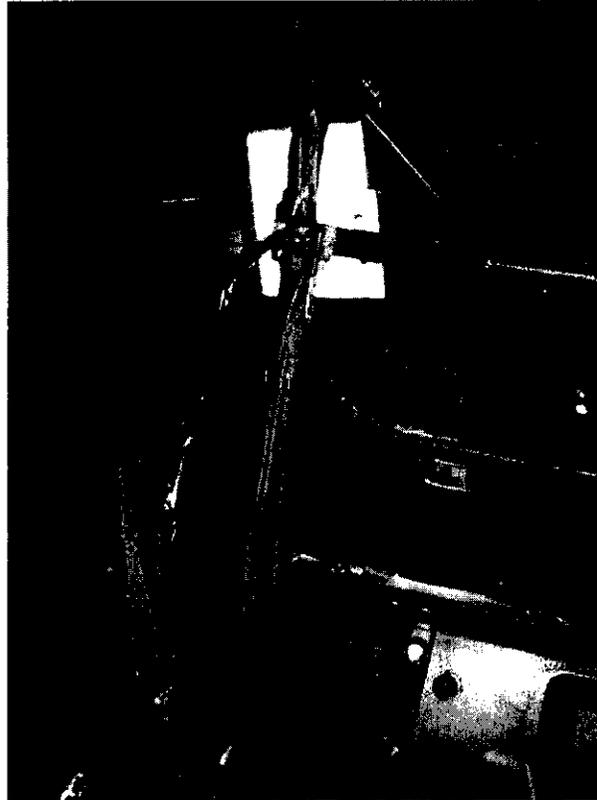
A-6 Photo showing the skid plate and underside of the utility vehicle, as well as three of the tires for the vehicle.



A-7 Photo showing the driver side seat belt and roll bar above the driver side.



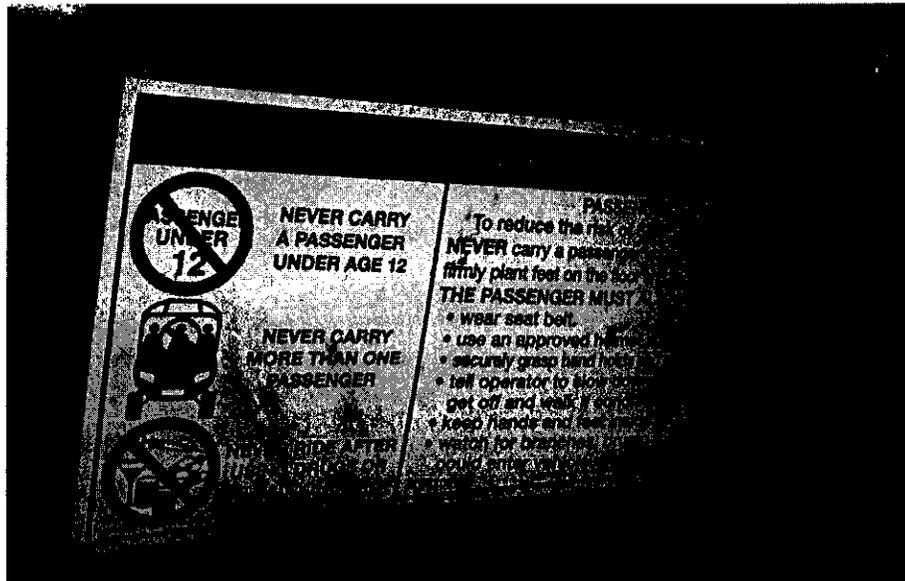
A-8 Photo showing the seat belt on the passenger side of the utility vehicle and a portion of the roll bar



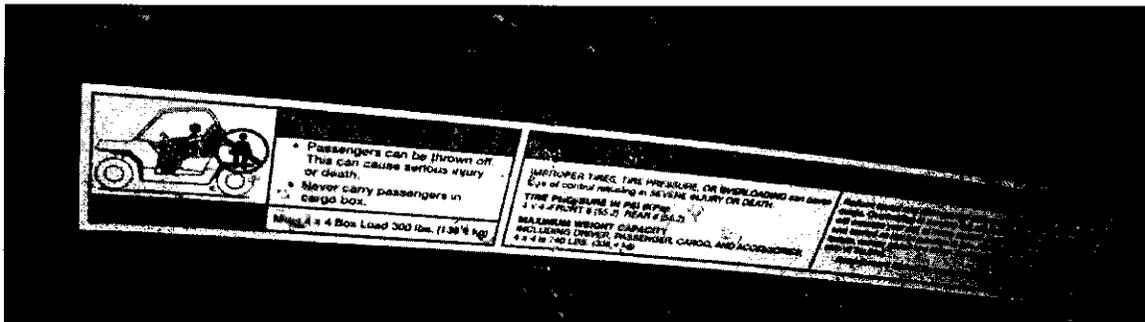
A-9 Photo showing a broken portion of the roll bar. It should be noted that according to the recovering agent, the roll bar was intact with no breaks before he had to drag and roll the vehicle off the mountain.



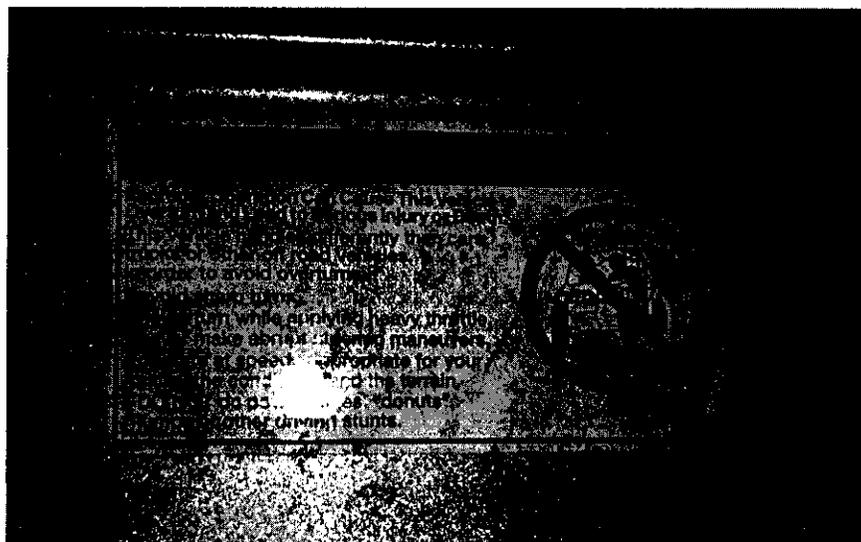
A-10 Photo showing one of several warning labels on the utility vehicle.



A-11 Photo showing another of the warning labels on the utility vehicle.



A-12 Another warning label on the utility vehicle.



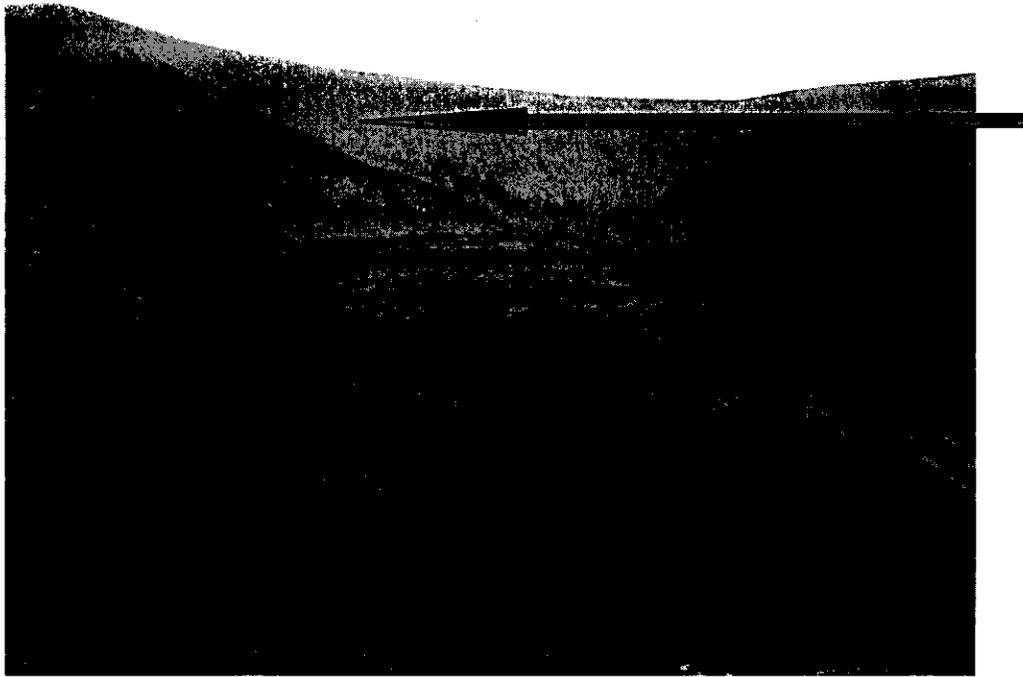
A-15 Sticker label located inside the utility vehicle presumably showing Model #: "2520914" and Serial #: "2008826093"



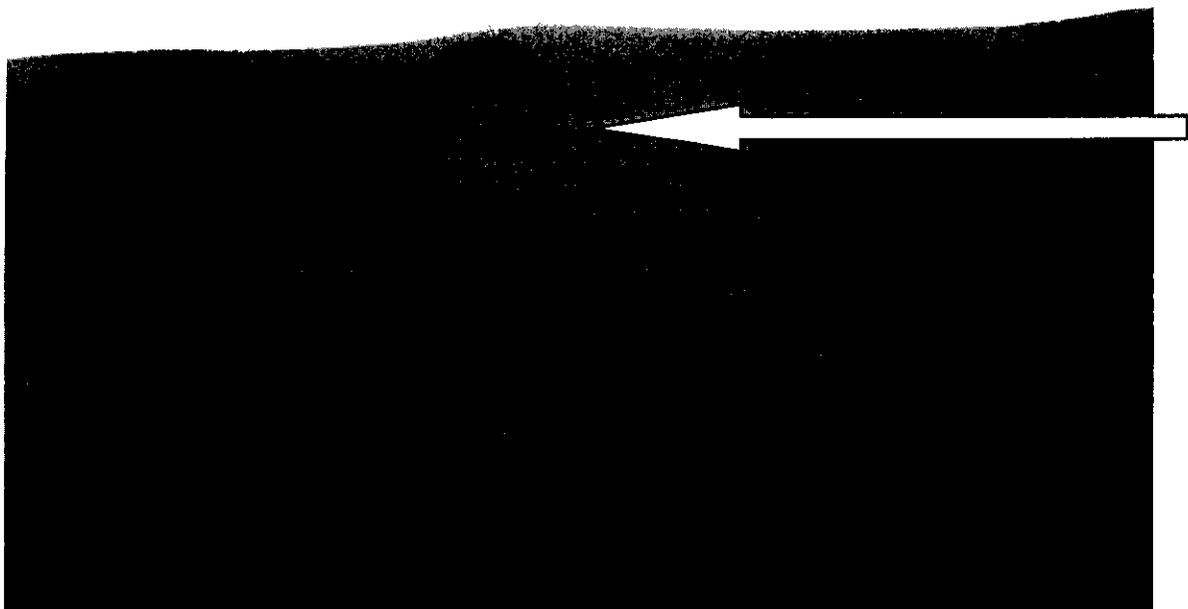
A-16 Photo from a couple of miles away showing the White Mountain area where the crash appeared to have taken place. Arrow points to the steep terrain where the Coroner and Sheriff believed the victims were riding the utility vehicle.



A-17 Another photo from the bottom of the hill, still a few miles away showing the terrain of the White Mountain area where the crash is believed to have taken place. Again the arrow points to where the officials believe the victims were riding.



A-18 Photo from the bottom of the White Mountain showing a path up the mountain, likely made by a dirt bike or ATV. Arrow points at the path, which according to the coroner and sheriff could have been the way the up the hill for the utility vehicle involved in the incident.



A-19 Photo from the top of the mesa or the flat top of the White Mountain Area.



A-20 Photo looking over the side of the Mountain at the steepness of the terrain near where the crash is believed to happened.



Date: 12/31/08
Time: 12:42:18

SWEETWATER COUNTY SHERIFF'S OFFICE
Offense Report

Page: 1
Program: CMS301L

Case Number . . : 1-08-007981
Occur To Date . . : 12/12/08 21:15
Dept Class . . . : ACCIDENT
Case Status Dt . : 12/18/08
Drug Related? . : NO
Street Number . : (b)(6)
City :
County : SWEETWATER
Location Type . : Miscellaneous/All Other
Beat Assignment: CENTRAL
Report Officer . : SHEAMAN, JEFF
Supervisory Emp: BARTOLOTTA, MATT 12/13/08
Entry Date . . . : TUCKER, ALICIA 12/18/08

Occur From Date: 12/12/08 21:15
Day Of Week . . : FRIDAY
Case Status . . : Exceptionally Cleared
Alcohol Related: YES
Map Reference . : C3
Zone/division . : SWINGS
Report Date . . : 12/12/08 21:15

***** ADDITIONAL TIMES *****
Case Number . . : 1-08-007981
Date Arrived . . : 12/12/08 21:19
Date Dispatched: 12/12/08 21:15
Date Cleared . . : 12/13/08 1:07

***** CASE MANAGEMENT INFORMATION *****
Case Number . . : 1-08-007981
Case Status . . : Exceptionally Cleared
Forwarded To . . : Prosecutor
Dept Class . . . : ACCIDENT
Case Status Dt . : 12/18/08

***** VEHICLE INFORMATION # 1 *****
Case number . . : 1-08-007981
Date Expires . . : 10/20/09
Category : * VEHICLE INVOLVED *
State Veh Type . : Motorcycle
Model : POLARIS
Color - Top . . : SILVER
Lein holder . . : SEARLE BROTHERS CONST
License # : (b)(6)
Year : 2009
Model Name . . . : POLARIS
VIN : (b)(6)

***** WITNESS INFORMATION - # 1 *****
Case Number . . : (b)(6)
Street Number . :
City :
County :
Birth Date . . . :
Oper Lic No. . . :
Race :
Ethnic Origin . . :
Weight : 170
Hair Color . . . : BROWN
Citizenship . . : American
Adult / Juvenil: ADULT
Eye Color : BLUE

***** WITNESS INFORMATION - # 2 *****
Case Number . . : 1-08-007981
Prompt valid in: (b)(6)
Street Number . :
City :
County :
Business Phone . :
Birth Date . . . :
Birth Country . . :
COURTNEY DABELL

Date: 12/31/08
Time: 12:42:18

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Oper Lic No. . . : (b)(6) WY American OL Expires . . . : 2/05/10
Race : BLACK Sex : MALE
Ethnic Origin : NON-HISPANIC Height : 600
Weight : 210 Occupation . . . : UNEMPLOYED
Adult / Juvenil: ADULT Hair Color . . . : BLACK
Eye Color . . . : BROWN Complexion . . . : DARK
Build : MEDIUM FBI Number . . . : (b)(6)
State Number . . : (b)(6)

***** W I T N E S S I N F O R M A T I O N - # 3 *****
DEANER TEVIN JORDAN

Case Number . . : (b)(6)
Street Number . :
City :
County :
Other Phone Nbr:
Social Security:
OL Expires . . . :
Ethnic Origin . :
Weight :
Hair Color . . . :
Glasses :

***** O T H E R P E R S O N I N F O R M A T I O N - # 1 *****
Prompt valid in: MILLBURG, JOHN PATRICK

Case Number . . : 1-08-007981
Person Type . . : (b)(3):CPSA Section 25(c)
Street Number . :
City :
County :
Business Phone . :
Birth Date . . . :
Oper Lic No. . . :
Race :
Ethnic Origin . :
Weight :
Occupation . . . :
Adult / Juvenil:
Hair Length . . :
Glasses :
Teeth :
Build : MEDIUM Citizenship . . . : American
Marital Status : SINGLE Status : Deceased

***** O T H E R P E R S O N I N F O R M A T I O N - # 2 *****
Prompt valid in: ATKINSON, ADAM ELLIS

Case Number . . : 1-08-007981
Person Type . . : OCCUPANT (Vehicle #1)
Street Number . : (b)(6)
City :
Home Phone No. . :
Other Phone Nbr:
Social Security:
OL Expires . . . :
Sex :

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Height : 504
Occupation . . : STUDENT
Hair Color . . . : BROWN
Eye Color . . . : HAZEL
Complexion . . . : FAIR
Build : MEDIUM
Citizenship . . : American
Marital Status : SINGLE

Weight : 125
Adult / Juvenil: ADULT
Hair Length . . : Short (up to 1/2")
Glasses : YES
Teeth : NO DISCERNIBLE FEATURES
Speech : Normal
Hand Use : Right Handed

***** N A R R A T I V E # 1 *****
CAD Information Reported By: 0/00/00
Entered By.: 12/12/08

Call#: 083470064 Beat: CENTRAL
Units.: C20 Employees: 0000000189 BARTOLOTTA, MATT
Units.: C3 Employees: 0000000043 MAJHANOVICH, DALE
Units.: C37 Employees: 0000000277 FISCHER, RICHARD
Units.: C41 Employees: 0000000245 GLASSCOCK, JERRY
Units.: C44 Employees: 0000000262 HENLEY, CODY
Units.: C47 Employees: 0000000274 SHEAMAN, JEFF
Units.: FD1
Units.: MS137
Units.: MS139
Units.: RES505
Units.: SQUAD1
Units.: SQUAD2
Units.: SWMD
Veh: 4MP-958 WY 4XAVH76A09D647194



BOTH PATIENTS LOADED ON 4 WHEELERS
RP ADVISES A TRUCK ROLLED ON WHITE MOUNTAIN
WILL MEET A UNIT AT THE END OF ANTELOPE DR
REPORT TO FOLLOW
DS SHEAMAN

see state crash report/at

***** N A R R A T I V E # 2 *****
08-7981 Reported By: TUCKER, ALICIA 12/18/08
Entered By.: TUCKER, ALICIA 12/18/08

Narrative:

ORIGIN:

On December 12, 2008 at approximately 21:15 hours, Deputy Sheriff Sheaman was dispatched to Antelope Dr. near Gannett for a reported

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accident where a vehicle was reported to have rolled down White Mountain.

While responding to the area, DS Sheaman was informed that the reporting person witnessed what he believed was a pickup roll down the side of the mountain southwest of his residence at 688 Antelope.

OFFICER S ACTIONS/OBSERVATIONS:

Upon arrival to the area, DS Sheaman spoke briefly with the reporting person, identified as (b)(6) (DOB: 4/7/71). Mr. Walker pointed to White Mountain and stated he watched a vehicle roll numerous times down the side of the mountain from the top near county road 53 which crosses over the top of White Mountain.

DS Sheaman drove to a small two track road near the corner of Gannett and Antelope and began driving up the road towards a ravine which appeared to run straight up the mountain towards where Mr. (b)(6) saw the vehicle roll. DS Sheaman approached a large drop off at the base of the mountain and stopped, exited the patrol vehicle and began walking up the side of the mountain. DS Sheaman took several flashlights and a heavy coat up the hill. Corporal Bartolotta arrived and pulled along side of DS Sheaman s patrol vehicle. Both spotlights on the patrol vehicles were pointed up the mountain in the direction of where the vehicle rolled to provide needed lighting.

DS Sheaman walked up the steep hillside and noticed that Mr. (b)(6) (b)(6) (DOB: 5/12/91) and his father, (b)(6) (DOB: 2/5/68) were hiking up the side of the hill to assist with finding the vehicle. Approximately five minutes after beginning the hike up the mountain, DS Sheaman heard someone yelling help . DS Sheaman identified himself as a Sheriff s Office employee and asked the person yelling to continue yelling to assist with finding them easier. Approximately thirty minutes after beginning the hike up the mountain, DS Sheaman located the vehicle and occupants.

The vehicle appeared to be a silver ATV and it was lying on its side above two male individuals who were both lying on the ground. The person who was yelling, identified as (b)(6) (DOB: 7/23/85) was behind the other individual and was holding his head in his lap saying help my friend, I think he s dead . DS Sheaman used his flashlight to illuminate the two and noticed that the male that was lying in Mr. (b)(6) s lap was unconscious. DS Sheaman noticed that the male s forehead and face were extremely swollen and had numerous abrasions.

Prior to performing any first aid to the victims and checking for breathing and a pulse on the unconscious male, DS Sheaman walked several feet up the hill to verify that the ATV would not continued rolling down the hill and pose a further hazard to the two victims and DS Sheaman since the vehicle and victims were resting on a steep hillside. DS Sheaman found that the roll cage of the ATV was dug into the ground and it was secure and would not roll.

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DS Sheaman asked (b)(6) to describe his injuries. (b)(6) complained of severe pain to his abdomen, right shoulder and left leg. DS Sheaman asked Mr. Atkinson if he had any pain in his neck or back and he stated no. DS Sheaman asked (b)(6) to let go of the other individual and continue to lay flat on the ground and not move until EMS arrived. DS Sheaman placed his heavy coat over Mr. Atkinson to keep him warm since it was believed he was in shock.

DS Sheaman turned his attention to the unconscious male, later identified as (b)(6) (DOB: 11/23/85). DS Sheaman listened for breathing and checked for a pulse. DS Sheaman could not feel breath and could not see any movement on (b)(6)'s chest. DS Sheaman felt for a pulse using the carotid artery in his neck. DS Sheaman believed that he felt a slight pulse. DS Sheaman was breathing heavily and his own pulse was extremely fast because of the hike up the mountain. DS Sheaman attempted to slow his breathing slightly and checked again for a pulse using (b)(6)'s wrist to verify if the pulse that was felt was his. DS Sheaman believed he felt a slight pulse.

(b)(6) arrived with DS Sheaman. DS Sheaman asked (b)(6) to check for a pulse for verification. Mr. (b)(6) checked for a pulse using the carotid artery and he stated he felt a pulse also. After several minutes DS Sheaman checked Mr. (b)(6)'s pulse and could not feel one. (b)(6) also checked for a pulse and verified that he could not feel one anymore. DS Sheaman began CPR using chest compressions. (b)(6) produced a plastic baggy that he cut a small hole in and used it to try and give rescue breaths. The breaths given by (b)(6) were not sufficient. Deputy Sheriff Henley arrived on scene after responding up county road 69 in his patrol vehicle and stopping on the top of county road 53 above the crash. DS Henley brought extra coats, blankets and an Ambu-bag to the scene. (b)(6) and (b)(6) continued CPR while (b)(6) was directed by DS Sheaman to hold traction on Mr. (b)(6)'s head for safety since it was undetermined the extent of his injuries. (b)(6) was covered with the blankets and Tevin continued to hold traction and talk to (b)(6) until EMS personnel arrived.

Fire District #1 personnel arrived on scene with two backboards and baskets to transport (b)(6) and (b)(6) down the hill using ATV s. Both victims were loaded onto the backboards, placed in the baskets and placed on the back of two ATV s. (b)(6) and Mr. (b)(6) were taken down the hill and later to Sweetwater County Memorial Hospital for treatment.

DS Sheaman stayed on scene and walked up the hill to try and determine where the ATV began rolling. DS Sheaman noticed numerous items that were thrown from the ATV as it rolled. DS Sheaman picked up a tool bag with miscellaneous tools and a black cellular phone that belonged to (b)(6). DS Sheaman also picked up a cellular phone that

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belonged to (b)(6). The items were later taken to the hospital to be given to Mr. (b)(6). DS Sheaman determined where the ATV began rolling and noticed tire tracks on the narrow trail and in the snow where it appeared the ATV was traveling uphill before it rolled. DS Sheaman walked downhill towards the ATV and counted approximately 125 large steps downhill that would be sufficient with yard measurements. As DS Sheaman walked down the hill he noticed numerous ATV parts lying on the ground.

DS Sheaman determined that the ATV was a 2009 Polaris Razor after running the serial number through dispatch over the phone. The vehicle is registered to (b)(6) Inc. out of Rock Springs. The ATV was left in place on the hillside and DS Sheaman left the area and later was given a ride down the hill on an ATV. Prior to leaving the area DS Sheaman obtained information from Mr. (b)(6) and his son and they were thanked for their help.

DS Sheaman responded to the hospital and learned that (b)(6) was pronounced dead from his injuries. DS Sheaman interviewed Mr. (b)(6) about the incident.

INTERVIEW WITH (b)(6)

(b)(6) informed DS Sheaman that he and (b)(6) were at a company Christmas party earlier in the evening. (b)(6) stated (b)(6) worked for (b)(6) and the party was at the business, located at (b)(6) Springs. (b)(6) stated he saw (b)(6) consume two bottles of Bud Light beer at the party and nothing else. (b)(6) stated he did not consume any alcohol during the evening. At approximately 20:30 hours Mr. (b)(6) stated he and Mr. Millburg left the party and drove to (b)(6)'s residence where they were given permission to use the ATV by (b)(6). (b)(6) stated he is not familiar with the White Mountain area but (b)(6) knew the area and drove the ATV onto the hillside.

(b)(6) stated both he and (b)(6) were wearing their seatbelts as they continued up the mountain. (b)(6) stated they were not wearing helmets. (b)(6) stated he did not know how many times the ATV rolled but he lost consciousness briefly after the vehicle came to rest after rolling. (b)(6) stated he regained consciousness and noticed that (b)(6) was unconscious and was not breathing. (b)(6) stated he freed himself from his seatbelt and he pulled (b)(6) from the wreck and dragged him downhill where he began yelling for help.

(b)(6) was later informed by EMS staff that (b)(6) was deceased.

OFFICER S ACTIONS/OBSERVATIONS:

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DS Sheaman asked (b)(6) if he would sign a medical release form to release his medical records to SCSO for any needed follow-up investigation and to determine the extent of his injuries sustained in the crash. (b)(6) signed a medical release form after it was explained to him.

DS Sheaman met with Deputy Coroner Travis Sanders. Mr. Sanders escorted DS Sheaman to the morgue where photographs of (b)(6) were obtained for evidence purposes. DS Sheaman noticed that Mr. (b)(3):CPSA had extensive injuries to his face and chest. DS Sheaman also noticed a large laceration on the top of (b)(6)'s head. Further observation showed a long thin abrasion on the left side of (b)(6)'s neck. The injury was consistent with a seatbelt injury where the seatbelt would have rubbed along his neck downward at an angle across his chest as the vehicle rolled. The injury proved that (b)(3):CPSA Section was driving the ATV prior to the crash.

PHONE CALL FROM (b)(6):

DS Sheaman left the hospital and responded to SCSO (Rock Springs office) where he later spoke with (b)(6) who is (b)(3):C's father. (b)(3):CPSA Section called DS Sheaman asking about the incident after he was notified of the incident by officers from Evanston Police Dept. Evanston PD was contacted by Mr. Sanders and employees were asked to locate (b)(6) for a death notification, which they did. DS Sheaman informed (b)(3):CPSA Section of the incident and informed him of the investigation that was being conducted. (b)(3):CPSA Section was informed that a crash report would be created following the incident and he was asked to contact SCSO and DS Sheaman with any questions or concerns.

PROPERTY DESCRIPTION:

The ATV is a silver 2009 Polaris Razor belonging to Searle Brothers Construction Inc. DS Sheaman did not see a license plate attached to the ATV but the registration for the vehicle is 4-958. The information was obtained after running the VIN number through dispatch.

VIN: (b)(6)

OFFICER S ACTIONS:

DS Sheaman will contact (b)(6) Construction and inform them of the incident so the owners of the ATV can make arrangements to remove it from the hillside.

See crash report (SR-21) form for further information

DISPOSITION:

Report forwarded to the county attorney s office for review and to the SCSO detective division for any necessary follow-up.

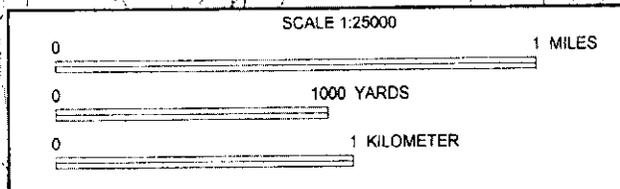
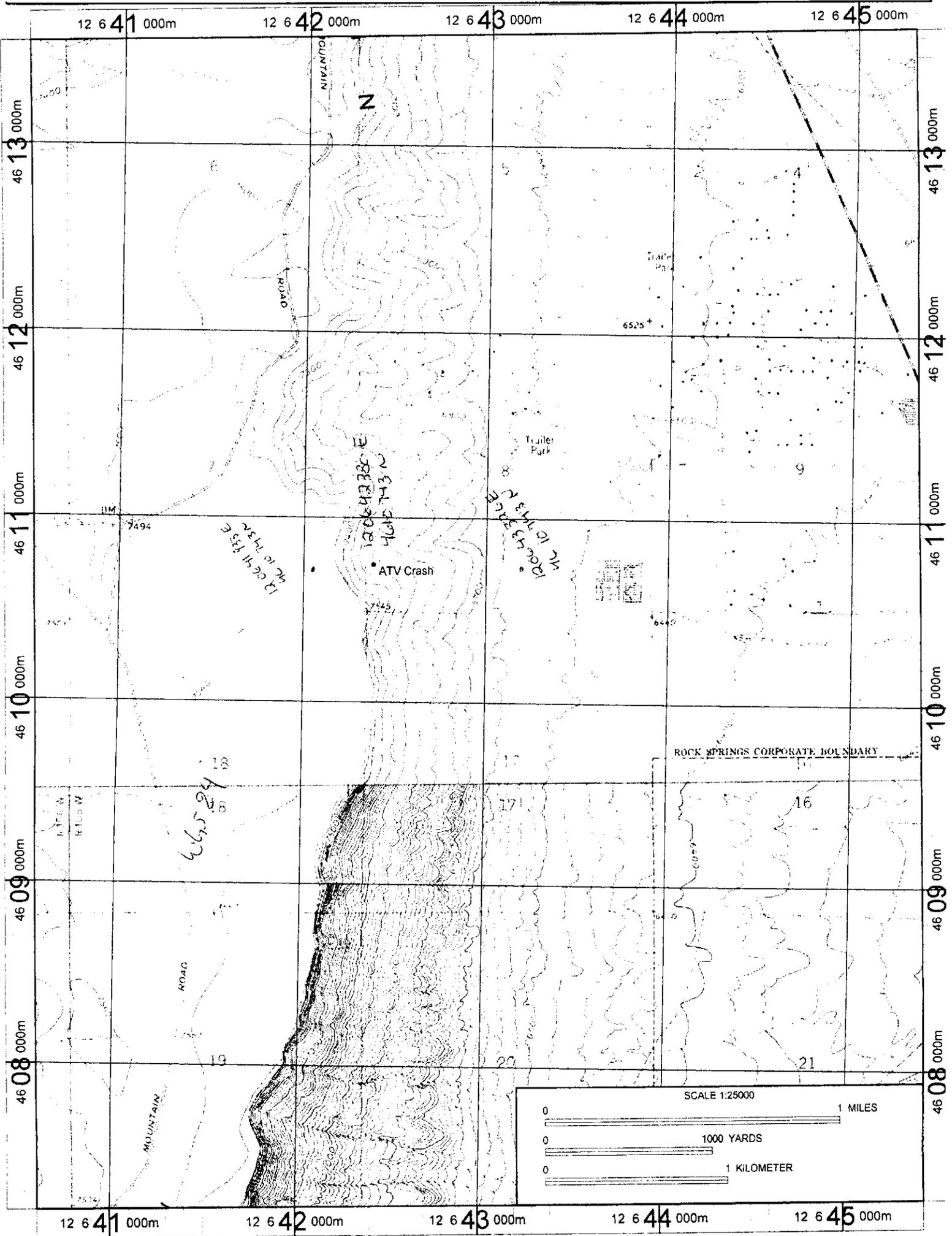
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* * * * * END OF REPORT * * * * *





CASE NO. 08-7981

INVESTIGATOR'S TRAFFIC CRASH REPORT

Mail completed form within 10 days to: Wyoming Department of Transportation
Crash Records
5300 Bishop Boulevard
Cheyenne, WY 82009-3340

Date of Crash (yyyy/mm/dd) Time (24 hr) Day of Week Su Mo Tu We Th Fr Sa

Date: yyyy/mm/dd Time (24 hr)

Police Notified:

Arrived:

EMS Notified:

Arrived:

Combined Total Damage greater than or equal to \$1,000 Yes No

Hit & Run Yes No

Investigated at the Scene Yes No

Photo/Video Photo Video None Both

Occurred on Private Property Yes No Public/Private Property Damage Yes No

Amount of Property Damage (if known) \$

# Vehicle(s)	# Driver(s)	# Person(s)	# non Motorists	# Injured	# Killed
<input type="text" value="01"/>	<input type="text" value="01"/>	<input type="text" value="02"/>	<input type="text" value="00"/>	<input type="text" value="01"/>	<input type="text" value="01"/>

EMS Hospital Arrival Time

County In City/Town Yes No

GPS Latitude GPS Longitude

Crash occurred on: Highway/Street Milepost Marker

Private/Trailer Pk/Subdivision

At intersection with: Highway/Street

Highway Section # CAT. ID # DIR

Intersection LRS # CAT. ID # DIR

Occurred on Divided Hwy No Yes if yes

Incr / Decr Incr Decr Unknown

If NOT at Intersection OF

Feet or Miles Direction

nearest street, highway, ramp, bridge, city, railroad crossing, etc.

INSTRUCTIONS
TO ENSURE ACCURACY
PRINT IN UPPER-CASE LETTERS USING A BLACK OR DARK BLUE PEN!
PRINT NEATLY

If 'Other' is selected in any field, describe in narrative
If a vehicle is towed, describe towed vehicle in narrative

SUPPLEMENTAL REPORTS

mark if attached

- If more than 2 vehicles are involved, complete form 'Supplemental Additional Vehicle/Driver Form'
- If more than 5 persons in a crash, complete form 'Supplemental Additional Vehicle Occupant Information'
- Trucks or Commercial Motor Vehicles complete form 'Supplemental Truck/CMV Information'
- If a non-motorist is involved, complete form 'Supplemental Non-Motorist'
- If a bus is involved and carrying passengers, complete form 'Supplemental Bus Information'
- If any drug tests are performed, complete 'Supplemental Drug Test Results'
- Previous report submitted

Investigating Agency

01 - City PD 02 - Sheriff 03 - BIA Division (WHP only)
04 - Forest Service 05 - Campus Police 06 - WHP 07 - Other

Badge # Officer Name & Rank

Report Date (yyyy/mm/dd)

Signature _____ Highway Safety Use Only

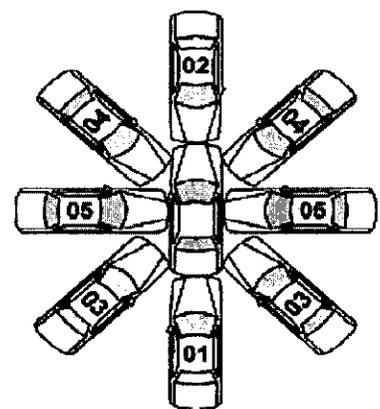
Proximity to Residence 1:3 Rural PID NON-PID Highway District

1-Same Town 2-25 miles or less 3-25 miles Plus 4-Out of State Accurately Located

Date Received: Crash Type: G ≥ \$1,000 M - Missing Location
 N ≤ \$1,000 I - Industrial Crash
Report Number: Highway System P - Private D - Deliberate

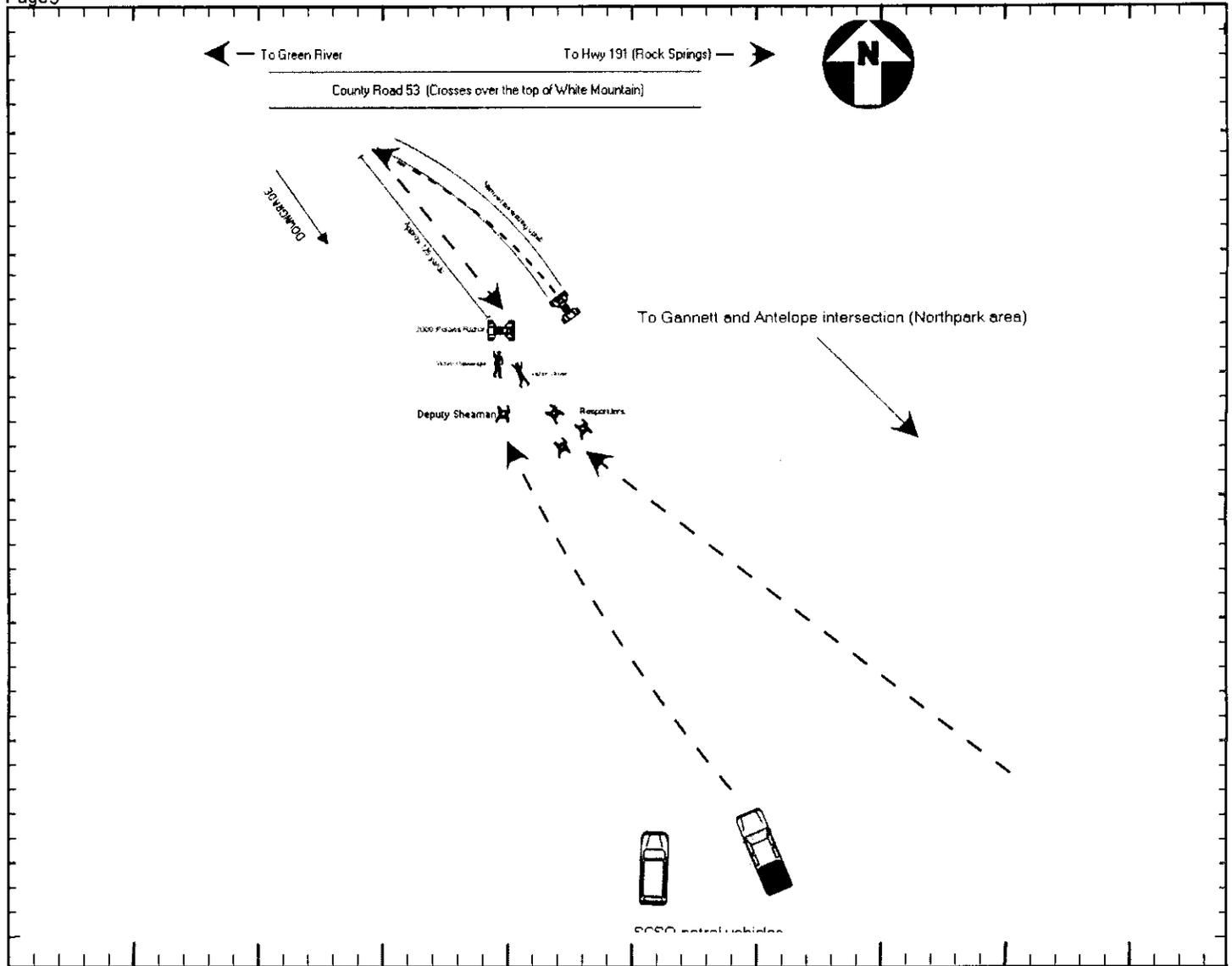
Base Information

<p>FIRST HARMFUL EVENT <input type="checkbox"/> 0 <input type="checkbox"/> 1</p> <p><u>Non - Collision:</u> 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 12 - Fell/Jumped from a motor vehicle 13 - Thrown or Falling Object 16 - Carbon Monoxide (CO) Poisoning 17 - Injuries by being thrown against part of the vehicle 18 - Other Non-Collision (Motorcycle Loss of Control)</p> <p><u>Collision w/ Person, MV, or Non-Fixed Object:</u> 19 - Pedestrian 20 - Pedacycle 21 - Railway Vehicle 22 - Motor Vehicle in Transport on Roadway 23 - Motor Vehicle on OTHER Roadway 24 - Parked Motor Vehicle 26 - Other NON-Fixed Object 27 - Work Zone/Maintenance Equipment 28 - Work Zone Channelling Device 29 - Object Set in Motion by Another Vehicle</p> <p><u>Animals:</u> 30 - Horse 31 - Cow 32 - Pig 33 - Sheep 34 - Other Domestic (Dog, Llama, etc) 35 - Elk 36 - Deer 37 - Moose 38 - Antelope 39 - Buffalo 40 - Other Wild (Bear, Coyote, Eagle)</p> <p><u>Collision w/ Fixed Object</u> 41 - Guardrail End 42 - Guardrail Face 43 - Impact Attenuator/Crash Cushion 44 - Bridge Pier or Support 45 - Bridge Overhead Structure 46 - Bridge Rail 47 - Concrete Traffic Barrier/Jersey Barrier 48 - Other Traffic Barrier (Includes temporary) 49 - Utility Pole/Light Support 50 - Traffic Signal Support 51 - Traffic Sign Support 52 - Overhead Traffic Sign 53 - Sign Support Single Post 54 - Sign Support Multiple Post 55 - Other Traffic Sign Support 56 - Barricade 57 - Tree/Shrubbery 58 - Cut Slope 59 - Road Approach 60 - Rock, Boulder, Rock Slide 61 - End of Drainage Pipe/Structure/Culvert 62 - Building or Other Structure Wall 63 - Fence (Including Post) 64 - Raised Median or Curb 65 - Delineator Post 66 - Earth Embankment/Berm 67 - Ditch 68 - Snow Embankment 69 - Mail Box 70 - Tunnel 71 - Cattle Guard 72 - Fixed Object Other 73 - Cable Barrier</p> <p>99 - Unknown</p>	<p>Location of FHE <input type="checkbox"/> 0 <input type="checkbox"/> 2</p> 01 - On Roadway 02 - Off Roadway 03 - Shoulder 04 - Median 05 - On OTHER Roadway 06 - Outside of ROW 07 - Gore 08 - Separator 09 - In Parking Lane/Zone 10 - Tunnel 11 - Bridge 12 - Port of Entry 13 - Rest Area 99 - Unknown <p>Road Circumstance choose up to 3 1st choice <input type="checkbox"/> 0 <input type="checkbox"/> 4 2nd choice <input type="checkbox"/> <input type="checkbox"/> 3rd choice <input type="checkbox"/> <input type="checkbox"/></p> 01 - None 02 - Road Surface Condition 03 - Debris, loose material on the surface 04 - Ruts, Holes, Bumps 05 - Work Zone/Construction Zone 06 - Worn or Polished Surface 07 - Obstruction in Roadway 08 - Traffic Control Device Missing 09 - Traffic Control Device Inoperative 10 - Traffic Control Device Obscured 11 - Shoulders (None, Low, Soft, High) 12 - Non- Highway Work 13 - Reduced Road Width 14 - Lane Markings Missing or Faded 15 - Obstructed by a Previous Crash 16 - Other 99 - Unknown <p>Work Zone Related <input type="checkbox"/> 0 <input type="checkbox"/> 2 01 - Yes 02 - No 99 - Unknown</p> <p>Work Zone Workers Present <input type="checkbox"/> <input type="checkbox"/></p> <p>Work Zone Location <input type="checkbox"/> <input type="checkbox"/></p> 01 - Before the First Warning Sign 02 - Advance Warning Area 03 - Transition Area 04 - Activity Area 05 - Termination Area 99 - Unknown <p>Type of Work Zone <input type="checkbox"/> <input type="checkbox"/></p> 01 - Lane Closure 02 - Lane Shift or Crossover 03 - Work on Shoulder/Median 04 - Intermittent or Moving Work 05 - Other 99 - Unknown <p>Manner of Collision <input type="checkbox"/> 1 <input type="checkbox"/> 2 *see diagram right</p> 01 - Rear End (Front to Rear) 02 - Head On (Front to Front) 03 - Angle Same Direction (Front to Side) 04 - Angle (Front-to-Side), Opposing Direction 05 - Angle Right (Front to Side, includes Broadside) 06 - Angle Direction not Specified 07 - Sideswipe Same Direction (Passing) 08 - Sideswipe Opposite Direction (Meeting) 09 - Rear to Side (Normally Backing) 10 - Rear to Rear (Normally Backing) 11 - Rear to Front (Normally Backing) 12 - Not a Collision w/2 Vehicles in Transport 13 - Other 99 - Unknown <p>Direction of Force <input type="checkbox"/> 9 <input type="checkbox"/> 9</p> 01 - Opposing (Opposite Direction within 15 degrees) 02 - Angle (force exceeds 15 degrees) 03 - Same (same direction within 15 degrees) 04 - Meeting (glancing collision from opposite direction) 05 - Passing (glancing collision from same direction) 99 - Unknown	<p>Weather 1st choice <input type="checkbox"/> 0 <input type="checkbox"/> 1 2nd choice <input type="checkbox"/> <input type="checkbox"/></p> 01 - Clear 02 - Raining 03 - Snowing 04 - Fog 05 - Blowing Dust/Sand/Dirt 06 - Severe Wind Only 07 - Blizzard 08 - Sleet/Hail/Freezing Rain 09 - Blowing Snow 10 - Cloudy, Overcast 11 - Smoke 12 - Other 99 - Unknown <p>Road 1st choice <input type="checkbox"/> 0 <input type="checkbox"/> 5 2nd choice <input type="checkbox"/> <input type="checkbox"/></p> 01 - Dry 02 - Wet 03 - Ice/Frost 04 - Snow 05 - Mud/Dirt/Gravel 06 - Slush 07 - Oil/Fuel 08 - Sand on Dry Pavement 09 - Sand on Icy Road 10 - Water standing/Running 11 - Other 99 - Unknown <p>Environmental Circumstance choose up to 3 1st choice <input type="checkbox"/> 1 <input type="checkbox"/> 0 2nd choice <input type="checkbox"/> <input type="checkbox"/> 3rd choice <input type="checkbox"/> <input type="checkbox"/></p> 01 - Weather Conditions 02 - Visual Obstruction Buildings 03 - Visual Obstruction Other Vehicle 04 - Visual Obstruction Vegetation 05 - Visual Obstruction Hillcrest 06 - Visual Obstruction Embankment-Snow, Rock, etc 07 - Other Physical Obstruction 08 - Glare (Sun or Headlight) 09 - Animals in Roadway 10 - Other 11 - None 99 - Unknown <p>Relation to Junction <input type="checkbox"/> 0 <input type="checkbox"/> 1</p> <table border="0" style="width:100%;"> <tr> <td>Non-Interchange Area</td> <td>Interchange Area</td> </tr> <tr> <td>01 - Non-Junction</td> <td>12 - Thru Roadway</td> </tr> <tr> <td>02 - Intersection</td> <td>13 - Intersection</td> </tr> <tr> <td>03 - Intersection Related</td> <td>14 - Intersection Related</td> </tr> <tr> <td>04 - Driveway Related</td> <td>15 - Ramp</td> </tr> <tr> <td>05 - Entrance/Exit Ramp</td> <td>16 - Other Parts (Gore)</td> </tr> <tr> <td>06 - Railway Grade Crossing</td> <td>99 - Unknown Interchange</td> </tr> <tr> <td>07 - Crossover Related</td> <td></td> </tr> <tr> <td>08 - Business Entrance</td> <td></td> </tr> <tr> <td>09 - Alley</td> <td></td> </tr> <tr> <td>10 - Other Non-Interchange (ie. Bike, Snowmobile Trail, School Xing)</td> <td></td> </tr> <tr> <td>99 - Unknown (describe in narrative)</td> <td></td> </tr> </table> <p>Type of Intersection <input type="checkbox"/> 0 <input type="checkbox"/> 1</p> 01 - Not an Intersection 02 - Four (4) -Way Intersection 03 - T Intersection 04 - Y Intersection 05 - Five (5) Point or more 06 - Intersection as part of an Interchange 07 - Roundabout 99 - Unknown	Non-Interchange Area	Interchange Area	01 - Non-Junction	12 - Thru Roadway	02 - Intersection	13 - Intersection	03 - Intersection Related	14 - Intersection Related	04 - Driveway Related	15 - Ramp	05 - Entrance/Exit Ramp	16 - Other Parts (Gore)	06 - Railway Grade Crossing	99 - Unknown Interchange	07 - Crossover Related		08 - Business Entrance		09 - Alley		10 - Other Non-Interchange (ie. Bike, Snowmobile Trail, School Xing)		99 - Unknown (describe in narrative)		<p>Lighting <input type="checkbox"/> 0 <input type="checkbox"/> 2</p> 01 - Daylight 02 - Darkness Unlighted 03 - Darkness Lighted 04 - Dawn 05 - Dusk 06 - Other 99 - Unknown <p>School Bus Related <input type="checkbox"/> 0 <input type="checkbox"/> 1</p> 01 - No 02 - Yes, Directly Involved 03 - Yes, Indirectly Involved
Non-Interchange Area	Interchange Area																										
01 - Non-Junction	12 - Thru Roadway																										
02 - Intersection	13 - Intersection																										
03 - Intersection Related	14 - Intersection Related																										
04 - Driveway Related	15 - Ramp																										
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07 - Crossover Related																											
08 - Business Entrance																											
09 - Alley																											
10 - Other Non-Interchange (ie. Bike, Snowmobile Trail, School Xing)																											
99 - Unknown (describe in narrative)																											



Manner of Collision CLARIFICATION

01 - Rear End (Front-to-Rear)
02 - Head-on (Front-to-Front)
03 - Angle (Front-to-Side), Same Direction
04 - Angle (Front-to-Side), Opposing Direction
05 - Angle (Front-to-Side), Right Angle/Broadside



Driver #1 and passenger #1 were traveling uphill in vehicle #1. The hillside was on White Mountain which is extremely steep. As the vehicle traveled uphill it began to roll and continued to roll downhill approximately 125 yards until it came to rest. Both occupants were wearing seatbelts and were not ejected. Passenger #1 exited the vehicle after it came to rest and pulled driver #1 from the vehicle and began crying for help until the arrival of law enforcement and EMS personnel.

Driver #1 and passenger #1 were transported by ATV off of the hill and to Sweetwater County Memorial Hospital by ambulance where driver #1 was later pronounced dead from his injuries. Passenger #1 was treated for his injuries.

Witnesses

1st First Name MI Last Name
 Street Number Street Name City: State: Zip Code
 Home Work Cell Phone and/or Home Work Cell Phone

2nd First Name MI Last Name
 Street Number Street Name City: State: Zip Code
 Home Work Cell Phone and/or Home Work Cell Phone

3rd First Name MI Last Name
 Street Number Street Name City: State: Zip Code
 Home Work Cell Phone and/or Home Work Cell Phone

Driver/Vehicle Information

1 Last Name: MILLBURG First Name: JOHN MI: P Gender: M DOB: 1985/11/23

Street Number: 131 Street Name: HATHAWAY AVE City: EVANSTON State: WY Zip Code: 82930

Mailing Address (PO Box Number): City: EVANSTON State: WY Zip Code: 82930

Occupation: CRAFTSMAN/OPERATOR Employer: SEARLE BROTHERS Age: 23

Driver Home Work Cell Phone Emp Home Work Cell Phone SSN (fatals only): 520-11-6474

Phone: 307-789-5670 Emp Phone: -

Driver's License Number: 107363-921 State (FIPS): WY 56 Restrictions: B CDL Endorsement:

DL Type 2	DL Class 3	DL Status 1	No. of Vehicle Occupants (01 to 50) 02
1 - Not Licensed 2 - Driver License 3 - Instruction Permit 4 - I2 Permit-intermediate	5 - CDL 6 - CDL Permit 7 - No License Required 8 - Restricted License	1 - A 2 - B 3 - C 4 - M	5 - Improper or No Endorsement 6 - Other
		1 - Clear 2 - Expired 3 - Canceled or Denied	4 - Revoked 5 - Suspended 99 - Unknown
			Posted Speed 00 Estimated Speed

Vehicle Owner same as driver Last Name: SEARLE BROTHERS First Name: CONSTRUCTION MI

Street Number: 149 Street Name: POLLUX DRIVE City: ROCK SPRINGS State: WY Zip Code: 82901

Make (ie, Chevrolet, Dodge, Toyota): POLARIS Model (ie, Silverado, Dakota, Solara): RAZOR Year: 2009 Expir. Date (mm/yy): -

Vehicle Identification Number: 4XAVH76A09D647194 License Plate No.: 4-958 State (FIPS): WY 56 Color: SIL

Insurance Verified: N Company: Policy #: Direction of Travel Prior to Crash: 06

Vehicle Towed: N Y-Yes N-No By: To:

Extent of Damage: 04 01 - None 02 - Functional 03 - Minor 04 - Disabling 99 - Unknown MV Damage: >\$1,000 01 01 - Yes 02 - No 99 - Unk.

00 Non-Collision (Overturn/Rollover)
01-12 (Use 12 Point Clock Diagram)
13 Top (Roof)
14 Undercarriage
99 Unknown (Can't determine)

2 Last Name: First Name: MI Gender: DOB: (yy/yy)

Street Number: Street Name: City: State: Zip Code:

Mailing Address (PO Box Number): City: State: Zip Code:

Occupation: Employer: Age:

Driver Home Work Cell Phone Emp Home Work Cell Phone SSN (fatals only):

Phone: Driver's License Number: State (FIPS): Restrictions: CDL Endorsement:

DL Type	DL Class	DL Status	No. of Vehicle Occupants (01 to 50)
1 - Not Licensed 2 - Driver License 3 - Instruction Permit 4 - I2 Permit-intermediate	5 - CDL 6 - CDL Permit 7 - No License Required 8 - Restricted License	1 - A 2 - B 3 - C 4 - M	5 - Improper or No Endorsement 6 - Other
		1 - Clear 2 - Expired 3 - Canceled or Denied	4 - Revoked 5 - Suspended 99 - Unknown
			Posted Speed Estimated Speed

Vehicle Owner same as driver Last Name: First Name: MI

Street Number: Street Name: City: State: Zip Code:

Make (ie, Chevrolet, Dodge, Toyota): Model (ie, Silverado, Dakota, Solara): Year: Expir. Date (mm/yy):

Vehicle Identification Number: License Plate No.: State (FIPS): Color:

Insurance Verified: Company: Policy #: Direction of Travel Prior to Crash:

Vehicle Towed: Y-Yes N-No By: To:

Extent of Damage: 01 - None 02 - Functional 03 - Minor 04 - Disabling 99 - Unknown MV Damage: >\$1,000 01 - Yes 02 - No 99 - Unk.

00 Non-Collision (Overturn/Rollover)
01-12 (Use 12 Point Clock Diagram)
13 Top (Roof)
14 Undercarriage
99 Unknown (Can't determine)

Driver Information

Driver's Action (choose up to 4) 1st choice <input type="text" value="2"/> <input type="text" value="2"/> 2nd choice <input type="text"/> 3rd choice <input type="text"/> 4th choice <input type="text"/> 01 - No Improper Driving 02 - Ran Off Road 03 - Failed to Yield ROW 04 - Disregarded Traffic Signs 05 - Ran Red Light 06 - Disregarded Other Road Marking 07 - Speeding 08 - Drove too Fast for Conditions 09 - Improper Turn or No Signal 10 - Improper Backing 11 - Improper Passing 12 - Improper Parking 13 - Wrong Side/Wrong Way 14 - Following too Close 15 - Failed to Keep Proper Lane 16 - Erratic/Reckless/Careless/Aggressive 17 - Avoiding an Object on Road 18 - Avoiding Animal 19 - Avoiding Non-Motorist 20 - Avoiding MV 21 - Swerve Due to Wind/Slippery Surface 22 - Over Corrected/Over Steered 23 - Evading Law Enforcement 24 - Other Improper Action 99 - Unknown	Driver's Condition (choose up to 2) 1st choice <input type="text" value="0"/> <input type="text" value="9"/> 2nd choice <input type="text"/> 01 - Apparently Normal 02 - Emotional (depressed, angry, disturbed...) 03 - ill (Sick) 04 - Fell Asleep, Fainted 05 - Fatigued 06 - Under Influence of Medication 07 - Physical Disability 08 - Suspected Drug Use 09 - Suspected Alcohol Use 10 - Other 11 - Driver Inattention 99 - Unknown	Citations Issued (choose up to 5) 1st choice <input type="text" value="0"/> <input type="text" value="1"/> 2nd choice <input type="text" value="0"/> <input type="text" value="1"/> 3rd choice <input type="text" value="0"/> <input type="text" value="1"/> 4th choice <input type="text" value="0"/> <input type="text" value="1"/> 5th choice <input type="text" value="0"/> <input type="text" value="1"/> 01 - None 02 - DWUI 03 - Drinking - (i.e., open container) 04 - Exceeding Speed Limit 05 - Speed too Fast 06 - Following too Close 07 - Wrong Side of Road 08 - Improper or No Signal 09 - Improper Lane Use 10 - Improper Turn 11 - Improper Passing 12 - Improper Starting Out 13 - Failed to Grant ROW to Ped 14 - Failed to Grant ROW to MV 15 - Disregard Officer 16 - Disregard Stop Light 17 - Disregard Stop Sign 18 - Disregard Other 19 - Improper Parking 20 - Reckless Driving 21 - Vehicular Homicide 22 - Driver's License Violation 23 - Improper Backing 24 - No Insurance 25 - Hit & Run 26 - Registration Violation 27 - Failure to Use Seat Belt 28 - Charges Pending 29 - Fed R & R Driver 30 - Fed R & R Vehicle 31 - Racing 32 - Careless 33 - Other (explain in narrative)
Driver's Distraction (choose one) <input type="text" value="9"/> <input type="text" value="9"/> 01 - Not Distracted 02 - Electronic Communication Device (cell, pager...) 03 - Other Electronic Device (palm, TV, computer...) 04 - Other Distraction Inside MV (passenger, pet...) 05 - Other Distraction Outside MV 99 - Unknown		
Suspect Alcohol <input type="text" value="0"/> <input type="text" value="1"/> 01 - Yes 02 - No 99 - Unknown If Alcohol Test performed other than Breath then form 902E will be required with results at a later date.	Alcohol Test Type <input type="text" value="0"/> <input type="text" value="6"/> 01 - No Test Performed 02 - Test Refused 03 - Blood 04 - Serum 05 - Breath 06 - Urine 07 - Other 99 - Unknown	Suspect Drugs <input type="text" value="0"/> <input type="text" value="2"/> 01 - Yes 02 - No 99 - Unknown If Drug Test performed then form 902E will be required with results at a later date.
		Drug Test Type <input type="text" value="0"/> <input type="text" value="1"/> 01 - No Test Performed 02 - Test Refused 03 - Blood 04 - Serum 05 - Urine 06 - Other 99 - Unknown
DL Investigation <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> 01 - Yes 02 - No 99 - Unknown		

Driver's Action (choose up to 4) 1st choice <input type="text"/> 2nd choice <input type="text"/> 3rd choice <input type="text"/> 4th choice <input type="text"/> 01 - No Improper Driving 02 - Ran Off Road 03 - Failed to Yield ROW 04 - Disregarded Traffic Signs 05 - Ran Red Light 06 - Disregarded Other Road Marking 07 - Speeding 08 - Drove too Fast for Conditions 09 - Improper Turn or No Signal 10 - Improper Backing 11 - Improper Passing 12 - Improper Parking 13 - Wrong Side/Wrong Way 14 - Following too Close 15 - Failed to Keep Proper Lane 16 - Erratic/Reckless/Careless/Aggressive 17 - Avoiding an Object on Road 18 - Avoiding Animal 19 - Avoiding Non-Motorist 20 - Avoiding MV 21 - Swerve Due to Wind/Slippery Surface 22 - Over Corrected/Over Steered 23 - Evading Law Enforcement 24 - Other Improper Action 99 - Unknown	Driver's Condition (choose up to 2) 1st choice <input type="text"/> 2nd choice <input type="text"/> 01 - Apparently Normal 02 - Emotional (depressed, angry, disturbed...) 03 - ill (Sick) 04 - Fell Asleep, Fainted 05 - Fatigued 06 - Under Influence of Meds 07 - Physical Disability 08 - Suspected Drug Use 09 - Suspected Alcohol Use 10 - Other 11 - Driver Inattention 99 - Unknown	Citations Issued (choose up to 5) 1st choice <input type="text"/> 2nd choice <input type="text"/> 3rd choice <input type="text"/> 4th choice <input type="text"/> 5th choice <input type="text"/> 01 - None 02 - DWUI 03 - Drinking - (i.e., open container) 04 - Exceeding Speed Limit 05 - Speed too Fast 06 - Following too Close 07 - Wrong Side of Road 08 - Improper or No Signal 09 - Improper Lane Use 10 - Improper Turn 11 - Improper Passing 12 - Improper Starting Out 13 - Failed to Grant ROW to Ped 14 - Failed to Grant ROW to MV 15 - Disregard Officer 16 - Disregard Stop Light 17 - Disregard Stop Sign 18 - Disregard Other 19 - Improper Parking 20 - Reckless Driving 21 - Vehicular Homicide 22 - Driver's License Violation 23 - Improper Backing 24 - No Insurance 25 - Hit & Run 26 - Registration Violation 27 - Failure to Use Seat Belt 28 - Charges Pending 29 - Fed R & R Driver 30 - Fed R & R Vehicle 31 - Racing 32 - Careless 33 - Other (explain in narrative)
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DL Investigation <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01 - Yes 02 - No 99 - Unknown		

Vehicle (1) Information

1st event Sequence choose up to 4

2nd event

3rd event

4th event Most Harmful Event choose 1

Non-Collision

- 01 - Overturn/Rollover
- 02 - Fire/Explosion
- 03 - Immersion
- 04 - Jackknife
- 05 - Cargo/Equipment Loss or Shift
- 06 - Equipment Failure
- 07 - Separation of Units
- 08 - Ran Off the Road Right
- 09 - Ran Off the Road Left
- 10 - Cross Median or Centerline
- 11 - Downhill Runaway
- 12 - Fell/Jumped from a MV
- 13 - Thrown or Falling Object
- 14 - Avoiding an Object on Road
- 15 - Avoiding an Animal on Road
- 16 - Carbon Monoxide (CO) Poisoning
- 17 - Injuries by being thrown against part of vehicle
- 18 - Other Non-Collision (MC Loss of Control)

Collision w/ Person, MV, or Non-Fixed Object

- 19 - Pedestrian
- 20 - Pedacycle
- 21 - Railway Vehicle
- 22 - Motor Vehicle in Transport on Roadway
- 23 - Motor Vehicle in Transport on OTHER Roadway
- 24 - Parked Motor Vehicle
- 25 - Struck by Falling, Shifting Cargo or Anything Else Set in Motion by Motor Vehicle
- 26 - Other NON-Fixed Object
- 27 - Work Zone/Maintenance Equipment
- 28 - Work Zone Channeling Device
- 29 - Object Set in Motion by Another Vehicle

Animals

- 30 - Horse
- 31 - Cow
- 32 - Pig
- 33 - Sheep
- 34 - Other Domestic (Dog, Llama, ...)
- 35 - Elk
- 36 - Deer
- 37 - Moose
- 38 - Antelope
- 39 - Buffalo
- 40 - Other Wild

Collision w/ Fixed Object

- 41 - Guardrail End
- 42 - Guardrail Face
- 43 - Impact Attenuator/Crash Cushion
- 44 - Bridge Pier or Support
- 45 - Bridge Overhead Structure
- 46 - Bridge Rail
- 47 - Concrete Traffic Barrier/Jersey Barrier
- 48 - Other Traffic Barrier (Includes temporary)
- 49 - Utility Pole/Light Support
- 50 - Traffic Signal Support
- 51 - Traffic Sign Support
- 52 - Overhead Traffic Sign
- 53 - Sign Support Single Post
- 54 - Sign Support Multiple Post
- 55 - Other Traffic Sign Support
- 56 - Barricade
- 57 - Tree/Shrubbery
- 58 - Cut Slope
- 59 - Road Approach
- 60 - Rock, Boulder, Rock Slide
- 61 - End of Drainage Pipe/Structure/Culvert
- 62 - Building or Other Structure Wall
- 63 - Fence (Including Post)
- 64 - Raised Median or Curb
- 65 - Delineator Post
- 66 - Earth Embankment/Berm
- 67 - Ditch
- 68 - Snow Embankment
- 69 - Mail Box
- 70 - Tunnel
- 71 - Cattle Guard
- 72 - Other Fixed Object
- 73 - Cable Barrier
- 99 - Unknown

Motor Vehicle Unit Type

- 01 - Motor Vehicle in Transport
- 02 - Parked Motor Vehicle
- 03 - Working Vehicle/Equipment

HM Placard or Commercial Motor Vehicle

01 - Yes 02 - No 99 - Unknown
if yes, complete CMV supplement

Vehicle Owner

01 - Same as Driver	11 - County Law Enforcement
02 - Other	12 - County Fire Department
03 - Passenger	13 - County Other
04 - Relative	14 - City Law Enforcement
05 - Rental Vehicle	15 - City Fire Department
06 - Commercial	16 - City Other
07 - Occupant	17 - Government Other
08 - Vehicle Parked	18 - Ambulance/EMS
09 - Federal Law Enforcement	19 - WHP
10 - Federal Other	20 - State Law Enforc Other

Vehicle Type

01 - Passenger	14 - SUV
02 - Passenger Van	15 - Cargo Van
03 - PU	16 - Motor Home
04 - School Bus	17 - Light Truck (10K or less)
05 - Other Bus	18 - Medium Truck (>10K - <26K)
06 - Transit Bus	19 - Heavy Truck (>26K)
07 - Charter Bus	20 - Farm Equipment
08 - MC >150 cc	21 - Construction Vehicle
09 - Off Road MC	22 - MC <150 cc
10 - Motorized Skateboard/Scter	23 - Moped
11 - Pedestrian Vehicle	24 - Snowmobile
12 - Low Speed Vehicle	25 - Segway
13 - Other Vehicle	26 - ATV
	99 - Unknown

Non-Commercial Trailer Style

01 - No Trailer	07 - Horse/Stock Trailer
02 - Camping Trailer	08 - Motorcycle Trailer
03 - Mobile Home	09 - Multiple Trailers
04 - Utility Trailer	10 - Other (ie. Bicycle)
05 - Boat/Jet Ski Trailer	99 - Unknown
06 - Towed Vehicle	

Underride/Override

- 01 - No Underride or Override
- 02 - Underride-Compartment Intrusion
- 03 - Underride-No Compartment Intrusion
- 04 - Underride-Compartment Intrusion Unknow
- 05 - Override-Motor Vehicle in Transport
- 06 - Override-Other Motor Vehicle
- 99 - Unknown if Underride or Override

Emergency Vehicle Use

01 - Yes 02 - No 99 - Unknown

Emergency Equipment Activated

01 - Yes 02 - No 99 - Unknown

Special Function of MV in Transport

01 - None	08 - MV used as School Bus
02 - Police	09 - MV used as Other Bus
03 - Ambulance/EMS	10 - Construction Equipment
04 - Fire Truck	11 - Farm Equipment
05 - Military	12 - Taxi
06 - Snow Plow	13 - Train
07 - Tow Truck	99 - Unknown

Contributing Circumstance

1st choice

2nd choice

- 01 - None
- 02 - Brakes
- 03 - Trailer Brakes
- 04 - Steering
- 05 - Power Train
- 06 - Suspension
- 07 - Tires
- 08 - Wheels
- 09 - Lights (Head, Signal or Tail)
- 10 - Windows/Windshield
- 11 - Rain/Snow/Ice on Windshield
- 12 - Tinted Windows
- 13 - Vehicle Cargo Blocking View
- 14 - Exhaust System
- 15 - Oversized Load
- 16 - Defroster
- 17 - Mirrors
- 18 - Wipers
- 19 - Truck Coupling/Trailer Hitch/Safety Chain
- 20 - Stalled Vehicle
- 21 - Cruise Control
- 22 - Other
- 99 - Unknown

Vehicle Maneuver/Action prior to crash

- 01 - Straight Ahead
- 02 - Backing
- 03 - Changing Lanes
- 04 - Overtaking/Passing
- 05 - Turning Right
- 06 - Turning Left
- 07 - Make U-Turn
- 08 - Leaving a Traffic Lane/Parking
- 09 - Entering a Traffic Lane
- 10 - Slowing
- 11 - Negotiating a Curve
- 12 - Parked
- 13 - Stopped in Traffic
- 14 - Driverless Motor Vehicle
- 15 - Trafficway Maintenance
- 16 - Other
- 99 - Unknown

Road Surface Grade

01 - Concrete	01 - Level
02 - Asphalt	02 - Hillcrest
03 - Gravel/Rock	03 - Uphill
04 - Dirt	04 - Downhill
05 - Brick/Stone	05 - Sag (Bottom)
99 - Unknown	99 - Unknown

Horizontal Alignment

- 01 - Straight
- 02 - Curve Right
- 03 - Curve Left
- 99 - Unknown

Total No. Lanes

01 - 06, 99 = Unknown
(excludes turn lanes)

Traffic Control Working Properly

01 - Yes 02 - No 99 - Unknown

Traffic Control

- 01 - None
- 02 - Stop Sign
- 03 - Yield Sign
- 04 - Flashing Traffic Signal
- 05 - Do Not Enter Sign
- 06 - Traffic Signal
- 07 - Traffic Signal w/ Ped
- 08 - Traffic Signal w/ Ped & Audible Signals
- 09 - Person (Officer/Flagger, Xing Guard, etc)
- 10 - Pedestrian Crossing
- 11 - No Passing Zone
- 12 - Warning Signs
- 13 - Pavement Markings
- 14 - Traffic Barrels/Cones
- 15 - Temporary Jersey Barrier
- 16 - School Bus Flashing Stop Lamps
- 17 - School Zone Crossing
- 18 - RR Crossing Signal
- 19 - RR Crossing Signal & Gate
- 20 - RR Crossing Cross Buck Sign Only
- 21 - RR Crossing Cross Buck with Stop Sign
- 22 - RR Crossing Cross Buck with Yield Sign
- 23 - Other
- 99 - Unknown

Trafficway Description

- 01 - Two-Way-Undivided
- 02 - Two-Way-Undivided w/ Continuous Left Turn Lane
- 03 - Two-Way-Divided, No Barrier
- 04 - Two-Way-Divided, With Barrier
- 05 - One Way
- 99 - Unknown

Rumble Strips Present

01 - Yes 02 - No 99 - Unknown

Rumble Strips Applicable

01 - Yes 02 - No 99 - Unknown

Rumble Strips

- 01 - None
- 02 - Centerline Rumble Strips
- 03 - Median Shoulder Only
- 04 - Transverse Rumble Strips (Road Apprch)
- 05 - Both Shoulders
- 06 - Both Centerline and Outside Shoulder
- 07 - Outside Shoulders Only
- 99 - Unknown

Vehicle Occupant Information

CASE NO. 08 - 7981

- Seat Position**
- 01-Driver
 - 02-Front Row Middle
 - 03-Front Row Right
 - 04-Passenger Front Row Left (for foreign or postal vehicles where the driver is on the Right)
 - 05-Second Row Left
 - 06-Second Row Middle
 - 07-Second Row Right
 - 08-Third Row Left
 - 09-Third Row Middle
 - 10-Third Row Right
 - 11-Fourth Row Left
 - 12-Fourth Row Middle
 - 13-Fourth Row Right
 - 14-Other Row (ie. Bus, Van)
 - 15-Lying Down-Front Seat
 - 16-Lying Down-Other Seat
 - 17-Motorcycle Passenger
 - 18-Sleeper Section of Cab
 - 19-Other Enclosed Area
 - 20-Unenclosed Cargo Area
 - 21-Trailing Unit
 - 97-Riding on MV Exterior
 - 98-Other (explain in narrative)
 - 99-Unknown (explain in narrative)

- Air Bag Deployed**
- 01-Not Applicable
 - 02-Not Deployed
 - 03-Deployed Front
 - 04-Deployed Side
 - 05-Deployed Combination
 - 06-Deployed Other
 - 99-Deployment Unknown

- Ejection**
- 01-Not Ejected
 - 02-Partially Ejected
 - 03-Totally Ejected
 - 04-Trapped & Extricated
 - 05-Not Applicable
 - 99-Unknown

- Injury Status**
- 01-Fatal Injury
 - 02-Incapacitating Injury
 - 03-Non-Incapacitating Injury
 - 04-Possible Injury
 - 05-No Injury
 - 99-Unknown

- Injury Description**
- 01-Severe Lacerations
 - 02-Broken
 - 03-Crushed
 - 04-Unconsciousness
 - 05-Internal Unknown
 - 06-Lumps
 - 07-Abrasions
 - 08-Bruises
 - 09-Minor Lacerations
 - 10-Limping
 - 11-Pain
 - 12-Nausea
 - 13-Other (explain in narrative)
 - 14- No Injury
 - 99-Unknown

- Occupant Protection System Operation**
- 01-Apparently Normal
 - 02-Failure/Malfunction
 - 03-Misuse
 - 04-Air Bag System Turned off or Rendered Inoperative
 - 99-Unknown

- Safety Equipment Usage**
- 01-None Used
 - 02-Not Available
 - 03-Shoulder & Lap belt
 - 04-Shoulder Belt Only
 - 05-Lap Belt Only
 - 06-Passive Restraint Only
 - 07-Restraint used-Type Unk.
 - 08-Forward Facing Child
 - 09-Rear Facing Child Restraint
 - 10-Booster Seat
 - 11-Child Restraint-Type Unk.
 - 12-Helmet Used
 - 13-Other
 - 99-Unknown

- Most Injured Area**
- 01-Head
 - 02-Face
 - 03-Neck
 - 04-Thorax (Chest)
 - 05-Abdomen/Pelvis
 - 06-Spine
 - 07-Upper Extremity (Arm...)
 - 08-Lower Extremity (Leg...)
 - 09-No Injury
 - 99-Unknown

- Injury Classification**
- 01-Fatal (Not Documented)
 - 02-Fatal (Autopsy)
 - 03-Fatal (Medical Diagnosis)
 - 04-Non-Fatal (Hospitalized overnight or longer)
 - 05-Non-Fatal (Treated & Released from Hospital)
 - 06-First Aid Given at Scene
 - 07-No Treatment
 - 08-Refused Treatment
 - 99-Unknown

- Person Type**
- 01 - Driver
 - 02 - Passenger
 - 99 - Unknown
- If non-motorist, complete supplemental form

MV #

Person Type

Seat Position

Seat Belt Usage

Seat Belt Operation

Air Bag Deployed

Ejection

Injury Status

Injury Area

Injury Description

Injury Classification

Injured Transported by

- Inj. Transported by**
- 01-Not Transported
 - 02-EMS (Ground)
 - 03-EMS (Air)
 - 04-Law Enforcement
 - 05-Other (Private MV)
 - 99-Unknown

Driver # 1	EMS ID	EMS Run #	Medical Facility
01 01 01 03			S W E E T W A T E R
Driver # 2	EMS ID	EMS Run #	Medical Facility

Occupant Information

>> Last Name: ATKINSON | First Name: ADAM | MI: E | DOB: 1985/07/23 | Age: 23 | Gender: M, F, X

SSN (Fatais Only): 01 01 01 04 08 05 04 02

Home Work Cell Phone and/or Home Work Cell Phone

Medical Facility

>> Last Name: | First Name: | MI: | DOB: | Age: | Gender: M, F, X

SSN (Fatais Only):

Home Work Cell Phone and/or Home Work Cell Phone

Medical Facility

>> Last Name: | First Name: | MI: | DOB: | Age: | Gender: M, F, X

SSN (Fatais Only):

Home Work Cell Phone and/or Home Work Cell Phone

Medical Facility

>> Last Name: | First Name: | MI: | DOB: | Age: | Gender: M, F, X

SSN (Fatais Only):

Home Work Cell Phone and/or Home Work Cell Phone

Medical Facility

If more then 5 occupants add page three from Supplemental Additional Driver/Vehicle form

Seat Position 01-Driver 02-Front Row Middle 03-Front Row Right 04-Passenger Front Row Left (for foreign or postal vehicles where the driver is on the Right) 05-Second Row Left 06-Second Row Middle 07-Second Row Right 08-Third Row Left 09-Third Row Middle 10-Third Row Right 11-Fourth Row Left 12-Fourth Row Middle 13-Fourth Row Right 14-Other Row (ie. Bus, Van) 15-Lying Down-Front Seat 16-Lying Down-Other Seat 17-MC Passenger 18-Sleeper Section of Cab 19-Other Enclosed Area 20-Unenclosed Cargo Area 21-Trailing Unit 97-Riding on MV Exterior 98-Other (explain in narrative) 99-Unknown	Air Bag Deployed 01-Not Applicable 02-Not Deployed 03-Deployed Front 04-Deployed Side 05-Deployed Combination 06-Deployed Other 99-Deployment Unknown	Ejection 01-Not Ejected 02-Partially Ejected 03-Totally Ejected 04-Trapped & Extricated 05-Not Applicable 99-Unknown	Injury Status 01-Fatal Injury 02-Incapacitating Injury 03-Non-Incapacitating Injury 04-Possible Injury 05-No Injury 99-Unknown	Injury Description 01-Severe Lacerations 02-Broken 03-Crushed 04-Unconsciousness 05-Internal Unknown 06-Lumps 07-Abrasions 08-Bruises 09-Minor Lacerations 10-Limping 11-Pain 12-Nausea 13-Other (explain in narrative) 14- No Injury 99-Unknown										
MV # 01 02 03 04 05...	Person Type 01-Driver 02-Passenger 99-Unknown If non-motorist, complete supplemental form	Occupant Protection System Operation 01-Apparently Normal 02-Failure/Malfunction 03-Misuse 04-Air Bag System Turned off or Rendered Inoperative 99-Unknown	Seat Belt Usage 01-None Used 02-Not Available 03-Shoulder & Lap belt 04-Shoulder Belt Only 05-Lap Belt Only 06-Passive Restraint Only 07-Restraint used-Type Unk. 08-Forward Facing Child 09-Rear Facing Child Restraint 10-Booster Seat 11-Child Restraint-Type Unk. 12-Helmet Used 13-Other 99-Unknown	Most Injured Area 01-Head 02-Face 03-Neck 04-Thorax (Chest) 05-Abdomen/Pelvis 06-Spine 07-Upper Extremity (Arm...) 08-Lower Extremity (Leg...) 09-No Injury 99-Unknown										
MV #	Person Type	Seat Position	Seat Belt Usage	Seat Belt Operation	Air Bag Deployed	Ejection	Injury Status	Injury Area	Injury Description	Injury Classification	Injured	Transported by	EMS ID	EMS Run #

Driver	EMS ID	EMS Run #	Medical Facility
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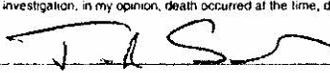
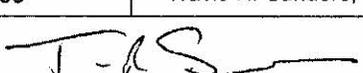
Occupant Information

>> Last Name	First Name	MI	DOB	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone		
<input type="text"/>	<input type="text"/>	<input type="text"/>	Medical Facility	<input type="text"/>	
>> Last Name	First Name	MI	DOB	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone		
<input type="text"/>	<input type="text"/>	<input type="text"/>	Medical Facility	<input type="text"/>	
>> Last Name	First Name	MI	DOB	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone		
<input type="text"/>	<input type="text"/>	<input type="text"/>	Medical Facility	<input type="text"/>	
>> Last Name	First Name	MI	DOB	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone		
<input type="text"/>	<input type="text"/>	<input type="text"/>	Medical Facility	<input type="text"/>	
>> Last Name	First Name	MI	DOB	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Cell Phone	and/or <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell Phone		
<input type="text"/>	<input type="text"/>	<input type="text"/>	Medical Facility	<input type="text"/>	

STATE OF WYOMING
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 160

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last) (b)(3): CPSPA Section 25(c)		2. SEX Male	3. DATE OF DEATH (Mo/Day/Yr) (Spell Month) December 12, 2008
4. SOCIAL SECURITY NUMBER (b)(6)	5a. AGE - Last Birthday (Years) 23	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
6. DATE OF BIRTH (Mo/Day/Yr) November 23, 1985			
7a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER / Outpatient <input checked="" type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home / Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) _____			
7b. FACILITY NAME (If not institution, give street and number) Memorial Hospital of Sweetwater County		7c. CITY, TOWN, OR LOCATION OF DEATH Rock Springs	7d. COUNTY OF DEATH Sweetwater
8. BIRTHPLACE (City and state or foreign country) Evanston, Wyoming		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
10. SURVIVING SPOUSE (If wife, give name prior to first marriage) _____		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12a. RESIDENCE - STATE Wyoming		12b. COUNTY Uinta	
12c. CITY, TOWN OR LOCATION Evanston		12d. STREET AND NUMBER 131 Hathaway	
12e. ZIP CODE 82930		12f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
13. FATHER'S NAME (First, Middle, Last) (b)(6)		14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Catherine Gayle Dees	
15a. INFORMANT'S NAME (b)(6)		15b. RELATIONSHIP TO DECEDENT Father	
15c. MAILING ADDRESS (Street and Number, City, State, Zip Code) (b)(6)			
16. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Removal from Wyoming <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Other _____		17a. PLACE OF DISPOSITION (Name of cemetery or crematory) UFD Cremation Center	
17b. LOCATION - CITY OR TOWN AND STATE South Jordan, Utah		18a. SIGNATURE OF FUNERAL SERVICE LICENSEE 	
18b. LICENSE NO. 485		18c. NAME OF FACILITY Vase Funeral Home	
18d. ADDRESS OF FACILITY 154 Elk Street Rock Springs, Wyoming 82901		20. ACTUAL OR PRESUMED TIME OF DEATH 2301	
21. DATE PRONOUNCED DEAD (Mo/Day/Yr) November 12, 2008		22. TIME PRONOUNCED DEAD 2321	
23. WAS CORONER CONTACTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			24. PART I Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. Head and Neck Trauma IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST a. _____ DUE TO (or as a consequence of): b. _____ DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____ DUE TO (or as a consequence of):
25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
26. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO			
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN			
28. IF FEMALE AGED 10-54 <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death		29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
30. DATE OF INJURY (Mo/Day/Yr) Dec. 12, 2008		31. TIME OF INJURY Abt. 2115	
32. PLACE OF INJURY (Decedent's home, construction site, forest, etc.) Mountain		33. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
34. LOCATION OF INJURY (Street and number, City or Town, State) 3,100 feet southwest of the intersection of Summit Drive and Signal Drive, Rock Springs, Wyoming		35. IF TRANSPORTATION ACCIDENT, SPECIFY: <input checked="" type="checkbox"/> Driver / Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____	
36. DESCRIBE HOW INJURY OCCURRED, AND IF TRANSPORTATION INJURY, THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) Driver of ATV rolled several times, seatbelted, no helmet.			
37a. CERTIFIER (Check only one) <input type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> CORONER - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Signature of Certifier: 			
37b. DATE CERTIFIED (Mo/Day/Yr) December 16, 2008		37c. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or print) Travis R. Sanders, Chief Deputy Coroner, 421 "B" St., Rock Springs, WY. 82901	
38a. REGISTRAR'S SIGNATURE 			38b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 16, 2008

To Be Completed/Verified By:
FUNERAL DIRECTOR

To Be Completed By:
CERTIFIER

Department of Health

Preventive Health and Safety

Public Health Laboratory
Chemical Testing Program
Phone (307) 777-7868

517 Hathaway Building
Cheyenne, WY 82002
Fax (307) 777-7432

Positive samples will be stored for one year from received date. Negative samples will be destroyed 2 weeks from received date.

WCTP blood and urine screens and confirmations are not all inclusive, other drugs may be present. If a specific drug is suspected contact WCTP for additional testing information.

Results to: Travis Sanders
Sweetwater County Coroner's Office
421 B St
Rock Springs, WY 82901

Lab #: I042143

Date Rec'd: 12/16/2008

How Rec'd: Mail

Agency: COR

Kit Type: Blood and Urine

Logged By: rpatte

Sample Type: Blood and Urine

Mailer Sealed: Yes

Sample Sealed: Yes

Test Code: N

DOB: 11/23/1985

Sex: Male

Medications Used:

Date Printed: 12/31/2008

Subjects Name: (b)(3):CPSA S

Agency Case Number:

Citation Number:

Date Collected: 12/12/2008

Time Collected: 11:45:00 PM

Incident Date: 12/12/2008

Incident Time: 9:15:00 PM

Sample	Analyzed For	Results	Cut Off	Units	Data Analyzed
Alcohol Confirmation					
Urine	Ethyl Alcohol Concentration in Single Urine* **	0.020	0.01	%(g/75ml)	12/18/2008

% is as defined in 31-5-233(a)(i) and/or WCTP Rules with Secretary.

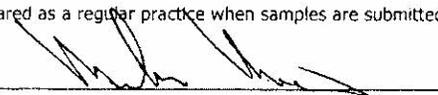
** If ** appears after the test name, then these results may not be admissable for a DWUI charge.

*** See comment section for results.

I hereby certify that I am currently certified as an Alcohol Analyst by the state of Wyoming, pursuant to 31-6-105(a) and that I analyzed this sample by a method approved pursuant to 31-6-105(a).

This report was prepared as a regular practice when samples are submitted for alcohol/inhalent analysis.

ANALYST:


Mike Moore

Comment: BA KIT AND UA KIT MAILED SEPARATELY. BA KIT: "23" INDICATED FOR SUBJECT'S AGE ON SUBMITTAL FORM. UA KIT: "2350" INDICATED FOR COLLECTION TIME ON SUBMITTAL FORM AND SAMPLE LABEL.

Lab #: I042143

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Results to: Travis Sanders
Sweetwater County Coroner's Office
421 B St
Rock Springs, WY 82901

Lab #: I042143

Date Rec'd: 12/16/2008
How Rec'd: Mail
Agency: COR
Kit Type: Blood and Urine
Logged By: rpatte
Sample Type: Blood and Urine
Mailer Sealed: Yes
Sample Sealed: Yes
Test Code: N

DOB: 11/23/1985
Sex: Male
Medications Used:
Date Printed: 12/31/2008

Subjects Name: (b)(3):CPSA Se
Agency Case Number:
Citation Number:
Date Collected: 12/12/2008
Time Collected: 11:45:00 PM
Incident Date: 12/12/2008
Incident Time: 9:15:00 PM

Sample	Analyzed For	Results	Cut Off	Units	Data Analyzed
Blood	Blood Amphetamines by Hitachi	Negative	100	ng/ml	12/30/2008
Blood	Blood Barbiturates by Hitachi	Negative	100	ng/ml	12/30/2008
Blood	Blood Benzodiazepines by Hitachi	Negative	100	ng/ml	12/30/2008
Blood	Blood Cannabinoids by Hitachi	Negative	20	ng/ml	12/30/2008
Blood	Blood Cocaine by Hitachi	Negative	50	ng/ml	12/30/2008
Blood	Blood Methadone by Hitachi	Negative	50	ng/ml	12/30/2008
Blood	Blood Opiates by Hitachi	Negative	50	ng/ml	12/30/2008
Blood	Blood Phencyclidine by Hitachi	Negative	10	ng/ml	12/30/2008
Blood	Blood Propoxyphene by Hitachi	Negative	50	ng/ml	12/30/2008
Urine	Amphetamines by Hitachi	Negative	500	ng/ml	12/18/2008
Urine	Barbiturates by Hitachi	Negative	200	ng/ml	12/18/2008
Urine	Benzodiazepines by Hitachi	Negative	200	ng/ml	12/18/2008
Urine	Cannabinoids by Hitachi (THC5)	Negative	50	ng/ml	12/18/2008
Urine	Cocaine by Hitachi	Negative	150	ng/ml	12/18/2008
Urine	Methadone by Hitachi	Negative	300	ng/ml	12/18/2008
Urine	Opiates by Hitachi	Negative	1000	ng/ml	12/18/2008
Urine	Phencyclidine by Hitachi	Negative	25	ng/ml	12/18/2008
Urine	Propoxyphene by Hitachi	Negative	300	ng/ml	12/18/2008
Urine	Creatinine by Hitachi	38.200	20	mg/dl	12/18/2008

* Postive Hitachi results are presumptive only. If further testing is required please contact WCTP. Take no legal action unless results are confirmed.

Lab #: I042143

Department of Health

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Results to: Travis Sanders
 Sweetwater County Coroner's Office
 421 B St
 Rock Springs, WY 82901

Lab #: I042143

Date Rec'd: 12/16/2008
How Rec'd: Mail
Agency: COR
Kit Type: Blood and Urine
Logged By: rpatte
Sample Type: Blood and Urine
Mailer Sealed: Yes
Sample Sealed: Yes
Test Code: N

DOB: 11/23/1985
Sex: Male
Medications Used:
Date Printed: 12/31/2008

Subjects Name: MILBURG, JOHN P.
Agency Case Number:
Citation Number:
Date Collected: 12/12/2008
Time Collected: 11:45:00 PM
Incident Date: 12/12/2008
Incident Time: 9:15:00 PM

Additional Results

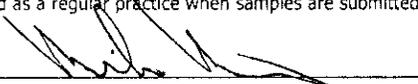
Sample	Analyzed For	Results	Cut Off	Units	Data Analyzed
Blood	Ethyl Alcohol Concentration in Blood	0.020	0.01	%(g/100ml)	12/18/2008

% is as defined in 31-5-233(a)(i) and/or WCTP Rules with Secretary.

** If ** appears after the test name, then these results may not be admissable for a DWUI charge.
 *** See comment section for results.

I hereby certify that I am currently certified as an Alcohol Analyst by the state of Wyoming, pursuant to 31-6-105(a) and that I analyzed this sample by a method approved pursuant to 31-6-105(a).

This report was prepared as a regular practice when samples are submitted for alcohol/inhalent analysis.

ANALYST: 
 Mike Moore

Lab #: I042143

INVESTIGATION CONTACT SHEET

Name:	Dale Majhanovich	Contact Dates/Information
Title:	Sweetwater County Coroner	Initial- 12/23/08 call to Sweetwater County Coroner. Fax request for info. No reports or documents available as of yet. Very cooperative and willing to meet in person during a visit to Rock Springs and assist in conducting on-site/product examination.
Address:	421 B Street Rock Springs, WY 82901	2/11/09-Documents not yet available, but will be ready for 2/13/09 visit to Rock Springs
Phone: Fax:	(307)352-6608 (307)362-2750	2/13/09-in person interview with Coroner & tour by 4-wheel drive truck w/ opportunity to view crash location (from a distance)
Email:	dalem@sweetwater.net	.
Name:	Sweetwater County Sheriff's Department	Contact Dates/Information
Title:	Sheriff's Deputy	Initial-12/23/08 emailed request to SD for their report
Address:	731 C Street, Suite 234 Rock Springs, WY 82901	12/31/08-faxed SD report rcvd
Phone: Fax:	(307) 922-5300 (307) 352-6815	2/13/09-in person interview with Deputy Sheriff, Topographic Map for White Mountain provided and opportunity to view crash location (from a distance)
Email:	scso@sweet.wy.us	.

TASK NUMBER : 081219CCC3214

PRODUCT SEARCH HISTORY:

On or about 12/24/08, this Investigator conducted a search of CPSCnet using the terms Razor and Polaris. An internet incident report I0760599A from 2007 talks about the back wheels locking up which doesn't appear to have occurred in this fatal incident.

The Section 15 database was also searched for "Polaris" using the product code "5044" for Utility Vehicles. There is an open/active case for these type of vehicles "PI090005", that involves potential rollover and instability issues. Consequently, the need for an on-site and extra attention given to this incident.

EPIR was search "using manufacturer: Polaris and 5044 code", for the time period of 01/01/08 to 12/24/08 this brought up 7 records. 4 of which appear relevant to a stability/loss of control issue: N0810429A/IDI 081222HNE3081 (fatality/injuries involving children), N0840342A-injuries, H0880266A sticking throttle & I0880581 sticking throttle/loss of control.

+



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

WARNING - INTERNAL USE ONLY

Do not release this information outside CPSC

1. Task Number 090106HWE7951		2. Investigator's ID 9011		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2008 11 25	5. Date Initiated YR MO DAY 2009 01 06		
6. Synopsis of Accident or Complaint UPC A 41-year-old female victim lost control of her utility vehicle as she was traversing down a very steep embankment at a OHV Park. The victim's utility vehicle rolled several times down a steep descending grade and the she lost control and was ejected as she went down a 400-foot embankment. She was the only person in the utility vehicle. She was not wearing a helmet, seat belts or harness. The victim died at the scene. The utility was destroyed.				
MFR/PRVLBR NOTIFIED COMMENTS: ___ YES <input checked="" type="checkbox"/> NO ___ OVERRULED; ___ ATTACHED ___ EXCISIONS/FOIA EXSP <i>252</i> ; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY ___ RE-NOTIFY				<i>5/18/09</i>
7. Location (Home, School, etc) 9 - SPORTS OR RECREATION PLACE		8. City JAWBONE		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 41	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 71 - Other	
16. Body Part(s) Involved 85 - ALL OF BODY	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 1 - On-Site	19. Time Spent (Operational / Travel) 7 / 2	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 01 - Fire or Police Dept.		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 01/30/2009	25. Reviewed By 9086		26. Regional Office Director Frank J. Nava	
27. Distribution Vega-Garcia, Sandra; Topka, Tanya; Streeter, Robin			28. Source Document Number N0910060A	

090106HWE7951

This investigation originated from a news article. There were two drivers (mother and daughter) and their two vehicles that were traveling in the same group. They were involved in two separate accidents that occurred only "seconds" apart on the same embankment. Both accidents are being conducted under two IDI's. (Other IDI is 081204CCC3175).

Information for this report was obtained by an on-site visit to the Off Highway Vehicle (OHV) Park, to the responding highway patrol office and by talking to a witness to the accident at the OHV Park. Attempts to contact the family of the victim were unsuccessful.

On December 31, 2008, I conducted an on-site visit and photographed the incident location. The incident vehicle was not available for photographing.

The product involved in this incident is a side-by-side utility vehicle (UTV) with four wheels. The UTV has a steering wheel, accelerator pedal, brake pedal, harness and seat belt. The driver was the only person in the UTV.

The victim is a 41 year old female. According to the highway patrol report, she was the driver of the UTV. She was 5'5" tall and weighed 140 pounds. The victim is not believed to have been under the influence of any alcohol, drugs or medications at the time of the incident. Nor is she known to have any pre-existing physical or mental conditions that might have contributed to the incident. Her experience and training on a UTV is unknown.

The accident occurred at the Jawbone Canyon OHV Park which is managed by the Bureau of Land Management (BLM). The park provides open areas which are available for all forms of cross country motorized vehicle use. The park has many large hills and canyons and are part of the Mojave desert, located at the extreme eastern edge of the Sierra Nevada.

The victim and her family were camping in the Dove Springs area of the OHV Park. On November 25, 2008 around noontime, the victim and 3 other family members decided to take their UTV's to visit the one store in the area, which was located on the major highway. The weather was cloudy and dry. The victim was not wearing a helmet nor was she wearing the 5 way latch / link restraint system. The group of took 4 separate UTV's. The group took the off highway trails. On the way back from the store, the group was driving in a line following each other when they got lost returning to their campsite. They were traveling on top of a mountain and came upon an area where the trail became a steep descending grade.

The first UTV driver (witness #1) stated the victim was directly behind the second UTV which happened to be her 16 year old daughter. Witness #1 started down the steep grade and made it to the bottom when he stopped. He then saw the next UTV (victim's daughter) had already started down the steep embankment. The victim was still at the top of the hill watching her daughter descent down the hill. The victim watched as her daughter lost control as she traversed down the steep embankment, rolling her UTV and being ejected out. Witnesses heard the victim scream and then at 1356 hours she began her descent down the embankment. Witnesses stated that about 200 feet into the approximate 600 foot descent, the victim lost control and her UTV started rolling over and over, side to side. The victim was ejected out of the UTV and continued to tumble down the hillside. Both the victim and the UTV came to rest at the bottom of the hillside.

An unrelated witness who was standing at the base of the embankment near his campsite heard a woman screaming and he looked up to see the first UTV that the victim's daughter was driving, tumbling down the steep grade, end over end and disintegrate apart and the victim's daughter being ejected out of the UTV. He then realized the screaming woman at the top of the mountain began her descent as the daughter was still rolling violently down the embankment. The witness stated the victim lost control of her UTV at almost the same location as her daughter, her UTV went sideways a little and started rolling over and over sideways and then front to back. The victim was ejected and she also violently rolled down the embankment at least a couple hundred feet.

The victim received fatal injuries as a result of the accident and was pronounced deceased by the responding emergency personnel at approximately 1410 hours. The UTV was totally destroyed in the roll-over accident.

PRODUCT IDENTIFICATION:

The product involved in this incident is a 2007 Yamaha Rhino. It is a side-by-side utility vehicle. It is purple and silver in color. The date of purchase is unknown and the usage is unknown. It is unknown if the owner had any previous problems with the UTV.

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

LABELING:

As the incident UTV was unavailable for viewing, no examination of the labeling was possible.

SAMPLE:

None

CONTACTS:

PURPOSE & RESULTS:

Highway Patrol: Obtained incident scenario & product information

BLM: Obtained incident scenario information

Witness: Obtained incident scenario information

Attachments:

- Exhibit #1 Respondent Identifiers
- Exhibit #2 CHP Report
- Exhibit #3 BLM Visitor Information on OHV Park
- Exhibit #4 Manufacturer specifications on ATV
- Exhibit #5 Photographs
- Exhibit #6 UTV Questionnaire
Missing Document Form

090106HWE7951

Exhibit #1

Page 1 of 1

Respondent Identifiers:

Victim:  (Deceased)
 St.

Highway Patrol: California Highway Patrol
1365 Highway 58
Mojave, CA 93501
Telephone: 661-824-2408
Traffic Report #2008-11-0039

BLM: Bureau of Land Management
Ridgecrest Field Office
300 South Richmond Rd.
Richmond, CA 93555
Telephone (760) 384-5400

BLM: Jawbone Station
28111 Jawbone Canyon Rd.
Cantil, CA 93519

Coroner: Kern County Sheriff's Office
1832 Flower St., Bakersfield, CA 93305
Telephone: 661-868-0100
Fax: 661-868-0147
Case #C-2603-08
Contact: Deputy Coroner Mancera

Witness:

(b)(6)



TRAFFIC COLLISION REPORT

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

SPECIAL CONDITIONS <i>fatal</i> <i>OFF-HWY</i>		NUMBER INJURED 0	HIT & RUN FELONY <input type="checkbox"/>	CITY UNINCORPORATED	JUDICIAL DISTRICT EKSC (MOJAVE)	LOCAL REPORT NUMBER 2008-11-0040	
NUMBER KILLED 1	HIT & RUN MISDEMEANOR <input type="checkbox"/>	COUNTY KERN	REPORTING DISTRICT	BEAT 906	DAY OF WEEK TUESDAY	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

LOCATION	COLLISION OCCURRED ON: JAWBONE OFF HWY AREA				MO 11/25/2008	DAY 11/25/2008	YEAR 2008	TIME (2400) 1356	NCIC # 9830	OFFICER I.D. 012724	
	MILEPOST INFORMATION:				GPS COORDINATES LATITUDE 35.1873° LONGITUDE -118.0340°				PHOTOGRAPHS BY: <input type="checkbox"/> NONE J. BLAIS # 17064		
	AT INTERSECTION WITH <input checked="" type="checkbox"/> OR: 3.9 MILE(S) WEST OF SR-14				STATE HWY REL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				DIGITAL		

PARTY 1	DRIVER'S LICENSE NUMBER N/A	STATE	CLASS	AIR BAG P	SAFETY EQUIP. H	VEH. YEAR 2007	MAKE / MODEL / COLOR YAMA RHINO PUR/SIL	LICENSE NUMBER 54F37F	STATE CA
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DRIVER <input checked="" type="checkbox"/>	NAME (FIRST, MIDDLE, LAST) (b)(3): CPSA Section 25(c)				OWNER'S NAME (b)(6)		SAME AS DRIVER <input type="checkbox"/>						
PEDESTRIAN <input type="checkbox"/>	(b)(3): CPSA Section 25(c)				OWNER'S ADDRESS (b)(6)		SAME AS DRIVER <input type="checkbox"/>						
PARKED VEHICLE <input type="checkbox"/>					CA 93612		DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER		(b)(6)				
BICYCLIST <input type="checkbox"/>	SEX F	HAIR BRO	EYES BLU	HEIGHT 5-5	WEIGHT 140	BIRTHDATE MO 08 DAY 13 YEAR 1967	RACE II	PRIOR MECH. DEFECTS <input checked="" type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE		VEHICLE IDENTIFICATION NUMBER: (b)(6)			
OTHER <input type="checkbox"/>	HOME PHONE (b)(3): CPS		BUSINESS PHONE		VEHICLE TYPE 06		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input checked="" type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA XXXX XXXXXX XXXX XXXXXX XXXX XXXXXX XXXX XXXXXX				
INSURANCE CARRIER N/A		POLICY NUMBER N/A				DIR OF TRAVEL ON STREET OR HIGHWAY N OFF HWY AREA		SPEED LIMIT N/A				CAL-T _____ TCP/PSC _____ MC/MX _____	

PARTY 2	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
------------	-------------------------	-------	-------	---------	---------------	-----------	----------------------	----------------	-------

DRIVER <input type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER								
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER								
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER								
BICYCLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE		VEHICLE IDENTIFICATION NUMBER:			
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA				
INSURANCE CARRIER		POLICY NUMBER				DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT				CAL-T _____ TCP/PSC _____ MC/MX _____	

PARTY 3	DRIVER'S LICENSE NUMBER	STATE	CLASS	AIR BAG	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR	LICENSE NUMBER	STATE
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DRIVER <input type="checkbox"/>	NAME (FIRST, MIDDLE, LAST)				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER								
PEDESTRIAN <input type="checkbox"/>	STREET ADDRESS				OWNER'S ADDRESS <input type="checkbox"/> SAME AS DRIVER								
PARKED VEHICLE <input type="checkbox"/>	CITY / STATE / ZIP				DISPOSITION OF VEHICLE ON ORDERS OF: <input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER								
BICYCLIST <input type="checkbox"/>	SEX	HAIR	EYES	HEIGHT	WEIGHT	BIRTHDATE MO DAY YEAR	RACE	PRIOR MECHANICAL DEFECTS <input type="checkbox"/> NONE APP. <input type="checkbox"/> REFER TO NARRATIVE		VEHICLE IDENTIFICATION NUMBER:			
OTHER <input type="checkbox"/>	HOME PHONE		BUSINESS PHONE		VEHICLE TYPE		DESCRIBE VEHICLE DAMAGE <input type="checkbox"/> UNK <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD <input type="checkbox"/> MAJOR <input type="checkbox"/> ROLL-OVER		SHADE IN DAMAGED AREA				
INSURANCE CARRIER		POLICY NUMBER				DIR OF TRAVEL ON STREET OR HIGHWAY		SPEED LIMIT				CAL-T _____ TCP/PSC _____ MC/MX _____	

PREPARER'S NAME D. F. MULLIGAN JR 012724	DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	REVIEWER'S NAME <i>[Signature]</i>	DATE REVIEWED 12-03-08
---	---	---------------------------------------	---------------------------

DATE OF COLLISION (MO. DAY YEAR) 11/25/2008	TIME(2400) 1356	NCIC # 9830	OFFICER I.D. 012724	NUMBER 2008-11-0040
OWNER PROPERTY DAMAGE			OWNER ADDRESS	
DESCRIPTION OF DAMAGE			NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	

SEATING POSITION  <p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STA. WGN REAR 8 - RR. OCC TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE CHILD RESTRAINT V - NO W - YES EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN	INATTENTION CODES A - CELL PHONE HANDHELD B - CELL PHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER
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ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	SPECIAL INFORMATION			MOVEMENT PRECEDING COLLISION
		1	2	3	
A VC SECTION VIOLATED: CITED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 38312	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
	E HEAD - ON			E SCHOOL BUS RELATED	E MAKING LEFT TURN
	F SIDE SWIPE			F 75 FT MOTORTRUCK COMBO	F MAKING U TURN
	G REAR END			G 32 FT TRAILER COMBO	G BACKING
	H BROADSIDE			H	H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	I HIT OBJECT			I	I PASSING OTHER VEHICLE
A CLEAR	J OVERTURNED			J	J CHANGING LANES
X B CLOUDY	K VEHICLE / PEDESTRIAN			K	K PARKING MANEUVER
C RAINING	L OTHER*			L	L ENTERING TRAFFIC
D SNOWING	M MOTOR VEHICLE INVOLVED WITH			M	M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.	A NON - COLLISION			N	N XING INTO OPPOSING LANE
F OTHER:*	B PEDESTRIAN			O	O PARKED
G WIND	C OTHER MOTOR VEHICLE			P	P MERGING
	D MOTOR VEHICLE ON OTHER ROADWAY			Q	Q TRAVELING WRONG WAY
LIGHTING	E PARKED MOTOR VEHICLE				R OTHER:*
X A DAYLIGHT	F TRAIN				
B DUSK - DAWN	G BICYCLE				
C DARK - STREET LIGHTS	H ANIMAL:				
D DARK - NO STREET LIGHTS	I FIXED OBJECT:				
E DARK - STREET LIGHTS NOT FUNCTIONING*	J OTHER OBJECT:				
ROADWAY SURFACE	PEDESTRIAN'S ACTIONS				
X A DRY	A NO PEDESTRIANS INVOLVED				A HAD NOT BEEN DRINKING
B WET	B CROSSING IN CROSSWALK AT INTERSECTION				B HBD - UNDER INFLUENCE
C SNOWY - ICY	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				C HBD - NOT UNDER INFLUENCE*
D SLIPPERY (MUDDY, OILY, ETC.)	D CROSSING - NOT IN CROSSWALK				D HBD - IMPAIRMENT UNKNOWN*
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	E IN ROAD - INCLUDES SHOULDER				E UNDER DRUG INFLUENCE*
A HOLES, DEEP RUT*	F NOT IN ROAD				F IMPAIRMENT - PHYSICAL*
B LOOSE MATERIAL ON ROADWAY*	G APPROACHING / LEAVING SCHOOL BUS				G IMPAIRMENT NOT KNOWN
C OBSTRUCTION ON ROADWAY*					H NOT APPLICABLE
D CONSTRUCTION - REPAIR ZONE					I SLEEPY / FATIGUED
E REDUCED ROADWAY WIDTH					
F FLOODED*					
G OTHER:*					
X H NO UNUSUAL CONDITIONS					

SKETCH FOR SKETCH DIAGRAM, SEE PAGE 5



INDICATE NORTH

MISCELLANEOUS

P-1 WAS NOT WEARING A HELMET AT THE TIME OF THE COLLISION.

DATE OF COLLISION (MO. DAY YEAR) 11/25/2008		TIME(2400) 1356		NCIC # 9830		OFFICER I.D. 012724		NUMBER 2008-11-0040									
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"/>	41	F	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	P	II	I
NAME / D.O.B. / ADDRESS (b)(3):CPSA Section 25(c)																TELEPHONE (b)(3):CPS	
(INJURED ONLY) TRANSPORTED BY: KERN COUNTY CORONERS OFFICE																TAKEN TO: KERN COUNTY CORONERS OFFICE	
DESCRIBE INJURIES: (b)(3): RECEIVED FATAL INJURIES AS A RESULT OF THIS COLLISION. PRONOUNCED DECEASED BY KCFD FIREFIGHTER SHANE REED # K0684 @ APPROX 1412 HRS, KERN COUNTY CORONERS CASE # C2602-08, CORNER MANCERA #920.																	
																<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED	
<input checked="" type="checkbox"/> # 1	<input type="checkbox"/>	32	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS (b)(6)																TELEPHONE (b)(6)	
(INJURED ONLY) TRANSPORTED BY:																TAKEN TO:	
DESCRIBE INJURIES:																	
																<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED	
<input checked="" type="checkbox"/> # 2	<input type="checkbox"/>	62	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS (b)(6)																TELEPHONE (b)(6)	
(INJURED ONLY) TRANSPORTED BY:																TAKEN TO:	
DESCRIBE INJURIES:																	
																<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED	
<input checked="" type="checkbox"/> # 3	<input type="checkbox"/>	60	F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS (b)(6)																TELEPHONE (b)(6)	
(INJURED ONLY) TRANSPORTED BY:																TAKEN TO:	
DESCRIBE INJURIES:																	
																<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED	
<input checked="" type="checkbox"/> # 4	<input type="checkbox"/>	33	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS (b)(6)																TELEPHONE (b)(6)	
(INJURED ONLY) TRANSPORTED BY:																TAKEN TO:	
DESCRIBE INJURIES:																	
																<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED	
<input checked="" type="checkbox"/> # 5	<input type="checkbox"/>	51	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
NAME / D.O.B. / ADDRESS (b)(6)																TELEPHONE (b)(6)	
(INJURED ONLY) TRANSPORTED BY:																TAKEN TO:	
DESCRIBE INJURIES:																	
																<input type="checkbox"/> VICTIM OF VIOLENT CRIME NOTIFIED	
PREPARER'S NAME D. F. MULLIGAN JR				I.D. NUMBER 012724		MO. DAY YEAR 11/25/2008		REVIEWER'S NAME				MO. DAY YEAR					

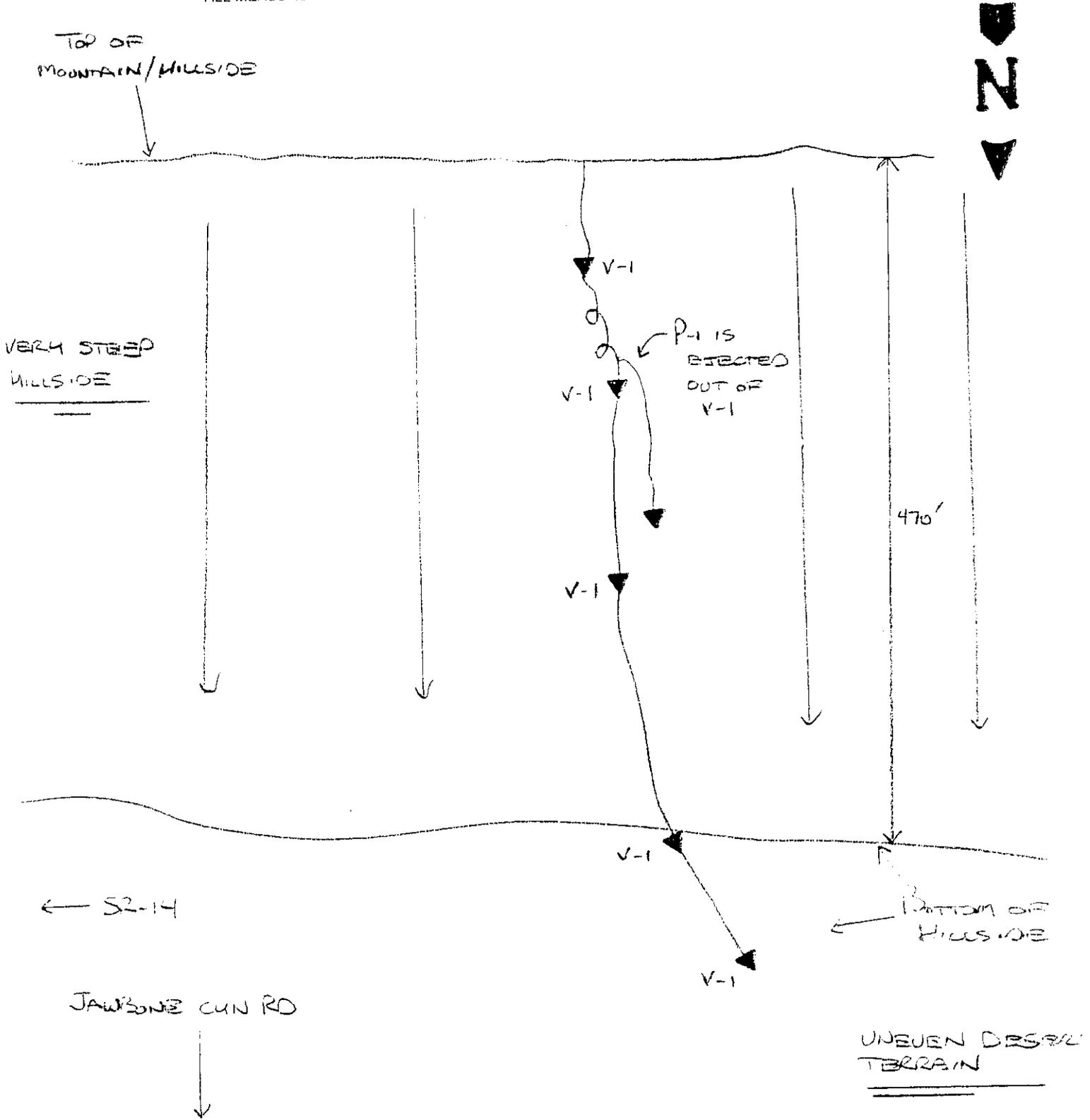
DATE OF COLLISION (MO. DAY YEAR) 11/25/2008				TIME(2400) 1356		NCIC # 9830		OFFICER I.D. 012724				NUMBER 2008-11-0040															
WITNESS ONLY	PASSENGER ONLY	AGE	SEX	EXTENT OF INJURY ('X' ONE)				INJURED WAS ('X' ONE)					PARTY NUMBER	SEAT POS.	AIR BAG	SAFETY EQUIP.	EJECTED										
				FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY	COMPLAINI OF PAIN	DRIVER	PASS.	PED.	BICYCLIST	OTHER															
<input checked="" type="checkbox"/> # 6	<input type="checkbox"/>	31	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
NAME / D.O.B. / ADDRESS (b)(6)															TELEPHONE (b)(6)												
(INJURED ONLY) TRANSPORTED BY:										TAKEN TO:																	
DESCRIBE INJURIES:																											
																	<input type="checkbox"/>	VICTIM OF VIOLENT CRIME NOTIFIED									
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
NAME / D.O.B. / ADDRESS															TELEPHONE												
(INJURED ONLY) TRANSPORTED BY:										TAKEN TO:																	
DESCRIBE INJURIES:																											
																	<input type="checkbox"/>	VICTIM OF VIOLENT CRIME NOTIFIED									
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
NAME / D.O.B. / ADDRESS															TELEPHONE												
(INJURED ONLY) TRANSPORTED BY:										TAKEN TO:																	
DESCRIBE INJURIES:																											
																	<input type="checkbox"/>	VICTIM OF VIOLENT CRIME NOTIFIED									
<input type="checkbox"/> #	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
NAME / D.O.B. / ADDRESS															TELEPHONE												
(INJURED ONLY) TRANSPORTED BY:										TAKEN TO:																	
DESCRIBE INJURIES:																											
																	<input type="checkbox"/>	VICTIM OF VIOLENT CRIME NOTIFIED									
<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 D. F. MULLIGAN JR															I.D. NUMBER 012724		MO. DAY YEAR 11/25/2008		REVIEWER'S NAME					MO. DAY YEAR			

STATE OF CALIFORNIA
SKETCH DIAGRAM

CHP 555 Page 40 (Rev. 8-97) OPI 04E

DATE OF INCIDENT 11/25/2008	TIME 1356	NCIC NUMBER 9830	OFFICER I.D. 012724	NUMBER 2008-11-0040
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



PREPARED BY D. F. MULLIGAN JR	I.D. NUMBER 012724	DATE 11/25/2008	REVIEWER'S NAME	DATE
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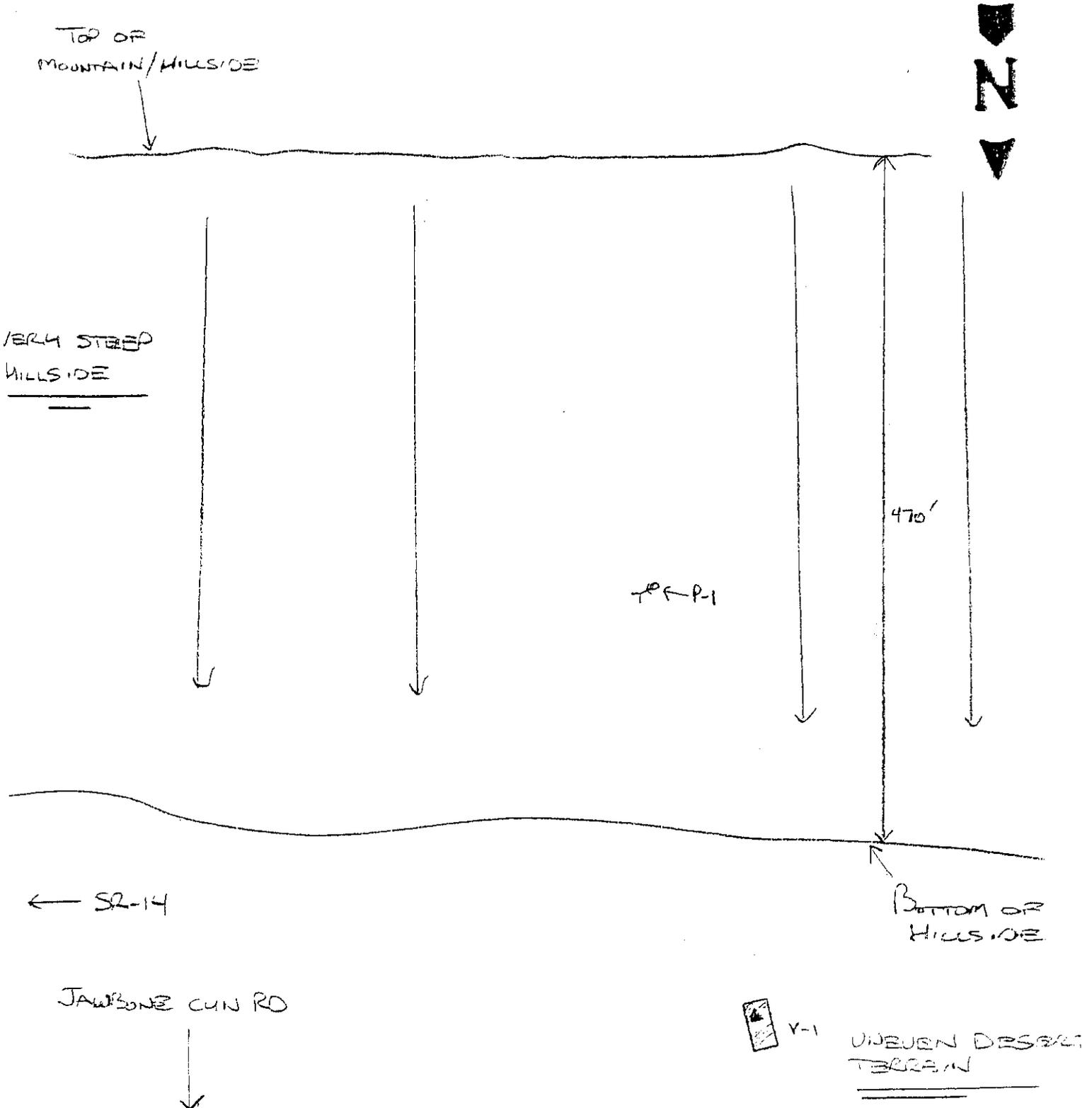
STATE OF CALIFORNIA
FACTUAL DIAGRAM

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

PAGE 6 OF 13

DATE OF INCIDENT 11/25/2008	TIME 1356	NCIC NUMBER 9830	OFFICER I.D. 012724	NUMBER 2008-11-0040
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE=)



PREPARED BY D. F. MULLIGAN JR	I.D. NUMBER 012724	DATE 11/25/2008	REVIEWER'S NAME	DATE
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DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/25/2008	1356	9830	012724	2008-11-0040

LEGEND

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VEHICLE POINT OF REST:

V-1's R/F tire was 850' south of the south rdwy edge of Jawbone Cyn Rd and 250' east of GPS coordinate 35.1873 / 118.0340.

V-1's R/R tire was 845' south of the south rdwy edge of Jawbone Cyn Rd and 248' east of GPS coordinate 35.1873 / 118.0340.

P-1'S PLACE OF REST:

P-1's place of rest was determined to be 1180' south of the south rdwy edge of Jawbone Cyn Rd and 355' east of GPS coordinate 35.1873 / 118.0340.

PHYSICAL EVIDENCE AND LOCATION:

Due to the steepness of the grade, and the roughness of the terrain where P-1 and V-1 overturned I was unable to actually check the area for fresh dirt impressions or disturbed dirt. I determined the approximate location where V-1 started overturning by using the statements of all the witnesses.

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. F. MULLIGAN JR	012724	11/25/2008		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/25/2008	1356	9830	012724	2008-11-0040

1 **FACTS:**

2

3 **NOTIFICATION:**

4

5 I received a call of a collision (off hwy) with an ambulance rolling at 1401 hrs. I was advised that
6 two "rhino's" (off hwy / all terrain vehicles) were involved. I responded from the Mojave CHP office,
7 and arrived on scene at 1417 hrs. Upon arriving at the scene, I learned that both drivers and
8 vehicles were traveling in the same group, however they were involved in two separate collisions
9 that occurred only "seconds" apart.

10

11 All speeds, times and measurements are approximate. All measurements were obtained by
12 estimation. All EW measurements were taken from a GPS coordinate reading that was acquired
13 from the GPS instrument located in a Kern County Fire Dept Helicopter (# 408). The helicopter
14 landed just west of where the collisions took place.

15

16 **SCENE:**

17

18 The Jawbone Cyn off hwy area is located on Jawbone Cyn Rd, west of SR-14. This is a rugged
19 desert terrain area set aside for off hwy vehicle use. The Jawbone Cyn off hwy area is located in a
20 rural uninc area of Kern County. At the time of the collision it was cloudy and dry.

21

22 **PARTIES:**

23

24 **Party # 1** (b)
(3):CPSA P-1 had succumbed to her injuries by the time I arrived on scene. P-1 was
25 identified by Wit # 2 and Wit # 3. P-1 was determined to be the driver of V-1 at the time of the
26 collision by statements.

27

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. F. MULLIGAN JR	012724	11/25/2008		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/25/2008	1356	9830	012724	2008-11-0040

1 Vehicle # 1 (Yamaha Rhino) was in an upright position upon my arrival, and came to rest as
2 indicated on the factual diagram. V-1 received total roll over damage. I conducted a visual
3 inspection on V-1's left front seat belt. The seat belt was a latch / link 5 way type restraint. I
4 noticed that the lap portion of the belt was fastened together with the latch / link system. As I
5 looked at the fastened lap belts, it did not appear that there would have been enough slack in the
6 lap belts to have fit around P-1's waist area. I noticed that both of the shoulder straps, which are
7 part of the latch / link 5 way restraint system, were not fastened to the lap belt at all. Both of these
8 straps were resting on the back portion of the seat. The seat belt appeared to be in good working
9 order.

10

11 There was a nylon strap affixed to the latch. The nylon strap had a piece of Velcro sewn into it.
12 The Velcro is on the nylon strap so that once the latch has been locked over the links, the latch
13 can be held down to the lap belt where the other half of the Velcro is. Both sides of the Velcro
14 appeared to be in good condition.

15

16 **OTHER FACTUAL INFORMATION:**

17

18 #1) It should be noted that throughout this report there is a subject named (b)(6)
19 (b)(6) is the daughter of P-1. (b)(6) was directly in front of P-1, also
20 driving a Yamaha Rhino. (b)(6) attempted to descend the steep grade, just seconds
21 before P-1. As (b)(6) descended down the steep grade, her Rhino started
22 overturning and she was subsequently ejected out of her vehicle, and received fatal injuries. A
23 separate investigation was completed on (b)(6) collision.

24

25 **PHYSICAL EVIDENCE:**

26

27 See factual diagram for further.

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. F. MULLIGAN JR	012724	11/25/2008		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/25/2008	1356	9830	012724	2008-11-0040

1 STATEMENTS:

2

3 Party # 1 (b)(3):CPSA no statement obtained from P-1 due to the fact that she sustained fatal injuries
4 as a result of this collision.

5

6 Witness # 1 (b)(6) said he was driving his Yamaha Rhino, through the desert, being followed
7 by three other Rhino driver's. Wit # 1 said (b)(6) was directly behind him, P-1 was
8 directly behind (b)(6), and Wit # 2 and Wit # 3, who where in the same Rhino, were
9 directly behind P-1. Wit # 1 said that they got lost and were trying to get back to their campsite.
10 Wit # 1 said he had told the other Rhino drivers to stay back from him while they were traveling
11 together. Wit # 1 said they were traveling on top of a mountain and came upon an area where the
12 trail became a steep descending grade.

13

14 Wit # 1 said he started down the grade, and made it to the bottom where he stopped. He then saw
15 that (b)(6) had already started down the steep embankment. Wit # 1 said he
16 motioned to (b)(6) that it was okay, and that she (b)(3):CPSA Section 25 needed to
17 come down slow. Wit # 1 said (b)(3):CPSA Section 25 continued coming down the hillside when one
18 of her vehicles tires came to rest on a rock.

19

20 Wit # 1 said that (b)(3):CPSA Section 25(c) gave her vehicle some gas. Wit # 1 said (b)(3):CPSA Section 25
21 got over the rock, however had given her vehicle too much gas. Wit # 1 said that Rayshelle
22 Venegas' Rhino then started coming down the hillside too fast. Wit # 1 said (b)(3):CPSA Section 25(c)
23 Rhino started to go sideways and then started to overturn. Wit # 1 said he heard P-1 screaming.
24 Wit # 1 said (b)(3):CPSA Section 25(c) Rhino continued to overturn down the steep embankment.
25 Wit # 1 said (b)(3):CPSA Section 25(c) was then ejected out of her Rhino, and continued to tumble down
26 the hillside. Wit # 1 said as (b)(3):CPSA Section 25 and her Rhino came to rest at the bottom of the
27 hillside. Wit # 1 said he then saw P-1's Rhino overturning down the hillside as well.

28

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. F. MULLIGAN JR	012724	11/25/2008		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/25/2008	1356	9830	012724	2008-11-0040

1 Wit # 1 said when P-1's Rhino came to rest, he immediately tried to call 9-1-1 on cellular
 2 telephone. Wit # 1 said he did not have a signal on his cellular telephone. Wit # 1 said as soon as
 3 he saw that both (b)(6) and P-1 were being helped, he started driving in an easterly
 4 direction. Wit # 1 said he drove until he could get a signal on his cellular telephone and make the
 5 9-1-1 call.

6
 7 **Witness # 2** (b)(6) said he was driving his Yamaha Rhino following Wit # 1, (b)(6)
 8 (b)(6) and P-1. Wit # 2 said that they were trying to get back to their campsite. Wit # 2 said
 9 they were on top of a mountain and came to an area where the trail turned into a steep hillside.
 10 Wit # 2 said as he started down the hillside he saw (b)(6) Rhino start to overturn
 11 and then land down at the bottom of the hillside. Wit # 2 said soon after, P-1's vehicle started to
 12 overturn and also landed down at the bottom of the hill. Wit # 2 said after seeing (b)(6)
 13 (b)(6) and P-1 overturn their Rhino's he decided to park his Rhino. Once Wit # 2 felt he had
 14 secured his Rhino, he exited his Rhino and slid down the hillside to help (b)(6) (his
 15 granddaughter), and P-1(his daughter).

16
 17 **Witness # 3** (b)(6) was a passenger in Wit # 2's vehicle. She is the wife of Wit # 2, the
 18 grandmother of (b)(6) and the mother of P-1. I did not obtain a statement from
 19 Wit # 3.

20
 21 **Witness # 4** (b)(6) said he was standing near his campsite, directly across from the
 22 hillside where the four Rhino's attempted to descend down the steep grade. Wit # 4 said he was
 23 talking to Wit # 5 when all of a sudden Wit # 5 said "Oh Shit". Wit # 4 said he turned around and
 24 saw one of the Rhino's start to overturn down the hillside. Wit # 4 said he ran over to the area
 25 where the Rhino's had overturned to see if he could help any victims.

26
 27

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. F. MULLIGAN JR	012724	11/25/2008		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
11/25/2008	1356	9830	012724	2008-11-0040

1 **Witness # 5** (b)(6) said he was standing near his campsite, talking to Wit # 4. Wit # 5 said he
2 saw a Rhino start to tumble down a steep grade directly south of his location. Wit # 5 said he got
3 on his motorcycle and immediately went over to aid the victims. Wit # 5 said he drove his
4 motorcycle partially up the steep grade, got off his motorcycle, and aided P-1.

5
6 **Witness # 6** (b)(6) said he was driving his Jeep Cherokee in an easterly direction when he
7 saw P-1's vehicle overturning down the hillside. Wit # 6 said he stopped his vehicle and ran to
8 P-1's location to help her.

9
10 **OPINIONS AND CONCLUSIONS:**

11
12 **SUMMARY:**

13
14 P-1 was driving V-1 on a dirt trail, located on top of a steep mountain. P-1 was traveling with three
15 other Yamaha Rhino drivers (Wit # 1, (b)(6) and Wit # 2). P-1 was driving her Rhino
16 directly behind (b)(6) who happened to be her (P-1) 16 year old daughter. The four
17 drivers came upon a portion of the trail that descended down a very steep grade. All four of them
18 started to drive their Rhino's down the steep grade. Wit # 1 made it to the bottom of the grade.
19 (b)(6) then attempted to drive V-1 down the steep grade herself. (b)(6)
20 lost control of her Rhino and it subsequently started overturning. As (b)(6) Rhino
21 overturned down the steep grade, she (Rayshelle Venegas) was ejected out of her Rhino.

22
23 P-1, who was directly behind (b)(6), started screaming. P-1 then attempted to drive
24 her Rhino down the steep grade. As P-1 started down the grade, she lost control of V-1. V-1
25 started overturning. As V-1 overturned, P-1 was ejected out of V-1. V-1 continued down the steep
26 hillside and came to rest at the bottom. P-1 came to rest on the steep hillside.

27

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. F. MULLIGAN JR	012724	11/25/2008		

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11/25/2008	1356	9830	012724	2008-11-0040

1 The summary was based on statements and P-1's and V-1's place of rest. I formed an opinion
 2 that P-1 was ejected out of V-1 due to the fact that she was not wearing the 5 way latch / link
 3 restraint system at the time of the collision. I formed my opinion based on my visual inspection of
 4 the seat belt, as described in "Party # 1 / Vehicle # 1" in this report.

5
 6 **AREA OF IMPACT:**

7
 8 Area of Impact (V-1 overturns) was determined to be 1,280' south of the south rdwy edge of
 9 Jawbone Cyn Rd and 330' east of GPS coordinates 35.1873 / 118.0340.

10
 11 Area of Impact (P-1 gets ejected out of V-1) was determined to be 1200' south of the south rdwy
 12 edge of Jawbone Cyn Rd and 330' east of GPS coordinates 35.1873 / 118.0340.

13
 14 **CAUSE:**

15
 16 P-1 caused this collision due to her violation of 38312 VC (No person shall place in motion an off-
 17 hwy vehicle that is stopped, standing, or parked until such movement can be made with
 18 reasonable safety. The cause was based on statements, the instability of the soil, and the
 19 steepness of the terrain.

20
 21 **RECOMMENDATIONS:**

22
 23 None.

24

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
D. F. MULLIGAN JR	012724	11/25/2008		



JAWBONE CANYON & DOVE SPRINGS VISITOR INFORMATION AND TRAIL MAP



Welcome to the Jawbone - Dove Springs Area, managed by the Bureau of Land Management (BLM). The BLM is responsible for the balanced management of the public lands and resources. This management is based upon the principles of multiple use and sustained yield for both renewable and non-renewable resources. These resources include recreation, range, timber, minerals, watershed, wildlife, wilderness, natural, scenic, scientific, and cultural values. Fulfilling this mission is a challenging task, but one to which the BLM employees are committed!

Please join us in keeping your Public Lands open for your recreation adventures.

The Jawbone Canyon and Dove Springs Open Areas provide challenging riding and hill climbing opportunities for riders of all skill levels, from the beginner to expert. Surrounding these areas are several hundred miles of designated trails within the Limited Use area. These trails can take one from the wide-open desert flats, past geological wonders, to high scenic vistas.

JAWBONE-DOVE SPRINGS AREA RULES:

Inside the flyer is a map. The map shows the designated route system along with general information pertaining to the Jawbone-Butterbrecht Management Area. There are three types of riding areas. Please read the rules below. Your cooperation in following and helping enforce these rules is appreciated. Only through your cooperation and compliance can we assure that the Jawbone-Butterbrecht Management Area will remain open for continued recreational use.

1. **LIMITED USE ONLY AREA:** A LEGAL ROUTE IS ONE THAT IS MARKED WITH A BROWN NUMBERED POST. YOU ARE IN VIOLATION IF YOU RIDE NON POSTED ROUTES, CROSS COUNTRY, HILL CLIMB OR IF YOU ARE BEHIND A RED POST. RIDING THROUGH A FENCE CUT OR AROUND A FENCE IS ALSO A VIOLATION. ***IT IS YOUR RESPONSIBILITY TO KNOW WHERE YOU ARE RIDING!***
2. **OPEN AREA:** NO RESTRICTIONS ON RIDING. ALL FORMS OF CROSS COUNTRY TRAVEL AND HILL CLIMBING IS ALLOWED.
3. **CLOSED AREA:** CLOSED AREAS INCLUDE: DESIGNATED WILDERNESS AREAS, STATE PARKS, PRIVATE PROPERTY, PACIFIC CREST TRAIL, BIRDS OF PREY NESTING AREA (1 FEBRUARY 1 - JULY 1 ANNUALLY), AND DESERT RESTORATION AREAS. INCURSIONS CAN LEAD TO CITATIONS AND FINES, KNOW WHERE YOU ARE RIDING.
4. **HAY BALES** ARE BOUNDARY MARKERS FOR DESERT RESTORATION PROJECTS AND THE AREA BEHIND THE HAY BALES ARE CLOSED TO OHV USE. PLEASE RESPECT THE BOUNDARIES AND DO NOT DAMAGE OR MOVE THE HAY BALES.

OFF HIGHWAY VEHICLE (OHV) USE IN THE CALIFORNIA DESERT AREA

(OHV is any 4WD, Motorcycle, ATV Quad/3 wheeler, Dune Buggy)

A current registration (or copy) in possession, a valid green/red sticker properly affixed to the OHV, spark arrestor, and exhaust system that is California State Noise Regulation compliance is required.

ATTENTION ATV RIDERS, a helmet is required, **NO passengers** on ATVs, unless the vehicle was designed to carry a passenger by the manufacture. If the rider is under fourteen years old they must have an ATV Safety Certificate and be under **direct adult** supervision

DESERT TORTOISE INFORMATION:

If you find a Desert Tortoise please respect it. *Any activity that causes harm to a tortoise, or possession of a tortoise, tortoise remains or destruction of their habitat is a violation of the Endangered Species Act. Violations will be treated accordingly.* Never return a domestic tortoise to the wild. If you want to adopt or return a tortoise you can contact the California Turtle and Tortoise Club at 510-886-2946 for additional information.

SHOOTING: Target shooting of legally registered weapons is permitted. Please clean up your target debris, shell casings and do not fire into to the air. Fireworks are not allowed on public lands at any time.

CAMPING: Remember! Pack it Out. Please select previously used campsites and your stay is limited to 14 days. The desert is home to many unique creatures and plants. Please respect them. The Joshua Tree is a protected plant and not a good selection for firewood. They are not really trees, burn very poorly and only grow about one foot every ten years. Please help us protect this resource. Prevent theft, lock up your equipment when departing your campsite for the day or turning in for the evening. Leave the area cleaner than you found it. If you have a campfire, please clean out the fire ring upon your departure.

TIPS FOR A TROUBLE FREE VISIT:

Always ride with a partner, whenever possible, know where you are going and have a map. Leave a riding plan in camp, check your fuel, have water with you before departing. Remember it is your responsibility to know where you are riding and if you can not see around turns slow down. Always be on the lookout for other riders when riding in or around camping and staging areas be on the lookout for younger riders. Do not count on your cell phone as coverage is very limited.

The Jawbone-Dove Springs Area has many historic, prehistoric archaeological sites and mine sites scattered across the desert. Please respect these sites, enjoy them, but leave artifacts where they were found and do not explore abandoned mine shafts. They can be very dangerous.

The BLM encourages that all desert travelers use a propylene glycol based antifreeze/coolant. It is proven safer and has less impact on wildlife and the environment should a leak occur.

EMERGENCY NUMBERS: 9 1 1

Kern County Sheriff (800)861-3110
California City Police (760)373-8600
BLM Dispatch Center (909)383-5652

Antelope Valley Hospital (661)949-5000
(BLM) Jawbone Station (760)373-1146
Ridgecrest Regional Hospital (760)446-3551

FOR ADDITIONAL INFORMATION OR YOUR COMMENTS:

Bureau of Land Management
Ridgecrest Field Office
300 S Richmond Rd,
Ridgecrest CA 93555
(760)384-5400

Jawbone Station BLM
28111 Jawbone Canyon Road
P.O. Box 1940
Cantil, CA 93519
(760)373-1146

Remember Responsible Riders Keep Areas Open! Irresponsible riders damage the environment resulting in possibly loosing riding opportunities.

DUI and Open Container Laws are strictly enforced!



OUTDOORS

MODELS | ACCESSORIES | PARTS & SERVICE | DEALERS | NEWS & EVENTS | INTERESTED MODEL | HELP

MODELS

2007 Rhino 660 Auto. 4x4

Model Home | Features | Specs | Gallery | Accessories | Build Your Own



-Choose Comparison Model-

MSRP*	\$9,799 (Hunter Green) \$9,799 (Red) \$10,249 Hunter (Hardwoods HD Camo)
Engine	
Type	660cc liquid-/oil-cooled w/fan, SOHC four-stroke; 5-valve
Bore x Stroke	100mm x 84mm
Compression Ratio	9.1:1
Carburetion	Mikuni 42mm BSR
Ignition	DC - CDI
Starting System	Electric
Transmission	Yamaha Ultramatic® V-Belt /H, L, N, R
Engine Braking	All Wheel
Drive Train	Yamaha On-Command® pushbutton 3-way locking differential, 2WD, 4WD, locked 4WD; Shaft
Chassis	
Suspension/Front	Independent double wishbone, 7.3" travel w/5-way preload adjustment
Suspension/Rear	Independent double wishbone, 7.3" travel w/5-way preload adjustment
Brakes/Front	Dual hydraulic disc, twin pistons
Brakes/Rear	Hydraulic disc, self-adjust parking system, shaft mounted
Tires/Front	AT25x8-12 NHS
Tires/Rear	AT25x10-12 NHS
Dimensions	
L x W x H	113.6" x 54.5" x 73.0"
Wheelbase	75.2"
Turning Radius	153.5"
Ground Clearance	12.1"
Fuel Capacity	7.9 gal.
Dry Weight	1049 lb.
Bed Capacity	400 lb.
Towing Capacity	1212 lb.
Other	
DC Outlet	Standard
Instrumentation	Digital LCD, multifunction display, fuel gauge, speedometer, odometer, dual trip, hour meter, clock and gear position
Lighting	Dual 30W Krypton multireflector headlights & dual 21/5W brake light
Warranty	6 Month (Limited Factory Warranty)

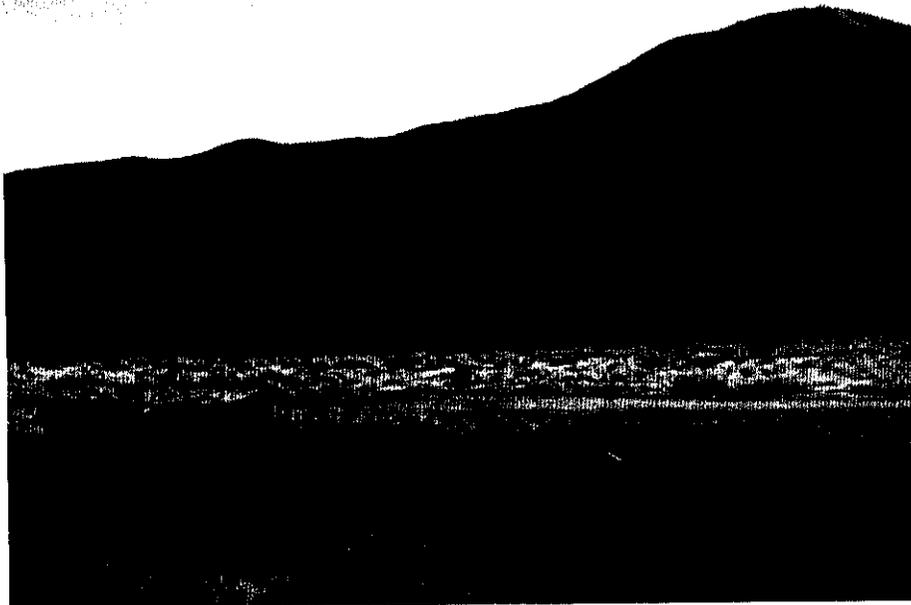
*Price and specifications subject to change without notice.
Please read your Owner's Manual at all times before operation.

090106HWE7951

Exhibit #5

Page 1 of 1

Photographs



5.1 – View of steep embankment the victim was traversing down when she lost control and rolled.



5.2 – Arrow points to approximate area the victim lost control and her UTV started to roll.

FOR INCIDENTS INVOLVING UTILITY VEHICLES (UTVs)

* PLEASE USE NEISS PRODUCT CODE 5044 on the cover sheet (182) if the investigation confirms that the incident involves a utility vehicle.

* Please contact Tanya Topka (301 504 7594 or TTopka@cpsc.gov) with questions about the investigation.

* Please explicitly address each of the following questions in the IDI narrative. If no information is available for a specific question, please list the question number and indicate "na" or "not available."

1. Provide the terrain type for the incident (grass, pavement, gravel, etc.) and also indicate if the terrain is flat, sloped, etc. Dirt road in an OHV Park going down a steep embankment.
2. Determine if the driver and/or passengers were wearing seat belts. If they were wearing seat belts, please list if they were ejected. Victim was not wearing the seat belt.
3. Determine if they were wearing a helmet. Victim was not wearing a helmet.
4. Determine ages of the driver and all passengers and list the person by age and location (ex. Driver 16yom, Passenger 15yof, etc.) Driver only – 41 yof
5. Determine speed at time of incident (even if not exact speed is available provide range (ex. Between 10-20mph) After watching her daughter lose control of her UTV on a steep embankment, the victim descended the same steep embankment and also lost control causing her UTV to roll over and over. The actual speed in unknown.
6. Determine if the person was making a turn at the time of incident and in what direction. (If not what were they doing?) No
7. Determine if the vehicle had aftermarket modifications. Unknown
8. Determine the model year of the product and if it was the 450, 660, or 700cc model.
2007 660 cc
9. Please list on the cover sheet (182) in the manufacturer section "Yamaha" and in the model section "Rhino" (We need this for easy searching) Done
10. Determine if the vehicle rolled or tipped over. If so, did it land on or crush victim? Also, please make sure you clearly identify who was killed driver, passenger, and if passenger the location they were sitting in. As the UTV sped down the steep embankment, the victim lost control and started to go sideways and then overturn numerous times. The victim was ejected and rolled separately down the hill.
11. Determine number of riders on the vehicle at time of incident. One

Task No. 090106HWE7951

Date: 1-7-09

Status of Missing Document(s)

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

1. Kern County Coroner's Report

2. _____

DATE: 1-7-09 **INVESTIGATOR NO:** 9011

REGIONAL OFFICE: CFWIC-C **SUPERVISOR NO:** _____

1. Task Number 090108HCC1308		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2008 05 25	5. Date Initiated YR MO DAY 2009 01 15		
6. Synopsis of Accident or Complaint UPC none The victim, a 29-year-old female passenger, was riding in a utility vehicle on a compacted, sandy, dirt road and she was not wearing a helmet. The driver struck a bump, lost control and the vehicle flipped over. The passenger was thrown and the vehicle landed on top of her. She sustained a lacerated liver, a fractured pelvis, a spinal cord injury, and internal bleeding. The driver and another passenger were thrown from the vehicle and they sustained minor injuries. The victim was taken to a hospital where she died from her injuries following unsuccessful surgery.				
MFR/PRVLBR NOTIFIED <i>JK</i> 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>25c, 6</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City DOSWELL		9. State VA
10A. First Product 5044 - Utility Vehicles	10B. Trade/Brand Name YAMAHA/RHINO		10C. Model Number 660	
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION/VIN: 5Y4AM04Y26A026876 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 29	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 59 - Laceration	
16. Body Part(s) Involved 79 - LOWER TRUNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 7 / 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 9093		26. Regional Office Director Dennis R. Blasius	
27. Distribution Moon, Clarice; Streeter, Robin; Kessler, Charles			28. Source Document Number 0851023018	

The information in this report was based on information received from the police department and the medical examiner's office. Contact with the victims' next-of-kin was not permissible.

On Sunday, May 25, 2008, in Hanover County, Doswell, VA, the victim, a 29-year-old female passenger was riding in a 4-wheeled utility vehicle on a compacted, sandy, dirt road which was located on private property and she was not wearing a helmet. The weather condition was clear and the temperature was 77 degrees.

The driver, a 27-year-old female and another passenger, a 26-year-old male were also riding in the vehicle. The driver struck a bump/ditch line in the roadway and she lost control of the utility vehicle. The utility vehicle flipped over and landed in the center of the roadway. The passengers were thrown out, but landed on top of the victim.

The driver's knowledge regarding operation and/or handling the utility vehicle was unknown. Prior to the crash, the utility vehicle traveled at 35 miles per hour. The driver and the other passenger were not wearing any protective gear, such as helmets.

EMS was summoned to the scene and the victim was taken to a hospital located Richmond City, VA, where she underwent surgery. She sustained a lacerated liver, a fractured pelvis, internal bleeding, and a spinal cord injury. Her height and weight were not known. Her surgery was not successful and she succumbed to her injuries at the hospital.

The driver and the other passenger sustained minor injuries. They were taken to the hospital where they were treated and released.

Product: 4-wheeled utility vehicle

Brand/Year: Yamaha/2006

Manufacturer: Yamaha Motor Corporation
6555 Katella Avenue
Cypress, CA 90630

Model: Rhino

VIN: 5Y4AM04Y26A026876

Description: green in color

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

Modification: unknown

ATTACHMENTS:

1. Police Crash Report and photographs of the utility vehicle.
2. Report of Investigation by Medical Examiner/Investigator.
3. Contact Information.

Commonwealth of Virginia - Department of Motor Vehicles

Police Crash Report

FR300P (Rev 9/0

Page 1 of 1 pages

Crash date	MM / DD / YYYY	Day of week	Military time (24 hr clock)	County of crash	Official DMV use
05/25/2008	Sun	1758	HANOVER	OFFICE USE ONLY	

<input type="checkbox"/> City of	Landmark at scene	GPS Lat.
<input type="checkbox"/> Town of		

1	Location of crash (route/street)	Railroad crossing ID no. (if within 150 ft)	GPS Long.	Mile marker number	Local case number
1	PRIVATE PROPERTY - BULLFIELD ROAD				08-17141

<input type="checkbox"/> at intersection with or _____ miles <input type="checkbox"/> feet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> of	Location of crash (route/street)	Number of vehicles
		1

2	Vehicle No. 1		Vehicle No. 2 (or pedestrian)	
X	(b)(3):CPSA Section 25(c)	Driver fled scene <input type="checkbox"/>	Yrs dr experience	Driver's name (last, first, middle)
9	Address (street and no)		Driver fled scene <input type="checkbox"/>	Yrs dr experience

3	State	ZIP	City	State	ZIP
	NY	11222			

4	Birth date	MM / DD / YYYY	Gender	Number	<input checked="" type="checkbox"/> DL <input type="checkbox"/> CDL	State	Birth date	MM / DD / YYYY	Gender	Driver's license number	<input type="checkbox"/> DL <input type="checkbox"/> CDL	State
1	02/16/1980		F	(b)(6)		NY						

5	Vehicle owner's name (last, first, middle) or Commercial motor carrier		Address (street and no)		ZIP	City	State	ZIP
8	(b)(6)				23047			

6	A) Veh type	Veh year	Veh make	Veh model	CMV	Towed	A) Veh type	Veh year	Veh make	Veh model	CMV	Towed
2	19	2006	YAMAHA	RHINO ATV	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

7	Vehicle plate number	State	B) EMV type	C) EMV in service	Approximate repair cost	Vehicle plate number	State	B) EMV type	C) EMV in service	Approximate repair cost
2	NONE	VA	1	3	0.00					

8	U.S. DOT no. or VA no.	Placard no. and class or name	U.S. DOT no. or VA no.	Placard no. and class or name
4				

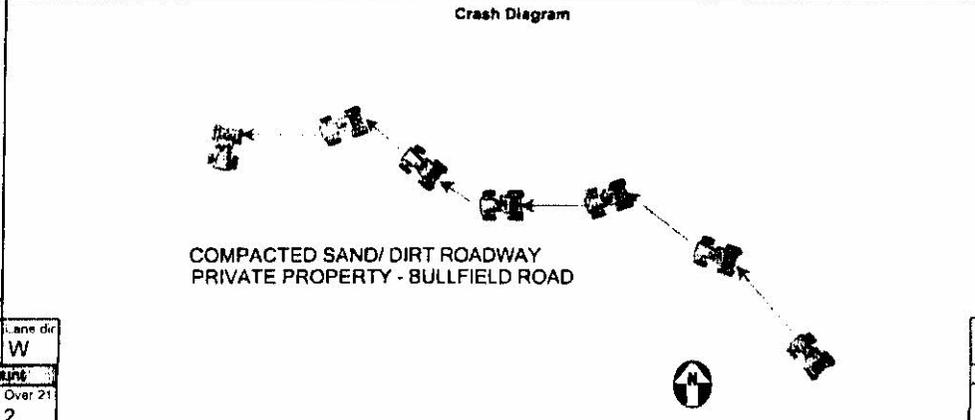
9	Vehicle no. 1 damage	Name of insurance company (not agent)	Vehicle no. 2 damage	Name of insurance company (not agent)
X	UNKNOWN			

10	Speed	Before crash	Limit	Max safe	Lane dir	Speed	Before crash	Limit	Max safe	Lane dir
X	35				W					

11	Damage to property other than vehicles	Approximate repair cost	Object struck (tree, fence, etc)	Property owner's name (last, first, middle) and address
5		0.00		

Crash description	Crash description
DRIVER OF VEHICLE #1, WHILE OPERATING A YAMAHA ATV, LOST CONTROL OF THE VEHICLE AND CAUSED THE VEHICLE TO OVERTURN ON THE VEHICLES RIGHT SIDE. THE PASSENGER OF THE VEHICLE WAS THROWN AND TRAPPED UNDER THE VEHICLE	
Offenses charged driver	NONE

Investigating officer	Badge/ID no.	Agency/department name and address	Reporting officer	Report file date
DCS MICHAEL T. TILLEY	0418	HANOVER CO SHERIFFS OFFICE 018	SOT 1551 4400	05/25/2008



Hanover County Sheriff's Office

Report Type (circle one) Initial <input type="checkbox"/> Modify <input type="checkbox"/>	Case # (CAD#): 08-17141	Report Date 05-25-08	Report Time 1758	Reporting Officer Tilley, Michael T.	PCN # 0439	Division Patrol
Incident From Date 05-25-08	Incident From Time 1758	Incident Thru Date 05-25-08	Incident Thru Time 2008	Weather 0 1	(01) Clear (02) Cloudy	(03) Rain (04) Snow (05) Windy (06) Unknown (07) Other
Location Street # 17000 Blk	Location Street Name (Dir, Name, Apt# or Ste) Bullfield Road	City, State, Zip Doswell, VA 23047	Intersecting Street Name Farmhill Lane	Building	Subdivision	Beat 12
Investigator/Officer Assigned M. Tilley	PCN # 0439	Division PAT	Assigning Supervisor L. R. L. Farmer	PCN # 7905	Division JUV	
Offs Seq# 01	VA Code #	M/F	Offense Description Private Prop. Fatality	IBR Code	Attempted <input type="checkbox"/> Completed <input checked="" type="checkbox"/>	Suspects Used (All that apply) Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer Equip <input type="checkbox"/> A <input type="checkbox"/> <input type="checkbox"/>

Narrative:

The victim sustained fatal injuries after being involved in an ATV crash on private property.

Location Code (in)	1 0	Location Code	(01) Air/Bus/Train Term'l (02) Bank/S&L/Financial (03) Bar/Tavern/Night Club (04) Church (05) Commercial/Office (06) Construction Site (07) Convenience Store (08) Department Store	(09) Drug Store (10) Field/Woods (11) Gov't Building (12) Grocery Store (13) Highway/Road/Alley (14) Hotel/Motel (15) Jail/Detention (16) Lake/Waterway (17) Liquor Store	(18) Parking lot/Garage (19) Rental Storage Units (20) Residence/Home (21) Restaurant (22) School/College (23) Service/Gas Station (24) Specialty Store (25) Shed/Unattached	(26) Doctor/Hospital (27) Veterinarian Office (28) ATM Machine (29) Park/Recreation (30) Fast Food (31) Truck Stop (98) Other (99) Unknown
# of Premises (if offs is Burglary and Location is Hotel/Motel or Rental Storage Unit)		Forced Entry / No Force (if offs is Burglary)	F / N			

Weapon 1	Automatic 1		Weapon Type (Place "A" in space if weapon was Automatic) (01) Unarmed (11) Firearm/Unspecified (12) Handgun (13) Rifle (14) Shotgun (15) Other Firearm	(20) Knife/Cutting Instrument (30) Blunt Object/Club (35) Motor Vehicle (40) Personal Weapons (hands, feet, etc.) (50) Poison (60) Explosives (65) Incandary Device/Fire	(70) Drugs/Narcotics/Sleeping pills (85) Asphyxiation (90) Other (95) Unknown
Weapon 2	Automatic 2				
Weapon 3	Automatic 3				

Entry 1	Entry 2		Point of Entry/Exit (00) None (01) Front (02) Rear (03) Side	(04) Attic (05) Vent/A.C. (06) Window (07) Door (08) Patio/Sliding Door	(09) Balcony/Fire Escape (10) Attached Garage (11) Wall (12) Vehicle (13) Floor	(14) Roof Skylight (15) Hidden Within (18) Ceiling (19) Ground Level (20) Pet Door	(21) Upper Level (90) Other (99) Unknown
Exit 1	Exit 2						

Activity 1	Activity 2	Activity 3	Type Criminal Activity (Use Only For: Counterfeiting, Stolen Property, Drug Equipment or Gambling Violations, Pornography/Obscene Material, or Weapon Law Violation Offenses) (B) Buying/Receiving (C) Cultivate/Manuf/Publish/Produce (D) Distributing/Selling (E) Exploiting Children	(O) Operating/Promoting/Assisting (P) Possessing/Concealing (T) Transport/Transmit/Import (U) Using/Consuming
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Security 1	Security 2		Security Type (00) None (01) Alarm/Audio (02) Alarm/Silent (03) Bars/Grate	(04) Camera (05) Dead Bolt (06) Dog (07) Fence (08) Guard	(09) Lights, Ext (10) Lights, Int (11) Locked (12) Neigh Watch (13) Unlocked	(90) Unknown (91) Other
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How Left Scene?	0 1	How Left Scene? (01) Auto (02) Bicycle	(03) Foot (04) Moped (05) Motorcycle	(06) Truck (07) Van (90) Unknown	(91) Other
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Bias Motivation	8 8	Bias Motivation (88) None (No Bias) (11) Anti-White (12) Anti-Black (13) Anti-Am Indian/Alaskan Native (14) Anti-Asian/Pacific Islander (15) Anti-Multi-Racial Group (21) Anti-Jewish (22) Anti-Catholic	(23) Anti-Protestant (24) Anti-Islamic (Moslem) (25) Anti-Otr Religion (Buddhism, Hinduism) (26) Anti-Multi-Religious Group (27) Anti-Atheist/Agnostic (31) Anti-Arab (32) Anti-Hispanic (33) Anti-Other Ethnicity/National Origin	(41) Anti-Homosexual/Male (42) Anti-Homosexual/Female (43) Anti-Homosexual/Male & Female (44) Anti-Heterosexual (45) Anti-Bisexual (51) Anti-Physical Disability (52) Anti-Mental Disability (90) Unknown (Suspect's motivation not known)
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Disp C 0	Disp Date	Method of Entry (v)	<input type="checkbox"/> Smash or Break Glass (01) <input type="checkbox"/> Cut/Removed Glass (02) <input type="checkbox"/> Bodily Force (03) <input type="checkbox"/> Pried Door/Window (04) <input type="checkbox"/> Removed Door/Window (05) <input type="checkbox"/> Cut/Knocked Hole (06)	<input type="checkbox"/> Cut/Broke Lock (07) <input type="checkbox"/> Slipped Lock (08) <input type="checkbox"/> Key (09) <input type="checkbox"/> Unlocked (10) <input type="checkbox"/> Hide inside (11) <input type="checkbox"/> Admitted by Victim (12) <input type="checkbox"/> Alarm Bypassed (13)	<input type="checkbox"/> Attacked Hinges (14) <input type="checkbox"/> Battering Ram (15) <input type="checkbox"/> Explosive/Incendary (16) <input type="checkbox"/> False Pretenses (17) <input type="checkbox"/> Cut Screen (18) <input type="checkbox"/> Smash and Grab (19) <input type="checkbox"/> Lifting (20)	<input type="checkbox"/> Thrown Object, Brk Blk/Rck #21 <input type="checkbox"/> Tools (22) <input type="checkbox"/> Unknown (90) <input type="checkbox"/> Other Force (97)
Ctrl Other B	Status Date 5/25/08	Trademarks (-)	<input type="checkbox"/> Disabled Phone Alarm <input type="checkbox"/> Flashlight/Matches <input type="checkbox"/> Had Lockout <input type="checkbox"/> Impersonation Pretends <input type="checkbox"/> Injured Victim <input type="checkbox"/> Jewelry	<input type="checkbox"/> Mask/Halloween Stocking <input type="checkbox"/> Perverted Sex Act Exposed <input type="checkbox"/> Set Fire <input type="checkbox"/> Substance Use <input type="checkbox"/> Threatened <input type="checkbox"/> Left Message Note	<input type="checkbox"/> Used Vehicle <input type="checkbox"/> Vandalized Pansacked <input type="checkbox"/> Used Pillow Case <input type="checkbox"/> Unusual Long Stay <input type="checkbox"/> Un flushed Toilet <input type="checkbox"/> Other	

INVESTIGATIVE REPORT
NC80 BATES

Hanover County Sheriff's Office

Suspec

CASE # (CAD#) 08-17141		<input type="checkbox"/> Suspect	<input type="checkbox"/> Runaway	<input type="checkbox"/> Missing Person	<input type="checkbox"/> Habitual Runaway	<input type="checkbox"/> School Employee	<input type="checkbox"/> Student
Susp# or Ref. Vic#	Last Name	First Name		Middle Name	Suffix		
Race <input type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> U	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	DOB		Exact Age or Age Range (if no DOB) (TO)			
Home Street #	Home Street Name	Apt #	City, State, Zip		Home Phone		
Work Street #	Work Street Name	City, State, Zip		Work Phone			
Employer / School Name		Occupation		Grade Level	Resident <input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> U	Country of Citizenship	
OLN	OLS	SSN		Alias 1			
				Alias 2			
Height (low range)	Height (high range)	Color - Hair/Eye		SMT Type	Location		If suspect is a juvenile, fill in parent/guardian information.
Weight (low range)	Weight (high range)	(BLK) Black (BLN) Blonde/Strawberry (BLU) Blue (BRO) Brown (GRY) Gray (GRN) Green (RED) Red (WHI) White (HAZ) Hazel	(01) Scars (02) Marks (03) Tattoo (04) Piercing (05) Amputations	(01) Both (02) Front (03) Back (04) Lower (05) Upper (06) Right	(07) Lower Right (08) Upper Right (09) Left (10) Lower Left (11) Upper Left (90) Unknown (91) Other	Relationship <input type="checkbox"/> Lives With? Y / N <input type="checkbox"/>	
Martial <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> P <input type="checkbox"/> D <input type="checkbox"/> O <input type="checkbox"/> U		Skin Tone		Body Part		Full Name (Complete a Related Name record)	
Hair Color		(ALB) Albino (DRK) Dark (MED) Medium (FAR) Fair/Light (OLV) Olive (RUD) Ruddy (OTH) Other	(01) Ankle (02) Arm (03) Back (04) Breast (05) Buttocks (06) Cheek (07) Chest/Torso (08) Chin (09) Ear (10) Elbow (11) Eye/Eyelid	(12) Eyebrow (13) Face (14) Finger (15) Foot (16) Forehead (17) Groin (18) Hand (19) Head (20) Knee (21) Leg (22) Lips (23) Neck	(24) Nose (25) Shoulder (26) Stomach/Abdm/ Belly Button (27) Teeth (28) Thigh (29) Toe (30) Tongue (31) Wrist (90) Unknown (91) Other	Relationship <input type="checkbox"/> Lives With? Y / N <input type="checkbox"/>	
Eye Color						Full Name (Complete a Related Name record)	
Skin Tone						Relationship <input type="checkbox"/> Lives With? Y / N <input type="checkbox"/>	
Ethnic <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> U						Full Name (Complete a Related Name record)	
Scars, Marks, Tattoos		Location	Body Part	Description			
Type							
1		1	1	1			
2		2	2	2			
3		3	3	3			
4		4	4	4			
Physical Characteristics (- all that apply)		Build	Facial Hair	Handed	Glasses		
Demeanor	<input type="checkbox"/> Thin <input type="checkbox"/> Heavy <input type="checkbox"/> X Heavy <input type="checkbox"/> Muscular/Body Builder	<input type="checkbox"/> Beard, Full <input type="checkbox"/> Beard, Goatee <input type="checkbox"/> Beard, Thin <input type="checkbox"/> Lower Lip <input type="checkbox"/> Mustache <input type="checkbox"/> Mustache, Handlebar <input type="checkbox"/> Unshaven	<input type="checkbox"/> Ambidextrous <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Glasses <input type="checkbox"/> Sunglasses	<input type="checkbox"/> Foreign/Accent <input type="checkbox"/> Lisp <input type="checkbox"/> Mumbles <input type="checkbox"/> Northern <input type="checkbox"/> Poor English <input type="checkbox"/> Silent <input type="checkbox"/> Soft/Whisper <input type="checkbox"/> Southern <input type="checkbox"/> Street Talk <input type="checkbox"/> Stutters <input type="checkbox"/> Vulgar/Profane		
<input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Calm <input type="checkbox"/> Disorganized <input type="checkbox"/> Emotional <input type="checkbox"/> Irrational <input type="checkbox"/> Nervous <input type="checkbox"/> Polite <input type="checkbox"/> Professional <input type="checkbox"/> Violent	Ears <input type="checkbox"/> Cauliflower Ear <input type="checkbox"/> Long <input type="checkbox"/> Protruding	Hair Length <input type="checkbox"/> Bald <input type="checkbox"/> Collar <input type="checkbox"/> Long <input type="checkbox"/> Medium <input type="checkbox"/> Receding/Thin <input type="checkbox"/> Short <input type="checkbox"/> Shoulder	Speech/Voice	<input type="checkbox"/> Write in All Others			
Distinguishing Charac <input type="checkbox"/> Acne/Pockmarks <input type="checkbox"/> Bow Legged <input type="checkbox"/> Dirty Ragged <input type="checkbox"/> Exposed Nails <input type="checkbox"/> Facial Impairment or Prostheses <input type="checkbox"/> Hair Not Maintained <input type="checkbox"/> Make-up (Males) <input type="checkbox"/> Military <input type="checkbox"/> Moles <input type="checkbox"/> Odd or Unusual <input type="checkbox"/> Smokes <input type="checkbox"/> Under Imbr. Br. or Alcoh <input type="checkbox"/> Unkempt, D. shaven <input type="checkbox"/> Veins/Blood Vessels <input type="checkbox"/> Worn Girth or Opp. Sex	Eyes <input type="checkbox"/> Blink/Twitch <input type="checkbox"/> Bulging <input type="checkbox"/> Cataracts/Filmy <input type="checkbox"/> Crossed <input type="checkbox"/> Different Colors <input type="checkbox"/> Patched	Hair Style <input type="checkbox"/> Afro <input type="checkbox"/> Braided <input type="checkbox"/> Curly/Berry Cut <input type="checkbox"/> Dreadlocks <input type="checkbox"/> Dyed/Colored <input type="checkbox"/> Greasy <input type="checkbox"/> Kinky/Wiry <input type="checkbox"/> Military Box Cut <input type="checkbox"/> Ponytail <input type="checkbox"/> Shaven <input type="checkbox"/> Straight <input type="checkbox"/> Wet/Touped	<input type="checkbox"/> Foreign/Accent <input type="checkbox"/> Lisp <input type="checkbox"/> Mumbles <input type="checkbox"/> Northern <input type="checkbox"/> Poor English <input type="checkbox"/> Silent <input type="checkbox"/> Soft/Whisper <input type="checkbox"/> Southern <input type="checkbox"/> Street Talk <input type="checkbox"/> Stutters <input type="checkbox"/> Vulgar/Profane	<input type="checkbox"/> Write in All Others			
	Nose <input type="checkbox"/> Broad <input type="checkbox"/> Broken/Crooked <input type="checkbox"/> Hooked <input type="checkbox"/> Very Large	Teeth <input type="checkbox"/> Braces <input type="checkbox"/> Broken/Chipped <input type="checkbox"/> Decay/Dirt Stain <input type="checkbox"/> Gapped <input type="checkbox"/> Gold/Silver Capped <input type="checkbox"/> Irregular Protruding <input type="checkbox"/> Missing/False <input type="checkbox"/> Other Designs	<input type="checkbox"/> Foreign/Accent <input type="checkbox"/> Lisp <input type="checkbox"/> Mumbles <input type="checkbox"/> Northern <input type="checkbox"/> Poor English <input type="checkbox"/> Silent <input type="checkbox"/> Soft/Whisper <input type="checkbox"/> Southern <input type="checkbox"/> Street Talk <input type="checkbox"/> Stutters <input type="checkbox"/> Vulgar/Profane	<input type="checkbox"/> Write in All Others			
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CASE # (CAD#)		08-17141	
VI Reporting Person? <input type="checkbox"/> YES	Vict Seq # 01	Type <input type="checkbox"/> I	(B) Business (F) Financial Institution
		(G) Government (I) Individual (not LE)	(L) Law Enforcement Officer (R) Religious Organization
(S) Society/Public			
Last Name of Runaway or Missing Person, also fill out suspect page: First Name Middle Name Suffix			
(b)(3):CPSA Section 25(c)			
Race <input type="checkbox"/> W <input type="checkbox"/> W/B/L/A	Sex <input type="checkbox"/> F <input type="checkbox"/> M/F	DOB 01-31-79	Exact Age or Age Range (if no DOB) 29 (TO)
		SSN (b)(3):CPSA Se	
Home Street # Home Street Name Apt # City, State, Zip Home Phone			
(b)(3):CPSA Section 25(c)			
Work Street # Work Street Name City, State, Zip Work Phone			
Employer / School Name Occupation / Grade Level		Resident R/N <input checked="" type="checkbox"/> N	Country of Citizenship USA
Ethnic <input checked="" type="checkbox"/> N (H) Hispanic (N) Non-Hispanic	(b)(3):CPSA		Other Information
This victim is related to which offense seq #? Enter offense sequence number(s). 01			
Injury 1 <input type="checkbox"/> O	Injury 2 <input type="checkbox"/> U	Injury 3 <input type="checkbox"/>	Injury 4 <input type="checkbox"/>
Injury 5 <input type="checkbox"/>		Victim Injury (N) None (L) Severe Laceration (M) Apparent Minor Injury (T) Loss of Teeth (B) Apparent Broken Bones (U) Unconsciousness (I) Possible Internal Injury (O) Other Major Injury	
Subj #1	Subj #2	Relationship of this victim to suspect	
Subj #3	Subj #4	(SS) Victim was Stepsibling (Brother or Sister) (SE) Victim was Spouse (CS) Victim was Common-Law Spouse (PA) Victim was Parent (SB) Victim was Sibling (Brother or Sister) (CH) Victim was Child (GP) Victim was Grandparent (GC) Victim was Grandchild (IL) Victim was In-Law (SP) Victim was Stepparent (SC) Victim was Stepchild (EE) Victim was Employee (ER) Victim was Employer (AT) Victim was Attorney (CL) Victim was Clergy (OK) Victim was Otherwise Known (VO) Victim was Offender (AQ) Victim was Acquaintance (FR) Victim was Friend/Roommate (NE) Victim was Neighbor (BE) Victim was Babysitter (The Baby) (BS) Victim was Babysitter (BG) Victim was Boyfriend/Girlfriend (CF) Victim was Child of Boyfriend/Girlfriend (HR) Victim was Homosexual Relationship (XS) Victim was Ex-Spouse (Not Known by Victim) (ST) Victim was Stranger (RU) Relationship Unknown	
Subj #5	Subj #6		
Subj #7	Subj #8		
Subj #9	Subj #10		
Complete Circumstance blocks ONLY if offense is Aggravated Assault, Homicide, Simple Assault*, or Intimidation* (*Circ must be 02).			
Agg Assault/Homicide Circumstance 1	Agg Assault/Homicide (2 max)	Negligent Manslaughter (1 max)	
Circumstance 2	(01) Argument (02) Assault On Law Enf Officer (03) Drug Dealing (04) Gangland (05) Juvenile Gang (06) Lover's Quarrel (07) Mercy Killing (08) Other Felony Involved (09) Other Circumstances (10) Unknown Circumstances	(30) Child Playing with Weapon (31) Gun-Cleaning Accident (32) Hunting Accident (33) Other Negligent Weapon Handling (34) Other Negligent Killings	
Justifiable Homicide Circumstances	Justifiable Homicide (A) Criminal Attacked Cop and that Cop Killed Criminal (B) Criminal Attacked Cop and Killed by Another Cop (C) Criminal Attacked a Civilian (D) Criminal Attempted Flight From a Crime (E) Criminal Killed in Commission of a Crime (F) Criminal Resisted Arrest (G) Unable to Determine/Not Enough Information		
Complete Law Enforcement blocks ONLY if victim is a Law Enforcement Officer.			
Law Enforcement Activity	Law Enforcement Activity (01) Responding to Disturbance Calls (02) Burglary in Progress or Pursuing Burglary (03) Robbery in Progress or Pursuing Robbery (04) Attempting Other Arrest (05) Civil Disorder (Riot, Mass Disobed) (06) Handling, Transporting, Cust of (07) Investigating Susp Persons (08) Ambush - No Warning (09) Mentally Deranged (10) Traffic Pursuit or Stops (91) All Other		
Law Enforcement Assignment	Law Enforcement Assignment (A) Two Man Vehicle (B) One Man Alone (C) One Man Assisted (D) Non-Uniform Alone (Detective) (E) Non-Uniform Assisted (Detective) (F) Other Alone (Off-Duty, On Foot,) (G) Other Assisted		
(Victim Written Statement Optional)			
Complainant/Victim Signature			Date

VICTIM

Hanover County Sheriff's Office

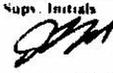
Related Names

CASE # (CAD #)		08-17141	
Code	(C) Complainant (I) Informational (W) Witness	Seq#	01
Type	(B) Business (F) Financial Inst	(G) Government (I) Individual	(L) Law Enforcement (R) Religious Org
(S) Society/Public			
Last Name		First Name	Middle Name
(b)(6)			
Race	W W/B/I/A/U	Sex	F M/F/U
DOB	02-16-80	Exact Age or Age Range (if no DOB)	28 (TO)
Ethnic	N	(H) Hispanic (N) Non-Hispanic	(U) Unk
Home Street #	Home Street Name	Apt #	City, State, Zip
(b)(6)			
Work Street #	Work Street Name	City, State, Zip	Work Phone
Employer / School Name	Occupation / Grade Level	Resident R/N/U	Country of Citizen-ship
		N	USA
SSN	(b)(6)	Further Info	Driver of ATV

Code		W	
(C) Complainant (I) Informational (W) Witness		Seq#	01
Type	(B) Business (F) Financial Inst	(G) Government (I) Individual	(L) Law Enforcement (R) Religious Org
(S) Society/Public			
Last Name		First Name	Middle Name
(b)(6)			
Race	W W/B/I/A/U	Sex	M M/F/U
DOB	02-16-81	Exact Age or Age Range (if no DOB)	(TO)
Ethnic	N	(H) Hispanic (N) Non-Hispanic	(U) Unk
Home Street #	Home Street Name	Apt #	City, State, Zip
(b)(6)			
Work Street #	Work Street Name	City, State, Zip	Work Phone
Employer / School Name	Occupation / Grade Level	Resident R/N/U	Country of Citizen-ship
unemployed		N	USA
SSN	(b)(6)	Further Info	Rear Passenger of ATV

Code			
(C) Complainant (I) Informational (W) Witness		Seq#	
Type	(B) Business (F) Financial Inst	(G) Government (I) Individual	(L) Law Enforcement (R) Religious Org
(S) Society/Public			
Last Name		First Name	Middle Name
Race	W/B/I/A/U	Sex	M/F/U
DOB		Exact Age or Age Range (if no DOB)	(TO)
Ethnic		(H) Hispanic (N) Non-Hispanic	(U) Unk
Home Street #	Home Street Name	Apt #	City, State, Zip
Work Street #	Work Street Name	City, State, Zip	Work Phone
Employer / School Name	Occupation / Grade Level	Resident R/N/U	Country of Citizen-ship
SSN	OLN (if differs from ssn)	Further Info	

Code			
(C) Complainant (I) Informational (W) Witness		Seq#	
Type	(B) Business (F) Financial Inst	(G) Government (I) Individual	(L) Law Enforcement (R) Religious Org
(S) Society/Public			
Last Name		First Name	Middle Name
Race	W/B/I/A/U	Sex	M/F/U
DOB		Exact Age or Age Range (if no DOB)	(TO)
Ethnic		(H) Hispanic (N) Non-Hispanic	(U) Unk
Home Street #	Home Street Name	Apt #	City, State, Zip
Work Street #	Work Street Name	City, State, Zip	Work Phone
Employer / School Name	Occupation / Grade Level	Resident R/N/U	Country of Citizen-ship
SSN	OLN (if differs from ssn)	Further Info	

Case # (CAD):	Report Date	Officer Name	PC#	Page #	Total Pages	Officer Initials	Supt. Initials
08-17141	05/25/08	M.T. Tilley	0439	1	1	MTT	

SECTION 5 – SUMMARY

On Sunday, May 25, 2008, I responded to Hanover Fire & EMS Company #4 to investigate an ATV accident that occurred on private property at the end of Bullfield Road. Upon arrival I found that the victim of the accident was in unstable condition and was being transported to MCV Hospital by Med-flight. I found that there were three individuals on the ATV at the time of the incident. The driver of the vehicle was (b)(6); front right passenger was (b)(3):CPSA Section; and the rear cargo passenger was (b)(6).

I spoke with (b)(6) while at Company #4. (b)(3): stated that the three of them were riding around in the ATV when (b)(6) struck a bump in the road and lost control of the vehicle. The ATV then began to flip onto its side and (b)(3): was thrown from the vehicle onto the ground. The ATV then flipped over, landed and pinned (b)(3): underneath the ATV. (b)(6) was thrown from the vehicle and sustained only minor cuts, scrapes and bruises.

I then responded to (b)(6) to speak with the driver of the vehicle. Upon arrival I observed the vehicle in question being moved off of a trailer by (b)(6). I spoke with Ashley who stated that she was the driver of the ATV and that while traveling down a dirt road she hit a bump in the roadway and lost control of the vehicle and the vehicle flipped over. While speaking with her I smelled a slight odor of alcoholic beverage about her person. She stated that she had a couple of beers about two to three hours ago. She stated that the accident happened around 1800 hours and she had not had anything to drink since the crash. I then asked her to perform several field sobriety tests at 1900 hours. The first test I offered was the alphabet test. I asked her to recite the letters D-V; she stated E,F,G,H,I,K,L – V. I then administered the HGN test and observed only a distinct and sustained onset of nystagmus at maximum deviation in both eyes. The third test was the one-leg stand and she did this test with no clues observed. The forth test was the walk and turn. She performed this test and only failed to touch heel to toe on step seven forward. I then offered her a Preliminary Breath Test and she blew a .067. I photographed and obtained information on the ATV.

I then responded to the location of the accident on Bullfield Road. I observed a compacted sand roadway where the vehicle had overturned. I measured 184' of tire marks on the surface of the roadway. I found that the ATV crossed a ditch line then lost control to the right, crossed back across the roadway to the left, crossed back across the roadway to the right and the overturned in the center of the roadway. I marked and photographed the scene.

I then responded to the Sheriff's Office and received a call from Investigator Ferrell with the Medical Examiner's Office. She informed me that (b)(3):CPSA Se died during surgery and was pronounced dead by Dr. Iglesias at 2008 hours. The body was taken to the Medical Examiners Office for viewing. (b)(3):CPSA S sustained a lacerated liver, fractured pelvis, internal bleeding and a spinal cord fracture.

An Office Use Only FR300, After Action Report, and IBR were completed.

Hanover County Sheriff's Office

CASE # (CAD#) 08-17141		<input type="checkbox"/> Suspect Vehicle Seq# <input type="checkbox"/> Victim Vehicle Seq# <input checked="" type="checkbox"/> Informational Vehicle Seq# 01	
License/Tag # N/A		License Type (CI) City Owned/Municipal (DX) Handicapped (DL) Independent Dealer (MC) Motorcycle (PC) Passenger Car (TK) Truck/Commercial Only (UK) Unknown (TM) Temporary (ZZ) Other	
Tag State N/A	Tag Year N/A	Make (ACUR) Acura (GEO) Geo (LINC) Lincoln (SAA) Saab (AUDI) Audi (HD) Harley (MAZD) Mazda (STRN) Saturn (BMW) BMW (HOND) Honda (MERZ) Mercedes (SUBA) Subaru (BUIC) Buick (HYUN) Hyundai (MERC) Mercury (SUZ) Suzuki (CAD) Cadillac (INF) Infiniti (MITS) Mitsubishi (TOYT) Toyota (CHEV) Chevrolet (ISU) Isuzu (NISS) Nissan (VOLK) Volkswagen (CHRY) Chrysler (JAGU) Jaguar (OLDS) Oldsmobile (VOLV) Volvo (DAIH) Daihatsu (JEEP) Jeep (PLYM) Plymouth (YAMA) Yamaha (DODG) Dodge (FORD) Ford (KAWA) Kawasaki (PONT) Pontiac (UKN) Unknown (FORD) Ford (KIA) Kia (PORS) Porsche (OTH) Other (GMC) GMC (LEX) Lexus	
VIN# (b)(6)		Vehicle Type (01) All Terrain Vehicle (02) Bus (04) Car (05) Golf Cart (06) Moped (07) Motorcycle (08) Recreational Vehicle (09) Truck (10) Van (90) Unknown (91) Other	
Vehicle Style (2D) 2-Door (HB) 3-Door (4D) 4-Door (LL) 4-Wheel Drive (UT) Cargo (CV) Convertible (2H) Hatch Back, 2-Door (4H) Hatch Back, 4-Door (VN) Minivan (PA) Passenger (PU) Pickup (SW) Station Wagon (OT) Other		Color (ALU) Aluminum (ORR) Dark (PLE) Purple (BGE) Beige (GLD) Gold (RED) Red (BLK) Black (GRY) Gray (RST) Rust (BLU) Blue (GRN) Green (SIL) Silver (BRZ) Bronze (LAV) Lavender (TAN) Tan (BRO) Brown (LBL) Light Blue (TRQ) Turquoise (CAM) Camouflage (LGR) Light Green (WHI) White (CHO) Chrome (MAR) Maroon (MUL) Multicolor (CPR) Copper (ONG) Orange (YEL) Yellow (CRM) Cream (DBL) Dark Blue (PNK) Pink (DGR) Dark Green (PRM) Primer (OTH) Other	
Year 2006		Make YAMAHA	
Model Rhino		Color GRN	
Owner Last Name (b)(6)		First Name (b)(6)	
Race W		Sex M	
Home Street # (b)(6)		City, State, Zip (b)(6)	
Work Street # (b)(6)		Work Phone (b)(6)	
Employer Name (b)(6)		Occupation (b)(6)	
Resident R		Country of Citizenship USA	
Offense # 01	Victim# 01	Status Date 05-25-08	Status 01
Other Jurisdiction		Location Street #	
Value / Damage Amount		Location Street Name	
Circumstances <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Other		Features <input type="checkbox"/> Antenna/Additional <input type="checkbox"/> Camper Shell <input type="checkbox"/> Custom, Decal/ Stickers <input type="checkbox"/> Custom, Mag Wheels <input type="checkbox"/> Custom, Murals <input type="checkbox"/> Custom, Stripes <input type="checkbox"/> Customized <input type="checkbox"/> Decorative Paint <input type="checkbox"/> Dirty <input type="checkbox"/> Faded Paint	
Keys <input type="checkbox"/> Inside of the Car <input type="checkbox"/> On the Door <input type="checkbox"/> Other		Damages <input type="checkbox"/> Fire Damage <input type="checkbox"/> Front <input type="checkbox"/> Hood <input type="checkbox"/> Missing Parts/Access <input type="checkbox"/> Paint <input type="checkbox"/> Rear <input type="checkbox"/> Side, Right <input type="checkbox"/> Side, Left <input type="checkbox"/> Top <input type="checkbox"/> Window	
NIC#		Other	
State#		Further Description	
Reviewing Officer's Signature <i>Sgt M.T. Truett</i>		Date 5-26-08	
Reviewing Supervisor's Signature <i>Sgt John L. Mann</i>		Date 5-26-08	

Hanover County Sheriff's Office

CASE # (CAD#) 08-17141		<input type="checkbox"/> Suspect Vehicle Seq# _____ <input type="checkbox"/> Victim Vehicle Seq# _____ <input checked="" type="checkbox"/> Informational Vehicle Seq# 01	
License/Tag # N/A		License Type (TM) Temporary (ZZ) Other (CI) City Owned/Municipal (DX) Handicapped (DL) Independent Dealer (MC) Motorcycle (PC) Passenger Car (TK) Truck/Commercial Only (UK) Unknown	
Tag State N/A	Tag Year N/A	Make (ACUR) Acura (GEO) Geo (LINC) Lincoln (SAA) Saab (AUDI) Audi (HON) Honda (MAZD) Mazda (STRN) Saturn (BMW) BMW (HCND) Honda (MERZ) Mercedes (SUBA) Subaru (BUIC) Buick (HYUN) Hyundai (MERC) Mercury (SUZU) Suzuki (CAD) Cadillac (INF) Infiniti (MITS) Mitsubishi (TOYT) Toyota (CHEV) Chevrolet (ISU) Isuzu (NISS) Nissan (VOLK) Volkswagen (CHRY) Chrysler (JAGU) Jaguar (OLDS) Oldsmobile (VOLV) Volvo (Daihatsu) (JEEP) Jeep (PLYM) Plymouth (YAMA) Yamaha (DODG) Dodge (KAWA) Kawasaki (PONT) Pontiac (UKN) Unknown (FORD) Ford (KIA) Kia (PORS) Porsche (OTH) Other (GMC) GMC (LEX) Lexus	
VIN (b)(6)		Vehicle Type (01) All Terrain Vehicle (2D) 2-Door (02) Bus (HB) 3-Door (04) Car (4D) 4-Door (05) Golf Cart (LL) 4-Wheel Drive (06) Moped (UT) Cargo (07) Motorcycle (CV) Convertible (08) Recreational Vehicle (2H) Hatch Back, 2-Door (09) Truck (4H) Hatch Back, 4-Door (10) Van (VN) Minivan (90) Unknown (PA) Passenger (91) Other (PU) Pickup (SW) Station Wagon (OT) Other	
Vehicle Style O T		Color (ALU) Aluminum (DRK) Dark (PLE) Purple (BGE) Beige (GLD) Gold (RED) Red (BLK) Black (GRY) Gray (RST) Rust (BLU) Blue (GRN) Green (SIL) Silver (BRZ) Bronze (LAV) Lavender (TAN) Tan (BRO) Brown (LBL) Light Blue (TRO) Turquoise (CAM) Camouflage (LGR) Light Green (WHI) White (CHO) Chrome (MAR) Maroon (YEL) Yellow (CPR) Copper (MUL) Multicolor (ONG) Orange (UKN) Unknown (CRM) Cream (PNK) Pink (OTH) Other (DBL) Dark Blue (PRM) Primer	
Year 2006	Make YAMAHA	Model Rhino	
Color GRN	Color 	Owner Last Name (b)(6)	
First Name (b)(6)		Middle Name (b)(6)	
Suffix JR		Race W W/B/I/A/U	
Sex M M/F/U		DOB 07-04-49	
Exact Age or Age Range (if no DOB) 58 (TO)		Home Street # (b)(6)	
Home Street Name (b)(6)		Apt # (b)(6)	
City, State, Zip (b)(6)		Home Phone (b)(6)	
Work Street # (b)(6)		Work Street Name (b)(6)	
City, State, Zip (b)(6)		Work Phone (b)(6)	
Employer Name (b)(6)		Occupation (b)(6)	
Resident R R/NU		Country of Citizenship USA	
Offense # 01	Victim # 01	Status Date 05-25-08	Status 0 1
(E) Evidence (01) None (04) Damaged/Destroyed/Vandalized (O) Other/Victim Veh (R) Recovered (02) Burned (06) Seized/Evidence (S) Stolen (03) Counterfeit/Forged (99) Unknown		Other Jurisdiction (b)(6)	
Location Street # (b)(6)		Location Street Name (b)(6)	
Apt # (b)(6)		City, State, Zip (b)(6)	
Value / Damage Amount (b)(6)	Circumstances Doors <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked <input type="checkbox"/> Other Keys <input type="checkbox"/> Inside of the Car <input type="checkbox"/> On the Door <input type="checkbox"/> Other	Features <input type="checkbox"/> Antenna/Additional <input type="checkbox"/> Camper Shell <input type="checkbox"/> Custom Decal/Stickers <input type="checkbox"/> Custom, Mag Wheels <input type="checkbox"/> Custom, Murals <input type="checkbox"/> Custom, Stripes <input type="checkbox"/> Customized <input type="checkbox"/> Decorative Paint <input type="checkbox"/> Dirty <input type="checkbox"/> Faded Paint	Damage <input type="checkbox"/> High Rise <input type="checkbox"/> Low Rise <input type="checkbox"/> Luggage Rack <input type="checkbox"/> Noisy <input type="checkbox"/> Raised Front End <input type="checkbox"/> Raised Rear End <input type="checkbox"/> T-top/Sunroof <input type="checkbox"/> Vinyl Roof <input type="checkbox"/> Writing/Business Logo <input type="checkbox"/> Other <input type="checkbox"/> Fire Damage <input type="checkbox"/> Front <input type="checkbox"/> Hood <input type="checkbox"/> Missing Parts/Access <input type="checkbox"/> Paint <input type="checkbox"/> Rear <input type="checkbox"/> Side, Right <input type="checkbox"/> Side, Left <input type="checkbox"/> Top <input type="checkbox"/> Window
Further Description (b)(6)			
Reporting Officer's Signature <i>[Signature]</i>		PCN 0439	
Date 5-26-08		Date 5-26-08	
Receiving Officer's Signature <i>[Signature]</i>		PCN 9732	

VEHICLE

Police Crash Report

If a question does not apply, enter an "X". • If an answer is unknown, enter a "U" or appropriate number • Other explain in crash description. FR300T (Rev 9/03)

<p>Traffic control</p> <ol style="list-style-type: none"> No traffic control Officer or flagger Traffic signal Stop sign Slow or warning sign Traffic lanes marked No passing lines Yield sign One way road or street Railroad crossing with markings and signs Railroad crossing with signals Railroad crossing with gate and signals Other Pedestrian crosswalk Reduced speed - school zone Reduced speed - work zone Special corridor 	<p>Vehicle maneuver</p> <ol style="list-style-type: none"> Going straight ahead Making right turn Making left turn Making U-turn Slowing or stopping Starting in traffic lane Starting from parked position Stopped in traffic lane Ran off road - right Ran off road - left Parked Backing Passing Changing lanes Other Entering street from parking lot 	Vehicle 1 21 Vehicle 2 22
<p>Was traffic control working?</p> <p>1 Yes 2 No</p>	<p>Type of collision</p> <ol style="list-style-type: none"> Rear end Angle Head on Sideswipe - same direction Sideswipe - opposite direction Fixed object in road Train Non-collision Fixed object - off road Deer Other animal Pedestrian Bicyclist Motorcyclist Backed into Other 	1st event Vehicle w/ 23 2nd event Vehicle 1 24 Vehicle 2 25
<p>Roadway alignment</p> <ol style="list-style-type: none"> Straight - Level Curve - Level Grade - Straight Grade - Curve Hillcrest - Straight Hillcrest - Curve Dip - Straight Dip - Curve Other On/Off Ramp 	<p>Collision with fixed object</p> <ol style="list-style-type: none"> Bank or ledge Trees Utility pole Fence or post Guard rail Parked vehicle Tunnel, bridge, underpass, culvert, etc Sign, traffic signal Impact cushioning device Other Jersey wall Building/structure 	Vehicle 1 26 Vehicle 2 27
<p>Weather</p> <ol style="list-style-type: none"> Clear Cloudy Fog Mist Rain Snow Sleet/Hail Smoke/Dust Other 	<p>Driver's action</p> <ol style="list-style-type: none"> No improper action Exceeded speed limit Exceeded safe speed but not speed limit Overtaking on hill Overtaking on curve Overtaking at intersection Improper passing of school bus Cutting in Other improper passing Wrong side of road - not overtaking Did not have right-of-way Following too close Fail to signal or improper signal Improper turn - wide right turn Improper turn - Improper turn from wrong lane Other improper turn Improper backing Improper start from parked position Disregarded officer or flagger Disregarded traffic signal Disregarded stop or yield sign Driver distraction Fail to stop at through highway - no sign Drive through work zone Fail to set out flares or flags Fail to dim headlights Driving without lights Improper parking location Avoiding pedestrian Avoiding other vehicle Avoiding animal Crowded off highway Hit and run Car ran away - no driver Blinded by headlights Other Avoiding object in roadway Elding police Fail to maintain proper control Improper passing Improper or unsafe lane change Over correction 	Vehicle 1 28 Vehicle 2 29 Vehicle 1 30 Vehicle 2 31 Vehicle 1 32 Vehicle 2 33
<p>Roadway surface condition</p> <ol style="list-style-type: none"> Dry Wet Snowy Icy Muddy Oil/other fluids Other Natural debris Roadway flooded 	<p>Driver vision obscured</p> <ol style="list-style-type: none"> Not obscured Rain, snow, etc. on windshield Windshield otherwise obscured Vision obscured by load on vehicle Trees, crops, etc. Building Embankment Sign or signboard Hillcrest Parked vehicle(s) Moving vehicle(s) Sun or headlight glare Other Blind spot Smoke/dust Stopped vehicle(s) 	Vehicle 1 34 Vehicle 2 35 Pedestrian 36 Vehicle 1 37 Vehicle 2 38 Pedestrian 39
<p>Roadway defects</p> <ol style="list-style-type: none"> No defects Holes, ruts, bumps Soft or low shoulder Under repair Loose material Restricted width Stick pavement Roadway obstructed Other 	<p>Type of driver distractions</p> <ol style="list-style-type: none"> Looking at roadside incident Driver fatigue Looking at scenery Passenger(s) Radio/CD, etc Cell phone Eyes not on road Daydreaming Eating/drinking Adjusting vehicle controls Other 	Vehicle 1 40 Vehicle 2 41 Pedestrian 42
<p>Light conditions</p> <ol style="list-style-type: none"> Dawn Daylight Dusk Darkness - roadway lighted Darkness - roadway not lighted 	<p>Condition of driver/pedestrian contributing to the crash</p> <ol style="list-style-type: none"> No defects Eyesight defective Hearing defective Other body defects Illness Fatigued Apparently asleep Other 	Vehicle 1 43 Vehicle 2 44 Pedestrian 45
<p>Kind of locality</p> <ol style="list-style-type: none"> School Church Playground Open country Business/Industrial Residential Interstate/Limited access Other Bridge/Tunnel Parking lot 	<p>Drinking</p> <ol style="list-style-type: none"> Had not been drinking Drinking - Obviously drunk Drinking - Ability impaired Drinking - Ability not impaired Drinking - Not known whether impaired 	Vehicle 1 46 Vehicle 2 47 Pedestrian 48
<p>Work zone</p> <ol style="list-style-type: none"> Active Inactive No work zone Unknown 	<p>Method of alcohol determination (by police)</p> <ol style="list-style-type: none"> Blood Breath Refused No test 	Vehicle 1 49 Vehicle 2 50 Pedestrian 51
<p>Work zone - workers present</p> <ol style="list-style-type: none"> Yes No Unknown 	<p>Vehicle occupied (or pedestrian)</p> <ol style="list-style-type: none"> Vehicle No. 1 Vehicle No. 2 Bicyclist Pedestrian Other 	Vehicle 1 52 Vehicle 2 53 Pedestrian 54
<p>Surface type</p> <ol style="list-style-type: none"> Concrete Blacktop, asphalt, bituminous Brick or block Slag, gravel, stone Dirt Other Unknown 	<p>Injury type</p> <ol style="list-style-type: none"> Dead before report made Visible signs of injury, as bleeding wound or distorted member or had to be carried from scene Other visible injury, as bruises, abrasions, swelling, limping, etc. No visible injury, but complaint of pain, or momentary unconsciousness 	Vehicle 1 55 Vehicle 2 56 Pedestrian 57
<p>Position in/on vehicle</p> <ol style="list-style-type: none"> Driver Passengers Cargo area Riding/hanging on outside All other passengers 	<p>Pedestrian actions</p> <ol style="list-style-type: none"> Crossing at intersection - with signal Crossing at intersection - against signal Crossing at intersection - no signal Crossing at intersection - diagonally Crossing not at intersection - rural Crossing not at intersection - urban Coming from behind parked cars Getting off or on school bus Playing in roadway Getting off or on another vehicle Hitching on vehicle Walking in roadway with traffic - sidewalks available Walking in roadway with traffic - sidewalks not available Walking in roadway against traffic - sidewalks available Walking in roadway against traffic - sidewalks not available Working in roadway Standing in roadway Lying in roadway Not in roadway Other 	Vehicle 1 58 Vehicle 2 59 Vehicle 1 60 Vehicle 2 61
<p>Safety equipment used</p> <ol style="list-style-type: none"> No restraint used Lap belt only Shoulder belt only Lap and shoulder belts Child restraint Helmet Other Booster seat 	<p>Drug use</p> <ol style="list-style-type: none"> Yes No Not reported Unknown 	Vehicle 1 62 Vehicle 2 63 Pedestrian 64
<p>Air bag</p> <ol style="list-style-type: none"> Deployed Not deployed Unavailable Keyed off Unknown 	<p>Vehicle condition</p> <ol style="list-style-type: none"> No defects Lights defective Brakes defective Steering defective Puncture/blowout Worn or slick tires Motor trouble Chains in use Other Vehicle altered 	Vehicle 1 65 Vehicle 2 66 Vehicle 1 67 Vehicle 2 68
<p>Ejection from vehicle</p> <ol style="list-style-type: none"> Not ejected Partially ejected Totally ejected 	<p>Skidding/tire mark</p> <ol style="list-style-type: none"> Before application of brakes After application of brakes Before and after application of brakes No visible skid mark/tire mark 	Vehicle 1 69 Vehicle 2 70 Vehicle 1 71 Vehicle 2 72
<p>Birth date MM DD YYYY</p> <p>Gender M/F</p>	<p>Vehicle damage</p> <ol style="list-style-type: none"> Unknown No damage Overturned Motor Undercarriage Totalled Fire Other 	Vehicle 1 73 Vehicle 2 74 Vehicle 1 75 Vehicle 2 76
<p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p>	<p>Names of injured (if deceased give date of death)</p>	<p>EMS transport</p> <p>Date of death MM/DD/YYYY</p>

Photo 1: shows left side view of the 4-wheeled utility vehicle



Photo 2: shows rear side view of the utility vehicle

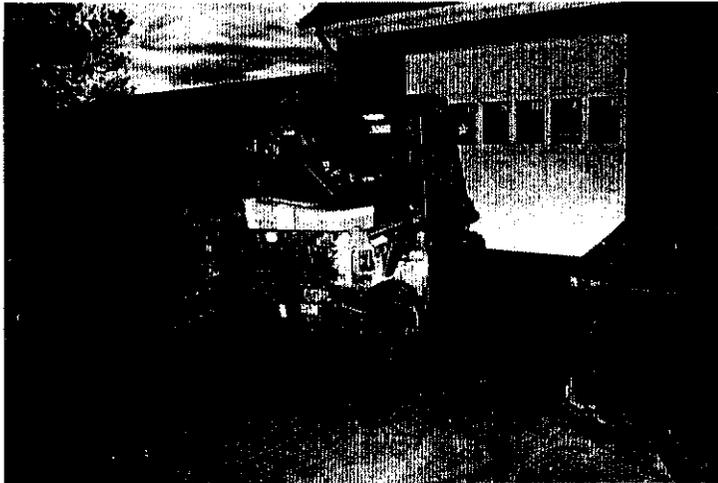


Photo 3: shows upper section/seating area of the vehicle

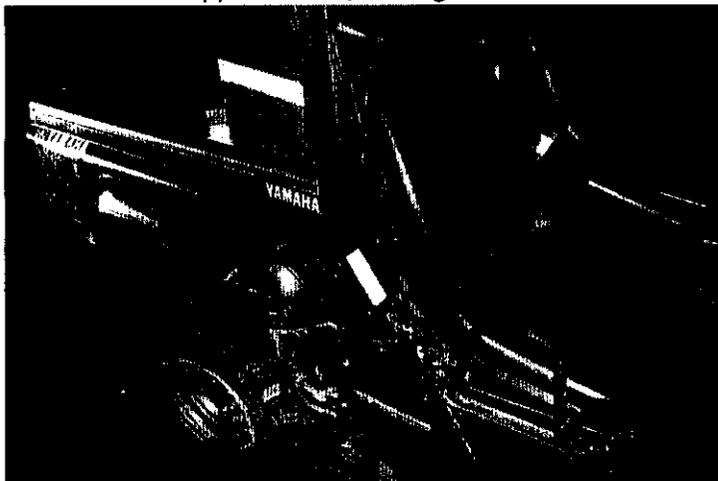


Photo 4: shows view of product information

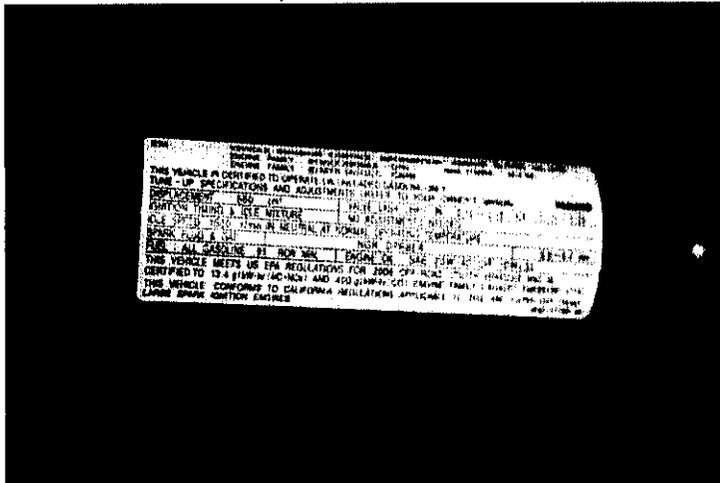


Photo 5: shows view of model and number



Photo 6: shows front rear view

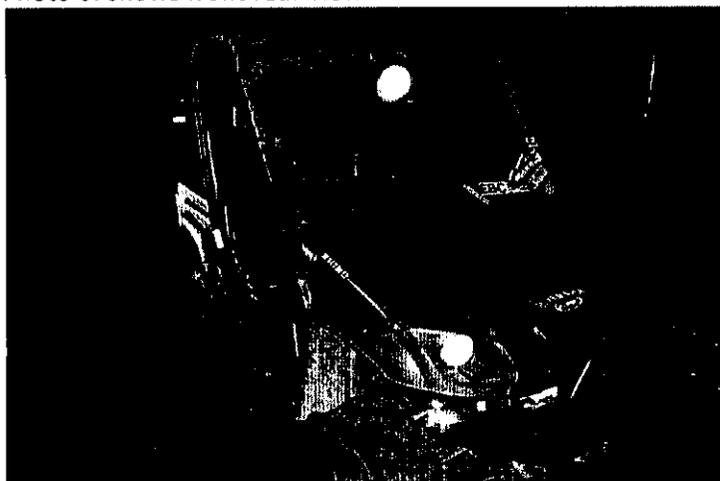


Photo 7: shows inside view/manual gear

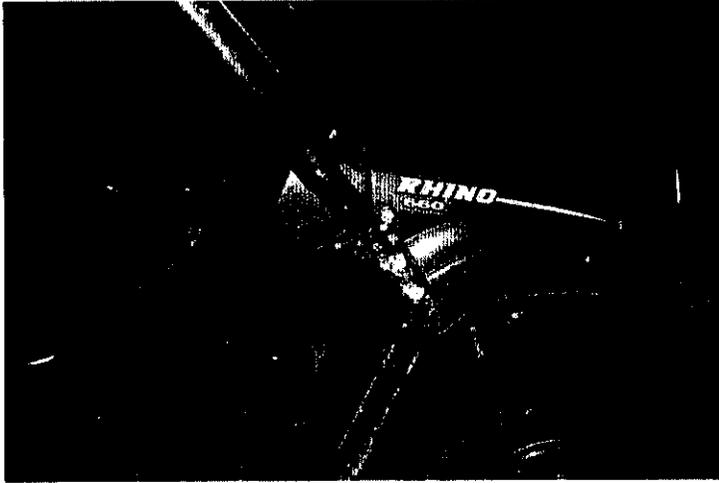


Photo 8: shows top view



Decedent is
NON-RESIDENT
of City/ County of Death

Commonwealth of Virginia
Department of Health
Office of the Chief Medical Examiner
CENTRAL DISTRICT
400 EAST JACKSON STREET RICHMOND, VA 23219

Case Number:
C2008-46783

REPORT OF INVESTIGATION BY MEDICAL EXAMINER/INVESTIGATOR

Decedent (b)(3):CPSA Section 25(c)
First Name Middle Name Last Name Suffix Sr, Jr, III, etc
SSN (b)(3):CPSA Section 25(c)
Home Address

Number and Street City, State, Zip
Age 29 Yrs DOB 1/31/1979 Sex FEMALE Industry/ Occupation ENTERTAINMENT, DIRECTOR/PRODUCER
Race WHITE Hispanic? NO Middle Eastern NO On the Job? NO
Marital Status NEVER MARRIED

REASON FOR REFERRAL TO MEDICAL EXAMINER
Medical Examiner Authority VIOLENT OR UNNATURAL
Final Medical Examiner Authority VIOLENT OR UNNATURAL
If custody indicate jurisdiction

Scene Visit N
By
Retrospective Review N

Notification by DR. IGLESIAS Official Title MD
Address MEDICAL COLLEGE OF VIRGINIA Phone (804) 828-0951
Police Notified (Y/N/NA) YES Investigator DEP. TILLEY Phone (804) 537-6110
Address Jurisdiction HANOVER

	DATE (MM/DD/YY)	TIME (24h)	LOCATION	CITY/ COUNTY	BY WHOM
LAST SEEN ALIVE	5/25/2008	20:08	VCU MC	RICHMOND CITY, VA	DOCTOR, DOCTOR
EVENT/ INJURY ACUTE ILLNESS	5/25/2008	17:55	DEAD END OF BULLFIELD RD	HANOVER COUNTY, VA	FRIENDS, FRIEND
FOUND	5/25/2008	UNKNOWN	DEAD END OF BULLFIELD RD	HANOVER COUNTY, VA	FRIEND, FRIEND
DEATH/ PRONOUNCED	5/25/2008	20:08	VCU MC	RICHMOND CITY, VA	DR. IGLESIAS
VIEW OF BODY	5/26/2008	13:20	400 E. Jackson St.	Richmond City, VA	Dr. Fulcher

Cause of Death: BLUNT FORCE TRAUMA
Manner of Death: ACCIDENT
Autopsy (Y/N): N
Authorized by
Pathologist
Autopsy No
Location

I hereby declare that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause and manner of death in accordance with § 32.1-283, Code of Virginia, and that the information contained herein regarding such death is correct to the best of my knowledge and belief.

8/29/08 RICHMOND CITY
Date City or County of Appointment
FARRELL, SUZANNE
Signature of Medical Examiner/ Investigator (circle one)
FULCHER, JAMES

MEANS OF DEATH

CATEGORY VEHICULAR

DETAIL ALL TERRAIN VEHICLE

Vehicle Status PASSENGER FRONT Decedent vehicle type: _____

Airbag equipped/ deployed: N /

How injury occurred (e.g. auto/truck collision) LOST CONTROL ON ATV THAT FLIPPED, EJECTED DECEDENT & LANDED ON TOP OF HER

Skid marks? N Speeding a factor? _____ Weather related? N Resulted in drowning of decedent? _____
Resulted in fire? _____

Firearm type: _____ Firearm serial number: _____

Instrument type: _____ Instrument description: _____

Floatation device/ type?: / _____ Boating activity/ description? / _____

Swimmer? _____ Result of MVA? _____

Result of MVA? _____ Fire suspected cause: _____ Smoke detector/ operational? / _____

Fall/Jump from: _____ To: _____ Approximate distance: ft _____

SURVEILLANCE CIRCUMSTANCES FOR DEATH (check all that apply)

- Adult Care/Nursing Home
- Child Abuse/ Neglect
- Child Care Facility
- Domestic Violence
- Pregnancy within 1 year
- Drug-Related Scene
- Elder Abuse/ Neglect
- Feticide
- Gang-related
- Sports/ Recreation
- Hunting Incident
- Homicide followed by Suicide (or attempted homicide/ suicide with survivor)
- Police Encounter
- Suspected Terrorism/ Bioterrorism

DESCRIPTION OF PREMISES

INJURY/ACUTE ILLNESS OUTSIDE VEHICLE ADJACENT TO ROADWAY
 INSIDE/ OUTSIDE CATEGORY DETAIL ROOM (If applicable)

DEATH INSIDE MEDICAL INSTITUTION HOSPITAL DOA
 INSIDE/ OUTSIDE CATEGORY DETAIL ROOM (If applicable)

FOUND OUTSIDE VEHICLE ADJACENT TO ROADWAY
 INSIDE/ OUTSIDE CATEGORY DETAIL ROOM (If applicable)

MEDICAL HISTORY

- none known unknown
- alcoholism
- asthma
- cancer
- cirrhosis
- CVA
- COPD
- diabetes
- dementia
- depression
- drug abuse _____
- hepatitis
- hip fracture
- hypertension
- ischemic heart disease
- mental illness _____
- seizure disorder
- smoking
- recent trauma (specify _____)
- organ/ tissue donor
- other _____
- Suspected SIDS - Position when laid down _____
- Position when found _____

Med-X Criteria (Bioterrorism) acute flaccid paralysis diarrhea encephalopathy/ seizures fever jaundice rash

unexplained death < 50 years old Other: _____

Treating MD _____ Phone# _____

Hospitalizations (when/where)

Medications

Tox requested: YES

Narrative Description of Circumstances Surrounding Death:

(Describe the who, what, where, when and how the death occurred.)

At 2128 hours, May 25, 2008, Dr. Iglesias, VCU MC, called to report the death of this 29 year old asian female. Additional information was provided by Dep. Tilley, Hanover SO CRASH Team. The following information was provided:

The decedent was driving an ATV when she lost control, causing it to flip on top of her. She was transported via med flight to VCU MC where she underwent surgery for a lacerated liver. She expired during surgery. The decedent also suffered a fractured pelvis and probable spinal cord injury. She was not wearing a helmet at the time of the accident.

Admission blood reserved. MR#139495

The decedent will receive an external examination by Dr. Abrenio at VCU MC.



Commonwealth of Virginia

DEPARTMENT OF FORENSIC SCIENCE

ORIGINAL

CERTIFICATE OF ANALYSIS

Central Laboratory
700 North 5th Street
Richmond, VA 23219

June 20, 2008

Tel No: (804) 786-4707
Fax: (804) 786-6857

TO: JAMES FULCHER, M.D.
OFFICE OF THE CHIEF MEDICAL EXAMINER
400 EAST JACKSON STREET
RICHMOND, VA 23219

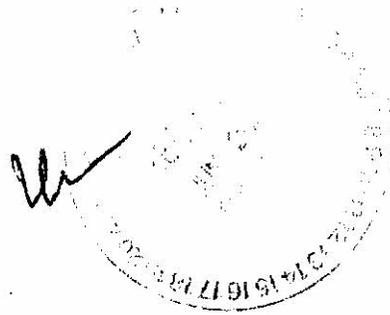
FS Lab # C08-8435

Your Case #:

Victim(s):

Suspect(s):

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



Evidence Submitted By: Mark Baggett

Date Received: 05/27/2008

Item TX1 Two (2) vials of subclavian blood
Item TX2 One (1) vial of vitreous

RESULTS:

- Subclavian Blood:
- Ethanol 0.14% by weight by volume
- Methanol, acetone, isopropanol not detected
- Opiates not detected
- Methamphetamine/MDMA not detected
- Phencyclidine not detected
- Methadone not detected
- Fentanyl not detected
- Benzodiazepines not detected
- Carisoprodol/meprobamate not detected
- Barbiturates not detected
- Zolpidem not detected
- Cocaine not detected
- Benzoylcegonine(cocaine metabolite) 0.11 mg/L
- Tetrahydrocannabinol 0.005 mg/L
- THC Carboxylic Acid 0.01 mg/L
Vitreous:
- Ethanol 0.19% by weight by volume
- Methanol, acetone, isopropanol not detected



Commonwealth of Virginia

DEPARTMENT OF FORENSIC SCIENCE

ORIGINAL

CERTIFICATE OF ANALYSIS

Office of the Chief Medical Examiner
FS Lab # C08-8435
Your Case # - - -
June 20, 2008

Attest:

I certify that I performed the above analysis or examination as an employee of the Department of Forensic Science and that the above is an accurate record of the results of that analysis or examination.

A handwritten signature in black ink, appearing to read "Leslie E Edinboro".

Leslie E Edinboro, MS, Ph.D.
Forensic Toxicologist

lee/pth

CONTACT INFORMATION:

Contacted on 1/15/09

Hanover County Sheriff/Police
7522 County Complex Rd
Hanover, VA 23069
(804)365-6110

Office of the Chief Medical Examiner
400 E Jackson Street
Richmond, VA 23219
(804)786-3174

1. Task Number 090126CCC2284		2. Investigator's ID 8133		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2007 10 27	5. Date Initiated YR MO DAY 2009 01 28		
6. Synopsis of Accident or Complaint UPC A ten year old girl died when she was ejected from a four wheeled, utility vehicle. She was the front passenger and was not wearing a seat belt. The vehicle made a sharp turn and rolled over. The victim was struck in the head by the utility vehicle. No one was wearing a helmet.				
<p>MFR/PRVLBR NOTIFIED</p> <p>COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED</p> <p><input checked="" type="checkbox"/> EXCISIONS/FOIA EXS: <i>Sec 6</i></p> <p><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p> <p><i>As 5/18/09</i></p>				
7. Location (Home, School, etc) 2 - FARM		8. City LEBANON		9. State OH
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO 660
10D. Manufacturer Name and Address YAMAHA CORP. OF AMERICA INTERNATIONAL 660 Orangethorpe Ave. Buena Park, CA 90622				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 10	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 62 - IOI	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 3 - Other	19. Time Spent (Operational / Travel) 15 / 6	
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 checked="" type="radio"/> Yes for Manuf. Only				
24. Review Date 02/19/2009	25. Reviewed By 9071		26. Regional Office Director Dennis R. Blasius	
27. Distribution Topka, Tanya; Blasius, Dennis			28. Source Document Number I08B0613A	

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				<u>MFR/PRVLR NOTIFIED</u> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input type="checkbox"/> EXCISIONS/FOIA EXS. ____; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY <i>Am 5/18/09</i>			
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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							
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27. Distribution Topka, Tanya; Blasius, Dennis				28. Source Document Number I08B0613A			

SYNOPSIS

A ten year old girl died when she was thrown from a utility vehicle. She was the front seat passenger. The vehicle made a sharp turn while traveling in a corn stubble field. The vehicle overturned. The victim was struck in the head by the vehicle.

PRE-INCIDENT

Limited information was requested by Tanya Topka, Headquarters contact. It was to be only limited to questions on IDI assignment.

(1)The area was a flat, harvested, corn stubble field with minimum furrows. The ground was wet in that it was raining. It was dark.

(2)The driver was wearing a seat belt. The passenger, a ten year old girl, was not wearing a seat belt according to the police report. The complainant stated that she was wearing a seat belt. Three passengers in the rear bed did not have seat belts.

(3)No helmets were in use.

(4)Driver 21 year old male – remained in vehicle.

Front passenger 10 year old female – 110 pounds– ejected and died.

12 year old -70 pounds in rear bed - ejected

15 year old – 110 pounds in rear bed – ejected

7 year old - 50 pounds – in rear bed – ejected.

(5)Police report states that speed was 20 mph. Complainant stated that speed was 7 to 11 mph.

(6)Police report states that driver was doing 360 degree spin turns. According to the complainant, the vehicle was turned to the right and when it began to tip left, the driver over corrected to the left and the vehicle rolled to the right.

(7)There were no indications of aftermarket alterations according to the complainant. The police report did not mention any.

(8)2007 660 model Yamaha Rhino, 4 wheeled utility vehicle

(9)The unit rolled to the side and the passenger, who was sitting in the right, front seat died.

(10)Five total riders. Two front, three back.

090126ccc2284

ATTACHMENTS

Ex. A – Persons Interviewed

Ex. B – Coroners Report

Ex. C – Police Report

Ex. D – Release form

090126ccc2284

EXHIBIT A

PERSONS INTERVIEWED

(b)(6) (1/29, 2/6/2009 Phone contacts)



Death Record
HAMILTON COUNTY CORONER'S OFFICE
 Cincinnati, Ohio

Case No. CC07-03138 090126ccc2284
Ex. B-1
 Case Type: Autopsy Case Reported By: Dr. Giuliano
 Case Reported: 10/28/2007 Time Reported: 8:53 pm Agency: Children's Hospital
 Reported To: Dan Coates - Michael R. Kenny, M.D.
 Name of Deceased: (b)(3):CPS Age: 10 Birth Date: 12/24/1996
 Address Street&No.: 12 North Cherry Street
 City/State: Lebanon, Ohio Zip Code: 45036
 Occupation: _____
 Marital Status: Single Sex: Female Race: White
 Medical Care: 0-3 months
 Medical At: Miami Valley Hospital / Children's Hospital
 Found dead at: _____
 Injured at: 380 Ward-Koebel Road, Washington Twp., Ohio
 Time: 9:36 pm Date: 10/27/2007
 Investigated by: Warren County Sheriff
 Next of kin notified by: Children's Hospital Date: 10/28/2007
 Pronounced dead by: Dr. Wheeler Date: 10/28/2007
Inpatient Treatment Children's Hospital Time: 6:43 pm
 Postmortem examination by: Gretel C. Stephens, M.D.
 Body viewed by: _____ Date: 10/30/2007
 Disposition of body: Cremation
 Location: Cincinnati Cremation Co., Cinti., Ohio Date: 12/10/2007
 Funeral Director: Schaefer & Busby Funeral Home - 24 W. 9th Street, Cincinnati, Ohio 45202

IMMEDIATE CAUSE OF DEATH

	Approximate Interval Between Onset and Death
Due to (A) <u>Skull fractures with diffuse brain injuries</u>	<u>21 HOURS</u>
Due to (B) <u>Blunt impact injuries of the head</u>	<u>21 HOURS</u>
Due to (C) _____	
Due to (D) _____	

Part II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part (A).

Manner of Death:
Accidental
 E821.1 -

Death Certificate Distribution:
Funeral Home
 Date: 12/11/2007

CORONERS OFFICE
 WARREN COUNTY
 RUSSELL UPTEGROVE, MD



 Coroner of Hamilton County, Ohio

090126ccc2284

Ex. B-2

Case Number CC07-03138Department Name 012 Children's HospitalDepartment Case Number

<u>Decedent Information</u>	<u>Last Name</u>	<u>First Name</u>	<u>Age</u>	<u>Race</u>	<u>Sex</u>
	(b)(3):CP	SA	10	W	F

10/29/07

Investigator: Dan Coates

Type :Story

Received call from Dr. Gulliano, Children's Hospital, ph# 636-1889 who reported the death. The decedent was operating an ATV, and was found down and unresponsive. The decedent was apparently thrown from the ATV, while not wearing a helmet, and was then run over by the ATV. The decedent was taken to Miami Valley Hospital on 10/27/2007 and then transferred to Children's Hospital, via Air Care, on 10/27/2007. No further details about the accident were available. The decedent was admitted to Children's Hospital suffering from head trauma, and pronounced on 10/28/2007.

I notified Dr. Owens, and Dr. Kenny of this reported death.

The decedent's family consented to the decedent being an organ donor. Life Center was advised that internal organs and tissue below the neck could be harvested as well as the cornea, per Dr. Kenny.

10/29/07

Investigator: Joyce Mitchell

Type :Story

Party at CompUNET Laboratory, Miami Valley Hospital, 937-223-6192, stated there is no blood sample for the deceased.

10/29/07

Investigator: Joyce Mitchell

Type :Story

Joyce at Miami Valley Hospital, 937-223-6192, medical record #207207203 will check for records and call back.

10/29/07

Investigator: Joyce Mitchell

Type :Story

I contacted Carla at 2:30 PM at 636-1889 who informed me the deceased was in the operating room being harvested. Her medical record #01203966. They are aware want want the deceased after donation.

10/29/07

Investigator: Ed Deters

Type :Story

Miami Valley Hospital Medical Records called back and Laura reported the hospital had no record on the child. She said this was because they, (the hospital), dispatched the helicopter, it flew to the scene, and from the scene the patient went to CHMC. A call was placed to CareFlight, 937 208-3565, and a voicemail left for Charlene Williams for flight record and crash location so investigating agency can be ascertained. I have subpoenaed records from CHMC. Spoke to Joe Alexander from their blood lab and he advised she is still listed as Trauma/Oklahoma and there was admission blood drawn on her. A letter will be drafted and blood picked up.

10/30/07

Investigator: Ed Deters

Type :Story

Another call was placed to Charlene Williams of CareFlight. Her voice mail was full. They were contacted by another line and their fax 937 208-3811 was obtained for report information. They believed they picked up the child from 2556 Lebanon Road in Clinton County. That Sheriff's Office was called at 937 382-1611 and they showed no record of the event. However, the dispatcher reported she believed the Clinton Warren Clarksville Fire Department, phone 937 289-3427, would have been dispatched. They were contacted and confirmed the run, but the address was 380 Ward-Koebe Road. Their fax 937 289-3485 was sent a report request. Warren County Sheriff's Records, 313 695-1280, was called and they located the report and faxed it to the office.

CORONERS OFFICE
WARREN COUNTY
RUSSELL UPTEGROVE, MD-1

Case Number CC07-03138

10/30/07

Investigator: Ed Deters

090126ccc2284

Ex. B-3

Type :Story

Coroner Karsteter was called after the autopsy and told there was no obvious brain tumor. He was told the brain would be held and fixed for later examination at this office.

Also, the OH-1 has the first name of the deceased spelled (b)

10/30/07

Investigator: Ed Deters

Type :Story

Warren County Coroner's Office called stating the investigating deputy was Roger Barnes, phone 513 594-6352.

10/30/07

Investigator: Gretel C. Stephens, M.D.

Type :Story

The Traffic Crash Report from the Warren County Sheriff's Office indicates that the vehicle in which she was riding was a 2007 Yamaha Rhino 660 ATV operated by (b)(6). She was unrestrained right front passenger and the vehicle was being driven in the middle of a plowed cornfield at (b)(6) in Washington Township. In attempting a turn or in doing "360's", the unit rolled and four occupants were ejected. This occupant remained on the ground was 911 was called. She was transported to Cincinnati Children's Hospital. The Unit was towed and impounded in the Warren County Sheriff's impound lot. The bed liner was found in the middle of the field with blood on it. This occurred in a soft field in rain in the dark. The occurrence was 2136 hours on Saturday, 10/27/2007.

CORONERS OFFICE
WARREN COUNTY
RUSSELL-UPTEGROVE, MD



O'dell M. Owens, M.D., M.P.H.

Hamilton County Coroner

The Frank P. Cleveland, M.D. Institute of Forensic Medicine, Toxicology and Criminalistics
3159 Eden Avenue, Cincinnati, Ohio 45219-02299
Office: 513-946-8700 Fax: 513-0946-8727



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

090126ccc2284
Ex. B-4

CC07-03138

OPINION

Diagnoses:

1. Blunt impact injuries:
 - a) multiple calvarial and basal skull fractures
 - b) diffuse injuries of the brain and brain stem
 - c) cerebral edema
 - d) cerebellar tonsillar herniation
 - e) acute thromboses of the dural sinuses and vein of Galen
 - f) generalized mild subarachnoid hemorrhage
 - g) inspired pulmonary hemorrhages and contusions of lungs
 - h) pulmonary atelectasis
 - i) cutaneous and left orbital contusions
 - j) cutaneous abrasions.
2. Calcified granulomata of the pulmonary hilar lymph nodes.
3. Postmortem absence of the liver, heart, kidneys, adrenals, portion of spleen, portions of the diaphragm, and portions of the great vessels harvested.

Cause of death: Skull fractures with diffuse brain injuries due to blunt impact injuries of the head.

Manner of death: Accident.

Gretel C. Stephens, M.D.

Gretel C. Stephens, M.D.
Deputy Coroner, Forensic Pathologist
Hamilton County, Ohio



02/06/2008

Date

CORONERS OFFICE

RECEIVED

2008 FEB 06 10:41 AM

**POSTMORTEM EXAMINATION
OF THE BODY OF**

090126ccc2284
Ex. B-5

(b)(3):CPSA

A postmortem examination of the body of a white female identified as (b)(3):CP is performed at the Hamilton County Morgue on Tuesday, October 30, 2007. The examination is conducted by Gretel C. Stephens, M.D., and is begun at 8:36 a.m.

EXTERIOR OF THE BODY:

The body is that of a well-developed, well-nourished, white girl that weighs 110 pounds, measures 61 inches in length, and appears compatible with the stated age of 10 years or slightly older. The body is cool to touch. Rigor mortis is fully fixed in the extremities and jaw. Livor mortis extends over the posterior surface of the body, except in the areas exposed to pressure.

The scalp hair is a slight reddish-brown and measures 18 inches in length over the crown. The irides are blue; the corneas are clear. The pupils are bilaterally equal and 7 millimeters in diameter. The sclerae and conjunctivae show a left conjunctival contusion laterally. The cornea of the right eye is partially clouded. The nose is not unusual. The earlobes are singly pierced. The lips and gums are pale. The teeth are natural and in good repair. The neck is supple, without masses, and the larynx is in the midline. The thorax is well developed and symmetrical.

The breasts are normally developed and symmetrical prepubescent breasts, without palpable masses.

The abdomen is flat. The external genitalia are those of a normal prepubescent female.

The anus and back are unremarkable. The upper and lower extremities are well developed and symmetrical, without absence of digits. The toenails show decorated pink polish.

IDENTIFYING MARKS AND SCARS:

There are several small pale scars involving the ventral surfaces of the right-more-than-left lower extremity.

EVIDENCE OF MEDICAL THERAPY:

The body is received with an oral endotracheal tube, Foley catheter and tube, and orogastric tube in place, all of which are found to be in the correct location. There is a Codman MicroSensor intracranial pressure transducer attached by wire through the skull through the apex of the frontal head, which is shaved for a small area around it. The left wrist has been splinted with an outer splint and tape. There is an intravascular cannula in the radial ventral left wrist. There is a dressed intravascular cannula in the radial ventral right wrist. There are punctures present in the left and right antecubital fossae. There is silk-sutured incision of the ventromedial left upper leg. There is a dark-blue-sutured midline incision extending from the sternal notch to the pubic area. There is a right blue-with-white wristband bearing the name "Oklahoma, trauma." On examination of the body cavities, multiple organs and additional tissues are absent, consistent with harvesting of organs.

CORONERS OFFICE
WARREN COUNTY
RUSSELL UPTEGROVE, MD

EVIDENCE OF INJURY:

000126ccc2284

Head and Neck:

There is a superficial abrasion of the left cheek and a contusion of the left orbit. The scalp shows increased fluid present beneath it. On reflection of the scalp, extensive contusions involving the scalp and subgaleal area are present, and the skull shows numerous fractures involving the calvarium and basal skull. There is a basal coronal skull fracture extending across the sphenoid bone, centrally, rostral to the sella turcica, which communicates with the petrous portions of both temporal bones. There are comminuted calvarial fractures. There are fractures of bilateral temporal and parietal bones and the left occipital bone. There are left-more-than-right supraorbital plate fractures and a left cribriform plate fracture. There is extensive hemorrhage in the subarachnoid space, with scant hemorrhage in the subdural space and minimal hemorrhage in the epidural space. The brain appears very swollen. There is extensive involvement with very small hemorrhages that are present within the basal ganglia and white matter in multiple areas of the cerebrum and involve the central cerebellum and the brain stem. The changes suggest the gross appearance of diffuse axonal injury.

Torso:

There are small contusions of each pectoral area. No bone fractures are identified involving the torso. Multiple internal organs are absent as will be described under each organ system.

Upper and Lower Extremities:

There are multiple contusions of the ventral surfaces of the left thigh, left knee, right thigh, and right anterior tibial area, and there is a relatively large area of abrasion of the right anterior tibial area. There are a few contusions involving the left upper arm, the left antecubital fossa, and the area of the radial ventral left wrist intravascular cannula.

INTERNAL EXAMINATION:Body Cavities

No adhesions are identified within any of the body cavities, but the body cavity has been unified into a single body cavity by harvesting of the heart and portions of the diaphragm. Absent from the body cavities are the heart, the liver, the kidneys, a portion of the spleen, a portion of the thymus, all of the aorta except for a portion of the descending thoracic aorta, the central portion of the diaphragm, and the superior and inferior vena cava. Portions of the iliac vessels are also absent. The area of attachment of the three great vessels to the aortic arch superior portion is present. The unified body cavity contains a moderate amount of dark red, dilute fluid. No intravascular blood remains that can be obtained. Small amounts of blood are collected from the epidural and subdural portions of the head.

CARDIOVASCULAR SYSTEM:

The heart and proximal great vessels are absent. The portion of the aorta remaining is a 7-centimeter segment of the descending thoracic aorta, which is unremarkable. A small segment of the superior margin of the aortic arch is present with the vessels arising from it. The venae cavae are absent.

CORONERS OFFICE
WARREN COUNTY
RUSSELL UPTEGROVE, MD

090126ccc2284
Ex. B-7**RESPIRATORY SYSTEM:**

The right and left lungs weigh 220 grams and 180 grams, respectively. The upper airway is clear of debris and foreign material, and the oral endotracheal tube is in the correct location. The mucosa is somewhat reddened. The pleural surfaces are smooth, glistening and intact. The pulmonary parenchyma exudes a small amount of frothy fluid and shows aspirated hemorrhage and contusion, and remarkable areas of atelectasis. The pulmonary vasculature is unremarkable.

HEPATOBIILIARY SYSTEM:

The liver is absent along with the gallbladder and condyle duct. Its vascular attachments are also absent.

ENDOCRINE SYSTEM:

The pituitary shows hemorrhage within the subdural space around it, but is otherwise unremarkable. The thyroid gland and parathyroid glands are unremarkable. The adrenal glands are absent. The pancreas is present loose within the body cavity, with the C-loop of the duodenum still present attached to it and stapled at both ends. The pancreas is yellow-tan and relatively small, and the ducts are clear.

DIGESTIVE SYSTEM:

The esophagus is lined by a gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds, and the lumen contains 80 milliliters of green-tan fluid with pieces of green beans and potato within it. The pylorus has been stapled shut. The proximal jejunum has been stapled shut. The mesentery of the intestines has been separated from its posterior attachments. The small and large intestines are otherwise unremarkable. The appendix is present.

GENITOURINARY SYSTEM:

The right and left kidneys are absent along with the ureters. The urinary bladder is unremarkable.

The small prepubescent uterus, fallopian tubes, ovaries and vagina are unremarkable. The prepubescent breast tissue is unremarkable.

RETICULOENDOTHELIAL SYSTEM:

The portion of spleen which remains is 40 grams and has a smooth capsule over a bloodless, somewhat red-gray parenchyma. The regional lymph nodes appear normal, except for those in the pulmonary hilar area, which show areas of calcified granulomata. The largest lymph node involved is 1.6 by 1 by 0.5 centimeters. The exposed bone marrow is red-purple and homogeneous, without focal abnormalities.

MUSCULOSKELETAL SYSTEM:

The bony framework shows the previously mentioned skull fractures, but is otherwise intact, except for a midline sternotomy. The supporting musculature and soft tissues are not unusual away from the injured cranium and the ventral body wall and harvested areas.

CORONERS OFFICE
WARREN COUNTY
RUSSELL UPTEGROVE, MD

090126ccc2284
Ex. B-8

NECK:

Examination of the soft tissues of the neck, including the strap muscles, tongue, thyroid gland, and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact.

HEAD AND CENTRAL NERVOUS SYSTEM:

The brain weighs 1,380 grams. The dura mater and falx cerebri show extensive hemorrhage as previously described, with a few small areas of laceration associated with the overlying skull fractures. The leptomeninges show a few areas of laceration, and some extrusion of brain to the subgaleal area has occurred superiorly. The cerebral hemispheres are swollen, hemorrhagic, and show numerous very small hemorrhages involving even the deepest tissues in addition to cortical contusions present. The structures at the base of the brain, including the cranial nerves and blood vessels, are compressed, and there is evidence for herniation of the cerebellar tonsils. Coronal sections through the cerebral, cerebellar, and brain stem tissues show extensive very small hemorrhages throughout the swollen tissues.

MICROSCOPIC EXAMINATION:

Not performed.

LABORATORY EXAMINATIONS:

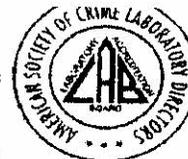
Laboratory examinations were ordered and the results attached.

2/4/2008 rid



HAMILTON COUNTY CRIME LABORATORY

The Frank P. Cleveland, M.D. Institute of Forensic Medicine, Toxicology and Criminalistics
3159 Eden Avenue, Cincinnati, Ohio 45219-2299
Crime Laboratory 513-946-8750 Fax 513-946-8772



O'dell M. Owens, M.D., M.P.H.
Coroner

William L. Dean, M.S.
Chief of Forensic Science

TOXICOLOGY REPORT

SUBJECT NAME: (b)(3):CPSA

FILE #: CC07-03138

SUBMITTING AGENCY: Children's Hospital

CTL/SS #: . .

RESULTS:

Headspace Gas Chromatography:

Item #	Specimen	Type of Drug	Concentration
1-10-1	Hospital Blood	Ethyl Alcohol	Negative

Immunoassay Screen (ELISA) **Presumptive**:

Item #	Specimen	Type of Drug	Concentration
1-10-1	Hospital Blood	Negative	

090126ccc2284
Ex. B-9

Ernie Chaffin
Toxicologist

CORONERS OFFICE
WARREN COUNTY
RUSSELL UPTEGROVE, MD

090126ccc2284
Ex. B-10

(b)(3):CPSA Se

Age 10, of Lebanon, Ohio, died on Oct 28, 2007. She was critically injured the previous evening when a farm utility vehicle in which she was a passenger overturned in slippery conditions. She is survived by parents, (b)(6) and (b)(6), siblings Grant, Wesley, and Lita, grandparents (b)(6) and (b)(6), 4 aunts, 4 uncles, 8 cousins, 2 second cousins and many dear friends. Memorial was held on Nov. 3 at Lebanon High School. Memorial donations may be made in the name of (b)(6) any 5/3 Bank.

Man indicted in death of 10-year-old

A 21-year-old Midland man was indicted on charges of negligent aggravated vehicular homicide and vehicular homicide Monday in Warren County Court of Common Pleas.

(b)(6) allegedly caused the death of a 10-year-old Lebanon girl who was thrown out of an all-terrain vehicle he was driving Oct. 27 in a cornfield at a church picnic in Waynesville.

The girl, who was one of four children in the vehicle, died as a result of head injuries suffered in the accident, Prosecutor Rachel Hutzel said.

Hutzel said the ATV McBlroy was driving had been recalled. (b)(6) faces up to six months in jail, if convicted.

CORONERS OFFICE
WARREN COUNTY
RUSSELL UPTEGROVE, MD

*Talked w) Skip @ Ham Co. Coroner.
He said Children's Hospital is paying
to have Ellie Saul's body cremated.
The family won't claim it.*

*11-2-07 Talked w) Skip, he said
Children's in Cincinnati said the
family had no money & that's
why Children's is doing the
cremation.*

PROSECUTOR'S OFFICE WARREN COUNTY, OHIO



ANGELA K. ROBERTS
INVESTIGATOR

513/695-1325 X-2814 500 JUSTICE DRIVE
513/695-2982 FAX LEBANON, OHIO 45036
ANGELA.ROBERTS@CO.WARREN.OH.US

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/06)



Left Report #
040899

CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN
4

PRIVATE PROPERTY
Y/N
Y N

HT/SCIP
1 NOT RECORDED
2 SOLVED
3 UNSOLVED
1

PHOTOS TAKEN
Y/N
Y N

LOCAL #
08300

REPORTING AGENCY #
WARREN COUNTY S.O.

FUGITS
01

DATE OF COLLISION
10272007

TIME OF COLLISION
2136

DAY OF WEEK
SAT

CITY #
0

TOWNSHIP #
WASHINGTON TOWNSHIP

COUNTY #
83

LATITUDE
LONGITUDE

CRASH OCCURRED ON
WARD KOEBEL RD.

TYPE LOC
1

TYPE LOCATION POINT USED
1 NAMED STREET
2 NUMBERED ROUTE
3 NUMBERED STREET

AT REFERENCE
DIST REFERENCE OR FROM REFERENCE
380

REFERENCE POINT USED
01 STATE LINE
02 INTERSECTION 3 STREETS
03 COUNTY LINE
06

04 HOUSE NUMBER
05 TOWNSHIP BOUNDARY
06 MILE POST
07 CORPORATION LIST
08 PLACE NAME W/O REFERENCE
09 DIVERGENT
10 STREET OR ROUTE W/O REFERENCE

NAME (LAST, FIRST, MIDDLE)
(b)(6)

PHONE #
090126ccc2284

EX. C-1

ADDRESS (STREET, CITY, STATE, ZIP CODE)
410 VALLEY ST. MIDLAND, OH 45148

DL STATE
DL #

LP STATE
LP #

INSURED TAKEN BY
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY
INSURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
(b)(6)

YEAR
2007

MAKE
YAMAHA

MODEL
RHINO 660

COLOR
RED

INSURANCE COMPANY
TOWNSHIP SERVICE
KRIEMER (b)(6)

OUTSIDE CHARGES
OUTSIDE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

PHONE #

WORK PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DL STATE
DL #

LP STATE
LP #

INSURED TAKEN BY
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY
INSURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")
ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR
MAKE
MODEL
COLOR
INSURANCE COMPANY
TOWNSHIP SERVICE
OWNER PHONE #

NAME (LAST, FIRST, MIDDLE)
(b)(3) CPSA Section 25(c)

PHONE #
513-932-0714

WORK PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)
(b)(3) CPSA Section 25(c)

INSURED TAKEN BY
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY
INSURED TAKEN TO
SQUAD 66/
CARELIGHT
CINCINNATI CHILDREN'S
HOSPITAL

NAME (LAST, FIRST, MIDDLE)
DIBIAN, CARLOS A.

PHONE #
(b)(6)

WORK PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)
22 N. CHERRY ST. LEBANON, OH 45036

INSURED TAKEN BY
1 NONE 4 OTHER
2 EMS 5 UNKNOWN
3 POLICE

TRANSPORTED BY
INSURED TAKEN TO

SEATING POSITION
01 FRONT - LEFT (MC DRIVER)
02 FRONT - MIDDLE
03 FRONT - RIGHT
04 SECOND - LEFT (MC PASS)
05 SECOND - MIDDLE
06 SECOND - RIGHT
07 THIRD - LEFT
08 THIRD - MIDDLE (MC PASSENGER/SEAT)
09 THIRD - RIGHT
10 SLEEPER SECTION OF CAB
11 ENCLOSED CARGO AREA
12 UNENCLOSED CARGO AREA
13 TRAILING UNIT
14 OTHER
15 OTHER
16 NON-MOTORIST
17 UNKNOWN

SAFETY EQUIPMENT
01 NONE USED
02 SHOULDER BELT ONLY
03 LAP BELT ONLY
04 SHOULDER/LAP (BEST)
05 CHILD SAFETY SEAT
06 MC HELMET USED
07 USE UNKNOWN
08 NON-PROTECTIVE
09 NONE USED
10 HELMET USED
11 REFLECTIVE CLOTHING
12 LIGHTING
13 OTHER
14 UNKNOWN

AIR BAG
1 NOT DEPLOYED
2 DEPLOYED - FRONT
3 DEPLOYED - SIDE
4 DEPLOYED BOTH FRONT/SIDE
5 NOT APPLICABLE
6 UNKNOWN

AIR BAG SWITCH
1 NOT PRESENT
2 IN ON POSITION
3 IN OFF POSITION
4 UNKNOWN

EJECTION
1 NOT EJECTED
2 TOTALLY EJECTED
3 PARTIALLY EJECTED
4 NOT APPLICABLE
5 UNKNOWN

TRAPPED
1 NOT TRAPPED
2 ESTIMATED BY MECHANICAL MEANS
3 FIELD BY NON-MECHANICAL MEANS
4 UNKNOWN

HSY7001

TOP COPY - OOPS BOTTOM COPY - AGENCY

SEARCHED

<p>UNIT NUMBERS</p> <p>NON-MOTORIST LOCATION</p> <p>01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (NOT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS ON TRAILS 15 UNKNOWN</p>	<p>DAMAGE AREA</p> <p>MOST DAMAGED AREA</p> <p>01 NONE 02 CENTER FRONT 03 FRONT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOW 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN</p>	<p>PRE-CRASH ACTIONS</p> <p>MOTORIST</p> <p>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 NAUGHTY U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKING 11 SLOWLY STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN</p> <p>NON-MOTORIST</p> <p>15 ENTERING CROSSING IN 90 DEGREE LOCATION 16 WALKING, PUSHING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUNCHED VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/PUSHING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN</p>	<p>SEQUENCE OF EVENTS</p> <p>01 02 03 04</p> <p>NON-COLLISION</p> <p>01 OVERTAKE/FOLLOW 02 PAREXPLOSION 03 INTERVIEW 04 JALDWIFE 05 CAR/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF LIMBS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/COUNTERLINE 11 DRIVEWAY/DRAMA 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 14 COLLISION W/ PERSONAL VEHICLE OR OBJECT NOT ELIGIBLE 15 PEDESTRIAN 16 TRAILER/CYCLE 17 RAILWAY VEHICLE 18 ANIMAL - FARM 19 ANIMAL - DEER 20 ANIMAL - OTHER 21 MOTORIZED VEHICLE IN TRANSPORT 22 PARKED MOTOR VEHICLE 23 WORK ZONE MAINTENANCE EQUIPMENT 24 OTHER MOVABLE OBJECT 25 UNKNOWN MOVABLE OBJECT</p> <p>COLLISION WITH FIXED OBJECT</p> <p>26 IMPACT ATTENUATOR/CHAIN CATCHER 27 BRIDGE OVERLAP STRUCTURE 28 BRIDGE PILE ON ADJUTMENT 29 BRIDGE PILE 30 STRUCTURAL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/ILLUMINATION SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CONE 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN</p>	<p>POSTED SPEED</p> <p>01 02</p> <p>TRAFFIC CONTROL</p> <p>01 NO CONTROL 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 ROADWORK SIGN 07 RAILROAD CROSSBENCS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBTSCURED</p> <p>DIRECTION</p> <p>FROM: TO FROM: TO</p> <p>1 NORTH 2 SOUTH 3 WEST 4 EAST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN</p> <p>CONDITION</p> <p>1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FARTICED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN</p> <p>ALCOHOL/DRUG SUSPECTED</p> <p>1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - DRUGS SUSPECTED 4 YES - ALCOHOL/DRUGS SUSPECTED 5 UNKNOWN</p>	<p>DRUG TEST STATUS</p> <p>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNAVAILABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>DRUG TEST TYPE</p> <p>1 NONE 2 BLOOD 3 URINE 4 OTHER</p> <p>DRUG TEST I.D. RESULT</p> <p>1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINE 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING</p>
<p>TYPE OF UNIT</p> <p>01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</p>	<p>CONTRIBUTING CIRCUMSTANCES</p> <p>01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHTS OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNLAWFUL TURN 06 IMPROPER LANE 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACCDA 09 IMPROPER LANE CHANGE/ DRIVE OFF ROAD 10 IMPROPER PASSING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, FICKLE, CARELESS, INEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID ONE TO TWO, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST ON ROADWAY, ETC 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER DISTRACTION 18 FATIGUE/ASLMP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN</p> <p>NON-SHIFT/DISEASE</p> <p>23 NONE 24 APPROPER CROSSING 25 CAUTION 26 LYING AHEAD/ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY NOT VISIBLE (DARK CLOTHING) 28 INATTENTIVE 29 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 30 WRONG SIDE OF THE ROAD 31 OTHER 32 UNKNOWN</p>	<p>POINT OF IMPACT</p> <p>01 NONE 02 CENTER FRONT 03 FRONT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN</p> <p>ACTION</p> <p>1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRUCK AND STRUCK 6 UNKNOWN</p> <p>STRIKING VEHICLE? OVERSIDE/ UNDERSIDE</p> <p>1 NO UNDERSIDE OR OVERSIDE 2 UNDERSIDE, COMPARTMENT INTRUSION 3 UNDERSIDE, NO COMPARTMENT INTRUSION 4 UNDERSIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERSIDE, OTHER VEHICLE 7 UNKNOWN</p>	<p>FIRST HARMFUL EVENT</p> <p>01 02</p> <p>MOST HARMFUL EVENT</p> <p>01 02</p> <p>VEHICLE DEFECT CODE ONLY UP '19' SELECTED ABOVE</p> <p>01 TORN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRACES 05 STEERING 06 TIRE BLOWOUT 07 WORK ON SLACK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM FRONT CRASH 11 OTHER DEFECTS</p>	<p>ALCOHOL TEST STATUS</p> <p>1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNAVAILABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN</p> <p>ALCOHOL TEST TYPE</p> <p>1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER</p> <p>ALCOHOL TEST RESULT</p> <p>01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100</p>	<p>TYPE OF INTERSECTION</p> <p>01 NOT AN INTERSECTION 02 FOOT-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 THROUGH, ON MORE 07 ON RAMP 08 OFF RAMP 09 OVERPASS 10 UNDERPASS/CROSSING 11 RAILWAY CROSSING 12 SHARED USE PATHS ON TRAILS 13 UNKNOWN</p> <p>OCCURRENCE</p> <p>1 ON ROADWAY 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GRASS 6 OUTSIDE TRAFFICWAY 7 UNKNOWN</p> <p>ROAD CONTAIN</p> <p>1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE</p> <p>ROAD CONDITIONS</p> <p>01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAYEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY</p>
<p>TOP COPY - OOPS BOTTOM COPY - AGENCY</p> <p>090126ccc2284 Ex. C-2</p>					

090126ccc2284
Ex. C-4

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

OH-1-P (Rev. 11/99)

PLATE NO 040899	PLATE NO 08300	REPORTING AGENCY # WARREN COUNTY 9-0	DATE/TIME 10272007
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NAME (LAST, FIRST, MIDDLE) 01 WYATT, MAY B.	HOME PHONE # 937-886-2008	0609199413M
ADDRESS (STREET, CITY, STATE, ZIP CODE) 1554 SIERRA RIDGE MIAMSBURG, OH 45342	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE) 01 SAND, WESLEY A.	HOME PHONE # 613-931-0774	0525199908M
ADDRESS (STREET, CITY, STATE, ZIP CODE) 12 N. CHERRY ST. CEBAMON, OH 45008	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - RIGHT 03 FRONT - MIDDLE 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 REAR SECTOR OF CAB 11 ENCLOSED CARGO AREA 12 UNLOCATED CARGO AREA 13 BALDING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	SAFETY EQUIPMENT MODERLIST 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHPR OR LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN NONMOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN	AIR BAG SWITCH 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN	EJECTION 1 NOT EJECTED 2 PARTIALLY EJECTED 3 FULLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	TRAPPED 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	INJURIES 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

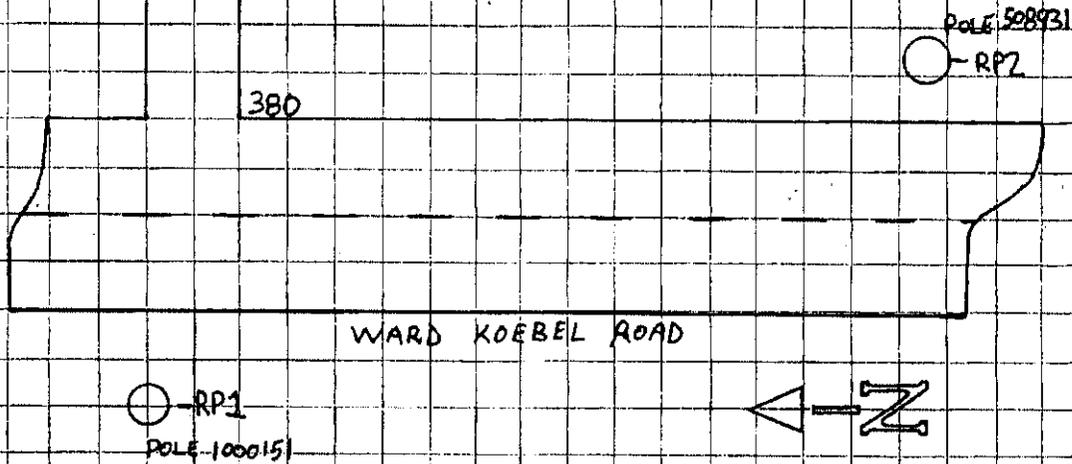
OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 040899	REPORTING AGENCY WARREN COUNTY SHERIFF OFFICE	DATE OF ACCIDENT M 10 10 27 1007
IN COUNTY OF WARREN	ACCIDENT LOCATION 380 WARD-KOEBEL ROAD	

* NOT TO SCALE

090126ccc2284
Ex. C-5

A - BEDLINER



OFFICER'S SIGNATURE
[Signature]

BADGE NO.
817

LOCAL REPORT NUMBER 040899	REPORTING AGENCY WARREN COUNTY SHERIFF OFFICE	DATE OF ACCIDENT M 10 10 27 1907
IN COUNTY OF WARREN	ACCIDENT LOCATION 380 WARD-KOEBEL ROAD	
		090126ccc2284 Ex. C-6
RP1	RP2	DESCRIPTION
A	430 $\frac{3}{W}$	387 $\frac{3}{W}$ YAMAHA RHINO BED LINER.
<ul style="list-style-type: none"> - CLOUDY SKY 51 DEGREES LIGHT RAIN IN AREA - ACCIDENT OCCURED IN THE MIDDLE OF A PLOWED CORNFIELD. - GROUND WAS SOFT. - 4 WHEELER WAS A 2007 YAMAHA RHINO 660. - 4 WHEELER WAS MOVED FROM CRASH LOCATION BEFORE ARRIVAL. - ROB HOSTERHUES IS THE OWNER OF THE YAMAHA RHINO 660. - ROB HOSTERHUES LIVES AT THE 380 WARD-KOEBEL ROAD ADDRESS. - 380 WARD-KOEBEL ROAD OREGON OHIO 45054 - ROB'S NUMBER IS 937-289-3274 - DARK CLOUDY NIGHT - UNLIGHTED FIELD - CIS WAS NOTIFIED AND WAS ADVISED TO HAVE YAMAHA RHINO 4 WHEELER TRANSPORTED AND PLACED INTO WARREN COUNTY SHERIFF OFFICE IMPOUND LOT. - RP1 IS UTILITY POLE # 1000151 - RP2 IS UTILITY POLE # 508931 - HOMEOWNER ADVISED BED LINER MUST HAVE FALLEN OUT WHEN 4 WHEELER ROLLED OVER. - BEDLINER WAS FOUND IN MIDDLE OF FIELD WITH BLOOD ON IT. 		
OFFICER'S SIGNATURE <i>Robert Hosterhues</i>		BADGE NO. 817

OHIO TRAFFIC CRASH WITNESS STATEMENT

090126ccc2284
Ex. C-8

OH-3 REV 1/82

LOCAL REPORT NUMBER 040899

REPORTING AGENCY WARREN COUNTY S.O.

DATE OF CRASH M 10 / 0 27 / 07

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, **(b)(6)** (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
DET. B. VANHARLEFIELD AT 380 word Koebel
(OFFICERS NAME) (LOCATION)

We were driving in the middle of the corn field at 11 mph, I was behind the driver and **(b)(6)** was in the passenger seat. **(b)(6)** the driver, ~~made~~ made a sharp right turn but it nearly flipped over, but when the 4-wheeler tried to get on its 4-wheels again, it gained momentum and flipped to the right landing on **(b)(3) CP**. I was shot out of the vehicle and hit on the head, so was the other kids but they didn't get hit. Then when **(b)(6)** put the 4-wheeler back on its 4-wheels, I noticed that **(b)(3)** was laying on the ground and I knew something was wrong, really wrong, so I started running towards the house and dialing my brothers number and he got help, around 15 ppl came to help **(b)(6)** and we dialed 911 several times.

ADDRESS OF WITNESS **(b)(6)**
SIGNATURE OF WITNESS **(b)(6)**
OFFICERS SIGNATURE Det. B. vanHarlefeld

HSY 7003 1/82

OHIO TRAFFIC CRASH WITNESS STATEMENT

090126ccc2284
Ex. C-9

OH-3 REV 1/82

LOCAL REPORT NUMBER 040899

REPORTING AGENCY WARREN COUNTY SO.

DATE OF CRASH M 10 10 27 14 07

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, (b)(6) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
 (PRINTED)

DEP. B. VONAMLEFELD AT 380 WARD-KOEBEL
 (OFFICERS NAME) (LOCATION)

WE WERE IN THE RHINO AT NIGHT AND
 THE DRIVER WAS DOING 36'S AND WE
 FLIPPED TO ONE SIDE AND CAME BACK ON
 THE OTHER SIDE AND LANDED ON ITS SIDE.
 I JUMPED OUT AND RAN TO THE ^{CAMP} FIRE SCREAMING
 HELP UNTIL PEOPLE CAME, I TOLD THEM WHAT HAPPENED
 AND THEY RAN FOR THE RHINO.

ADDRESS OF WITNESS (b)(6) MIAMI'S BLDG OH, 45342 (b)(6)

SIGNATURE OF WITNESS (b)(6) OFFICERS SIGNATURE *Dep. B. vonAmlefeld*

HSY 7003 1/82

090126ccc2284
Ex. D

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

I request that you do not release my name. My identity is to remain confidential.

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

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

Verbal statement received by DuWayne Kapelis, Investigator 2/6/2009 from
John Sand

(Signature)

(Date)

(b)(5)

There was one death in this incident (Victim 1). However, the source document also indicates that a second person (Victim 2) was trapped in a separate incident on the same date.

The local coroner provided a copy of the report of death investigation for Victim 1, which was received February 12, 2009. I requested photographs from the coroner as well, but they were not received.

I contacted the sheriff's department and the police department for the area in which the first incident occurred. Both agencies indicated that they did not respond to this incident because it was outside of their jurisdiction.

I was unable to obtain contact information for the ambulance service that transported Victim 1 to the hospital. It is unknown whether Victim 2 received medical treatment for any injuries that he might have sustained in the second incident.

Attempts to contact the next-of-kin and witnesses to the incident were unsuccessful, as were attempts to arrange an on-site visit.

The products involved in both the fatal incident and the non-fatal incident are side-by-side utility vehicles (UTVs) with four wheels. No further identifying information could be obtained for the UTV involved in the fatal incident. Identifying information for the UTV involved in the non-fatal incident is included in the Product Identification section of this narrative.

The source document does not identify the owner of the UTV involved in the fatal incident. However, it does indicate that the UTV involved in the non-fatal incident belonged to Victim 2.

Victim 1 is a 55-year-old male (Attachment 2, Page 1). His height and weight are unknown. It is unknown whether Victim 1 had any pre-existing mental or physical condition that might have contributed to the first incident. According to the coroner's report, Victim 1 had an elevated blood alcohol level following the incident, and the coroner indicated that the victim's elevated alcohol level was a contributing factor in the incident (Attachment 2, Pages 1 and 3).

Victim 2 is an adult male. His exact age is unknown, as are his height and weight. It is unknown whether Victim 2 had any pre-existing mental or physical condition that might have contributed to the second incident. It is also unknown whether Victim 2 was under the influence of alcohol, drugs, or medication at the time of the incident.

Victim 1 and his wife were spending the weekend with a group of friends at a hunting camp on private property. Around 9:00 p.m. on February 22, 2008, Victim 1, his wife, and some friends drove out to a lake on the property to check the water level, according to the source document. After spending a little time at the lake, the group began driving back to the cabins in which they were staying that weekend.

On February 22, 2008, Victim 1 was driving a four-wheeled UTV, with his wife riding as a passenger (Attachment 2, Page 3). The age of his wife is unknown. Victim 1 was not wearing a helmet or seat belt at the time of the incident (Attachment 2, Page 3). It is unknown whether his wife was wearing a helmet or using a seat belt.

Victim 1 and his wife were riding in a four-wheeled UTV behind a small van carrying the others, according to the source document. They appear to have been traveling on a dirt road, because the source document speculates that Victim 1 attempted to pass the van to escape dust that it generated. The speed at which the UTV was traveling at the time of the incident is unknown.

As Victim 1 attempted to pass the van traveling in front of him, the UTV which he was driving flipped. The source document indicates that his neck was broken in the incident. The coroner's report indicates that the UTV landed on his upper torso, causing blunt force trauma (Attachment 2, Page 1). Neither document mentions any injuries to his wife.

Immediately following the first UTV incident, Victim 2 rushed back to the cabin (presumably in the van) to call an ambulance, according to the source document. His wife, who was at the cabin, called emergency services while Victim 2 got onto his UTV to drive to the gate of the hunting camp and open it for the ambulance.

When Victim 2 turned his UTV from a full stop to drive to the gate, the UTV flipped over and trapped Victim 2 underneath. The speed at which he was traveling when the UTV flipped is unknown. It is unknown whether Victim 2 required or received medical attention for any injuries that he might have sustained in this second incident.

As stated previously, I was unable to obtain contact information for the ambulance service that transported Victim 1 to the hospital.

I was unable to obtain law enforcement reports or photographs, as neither the sheriff's department nor the police department appears to have responded to this incident that occurred on private property.

CONTACT WITH RETAILER AND MANUFACTURER:

It is unknown whether the family of either victim attempted to contact the retailer or manufacturer or the UTVs involved in this incident.

PRODUCT IDENTIFICATION:

The product involved in the first incident is a **Yamaha Rhino** side-by-side utility vehicle (UTV). No further identifying information could be obtained for this UTV.

The product involved in the second incident is a **2007 Yamaha Rhino 660** side-by-side utility vehicle (UTV). This UTV was owned by Victim 2. It is unknown whether he purchased the UTV new or used. The place and date of purchase of the UTV are also unknown. The Vehicle Identification Number (VIN) for the second UTV is listed as 5Y4AM06Y87A018585 in the source document.

I was unable to obtain any further identifying information regarding the UTV involved in the second incident.

Information about the manufacturer of both UTVs is listed below:

Yamaha Motor Corporation, USA
6555 Katella Avenue
Cypress, CA 90630

It is unknown whether the owner of either UTV had experienced any problems with the UTV prior to the incidents.

It is also unknown whether any aftermarket modifications had been made to either UTV prior to the incidents.

LABELING

As I was unable to contact the owners of the UTVs or to conduct an on-site visit, I could not examine any labeling on either UTV.

SAMPLE:

None collected.

ATTACHMENTS:

Attachment 1 – Contact Sheet
Attachment 2 – Coroner’s Report
Attachment 3 – Missing Documents Form

List of Contacts

Name: Sharon Grisham-Stewart
Title: Hinds County Coroner
Address: P. O. Box 1452
Jackson, MS 39215
Phone: 601-973-5505
Fax: 601-973-5513
Interviewed: Report and photos requested via fax on February 3, 2009.

Report was received February 12, 2009.
Photographs were not received.

Name: Unknown
Title: Records Division
Address: Hinds County Sheriff Department
P. O. Box 1452
Jackson, MS 39215-1452
Phone: 601-974-2965
Fax: 601-949-2608
Interviewed: Report and photos requested via fax on February 12, 2009.

Sheriff's Department did not respond to incident – inside city limits

Name: Ashley
Title: Deputy Clerk
Address: Office of the City Clerk
City of Jackson
P. O. Box 17
Jackson, MS 39205-0017
Phone: 601-960-1035
Fax: 601-960-1032
Interviewed: Report and photos requested via phone and fax on February 12, 2009.

Police department indicated that they did not respond to this incident because it was in another jurisdiction.

Name: Mrs. (b)(6)
Title: Victim's next of kin (wife)/passenger on incident UTV
Address: (b)(6)
Phone: Unknown – unable to locate
Interviewed: Letter sent to next-of-kin on February 12, 2009.

No response to letter.

Name: Mr. and Mrs. (b)(6)
Title: Witness/non-fatal victim on second UTV
Address: (b)(6)
Phone:
Interviewed: Called March 2, 2009 – phone number not in service
Letter sent March 2, 2009

No response to letter.

MSME STATE MEDICAL
EXAMINER

REPORT OF DEATH INVESTIGATION (HINDS COUNTY)

Case Number 25-022208-C1-02

DECEDENT: (b)(3):CPSA Section 25(c)
First Name Middle Name Last Name Jr., Sr., III, etc.

ADDRESS: (b)(6) Byram MS 39272 HINDS
(Number and Street or Route, Box No.) City State Zip Code County

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

SSN: (b)(6) Date of Birth: 05/22/1952 Age: 55 Marital Status Married

Race Caucasian Sex Male Head-Hair Other Hair

Clothing Partly Clothed Eye Color: Eyes x R x L Weight: appr.

Length: Miscellaneous Body Temperature

Rigor: Neck [x] 0 [] 1+ [] 2+ [] 3+ Arms [x] 0 [] 1+ [] 2+ [] 3+ Legs [x] 0 [] 1+ [] 2+ [] 3+

Livor Color: Livor Fixed Anterior Posterior Lateral

Blood [] Nose [] Mouth [] Ears [] Clothing [] None Froth Absent

Other (Dirt, Water, etc) [] Nose [] Mouth [] Ears [] None Decomposition None

OCCUPATION Type of Work: Industry: [] No Occupational Information

INFORMATION ABOUT OCCURRENCE

On The Job Injury or Onset of Illness: No Actual Date 02/22/2008 Time Approx 2202 Location Elton Rd @ I-55 Frontage County HINDS Type of Premises Private Property

By Whom? Name/Address

Last Seen Alive

Death: Actual Date 02/22/2008 Time Approx 2247 Location UMC ER County HINDS Type of Premises Hospital

By Whom? Name/Address

Found Dead By:

Date Time Officer:

Police Notified: Police Agency

Coroner/ME/Notified: 02/22/2008 2313 By Whom Name/Address: UMC ER Staff (Tracy Bilski, MD)

View of Body: 02/23/2008 UMC Morgue / F.H. Morgue [] Not Viewed

Witness To Injury or Illness and Death: Name/Address

REASON FOR ASSUMING MEDICAL EXAMINER JURISDICTION (Check ONE only) Accident

Blood Sample Drawn [x] Yes [] No MANNER OF DEATH Accident

Medico-Legal Autopsy Authorized [] Yes [x] No Pathologist:

Probable Cause of Death: Blunt Force Trauma

Due To: ATV landed on upper torso due to ATV collision

Contributing Factor: + ETOH

Other Autopsy Done [] Yes [x] No IS DECEDENT AN ORGAN DONOR? [] Yes [x] No (Please ask family, when all possible)

[] Kidney [] Eye [] Any Needed Organ

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

(Signature of Coroner or Medical Examiner) HINDS County

Tuesday, February 03, 2009 10:08 Printed Date

Report Prepared By: SHARON GRISHAM STEWART (Your Number)

Case Number: 25-022208-C1-02 SSN: (b)(6) Decedent: (b)(3):CPSA S

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

If Motor Vehicle Involved: Driver Passenger Pedestrian Other

Lap Belt Used Shoulder Belt Used Crash Helmet Worn None

Hit-Run Non-Highway

Type of Vehicle: ATV Description:

If Gun: Rifle-Cal. Handgun-Cal. Shotgun-Gau. Unknown Type

Description:

Stippling Smudging Abrasion Collar Round Oblong Stellate Surg. Treated Other

Location of Wounds (If no autopsy): Head Neck Chest Abdomen Buttocks Thighs

Lower Legs Feet Upper Arms Lower Arms Hands Other

If Instrument: What Kind: Unknown Kind

Type and Location of Injuries:

If Drug, Poison, Chemical (suspected): Alcohol Other Drugs, Chemical or Poison (Specify By Name)

Unknown Remarks/Symptoms:

Ingested Injected Inhaled Topical Other Unknown

MEDICAL HISTORY

CONDITION: Alcoholism Cancer Diabetes Drug Abuse Lung Disease Fractures
 Heart Disease Seizure (Specify) Other(Specify)

Doctor: Where Treated:

Past Operative Procedures:

MEDICATIONS

UNK

Next of Kin: Linda Carter, wife

Body Conveyed By: Baldwin-Lee Funeral Home, Pearl

The following forms are being submitted: Body Charts Toxicology Report Evidence Submission Form
 Organ Donation Form Permit for Autopsy Permit for Cremation

Case Number: 25-022208-C1-02

SSN: (b)(6)

Decedent: (b)(3):CPSA S

NARRATIVE SUMMARY

On the evening of 02/22/2008, the University Medical Center emergency department notified me of this individuals death which occurred in the emergency unit at 10:47 pm. It was reported to me that this individual had been transported by ambulance from an area near Elton Rd and I-55 frontage Rd in Jackson status post a ATV collision. He reportedly was the driver / operator of the ATV and had his wife riding on the back, when he lost control of the ATV and it flipped and landed on his upper torso. I examined him in the hospital ER and reviewed the medical reports for this hospital visit. He had abrasions and lacerations of the left face and eye area. The Abdomen was distended and medical records indicated that there were multiple injuries and a large amount of fluid was noted in the (b)(6) pouch on the lower abdominal / pelvis region. I collected blood samples and submitted them to the MedScreens lab in Flowood for toxicology testing. The results indicated that this individual had a blood alcohol level of 0.162. Alcohol impairment is considered to be a contributing factor of the collision which lead to his injuries and death.

Task No. 090126CCC2285

Date: 03-11-2009

STATUS OF MISSING DOCUMENT (S)

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

- 1. Police Report and photographs - Jackson Police Department did not respond
- 2. Sheriff Report and photographs - Hinds County Sheriff Department did not respond
- 3. Photographs - requested from coroner
- 4.
- 5.

Date: 03-11-2009

Investigator No: 9094

Regional office: CFIW

Supervisor No: 8631

Information contained in this report originated from a legal document. Additional information came from the related police report and Medical Examiner's report. An in person meeting with the case detective also revealed additional information. There were two riders on the UTV. The primary victim is a 12-year-old male. The secondary victim who was riding on the same UTV was a 62 year-old male. The minor victim was 5'7" tall and weighed 126 pounds at the time of the incident. Height and weight of the adult victim are unknown. The primary product involved in this incident is a four-wheeled UTV and was owned by the adult victim. The UTV is a Yamaha brand UTV green in color. The model name is "Rhino" and the engine size is 660 cc. It is unknown if the UTV had been modified or repaired (Question #7 in Assignment Message). It is unknown if seatbelts were being worn (Question #2 in Assignment Message). Neither victim was wearing a helmet. The model year of the UTV is unknown (Question #8 in Assignment Message). The age, VIN/serial number, date of purchase, manufacture date and cost of the vehicle are unknown. It should be noted that the UTV manufacturer as well as the adult victim are involved in litigation over this incident.

The incident occurred on July 5th, 2007 at approximately 6:30 p.m. The 62-year-old male/owner had been driving the UTV in a flat pasture comprised of short, wet, grass with some mud. The minor victim was a passenger and asked if he could drive. The adult male said that he would allow the minor victim to drive but for him to stay in a straight line. The 12-year-old victim was driving the UTV in the pasture and asked the adult male (now a passenger) if he could speed up a little bit. The adult male told him that he could but to keep the vehicle headed in a straight line. The vehicle was nearing the end of the pasture so the adult told him to slow down (speed unknown Question #5 in Assignment Message). The victim began to slow down but "then turned the steering wheel hard to the right". As the vehicle began to turn, it threw the victim from the driver's seat out of the vehicle on the left side and then the vehicle rolled to the left. The adult male was also thrown from the vehicle. As the adult got up he saw that the left side of the vehicle roll bar was laying on the victim's back (victim was in a face down position). The adult got the vehicle back into an upright position and checked on the victim who was bleeding from the mouth and ears. He attempted to stop the bleeding but could not. The adult attempted to use his cell phone to call emergency personnel but could not get a signal. He ran approximately 100 yards to the south and was able to get a cell phone signal. After he reached emergency personnel he went back to the incident scene. Sometime later, emergency personnel arrived at the scene where the victim was pronounced dead.

According to the Medical Examiner's report, the 12-year-old died as a result of blunt force head injuries. The manner of death was ruled as accidental.

Continued...

Product Manufactured by:

Yamaha Motor Corporation
6555 Katella Avenue
Cypress, California 90630-5101

Phone:
(714) 761-7605

Website:
www.yamaha.com

The following information about the UTV involved in this incident was obtained from the manufacturer's website:

Yamaha Rhino 660 Specifications

(Obtained from the manufacturer's website)

Engine Type	660cc liquid-/oil-cooled w/fan, SOHC four-stroke; 5-valve
Bore x Stroke	100mm x 84mm
Compression Ratio	9.1:1
Carburetion	Mikuni 42mm BSR
Ignition	DC – CDI
Starting System	Electric
Transmission	Yamaha Ultramatic® V-Belt /H, L, N, R
Engine Braking	All Wheel
Drive Train	Yamaha On-Command® pushbutton 3-way locking differential, 2WD, 4WD, locked 4WD; Shaft
Chassis	
Suspension/Front	Independent double wishbone, 7.3" travel w/5-way preload adjustment
Suspension/Rear	Independent double wishbone, 7.3" travel w/5-way preload adjustment

Continued...

Brakes/Front	Dual hydraulic disc, twin pistons
Brakes/Rear	Hydraulic disc, self-adjust parking system, shaft mounted
Tires/Front	AT25x8-12 NHS
Tires/Rear	AT25x10-12 NHS
Dimensions	
L x W x H	113.6" x 54.5" x 73.0"
Wheelbase	75.2"
Turning Radius	153.5"
Ground Clearance	12.1"
Fuel Capacity	7.9 gal.
Dry Weight	1049 lb.
Bed Capacity	400 lb.
Towing Capacity	1212 lb.
DC Outlet	Standard
Instrumentation	Digital LCD, multifunction display, fuel gauge, speedometer, odometer, dual trip, hour meter, clock and gear position
Lighting	Dual 30W Krypton multireflector headlights & dual 21/5W brake light

The UTV was purchased at:

Power Sports of Lewisville L.L.C.
D.B.A. North Texas Yamaha and Sea Doo
2301 N. Stemmons Freeway
Lewisville, TX. 75077

Phone:
(800) 924-4989

***Please note that extremely graphic photos follow the narrative of this report.**

Attachments

**Attachment 1
Respondents
One (1) Page**

**Attachment 2
Police Report
Thirteen (13) Pages**

**Attachment 3
Medical Examiner's Report
Four(4) Pages**

Respondents

**Wise County Sheriff's Department
200 Rook Ramsey Drive
Decatur, Texas 76234**

**Phone:
(940) 627-5971**

**Dallas County Medical Examiner
5230 Medical Center Drive
Dallas, TX 75235**

**Phone:
(214) 920-5900**



Wise County S.O. Call For Service

207048769

Agency M **Date Received** 7/5/2007 **Time Received** 18:51
Received By Hurtado, Matt **How Received** 911 CALL 207048769
Case Number **Jur:** M **Miles:** 0.00 0.00
Location 471 PR 2562
Directions 730 N DEC 9 MILES 2461 TURN RIGHT 2560 2 M GREEN SIGN 02-03
 SEAHORSE RANCH
Activity Medical Emergency
Notes JEEP FELL ON HIM
 SEA HORSE RANCH
 WILL NEED A RES1
 THIRD PARTY COMP CALLING FROM OFFICE
 LS4 STANBY 6:58:28 PM
 2ND CALL ADVD SUBJ NOT ALERT BLEEDING FROM MOUTH AND EARS IS BREATHING 7:03:09 PM
 RES1 DELAYED BY TRAIN 7:06:39 PM
 ALVORD 12/14 ENRT 7:07:58 PM
 MED1 ADVD THEY LEFT VEHICLE ON RD TELL UNITS TO STAY TO THE RIGHT, WILL NEED 4X4 WATER AND
 MUD 7:17:14 PM
 LS4 CANCELLED...JP1 NOTD VIA MESS 7:21:50 PM
 6151 REQ 6124 TO P/S 6180 7:34:28 PM
 DISP LEFT MESS FOR 6124 7:36:06 PM
 6121 ADVD HE'LL P/S 6122 7:39:00 PM
 ADMIN PAGE SENT,6110,6111,6114,6118
 6121 adv he will be enrt until we can get in touch with 6124. 7:41:48 PM
 6180 clear & enrt to st 2. 10:12:13 PM

Reporting Person Information

Name: _____ **Home Phone:** _____
Home Address: _____ **City:** _____ **Cell Phone:** _____
Work Phone: _____
 Crime Watch Refused Crime Stopper Tip Other Agency
 WCSD Personnel

Units Assigned

Unit	Disp	Enroute	10-23	Trans	10-23T	Comp	Miranda	Custody	Disposition
MED1 Medic One	18:54	18:55	19:16			19:45			S CALL SERVICED/ASSIGNMENT COMPLETE
RES1 Rescue 1	18:55	18:56	19:16			19:46			A ASSISTING UNIT CLEAR
1100 Alvord Fire Department	18:57	19:06	19:23			22:10			S CALL SERVICED/ASSIGNMENT COMPLETE
CF CareFlite	18:58					19:19			C CANCELLED/DUPLICATE CALL

090126CCC3267
 6184 19:24 19:24 19:24 20:08 A ASSISTING UNIT CLEAR
 Milliman, Rit
 19:00 19:00 19:10 22:21 I INCIDENT REPORT
 Donald, Eddie
 6151 19:37 20:48 A ASSISTING UNIT CLEAR
 Hightower, Chad
 6121 19:41 19:41 20:32 22:35 L SUPPLEMENTAL REPORT
 DeMoss, Jerry

10-27's

Unit	Date/Time	DL Number/State	10-43	10-99
6121 DeMoss, Jerry	7/5/2007 22:40	20431812	TX <input type="checkbox"/>	<input type="checkbox"/>
CROCKER, EMMETT EVERETTE DOB: Sep 20 1946			M	W

10-28's

Supplements

Officer: 9187 Donald, Eddie Date: 7/6/2007 2:24

On 07/05/2007 at approx. 7:00 pm, Deputy Eddie Donald was dispatched to 471 PR 2562 in reference to a Medical Emergency. Dispatch advised that a Jeep had fallen on a male subject.

Upon arrival, Donald and Medic 1, were met at the gate to the Sea Horse Ranch by (b)(6) w/f, of (b)(6) phone # (b)(6) escorted Donald and the Medics to the location of the accident. Upon arrival on scene, Donald observed a w/m, lying face down beside a green Yamaha Rhino 660 ATV type vehicle. Donald also observed another w/m, later identified as (b)(6), 09/20/1946, of (b)(6) Texas, phone #940-(b)(6). Emmett was kneeling beside the victim, rubbing his back. Emmett appeared very distraught. As Donald approached the victim a large pool of blood was surrounding his head. The Victim was not moving and did not appear to be breathing.

The victim was verbally identified as (b)(3)-CPS w/m, 12 years of age (b) was laying on his stomach with his left arm and hand under his chest and his right arm extended over his head. (b) was laying with his head to the north and his feet to the south. (b) was wearing brown lace-up boots, blue jeans, and a blue tee shirt. The medics began to access the injuries and attempted to find vital signs. (b) was rolled onto his back, left to right, by medics. After a moment Donald was advised by the medics to contact dispatch and have a J.P. enroute to our location. Donald advised dispatch of the situation and called Sgt Hightower, to let him know what was going on.

It was decided that the on call investigator needed to respond to the scene. Donald then began taking photographs to capture the scene. Donald spoke with (b)(6) to get the facts as to what had happened. (b)(6) stated that he was a friend of the family and he and (b)(6) had been riding around the pasture in the ATV. (b)(6) asked if he could drive the ATV and (b)(6) allowed him to do so. (b)(6) stated that he told (b) to drive slow. (b)(6) stated that they were coming from the west end of the pasture heading east. (b)(6) asked (b)(6) if he could drive a little faster. (b)(6) told (b)(6) that he could speed up, but to stay heading in a straight line. (b)(6) stated that as they were getting closer to the east end of the pasture he (b)(6) told (b)(6) to slow down. (b)(6) stated that (b)(6) began to slow down and then turned the steering wheel hard to the right.

(b)(6) then told Donald that as the ATV began to turn it threw (b)(6) from the drivers seat out of the vehicle on the left side and then the ATV rolled to the left, throwing him (b)(6) out. When (b)(6) got up he observed the roll bar, on left side ATV, to be laying on (b)(6) back. (b)(6) got the ATV back in an upright position and checked on (b)(6). (b)(6) stated that (b) was bleeding from the mouth and ears. (b)(6) attempted to call 911 from his cell phone and was unable to get a signal. Emmett ran approx. 100 yards to the south and was able to get his phone to work. After contacting dispatch, (b)(6) went back to the scene of the accident.

(b)(6) was highly emotional and crying. He continued to blame himself for the accident. Donald advised (b)(6) that he could go the house and try to relax while the scene was being processed and that we would come talk to him further later. (b)(6) walked to the house with his wife, who had arrived on scene.

Donald was then advised that J.P. Jan Morrow and Sgt/Inv Jerry DeMoss were enroute to the location. Donald then spoke with (b)(6) stated that she was (b)(6) Great Aunt, by marriage. She stated that her niece had married (b)(6) father. (b)(6) stated that (b)(6) lived with his mother in Troup, Texas. (b)(6) stated that (b)(6) had

Monday, March 09, 2009

Page 2 of 3

090126CCC3267
come to Wise County about a week ago to spend time on the ranch, before returning to Troup for the start of school. (b)(7) stated that she only knew (b)(7) first and last name and that he was 12 years old turning 13 in August.

Judge Morrow arrived and conducted her field investigation. DeMoss arrived on scene and conducted his field investigation.

After the Judge and Investigator finished with photographs and their field investigation, the body was more closely examined. When (b)(7) shirt was cut, the front from the neck down, no visible injuries were observed, Collin was then rolled over from right to left. There were some marks and bruising located on his back. Collin was still losing a great amount of blood from the back of his head. DeMoss took photographs of these injuries.

The body was released to Coker Funeral Home. Judge Morrow ordered an autopsy and (b)(7) was taken to Dallas. DeMoss went to the house to talk with (b)(7) and Donald cleared with this report.

Officer: 2586 DeMoss, Jerry Date: 7/9/2007 14:41

On 07/05/07 at approximately 8:00pm Investigator DeMoss as contacted by Wise County Communication in reference to an ATV accident located on private property near (b)(6). DeMoss then was transported to a open field approximately 1.4 miles from CR 2560 to a open filed where he noticed the accident had happen.

Upon DeMoss arrival at the location he was meet by Deputy Eddie Donald, Donald advised DeMoss that a 12 yao male was driving a Yamaha Mule and a 61 yao male was riding in the passenger seat of said ATV. The vehicle rolled ejecting both subject out of the ATV. The 12 landed face down, the ATV came down with the role bars landing across the back of his shoulders pending him under the ATV.

DeMoss checked the body to find that there was blood coming from the mouth, ears and Nose. DeMoss also noticed that there was bruising along the subject center back also a small bruise on the left side of the subject lower back. DeMoss could not see any other injuries on the subject.

DeMoss took several photos of the scene and the 12 year old male. Judge Jana Marrow pronounced (b)(3)-CP W/M DOB 8/16/95 dead at 8:10pm. Hawkins Funeral Home transported (b)(6) to Dallas Texas to Southwestern Institute of Forensic Science for an Autopsy.

DeMoss then met with (b)(6) W/M DOB 9/20/46 who stated that he was a passenger in the ATV at the time of the accident. (b)(6) said that he and (b)(7) were driving around the creek and (b)(7) was driving. (b)(7) had asked (b)(6) the owner of the ATV if he could go a little faster (b)(6) told him he could.

(b)(6) stated that (b)(7) had begin to go faster than he wanted him to so he told him to slow down, at this point (b)(7) turned the wheels sharply toward the right which caused the ATV to roll. (b)(6) said he and (b)(7) had both been ejected out of the ATV. (b)(6) said he went around to check on (b)(7) and noticed that he was lying face down with the ATV on top of him.

(b)(6) pulled (b)(7) away from the ATV and noticed that he was bleeding from the Nose and ears. He said that he knew it was bad so he tried to stop the bleeding but could not. He then tried calling 911 twice but did not have any service down in the field.

(b)(6) said that he could back onto the machine and went to (b)(6) house and had her call 911 he then return back to the scene of the accident. (b)(7) was still bleeding out of the mouth, ears and nose and was not responding. (b)(6) said about 15 minutes later Medics showed up. DeMoss took a recorded statement from Crocker and placed it, in file.

Officer: 2586 DeMoss, Jerry Date: 7/9/2007 15:32

DeMoss received a copy of the Examiners report, it showed blunt force head injuries was the cause of death. A copy of said report was placed with the master file.

DeMoss was contacted by (b)(6) the grandfather of (b)(7) and he provided DeMoss with the parents information. The mother is the legal garden of (b)(7)

Mother (b)(6) W/F DOB 12/30/74

(b)(6)

Father (b)(6) W/M DOB 10/30/74 unknown address.

Officer: 0569 Gomez, Susan Date: 8/26/2008 18:40

Pulled 911 call for open records request. Call saved as CFS 207048769x. SLG

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207048769

7/6/2007

3:17

Attachment 2

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7/6/2007

3:18

Attachment 2

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7/6/2007

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Attachment 2

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207048769

7/6/2007

3:18

Attachment 2

SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
5230 Medical Center Drive
Dallas, Texas 75235

COPY
DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES

Case No. JP2325-07-1639TJD

Name: (b)(3):CPSA

Age: 12 Race: White Sex: Male

Date of Death: 05 JUL 2007 Date of Examination: 06 JUL 2007
Time of Death: 6:30 pm Time of Examination: 7:00 am

Pronounced at: (b)(6)
Decatur, Wise County, Texas

AUTOPSY REPORT:

ORGAN WEIGHTS:

Brain	1560 g	R. Lung	330 g	R. Kidney	100 g
Heart	290 g	L. Lung	320 g	L. Kidney	100 g
Liver	1310 g	Spleen	190 g		

This autopsy is performed at the request of Jan Morrow, Justice of the Peace, Precinct 1, Wise County, Texas.

EXTERNAL EXAMINATION:

The body is identified by tags. Photographs and fingerprints are taken.

The body is received wearing a cut away blue T-shirt, blue jeans, a brown belt, gray briefs, two white socks, and two brown work boots which are released. Personal effects separately inventoried by the field agent are released with the body. No jewelry is present.

The body is that of a normally developed white adolescent male which appears consistent with the recorded age of 12 years. When nude, the body measures 67 inches (170.2 cm) in length and weighs 126 pounds (57.2 kg). There is good preservation in the absence of embalming. Rigidity is full. Lividity is posterior and blanching. The body is cool subsequent to refrigeration.

The scalp hair is straight, brown, and 3 inches in length. The irides appear brown and there are no petechiae of the bulbar or palpebral surfaces of the conjunctivae. The ears, nose, and lips are unremarkable. The mouth has natural dentition in good condition. The neck is without masses and the trachea is midline. The chest is symmetrical. The back is unremarkable. The abdomen is flat. The extremities are symmetrical. The external genitalia, perineum, and anus are unremarkable.

Name:

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

COPY
INSTITUTE OF FORENSIC SCIENCE

IDENTIFYING MARKS AND SCARS:

A 1/2 inch horizontally oriented scar is on the lower left side of the abdomen.

EVIDENCE OF TREATMENT:

None.

EVIDENCE OF INJURY:**BLUNT FORCE HEAD INJURIES:**

A 1/2 inch laceration is on the left lateral upper eyelid with surrounding red-purple contusion. Linear red abrasions are on the left side of the face. A 2 inch full thickness laceration is on the right parietal scalp.

Subscalpular hemorrhage overlies the right temporal, parietal, and occipital bones.

Extensive comminuted fractures involve the right petrous ridge with linear fractures extending across the midline onto the left orbital plate of the frontal bone. Additional linear fractures extend onto the right parietal and occipital bones.

Subarachnoid hemorrhage overlies the right cerebral convexity and the base of the brain. There is no subdural or epidural hemorrhage.

The gyri are flattened and the sulci effaced. Extensive punctate contusions are on the cortical surface of the inferior right temporal and right occipital lobes. Sections through the brainstem and cerebellum are unremarkable. No hemorrhages are visible within the deep white matter or the basal ganglia. The cerebral ventricles contain no blood. The spinal cord as viewed from the cranial cavity is unremarkable.

There are no injuries of the external neck. The internal soft tissues, tongue, and larynx are unremarkable. The hyoid and cervical vertebrae are intact.

OTHER INJURIES:

Scattered red abrasions are on the upper right and left sides of the chest and the upper right side of the back.

INTERNAL EXAMINATION:

BODY CAVITIES: The thoracic and abdominal organs are in their normal anatomic positions. The body cavities contain no adhesions or abnormal collections of fluid.

HEAD: See Evidence of Injury.

NECK: See Evidence of Injury.

Name:

(b)(3):CPSA Section
25(c)COPY
DALLAS POLICE
INSTITUTE OF FORENSIC SCIENCE

CARDIOVASCULAR SYSTEM: The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. The endocardium is free of mural thrombi. The foramen ovale is closed. The coronary arterial system is normally distributed and unremarkable. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, without focal abnormalities.

RESPIRATORY SYSTEM: The upper airway is not obstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth and glistening. The major bronchi contain red-tinged edema fluid and blood. Sectioning of the lungs discloses pink parenchyma with patchy alveolar hemorrhage.

HEPATOBIILIARY SYSTEM: The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 7 ml of dark green bile, with no calculi.

GASTROINTESTINAL SYSTEM: The esophageal mucosa is gray, smooth, and unremarkable. The stomach contains approximately 350 ml of blood and clotted blood. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are unremarkable externally. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

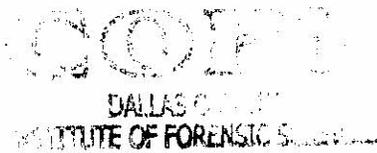
GENITOURINARY SYSTEM: The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains approximately 200 ml of clear yellow urine. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable both externally and upon sectioning.

ENDOCRINE SYSTEM: The thyroid and adrenal glands are unremarkable externally and upon sectioning.

LYMPHORETICULAR SYSTEM: The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are not enlarged.

MUSCULOSKELETAL SYSTEM: The clavicles, ribs, sternum, pelvis, and vertebral column have no fractures. The diaphragm is intact.

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



FINDINGS:

- 1. Blunt force head injuries:
 - a. Extensive comminuted and linear skull fractures including partial hinge fracture.
 - b. Cerebral edema.
 - c. Subarachnoid hemorrhage.
 - d. Multiple contusions of the right temporal and occipital lobes.
 - e. Subscalpular hemorrhage.
 - f. Lacerations, contusion, and abrasions of the head.
 - g. Abrasions of the trunk.
- 2. History that the decedent was driving an all-terrain vehicle (ATV) which rolled. He was ejected, landing on his head with the ATV on top of him, with significant blood loss at the scene.

CONCLUSION:

Based on the autopsy and history available to me, it is my opinion that (b)(6) (b)(6) a 12-year-old white male, died as the result of blunt force head injuries.

MANNER OF DEATH: Accident.

Tracy J. Dyer, M.D. 8-10-2007
Medical Examiner

TOXICOLOGY:

Blood: Alcohols and Acetone - negative.
Cannabinoid Screen - negative.
Drug Screen - negative.
Vitreous: Alcohols and Acetone - negative.

Protocol typed by Erma Robinson