

All information contained in this report, was obtained through telephone contact with the County Sheriff's Department and the State Medical Examiner's office. I reported this incident with an online news reports (source document).

Early in the morning at about 12:30 a.m., on August 29, 2009, a 42-year-old male and his 43-year-old wife were in a moving UTV being operated by the husband. She was in the front, right passenger seat. A friend was in an ATV just ahead of them. They were all traveling in the dark on a public gravel road near a campground they were staying at, in northeastern Iowa.

A little while later, the county sheriff's department responded to a 911 report of a UTV accident in this area. It was learned that a female passenger had fallen from the UTV while it was traveling westbound on a gravel covered public road. She was unresponsive and injured and was lying face down in a ditch.

They learned that the UTV was being operated by her husband at the time of the incident. Neither the driver nor the passenger was wearing a helmet and neither was using the installed seat belts on the UTV. The injured passenger was transported to a nearby hospital by ambulance where she was pronounced dead.

On August 31, 2009, several on-line news stories (source document) reported this incident. Later, I located the deceased victim's obituary in an online news source (exhibit 1). It reported that she died on August 29, 2009 as a result of injuries she sustained in an accident.

On September 29, 2009, I contacted the State Medical Examiner's office and requested their reports which they later provided (exhibit 2). They list the cause of death as *"accidental due to blunt force injuries of the head."*

They list the following pathologic diagnoses: *"blunt force injuries of the head with abrasions and laceration, deep soft tissue contusions of the scalp, skull fractures, subarachnoid hemorrhage; also minor abrasions of the chest; abrasions and contusions of the extremities, very mild*

aortic atherosclerosis, fatty infiltration of the right ventricle of the heart and mild hepatic stosis."

In addition, they reported the victim was 43 years old, that she weighed 244 pounds and was 66 ½" tall. They reported the Autopsy findings revealed skull fractures with bleeding around the brain. They stated that no significant natural disease processes were present. They also revealed that toxicological analysis of femoral blood and vitreous revealed significant concentration of alcohol (0.200% in blood; 0.18% in vitreous).

On October 29, 2009, I contacted the County Sheriff's department and requested their report and photos of this incident. They later provided the report and numerous photos (exhibit 3). This included the UTV product information and photographs of the vehicle (exhibit 3). They show the condition of the vehicle post-accident and noted that the *"analysis of the UTV was completed on August 30, 2009. The Polaris Ranger was found to be in excellent condition and showed no mechanical defects."*

In addition, they stated *"the front passenger seat belt was observed to be in a retracted position with the buckle tucked between the seat and the belt mechanism"* (see provided photos, exhibit 3).

The Investigating Officer reported that alcohol played a significant part in this incident. He also reported that formal "driving while under the influence" (first offense) charges were made against the deceased victim's husband, who was the operator of the vehicle at the time of the incident. It was noted in their report (exhibit 3) that he had a blood alcohol content of 0.155g/ml.

In addition, the following questions were answered, as requested in this assignment:

1. Terrain Type: Gravel Public Road
2. Seat Belt Use: No
3. Helmet Use: No
4. Age of Driver: 42 YOM
Age of Passenger (deceased): 43 YOF
5. Speed at time of incident: Unknown
6. Taking a turn at time of incident: Yes

- In what direction: Right hand curve traveling westbound.
7. Aftermarket modifications on UTV: None
 8. Model Year of UTV: 2009
Size of engine: 700
 9. MFG: Polaris
MODEL: Ranger Crew
 10. Vehicle rolled or tipped over: No
Did it land on victim: N/A
(Death of Passenger) Location sitting in: Passenger, in front seat
 11. Number of riders on vehicle: Two, including operator and one passenger (deceased). UTV had 4 seats.

PRODUCT IDENTIFICATION:

UTV (Product Code 5044)
Type: 4-Seater
Model: Ranger Crew
Color: Burgundy
VIN # 4XAWH68A7927131781
Year: 2009
Size: 700
Brand: Polaris
Manufacturer: Polaris
Retailer: Unknown

SAMPLES COLLECTED: None

ATTACHMENTS:

- Exhibit 1 - Obituary
- Exhibit 2 - State Medical Examiner's Reports
- Exhibit 3 - County Sheriff's Report
- Exhibit 4 - Description of Respondents

News » Deaths

See Obituary Below

Obituaries from the

Submitted by markweber on September 10, 2009 - 1:13pm.
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The following obituaries are from the Sept. 10, 2009 print edition of the Jordan Independent newspaper:

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Gary L. Schmitt

Gary Schmitt, 65, of Belle Plaine, died Friday, Sept. 4, 2009 at Abbott Northwestern Hospital in Minneapolis.

Born in Belle Plaine on Oct. 17, 1943, Mr. Schmitt was the son of Laurence and Anna (Schommer) Schmitt. He was raised in the Belle Plaine area and graduated from Belle Plaine High School. He was a retired union iron worker who enjoyed doing cement work. He spent many hours installing and refurbishing cemetery markers in the area cemeteries. In his spare time he loved to hunt and fish.



Gary Schmitt

Mr. Schmitt is survived by eight children. He was preceded in death by his parents and brother, Earl.

Mass of Christian Burial will be Thursday, Sept. 10, at 10:30 a.m. from Our Lady of the Prairie Catholic Church in Belle Plaine with Father James Kim officiating. Visitation will be one hour prior to the funeral Mass at the church on Thursday. Burial will be at St's. Peter and Paul Catholic Cemetery in Belle Plaine.

Arrangements with Wagner Funeral Home of Jordan, 952-492-3366.

Melvin A. Malz

Melvin Malz, 75, of Shakopee and formerly of Jordan, died Thursday, Sept. 3, 2009 of natural causes at his home in Shakopee.

Born in Belle Plaine on Aug. 13, 1934, Mr. Malz was the son of Edward and Emeline (Krekelberg) Malz. He was raised in the rural Belle Plaine area and on April 6, 1957 he married Dorothy Janovsky at St. Paul's Lutheran Church in Jordan. Together they lived in Chaska, then in Jordan before retiring to Shakopee. He had been employed for 11 years with the Scott County Highway Department and later with Inland Container in Shakopee. After his retirement, he enjoyed hunting, fishing and he especially loved to play cards.

He is survived by his wife, Dorothy, of Shakopee; children, Debbie Schmitt (Ernesto Jaramillo) of Shakopee, Linda Busch (Ron) of Plymouth, Ken (Sue) of Jordan; grandchildren, Shannon Kelley, Dan and Spencer Malz and Tamara, Travis and Brian Busch; brothers, Robert (Loretta) of Prior Lake, Myron (Peg) of Belle Plaine, Larry (Dorothy) of Jordan, Edward (Judy) of Lakeville, Gary (Sally) of Jordan, Alan (JoAnn) of Jordan. He was preceded in death by his parents and sister, Phyllis Snyder.

Funeral services were Monday, Sept. 7, at 1 p.m. from St. Paul's Lutheran Church in Jordan with the Rev. Robert Bushaw officiating.

Arrangements with Wagner Funeral Home of Jordan, 952-492-3366.

(b)(3)-CP SA C

(b)(3)-CP SA C was born Oct. 10, 1965 in Shakopee, the daughter of (b)(3)-CP SA C Marxen. She passed away Saturday, Aug. 29, 2009 from injuries sustained in an accident.

(b)(3) graduated from Shakopee Senior High School in 1983. She then received two years of college from Winona State. With her degree, (b)(3) worked as a hotel manager at the Miss Marquette hotel and casino. While working there she met her future husband (b)(3). They were married Dec. 9, 2000. Since their marriage, (b)(3) and (b)(3) both have worked as over-the-road truck drivers. When she wasn't working, (b)(3) enjoyed camping, playing cards and she especially loved to ride with the Ranger and Gator Clubs.

(b)(3)-CP SA Sectio

(b)(3) will be forever loved and cherished by her husband, (b)(3), mother, (b)(3) of Jordan; sisters, (b)(3) of Rosecoe, Ill., (b)(3) of Andover, Minn.; brothers, (b)(3) of San Diego, Calif., (b)(3) of Lakeville, Minn.; several nieces, nephews and friends. She was preceded in death by her father, (b)(3).

(b)(3)-CP

Mass of Christian Burial was held Wednesday, Sept. 2, 2009 at 10:30 a.m. at St. Mary's Catholic Church in Guttenberg, Iowa with the Rev. Marvin Bries officiating. Pallbearers included Kevin McKee, Jim Meyer, Scott Peterson, Jason Dods, Kristopher Gronfor, Mikel Gronfor, Tracy Slocum, Randy Kramer, Kenny Johannmeier, Scott Hageman. Intement was at Bethel Cemetery.

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 - By law the city can only... 21 hours 3 min ago



Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Thomas Newton, MPP, REHS
Director

Chester J. Culver
Governor

Patty Judge
Lt. Governor

September 22, 2009

Re: Case # 09SME460 / County Case # 09-03-????

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

Subject

To Whom It May Concern:

The attached memoranda constitute our report on the above mentioned case.

If there are any questions concerning this case, please do not hesitate to contact me.

Sincerely yours,

Terri L. McLemore, MD
Associate State Medical Examiner

Enclosure

cc: Richard E. Perry, MD, Allamakee County Medical Examiner
William Shafer, Allamakee County Attorney
Daryl L. Petsche, NOK
Bridgette Cottrel, US Consumer Product Safety Commission

JLM/ch

IOWA OFFICE OF THE STATE MEDICAL EXAMINER
2250 S. ANKENY BLVD. / ANKENY, IOWA 50023-9093
PHONE# 515-725-1400 / FAX# 515-725-1414
DEAF RELAY (HEARING OR SPEECH IMPAIRED) 1-800-735-2942
INTERNET: [HTTP://WWW.IDPH.STATE.IA.US/DO/MEDICAL_EXAMINER.ASP](http://www.idph.state.ia.us/do/medical_examiner.asp)

Julia C. Goodin, MD
State Medical Examiner

Dennis F. Klein, MD
Deputy State Medical Examiner

Terri L. McLemore, MD
Associate State Medical Examiner

Michele J. Catellier, MD
Associate State Medical Examiner

Jonathan G. Thompson, MD
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Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Thomas Newton, MPP, REHS
Director

Chester J. Culver
Governor

Patty Judge
Lt. Governor

REPORT OF AUTOPSY

CASE NO.: 09SME460

DATE/TIME: August 29, 2009
9:40 a.m.

COUNTY: Allamakee

PLACE: Iowa Office of the State Medical Examiner
Ankeny, Iowa

DECEDENT: (b)(3):CPSA Secti

SME INVESTIGATOR: Matthew Lunn

PATHOLOGIC DIAGNOSES

- I. Blunt force injuries of the head.
 - A. Abrasions and laceration.
 - B. Deep soft tissue contusions of the scalp.
 - C. Skull fractures.
 - D. Subarachnoid hemorrhage.
- II. Minor abrasions of the chest.
- III. Abrasions and contusions of the extremities.
- IV. Very mild aortic atherosclerosis.
- V. Fatty infiltration of right ventricle of the heart.
- VI. Mild hepatic steatosis.

CAUSE OF DEATH: Blunt force injuries of the head.

MANNER OF DEATH: Accident.



Page 2 of 5
Case No. 09SME460

AUTHORIZATION: Allamakee County Medical Examiner.

BODY IDENTIFIED BY: Visual identification.

AUTOPSY TECHNICIANS: Mark Boswell, Justin Rasmusson, and Jordan Day.

EVIDENCE: Digital photographs, bloodstain card, left and right thumb and index fingerprints, femoral and heart blood, vitreous and urine for toxicology, and wet tissue and histology.

EXTERNAL EXAMINATION

The body is received within a sealed body bag.

The body is that of a well developed, obese, adult Caucasian female who weighs 244 pounds, is 66 1/2 inches in height, and appears compatible with the stated age of 43 years.

The body is received clad in a dark sweatshirt, red t-shirt, beige bra, and blue underpants. Accompanying the body within the body bag in a white plastic bag are two brown sandals and blue jeans.

The body is identified by an identification tag around the right great toe and a white bracelet identification band around the left wrist.

The body is cool to touch. Rigor mortis is partially developed in the extremities. Slightly blanchable violaceous livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure.

The scalp hair is blonde, wavy, and measures approximately 1 inch in length over the crown. The irides are green. The pupils are bilaterally equal at 0.4 cm. The cornea are translucent. The sclerae and conjunctivae are unremarkable. The nose and ears are not unusual, except for blood within the right ear canal. The teeth are natural and in adequate condition. The neck is unremarkable.

The thorax is well developed and symmetrical. The abdomen is obese. The anus and back are unremarkable. The breasts are well developed without palpable masses. The external genitalia are those of a normal adult female.

The upper and lower extremities are well developed and symmetrical without absence of digits. The legs are tanned. Red polish is on the toenails.

Identifying marks and scars on the body include a small blue tattoo of a dolphin on the lateral right ankle.

Page 3 of 5
Case No. 09SME-460

Evidence of medical intervention includes two electrocardiographic patches.

EVIDENCE OF INJURY

DESCRIPTION OF BLUNT FORCE INJURIES

HEAD AND NECK: A 6 x 1 inch area of confluent pink abrasions arranged in an oblique pattern extends from the superolateral left temporal region of the scalp to the posterolateral left occipital region of the scalp. Within its posterior aspect is a 1 1/4 inch near vertical laceration. Fresh blood is within the right ear canal. Multiple areas of confluent deep soft tissue contusions involve the posterolateral left occipital region, posterior midline occipital region, and posterolateral inferior right occipital region of the scalp. A 1 inch circular fracture involves the left orbital plate. A fracture extends from the midline posterior bone to the inferolateral right parietal bone, then courses toward the midline along the petrous ridge of the right temporal bone, then crosses the right middle cranial fossa from a posterior to anterior direction. Diffuse subarachnoid hemorrhage covers the cerebrum, more prominent along the lateral right cerebrum.

THORAX AND ABDOMEN: A 1/4 inch, round, tan abrasion is on the central chest. A 1 x 1/4 inch horizontal linear brown abrasion is underneath the left breast. A 3/4 inch horizontal linear red abrasion is underneath the right breast. No internal injuries are present.

EXTREMITIES: Two adjacent 1/2 inch to 1 inch round, blue contusions are on the mid posterior left forearm. A 3/4 inch round, red-purple contusion is on the posterior left wrist. Near confluent red-purple contusions cover the hand knuckles of the left hand and extend along the dorsal aspects of the left index and left middle finger. Two adjacent 1/4 inch vertical linear round scratch abrasions are on the central dorsal right hand. A 1/4 inch white-tan abrasion is on the dorsal aspect of the right middle finger at its base. A 1 inch irregularly round, red abraded contusion is on the proximal anterior right shin. A 1 1/2 inch irregularly round, red and brown abraded contusion is on the mid anterior right shin.

INTERNAL EXAMINATION

BODY CAVITIES: No adhesions or abnormal collections of fluids are in any of the body cavities. All body organs are present in normal and anatomic position.

HEAD (CENTRAL NERVOUS SYSTEM): The brain weighs 1280 grams. The dura mater and falx cerebri are intact, and the leptomeninges have the subarachnoid hemorrhage as previously described. The cerebral hemispheres are symmetrical. The

Page 4 of 5
Case No. 09SME460

structures at the base of the brain, including cranial nerves and blood vessels, are intact and free of abnormality. Sections through the cerebral hemispheres reveal no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere. The cerebral ventricles are of normal caliber. Sections through the brain stem and cerebellum are unremarkable. The spinal cord is not examined.

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

CARDIOVASCULAR SYSTEM: The heart weighs 300 grams. The pericardial surfaces are smooth, glistening, and unremarkable. The pericardial sac is free of significant fluid or adhesions. The coronary arteries arise normally and follow the usual distribution of a right dominant pattern with no significant atherosclerotic stenosis. The chambers and valves bear the usual size/position relationship and are unremarkable. The myocardium is dark red-brown, firm, and does not show obvious areas of necrosis or fibrosis. The atrial and ventricular septa are intact. The aorta and its major branches arise normally and follow the usual course with very patchy atherosclerosis around the arch of the aorta. The vena cava and its major tributaries return to the heart in the usual distribution and are unremarkable.

RESPIRATORY SYSTEM: The right and left lungs weigh 310 and 290 grams, respectively. The upper and lower airways are patent, and the mucosal surfaces are smooth and yellow-tan. The pleural surfaces are smooth, glistening, and unremarkable. The pulmonary parenchyma on serial sectioning is pink-light red and exudes slight amounts of blood and frothy fluid. The pulmonary arteries are normally developed and patent.

LIVER AND BILIARY SYSTEM: The liver weighs 2100 grams. The hepatic capsule is smooth, glistening, and intact covering a red-brown parenchyma. The gallbladder contains viscid bile. The extrahepatic biliary tree is patent.

ALIMENTARY TRACT: The esophagus is lined by gray-white smooth mucosa. The gastric mucosa has loss of the usual rugal folds, and the lumen contains approximately 75 mL of thick, pink-tan liquid with recognizable corn kernels. The small and large bowel are unremarkable. The appendix is present. The pancreas has a normal pink-tan lobulated appearance, and the ducts are clear.

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Case No. 09SME460

GENTOURINARY TRACT: The right and left kidneys weigh 110 and 120 grams, respectively. The renal capsules are smooth, thin, semitransparent, and strip with ease from the underlying smooth, red-brown, firm cortical surfaces. The cortices are sharply delineated from the medullary pyramids. The calyces, pelves, and ureters are unremarkable. The urinary bladder contains 110 mL of clear yellow urine; the mucosa is gray-tan and smooth. The uterus, fallopian tubes, ovaries, and vagina are unremarkable. The endometrium is 0.3 cm and tan. The ovaries are atrophic appearing.

RETICULOENDOTHELIAL SYSTEM: The spleen weighs 150 grams and has a smooth, intact, dark red-purple capsule covering a red-purple, moderately firm parenchyma. The regional lymph nodes appear normal.

ENDOCRINE SYSTEM: The pituitary, thyroid, and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM: The bony framework, supporting musculature, and soft tissues are not unusual, except for the injuries as previously described.

OPINION

This 43-year-old Caucasian female, (b)(3):CPSA Section 25(c), died of blunt force injuries of the head.

According to investigative reports, the decedent was a passenger on an all terrain vehicle that was driven by her husband. She fell off the vehicle landing on a gravel road. She was not wearing a helmet. She was transported to a local hospital emergency room but pronounced dead shortly after arrival.

Autopsy findings revealed skull fractures with bleeding around the brain. No significant natural disease processes were present.

Toxicological analysis of femoral blood and vitreous revealed a significant concentration of alcohol (0.200% in blood; 0.18% in vitreous).

The manner of death is **ACCIDENT**.

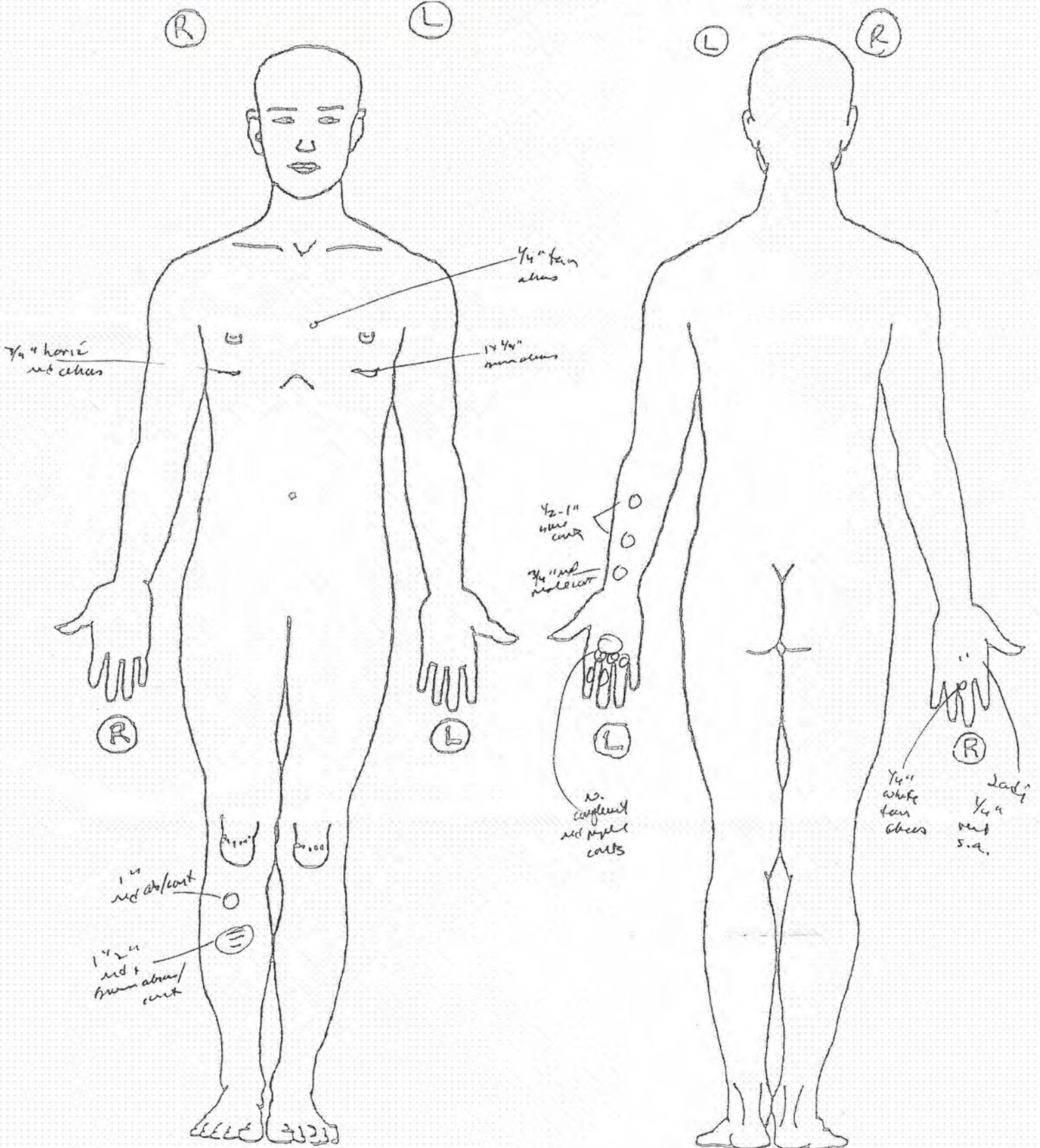

Jerri L. McLemore, M.D.
Associate State Medical Examiner

JLM/aa

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

Name _____

Case # 09SME460

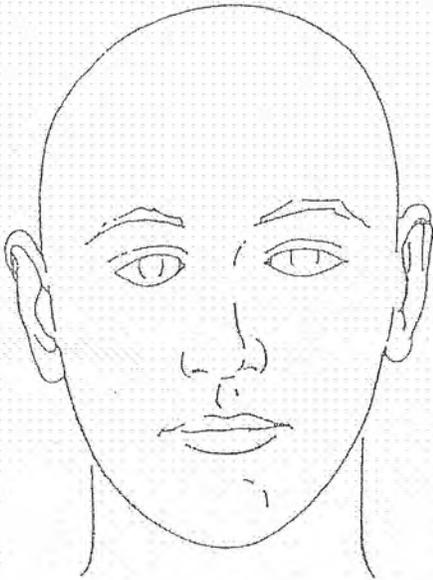


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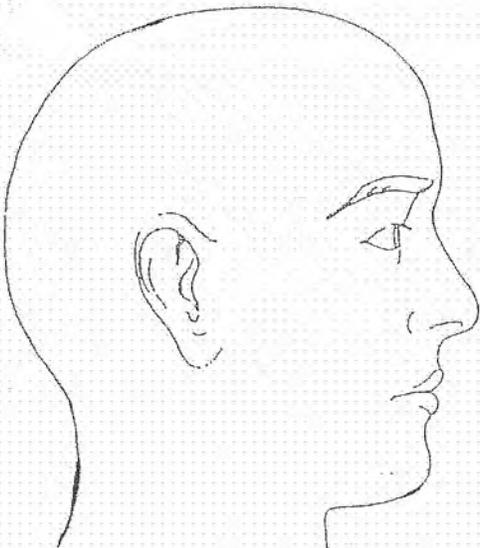
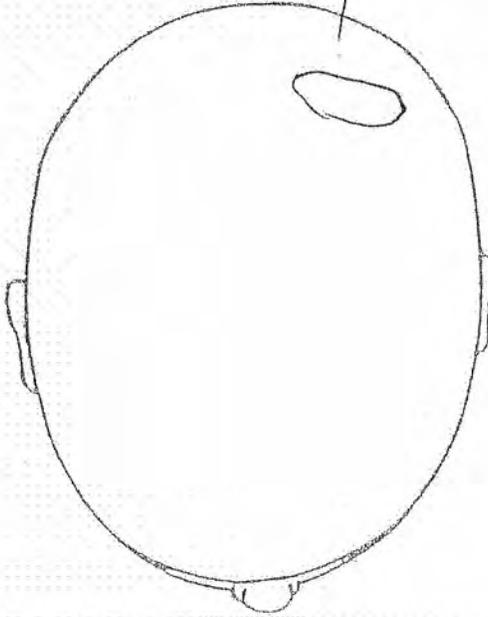
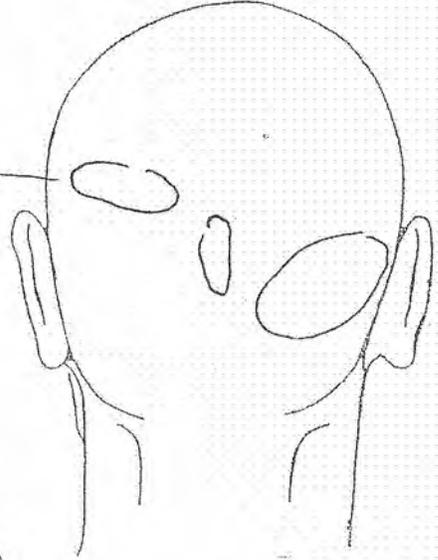
(b)(3):CPSA Section 25(c)

Name _____

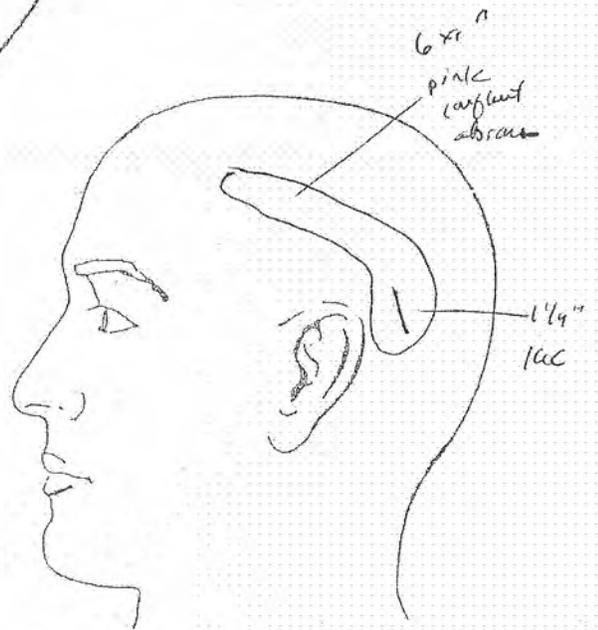
Case # 09SME 460



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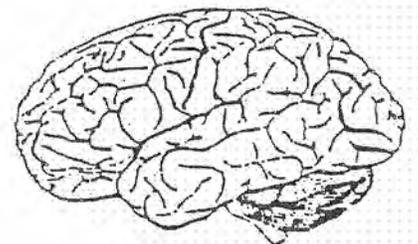
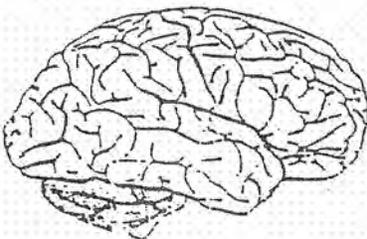
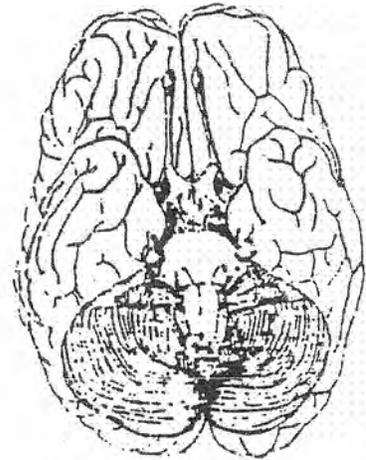
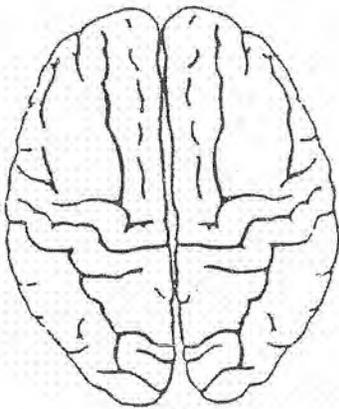
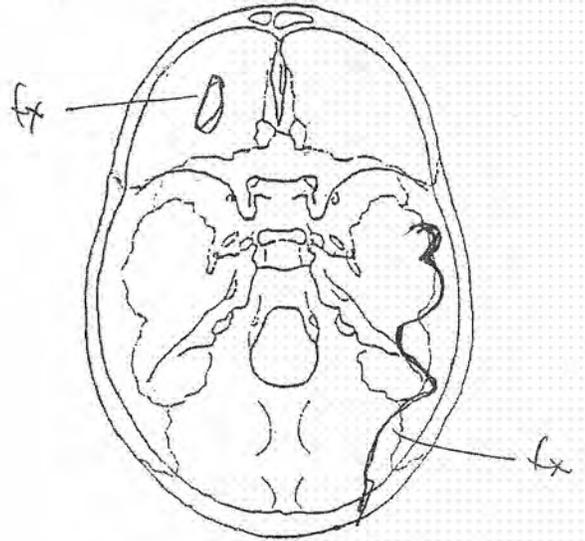
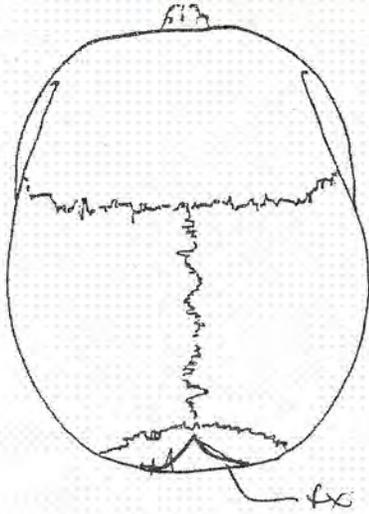


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(b)(3):CPSA Section 25(c)

Name _____

Case # 09SME460



09SME460

DECEDENT: (b)(3):CPSA S

DATE: 9/3/09

PATHOLOGIST: JERRI McLEMORE, M.D. JM

MICROSCOPIC EXAMINATION

MYOCARDIUM- Sections show normally arranged myocytes without significant inflammation, hemorrhage, or necrosis. There are perivascular areas of mature adipose tissue within the myocardium of the left ventricle and interventricular septum. The right ventricle has fatty infiltration involving over ½ the thickness of the wall with focal interstitial fibrosis involving the remaining myocytes.

LUNGS- Sections show focal atelectasis and patchy anthracosis. One section has foci of intra-alveolar hemorrhage and clusters of foreign material like skeletal muscle fibers not associated with inflammation consistent with orogastric contents.

LIVER- Section shows focal clusters of diffusely scattered macrovesicular fatty change of the hepatocytes. The remaining hepatocytes have somewhat rarefied cytoplasm, which may indicate increase glycogen stores.

KIDNEY- Section shows normally formed and distributed glomeruli, tubules and vessels. No significant sclerosis involves the glomeruli.

SPLEEN, PANCREAS, BRAIN (HIPPOCAMPUS)- Sections show no significant histopathology.

MICROSCOPIC SLIDE KEY

Slide A- Brain (hippocampus)

Slide B- Lungs, spleen

Slide C- Liver, kidney, pancreas

Slide D- Myocardium

090831HWE8427
Exhibit 2, 11 of 14



2265 Executive Drive, Indianapolis, IN 46241
Telephone: (317) 243-3894 / Fax: (317) 243-2789

LABORATORY CASE NUMBER: 1011724	Subject's Name: PETSCH, CYNTHIA
Client Account: 11852 / IOWA02 Physician: MCLEMORE Report To: IOWA OFF. OF THE STATE MED. ATTN: Julia Goodin, MD 2250 South Ankeny Blvd. Ankeny, IA 50023-9093 Fx: 1-515-725-1414-503	Agency Case#: 09SME460 Date of Death: 08/29/2009 Test Reason: Other Investigator: Date Received: 09/03/2009 Date Reported: 09/11/2009, 14:58:23

Laboratory Specimen No: 40139621	Date Collected: 08/29/2009
Container(s) : 01: Red Top Bottle Blood, FEMORAL	Test(s) : 70530 Drugs of Abuse Panel, Blood (900B)

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
AMPHETAMINES	Negative				
BARBITURATES	Negative				
BENZODIAZEPINES	Negative				
CANNABINOIDS	Negative				
COCAINE/METABOLITES	Negative				
FENTANYL	Negative				
METHADONE/METABOLITE	Negative				
OPIATES	Negative				
PHENCYCLIDINE	Negative				
PROPOXYPHENE/METABOLITE	Negative				
SALICYLATES	Negative				
ALCOHOLS					
Methanol	Negative				
Ethanol	POSITIVE				
Ethanol, Quant		0.200	% (w/v)	Not Established	
Acetone	Negative				
Isopropanol	Negative				

Specimens will be kept for one year from the date received.

(b)(3):CPSA Section

Laboratory Case #: 1011724

Print Date/Time: 09/11/2009, 14:58:23

Page: 1 of 2

090831HWE8427
Exhibit 2, 12 of 142265 Executive Drive, Indianapolis, IN 46241
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LABORATORY CASE NUMBER: 1011724	Subject's Name: PETSCH, CYNTHIA
Client Account: 11852 / IOWA02 Physician: MCLEMORE Report To: IOWA OFF. OF THE STATE MED. ATTN: Julia Goodin, MD 2250 South Ankeny Blvd. Ankeny, IA 50023-9093 Fx: 1-515-725-1414-503	Agency Case#: 09SME460 Date of Death: 08/29/2009 Test Reason: Other Investigator: Date Received: 09/03/2009 Date Reported: 09/11/2009, 14:58:23

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BENZODIAZEPINES	Negative				
CANNABINOIDS	Negative				
COCAINE/METABOLITES	Negative				
FENTANYL	Negative				
METHADONE/METABOLITE	Negative				
OPIATES	Negative				
PHENCYCLIDINE	Negative				
PROPOXYPHENE/METABOLITE	Negative				
SALICYLATES	Negative				
ALCOHOLS					
Methanol	Negative				
Ethanol	POSITIVE				
Ethanol, Quant		0.200	% (w/v)	Not Established	
Acetone	Negative				
Isopropanol	Negative				

Specimens will be kept for one year from the date received.

(b)(3):Exemption for

Laboratory Case #: 1011724

Print Date/Time: 09/11/2009, 14:58:23

Page: 1 of 2

090831HWE8427
Exhibit 2, 13 of 14



2265 Executive Drive, Indianapolis, IN 46241
 Telephone: (317) 243-3894 / Fax: (317) 243-2789

Laboratory Specimen No: 40139622	Date Collected: 08/29/2009
Container(s) : 01: Vitreous Vitreous, EYE	Test(s) : 70570 Autopsy Panel, Volatiles (900V1) 32400 Electrolytes Panel (910COR)

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
Chloride		130	MMOL/L		
Creatinine		0.8	mg/dL		
Glucose		<25	mg/dL		
Potassium		6.8	MMOL/L		
Sodium		144	MMOL/L		
Urea Nitrogen		9	mg/dL		
ALCOHOLS					
Methanol	Negative				
Ethanol	POSITIVE				
Ethanol, Quant		0.180	% (w/v)	Not Established	
Acetone	Negative				
Isopropanol	Negative				

The Specimen identified by this Laboratory Specimen Number has been handled and analyzed in accordance with all applicable requirements.

(b)(3):CPSA Section 25

Laboratory Case #: 1011724

Print Date/Time: 09/11/2009, 14:58:23

Schwilke, Gene

Signature of Certifying Scientist

Iowa Office of the State Medical Examiner
2250 S. Ankeny Blvd.
Ankeny, IA 50023-9093

EVIDENCE DISPOSITION

Date : 8/31/2009

Case Number : 09SME460

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

The following listed evidentiary item/s will be held for *seven full calendar years* following the date the autopsy was performed unless the Iowa Office of the State Medical Examiner is requested to retain for a longer specific period of time either by certified mail and/or by court order:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Histology (in paraffin) | <input type="checkbox"/> Polaroid |
| <input checked="" type="checkbox"/> Microscopic Slides | <input checked="" type="checkbox"/> Bloodstain Card |
| <input checked="" type="checkbox"/> Digital Photographs | <input checked="" type="checkbox"/> Thumbprints/Index Fingerprints |
| <input type="checkbox"/> 35 mm Photographs/Film | <input type="checkbox"/> Major Case Prints |
| <input type="checkbox"/> 35 mm Photographic Slides | <input type="checkbox"/> Footprints |

The following listed evidentiary item/s will be destroyed after *three full calendar years* following the date the autopsy was performed unless the Iowa Office of the State Medical Examiner is requested to do otherwise either by certified mail and/or by court order:

- Tissue Sections, Formalin Fixed

The following listed evidentiary item/s will be destroyed after *one full calendar year* following the date the autopsy was performed unless the Iowa Office of the State Medical Examiner is requested to do otherwise either by certified mail and/or by court order:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Femoral Blood | <input checked="" type="checkbox"/> Vitreous | <input type="checkbox"/> Kidney |
| <input checked="" type="checkbox"/> Heart Blood | <input type="checkbox"/> Brain | <input type="checkbox"/> Bile |
| <input checked="" type="checkbox"/> Urine | <input type="checkbox"/> Liver | <input type="checkbox"/> Skeletal Muscle |
| <input type="checkbox"/> | | |

Signed,



Terri L. McLemore, MD
Associate State Medical Examiner

ALLAMAKEE COUNTY SHERIFF'S OFFICE

TECHNICAL ACCIDENT INVESTIGATION

CASE NUMBER 2009-002335

INCIDENT DATE: AUGUST 29, 2009

PREPARED BY

CLARK A. MELLICK – DEPUTY SHERIFF #3-4



UTILITY TERRAIN VEHICLE FATALITY

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TECHNICAL ACCIDENT INVESTIGATION REPORT

CASE NUMBER: 2009-00235

SECTION 1: GENERAL INFORMATION

Incident Type

Utility Terrain Vehicle fatality – victim fell from UTV, causing death.

Incident Date and Time

August 29, 2009 00:26 hours

Incident Location

Linton Drive, Allamakee County Iowa

Unit 1

Driver Unit 1: (b)(6)



Birth Date: 07/28/1966

OLN: (b)(6) State: Iowa

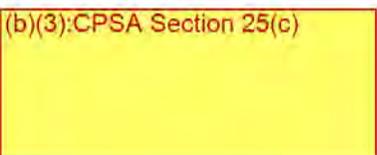
Injuries: Uninjured

Vehicle Description: **2009 Polaris Ranger 700 Crew**

Vehicle Identification Number: (b)(6)

Passenger

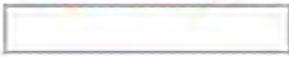
Fatality: (b)(3):CPSA Section 25(c)



Birth Date: 10/10/1965

OLN (b)(6) State: Iowa

Injuries:



SECTION 2: Investigating Officer's Report

Officer's Report – Deputy Sheriff Clark A. Mellick #3-4

On August 29, 2009 at 00:26 hours, I was contacted by the Allamakee County Sheriff's Dispatch and informed of a personal injury ATV accident on Linton Drive in southwest Allamakee County. I was advised that a female had received injuries and was unresponsive, lying in the ditch. At this time, I was conducting a traffic stop on State Forest Road near Harpers Ferry. I advised the Allamakee County Sheriff's Dispatch that I was enroute to the accident.

Upon arrival on scene, I observed a maroon Polaris Ranger Crew Utility Terrain Vehicle parked on the north side of Linton Drive. I also observed three persons standing on the roadway near the north ditch. I observed a female lying face down in the north ditch and a male kneeling beside her and appeared to be holding her mouth open. I immediately went to the female victim, identified as (b)(6), (b)(3):CPSA S. I asked the male beside her, identified as (b)(3):CPSA Section 25, if the victim was responsive. (b)(6) stated that he thought (b)(6) had coughed and stated that he was holding her mouth open in an attempt to keep an airway. I then attempted to locate a pulse and was unsuccessful. I then rolled (b)(6) over to her back, assisted by Iowa State Trooper Jay Hanson who had arrived on-scene.

I then checked for breathing and discovered that (b)(6) was not breathing. I then began CPR assisted by a bystander. Waterville Ambulance personnel then arrived on-scene and took over CPR. A defibrillator was then attached to (b)(6) and was utilized. (b)(6) was then loaded in the Waterville Ambulance and transported to Veterans Memorial Hospital in Waukon, Iowa. (b)(6) went in the ambulance to the hospital with (b)(6).

I then made contact with a bystander identified as (b)(6) did accompany me to my vehicle and did give a statement of his knowledge of the incident. *See attached Voluntary Statement of Mike McGeough dated 8/28/2009.* *NOTE-The statement was completed on 8/29/2009.

The scene was photographed and evidentiary items were marked. The Utility Terrain Vehicle and its contents were also photographed. Measurements were then taken of the scene with a TopCon GTP2009 Total Station and TopCon FC200 Data Collector.

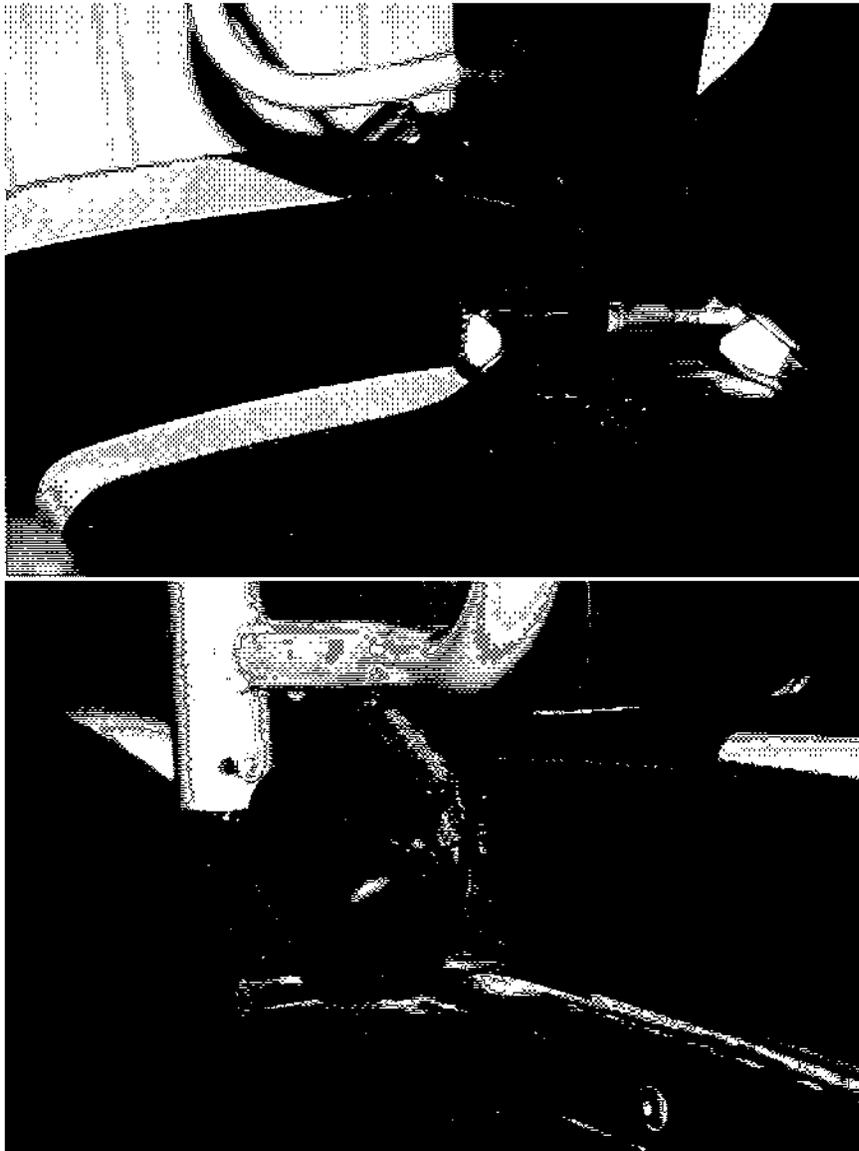
Scene Observations

The Polaris Ranger Crew UTV was traveling westbound on Linton Drive in Allamakee County. A track was identified on north sided of the roadway to be that of the UTV. No significant marks were observed prior to the location that the victim fell from the UTV. The victim (b)(3):CPSA Se fell from the UTV, onto the shoulder of the roadway and coming to rest in the north ditch. A braking skid that was 10.73 feet in length was located on the travel portion of the roadway 37 feet west of the location that the passenger fell from the UTV. The braking skid appears to be the location that the driver (b)(6) (b)(6) first observed that (b)(3):CPSA S had fallen from the vehicle. The UTV then continued westbound and entered the north ditch. The UTV then turned around and traveled eastbound to the location of the victim and turned around again and was parked on the roadway facing east.

Vehicle Analysis

The Polaris Ranger UTV was towed from the scene to the Allamakee County Sheriff's storage building by Danny Macs Towing of Waukon, Iowa. The UTV and its contents were secured in the building. An analysis of the UTV was completed on August 30, 2009. The Polaris Ranger was found to be in excellent condition and showed no mechanical defects.

*NOTE – The front passenger seat belt was observed to be in a retracted position with the buckle tucked between the seat and the belt mechanism.



Conclusion

- A 2009 Polaris Ranger 700 Crew utility terrain vehicle was occupied by Daryl Lawrence Petsche (driver) and Cynthia Joanne Petsche (front seat passenger).
- The Petsche's were camping at the Scenic View Campground.
- The Petsche's had decided to go for a ride in the UTV.
- Michael McGeough was on an ATV traveling ahead of the Petsche UTV on Linton Drive.

- (b)(6) was negotiating a right hand curve traveling westbound on Linton Drive.
- Cynthia Petsche fell from the UTV onto the shoulder of the road and came to rest in the north ditch.
- (b)(3):CPSA Section 25(c) was not wearing a seatbelt or helmet at the time of the incident.
- (b)(3):CPSA Section 25(c) died of head injuries sustained at the time of the fall.
- (b)(6) then realized that (b)(3):CPSA S fell from the vehicle and attempted to stop the vehicle.
- A braking skid measuring 10.73 feet in length was located on the roadway 37 feet west of the location of (b)(3):CPSA Sec body at rest.
- (b)(6) turned the vehicle around and returned to the location of (b)(3):CPSA S and parked the UTV on the roadway, facing west.
- A blood specimen of (b)(6) was collected and analyzed by the D.C.I. Laboratory in Ankeny Iowa indicating a blood alcohol content of 0.155 g/100ml.
- A blood specimen of (b)(3):CPSA Section 2 was collected post mortem and was analyzed by the D.C.I. Laboratory in Ankeny Iowa indicating a blood alcohol content of 0.296 g/100ml.
- (b)(6) was charged with Operating While Intoxicated (first offense).

End of Report

Prepared by
Clark A. Mellick – Deputy Sheriff #3-4

November 25, 2009

Officer's Report – Iowa State Trooper Jay Hansen #92

IOWA STATE PATROL

Supplemental Report

Trooper Jay Hansen #92

CASE: (b)(6) Fatality

On 8-29-09 at 0036 hrs, I responded to a reported accident involving injury on Linton Rd in southern Allamakee County. The information that I had was that a female had fallen from an ATV and was injured lying in the ditch. As I was in route, further information was that the female was unresponsive and not breathing. I arrived on the scene at 0049 hrs.

Upon my arrival, Deputy Clark Mellick was on the scene as well as other bystanders. I observed a female lying face down in the north ditch facing East. There was a male subject lying in the ditch beside the female and Mellick was bent over assessing the situation. I assisted Mellick in rolling the female over to start CPR. Mellick did breaths while another unidentified bystander administered compressions. During this time, I was on the radio talking to Allamakee County dispatch and the Waterville ambulance. We had Medlink air in route as well and I was assessing a landing zone at the scene.

The Waterville ambulance arrived on the scene, and the female was loaded for transport to the hospital in Waukon. The male subject in the ditch, who identified himself as her husband, also went in the ambulance to the hospital, uninjured. The medical helicopter was diverted to the hospital. The female was unresponsive when loaded, with CPR in progress.

Deputy Mellick stayed on the scene to photograph and further process the scene. I proceeded to the hospital in Waukon to obtain further information and investigate the alcohol that was involved in this incident. I arrived at the hospital at 0137. Upon my arrival there, I identified the male driver of the Polaris Ranger ATV as (b)(6) of Monona. The female was identified as (b)(3):CPSA Section wife, also of Monona. Cynthia had been pronounced dead at the hospital.

As I interviewed (b)(6) at the hospital, I noticed a strong odor of alcoholic beverage about his person. I had taken note of several empty beer cans in the ATV as well as a full, unopened beer in the cup holder on the driver's side. I also noted a cooler in the back of the ATV. I asked (b)(7) if he had been drinking this evening and he replied that he had been. When asked how much, (b)(7) replied "probably enough". (b)(7) explained to me that his wife had wanted to take a ride to Volney this evening on the Polaris Ranger. (b)(7) agreed, and they left the campground where they were staying. As they were westbound on Linton Rd, (b)(6) had stated "lets go". (b)(7) said he then pushed the gas pedal down a little to speed up. When he looked over at his wife, she was gone. (b)(7) immediately turned the ATV around in the road and returned to the ditch and found (b)(6) lying in the ditch. Another male subject that had been riding with them, returned, saw what had happened, and left to call 911.

I explained to (b)(7) that as a part of the investigation, I would need to draw blood from him to determine his BAC. (b)(7) understood. At 0155 hrs, I read the implied consent law to (b)(7). He indicated that he understood and signed the consent for a test. At 0203 hrs, (b)(7) gave a sample of blood for testing. I witnessed the blood draw, sealed the tube and took custody of the blood. At the same time this blood was drawn from (b)(7), Dr (b)(3):CPS had signed the Dead or Unconscious form and drew blood from (b)(6) at 0200. I also sealed this blood and took custody of it.

Shortly after the blood draw, (b)(7) was released to handle several affairs with the hospital staff and talk with the people that had come to the hospital to assist him. Deputy Mellick also arrived at the hospital and I briefed him on the information this far. Mellick and I then proceeded to the Allamakee County Sheriffs Office where I turned the blood over to his custody for the case. I resumed patrol.

Trooper Jay Hansen#92

SECTION 3 – Measurements and Diagram

Coordinates

Case Number 2009-002335

1	-0.088	42.238	499.777 BS	BackSight
2	-4.239	44.085	499.791 ERN	Edge of Road North
3	-97.849	108.076	500.52 ERN	Edge of Road North
4	-134.975	154.785	500.933 ERN	Edge of Road North
5	-167.416	218.027	501.259 FRN	Edge of Road North
6	184.946	207.721	501.901 FRS	Edge of Road South
7	-110.989	91.759	501.254 ERS	Edge of Road South
8	-10.733	21.143	500.672 ERS	Edge of Road South
9	-155.682	190.121	501.058 SKDF	Skid End
10	-152.48	179.877	501.093 SKDS	Skid Start
11	-124.231	151.219	499.039 VIC	Victim Location
12	124.495	135.473	500.876 TRACK1	UTV Track1 left wheel
13	-149.537	182.23	500.743 TRACK1	UTV Track1 left wheel
14	162.527	207.393	501.086 TRACK1	UTV Track1 left wheel
1001	0	0	500 OCC	Occupied Point

Scene Diagram

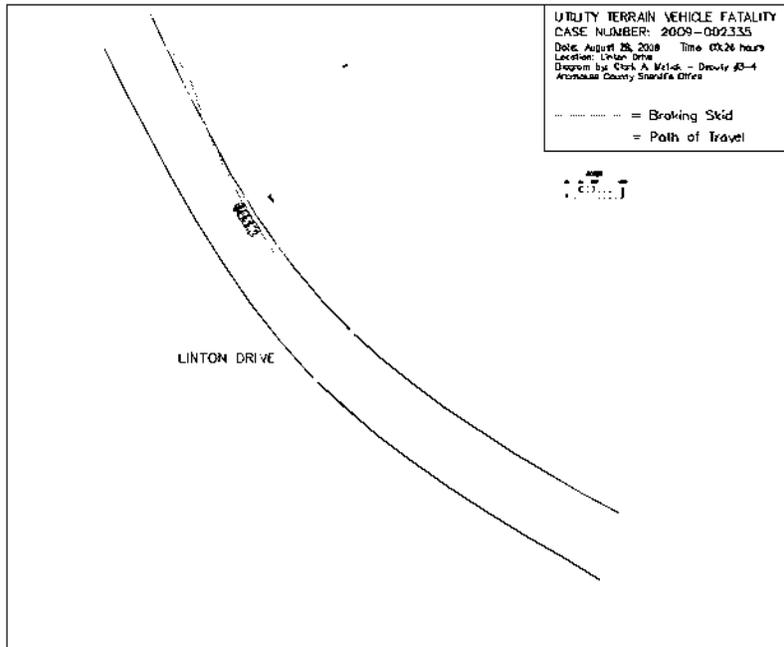


Photo 1: Scene Diagram

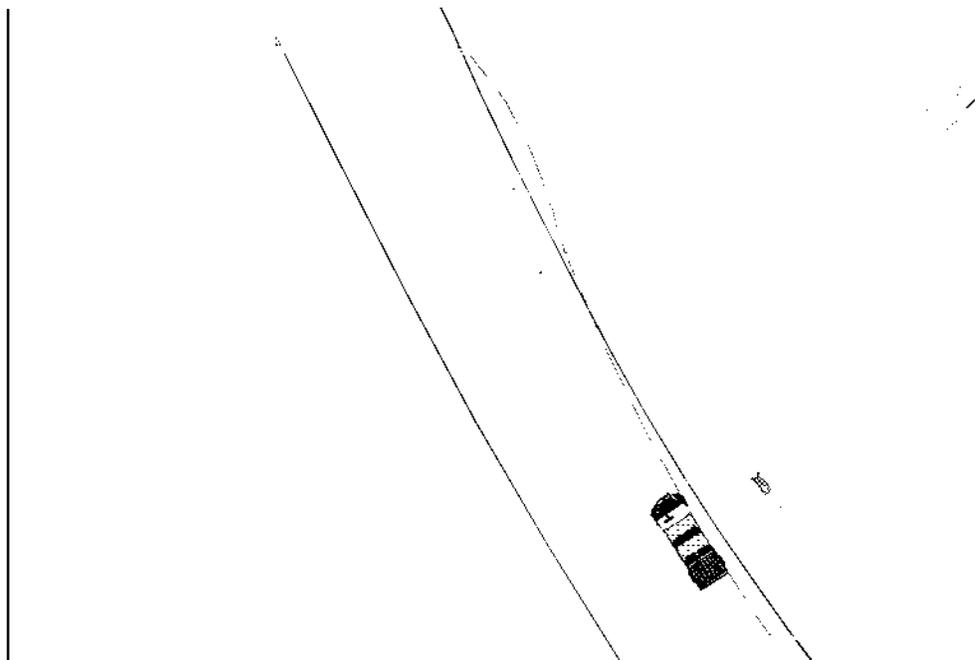


Photo 2: Scene View

SECTION 4 - Statements

Statement of Michael McGeough

IOWA STATE PATROL

VOLUNTARY STATEMENT
WITNESS/SUSPECT

NAME: (b)(6) ADDRESS: (b)(6)
DOB: 12-04-1958 PHONE: 511-5111

(b)(3):CPSA Section 25(c),(b)(6) I went to
a ride I was ahead of them
I drove up to (b)(6)
waited in the driveway for maybe
5 minutes turn around (b)(6)
(b)(6) told me (b)(6) tell out
of the ranger (b)(6) checked for
a pulse could not find any her
eyes were open (b)(6) checked a
couple of times for a pulse could
not find one

SIGNATURE: Michael McGeough
DATE: 8-28-09

SECTION 5 - Toxicology

Information Daryl Petsche

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No: G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

ALLAMAKEE COUNTY SHERIFF
Tim Haidersheit
P.O. Box 289
WAUKON, IA 52172-0289

2009-602335

3-5

Photo 3: Certified Mail Blood Specimen D. Petsche

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Iowa DCI Laboratory 2240 South Ankeny Ankeny, Iowa 50023</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>09-52945(2)</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7009 0080 0001 3960 8593</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M 1540

Photo 4: Certified Mail Blood Specimen D. Petsche

Implied Consent Advisory Daryl L. Petsche



Iowa Department of Transportation

Office of Driver Services
P.O. Box 9204
Des Moines, IA 50306-9204

Form 432018 06-07 H-1105

Request and Notice Under Iowa Code Chapter 321J/Section 321.208

<input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Operating Commercial Motor Vehicle (CMV) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Hazardous Material Placarding Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Ticket or Case No.	
County of Occurrence: <u>Almona</u>		Date of Occurrence: <u>7/23/09</u>		Time of Arrest or Preliminary Breath Test or PBT Refusal: <input type="checkbox"/> AM <input type="checkbox"/> PM		Enforcement Agency: <u>25P</u>	
Name (Last, First, Middle): <u>(b)(6)</u>		Date of Birth:		Sex:		State: <u>IA</u>	

A On the above date of occurrence, there existed reasonable grounds to believe the above named person was operating a motor vehicle in violation of Iowa Code Section 321J.2, 321J.2A, or was operating a Commercial Motor Vehicle (CMV) with an alcohol concentration of 0.04 or more and the person

B (Check all that apply. At least one box must be checked.)

submitted to a preliminary breath screening test (PBT) which indicated an alcohol concentration of eight hundredths (0.08) or more.

was under age 21 and submitted to a PBT which indicated an alcohol concentration of two hundredths (0.02) but less than 0.08.

was operating a CMV and submitted to a PBT which indicated an alcohol concentration of four hundredths (0.04) or more.

refused to submit to a PBT under Iowa Code Section 321J.5.

was involved in a motor vehicle accident or collision resulting in personal injury or death.

was placed under arrest for violation of Iowa Code Section 321J.2.

submitted to a PBT which indicated an alcohol concentration of less than eight hundredths (0.08) and the peace officer had reasonable grounds to believe that the person was under the influence of a drug other than alcohol or a combination of alcohol and another drug.

C **REQUEST FOR SPECIMEN:** Having read to you the appropriate Implied Consent Advisory, I hereby request a specimen of your blood breath urine for chemical testing to determine the alcohol or drug content.

Date: 7/23/09 Time of request: 05:27 AM PM

REQUEST FOR ALTERNATE SPECIMEN: Withdrawal of a blood specimen having been refused, I hereby request a specimen of your breath urine for chemical testing to determine the alcohol or drug content.

Date: _____ Time of request: _____ AM PM

Having been read the Implied Consent Advisory, I consent refuse to submit to the withdrawal of the specimen(s) requested.

Signature of Driver X *(If driver refuses to sign, indicate "refused to sign")*

REQUEST FOR A SPECIMEN FOR DRUGS: Having reasonable grounds to believe that you are under the influence of a drug other than alcohol or a combination of alcohol and another drug, I hereby request a blood urine specimen for chemical testing.

Date: _____ Time of request: _____ AM PM

Having been read the Implied Consent Advisory, I consent refuse to submit to the withdrawal of the specimen(s) requested.

Signature of Driver X *(If driver refuses to sign, indicate "refused to sign")*

Signature of Peace Officer Making Request X

SCHEDULE I or II

D The person (operator): (Check all that apply. At least one box must be checked.) **Alcohol Test Result:** 0.15 **Drug Test Result:** _____

submitted to chemical testing which indicated the presence of a controlled substance or other drug, or a combination of alcohol and another drug in violation of 321J.2

was under age 21 and submitted to chemical testing which indicated an alcohol concentration of two hundredths (0.02) but less than eight hundredths (0.08).

submitted to chemical testing which indicated an alcohol concentration of eight hundredths (0.08) or more.

was operating a commercial motor vehicle (CMV) and submitted to chemical testing which indicated an alcohol concentration of four hundredths (0.04) or more.

refused to submit to chemical testing.

refused to submit to chemical testing for drugs other than alcohol or a combination of alcohol and another drug.

E **NOTICE OF REVOCATION:** Effective ten days from the date of this notice, your privilege to operate motor vehicles in Iowa is revoked pursuant to Iowa Code Chapter 321J for a period of: Test Result 1st 60 days Test Result 2nd or subsequent 90 days

Test Result 1st 180 days 2nd or subseq. one year until 18th birthday (if longer)

Test Refusal 1st one year 2nd or subseq. two years until 18th birthday (if longer) and shall remain revoked until you post proof of financial responsibility as required by Iowa Code Chapter 321A. Also, effective ten days from the date of this notice, your privilege to register motor vehicles in Iowa is suspended pursuant to Chapter 321A and shall remain suspended until you post proof of financial responsibility with the department. You are ordered to send or deliver all your plates and registration certificates to the address at the top of this form. For revocations under 321J.2A, registration privileges are NOT suspended and you are not required to file proof of financial responsibility.

In addition to revocation of your motor vehicle license or non-resident operating privilege, the Department of Transportation also orders you to satisfactorily complete the following:

1. A course for drinking drivers (12 hrs.), as provided in section 321J.22 of the Code; 2. Evaluation and treatment or rehabilitation services.

NOTICE OF DISQUALIFICATION: Effective thirty days from the date of this notice, you are disqualified from operating a commercial motor vehicle in Iowa pursuant to Iowa Code §321.208 for a period of: 1 year 3 years Life.

TEMPORARY LICENSE: You are required by law to surrender to the undersigned peace officer all Iowa driver licenses or permits in your possession. This entire notice is valid as a temporary license for ten days from the date of this notice.

is not valid as a temporary license. Reason _____

I personally served a copy of this notice of revocation/disqualification along with form 432018, "Request for Temporary Restricted License (Work Permit) or Hearing" and form 432019, "Operation of Iowa Code Chapter 321J, Section 321.208 and Your Rights" to the above named person.

Dated this 5th day of October, 2009 Daryl L. Petsche Signature of Peace Officer Serving Notice

F I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and correct.

Date: 10/5/2009 Signature: Daryl L. Petsche Badge or I.D. No. 7-4

LAW ENFORCEMENT AGENCY

Laboratory Receipt for Blood Specimen Daryl L. Petsche

Laboratory Analysis Electronic Packing Slip

Print Packing Slip	New Case	Back	Logout
------------------------------------	--------------------------	----------------------	------------------------

Iowa DCI Laboratory
 2240 South Ankeny
 Ankeny, Iowa 50023

Case Information

Sent electronically to Lab: (08/29/2009 @ 04:07)

Iowa DCI Lab



Department Case:2009-002335 Submission # 1

- **Department:** Allamakee Co. Sheriff Office [03S1] / User Name: Allamakee County Sheriff
- **Department Case:** 2009-002335
- **Case Number Assigned:** No
- **Submission Number:** 1
- **Officer Name:** Clark A. Mellick
- **Officer Email:** cmellick@co.allamakee.ia.us
- **Officer Phone:** 563-568-4521
- **Offense Date:** 08/29/2009
- **Offense Location:** Linton Drive
- **Offense Type:** OWI - 1st
- **County:** Allamakee
- **Case Comments:** UTV Fatality Accident Operator

Submission Information

- **Comments:** Blood Specimen
- **Date Sent:** 08/29/2009
- **Tracking #:** 2009-002335

Name Information

Name Type	Full Name	Sex	Race
Suspect	(b)(6)	Male	White/Caucasian

Analysis Request Information

Item Number	Package	Quantity	Item Type Code	Item Description	Exam Requests
001	Sealed Specimen Kit	1	[075] Blood Specimen	Specimen Kit containing blood specimen	TOX-Blood Alcohol Analysis

Consent Form Blood Specimen Daryl L. Petsche

CONSENT FORM

Date: 8-29-09 Time: _____ am
pm

Name of Subject (print): (b)(6)

I HAVE GRANTED PERMISSION FOR BLOOD SAMPLES
AND A URINE SPECIMEN TO BE TAKEN.

Signature of Subject: _____

BLOOD COLLECTOR'S REPORT

Subject's Name: (b)(6)

Address: _____

Place of Blood Collection: VMH Waukon

Date: 8-29-09 Time: 0203 am
pm

I HEREBY CERTIFY THAT I DREW BLOOD SAMPLES
FROM THE ABOVE NAMED PERSON.

Signed: [Signature]
(Specimen Collector)

Date: 0203 8-29-09 Time: 0203 am
pm

I HEREBY CERTIFY THAT I HAVE WITNESSED THE
ACTUAL WITHDRAWAL OF BLOOD FROM THE ABOVE
SUBJECT BY THE PERSON WHOSE SIGNATURE
APPEARS ABOVE.

Signed: [Signature] #9
(Witness)

Date: 8-29-09 Time: 0203 am
pm

9000 CFSOR 1 1/00

Toxicology Report Daryl L. Petsche



Official Report Of
Iowa Department of Public Safety
DCI Criminalistics Laboratory
2240 South Ankeny Boulevard
Ankeny, Iowa 50023-9093
(515) 725-1500

2009-52945 Report 1
LAB CASE NUMBER

09/15/2009
REPORT DATE

See Code of Iowa Section 691.2 Presumption of qualification - evidence - testimony. "It shall be presumed that any employee or technician of the criminalistics laboratory is qualified or possesses the required expertise to accomplish any analysis, comparison, or identification done by the employee's employment in the criminalistics laboratory. Any report, or copy of a report, or the findings of the criminalistics laboratory shall be received in evidence, if determined to be relevant, in any court, preliminary hearing, grand jury proceeding, civil proceeding, administrative hearing, and forfeiture proceeding in the same manner and with the same force and effect as if the employee or technician of the criminalistics laboratory who accomplished the requested analysis, comparison, or identification had testified in person..."

AGENCY:	Allamakee Co. Sheriff Office	CASE TYPE:	Death Investigation
AGENCY CASE NUMBER:	2009-002335	OFFENSE DATE:	August 29, 2009
CASE OFFICER:	Clark A. Mellick	REPORT OF:	Robert Monserrate
SUSPECT(S):	(b)(6)		
VICTIM(S):			

Toxicology Report

ITEMS EXAMINED

On September 01, 2009, Clark Mellick on behalf of Allamakee Co. Sheriff Office submitted the following item(s) to Kathleen Kinseth (DCI Lab):

Lab #	Agency #	Description
1	001	Blood Specimen described as Blood specimen.

RESULTS OF EXAMINATION

ITEM	FORM	RESULT	DRUG
1	Blood Specimen	0.115 g/100mL	alcohol

The above blood alcohol analyses were completed on Item 1, which was submitted as a sample from (b)(6)

The margin of error for this alcohol concentration is +/- 0.004 or +/- 5 percent, whichever is greater.

The DCI Criminalistics Laboratory is currently not performing analysis on blood samples for drugs other than alcohol. (See letter dated July 9, 2008)

If drug analysis is desired, please contact the DCI Laboratory to obtain the list of private accredited laboratories.

DISPOSITION OF EVIDENCE

The above evidence in this case will be destroyed 90 days from the date of this report unless other arrangements are made with the DCI Evidence Room.

Lab Case#: 2009-52945 Report#: 1 Agency Case#: 2009-002335 Robert Monserrate


Robert Monserrate
Criminalist Supervisor

Complaint and Affidavit Daryl L. Petsche

IN THE IOWA DISTRICT COURT IN AND FOR ALLAMAKEE COUNTY

STATE OF IOWA

Vs

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

Birth Date: 7/28/1966

CAUSE NO: _____

COMPLAINT AND AFFIDAVIT

The Defendant is accused of the crime of Operating While Intoxicated - 1st Offense a (serious misdemeanor) in violation of Section 321J.2 of the Iowa Code in that the Defendant on or about the 29th day of August, 2009, in Allamakee County did:

Operate a motor vehicle on a public roadway while under the influence of an intoxicating beverage.

Clark A. Mellick – Deputy #3-4
COMPLAINANT

110 Allamakee Street, Waukon, IA 52172
ADDRESS

AFFIDAVIT

STATE OF IOWA, COUNTY OF ALLAMAKEE, ss:

I, the undersigned, being duly sworn, state that the following facts known by me or told to me by other reliable persons, form the basis for my belief that the Defendant committed this crime.

On August 29, 2009 at 12:28 a.m., the Allamakee County Sheriff's Dispatch received a report of a Utility Terrain Vehicle accident on Linton Drive in Allamakee County. Upon arrival, I (Deputy Clark A. Mellick) observed an unresponsive female with injuries received as a result of falling out of the utility terrain vehicle. The female was transported to Veterans Memorial Hospital in Waukon where she was pronounced deceased. An investigation of the incident showed the defendant (b)(3):CPSA to be the driver of the utility terrain vehicle at the time of the incident. Numerous empty cans of an alcoholic beverage were observed in the box of the utility terrain vehicle. An odor of an alcoholic beverage was coming from the persons of the defendant as he spoke.

Iowa State Trooper Jay Hanson #92 did read the defendant the implied consent form. A specimen of the defendant's blood was received. A chemical test of the specimen indicated a blood alcohol result of 0.115g/100ml was returned from the chemical testing.

Clark A. Mellick 3-4
Signature

Subscribed and sworn to before me by the person signing this Complaint and Affidavit on this 13 day of October, 2009.



Revelyn C. Lonning
Notary Public – (Deputy) Clerk – Magistrate

Complaint and Affidavit filed this _____ day of _____, 2009, and probable cause found that the Defendant committed the offense charged.
Warrant be issued. Bail is set at \$_____
Citation issued.

Judge / Magistrate

Citation Daryl L. Petsche

IOWA UNIFORM CITATION AND COMPLAINT

ALLAMAKEE CO. SHERIFF'S OFFICE

State of Iowa
County of ALLAMAKEE No. 03
City of

0006713

ALLAMAKEE CO. CLERK OF COURT
P.O. BOX 248 WAUKOH, IA 52172

In the Court at
vs: Name (b)(3):CPSA Section 25(c)
Address
City Zip 51157
DL# State IA

DL Class A DL End. L-X DL Rest. - DL/State ID Viewed? Yes No
DOB 07/28/1966 Race W Ethn. N Sex M Ht. 508 Wt. 242

The undersigned states that on or about 8:00 AM 10/29/2009 at 11225 PM
defendant did unlawfully:

Operate Motor Vehicle/Boat (describe) 09 Polaris Range UTV

CDL Req? Yes No Pass. End. Req? Yes No HazMat End. Req? Yes No

Reg# State Year US DOT #

Upon a public highway at Linton Drive

Located in the county and state aforesaid and did then and there commit the following offense:

Traffic Navigation Snowmobile/ATV Fish-Game Parks Tobacco
Sched. Violation/Fine \$ Road Work Zone
Criminal Surcharge \$ Non-scheduled Violation
Co. Enf. Surcharge \$ Court Appearance Required (805.10)
Court Costs \$ Reason:
Total Fine/Costs \$ Serious PI Fatal Accident
Civil Damage Assessment Other

Violation Operating Vehicle Intoxicated

Speed in Zone Sec. 321.3 2 2009 IA Code

DATA CODE Fed/Adm. Code Local Ord.

Dated 10/5/2009 Co. D. G. 471-2228 3-4
Mo. Day Yr. Officer's Signature I.D. No.

Court Date: if you must appear in court or if you choose to appear to answer to a charge which does not require an appearance, report to the above named court on

1/1 at To be set AM PM

NOTICE: Providing false information is a violation of Section 719.3 of the Code of Iowa and is punishable as an aggravated misdemeanor.

You hereby are given notice that within a reasonable time but no later than the date scheduled for your initial appearance a citation/complaint sworn under oath will be filed with the district court clerk of the county in which the citation was issued.

My signature below is not a plea of guilty, but acknowledges all of the following:
1. I hereby swear and affirm that the information provided by me on this citation is true under penalty of providing false information.
2. I promise to appear in said court at said time and place, or I will comply with the provision on the top of the reverse side of the citation.

The following applies to simple misdemeanors only:
3. I hereby give my unsecured appearance bond in the amount of dollars and enter my written appearance. I agree that if I fail to appear in person or by counsel to defend against the offense charged in this citation, the court is authorized to enter a conviction and render judgment against me for the amount of my appearance bond in satisfaction of the penalty and surcharge plus court costs.

Information Cynthia Joanne Petsche

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

ALLAMAKEE COUNTY SHERIFF
Tim Heiderscheit
P.O. Box 289
WAUKON IA 52172-0289

2009-002335(2)

3-4

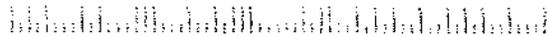


Photo 5: Certified Mail Blood Specimen Cynthia J. Petsche

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Iowa DCI Laboratory 2240 South Ankeny Ankeny, Iowa 50023</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>09-52945</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7007 0000 0001 3960 8609</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Photo 6: Certified Mail Blood Specimen Cynthia J. Petsche

Laboratory Analysis Electronic Packing Slip

Iowa DCI Laboratory
 2240 South Ankeny
 Ankeny, Iowa 50023

Case Information

Sent electronically to Lab: (08/29/2009 @ 04:23)

Iowa DCI Lab



Department Case:2009-002335 1 Submission # 1

- **Department:** Allamakee Co. Sheriff Office [03S1] / User Name: Allamakee County Sheriff
- **Department Case:** 2009-002335 1
- **Case Number Assigned:** No
- **Submission Number:** 1
- **Officer Name:** Clark A. Mellick
- **Officer Email:** cmellick@co.allamakee.ia.us
- **Officer Phone:** 563-568-4521
- **Offense Date:** 08/29/2009
- **Offense Location:** Linton Drive
- **Offense Type:** OWI - Fatal Accident
- **Offense Type:** OWI - Fatal Accident
- **County:** Allamakee
- **Case Comments:** UTV Fatality Victim Deceased

Submission Information

- **Delivery Type:** Certified Mail
- **Comments:** Blood Specimen Victim
- **Date Sent:** 08/29/2009
- **Tracking #:** 2009-002335 2

Name Information

Name Type	Full Name	Sex	Race
Victim	(b)(3):CPSA Sectio	Female	White/Caucasian

Analysis Request Information

Item Number	Package	Quantity	Item Type Code	Item Description	Exam Requests
002	Sealed Specimen Kit	1	[075] Blood Specimen	Blood Specimen Kit containing specimen.	TOX-Blood Alcohol Analysis

Toxicology Report Cynthia J. Petsche



Official Report Of
Iowa Department of Public Safety
DCI Criminalistics Laboratory
2240 South Ankeny Boulevard
Ankeny, Iowa 50023-9093
(515) 725-1500

2009-52945 Report 2
LAB CASE NUMBER

09/15/2009
REPORT DATE

See Code of Iowa Section 691.2 Presumption of qualification - evidence - testimony. "It shall be presumed that any employee or technician of the criminalistics laboratory is qualified or possesses the required expertise to accomplish any analysis, comparison, or identification done by the employee's employment in the criminalistics laboratory. Any report, or copy of a report, or the findings of the criminalistics laboratory shall be received in evidence, if determined to be relevant, in any court, preliminary hearing, grand jury proceeding, civil proceeding, administrative hearing, and forfeiture proceeding in the same manner and with the same force and effect as if the employee or technician of the criminalistics laboratory who accomplished the requested analysis, comparison, or identification had testified in person..."

AGENCY: _____ CASE TYPE: Death Investigation
AGENCY CASE NUMBER: 2009-002335 OFFENSE DATE: _____
CASE OFFICER: _____ REPORT OF: Robert Monserrate
SUSPECT(S): (b)(3):CPSA Section 25
VICTIM(S): (c),(b)(6)

Toxicology Report

ITEMS EXAMINED

On September 01, 2009, Clark Mellick on behalf of Allamakee Co. Sheriff Office submitted the following item(s) to Kathleen Kinseth (DCI Lab):

Lab #	Agency #	Description
2	002	Blood Specimen described as Blood specimen.

RESULTS OF EXAMINATION

ITEM	FORM	RESULT	DRUG
2	Blood Specimen	0.296 g/100mL	alcohol

The above blood alcohol analyses were completed on Item 2, which was submitted as a sample from (b)(3):CPS (b)(3):C

The margin of error for this alcohol concentration is +/- 0.004 or +/- 5 percent, whichever is greater.

The DCI Criminalistics Laboratory is currently not performing analysis on blood samples for drugs other than alcohol. (See letter dated July 9, 2008)

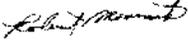
If drug analysis is desired, please contact the DCI Laboratory to obtain the list of private accredited laboratories.

DISPOSITION OF EVIDENCE

The above evidence in this case will be destroyed 90 days from the date of this report unless other arrangements are made with the DCI Evidence Room.

Allamakee
Page 1 of 2

Lab Case#: 2009-52945 Report#: 2 Agency Case#: 2009-002335 Robert Monserrate


Robert Monserrate
Criminalist Supervisor

SECTION 6: PHOTOGRAPHS

Scene Photographs



Photo 7: 100_1958 Unit 1



Photo 8: 100_1959 Unit 1

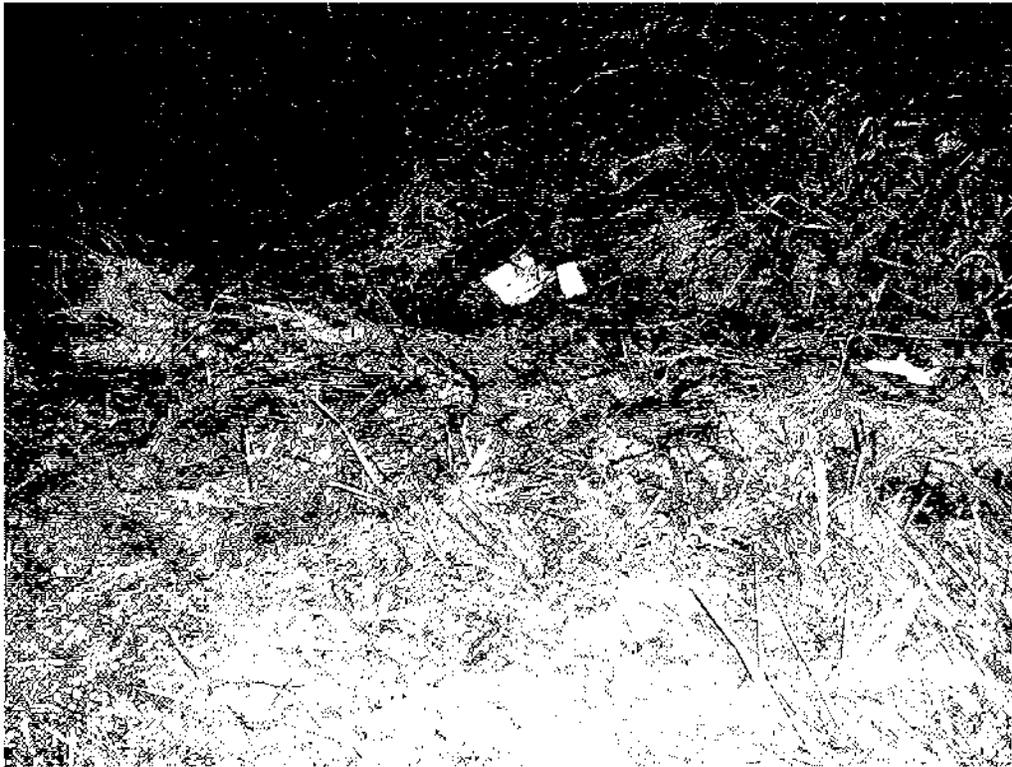


Photo 9: 100_1960 Location of victim post incident.



Photo 10: 100_1961 Unit 1

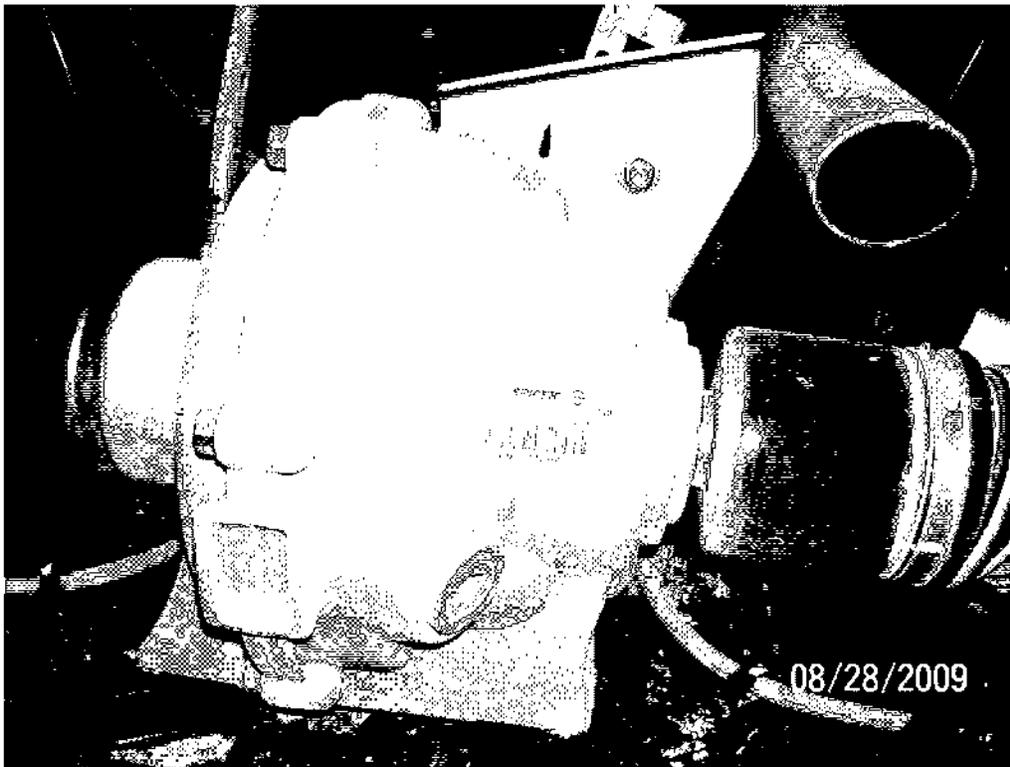


Photo 11: 100_1962 Label on rear end unit 1.



Photo 12: 100_1963 Items located in box of unit 1.

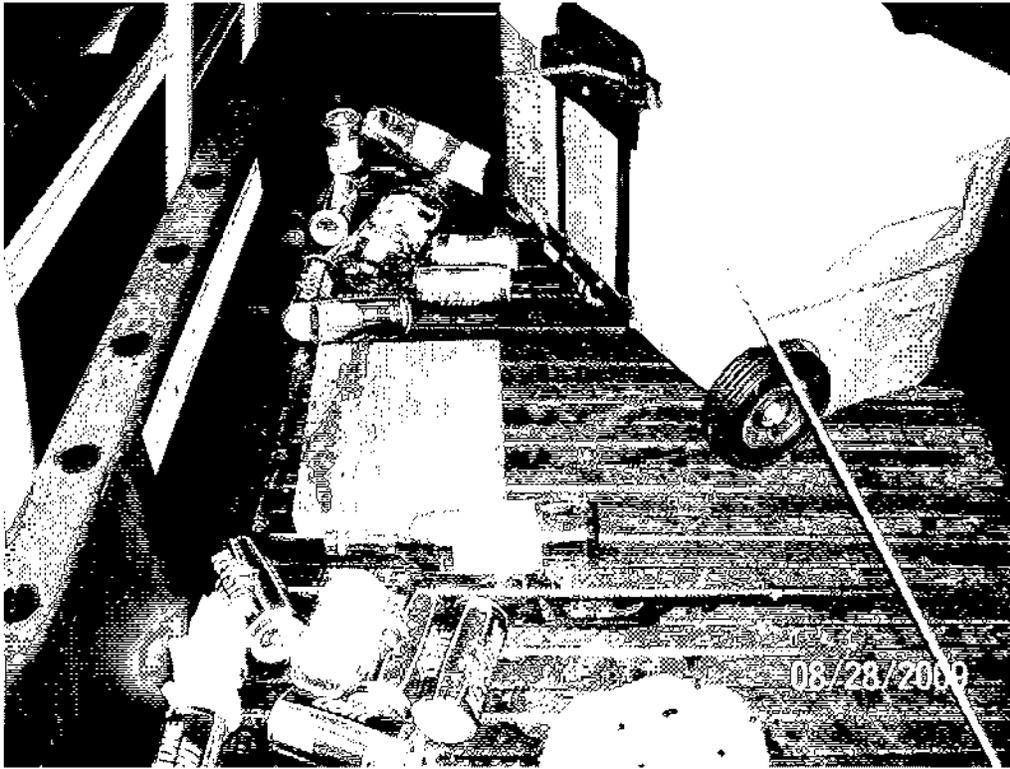


Photo 13: 100_1964 Items located in box of unit 1.

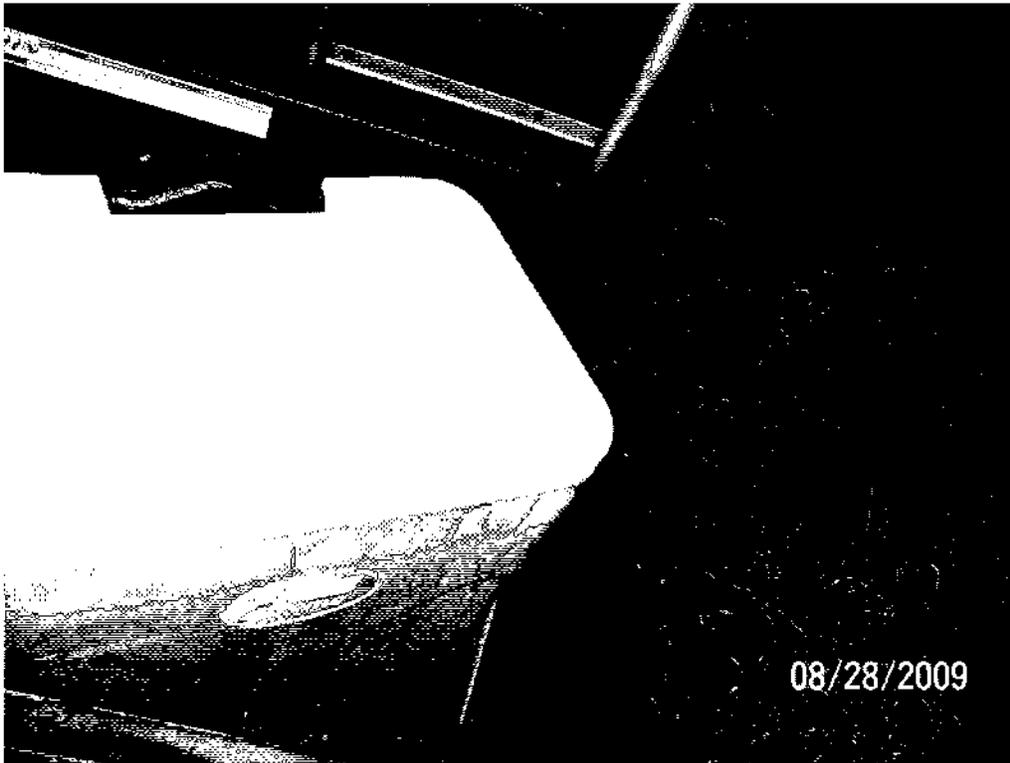


Photo 14: 100_1965 Cooler located in box of unit 1.



Photo 15: 100_1966 Contents of cooler in box of unit 1.

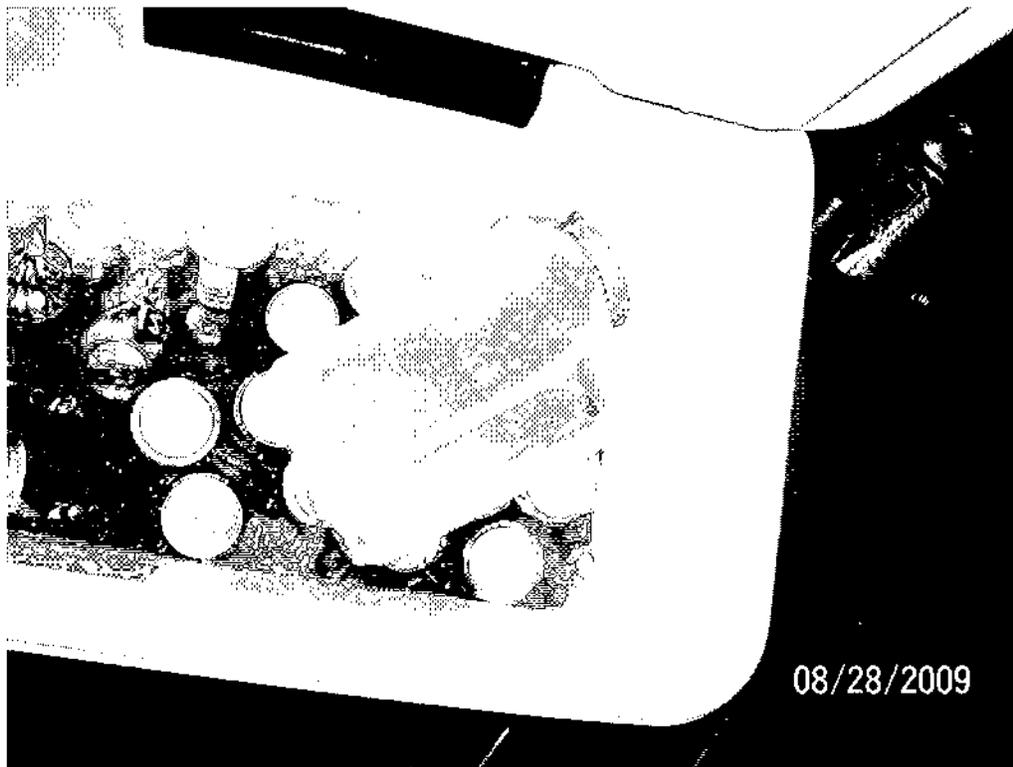


Photo 16: 100_1967 Contents of cooler in box of unit 1.

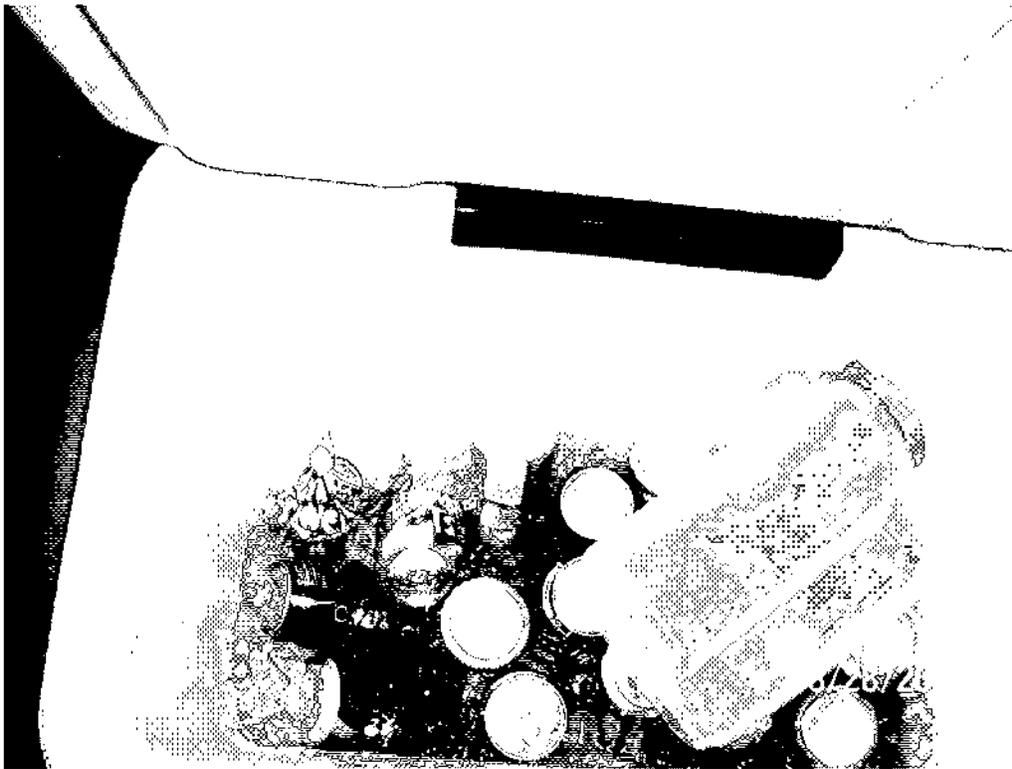


Photo 17: 100_1968 Contents of cooler in box of unit 1.



Photo 18: 100_1969 Location of incident Linton Drive.



Photo 19: DSC_4661 Unit 1 location post incident.



Photo 20: DSC_4662 Unit 1 location post incident.



Photo 21: DSC_4663 Incident location Linton Drive.

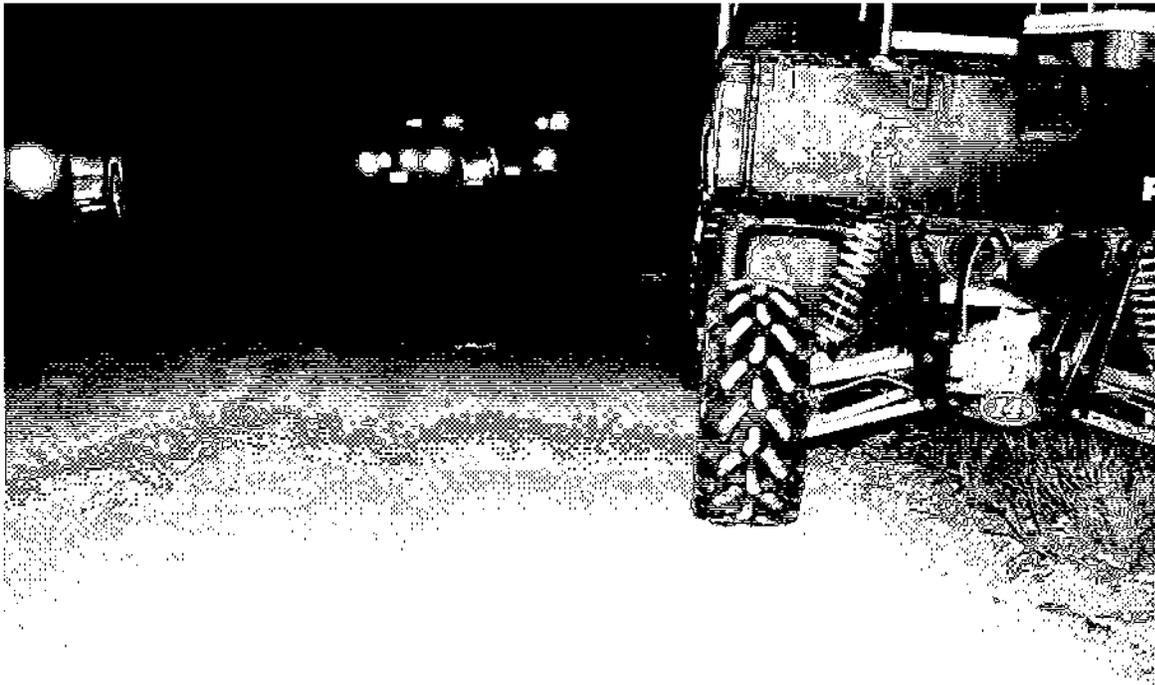


Photo 22: DSC_4664 Incident location Linton Drive.



Photo 23: DSC_4665 Incident location Linton Drive.

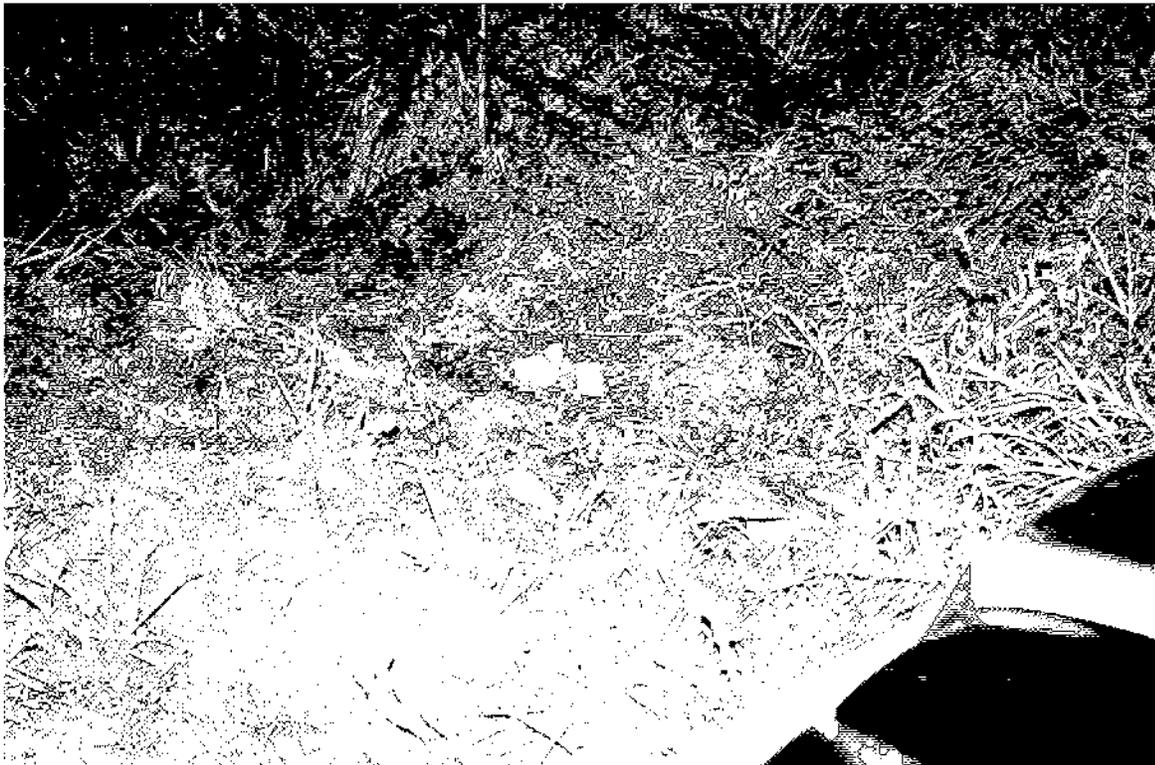


Photo 24: DSC_4666 Location of victim post accident.



Photo 25: DSC_4667 Location of victim post accident.

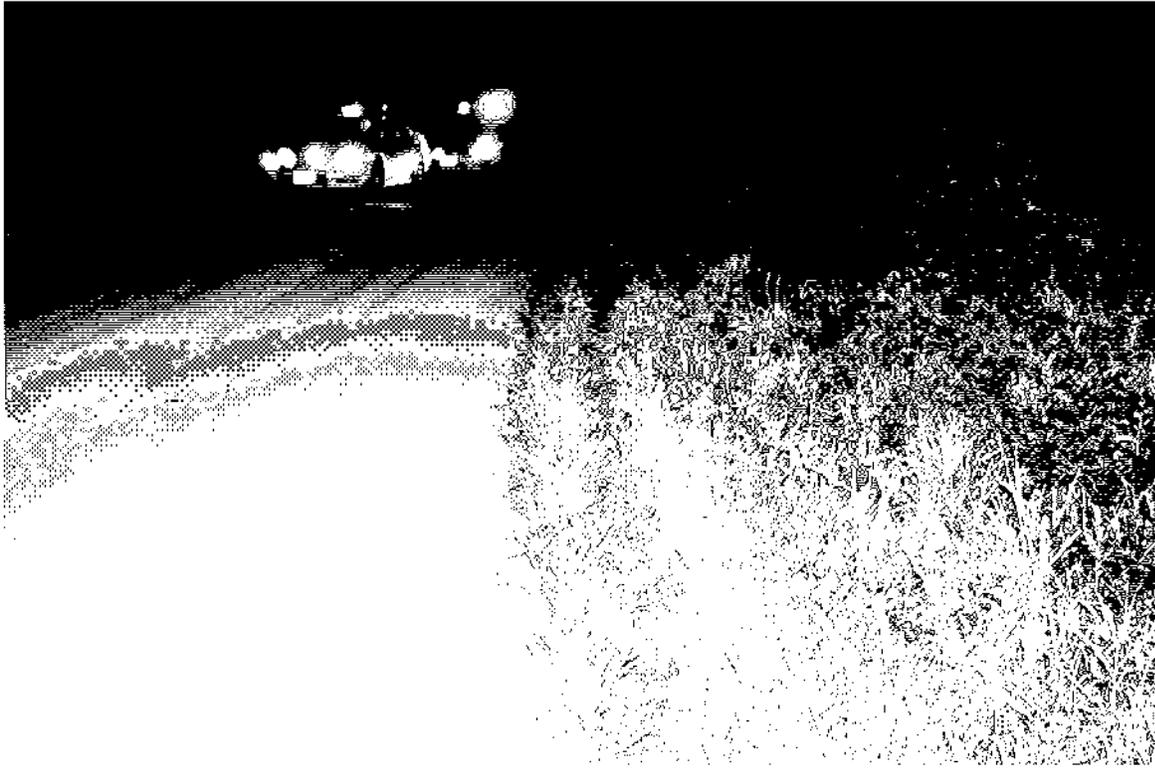


Photo 26: DSC_4668 Shows track of unit 1 post incident.

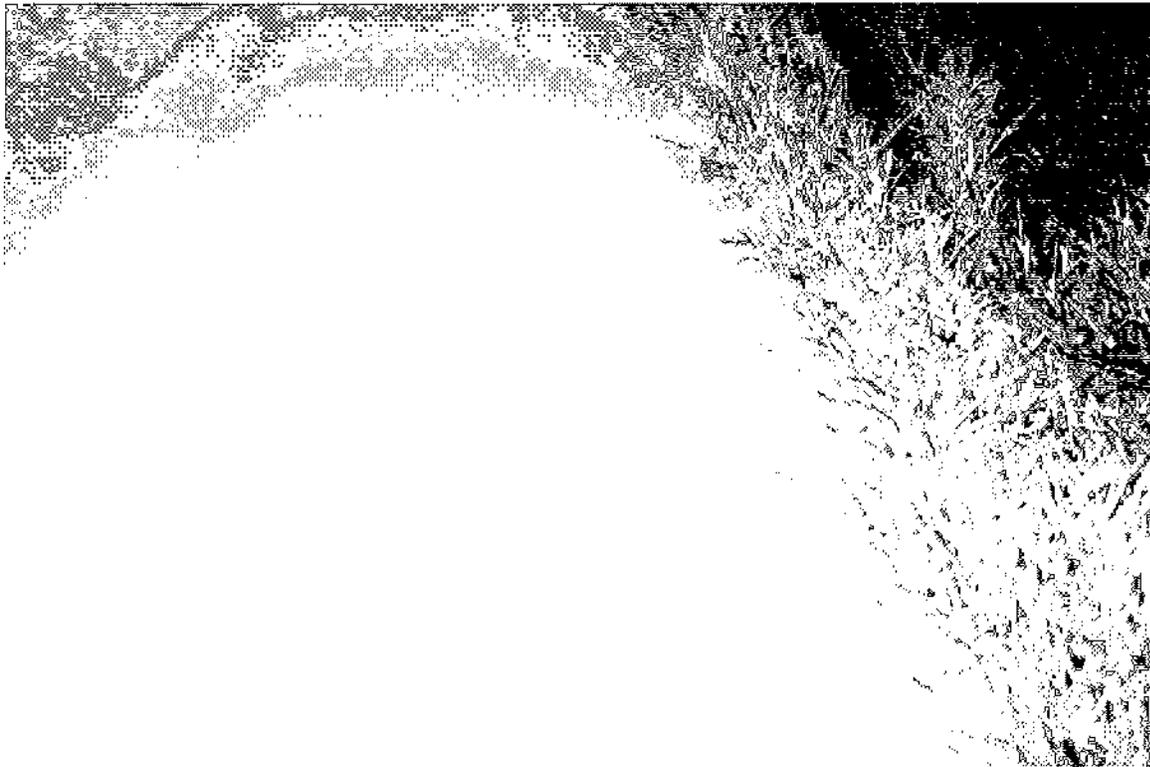


Photo 27: DSC_4669 Shows braking skid of unit 1 post incident.

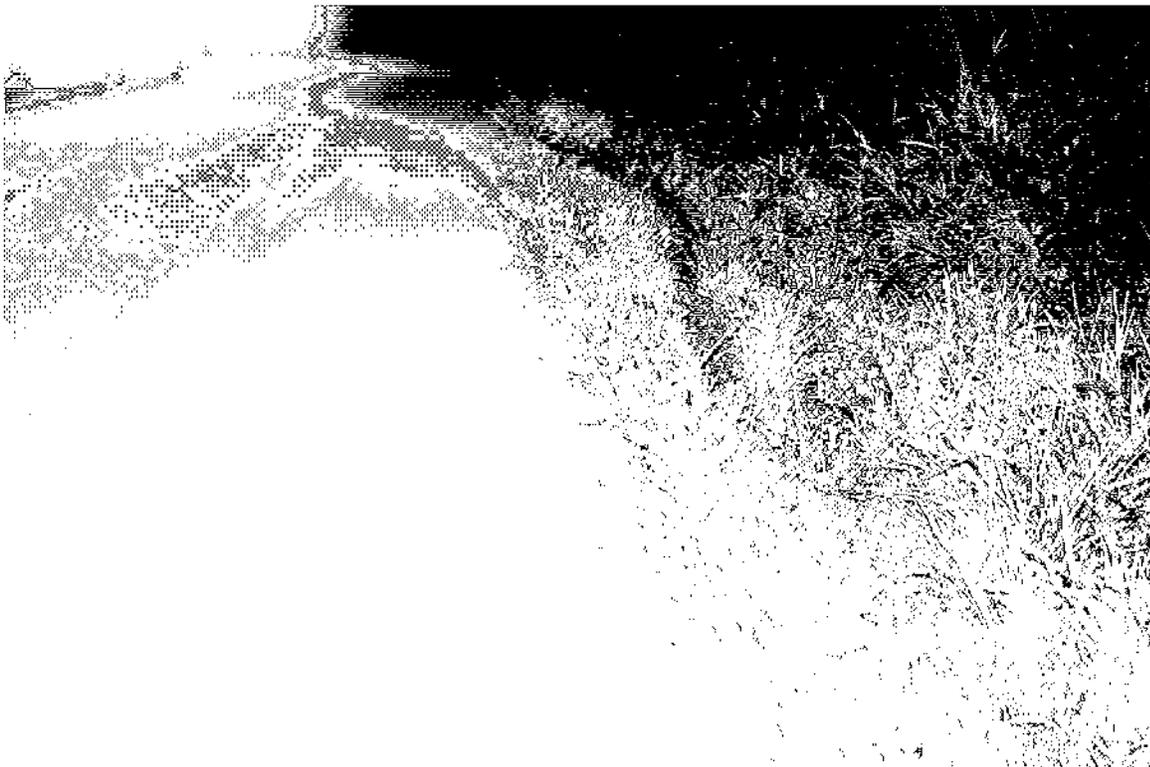


Photo 28: DSC_4670 Shows track of unit 1 post incident.



Photo 29: DSC_4671 Shows track of unit 1 post incident looking east.

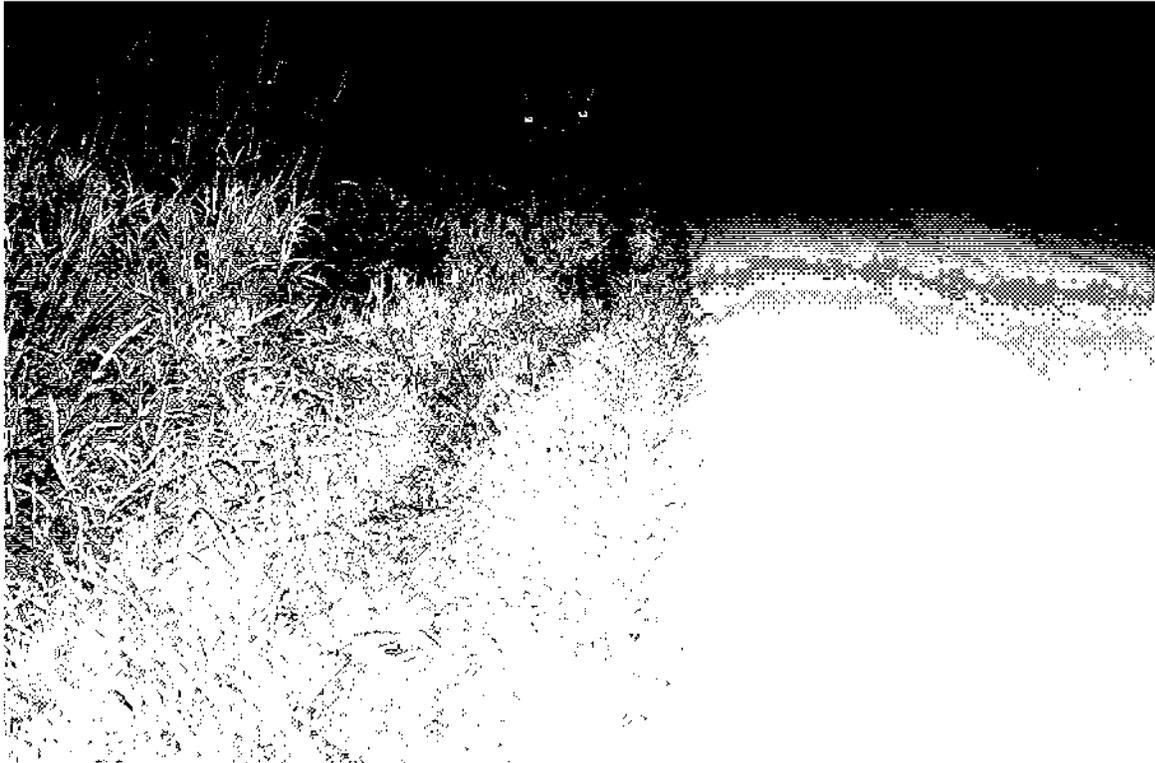


Photo 30: DSC_4672 Shows track of unit 1 post incident looking east.

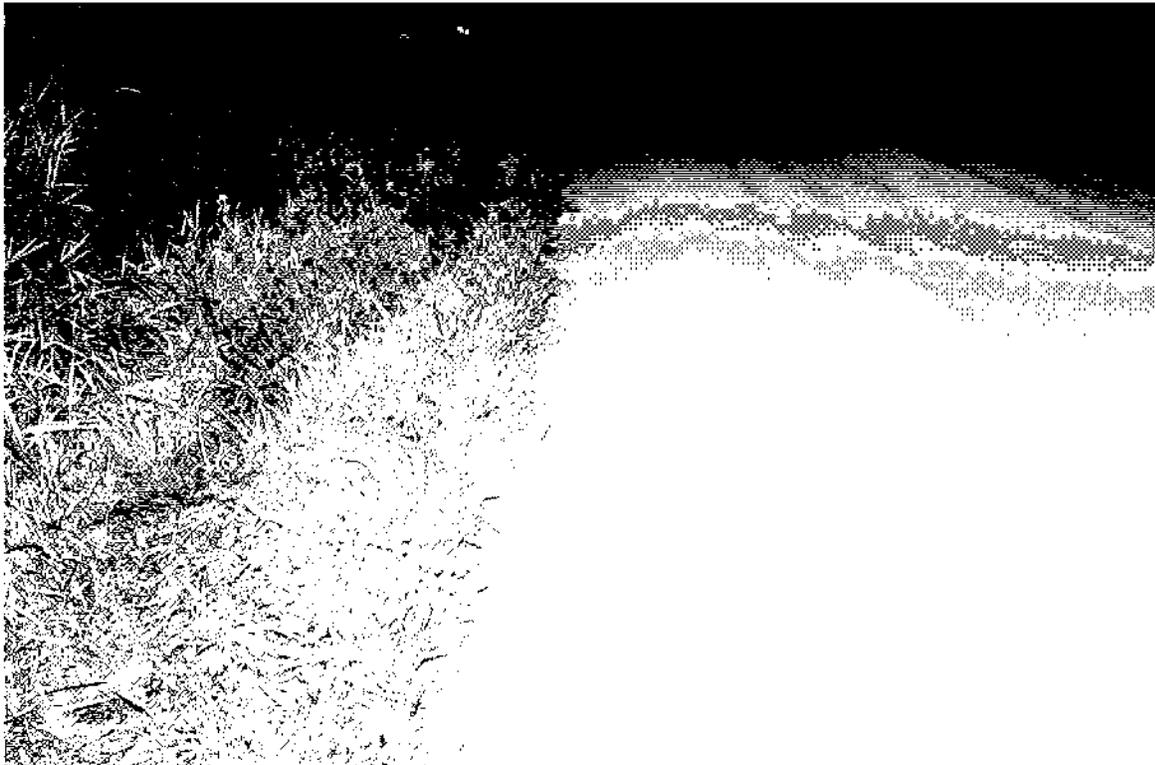


Photo 31: DSC_4673 Shows track of unit 1 post incident looking east.

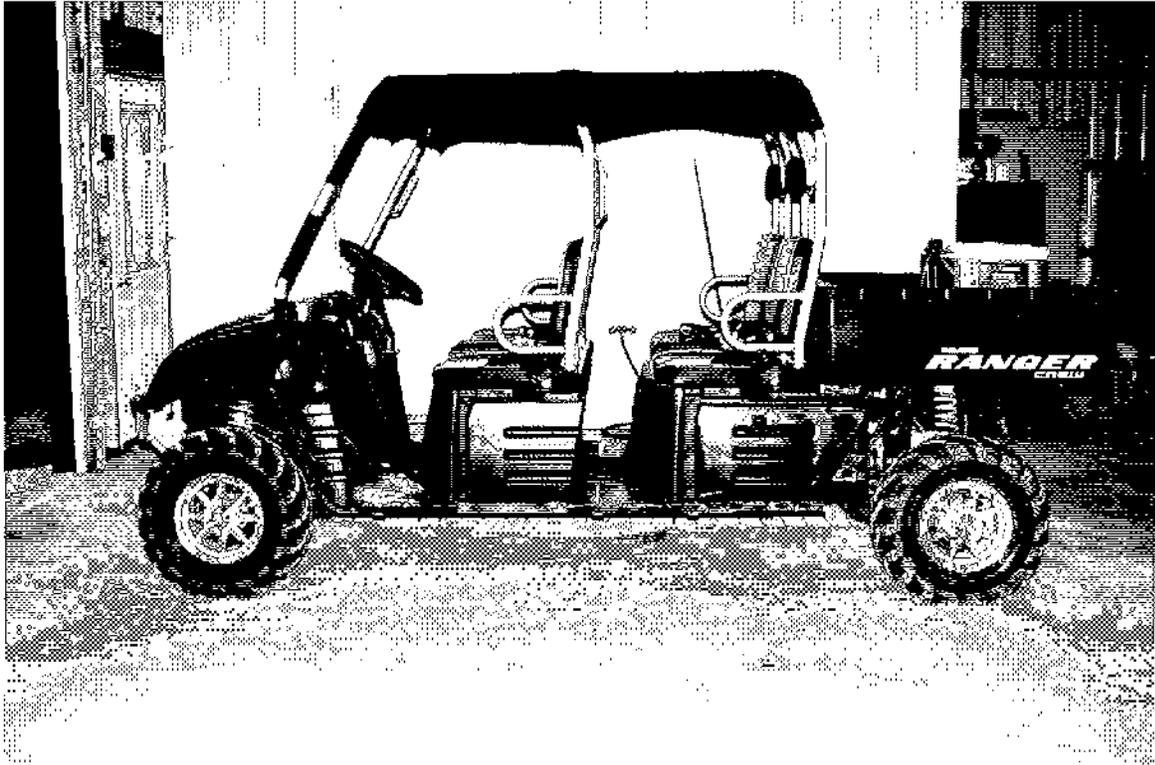


Photo 32: DSC_4676 Side of Unit 1



Photo 33: DSC_4677 Front of unit 1.



Photo 34: DSC_4678 Front seat of Unit 1.



Photo 35: DSC_4679 Front seat of unit 1.

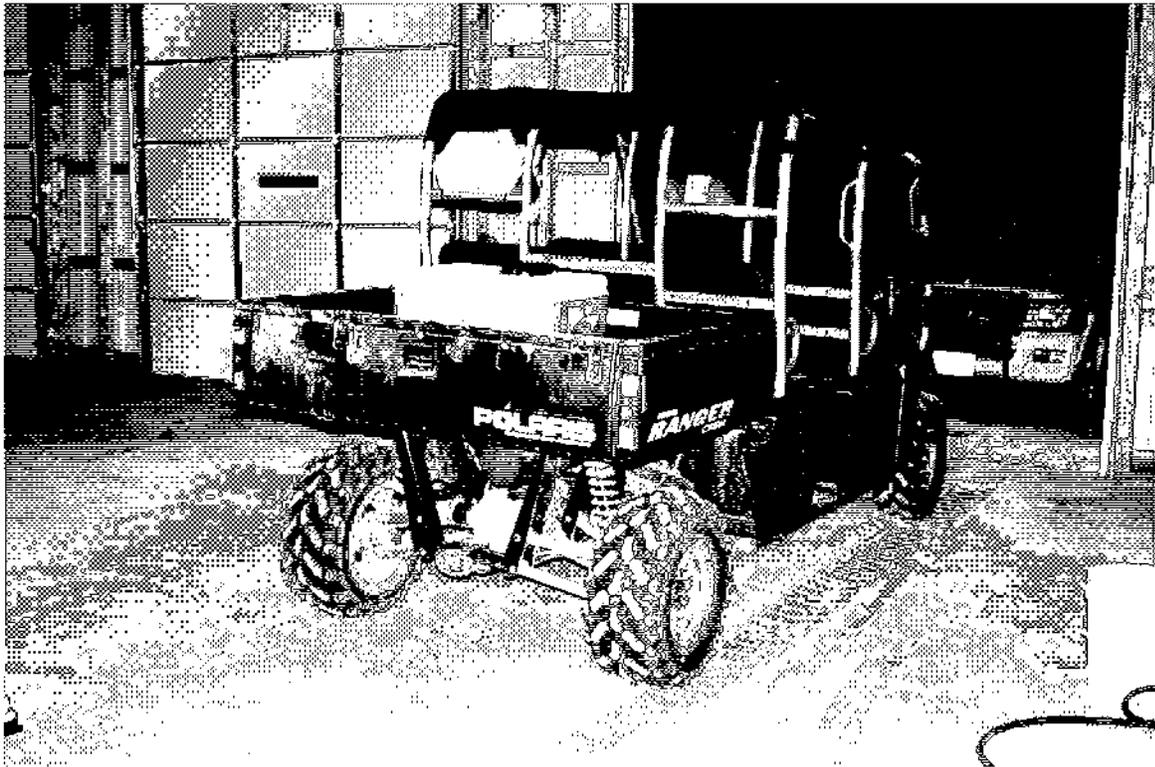


Photo 36: DSC_4680 Rear view of unit 1.



Photo 37: DSC_4681 Rear view of unit 1.



Photo 38: DSC_4682 Unopened 12 oz. can Keystone Light beer drivers side front.

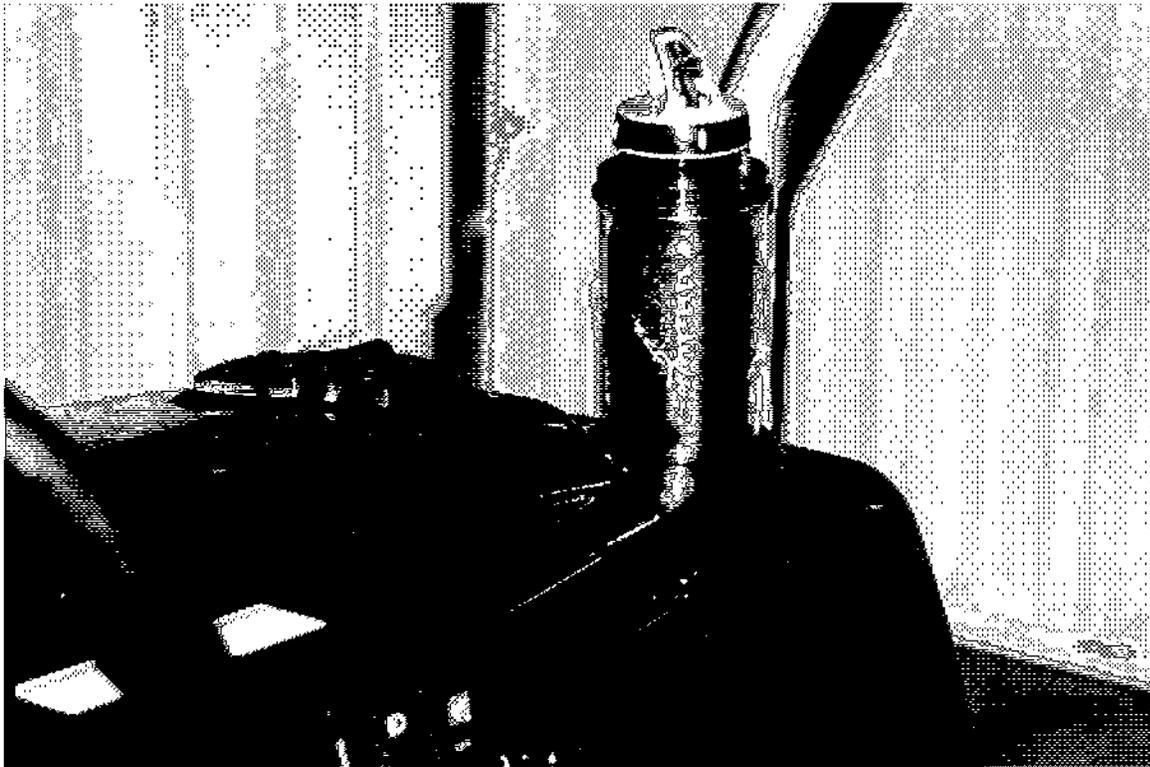


Photo 39: DSC_4683 Water bottle passenger side front.

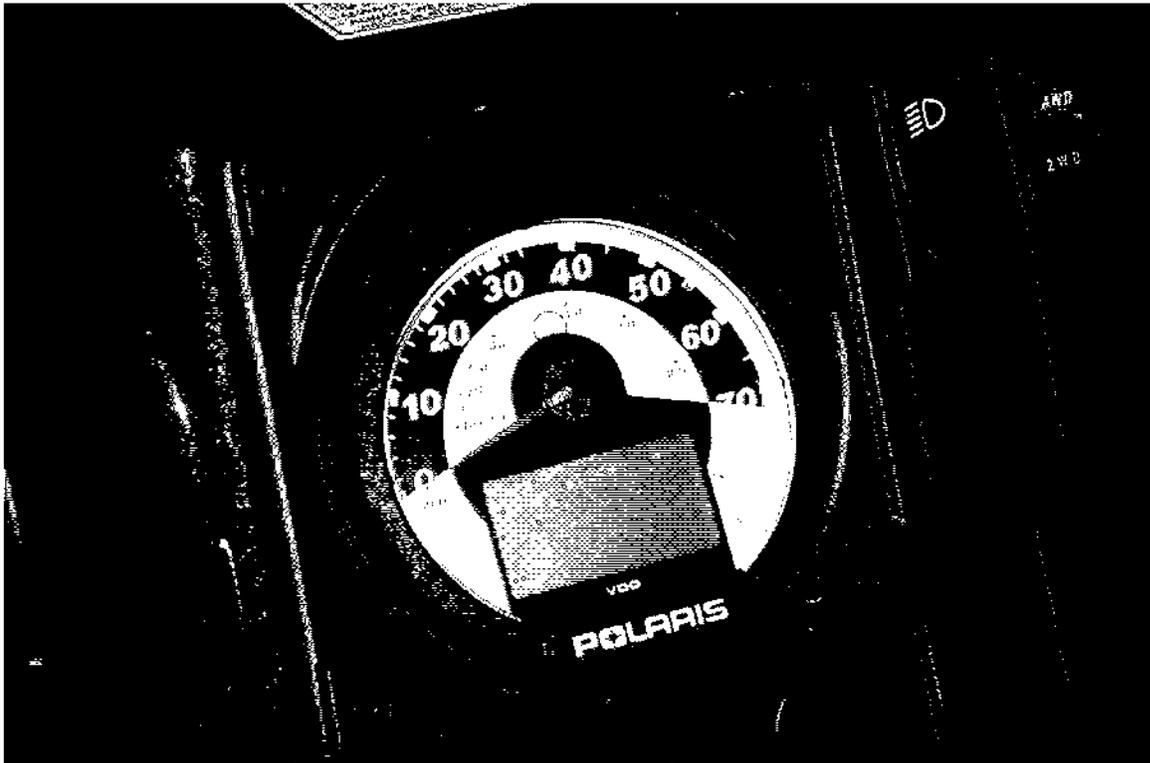


Photo 40: DSC_4684 Instrument panel

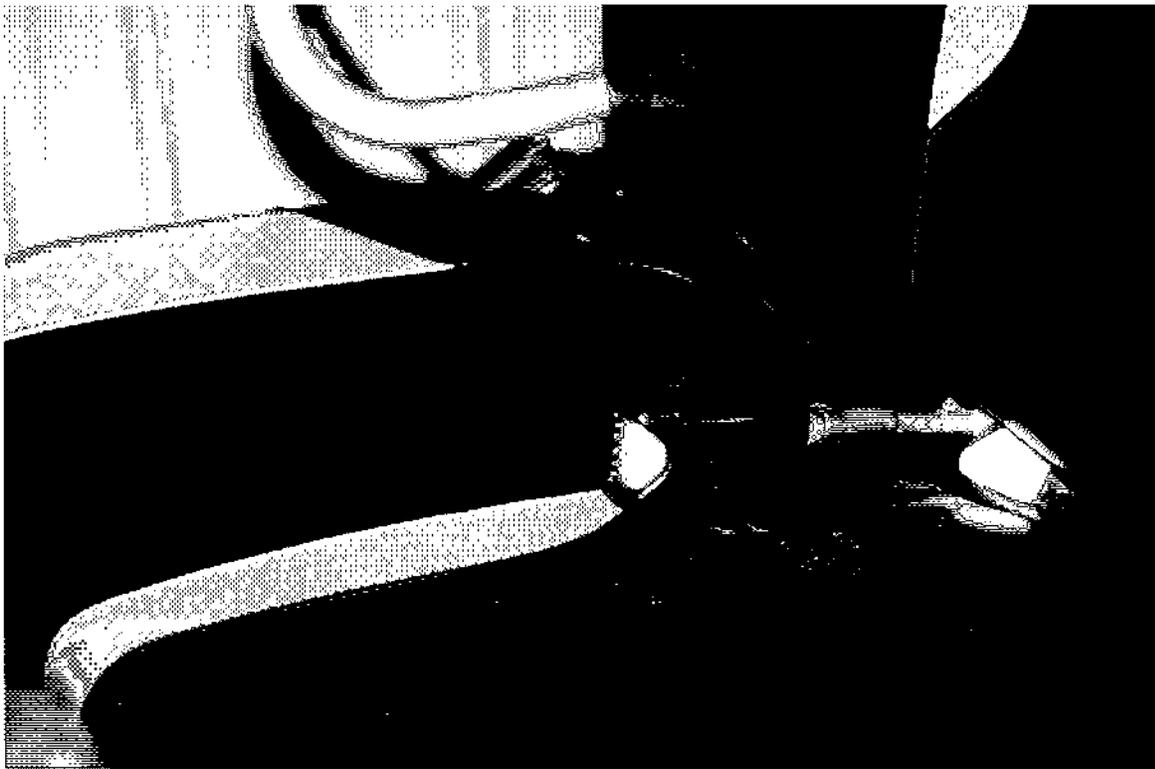


Photo 41: DSC_4685 Seatbelt passenger side front.

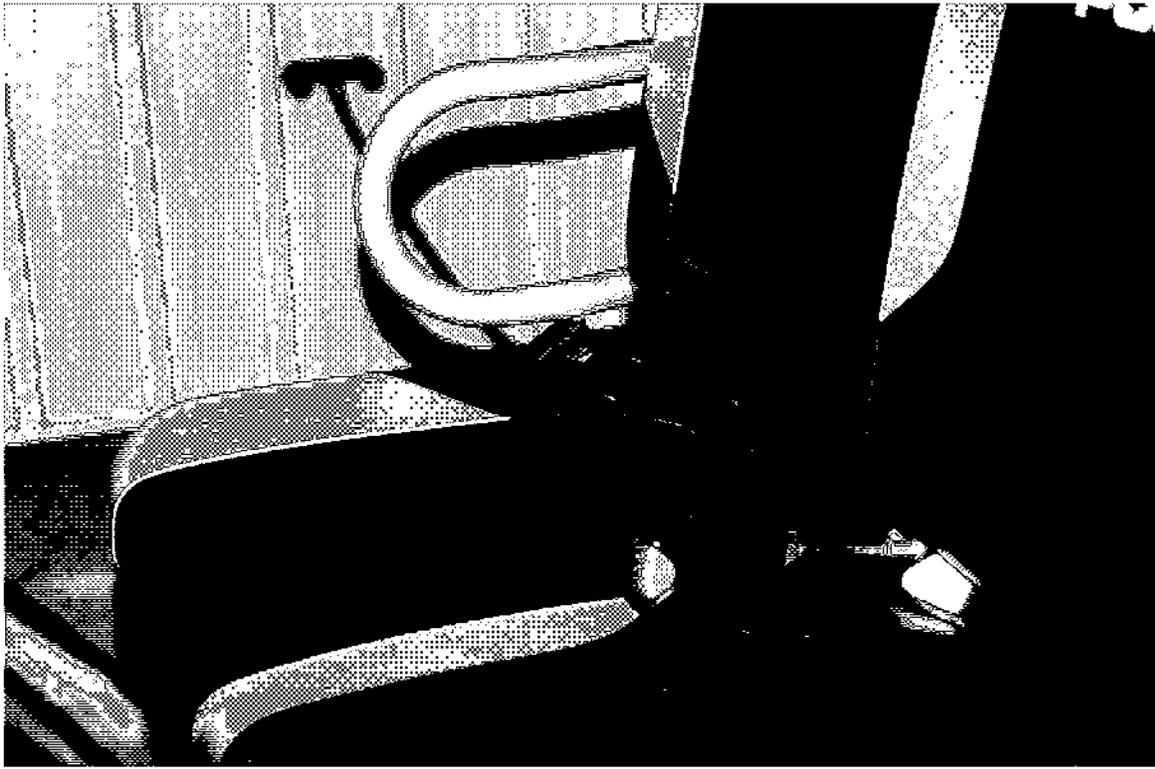


Photo 42: DSC_4686 Front passenger seat

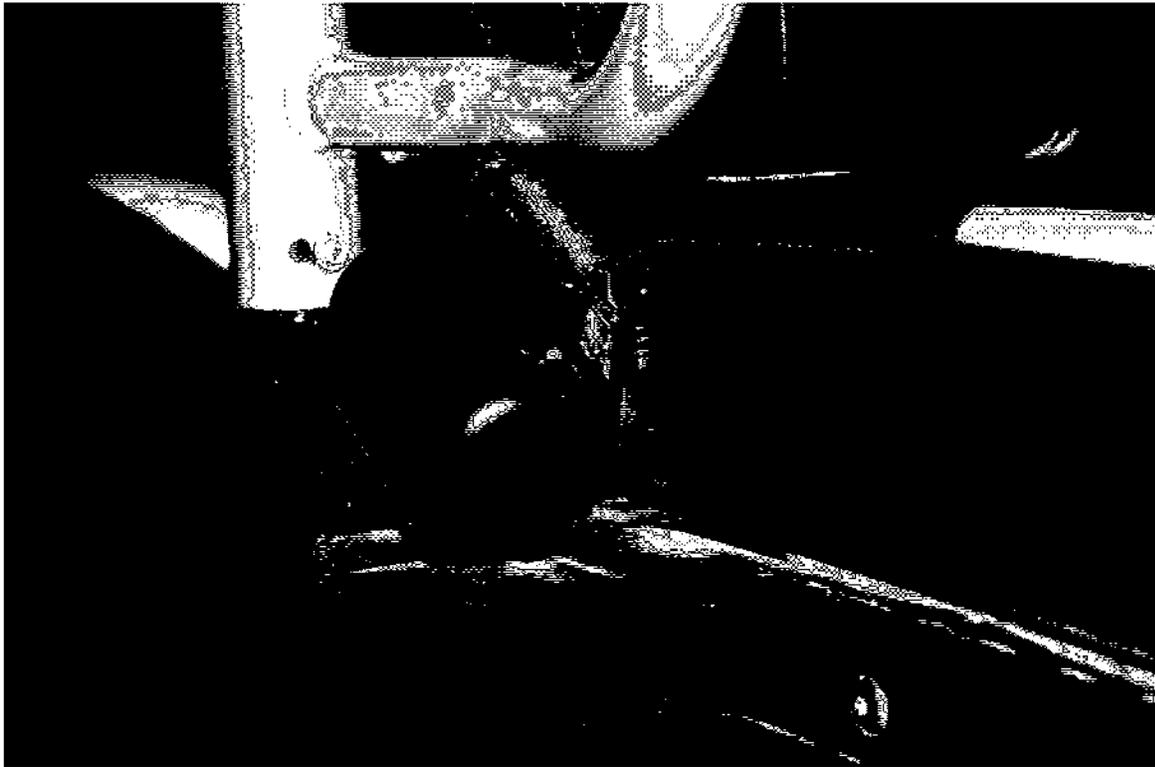


Photo 43: DSC_4687 Seatbelt front passenger side

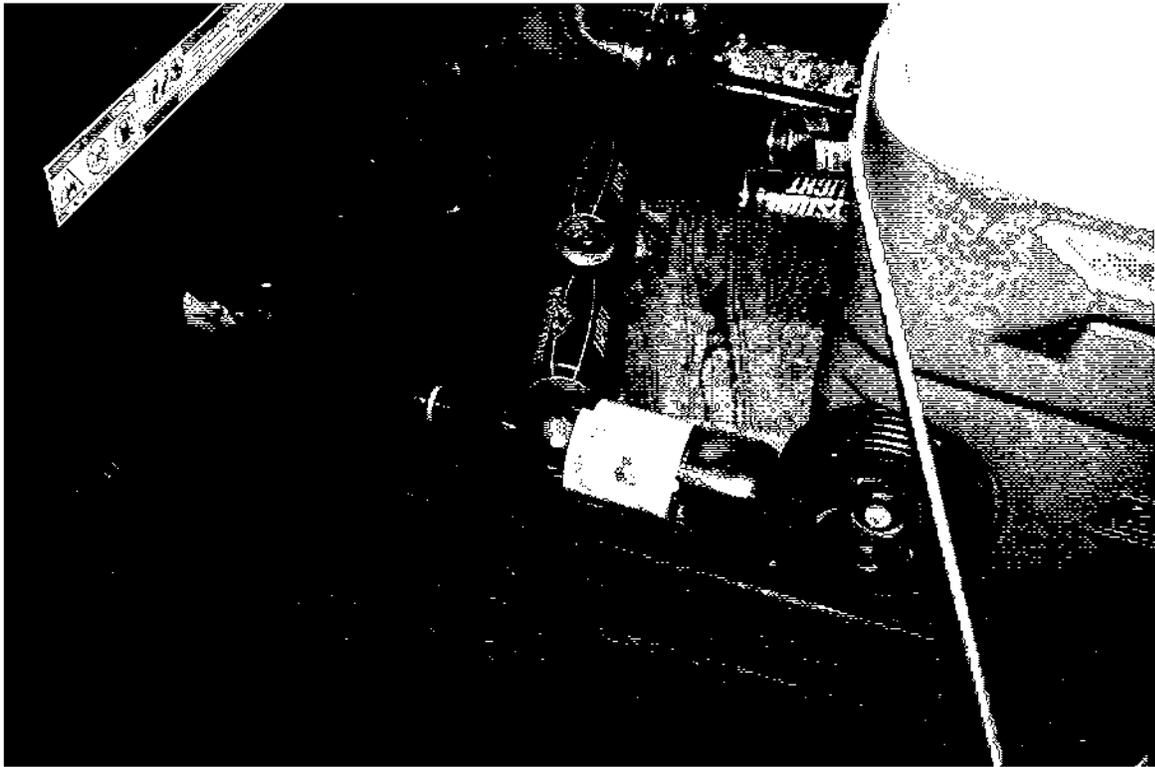


Photo 44: DSC_4688 Contents of cargo box

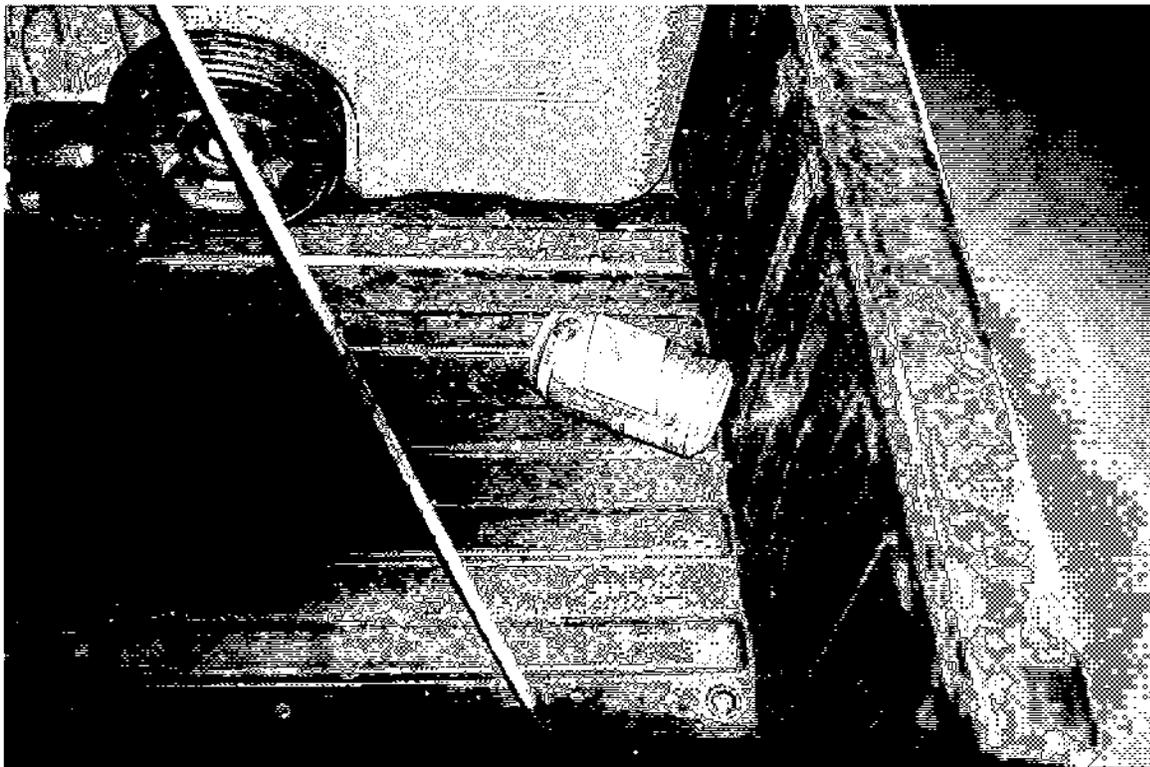


Photo 45: DSC_4689 Contents of cargo box

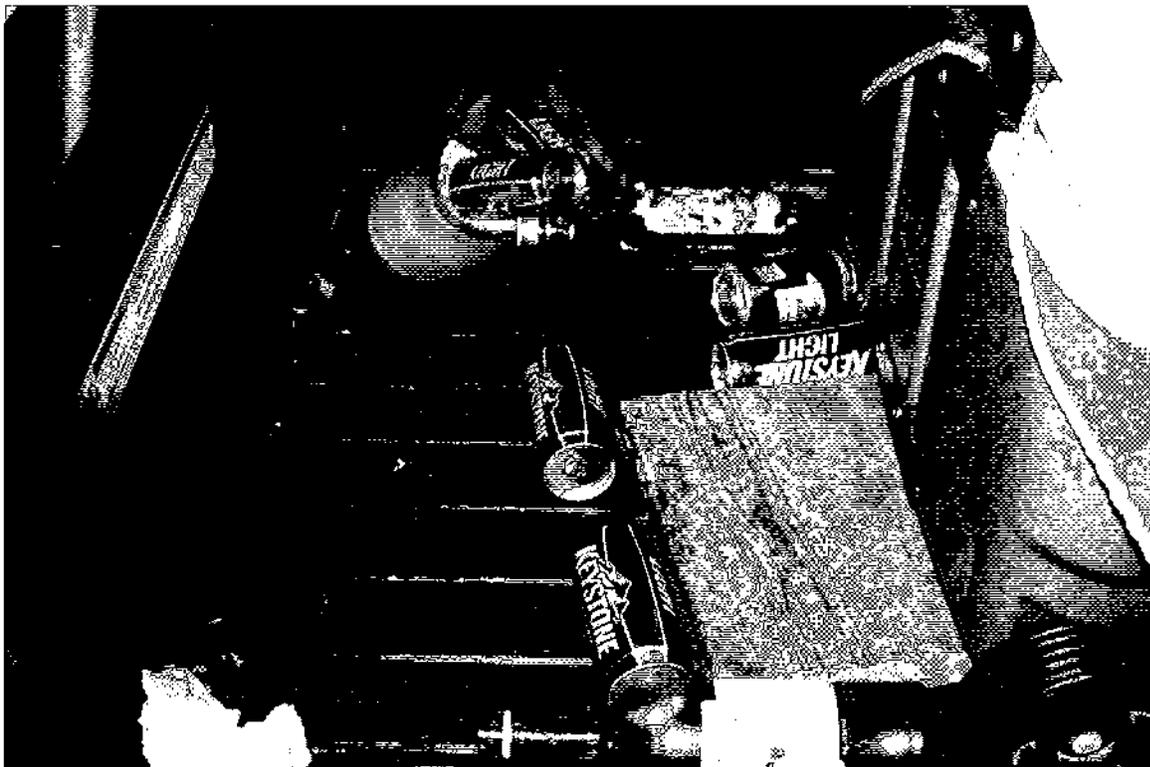


Photo 46: DSC_4690 Contents of cargo area



Photo 47: DSC_4691 Contents of cargo box

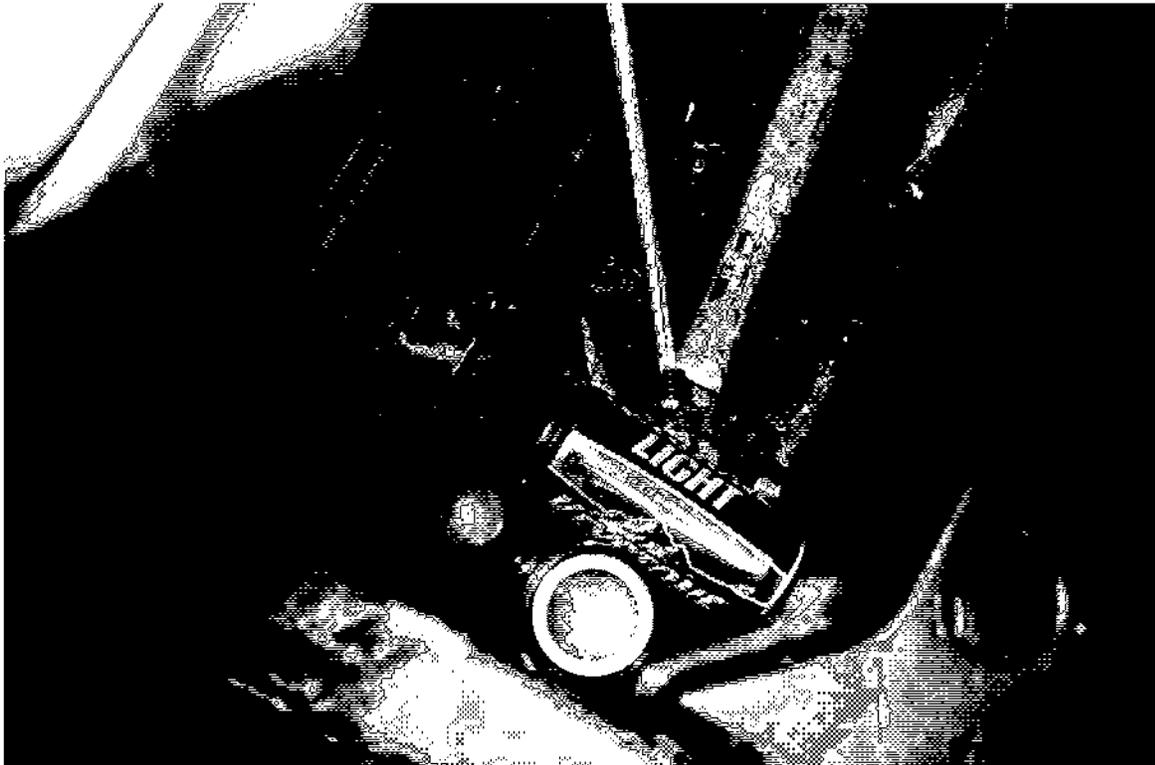


Photo 48: DSC_4692 Contents of cargo box



Photo 49: DSC_4693 Contents of cargo box



Photo 50: DSC_4694 Contents of cargo box

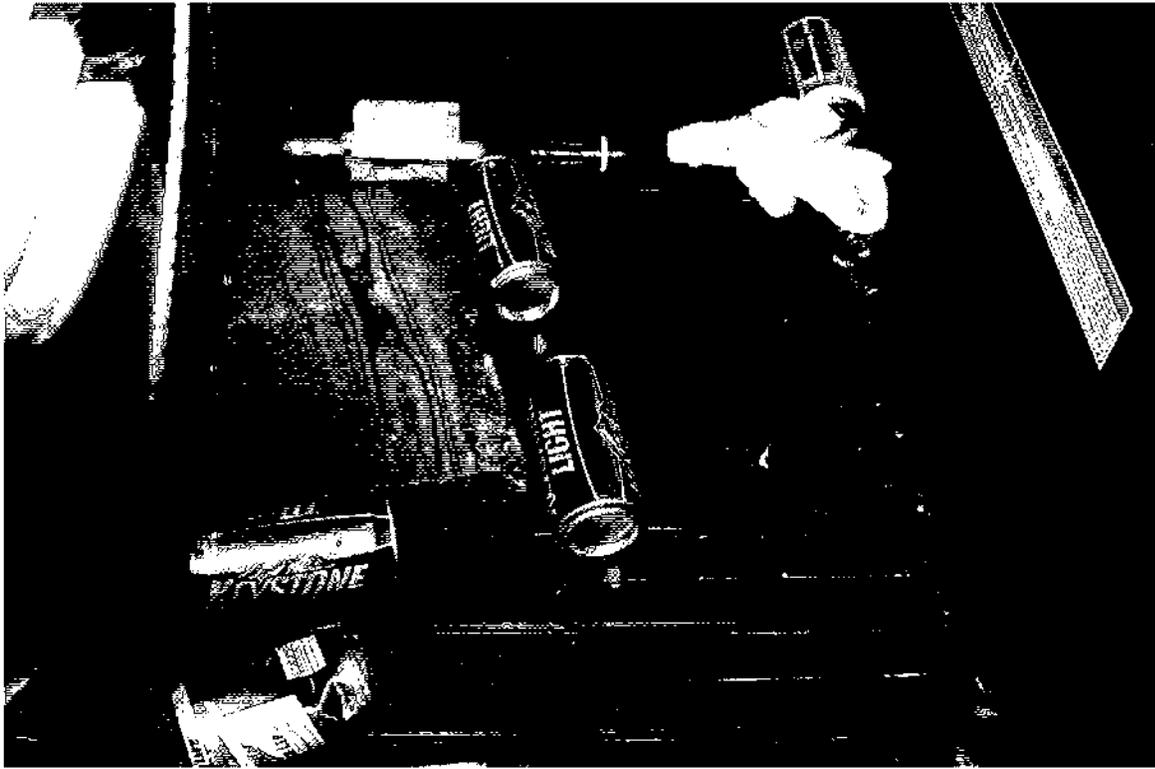


Photo 51: DSC_4695 Contents of cargo box



Photo 52: DSC_4696 Contents of blue cooler

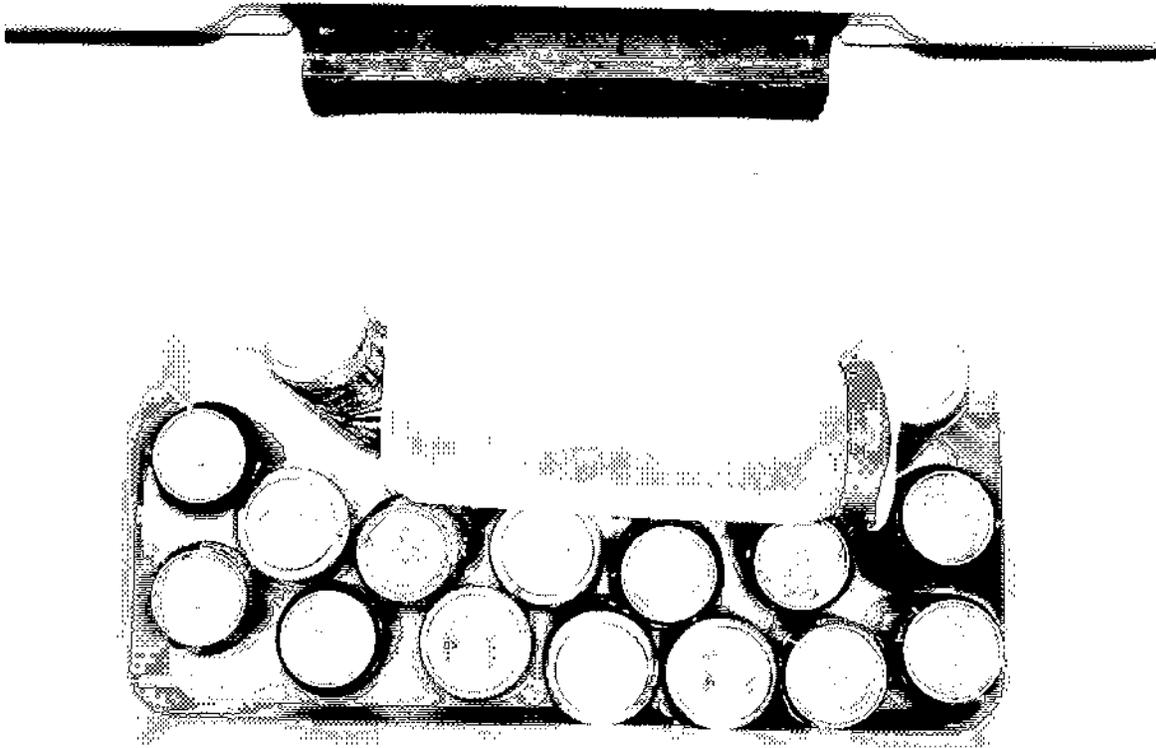


Photo 53: DSC_4697 Contents of blue cooler



Photo 54: DSC_4698 VIN tag

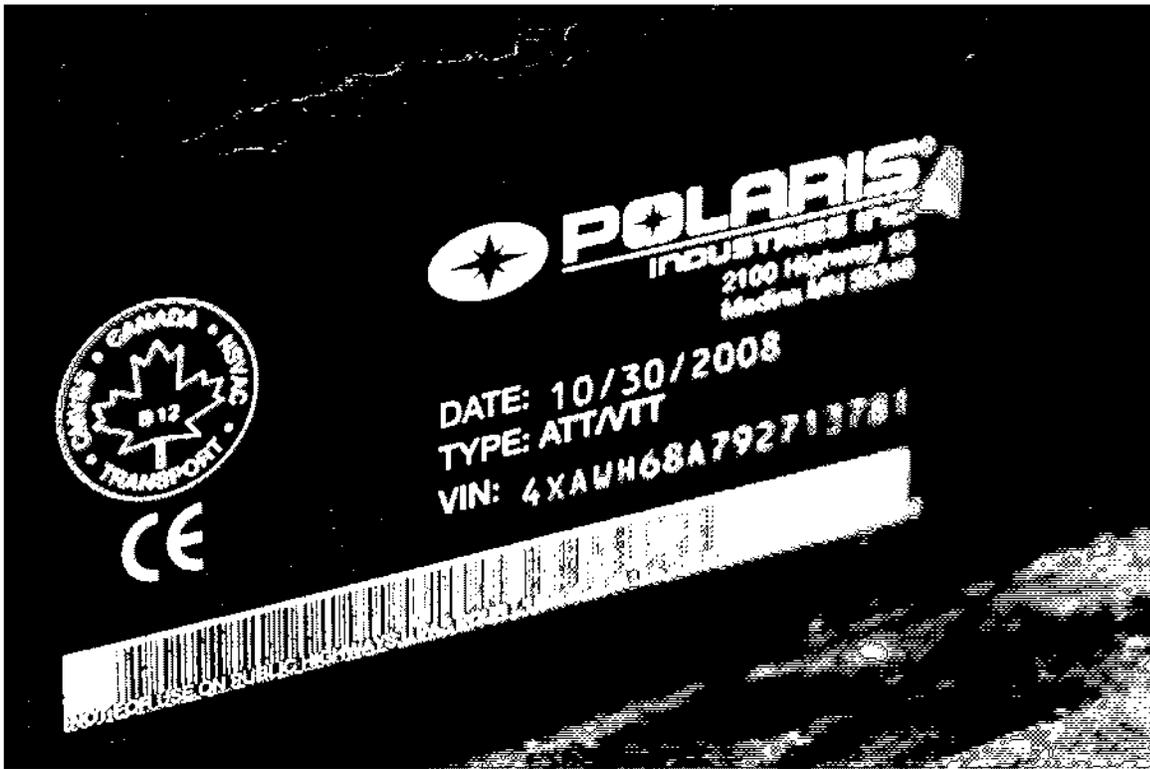


Photo 55: DSC_4700 VIN tag

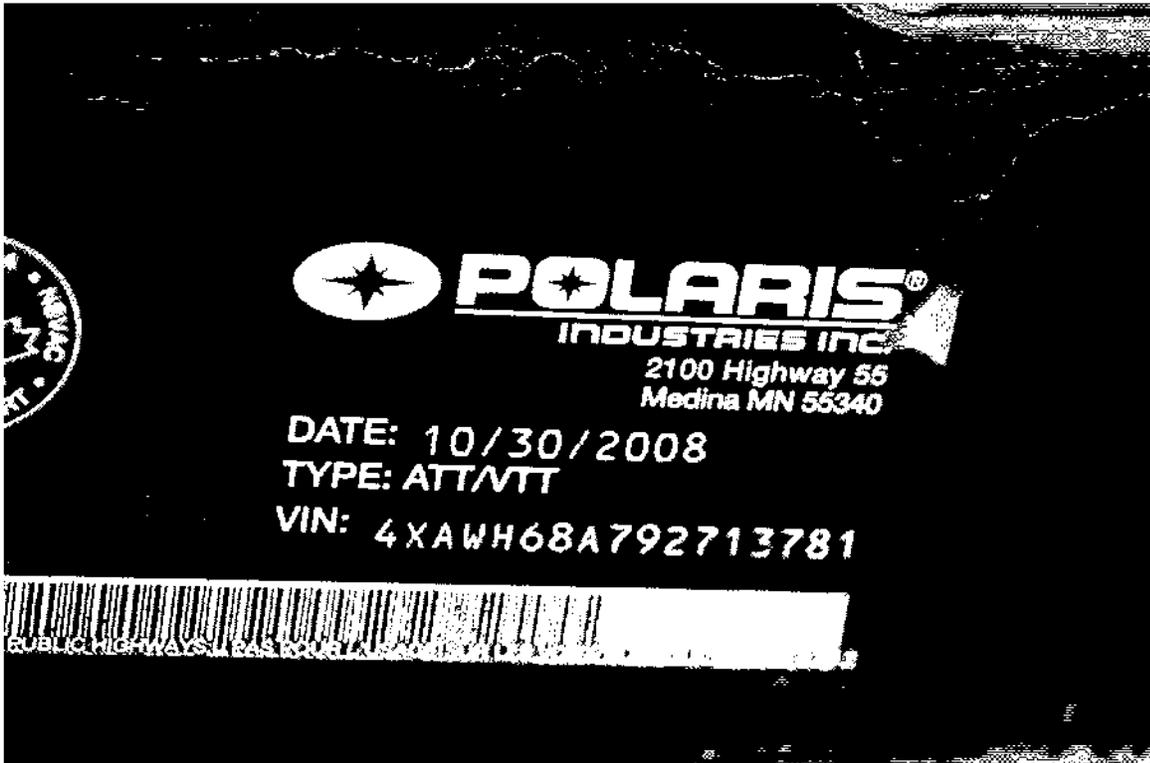


Photo 56: DSC_4702 VIN tag

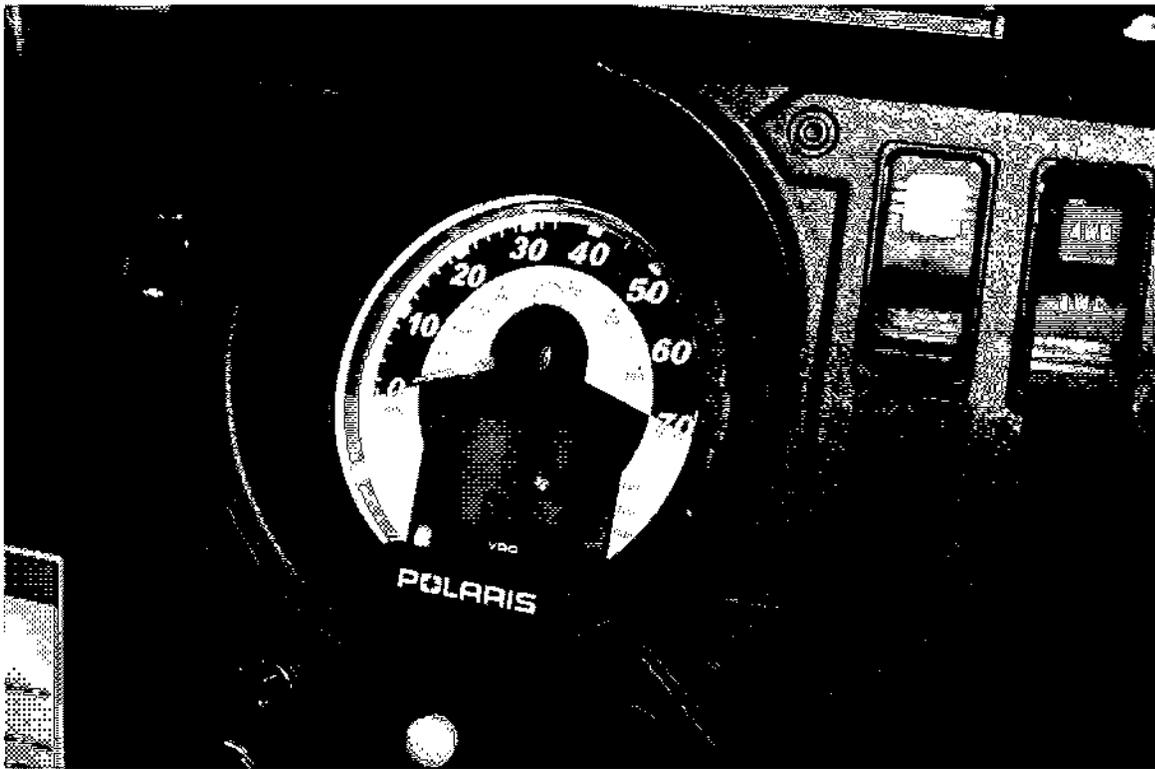


Photo 57: DSC_4703 Instrument panel

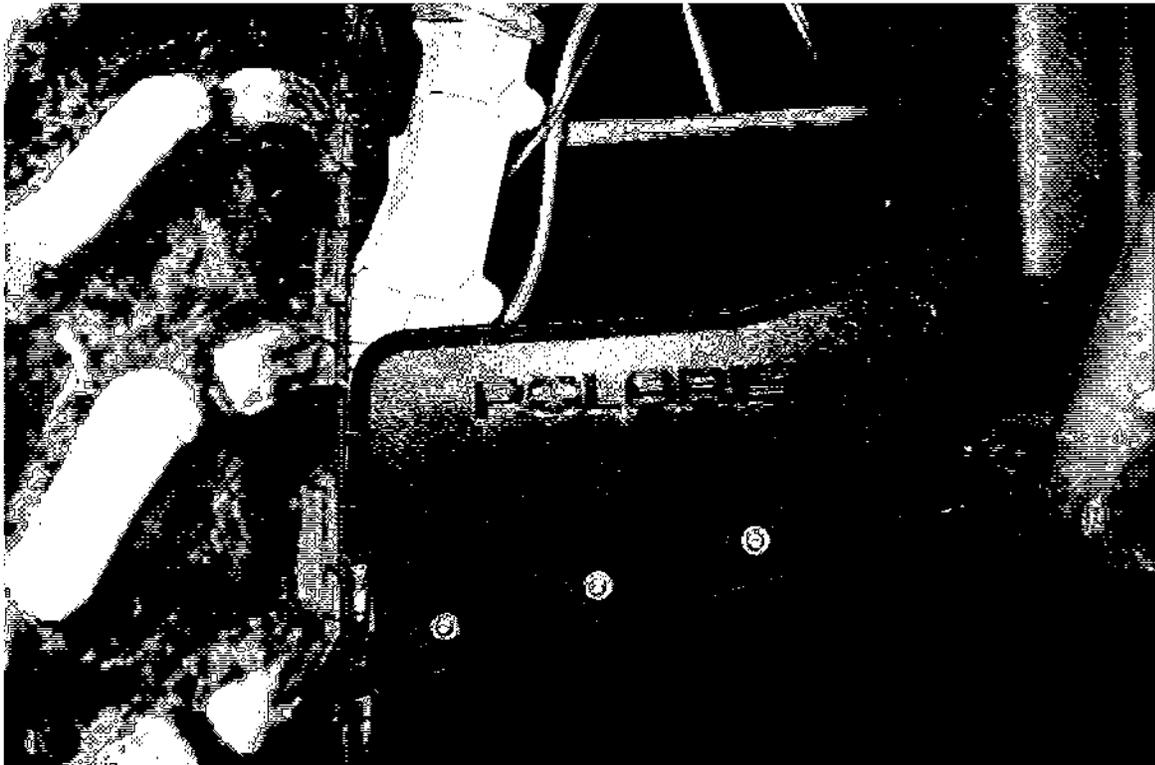


Photo 58: DSC_4704 front right suspension



Photo 59: DSC_4705 Underside front passenger compartment



Photo 60: DSC_4706 Underside passenger compartment

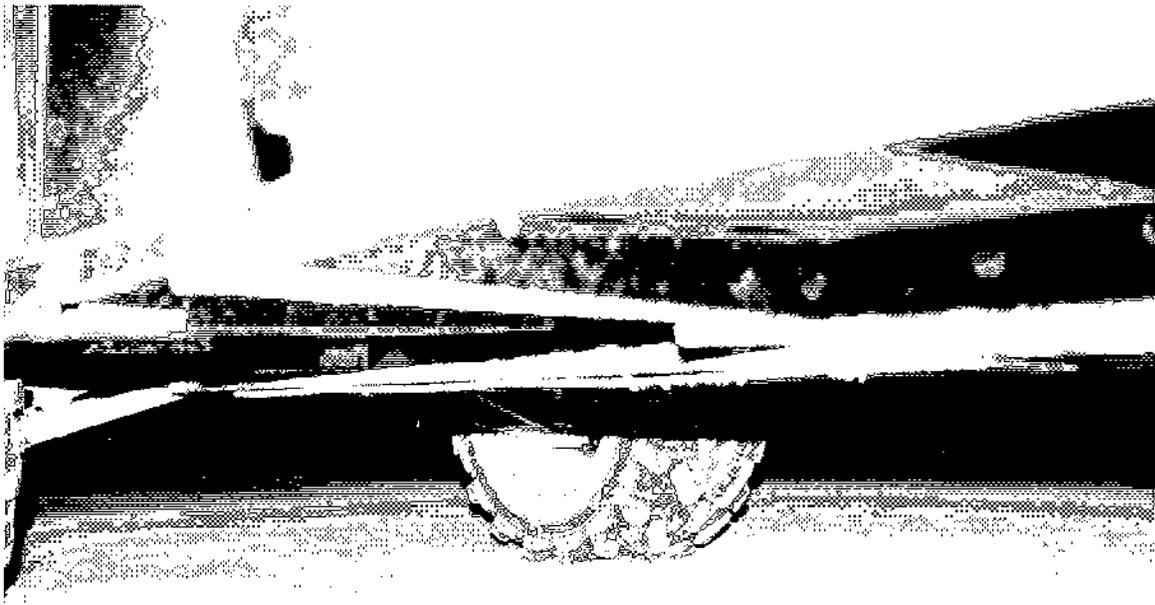


Photo 61: DSC_4707 Underside right



Photo 62: DSC_4708 Underside rear right side passenger compartment



Photo 63: DSC_4709 Underside rear

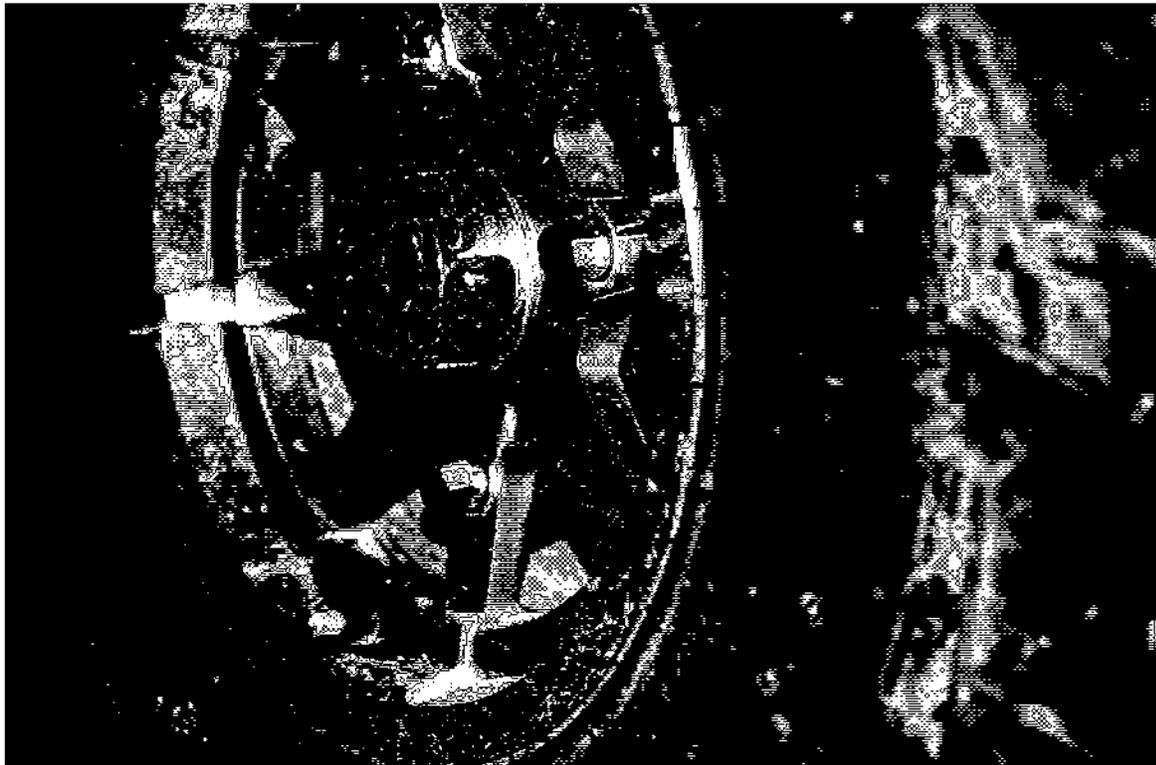


Photo 64: DSC_4710 Right rear wheel

DECEASED PHOTOGRAPHS

These photographs have been removed from the file by the investigating officer and shall be retained by the officer.



090719HCC2922

Exhibit 4

DESCRIPTION OF RESPONDENTS:

1. Clark A. Mellick, Deputy
Allamakee County Sheriff's Department, 110 Allamakee
Street, Waukon, IA 52172, 563-568-4521, Fax 563-568-
4720, cmellick@co.allamakee.ia.us

Initially contacted 10/29/2009

2. Iowa Office of the State Medical Examiner, 2250 S.
Ankeny Blvd., Ankeny, IA 50023-9093, 515-725-1400,
Fax 515-725-1414

Initial contact on 9/29/2009

EMERGENCY

Wait times @ stlukes.org - ER and Urgent CARE online

ST. LUKE'S HOSPITAL
TOWN HALL BUILDING
A better place to be



CLEAR
WIND: 0M @ 6 MPH
HEATINDEX:

48°



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One Person Killed in Accident Involving a UTV Near Rossville

Story Created: Aug 29, 2009 at 9:33 PM CDT
Story Updated: Aug 29, 2009 at 9:33 PM CDT

ROSSVILLE - A Utility Terrain Vehicle crash in Allamakee County turns deadly.

Around 12:30 Saturday morning the Allamakee County Sheriff's Office responded to a crash involving a Utility Terrain Vehicle about four miles southeast of Rossville.

Authorities say a female passenger fell from the vehicle when it was traveling westbound on Linton Drive. The female passenger was transported to Waukon's Veterans Memorial Hospital by ambulance where she was pronounced dead.

Her name is being held until the family is notified.

TOOLS

- EMAIL THIS ARTICLE
- PRINT THIS ARTICLE
- YOUNEWS™
- DIGG THIS!
- SAVE TO DELICIOUS
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Comments (19)

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- Crash Injures Two Teens After Brief Police Chase
- Student Dies After Turbine Climb in Estherville
- Firefighters Battle House Fire Near Troy Mills Video

Coffee Exposed

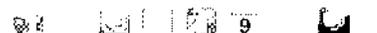
A shocking secret coffee co's don't want you to know
www.coffeetool.com

How To Make Electricity :
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younews
Blizzard Contest!



2009 flash flood near roadside

Community Savings Bank
Free Checking, Mortgage Loans, Savings, Together

WEEKLY TOP TRAVEL DEALS

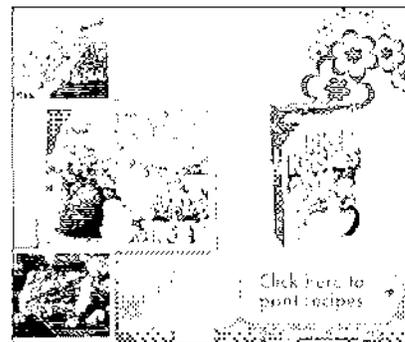
Deals released on 8/19/09 - Limited Time Offers!

- Las Vegas Air + 4nts \$189*
- NYC 4-star Hotels \$114*
- L.A. Air + 4nts \$329*
- Nashville Hotel Deals \$111*
- SAVE on U.S. Vacations SAVE
- Orlando Air + 4 Nights \$217*
- Chicago Air + 4 Nights \$432*

More Deals...

booking

*Taxes and fees are additional



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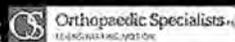
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Flood Warning in IA: Cedar, Clinton, Des Moines, Henry, Johnson, Louisa, Muscatine, Scott

Home > News

Text size
Updated: 12 minutes ago

Iowa woman dies in utility terrain vehicle accident

By Associated Press
8:19 AM CDT, August 31, 2009

WAUKON, Iowa (AP) — Authorities say a woman died after falling off an utility terrain vehicle in northeast Iowa's Allamakee (AL'-uh-muh-KEE') County.

The sheriff's office says 43-year-old **[HYBRID]** of Monona, was a passenger on the UTV and fell off early Saturday while riding on a road near Waterville.

Authorities say she was taken to a hospital in Waukon (waw'-KAHN'), where she died.

The accident remains under investigation.

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New group for veterans hold memorial [Video](#)

1. Task Number 090903CCC2892		2. Investigator's ID 9099		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2009 08 23	5. Date Initiated YR MO DAY 2009 09 04		
6. Synopsis of Accident or Complaint UPC The driver of a utility vehicle was attempting to drive up a steep incline with three passengers in the vehicle. The vehicle could not make it up the incline so the driver put it in reverse. The vehicle started coasting back then flipped over ejecting one of the passengers in the back bed of the vehicle. The victim sustained facial injuries and was transported to a hospital for treatment.				
MFR/PRVLBR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>3/24/10</i> <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>3, 25, 6</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY				
7. Location (Home, School, etc) 5 - OTHER PUBLIC PROPERTY		8. City GAINES TOWNSHIP		9. State MI
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION 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 23	13. Sex 1 - Male	14. Disposition 4 - Hospitalized	15. Injury Diagnosis 57 - Fracture	
16. Body Part(s) Involved 76 - FACE	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 11 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 10/16/2009	25. Reviewed By 9071		26. Regional Office Director Dennis R. Blasius	
27. Distribution Topka, Tanya			28. Source Document Number X0980668A	

SUMMARY OF FINDING:

On 8/23/09 at approximately 12:16 a.m. officials were dispatched to a rollover involving a utility vehicle off a roadway. When officials arrived they made contact with several individuals near a utility vehicle that was parked on a paved trail. At that time, the vehicle was in the upright position. Paramedics were tending to an individual lying in the weeds. Officials spoke to the driver and front seat passenger of the utility vehicle. They informed officials that they were attempting to climb a steep incline when the vehicle rolled over causing another one of their friend to be thrown from the vehicle resulting in injuries. The driver informed officials that the vehicle belonged to his brother, who lives at the property just adjacent to where the accident occurred. The occupants of the vehicle had been at a bachelor party at his brother's house when they decided to take the utility vehicle out for a drive. They had been out riding for approximately one hour prior to the incident. During the interview, officials detected an alcohol odor while the driver was speaking so they asked him to perform some dexterity evaluations. The driver admitted to drinking three cups of beer and agreed to a breathing test (PBT) at 12:45 a.m. which registered at .15. At that time he was placed under arrest for operating an ORV while intoxicated.

Officials spoke to medical personnel in at the hospital where the injured passenger/victim was taken to be treated for his injuries. According to the doctor, the victim's injuries were described as a fractured nose bone, broken jaw, both of his eye orbit bones broken and most of his front teeth either loose or missing. The doctor stated that it seemed that the full impact of the accident occurred to the victim's face. A CT-scan showed no swelling too the brain.

Officials were able to briefly interview the victim; however he was difficult to understand due to his injuries. He informed officials that he was sitting on the back bed of the vehicle when they were attempting to go up a hill. There were a total of four individuals in the vehicle at the time of the incident, the driver, front passenger and two of them in the back bed of the vehicle.

According to interviews with the owner and the second passenger in the back of the bed and the front passenger of the vehicle, the four individuals were driving along a trail described as a 10 foot wide paved pedestrian trail intended for recreational purposes such as biking, jogging, roller blading, cross-country skiing, hiking and wheel-chair travelers. The trail is not intended for ORV's. After driving on the trail they reached a dirt two track that ran north off the trail. They were on the dirt two track which had a steep incline. The incline was too steep for the vehicle to climb so the driver stopped the vehicle midway up the incline and put it in reverse. The vehicle began coasting down the incline and ultimately flipped over, ejecting the victim from the rear of the bed.

The ages of the four individuals in the vehicle are as follows: the driver is described as a 24-year-old male and the three male passengers are described as, 23-years-old, 25-years-old and 28-years-old with the 23-year-old sustaining the facial injuries. The victim was in the back bed of the vehicle.

The weather conditions at the time of the incident were: 60 degrees, barometric pressure 30.04, winds out of the north at 6 mph with cloudy conditions.

It is unknown if any of the individuals in the vehicle were wearing seatbelts and/or helmets.

The vehicle's speed at the time of the incident is unknown.

The driver was not attempting to make a turn at the time of the incident.

It is unknown if the vehicle had any aftermarket modifications.

PRODUCT: Utility Vehicle

The product involved in this incident is a 2008 Yamaha Rhino, green in color. The serial number is 5Y4AM16Y58A006238. The date of purchase, place of purchase, and date manufactured are unknown.

Manufacturer: Yamaha Motor Corporation

6555 Katella Avenue

Cypress, CA 90630

Dealer: Unknown

ATTACHMENTS:

Exhibit "A" – Contact List

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

Exhibit "C" – Photographs obtained from the Kent County Sheriff's Department (6)

090903CCC2892

Exhibit "A" – Contact List

This in-depth investigation was assigned and initiated on 9/4/09 from a news article. The information provided in this report was obtained from the following source:

Kent County Sheriff's Office

701 Ball Avenue NE

Grand Rapids, MI 49503

Telephone number: 616-632-6100

According to official reports, the victim's doctor stated that his injuries were not life threatening, however, this investigator did contact the Kent County Medical Examiner's Office at 616-632-7247 to verify this and they did not have a death record for the victim.

Kent County Sheriff Department

Reported By: DeGroot

Dictated On:

Complaint: 50114-09

Report Type: original

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INFORMATION:

090903000 2892.
Exhibit B

On 8-23-09, while working district car 18, I was dispatched along with Deputy Vitale at 0016 hours, to an unknown accident in the area of 84th and Patterson. Dispatch information indicated that this was a rollover ATV accident that had occurred somewhere off the roadway north of 84th Street on the west side of Patterson. While en route dispatch updated that this was now a personal injury accident and that there was a victim that was bleeding heavily from the face.

ARRIVAL ON SCENE:

Upon arriving on the scene I made contact with several individuals that were near a ATV, specifically a Yamaha Rhino that was parked on a paved trail that runs northwest off from Patterson. There was also an individual lying in the weeds that was being tended to by Caledonia Fire Rescue.

I did make contact with two of the subjects; one of whom, a (b)(6), identified himself as the front seat passenger in the vehicle, while the second subject, (b)(6), identified himself as the driver of the ATV. Both subjects advised that they were attempting to climb a steep incline near the trailer on the ATV when it rolled over, causing their friend, (b)(6) who was the injured party, to be thrown from the ATV and injured in the course of the ejection.

CONTACT WITH (b)(6):

I initially spoke with (b)(6) near the vehicle. He advised me that the Yamaha Rhino belonged to his brother, (b)(6) and that his brother (b)(6) property is adjacent to the area in which the accident occurred. He stated that they were on the property having a bachelor party this evening; that they were out riding the Rhino for approximately one hour prior to the accident occurring.

As I spoke with (b)(6) I did detect an odor of intoxicants coming from his person. I also noticed his eyes to be bloodshot and glassy.

There was a heavy gasoline smell coming from the vehicle so I asked (b)(6) to accompany me to my patrol vehicle which was parked in the roadway some distance away. I continued speaking with (b)(6) near my patrol vehicle. Away from the gasoline smell I could detect a stronger odor of intoxicants coming from (b)(6)

I questioned (b)(6) if he had been drinking this evening and he stated that he had. I questioned him on how much he had to drink and what specifically he had drank. He stated that he had "three beers." I asked him if they were can beers or glasses of beer. He stated that they were "Solo cups." I asked him if they were cups of draft beer from a keg and he stated that they were.

I then asked Mr. Izenbaard if he would perform some dexterity evaluations.

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Kent County Sheriff Department

Reported By: DeGroot

Dictated On:

Complaint:

50114-09

Report Type:

original

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0909030002892.
Exhibit B

ONE LEG STAND:

The first evaluation that I asked (b)(6) to perform was the one legged stand. I did demonstrate the evaluation to him prior to asking him to perform the evaluation and Mr. (b)(6) stated that he understood the evaluation and had no questions. He also stated that he had no issues or problems with his legs, feet or knees. I instructed him to stand with his feet together while I instructed him, with his arms at his sides. I then instructed him to perform the evaluation by lifting his foot up off the ground approximately six inches and counting 1-1000, 2-1000, 3-1000 and so on until 30-1000. I did again demonstrate the evaluation prior to asking him to perform it. In performing the evaluation (b)(6) did put his foot down at least two times and also used his arm to balance.

WALK AND TURN:

The second evaluation I asked (b)(6) to perform was the walk and turn. I again demonstrated the evaluation to (b)(6) before asking him to demonstrate it. Mr. (b)(6) stated that he had no questions and did understand the evaluation as I explained, asking him to walk the fog line on the roadway heel-to-toe nine steps, pivoting and then walking heel-to-toe nine steps back. In performing the evaluation (b)(6) did not touch heel-to-toe on every step, also lost his balance and stepped off the line.

HORIZONTAL GAZE NYSTAGMUS:

The third evaluation I asked (b)(6) to perform was the horizontal gaze nystagmus. I instructed him to follow the tip of my pen with his eyes only and not with his head. In performing the evaluation (b)(6) a lack of smooth pursuit, distinct nystagmus at maximum deviation and also onset of nystagmus prior to 45 degrees.

PRELIMINARY BREATH TEST (PBT):

I next requested (b)(6) to submit to a PBT. I did read him his PBT rights and he did submit to a PBT at 0045 hours, which registered a .15.

ARREST:

(b)(6) was placed under arrest by this officer. He was seated in the rear of my patrol vehicle. Handcuffs were placed in front of him, double-locked and checked for tightness. He was informed that he was being arrested for the charge of operating an ORV while intoxicated.

It should be noted that later contact with officers on the scene would increase the charge to ORV OUIL causing serious injury and this was relayed to (b)(6) prior to his lodging.

MEDICAL CLEARANCE:

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Kent County Sheriff Department

Reported By: DeGroot

Dictated On:

Complaint: 50114-09

Report Type: original

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090903000292.
Exhibit B

As (b)(6) had been involved in a rollover injury accident he was transported by this officer to Blodgett Hospital for clearance. (b)(6) stated that he had no pain and did not receive any injury in the course of the accident. This information was relayed to medical staff. He was examined by a Doctor Donley who did clear him for lodging at the Kent County Jail.

SEARCH WARRANT:

While at the Blodgett Hospital ER I did complete an affidavit for a blood search warrant. The search warrant was completed by this officer and contact was made with Judge Servaas. I did swear to the information included in the search warrant to Judge Servaas and a copy of the search warrant was faxed to him. Judge Servaas did in turn sign the search warrant and faxed it back to me at the Blodgett Hospital ER. This was done on 8-23-09, at 0152 hours. A copy of the search warrant original and also the signed faxed copy are included with the packet.

BLOOD DRAW:

Using a Kent County Sheriff's Department supplied MSP Lab blood kit a blood draw was completed at Spectrum Blodgett Hospital by Phlebotomist David Throop. The vials of blood were collected at 0210 hours in accordance with the instructions in the lab kit. The kit was then sealed by this officer in the presence of Mr. Throop and later was placed into the US Postal Service receptacle.

ORV CHEMICAL TEST RIGHTS:

It should be noted that after (b)(6) arrest I did read him verbatim his ORV chemical test rights from the back of a DI-95 form. (b)(6) indicated that he did understand his ORV chemical test rights and indicated that he would submit to a blood test. The search warrant was additionally obtained as (b)(6) had been involved in a rollover accident. A copy of the ORV chemical test rights that were read to (b)(6) and his indications of acknowledgement are included with the packet.

LODGED:

(b)(6) was lodged at the Kent County Jail for the charge of ORV OWI causing serious injury and given no bond. At the Kent County Jail a copy of his breath, blood, urine test report and also a copy of the search warrant were included with his property.

DI-177:

A DI-177 form was completed by this officer. The original is included with the packet. A copy again was given to (b)(6) at the Kent County Jail.

AFFIDAVIT OF PROBABLE CAUSE:

An affidavit of probable cause was completed by this officer and is included with the packet.

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Kent County Sheriff Department

Reported By: DeGroot

Dictated On:

Complaint:

50114-09

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Exhibit B

WARRANT REQUEST:

A warrant is requested for the charge of ORV OWI causing serious injury, MCL 324.811348.

LEIN:

A class one, class two and a CCH is included for (b)(6) showing no prior CCH, no prior OWI convictions.

VICTIM INFORMATION:

The victim in this case, passenger involved in the accident, a (b)(3):CPSA Section received facial fractures in the course of the accident. Please see Deputy Bishop and Deputy Vitale's supplements for further injury and victim information.

LICENSE CONFISCATION:

(b)(6) Michigan operator's license was confiscated by this officer and is included with the packet.

CASE STATUS:

Open/felony.

BUREAU:

TOT warrants.

Ddb 8-21-09

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0909030002892
Exhibit B

INFORMATION:

On 8-23-09, at approximately 130 hours, Sergeant Nick Kaechele asked me to go to Butterworth Hospital to check on the victim, (b)(3):CPSA Section. Sergeant Kaechele informed me that (b)(6) was involved in an accident involving an ATV and wanted me to check the status of his injuries and confirm his identification.

CONTACT WITH MEDICAL PERSONNEL:

I spoke with several nurses and also the lead trauma doctor, last name of (b)(3):CPSA Section (b)(3):CPSA stated that (b)(6) did not have any life-threatening injuries; however, he did have both of his eye orbit bones broken, his nose bone fractured, his jaw broken and also most of his front teeth were loose or missing. I did ask the doctor if he had any brain swelling or anything and he stated that as of right now the CT-scan showed that he did not have any. I also asked the doctor besides the face bone fractures, if he had any other injuries anywhere else and he stated that he did not. The doctor stated it seemed as if the full impact occurred to his face only.

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

I was able to speak with Nathan in the intensive care unit; however, due to his injuries (b)(6) was difficult to understand. I did ask (b)(6) if he knew where he was and he stated that he did. I also asked (b)(6) if he knew what happened tonight and he stated that he did.

At this point I asked (b)(6) if he knew who was driving the ORV and he stated that he did not.

I asked (b)(6) where he was sitting on the ORV and he stated that he was sitting on the rear of the ORV.

I asked (b)(6) if he could explain to me what happened tonight and he stated they were going up a hill.

I asked (b)(6) if he knew how the accident occurred and he stated that he did not know.

I also asked (b)(6) who all was on the ORV and he stated there were four people on it.

I also asked (b)(6) if he had anything to drink tonight and he stated he had a little.

I then also asked (b)(6) if he knew where he was sitting on the ORV and he thought he was sitting on the back of it.

Again due to (b)(6) injuries it was very difficult to interview him at this point in time and also medical personnel needed to tend to his injuries so this concluded my interview with him.

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Kent County Sheriff Department

Reported By: D. Bishop

Dictated On: 5-22-09

Complaint:

Report Type:

50114-09

Supplement

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*091096, 3000-7792
Exhib + B*

BUREAU:

TOT to the original report.

Ddb 8-23-09

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Kent County Sheriff Department

Reported By: Vitale
Dictated On: 8-23-09

Complaint: 50114-09
Report Type: Original
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0909030002892.
Exhibit B

INFORMATION:

On 8-23-09, at 12:15 a.m., Deputy Degroot and I were dispatched to an off road vehicle ATV crash, which occurred on the Paul Henry Trail, on the west side of Patterson, north of 84th Street SE, Gaines Township. The ATV reportedly flipped over and one occupant was reportedly injured.

SCENE:

Upon arrival, we located the ATV crash along the Paul Henry Trail. The trail runs northwest from the west side of Patterson, approximately one ten of a mile north of 84th Street SE. The ATV crash occurred along the Paul Henry Trail, approximately 45 yards west of Patterson Avenue.

MEDICAL:

Life Ambulance and Dutton Fire Dept. responded to treat injured occupant (b)(6).

OBSERVATIONS:

The 2008 Yamaha Rhino ATV was standing on its wheels in an upright position on the Paul Henry Trail. The occupant, (b)(6), was laying face down near the ATV. He had lacerations to his face and had a decreased level of consciousness. The driver of the ATV was identified as (b)(6) who was standing near the ATV. The front seat passenger was identified as (b)(6) who was also standing near the ATV.

(b)(6) was identified as a passenger in the back bed of the ATV. (b)(6) was identified as a passenger in the back bed of the ATV as well.

INTERVIEW (b)(6):

(b)(6) himself as the owner of the 2008 Yamaha Rhino. He, his brother, (b)(6), (b)(6) and friends; (b)(6), were at a bachelor party. (b)(6) said they had a bonfire at his residence at 8001 Patterson Avenue SE. (b)(6) said the (b)(6) Henry Trail runs along the back side of his property. They drove the Yamaha Rhino along the side of the Paul Henry Trail, where they reached a dirt two track. The two track runs north off of the Paul Henry Trail. The two track had a steep incline. (b)(6) said they drove up the steep incline two track and the Yamaha Rhino flipped over.

I noticed an odor of alcohol emanating from (b)(6) breath. He was also slurring his words while giving me his statement. I asked (b)(6) if he had been drinking. He would not respond with an answer. I asked him if the passengers in the Rhino were drinking. He said he did not know. (b)(6) also did not report being injured.

INTERVIEW (b)(6)

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Kent County Sheriff Department

Reported By: Vitale
Dictated On: 8-23-09

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I interviewed the front seat passenger, (b)(6) said that his friend, (b)(6) (b)(6) was driving the Yamaha Rhino. He said that (b)(6) were passengers in the rear bed of the Rhino. He said they drove the Rhino up a steep incline two track, which runs off of the Paul Henry Trail. The incline was too steep for the Yamaha Rhino to climb. (b)(6) stopped the ATV midway up the incline. He then put the ATV and reverse and began coasting down the incline. The ATV then flipped over.

(b)(6) was ejected from the rear bed of the ATV. I was unable to get anymore of a detailed interview with (b)(6). He subsequently left the scene to go to Butterworth Hospital to see (b)(6)

SUPERVISOR:

I notified Sgt. Kaechele and it was determined the 416, Deputy Forman, would respond to the scene.

OWI ARREST:

Deputy Degroot subsequently placed the driver, (b)(6), under arrest for OWI.

INJURY (b)(6)

(b)(6) was transported by Life Ambulance to Butterworth Hospital and had facial injuries.

ADDITIONAL INJURIES:

None of the other occupants reported any injuries to themselves.

AMBULANCE PERSONNEL:

Life Ambulance personnel Marv Raap and Diane Westen treated and transported (b)(6) to Butterworth Hospital.

VEHICLE:

2008 Yamaha Rhino, green, serial (b)(6), owned by (b)(6)

IMPOUND:

The 2008 Rhino was impounded to the KCSD impound lot at 701 Ball Avenue. It was towed on a flat bed R2C Wrecker by driver Richard Rozell to the KCSD impound lot.

NOTIFICATION:

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Kent County Sheriff Department

Reported By: Vitale
Dictated On: 8-23-09

0909030002892
Exhibit B

Complaint: 50114-09
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I left a message for the owner, (b)(6), that his vehicle would be towed to the KCSD impound lot.

IMPOUND FORM:

I completed an impound form for the Yamaha Rhino.

WEATHER:

The temperature was 60 degrees, barometric pressure 30.04, wind out of the north at 6 mph, and it was cloudy.

ADDITIONAL CONDITIONS:

The Paul Henry Trail is an asphalt pedestrian trail. It is posted at the entrance off Patterson, north of 84th. The sign indicates there are no motor vehicles allowed on the trail. I could see the muddy tire tracks from the Yamaha Rhino. The Yamaha Rhino had clearly traveled along the Paul Henry Trail on the paved portion of the trail. The tire tracks came from the northwest and traveled towards the southeast, leading up to the dirt two track, where it flipped over.

UD10 CRASH REPORT:

A UD10 crash report was completed and turned in with the case packet.

SERIOUS INJURY ACCIDENT REPORT:

I completed a serious injury accident report packet.

IMPOUND:

I followed the R2C Wrecker to the KCSD impound lot at 3:21 a.m.

PROPERTY RECEIPT:

I completed a property receipt for the 2008 Yamaha Rhino on #79448. It was placed in the impound lot at the KCSD main office and the gate was locked.

BUREAU:

Original

NEWS RELEASE:

I completed a news release and it was reviewed by Sgt. Kachele. It was turned over to dispatch and sent to area news agencies.

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Kent County Sheriff Department

Reported By: Vitale
Dictated On: 8-23-09

0969630002892
Exhibit B

Complaint: 50114-09
Report Type: Original
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Ln 8-23-09

Kent County Sheriff Department

Reported By: Dan Forman

Dictated On: 08-24-09

Complaint: 50114-09

Report Type: Supplement

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*191463002792
Exhibit A*

INFORMATION:

On 08-23-09, at approximately 01:30 hours, I was contacted at my residence in reference a serious injury crash that occurred involving an ORV. After speaking with Deputy Vitale and Sgt. Kacchele, I then responded to the scene after picking up my equipment from the south substation.

ARRIVAL AT SCENE:

Upon arriving at the scene, I made contact with Sgt. Kacchele and Deputy Vitale, who briefed me and walked me through the events at the scene as they believed them to be.

PHOTOGRAPHS:

Using 416 camera number five, I took numerous photographs of the scene. These photographs were stored on memory card 416-3 and were submitted to the south substation for processing.

MEASUREMENTS TAKEN:

Using the Total Station, I took numerous measurements of the scene. These measurements include the bike path, dirt trail that the ORV had attempted to travel on, utility pole, and the position at that time of the ORV. I was advised that the ORV had been turned upright and moved from its final resting position.

It should be noted that Sgt. Kacchele assisted me in the measurement taking by operating the prism pole as I operated the Total Station.

ADDITIONAL INFORMATION:

I did make an additional contact with Sgt. Sikkema advising him that I would be responding to the scene.

TOT: Original

AI 08-24-09

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Kent County Sheriff Department

Reported By: D. Filut

Dictated On: 08/24/09

Complaint:

Report Type:

#09-50114

Supplement

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090903002792
Exhibit B

On August 24, 2009, after reviewing the report and CCH, APA Vandermolen issued a felony warrant on Mark Ezenbaard for ORV - OUIL Serious Injury.

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Kent County Sheriff Department

Reported By: Deputy DeGroot

Dictated On: 8/27/09

Complaint:

50114-09

Report Type:

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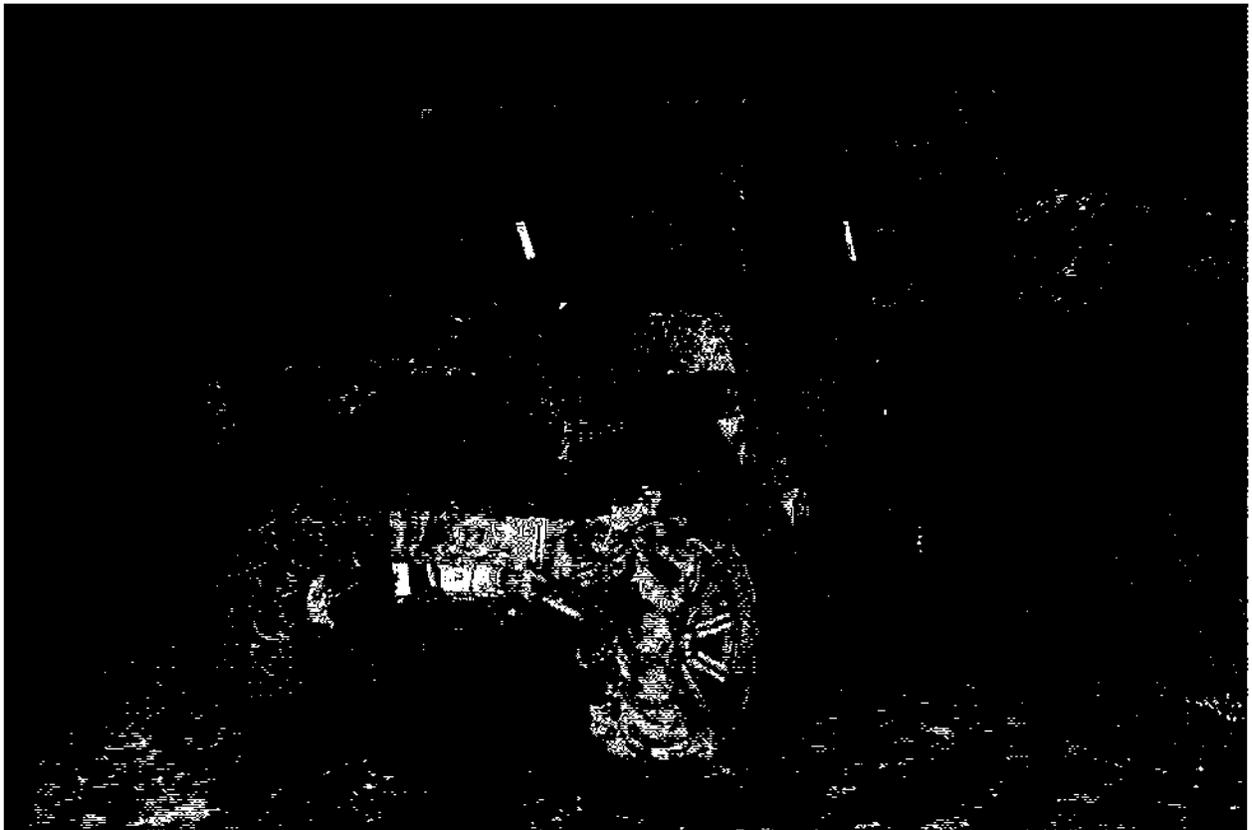
090703002892
Exp 12/16

ADDITIONAL P B T INFORMATION:

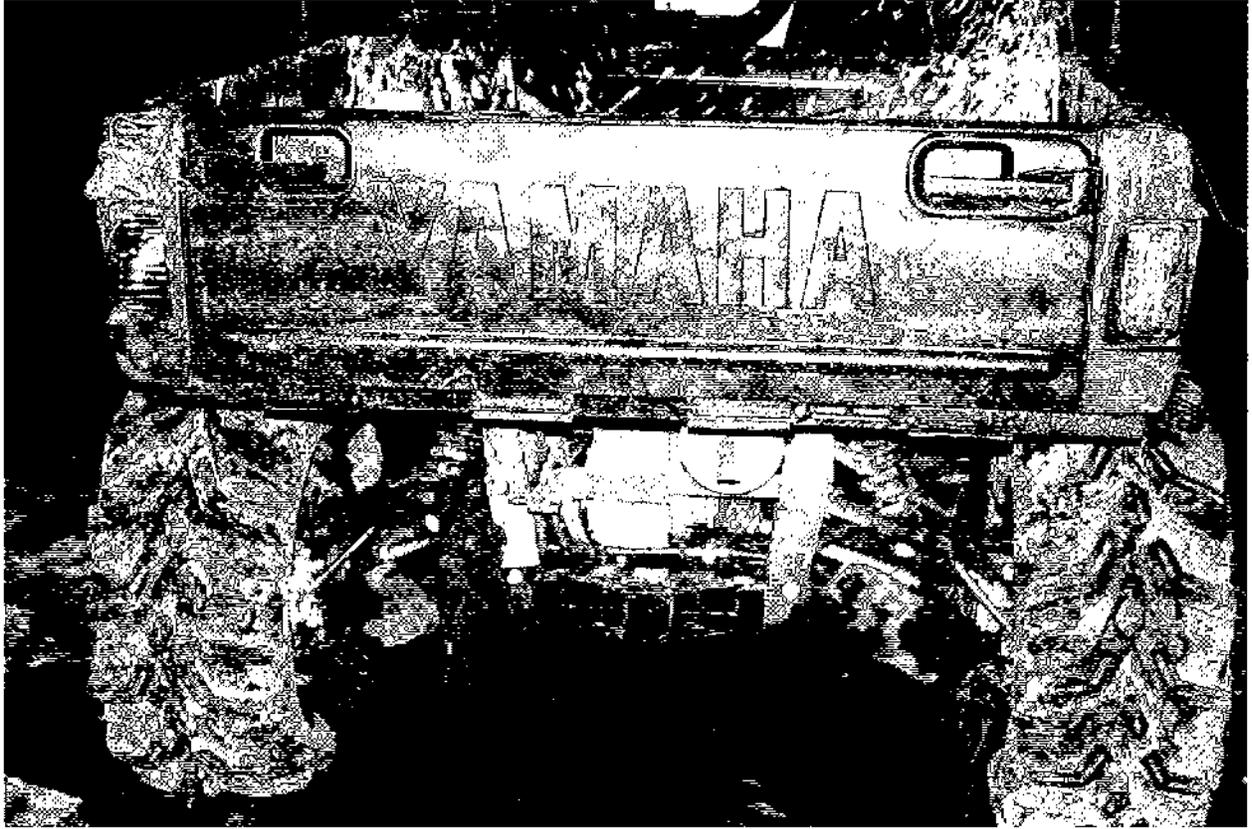
Upon reviewing my report, it was noted that I had unintentionally not included the instrument number for the P B T that was used in this incident. That P B T number is 6859.

TOT Original. pvm 8/27/09

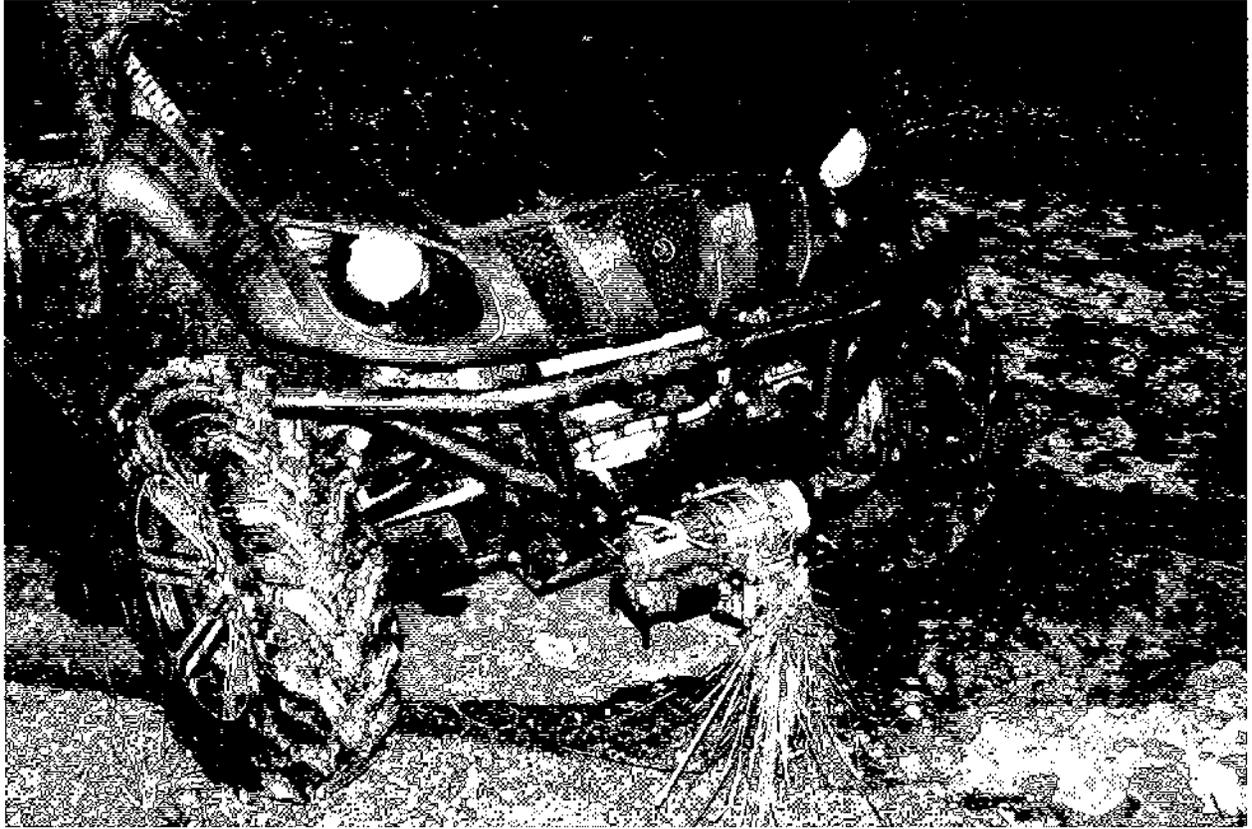
13 of 13



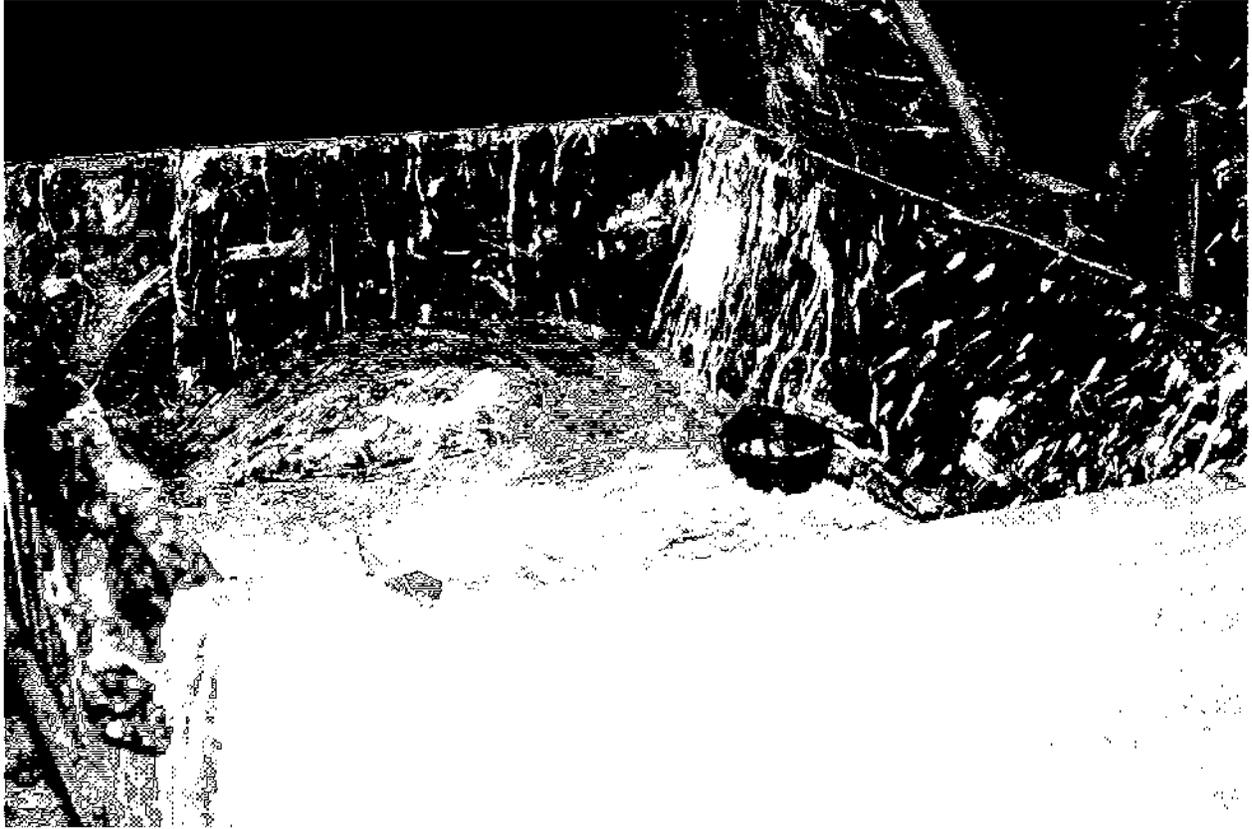
090903CCC2892. Exhibit C. Photograph 1. The Yamaha Rhino involved in the incident.



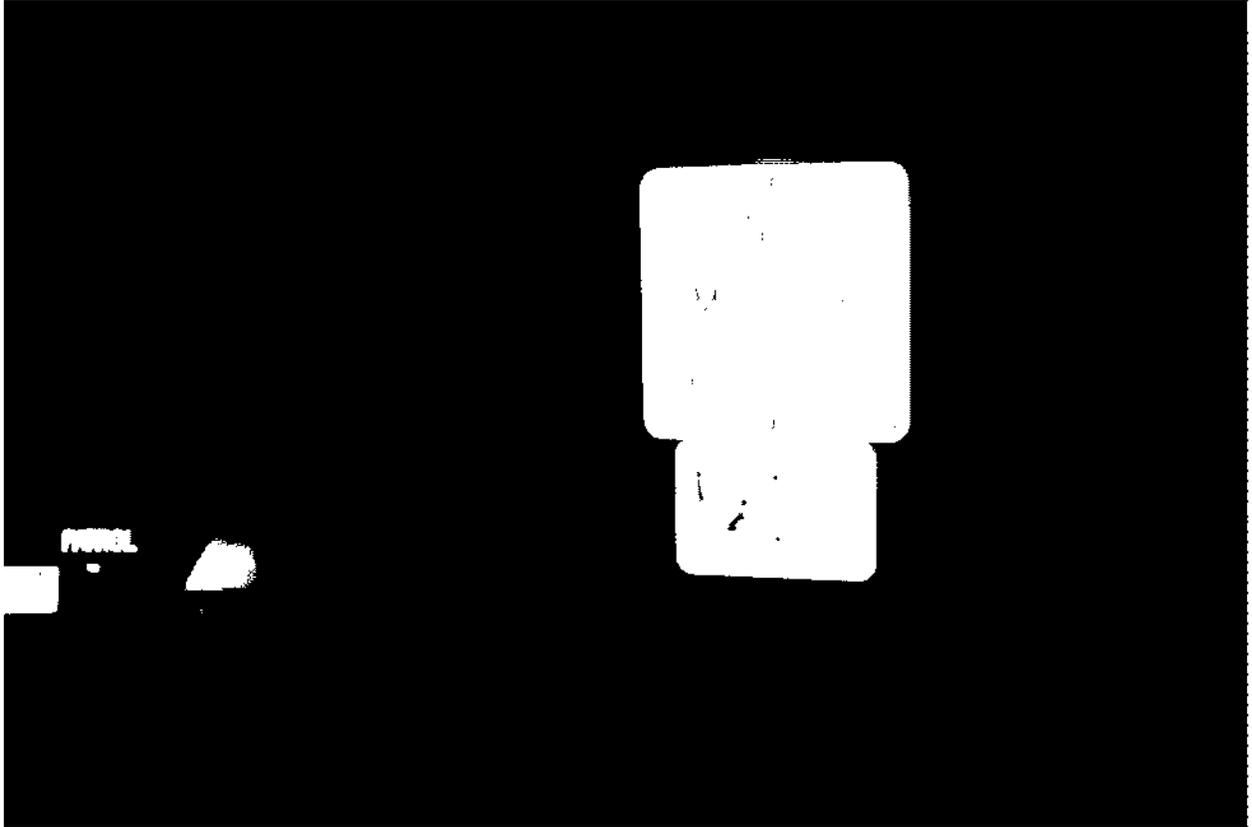
090903CCC2892. Exhibit C. Photograph 2. The back of the unit.



090903CCC2892. Exhibit C. Photograph 3. The front of the utility vehicle.



090903CCC2892. Exhibit C. Photograph 4. The back bed of the vehicle where the victim was located at the time of the accident.



090903CCC2892. Exhibit C. Photograph 5. The sign posted near the trail that reads, NO MOTOR VEHICLES.



090903CCC2892. Exhibit C. Photograph 6. The dirt two track with the steep incline.

X098 6668

ATV rollover injures 23-year-old's face



8/23/2009 11:01 a.m.

A 23-year-old Kentwood man who was the passenger of a 2008 Yamaha Rhino ATV suffered facial fractures after the vehicle flipped as it was rolling down a hill. He was treated at Spectrum Butterworth Hospital.

The incident occurred at around 12:15 a.m. Sunday. A 24-year-old Byron Center man was transporting one person in the front seat and two in the back seat up a steep, inclined, dirt two-track, near Paul Henry Trail and Patterson Avenue/84th Street SE.

The incline was too steep for the ATV, so the driver stopped the vehicle and started to reverse. As it was coasting down the incline, it flipped, ejecting the back-seat passengers.

In addition to the injured Kentwood man, a 25-year-old Grand Rapids man and a 28-year-old Caledonia man were not injured.

Alcohol was a factor, according to the Kent County Sheriff Department.

Menu

- Home
- News
- Weather
- Traffic
- Sports
- Entertainment

MI

8/23/2009

Product = 5044

IDI 090903CCC3944

This In Depth Investigation (IDI) was initiated based on a news article concerning an ATV accident that involved three riders on one vehicle. On August 29, 2009 three riders on an ATV were injured on a service road near La vista Nebraska. The 34 year old male driver suffered injuries that required emergency medical treatment. In addition the driver was arrested and charged with Driving Under the Influence (DUI).

The information for this report was obtained from the Sarpy County Sheriff's accident and arrest Reports. On August 29, 2009 sheriff reports indicated that the accident vehicle was being driven westbound atop a dike at approximately 3:30am prior to the accident.

It was reported that upon approaching a closed gate the driver attempted to turn the vehicle around and lost control of it causing it to overturn and eject the three occupants and it rolled down an embankment.

The investigating deputy reported that during the accident, the vehicle rolled over the top of the male driver causing possible internal injuries resulting in his transportation to an emergency medical facility. One additional passenger suffered minor injuries but did not require hospitalization. None of the victims were reported to have been wearing seat belts or wearing helmets.

The investigating deputy reported that the victim driver admitted to have been drinking alcohol prior to the accident. In addition this was confirmed by an interview at the scene with the female passenger of the accident vehicle.

The victim was transported to UNMC for medical treatment in Omaha, NE, where the investigating deputy had blood drawn in the emergency room for DUI testing. The blood test indicated Blood Alcohol content (BAC) of 0.174 +/- 0.003 Grams of ethanol / 100 milliliters of blood, which is twice the legal limit for Nebraska. The BAC was analyzed via an Automated Headspace Gas Chromatography. Reports also indicated that the accident vehicle had been reported stolen previous to the accident.

The emergency medical reports obtained indicated that the 34 year old male victim stated the vehicle rolled over him during the accident. The medical reports indicated that the victim suffered several fractured ribs as a result of the rollover. With no other injuries reported.

The weather as reported on the day of the incident was reported as a high of 62.6 °F with clear skies and a wind speed of 4.6 mph.

The owner of the stolen vehicle was contacted and provided additional identification information related to it.

IDI 090903CCC3944

Summary:

1. The vehicle was being driven atop a dike that was sloped at the time of the accident.
2. None of the occupants were wearing seatbelts.
3. No helmets were worn.
4. Driver - 34 YOM, the center passenger - 36 YOF and the right seat passenger - 39 YOM.
5. Speed of vehicle was not provided, it was however noted that at the time of accident driver was approaching a closed gate and attempted to turn around.
6. Driver was attempting to turn around to left, no further information available
7. Unknown if aftermarket modifications existed.
8. Polaris; 2007 Ranger 700 XP; VIN # 4XARH68A472367800;Retailer: ATV Motorsports; Purchase Date: May 2007; Approx. Price: \$10,761
9. Done
10. Vehicle did roll over
11. Three riders
12. Driver injured; vehicle did land on victim; fractured ribs

Exhibits:

Exhibit A – Sarpy County Accident and Arrest Reports (14)

Exhibit B – UNMC Medical Reports (11)

Exhibit C – Manufacturers Web Photos

Exhibit D – Contact information

State of Nebraska Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

1	Total Number of Vehicles	Local No./ District 303	Agency Case No. SC09036248	HIT & RUN? () YES () NO	1								
2	DATE OF ACCIDENT	MM DD YY 08 29 2009	SMTWTHFS S X	TIME OF ACCIDENT (in Military Time) 0330	STATE USE ONLY								
61	PLACE OF ACCIDENT	COUNTY SARPY	CITY LAVISTA	POLICE NOTIFIED 0333	LATITUDE								
5	ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO. UNNAMED ACCESS RD	PRIVATE PROPERTY YES NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ONE-WAY STREET? YES NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LONGITUDE								
1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W	HIGHWAY NO. 66TH ST	SHOULD LOCATION HAVE ENGINEERING st? () YES () NO								
10	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY												
10	IF NOT AT INTERSECTION FEET () MILES N S E W 500 <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W												
5	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN												
5	MILES	N S E W AND MILES	N S E W OF NEAREST CITY OR TOWN	LAVISTA									
5	R. WORK ZONE CODES 1	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? () YES () NO								
1	VEHICLE NO. 1												
1	DRIVER LICENSE NO.	G59081945	STATE	NE	() FEMALE () MALE								
1	DRIVER	(b)(6)			PHONE								
1	LOCAL NO.												
9	01 / 22 / 1975				V1/1								
1	CITATION NO.	SC091001			V1/2								
5	LICENSE PLATE NO.	YEAR	STATE	V1/3									
3	VEHICLE	2007	MAKE	POLARIS	MODEL	RANGER	BODY STYLE	ATV	COLOR	GREEN	ESTIMATED DAMAGE	\$+1000.00	V1/4
1	VEHICLE ID NO. (VIN)	4(b)(6)			INSURANCE COMPANY		V1/5						
1	TOWED TO				SARPY TOW	TOWED BY	QUALITY TOWING	POLICY NO.	V1/6				
1	VEHICLE NO. 2												
6	DRIVER LICENSE NO.	STATE	() FEMALE () MALE		V2/1								
1	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DO / YYYY)	V2/2									
1	OWNER ADDRESS	CITY, STATE, ZIP	CITATION () YES () PENDING () NO	V2/3									
2	LICENSE PLATE NO.	YEAR	STATE	V2/4									
1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE	V2/5					
1	VEHICLE ID NO. (VIN)	INSURANCE COMPANY			V2/6								
1	TOWED TO	TOWED BY	POLICY NO.										
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
1	VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DO / YYYY)	1	2	3	4	5	SEX	M F		
1	1	(b)(6)	(b)(6)	01 / 22 / 1975	0	1	3	0	8	2	2	M	
1	1	(b)(6)	(b)(6)	03 / 26 / 1970	0	3	3	0	2	3	1	M	
1	1	(b)(6)	(b)(6)	/ /									

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

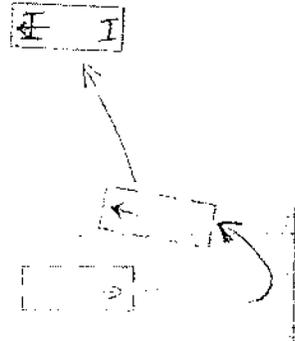
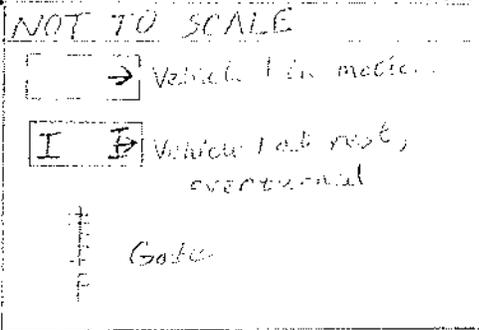
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO

SC09036248



Indicate North by Arrow



Upstream Access Road

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

VEHICLE 1 WAS WEST BOUND ON AN ACCESS RD ATOP A DIKE NORTH EAST OF 66TH ST AND HEARTWOOD RD. UPON APPROACHING A GATE, DRIVER 1 ATTEMPTED TO TURN VEHICLE 1 AROUND. DRIVER 1 SOMEHOW LOST CONTROL OF THE VEHICLE AND IT OVERTURNED, ROLLING DOWN THE SOUTH SIDE OF THE DIKE. ALL THREE PASSENGERS WERE EJECTED FROM THE VEHICLE. ONE PASSENGER SUFFERED A MINOR CUT TO THE LIP AND WAS NOT TRANSPORTED TO A MEDICAL FACILITY. THE VEHICLE ROLLED OVER. DRIVER 1 AFTER HE WAS EJECTED RESULTING IN POSSIBLE INTERNAL INJURIES. HE WAS TRANSPORTED TO UNMC. VEHICLE 1 SUFFERED DISABLING DAMAGE AND WAS PREVIOUSLY REPORTED STOLEN, SO IT WAS TOWED FROM THE SCENE.

KAR

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX COST OF DAMAGE
PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX COST OF DAMAGE
WITNESSES	NAME	ADDRESS	PHONE		
WITNESSES	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION VEH NO N S E W 1 X 2		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle) VEHICLE 1 VEHICLE 2 POINT OF IMPACT 1 1 MOST DAMAGED AREA 1 1		AIRBAG DEPLOYED VEHICLE 1 5 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable 6 No airbag available 7 Unknown VEHICLE 2 		RESTRAINT USE VEHICLE 1 1 1 1 1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 Helmet used 8 Restraint use unknown VEHICLE 2 		TOTAL OCCUPANTS: VEH 1: 3, VEH 2: 2 ALCOHOL TESTED: Driver No. 1: Y, Driver No. 2: Y, Passenger: Y ALCOHOL/DRUGS SUSPECTED: Driver No. 1: 2, Driver No. 2:	
OFFICER NO: 1014 INVESTIGATOR NAME: DEP. MILANDER DEPARTMENT: SARPY COUNTY SHERIFF		PHOTOGRAPHS TAKEN? YES (X) NO ()		DATE OF REPORT: 08 29 09					



DOUGLAS COUNTY SHERIFF'S OFFICE
CRIMINAL INVESTIGATION BUREAU
CRIME SCENE INVESTIGATION DIVISION
FORENSIC CHEMISTRY



LAB FEE: \$30.00		CASE INFORMATION SECTION			Page 1 of 1	
Offense DUI	Submitting Agency: SCSO	Submitting Agency Report #: 36248-09	DCSO SR #: B30895	Date Submitted: 09-03-09	Time Submitted: 1040	
Requesting Officer: Dep. MILANDER		Serial #: 1014	Contact Information: Mackeprang or Clark	Reporting CSI: S. TYSOR	Serial #: S051	
Subject/ Suspect Name(s): (b)(6)						
Description of Evidence: Item 1						

ANALYSIS REQUESTED

<input type="checkbox"/> IDENTIFICATION OF SUSPECTED CONTROLLED SUBSTANCE	<input checked="" type="checkbox"/> BLOOD ALCOHOL ANALYSIS
<input type="checkbox"/> FIRE DEBRIS ANALYSIS	<input type="checkbox"/> URINALYSIS

LAB SECTION

CHEMISTRY UNIT ID NUMBER(S) / CSI EVENT NUMBER: BA 85 & 86 / Event #092414	Analysis Start Date/ Time: 09-04-09 / 0845
--	--

LABORATORY RESULTS AND CONCLUSIONS

EVIDENCE INVENTORY:

Item Number	Description
1	A sealed cardboard box containing a blood collection kit containing two grey-topped vials of blood labeled as collected from (b)(6)

METHODS OF ANALYSIS:

- Automated Headspace Gas Chromatography

RESULTS:

Item Number	Results
1	0.174 +/- 0.003 Grams of ethanol/ 100 milliliters of blood.

The above samples were analyzed by a Class A Permit certified analyst pursuant to section 60-6, 201 R.R.S. Nebraska, Rules and Regulations 177 NAC 1.

UPON COMPLETION OF THE ABOVE ANALYSIS, ALL EVIDENTIARY ITEMS WERE SECURED UNDER SR# B30895.

No further information at this time.

SUBSCRIBED TO AND SWORN before me this		NOTARY PUBLIC	
8 day of SEP. 09		<i>William C. Kauhold</i>	
Reporting Lab Analyst (Signature / Serial#): <i>S. Tysor</i> S051		Date: 9.8.09	Reviewing Lab Analyst (Signature / Serial#): <i>S. Tysor</i> S051
Reviewed by CSI Division Commander (Signature / Serial#): <i>B. Mackeprang</i> 5805			

OSF-72 (12/07)



DOUGLAS COUNTY SHERIFF'S OFFICE
CRIMINAL INVESTIGATION BUREAU
CRIME SCENE INVESTIGATION DIVISION



FORENSIC CHEMISTRY

LAB FEE: \$30.00		CASE INFORMATION SECTION			Page 1 of 1	
Offense DUI	Submitting Agency: SCSO	Submitting Agency Report #: 36248-09	DCSO SR #: B30895	Date Submitted: 09-03-09	Time Submitted: 1040	
Requesting Officer: Dep. MILANDER		Serial #: 1014	Contact Information: Mackeprang or Clark	Reporting CSI: S. TYSOR		Serial #: S051
Subject/ Suspect Name(s): (b)(6)						
Description of Evidence: Item 1						

ANALYSIS REQUESTED

<input type="checkbox"/> IDENTIFICATION OF SUSPECTED CONTROLLED SUBSTANCE	<input checked="" type="checkbox"/> BLOOD ALCOHOL ANALYSIS
<input type="checkbox"/> FIRE DEBRIS ANALYSIS	<input type="checkbox"/> URINALYSIS

LAB SECTION

CHEMISTRY UNIT ID NUMBER(S) / CSI EVENT NUMBER: BA 85 & 86 / Event #092414	Analysis Start Date/ Time: 09-04-09 / 0845
--	--

LABORATORY RESULTS AND CONCLUSIONS

EVIDENCE INVENTORY:

Item Number	Description
1	A sealed cardboard box containing a blood collection kit containing two grey-topped vials of blood labeled as collected from (b)(6)

METHODS OF ANALYSIS:

- Automated Headspace Gas Chromatography

RESULTS:

Item Number	Results
1	0.174 +/- 0.003 Grams of ethanol/ 100 milliliters of blood.

The above samples were analyzed by a Class A Permit certified analyst pursuant to section 60-6,201 R.R.S. Nebraska, Rules and Regulations 177 NAC 1.

UPON COMPLETION OF THE ABOVE ANALYSIS, ALL EVIDENTIARY ITEMS WERE SECURED UNDER SR# B30895.

No further information at this time.

SUBSCRIBED TO AND SWORN before me this		NOTARY PUBLIC	
8 day of SEP, 09		<i>William C. Kaufhold</i>	
Reporting Lab Analyst (Signature / Serial#): <i>S. Tysor</i> S051		Date: 9.8.09	Reviewing Lab Analyst (Signature / Serial#): <i>[Signature]</i> S075
Reviewed by CSI Division Commander (Signature / Serial#): <i>[Signature]</i> S805			

OSF-72 (12/07)

No. 00313



SARPY COUNTY SHERIFF

1208 Golden Gate Drive, Poplillon NE 68046

Evidence/Property Form

IR#

09-36248

Date/Time Recovered:

08-29-2009/0523

Location Property Seized/Recovered:

UNMC Emergency Room

Offense:

DUI 2nd Offense 60-6196

LOCATION OF ITEM PLACED BY OFFICER

For Property Use Only

LOCKER #

OTHER: Evidence Refrigerator (Armory)

Enter

BIN

TAKE MARKED ITEMS TO FORENSIC LAB FOR DRUG TESTING

STATE LAB

By:

Date

PROPERTY SHOULD BE

RETURN TO

WHEN

Comments Regarding Property

Kept as evidence

Owner

Immediately

Test blood for alcohol

Safekeeping

Next Of Kin

After Court Disposition

Destroy

Other

Other

Release

Found Property

* Mark Only if Applicable *

NOTES:

CODE: ENTER ALL

U THAT APPLY IF KNOWN

CODES: OW-OWNER V-VICTIM S-SUSPECT NK-NEXT OF KIN

OWNER UNKNOWN

1	NAME	LAST	FIRST	MIDDLE	4	NAME	LAST	FIRST	MIDDLE
	(b)(6)								
						ADDRESS PHONE			
2	NAME	LAST	FIRST	MIDDLE	5	NAME	LAST	FIRST	MIDDLE
						ADDRESS PHONE			
3	NAME	LAST	FIRST	MIDDLE	6	NAME	LAST	FIRST	MIDDLE
						ADDRESS PHONE			

PROPERTY CODES: E-EVIDENCE F-FOUND R-RECOVERED T-TOWED Z-SAFEKEEPING

Item #	Property Code	Complete Description	Model #	Serial #
1	E	2 vials of blood drawn from Aronzo, John R III		

CHAIN OF POSSESSION

(*see back of page for more C.O.P.*)

Item #	From:	To:	Date/Time:
1	(b)(6)	RN Livingston Dawn	08-29-2009/0523
1	RN Livingston Dawn	Dep. C. Milander/1014	09-09-2009/0530
1	Dep. C. Milander/1014	Evidence refrigerator (Armory)	08-29-2009/0523

SIGNATURE OF OFFICER PREPARING REPORT/SERIAL # Dep. C. Milander/1014

SIGNATURE OF SUPERVISOR/SERIAL # [Signature] 1014/95

County Attorney case Disposition

- Release Marked items to Owner
- Destroy marked items

C/A Signature: _____

Date: _____

**NOTICE /
 SWORN REPORT /
 TEMPORARY LICENSE**

Legal Division
 301 Centennial Mall South, P.O. Box 94699
 Lincoln, Nebraska 68509-4699
 (402) 471-9593 • (402) 471-4154 (hearing impaired)
 Fax (402) 471-4828

STATE OF NEBRASKA				TICKET NUMBER	
COUNTY OF _____				SS: _____	
COUNTY OF ARREST	COUNTY NO.	DATE OF ARREST	TYPE OF ARREST (MILITARY / CIVIL)	ENFORCEMENT AGENCY	
NAME (LAST, FIRST, INITIAL)			DATE OF BIRTH	DRIVER LICENSE NO.	STATE
ADDRESS ON LICENSE		CITY	STATE	ZIP CODE	
DOES THIS ALCOHOLIC BE DIFFERENT FROM USUALLY			IN A COMMERCIAL MOTOR VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		HAZARDOUS MATERIALS CARRIED <input type="checkbox"/> YES <input type="checkbox"/> NO

The undersigned officer(s) hereby swear(s) that the above-named individual was arrested pursuant to Neb. Rev. Stat. § 60-6,197, and the reasons for the arrest are: _____

The individual was directed to submit to a chemical test, and he or she: *(Check appropriate box.)*

- Refused** to submit to the test.
 - Read **VERBAL NOTICE OF REVOCATION** to motorist. ➡
 - Take license; give motorist yellow copy, petition and envelope.
 - Send completed, notarized white copy to DMV.

- Submitted** to a breath test that indicated a BAC of 0.08 or more.

Result: _____ gram of alcohol per 210 l. of breath.
 Testing Operator: _____

- Read **VERBAL NOTICE OF REVOCATION** to motorist. ➡
- Take license; give motorist yellow copy, petition and envelope.
- Send completed, notarized white copy to DMV.

- Submitted** to a blood test that indicated a BAC of 0.08 or more.

Result: _____ gram of alcohol per 100 ml of blood.
 Blood Tested By: _____

DATE BLOOD TEST RESULTS RECEIVED:

- Do **NOT** read **VERBAL NOTICE OF REVOCATION**.
- Do **NOT** take license or give yellow copy to motorist.
- Send completed, notarized white copy and yellow copy to DMV after test result received.

REFUSAL or BREATH TEST Only

X

Motorist's signature acknowledges receipt of yellow copy.

TEMPORARY LICENSE—YELLOW COPY

You must surrender all Nebraska or out-of-state driver licenses or permits in your possession. If you surrendered a valid license, this TEMPORARY LICENSE is valid for thirty (30) days from the day you received this notice. **PLEASE NOTE: IF YOU DID NOT SURRENDER A LICENSE, OR YOUR LICENSE IS INVALID, THIS FORM IS NOT A VALID TEMPORARY LICENSE.**

DISTRIBUTION: WHITE—Dept. of Motor Vehicles; YELLOW—Motorist; PINK—Law Enforcement Agency

VERBAL NOTICE OF REVOCATION

Effective 30 days from the date of arrest, your driver's license and/or operating privileges will automatically be revoked. If you wish to contest the automatic revocation of your license and/or privilege, you may request a hearing by filing a Petition with the Department of Motor Vehicles. The **Petition for Administrative Hearing** must be filed within 10 days from receipt of this notice or your right to a hearing will be foreclosed.

Names and Badge Numbers of all Arresting Officers:

PLEASE PRINT

PLEASE PRINT

Signatures of Arresting Officers:

Law Enforcement Agencies and Addresses:

This foregoing instrument was acknowledged before me this _____ day of _____ by

Public Officer name and agency address

Public Officer name and agency address

Signature of Public Officer _____


 GENERAL AGENT, NEBRASKA
 STEVEN B. WERCLEY
 My Comm. Exp. 03/31/2009

JRA#
310248-09

POST ARREST CHEMICAL TEST ADVISEMENT

Name: (b)(6) Date of Birth: 01-22-1975

You are under arrest for operating or being in actual physical control of a motor vehicle while under the influence of alcoholic liquor or drugs. Pursuant to law, I am requiring you to submit to a chemical test of your blood, breath, or urine to determine the concentration of alcohol or drugs in your blood, breath, or urine.

Refusal to submit to such test or tests is a separate crime for which you may be charged.

I have the authority to direct whether the test or tests shall be of your breath, blood or urine, and may direct that more than one test be given.

A. **Request for test:** I hereby direct a test of your blood breath urine to determine the alcohol drug content.

0521 08-29-2009 unable to sign
Time Date Signature of Driver

Det. C. Melander/1014 D. Livingston
Signature of Advising Officer Signature of Witnessing Officer

B. **Request for alternate test for drugs:** After submitting to a chemical test to determine alcohol content, I hereby direct a test of your blood breath urine to determine the presence of drugs.

_____ _____
Time Date Signature of Driver

_____ _____
Signature of Advising Officer Signature of Witnessing Officer



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE
DEPARTMENT OF FINANCE AND SUPPORT

CERTIFICATE OF BLOOD SPECIMEN TAKEN IN A MEDICALLY ACCEPTABLE MANNER

STATE OF NEBRASKA)
) ss.
COUNTY OF Douglas)

I, (b)(6), do hereby certify, depose and state that I have
(withdrawer's name)

withdrawn a blood specimen at the request of a peace officer pursuant to

Nebraska law. On the 20th day of August, 2009, at 0530
(Time of blood collection)

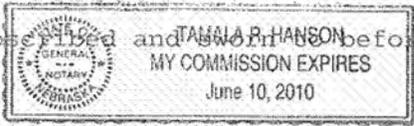
I withdrew a blood specimen from (b)(6) in a
(Subject's name)

medically acceptable manner, specifically:

1. I am a physician, registered nurse or other trained person qualified under Nebraska law to lawfully withdraw human blood for scientific or medical purposes.
2. The antiseptic solution used was non-alcoholic.
3. The blood specimen was collected in a clean container and stoppered, and the container contained an anticoagulant-preservative substance.
4. The specimen container was labeled and shows the name of the person tested, date and time of the specimen collection, and the initials of the undersigned who collected the specimen.
5. The specimen container was sealed following blood specimen collection.

(b)(6)
(Signature of qualified person)

Subscribed and sworn to before me on this 20th day of August, 2009.
TAMARA HANSON
MY COMMISSION EXPIRES
June 10, 2010
Tamara Hanson
Notary Public



EMPLOYEE INFORMATION OF QUALIFIED WITHDRAWER:

Nebraska Medical Center (Employer name) 569-14037 (Phone number)
1700 Dewey Avenue NE Omaha NE 68108 (Address: city/state)

OFFICER/INDIVIDUAL REQUESTING INFORMATION: Carroll Co. Sheriff Dept - Milander #1014
(Name)



DOUGLAS COUNTY SHERIFF'S OFFICE
CRIMINAL INVESTIGATION BUREAU
CRIME SCENE INVESTIGATION DIVISION
FORENSIC CHEMISTRY



LAB FEE: \$30.00		CASE INFORMATION SECTION			Page 1 of 1	
Offense DUI	Submitting Agency: SCSO	Submitting Agency Report #: 36248-09	DCSO SR #: B30895	Date Submitted: 09-03-09	Time Submitted: 1040	
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Subject/ Suspect Name(s): (b)(6)						
Description of Evidence: Item 1						

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<input type="checkbox"/> FIRE DEBRIS ANALYSIS	<input type="checkbox"/> URINALYSIS

LAB SECTION

CHEMISTRY UNIT ID NUMBER(S) / CSI EVENT NUMBER: BA 85 & 86 / Event #092414	Analysis Start Date/ Time: 09-04-09 / 0845
--	--

LABORATORY RESULTS AND CONCLUSIONS

EVIDENCE INVENTORY:

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METHODS OF ANALYSIS:

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RESULTS:

Item Number	Results
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The above samples were analyzed by a Class A Permit certified analyst pursuant to section 60-6, 201 R.R.S. Nebraska, Rules and Regulations 177 NAC 1.

UPON COMPLETION OF THE ABOVE ANALYSIS, ALL EVIDENTIARY ITEMS WERE SECURED UNDER SR# B30895.

No further information at this time.

SUBSCRIBED TO AND SWORN before me this		NOTARY PUBLIC <i>William C. Kauffold</i>	
<u>8</u> day of <u>SEP.</u> <u>09</u>			
Reporting Lab Analyst (Signature / Serial#): <i>[Signature]</i> S051	Date: <u>9.8.09</u>	Reviewing Lab Analyst (Signature / Serial#): <i>[Signature]</i> S075	
Reviewed by CSI Division Commander (Signature / Serial#): <i>[Signature]</i> 5825			

OSF-72 (12/07)

Arrest Report

SARPY COUNTY SHERIFF'S OFFICE
1208 GOLDEN GATE DRIVE, BLDG: LEC
PAPILLION, NEBRASKA 68046
(402) 593-2288

Arrest Number: LSO090829036248

Arrest Date/Time: 08/29/2009 03:33
Arresting Officer: MILANDER, CAMERON
Location of Arrest: (b)(6)

Arrest Reason: MISDEMEANOR
Transporting Officer: MILANDER, CAMERON
CJIS#:

Persons Involved

Person # 0001 MNI: 290358

Event Association: ARRESTEE

Contact Date/Time: 8/29/2009 03:33:00

Name: (b)(6)

Juvenile: No

NCIC#:

NCIC Notified Date:

NCIC Reported By:

NCIC Cancelled Date:

Sex: MALE

DOB: 01/22/1975

Age: 34 - 34

Race: WHITE/CAUCASIAN

Hair Color: BLONDE

Eye Color: BLUE

Height: 5' 6" - 5' 6"

Weight: 190 - 200 lbs

Marital Status:

Address: (b)(6)

Phone Type 1: HOME PHONE Phone# 1: (b)(6) Ext 1: F

Phone Type 2: Phone# 2: Ext 2:

Occupation: Emp./School: EYEMAN PLUMBING

City of Birth: State of Birth:

Thumb: Index: Middle: Ring: Little:

Right Fingerprint:

Left Fingerprint:

Offenses

Statute Code: 606196002

Enhancers: CON

Statute Desc: DWI/DUI 2ND OFFENSE

Counts: 1 Statute Severity: CLASS W MISDEMEANOR

Common Code:

License Points:

Bond Type:

Bond Amount: \$0.00

Fine Amount: \$0.00

Bond Comment:

Names

(b)(6)

Addresses

Association: RESIDENCE

Active From Date: 08/29/2009

Active To Date: 08/29/2009

Premise Type:

Address: (b)(6)

Building:

Apartment/Suite:

City: OMAHA

County: DOUGLAS

State: NEBRASKA

Postal Code: 68107

Birth Dates

01/22/1975

IDs

ID Type:

ID Number:

State:

Expires:

DRIVERS LICENSE

(b)(6)

NEBRASKA

STATE IDENTIFICATION NUMB

Phone Numbers

Phone Type:

Phone Number:

Extension:

HOME PHONE

(b)(6)

F

SARPY COUNTY SHERIFF'S OFFICE
1208 GOLDEN GATE DRIVE, BLDG: LEC
PAPILLION, NEBRASKA 68046
(402) 593-2288

Arrest Number: LSO090829036248

Arrest Date/Time: 08/29/2009 03:33	Arrest Reason: MISDEMEANOR
Arresting Officer: MILANDER, CAMERON	Transporting Officer: MILANDER, CAMERON
Location of Arrest: (b)(6)	CJIS#:

Persons Involved

Person # 0003 MNI: 371158
 Event Association: PASSENGER Contact Date/Time: 8/29/2009 03:33:00
 Name: (b)(6) Juvenile: No

NCIC#: NCIC Notified Date:
 NCIC Reported By: NCIC Cancelled Date:
 Sex: MALE DOB: 03/26/1970 Age: 39 - 39 Race: WHITE/CAUCASIAN
 Hair Color: BROWN Eye Color: BROWN Height: 5' 5" - 5' 5" Weight: 150 - 150 lbs
 Marital Status:
 Address: (b)(6)
 Phone Type 1: HOME PHONE Phone# 1: (b)(6) Ext 1:
 Phone Type 2: Phone# 2: Ext 2:
 Occupation: CARPENTER Emp./School: MILLE WILLIAMSON
 City of Birth: KANSAS CITY State of Birth: MISSOURI

Thumb: Index: Middle: Ring: Little:
 Right Fingerprint:
 Left Fingerprint:

SMTIs

Characteristic:	Description:
	SIDE W/O GLASSES

Names

(b)(6)

Addresses

Association: RESIDENCE	Active From Date: 08/29/2009	Active To Date: 08/29/2009	Premise Type:
Address: (b)(6)	Building:	Apartment/Suite:	
City: OMAHA	County:	State: NEBRASKA	Postal Code: 68157

Birth Dates

03/26/1970

IDs

ID Type:	ID Number:	State:	Expires:
SOCIAL SECURITY			
DRIVERS LICENSE	(b)(6)	NEBRASKA	
STATE IDENTIFICATION NUMB	(b)(6)		

Phone Numbers

Phone Type:	Phone Number:	Extension:
HOME PHONE	(b)(6)	
HOME PHONE		

Arrest Report

SARPY COUNTY SHERIFF'S OFFICE
1208 GOLDEN GATE DRIVE, BLDG: LEC
PAPILLION, NEBRASKA 68046
(402) 593-2288

Arrest Number: LSO090829036248

Arrest Date/Time:	08/29/2009 03:33	Arrest Reason:	MISDEMEANOR
Arresting Officer:	MILANDER, CAMERON	Transporting Officer:	MILANDER, CAMERON
Location of Arrest:	(b)(6)	CJIS#:	

Narratives

ENTERED DATE/TIME: 8/31/2009 09:07:59
NARRATIVE TYPE: DWI
SUBJECT: AMATO NARRATIVE
AUTHOR: MILANDER, CAMERON

IR #09-36248

On 08-29-2009 I, Dep. C. Milander/1014 was on duty assigned to uniformed patrol in Sarpy County, operating a marked cruiser and displaying a badge of authority. At 0333 hours I was dispatched to the area of (b)(6) and Giles Road to assist LaVista Police Department with a personal injury motor vehicle accident that had been reported in the area. While I was en route to the area LaVista police officers discovered the accident scene on an access road just south of the La Vista Sports Complex, and just east of the intersection of 66 Street and Heartland Road.

Upon arriving at the scene I met with La Vista Officer Dooling/15059; Officer Flash/15051; Officer Schuster/15062; Sgt. Gomon/15043; (b)(6) (DOB 01-22-1975); (b)(6) (DOB 05-14-1973); and (b)(6) (DOB 03-26-1970). I observed a green Polaris Ranger side-by-side ATV sitting upside down in the creek in the area. (b)(6) was being treated by rescue personnel, as he been injured when the Polaris tipped over and rolled into the creek.

I spoke with (b)(6), and he advised that he owns the Polaris. (b)(6) further advised that Amato had been driving the Polaris, and (b)(6) and he had been passengers. (b)(6) stated that they had been driving on the dike, and (b)(6) attempted to turn the Polaris around upon reaching a gate that was blocking the dike. While (b)(6) was attempting the turn the Polaris around it tipped over and rolled down the south side of the dike. (b)(6) was essentially uninjured, and (b)(6) only visible injury was a minor cut on his lower lip. However, the Polaris had apparently rolled over Amato during the accident, and he had suffered possible internal injuries as a result. While speaking with (b)(6) I noticed that he and (b)(6) had a strong odor of an alcoholic beverage emanating from their persons.

Amato was transported to the UNMC emergency room by the rescue squad due to the injuries he had sustained during the accident. I responded to UNMC to follow up on the case, and also transported (b)(6) to UNMC so that she could keep updated on (b)(6) condition. Initially the La vista officers remained with the Polaris, but Dep. R. Fawcett/1012 was later dispatched to the area to wait with the Polaris until it could be towed from the scene. Dep. Fawcett was unable to obtain the Polaris' VIN at this time.

While en route to the hospital I asked (b)(6) who had been driving the Polaris, and she replied that (b)(6) had been driving. She further advised that she had been sitting in the center of the Polaris' seat, and (b)(6) had been sitting on the passenger side of the seat. She advised that none of them had been wearing seat belts. I

Arrest Report

SARPY COUNTY SHERIFF'S OFFICE
1208 GOLDEN GATE DRIVE, BLDG: LEC
PAPILLION, NEBRASKA 68046
(402) 593-2288

Arrest Number: LSO090829036248

Arrest Date/Time:	08/29/2009 03:33	Arrest Reason:	MISDEMEANOR
Arresting Officer:	MILANDER, CAMERON	Transporting Officer:	MILANDER, CAMERON
Location of Arrest:	(b)(6)	CJIS#:	

asked if she, (b)(6) had all consumed alcoholic beverages on this date, and she replied that they had.

When we arrived at UNMC, I left (b)(6) in the reception area and then responded to the trauma room where Amato was being treated. (b)(6) did not appear to have suffered any broken bones, but he required testing to check for possible internal injuries. (b)(6) was complaining of a great deal of pain, and at one point he asked, "Because I'm drunk, is that why I'm shivering?"

At 0521 hours I read (b)(6) the Post Arrest Chemical Test Advisement, and requested a blood test to check for alcohol content. Amato indicated that he understood the advisement, but he was unable to sign the form due to his condition. RN Livingston, Dawn/49055 witnessed as I read the Advisement to (b)(6), and she signed the witness line on the form. (b)(6) submitted to the test, and I watched as RN Livingston drew two vials of blood from (b)(6) left arm. Both vials were labeled with (b)(6)'s name and date of birth. I then sealed the vials in the blood test kit and completed the associated forms and chain of evidence stickers.

I had requested Dispatch to conduct a records check of Amato, and Dispatch advised that (b)(6) had one prior conviction for DUI on 07-21-2004. I arrested (b)(6) and issued him uniform citation number SC091001 for Driving While Under The Influence of Alcohol, Second Offense (NRS 60-6,196). (b)(6) advised that he understood that he is required to appear in court for this charge, but he was unable to sign the citation due to his condition. I released Amato and left his copy of the citation with his personal belongings.

I then returned to service. Upon returning to the LEC, I entered the blood kit into evidence in the armory refrigerator with instructions for it to be tested for alcohol content.

This case is considered open in the files of this office. Additional reports are forthcoming.

ENTERED DATE/TIME: 9/14/2009 12:07:56
NARRATIVE TYPE: SUPPLEMENTAL
SUBJECT: NARRATIVE
AUTHOR: MILANDER, CAMERON

IR #09-38279

On 09-11-2009 I, Dep. C. Milander/1014 was on duty assigned to uniformed patrol in Sarpy County, operating a marked cruiser and displaying a badge of authority. I reported for duty at 1745 hours. At this time I checked my document slot in the Assembly Room at the Sarpy County Law Enforcement Center and discovered that I had received a copy of a Douglas County Criminal Investigation Bureau Lab report.

Arrest Report

SARPY COUNTY SHERIFF'S OFFICE
1208 GOLDEN GATE DRIVE, BLDG: LEC
PAPILLION, NEBRASKA 68046
(402) 593-2288

Arrest Number: LSO090829036248

Arrest Date/Time:	08/29/2009 03:33	Arrest Reason:	MISDEMEANOR
Arresting Officer:	MILANDER, CAMERON	Transporting Officer:	MILANDER, CAMERON
Location of Arrest:	66TH ST & HEARTLAND RD	CJIS#:	

I received this report in response to my request for two vials of blood to be checked for alcohol content. On 08-29-2009 I arrested (b)(6) (DOB 01-22-1975) for DUI (NRS 60-6,196) following a personal injury accident. (b)(6) sustained injuries during the accident that precluded his participation in normal field sobriety maneuvers, including a preliminary breath test. Thus, I requested a blood test and (b)(6) submitted to the test. The lab report I received on this date stated that CSI S. Tysor/S051 tested the vials of blood that were drawn from (b)(6) with a resulting BAC of 0.174 grams of ethanol per 100 milliliters of blood. I have attached the copy of the lab report to this report. I completed a Notice/Sworn Report/ Temporary License to be sent to the DMV.

For more information regarding this arrest, refer to my original arrest report under IR #09-36248.

This case is considered closed in the files of this office. This is the final report.

Associated Events

Association:	Event Type:	Event#:	Event Date (Start):	Event Date (End):	Agency:
ARREST TO INCIDENT	INCIDENT	LSO090830036380	8/30/2009 05:09:00	8/30/2009 05:09:00	SO
ARREST TO INCIDENT	INCIDENT	LSO090830036437	1/6/2009 17:19:00	8/29/2009 03:33:00	SO
ARREST TO ARREST	ARREST	LSO090830036437	1/6/2009 17:19:00	8/29/2009 03:33:00	SO
ARREST TO INCIDENT	INCIDENT	LSO090911038279			SO

Officers

Event Association	Emp#	Badge#	Name	Squad#
APPROVING SUPERVISOR	S890	S890	WRIGLEY, STEVE	
TRANSPORTING OFFICER	S1014	S1014	MILANDER, CAMERON	
ARRESTING OFFICER	S1014	S1014	MILANDER, CAMERON	

Signatures

Arrestee

Arresting Officer

Supervisor



ATTENTION
Confidential information enclosed.
To be viewed by authorized persons only.

If you have questions regarding any information you have requested,
Please call the phone number on the enclosed invoice

Health information is reproduced by HealthPort, a health information outsourcing service. Your healthcare facility contracts with HealthPort to process authorized copies of medical records.

Reproductions are made from the medical facility's original records. The confidentiality of these records is protected by federal and state laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If you requested items that are not maintained in the medical record, your request for those items was forwarded to the appropriate department and will be sent under separate cover. Likewise, information that you asked to have delivered to another address is sent separately.

This package may or may not contain medical records, depending on what was requested and how it was processed.

IDI 090903CCC3944
Exhibit C 1



Exhibit C2



Exhibit D
Contact Information

(b)(6)	/22/1975	Cameron Milander - Deputy Sarpy County Sheriff's Office Sarpy County Sheriff's Office 1208 Golden Gate Drive LEC Papillion, NE 68046 402-593-2288
(b)(6)		(b)(6)
(b)(6)		ATV Motorsports ATV Retailer 1062 County Road P47 Omaha, NE 68152-5172 402-455-6471
Passenger / Accident Victim #3 Address not provided		



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Back to News

Updated: 7:27 PM Aug 29, 2009

ATV Accident Sends One To Hospital

An ATV crash sent one person to the hospital Saturday morning in La Vista.

Posted: 7:30 AM Aug 29, 2009

Reporter: WOWT

Email Address: sixonline@wowt.com



ATV Accident Sends One To Hospital

Story 4 Comments

An ATV crash sent one person to the hospital Saturday morning in La Vista.

Font Size: [A] [B] [C]

Shortly after 3 a.m., rescue crews were called to a service road near the La Vista water treatment plant south of 66th and Hamson. Three people were on the ATV when it crashed.

"It appears that a Polaris ATV was driving westbound on the dike behind the La Vista Sewer Plant," said La Vista Police Sgt. Craig Gomon.

"It came up to a barrier on the dike and then tried to turn around, got too close to the edge and rolled over the edge of the embankment and into the creek bottom."

The ATV tumbled about 30 feet. The driver was hospitalized in serious condition. The two others on the ATV were not hurt.

[Click here to post or read all 4 comments.](#)

More Stories

- Lincoln Man Wins Lottery For Bighorn Hunt
- Several New Road Projects Popping Up
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- IA's Governor Culver: More Money For Shelters

- Corn Pellets That Burn Like Coal?
- Councilman Sigerson Hospitalized
- Wi-Fi Not Flying
- University of Iowa Researchers to Participate in NASA Project.

NE
8/29/09

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The Heartland's Most Wanted Criminals

Political Headlines

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- Democrats: Use civil debate to honor Kennedy
- Another blow for chance of health compromise
- Fla. governor taps ex-aide to replace senator
- Kennedy championed workers' rights

1. Task Number 090903HCC1051		2. Investigator's ID 8942		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2009 06 20	5. Date Initiated YR MO DAY 2009 09 11		
6. Synopsis of Accident or Complaint UPC A 50-year-old-male was riding a 4-wheeled ATV solo in a field, accompanied by two females who were riding together on a separate ATV. The females rode off on a different trail and upon their return to the field they discovered the victim pinned under his ATV. 911 was notified and the victim was pronounced on the scene by EMS and transported to a hospital, where the cause of death was determined to be blunt trauma of the chest and abdomen. The ATV operator had consumed alcohol prior to the incident.				
7. Location (Home, School, etc) 2 - FARM		8. City ALBEMARLE		9. State NC
10A. First Product 5044- Utility Vehicle		10B. Trade/Brand Name KAWASAKI		10C. Model Number TERYX
10D. Manufacturer Name and Address KAWASAKI MOTOR CORPORATION VIN JKARFDC1B503536 9950 Jeronimo Road Irvine, CA 92716-2016				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 50	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 71 - Other	
16. Body Part(s) Involved 84 - 25 - 50% BODY	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 7 / 0	
20. Attachment(s) 2 - Documents		21. Case Source 12 - MECAP		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 12/15/2009	25. Reviewed By 9093		26. Regional Office Director Dennis R. Blasius	
27. Distribution Garland, Sarah; Topka, Tanya; Kessler, Charles; Harris, Paulette			28. Source Document Number X0970693A	

MFR/PRVLR NOTIFIED *7/9/10*

COMMENTS: YES NO
OVERRULED: ATTACHED

EXCISIONS/FOIA EXS. *325, 6*

DO NOT RE-NOTIFY RE-NOTIFY

090903HCC1051

ATTACHMENTS:

1. Sheriff's Report
2. Contact Sheet
3. Status of Missing Document(s)
4. Questionnaire

Incident Report Additional Name List

Stanly County Sheriff Office

OCA: 0901498

Additional Name List

Page 1

NameCode/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) IO 3	(b)(6)		08/06/1992	16	W	F
	Address: (b)(6)		H: (b)(6)			
	Empl/Addr Mt Pleasant School		B:			
			Mobile #:			
2) WI 1	(b)(6)		06/09/1958	51	W	F
	Address: (b)(6)		H: (b)(6)			
	Empl/Addr		B:			
			Mobile #:			

INCIDENT/INVESTIGATION REPORT

OCA 0901498

Stanly County Sheriff Office

Status Codes L=Lost S=Stolen R=Recovered D=Damaged Z=Seized B=Burned C=Counterfeit Forged F=Found														
D R U G S	DCI	Status	Quantity	Type Measure	Suspected Type			Check up to 3 types of activity for each						
								Possess	Buy	Sale	Mfg	Importing	Operating	
O F F E N D E R	Offender Used		<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Offender 1			Offender 2			Offender 3			Primary Offender Resident Status <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown
	Alcohol/Drugs				Age:	Race:	Sex:	Age:	Race:	Sex:	Age:	Race:	Sex:	
	Computer		<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Offender 4			Offender 5			Offender 6			
					Age:	Race:	Sex:	Age:	Race:	Sex:	Age:	Race:	Sex:	
S U S P E C T	Name (Last, First, Middle)					Also Known As				Home Address				
	Occupation					Business Address								
	DOB	Age	Race	Sex	Hgt	Wgt	Build	Hair Color	Hair Style	Hair Length	Eye Color	Glasses		
	Scars, Marks, Tattoos, or other distinguishing features (i.e. limp, foreign accent, voice characteristics)													
	Hat	Jacket	Shirt/Blouse	Tie/Scarf	Coat/Suit	Pants/Dress/Skirt	Socks	Shoes						
	Was Suspect Armed?		Type of Weapon					Direction of Travel			Mode of Travel			
	YR	Make	Model	Style	Color	Lic/Lis	Vin							
WIT NESS	Name (Last, First, Middle)					D.O.B.	Age	Race	Sex	Mobile Phone				
	(b)(6)					06/09/1958	51	H	F					
	Home Address					Home Phone		Employer			Phone			
	(b)(6)													
	Suspect Hate - Bias Motivated: <input type="checkbox"/> Yes <input type="checkbox"/> No													
N A R R A T I V E	<p>ON THE DATE AND TIME LISTED DEPUTY SHUE AND I WERE DISPATCHED TO ASSIST STANLY COUNTY EMS, IN REFERENCE TO AN ATV ACCIDENT. WHEN WE ARRIVED (b)(3):CPSA Section 2 WAS LAYING ON THE GROUND, ON HIS BACK, NEXT TO HIS ATV. (b)(6) STATED THAT HER AND MS. (b)(6) WERE ON ONE ATV AND MR. (b)(6) WAS ON THE OTHER ONE, AND THEY WERE RIDING AROUND IN THE FIELD. (b)(6) STATED THAT (b)(6) AND HER WENT RIDING ON ONE TRAIL AND (b)(6) WENT ON THE OTHER. (b)(6) STATED THAT WHEN THEY ARRIVED BACK TO THE FIELD, THE ATV WAS FLIPPED OVER ON (b)(3):CPSA S. THE ROLL BAR ON THE ATV WAS ON (b)(3):CPSA Sec NECK, HIS BODY WAS UNDER THE ROLL CAGE, AND HIS HEAD WAS ON THE OUTSIDE OF THE ROLL CAGE. (b)(3):CPSA Sec AND (b)(6) THEN WENT BACK TO HER RESIDENCE TO GET HELP. (b)(6) WENT BACK TO THE FIELD WITH MS. (b)(6) AND (b)(6) TO TRY AND GET THE ATV OFF OF (b)(3):CPSA S. WHEN MS. (b)(6) ARRIVED BACK IN THE FIELD SHE CALLED STANLY COUNTY COMMUNICATIONS. THE SUBJECTS WERE ABLE TO GET THE ATV OFF OF (b)(3):CPSA S. AFTER THE ATV WAS REMOVED OFF OF (b)(3):CPSA Section 25(c),(ATTEMPTED CPR, AND WAITED FOR EMS TO ARRIVE. WHEN EMS ARRIVED THEY PRONOUNCED (b)(3):CPSA DEAD. LT. EVERETTE WAS CONTACTED AT 2155 AND ADVISED OF THE SITUATION. LT. EVERETTE CONTACTED LT. WILLIAMS. LT. WILLIAMS STATED THAT WE SHOULD TAKE PICTURES, AND DO A REPORT, IF THERE WAS NO NEED FOR A DETECTIVE TO RESPOND. LT. EVERETTE FOLLOWED EMS TO STANLY REGIONAL HOSPITAL AND SPOKE TO THE E.R. DOCTOR (b)(3):CPSA WHILE THE VICTIM'S PROPERTY WAS COLLECTED BY RN (b)(3):CPSA Sec (b)(3):CPSA SAID THAT HE WOULD SPEAK TO THE FAMILY AND HAVE THE MEDICAL EXAMIERS' OFFICE DO AN INVESTIGATION. LT.</p>													

INCIDENT/INVESTIGATION REPORT

San Joaquin County Sheriff's Office

San Joaquin County Sheriff's Office

Page 4

On 09/03/2009 at 10:00 AM, a Sheriff's Office patrol officer was dispatched to the scene of a vehicle accident on Highway 99, near the intersection of Highway 99 and Highway 101. The driver of the vehicle was injured and was transported to a hospital. The driver of the other vehicle was not injured. The cause of the accident is under investigation.

090903HCC1051

ATTACHMENT #3

Contact Sheet

Contacted on 09/11/09
Stanley County sheriff
223 S. Second St.
Albemarle, NC. 28001
704-986-3690

Task Number: 090903HCC1051

Date: 12/14/09

Status of Missing Document(s)

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

1. Photos

2. _____

3. _____

4. _____

Date: 12/14/09

Investigator No. 8942

Regional Office: CFIE

Supervisor No. 9083

Task Number 090903HCC1051

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 04 - Kawasaki	Manufacturer:

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

Model: TERYX	VIN: JKARFDC1B503536
--------------	----------------------

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

Model Year: 2009

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

Engine Size: Unknown

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

Death #1	Death #2
Date of Death: 06/20/2009	
Age/Sex: 50/Male	/
State of Death: NC	
City of Death: Albemarle	
County of Death: Stanley	

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

A 50-year-old-male was riding a 4-wheeled ATV solo in a field, accompanied by two females who were riding together on a separate ATV. The females rode off on a different trail and upon their return to the field they discovered the victim pinned under his ATV. 911 was notified and the victim was pronounced on the scene by EMS and transported to a hospital, where the cause of death was determined to be blunt trauma of the chest and abdomen. The ATV operator had consumed alcohol prior to the incident.

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

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

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

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

<input checked="" type="radio"/> 1 - Driver	3 - Bystander	8 - Other
2 - Passenger	4 - Driver/Other Vehicle	

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

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

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

0 - Unknown	2 - Two riders	4 - Four or more riders
<input checked="" type="radio"/> 1 - One rider	3 - Three riders	

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

Age: 50	Height: 73 (inches)
Weight: 05 = 200 - 249	Sex: Male

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

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

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

07 - Field, Pasture, Farmland, Ranchland

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

09 - NA (Not a road)

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

09 - NA (Not a traffic incident)

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

1 - Yes

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

0 - Unknown

Additional Comments:



12009-05633

CPS

TC-32 REPORT OF INVESTIGATION BY MEDICAL EXAMINER

S-37
JUL 3 120

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

OCME USE ONLY

09-6050
Case number

JUN 25 2009
Date received

Res NR

DECEDENT: [Redacted]

RESIDENCE: [Redacted]

AGE: 58 ^{Number and Street} SEX: Male Female Unknown ^{City, State}

RACE: Black Native American Oriental White Unknown

HISPANIC ORIGIN: Yes No Unknown

Suffix
Stanly
County

X097 0693

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	6/20/09	2130	Same as Above	Stanly
DEATH	6/20/09	2140		Stanly
VIEW OF BODY	6/20/09	2333	<input type="checkbox"/> Scene of death <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input type="checkbox"/> Other _____ <input type="checkbox"/> Not viewed	
M.E. NOTIFIED	6/20/09	2230	LAW ENFORCEMENT AGENCY: Stanly Co. Sheriff OFFICER: Off. Evrette TELEPHONE: _____	
LAST KNOWN TO BE ALIVE	6/20/09	2130	Death occurred while in custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

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

BLOOD SAMPLE: Mailed Obtained by pathologist Reason not obtained: _____

IF CLINICAL ALCOHOL DONE, RESULT: pending By whom: OMG

PROBABLE CAUSE OF DEATH: Pending

1. Traumatic Injury
DUE TO _____

2. Single ATV crash
DUE TO _____

3. _____
DUE TO _____

4. _____
DUE TO _____

OCME REVIEW

1. Blunt trauma of the chest and abdomen
DUE TO _____

2. ATV crash
DUE TO _____

3. _____
DUE TO _____

4. _____
DUE TO _____

Acute ethanol intoxication

CONTRIBUTING CONDITIONS
 Natural Accident Homicide Suicide Undetermined

Reviewer: [Signature] Date: 7/7/09

Information in this block supersedes that contained in space at left.

SDC

None
 AL
 Dictated
 COG
(see)

CONTRIBUTING CONDITIONS

MANNER OF DEATH:
 Natural Accident Homicide Suicide Pending

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

DHHS 1114 (Revised 10/00)
Medical Examiner (Review 10/02)

[Signature]
Signature of Medical Examiner

6/20/09
Date

Stanly
County of Appointment

M.E. Number

TOXICOLOGY REPORT

Office of the Chief Medical Examiner
Chapel Hill, NC 27599-7580

Toxicology Folder: T200904660
Case Folder: F200906050
Date of Report: 26-jun-2009
Page: 1

DECEDENT: (b)(3):Exemption for trade secrets

Status of Report: Approved
Report Electronically Approved By: Douglas Smith, MS

* * *

=====

SPECIMENS received from Jeffrey A. Chance on 23-jun-2009

S090013139: 5.0 ml Urine
SOURCE: Urinary Bladder

CONDITION: Postmortem
OBTAINED: 20-jun-2009

S090013140: 15.0 ml Blood
SOURCE: Subclavian Vessel

CONDITION: Postmortem
OBTAINED: 20-jun-2009

Ethanol ----- 90 mg/dL 06/26/2009

071009 07:05

* * * END OF REPORT * * *

MEDICAL HISTORY

- Alcoholism Diabetes IV drug abuse Ischemic heart disease Smoking
- Seizure disorder Cancer Hypertension Depression HIV/AIDS
- Other COPD _____ VA _____ City _____

MEANS OF DEATH

- VEHICLE: Type of vehicle associated with this decedent:
 - Passenger car Pickup truck Truck--more than 2 axles Motorcycle
 - Bicycle Farm vehicle ATV Moped Other _____
 Position: Driver Passenger Pedestrian Unknown
 Devices: Seat restraints Air bag Helmet Child restraint None Unknown
 Number of vehicles involved 1
- GUN:
 - Rifle--Caliber _____ Handgun--Caliber _____ Shotgun--Gauge _____
 - Other _____ Unknown _____
- INSTRUMENT: Blunt Sharp Description: _____
- TOXIC AGENT(S) SUSPECTED: Alcohol Others _____
- DROWNING: Pond Lake or river Ocean Pool Bathtub Other _____
 Life preserver: Yes No Unknown Able to swim: Yes No Unknown
 Activity _____
- FIRE: Suspected cause _____ Smoke detector: Yes No Unknown
- FALL: From _____ to _____ Approximate distance _____ feet

ACTIVITY OF DECEDENT AND PREMISES

FATAL INJURY OR ILLNESS: Activity _____
 Type of place _____ Specific location _____

Fatal injury or illness occurred on a job: Yes No Unknown
 If yes, was employment: Primary job Secondary Volunteer work Unknown
 Name of this employing firm or agency _____
 Type of business or industry _____ Decedent's occupation _____

DEATH: Type of place Field Specific location _____

Examples:
 Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fighting, etc.
 Type of place: House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, etc.
 Specific location: Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, car, etc.
 On a job: Any activity that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

DESCRIPTION OF BODY

- CONDITION: Intact Decomposition Skeletonized
 Embalmed Charred Prolonged immersion Exhumed
- RIGOR: None 1+ 2+ 3+ LIVOR: None Anterior Posterior Lateral
- HEIGHT: 73 inches Estimate WEIGHT: 230 pounds Estimate
- BODY TEMPERATURE: Warm Cool Cold HAIR: Color Gr Beard Mustache
- EYES: Color Brown Abnormalities φ
- TEETH: Upper Natural Dentures Abnormalities
 Lower Natural Dentures Abnormalities

CLOTHING: shorts T-shirt undershorts shoes socks Not clothed
 VALUABLES: 2 Rings watch \$136.09 cash knife No valuables

T O X I C O L O G Y R E P O R T

Office of the Chief Medical Examiner
Chapel Hill, NC 27599-7580

Toxicology Folder: T200904660
Case Folder: F200906050
Date of Report: 26-jun-2009
Page: 1

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

Status of Report: Approved
Report Electronically Approved By: Douglas Smith, MS

* * *

=====

SPECIMENS received from Jeffrey A. Chance on 23-jun-2009

S090013139: 5.0 ml Urine
SOURCE: Urinary Bladder

CONDITION: Postmortem
OBTAINED: 20-jun-2009

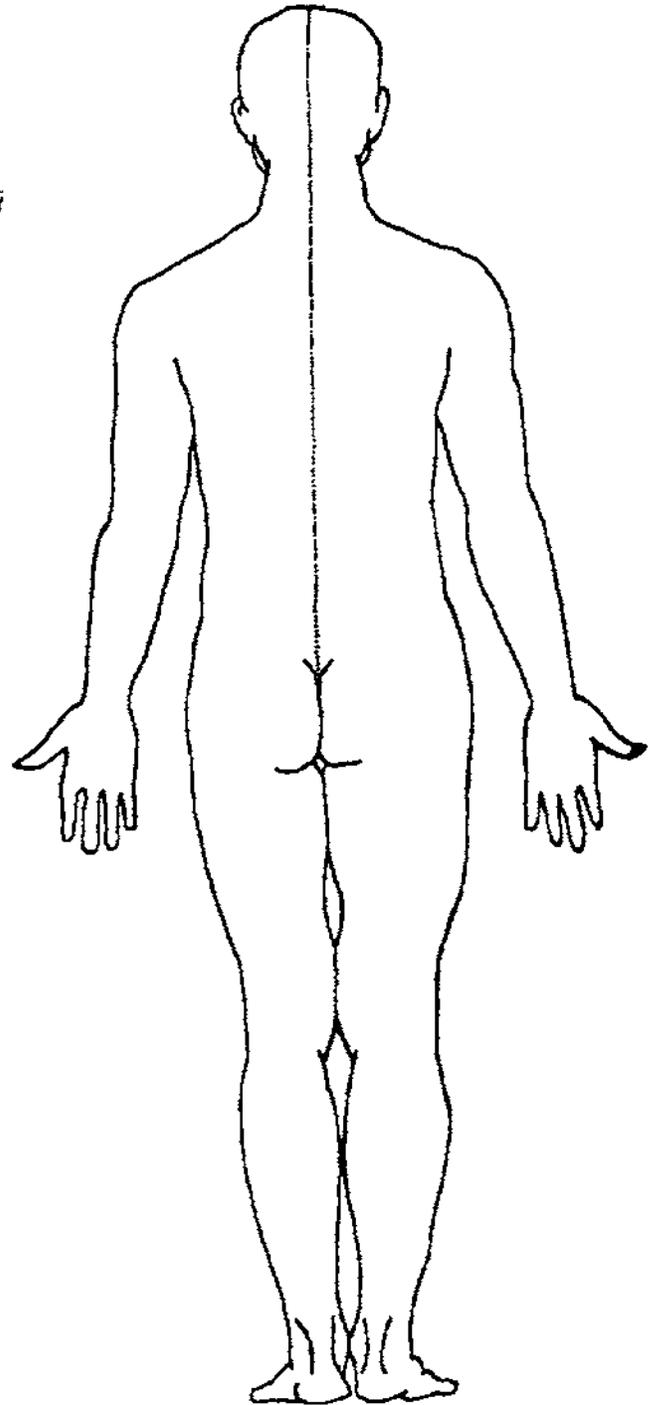
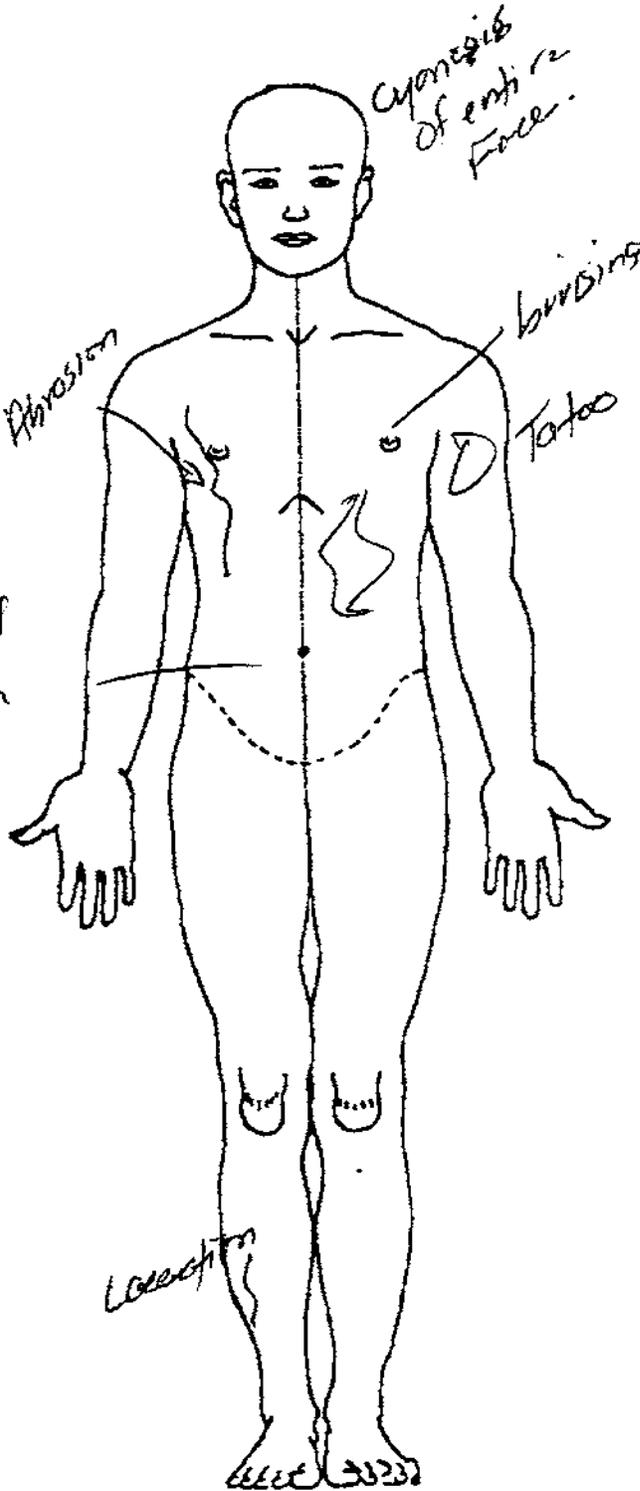
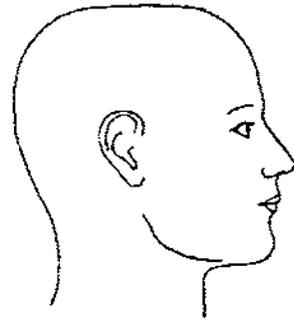
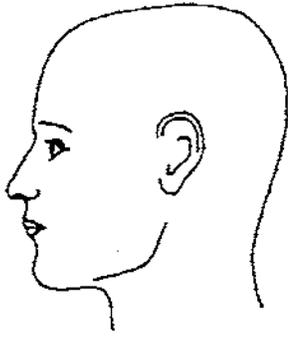
S090013140: 15.0 ml Blood
SOURCE: Subclavian Vessel

CONDITION: Postmortem
OBTAINED: 20-jun-2009

Ethanol ----- 90 mg/dL 06/26/2009

071009 07:05 * * * E N D O F R E P O R T * * *

BODY DIAGRAMS



Indicate nature and location of wounds and other lesions (scars, tattoos, medical therapy, etc.) on these diagrams.

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

4 Wheeler Accident - Found under
4 Wheeler blunt trauma to chest
and abdomen. Asystole on scene
by EMS. Drinking per family.
w/ PTSD.

meds - valium

Lortas 10 mg.

Albuterol MDI

Ketotifen eye gts.

Lisinopril.

PURPOSE: To document the findings of a medical examiner investigation. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a).

PREPARATION: The investigating medical examiner completes all appropriate information, and signs the certification statement on the front of the form.

DISTRIBUTION: Mail original copy to the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

DISPOSITION: This form is maintained by the Chief Medical Examiner in accordance with the current records disposition schedule published by the N.C. Division of Archives and History.

COPIES: Additional copies may be ordered from the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

1. Task Number 090903HCC2898		2. Investigator's ID 8187		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2009 01 20	5. Date Initiated YR MO DAY 2009 09 22		
6. Synopsis of Accident or Complaint UPC A 16 YEAR OLD PASSENGER WAS THROWN FROM A 4 WHEELED ATV HE WAS RIDING. THE ATV ROLLED ON TOP OF THE VICTIM. HE DIED THREE DAYS LATER FROM THE HEAD INJURIES HE INCURRED FROM THE INCIDENT. THE VICTIM WAS NOT WEARING A HELMET.				
<p>MFR/PRVLR NOTIFIED <i>9/9/10</i></p> <p>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>3/5/10</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p>				
7. Location (Home, School, etc) 2 - FARM		8. City HOT SPRINGS		9. State AR
10A. First Product 5044 - Utility Vehicles	10B. Trade/Brand Name RANGER; 4XAHH68A794737785		10C. Model Number 2008	
10D. Manufacturer Name and Address PCLARIS 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 16	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 8.5 / 0	
20. Attachment(s) 2 - Documents	21. Case Source 05 - Newspaper		22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 10/16/2009	25. Reviewed By 8631		26. Regional Office Director Frank J. Nava	
27. Distribution Garland, Sarah			28. Source Document Number X0970537A	

IDI 090903HCC2898

EXHIBIT # 1

LIST OF ATTACHMENTS (EXHIBITS)

THE FOLLOWING NUMBERED EXHIBITS FOLLOW:

- 1. LIST OF ATTACHMENTS;**
- 2. SHERIFF OFFICE' PRIVATE PROPERTY REPORT;**
- 3. COPY OF DEATH CERTIFICATE;**
- 4. CONTACT SHEET.**

PRIVATE PROPERTY ACCIDENT REPORT

V-1



V-2



2009-0030

< * MARK AREA OF DAMAGE ON VEHICLE * >

OPERATOR / VEHICLE DATA /
PROPERTY OWNER

OPERATOR / VEHICLE DATA

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

OWNER: _____

DRIVER: _____

DRIVER: _____

ADDRESS: _____

ADDRESS: _____

DRIVER LIC#: N/A

DRIVER LIC#: _____

MAKE: POLARIS / MODEL: RANGER

MAKE: _____ / MODEL: _____

YEAR: 2008 / COLOR: GREEN

YEAR: _____ / COLOR: _____

VEH. LICENSE: NONE

VEH. LICENSE: _____

V.I.N.: 4ZAHH68A794737785

V.I.N.: _____

INSURANCE CO: UNKNOWN

INSURANCE CO: _____

PROPERTY DAMAGED: PERSONAL INJURY TO KAMERON HALE (PASSENGER)

DETAILS OF ACCIDENT

Include occupants and witnesses

VEHICLE #1 OPERATOR WAS DRIVING ACROSS A FIELD AT APPROXIMATELY 25 M.P.H. AS HE TURNED THE WHEEL LEFT, THE ATV STARTED A SLIDE IN THE GRASS. OPERATOR LOCKED UP THE BRAKES AND THE ATV STARTED SLIDING FASTER. AS THE ATV SPUN AROUND, PASSENGER GRABBED THE ROLL BAR AND STOOD UP IN THE SEAT. PASSENGER WAS THROWN FROM THE ATV AS IT STARTED TO ROLL. PASSENGER WAS THROWN TO THE GROUND AND THE ATV ROLLED ON TOP OF HIM. VEHICLE #1 OPERATOR ROLLED THE ATV OFF THE PASSENGER AND THEN CALLED 911.

RESPONDING OFFICER: DEP. T. THREADGILL #122 DATE: 01-20-09 TIME: 4:48 P.M.

LOCATION OF ACCIDENT: (b)(6)

Drivers should take this completed form to their insurance agent for disposition.

Arkansas Statute § 27-53-103 requires drivers involved in any accident to exchange information with parties involved. Failure to or refusal to supply necessary information is a Class C Misdemeanor offense

Arkansas Statute § 27-53-202 requires drivers involved in any accident resulting in \$500 damages / injury / death to report the accident to Arkansas State Police within 48 hours. SR-1 forms for this report are available from your insurance agent, the Arkansas State Police, or the Garland County Sheriff's Department

09 0903 HCC 2898

Exhibit #2

BRB

STATE OF ARKANSAS

Exhibit # 3

BRB

09-0903 HCC 2898

TYPE / PRINT IN PERMANENT BLACK INK SEE INSTRUCTIONS

FEB 04 2009

ARKANSAS DEPARTMENT OF HEALTH
Vital Records
CERTIFICATE OF DEATH

09 001711

2

Kameron Hale

1 DECEASED'S LEGAL NAME (Include MA1 & MI1) (First Middle Last, Suffix)			2 SEX	3a DATE OF DEATH (Mo/Day/YY)	3b TIME OF DEATH
(b)(3): CPSA Section 25(c)			Male	Jan. 23, 2009	22:14 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
4 SOCIAL SECURITY NO	5a AGE - Last Birthday (Year)	5b UNDER 1 YEAR (Months Days Hours Minutes)	6 DATE OF BIRTH (Mo/Day/YY)	7 BIRTHPLACE (City and State or Foreign Country)	
(b)(6)	16		Jan. 18, 1993	Hot Springs, Arkansas	
8a RESIDENCE STATE OR FOREIGN COUNTRY		8b COUNTY	8c CITY OR TOWN		
Arkansas		Carland	Hot Springs		
9a NUMBER AND STREET			9b APT NO	9c ZIP CODE	9d INSIDE CITY LIMITS?
(b)(6)				71913	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9 EVER IN US ARMED FORCES?		10 MARITAL STATUS AT TIME OF DEATH		11 SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		None	
12a IF DEATH OCCURRED IN A HOSPITAL			12b IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL		12c COUNTY OF DEATH
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room / Outpatient <input type="checkbox"/> Dead on Arrival			<input type="checkbox"/> Decedent's Home <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home / Long Term Care Facility <input type="checkbox"/> Other (Specify)		Pulaski
12d FACILITY NAME (If not inpatient, give number & street)			12e CITY OR TOWN		12f ZIP CODE
Arkansas Children's Hospital			Little Rock		72202
13 FATHER'S NAME (Full, Middle, and Last)			14 MOTHER'S NAME (Prior to first marriage, if full, middle last)		
(b)(6)			(b)(6)		
15a RELATIONSHIP TO DECEASED			15b MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code)		
Father			(b)(6)		
16a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)					
16b PLACE OF DISPOSITION (Name of cemetery, crematory, other place)					
Bear Creek Cemetery					
16c LOCATION - CITY, TOWN, AND STATE					
Evening Shade, Arkansas					
17a EMBALMER'S NAME			17b EMBALMER'S LICENSE #	17c SIGNATURE (Funeral Service License or Other Agent)	
William Newsome			2146	John Sherry	
17d NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY					17e LICENSE #
(b)(6)					447
18a DATE PRONOUNCED DEAD (Mo/Day/YY)	18b TIME PRONOUNCED DEAD (AM/PM)	18c NAME AND TITLE OF PERSON PRONOUNCING DEATH (Print Name)		19 WAS MEDICAL EXAMINER OR CORONER CONTACTED?	
1/23/09	22:14 PM	Stephen Schexnayer MD		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
20 PART I: Enter the <u>cause of death</u> - 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.					
CAUSE OF DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
Head injury					
APPROXIMATE INTERVAL (Time in Death)					
3 Days					
PART II: Enter other conditions contributing to death, but not resulting in the underlying cause given in PART I					
21a WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
21b WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
22 MANNER OF DEATH - <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
23 DID TOBACCO USE CONTRIBUTE TO DEATH?			24 IF FEMALE		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		
25a DATE OF INJURY (Mo/Day/YY)	25b TIME OF INJURY (AM/PM)	25c PLACE OF INJURY (If decedent's home, construction site, industrial, wooded trail)			25d INJURY AT WORK?
1/20/09	~430 PM	Home			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25e ADDRESS OF INJURY (Number, Street, Apartment No., City, State, Zip Code)					
207 Pitman Road Hot Springs, AR 71913					
25f DESCRIBE HOW INJURY OCCURRED					25g IF TRANSPORTATION INJURY, SPECIFY
4 wheel vehicle overturned.					<input type="checkbox"/> Driver / Operator <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
26a CERTIFIER (Check only one)					
<input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated					
<input type="checkbox"/> Pronouncing and Certifying 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 type="checkbox"/> Medical Examiner - 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					
<input 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					
<input type="checkbox"/> Hospice Registered Nurse - To the best of my knowledge, death occurred due to the cause(s) and manner stated					
SIGNATURE			TITLE	DATE	(Mo/Day/YY)
Stephen M. Schexnayer MD			MD	1/25/09	
26b NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a (Type, Print)					
Stephen M. Schexnayer MD 800 Marshall St. Little Rock, AR 72202					
26c LICENSE #					
C-7327					
27a SIGNATURE OF REGISTRAR					27b FOR REGISTRAR ONLY - DATE FILED (Mo/Day/YY)
Alice Fallow Registrar					Jan 27, 2009



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

OCT 14 2009

Michael A. Adams
State Registrar

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT

2173519

VR-112

IDI 090903HCC2898

Exhibit # 4

CONTACT SHEET

CONTACT AND ADDRESS

DATE AND RESULT OF CONTACT

**GARLAND CO. SHERIFF OFFICE
525 OUACHITA AVENUE
HOT SPRINGS, AR. 71901
501-622-3660**

**9/22/09 VIA AND F/UP-
WITH FAXED MEMO
FOR COPY OF REPORT**

**AR. STATE HEALTH DEPT
VITAL STATISTICS DIV.
4815 W. MARKHAM STREET
LITTLE ROCK, AR 72205**

**10/06/09; VISIT TO COLLECT
COPY OF DEATH CERTIFICATE**

Task Number 090903HCC2898

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

Type of respondent: Police Department

Other, specify:

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

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

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

ATV #1	ATV #2
Manufacturer: 05 - Polaris	Manufacturer:

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

Model: Ranger	VIN: 4XAHH68A794737785
---------------	------------------------

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

Model Year: 2008

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

Engine Size: Unknown

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

Death #1	Death #2
Date of Death: 01/23/2009	
Age/Sex: 16/Male	/
State of Death: ARKANSAS	
City of Death: Hot Springs	
County of Death: Garland	

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

A 16 YEAR OLD PASSENGER WAS THROWN FROM A 4 WHEELED ATV HE WAS RIDING. THE ATV ROLLED ON TOP OF THE VICTIM. HE DIED THREE DAYS LATER FROM THE HEAD INJURIES HE INCURRED FROM THE INCIDENT. THE VICTIM WAS NOT WEARING A HELMET.

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

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

Victim 1: Victim 2:

Yes No Unknown Yes No Unknown

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

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

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

Victim 1: Victim 2:

Yes No Unknown Yes No Unknown

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

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

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

Age: 16 Height: 60 (inches)
Weight: 04 = 150 - 199 Sex: Male

X107 0308



42

JUL 15 2010

MARYLAND
Change Location

- NEWS
- BLOGS
- SCORES
- RANKINGS
- VIDEO
- PODCASTS
- FORUMS
- GAME DAY PROGRAM

Would you like to be CoachesAid in this state?
 State of the art content creation and delivery platform, integrated advertising system, school profiles, live scores, and more. [Click to learn more about the Coaches Aid Affiliate Program.](#)

Lake Hamilton sophomore dies following accident

By CoachesAid Admin · 1/25/2010 3:03:58 PM

[Share on Facebook](#)

(b)(3):CP, a sophomore guard for Lake Hamilton, passed away around 10:00 p.m. Friday night, three days after wrecking an all-terrain vehicle near his home. Hours before he passed, Lake Hamilton lost to Watson Chapel 69-46.

During the game, (b)(1) Jersey was placed on the bench by his teammates. Following the ballgame, shortly after the team's bus arrived back to school, coach (b)(6) got the call that he had been taken off life support and died.

"This is the hardest thing I've ever dealt with in coaching," coach (b)(6) said. "I've coached this kid since summer camps in 5th grade and he always had a smile on his face...even when I got on him, he never frowned."

Only three players were on the bus ride home, so coach (b)(1) has not had a chance to talk to his whole team together yet. He hopes the team will do its best to stay upbeat and rally around the tragedy. He expects to continue to get good effort from one of his hardest working groups ever. When asked if there was any thought of canceling any more games, he said the team needs to continue to play, to give them something to focus on.

Just a sophomore, Hale was a small, gritty player, 130 pounds dripping wet, who contributed big minutes off the bench. When asked of one adjective to describe him on the court, "competitive," was the word his coach used.

In his last game, he scored 17 points, hitting three 3-pointers. On the day of his accident, coach Bridges was considering adding him to the starting line-up, unfortunately, that will never happen.

His father, (b)(6), who is on the Lake Hamilton School Board, and his mother Kim, have plans for having Kameron's memory live on. "Kamo for Kids" is a foundation being set up by the parents to help out their local community.

Services for Kameron Hale will be held on Tuesday at 10:00 a.m. at The Church at Crossgate Center in Hot Springs. Following the services, his body will be taken to a homestead in Evening Shade, where his body will be laid to rest beside his great-grandfather.

Tags: 2009 arkansas basketball lake hamilton kameron hale

Comments:

Please Login to Post Comments...

[School Directory »](#)

1/20/09
AR
16 M
product code = 5044

1. Task Number 090910CCC2911		2. Investigator's ID 9068		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2009 09 06	5. Date Initiated YR MO DAY 2009 09 22		
6. Synopsis of Accident or Complaint UPC A 14 yof was driving a six wheel UTV with a 10 yof and a 12 yof as passengers. None of them were wearing a helmet or seat belt. As they were proceeding down a grassy hill, the driver attempted to apply the brakes to make a right hand turn when the UTV started to slide sideways and then rolled over once ejecting the driver and the 10 yof. The UTV rolled onto the 10 yof's head and upper torso and she died at the scene. The 14 yof was airlifted to an area hospital for head injuries and recovered. The 12 yof received bruises to her knee and ankle.				
MFR/PRVLR NOTIFIED COMMENTS: YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> OVERRULED: ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS: 3, 25, 6 DO NOT RE-NOTIFY <input checked="" type="checkbox"/> RE-NOTIFY <input type="checkbox"/>				
7. Location (Home, School, etc) 2 - FARM		8. City KINGSTON		9. State WI
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS		10C. Model Number RANGER 6 X 6
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 10	13. Sex 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 3 - Other	19. Time Spent (Operational / Travel) 13 / 2	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 11/18/2009	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Topka, Tanya			28. Source Document Number X0990055A	

IDI 090910CCC2911

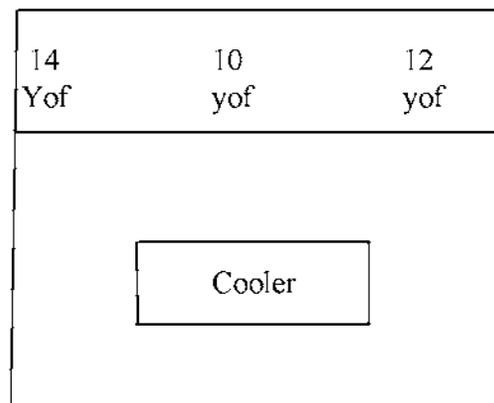
This death incident was brought to the attention of the U.S. Consumer Product Safety Commission through a news article. This report was compiled from the sheriff's department and coroner's office reports as well as conversations with the District Attorney's office and the Department of Natural Resources.

INCIDENT REPORT

Over the 2009 Labor Day weekend, the 10-year-old female victim was vacationing with her family and three other families at a private rural setting owned by one of the friends which they referred to as 'the farm'. This was a location that the victim's family and friends had visited together several times in the past. At the farm, the pre-teen and teenagers had access to a Utility Terrain Vehicle (UTV) to drive around that was described as a bigger golf cart with three wheels on each side. The UTV belonged to the owner of the property and he had given permission to the families to use. Following and included in Exhibit "B" is a photograph of the UTV.



On September 6, 2009, the 10-year-old victim was a passenger in the UTV along with a 14-year-old female friend who was the driver and a 12-year-old female friend who was another passenger. None of the girls was wearing a helmet. The UTV had one long bench seat in front where the girls were sitting and an open cargo bin behind the bench containing a cooler half filled with beverages and ice. This was the first time that the 14-year-old had driven the UTV; however, she had driven ATV's a few times in the past and operated jet skis many times. There were three lap seat belts for the front bench but the girls were not wearing them. Following is a diagram of the girls' positions in the UTV. Attached as Exhibit "A" is the Utility Vehicle Data Record Sheet.



Around 11:15 AM, the three girls were riding in the UTV in a tall grassy area when they approached a hill. The weather was sunny, dry and about 70° F. As they were proceeding down the grassy hill, the driver attempted to stop the UTV by applying the brakes to make a right hand turn when the vehicle began to slide sideways. There were no obstacles in their way and it is unknown how fast they were traveling. The UTV slid about 20 feet before the tires stopped sliding and the vehicle began to tip over. The momentum of the vehicle ejected the driver and victim out the driver's side. The driver was completely ejected from the vehicle and landed about two feet from the UTV and was struck by the cooler. The victim slid out the driver's side and came to rest on the ground. The UTV tipped over once to the left onto its side and came down on the victim's head and upper torso. The other passenger was not ejected from the vehicle and was standing inside the front bench compartment. The UTV had a cracked windshield and damage to the roof and roll bar. The roof had a dent in it approximately 10 inches wide. The roll bar had a small area of damage and there was brown hair stuck in the wiring and the roll bar assembly area. Included in Exhibit "B" are photographs of the incident scene.

The fathers of two of the girls were in the area on ATV's and came upon the accident scene right after it happened. They saw the passenger standing in the bench compartment, the driver outside the vehicle and the victim trapped underneath the vehicle. The two fathers removed the UTV from the victim and one began CPR while the other called "911" for assistance.

At approximately 11:28 AM, the "911" call came into the county sheriff's department and they arrive on the scene by 11:37 AM. Upon their arrival, they found one of the fathers administering CPR to the victim. The deputy sheriff checked the pulse on the victim and found the pulse to be regular and near normal rhythm but she was unconscious. He then called for a helicopter transport and monitored the victim until the Emergency Medical Services arrived. The deputy interviewed and checked on the two other girls involved. The driver had been struck on the right side of her head and face by the cooler and complained of jaw and head pain as well as double vision. He applied a C-Spine to the driver and assisted with removing her from the scene. The passenger was applying ice to her knee and ankle but appeared to be in good physical condition. The deputy interviewed the girls and fathers on the scene and obtained information on the incident which has been incorporated into this report. Attached as Exhibit "C" is a copy of the Sheriff's Department reports.

Emergency personnel arrived on the scene and continued resuscitation efforts. When the flight for life helicopter arrived on the scene, they initially decided to airlift both the victim and driver to an area hospital. Upon examining the victim, the medical staff determined that the victim was unresponsive and deceased. They transferred her to an awaiting ambulance on the scene to wait for the coroner to arrive. The helicopter left the scene with the driver and transported her to a larger area hospital for treatment. Blood was drawn from the driver at the hospital and a toxicology test was performed. No drugs or alcohol were found. Another ambulance was called to the scene and upon arrival transported the passenger to a nearby hospital.

At 12:22 PM, the county coroner was notified of the victim's death, arrived at the scene about one hour later and pronounced the victim dead at 1:35 PM. The coroner examined the scene and then made arrangements to have the victim's body transported to a neighboring county for an autopsy. On September 8, 2009, an autopsy and a toxicology test were performed on the victim. The medical examiner and coroner found that the victim had blunt force trauma to the head, neck, chest and

and extremities. They concluded that the manner of death was accidental and the cause of death was multiple traumatic injuries. Attached as Exhibit "D" is a copy of the coroner report and autopsy.

This investigator received this investigation on September 22, 2009, contacted the investigating parties and collected their reports and photographs when they were available.

PRODUCT IDENTIFICATION

Product: 2002 POLARIS - UTV

Manufacturer: POLARIS INDUSTRIES INC.
2100 HIGHWAY 55
MEDINA, MN 55340
(763) 542-0500

Model: RANGER 6 X 6

VIN: 4XARF50A02D827586

Date of Manufacture: 04/09/2002

CC: 683

Weight: 1,410 pounds

Date Purchased: Unknown

Place of Purchase: Unknown

Bought New/Used or Rented: Unknown

Aftermarket Modifications: Unknown

Attached as Exhibit "E" is a listing of additional specifications for the UTV.

ATTACHMENTS

Exhibit "A" – Utility Vehicle Data Record Sheet

Exhibit "B" – Photographs of the UTV, component parts, labeling and incident scene.

Exhibit "C" - Sheriff's Department reports.

Exhibit "D" – Coroner's report and Autopsy.

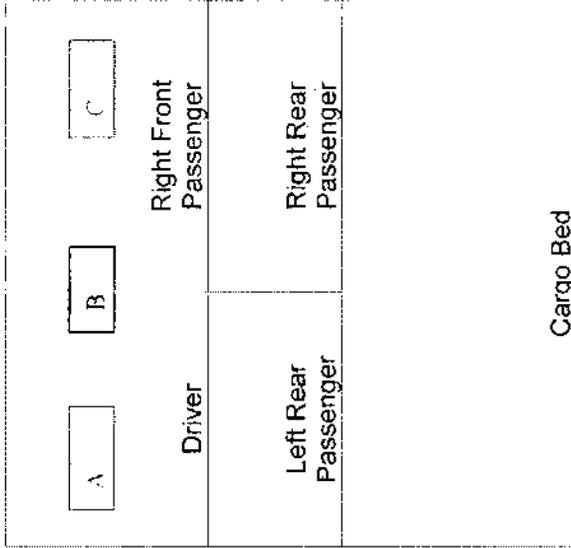
IDI 090910CCC2911

-4-

Exhibit "E" – UTV Specifications

Exhibit "F" – Contact List

Utility Vehicle Data Record Sheet



A: Age: 17 | Height: 5'8" | Weight: 150 lbs

Gender: M | Seatbelt (Y/N): Y

Killed/Injured/Neither/Unknown: Injured

Injury Description: Multiple fractures

Did vehicle land on victim: No

Ejected (Either partially or fully): Fully

B: Age: 10 | Height: 58 1/2" | Weight: 118

Gender: F | Seatbelt (Y/N): N

Killed/Injured/Neither/Unknown: Killed

Injury Description: Multiple fractures

Did vehicle land on victim: Yes / Injured

Ejected (Either partially or fully): Fully

C: Age: 12 | Height: Unknown | Weight: Unknown

Gender: F | Seatbelt (Y/N): N

Killed/Injured/Neither/Unknown: Injured

Injury Description: Knee & ankle

Did vehicle land on victim: No

Ejected (Either partially or fully): Na

D: Age: | Height: | Gender: | Weight: | Seatbelt (Y/N):

Killed/Injured/Neither/Unknown: | Injury Description: | Did vehicle land on victim: | Ejected (Either partially or fully):

E: Age: | Height: | Gender: | Weight: | Seatbelt (Y/N):

Killed/Injured/Neither/Unknown: | Injury Description: | Did vehicle land on victim: | Ejected (Either partially or fully):

F: Age: | Height: | Gender: | Weight: | Seatbelt (Y/N):

Killed/Injured/Neither/Unknown: | Injury Description: | Did vehicle land on victim: | Ejected (Either partially or fully):

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

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

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



IDI 090910CCC2911 – Exhibit “B” – 2002 Polaris Ranger 6 x 6 UTV involved in incident.



IDI 090910CCC2911 – Exhibit “B” – 2002 Polaris Ranger 6 x 6 UTV involved in incident.



IDI 090910CCC2911 – Exhibit “B” – 2002 Polaris Ranger 6 x 6 UTV involved in incident.



IDI 090910CCC2911 – Exhibit “B” – 2002 Polaris Ranger 6 x 6 UTV involved in incident.



IDI 090910CCC2911 – Exhibit “B” – 2002 Polaris Ranger 6 x 6 UTV involved in incident.



IDI 090910CCC2911 – Exhibit “B” – 2002 Polaris Ranger 6 x 6 UTV involved in incident. – ID Plate



IDI 090910CCC2911 – Exhibit “B” – Terrain on which the 2002 Polaris Ranger 6 x 6 UTV involved in incident was traveling.



IDI 090910CCC2911 – Exhibit “B” – Terrain on which the 2002 Polaris Ranger 6 x 6 UTV involved in incident was traveling. – Flags indicate path UTV was traveling.



IDI 090910CCC2911 – Exhibit “B” – Terrain on which the 2002 Polaris Ranger 6 x 6 UTV involved in incident was traveling. – Flags indicate path UTV was traveling.



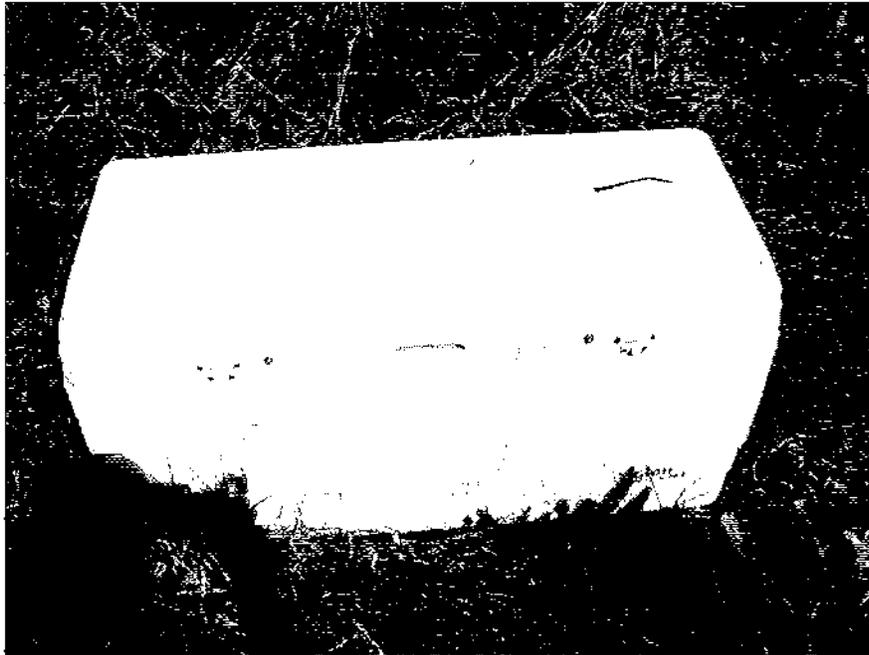
IDI 090910CCC2911 – Exhibit “B” – Terrain on which the 2002 Polaris Ranger 6 x 6 UTV involved in incident was traveling. – Flags indicate path UTV was traveling.



IDI 090910CCC2911 – Exhibit “B” – Terrain on which the 2002 Polaris Ranger 6 x 6 UTV involved in incident was traveling. – Flags indicate path UTV was traveling.



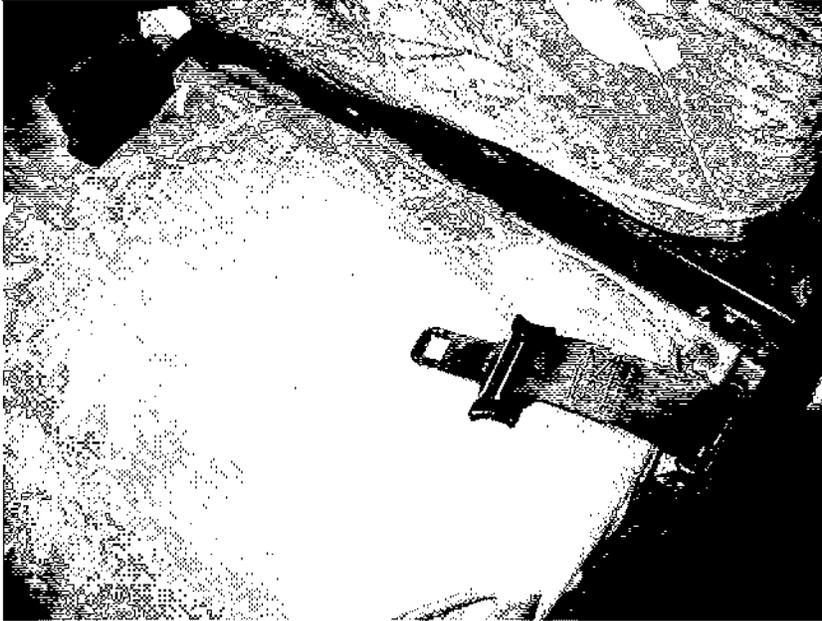
IDI 090910CCC2911 – Exhibit “B” – Damaged windshield of the 2002 Polaris Ranger 6 x 6 UTV involved in incident.



IDI 090910CCC2911 – Exhibit “B” – Cooler that had been in the rear cargo bin and that hit the driver when the 2002 Polaris Ranger 6 x 6 UTV involved in incident rolled over.



IDI 090910CCC2911 – Exhibit “B” – Contents of the cooler that had been in the rear cargo bin and that hit the driver when the 2002 Polaris Ranger 6 x 6 UTV involved in incident rolled over.



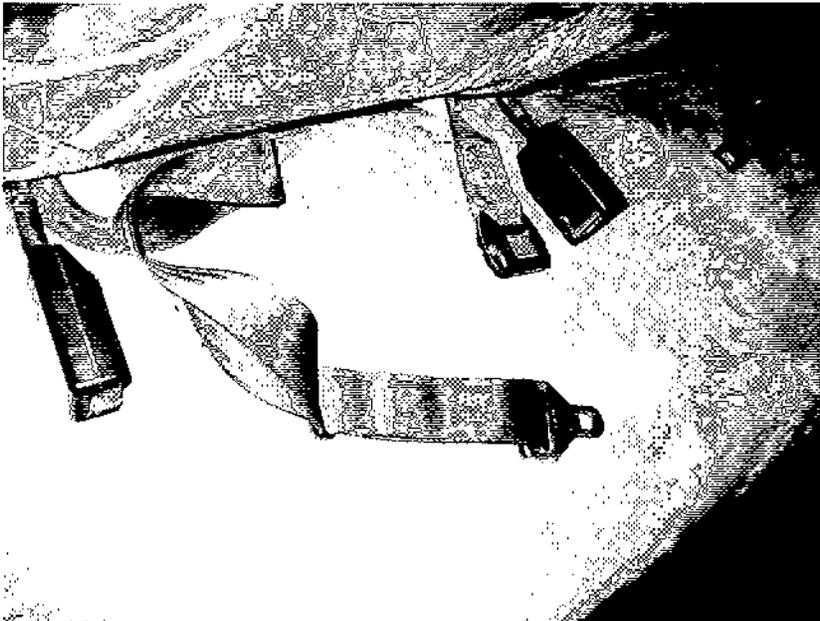
IDI 090910CCC2911 – Exhibit “B” – Lap seat belts on the front bench of the 2002 Polaris Ranger 6 x 6 UTV involved in the incident.



IDI 090910CCC2911 – Exhibit “B” – Lap seat belts on the front bench of the 2002 Polaris Ranger 6 x 6 UTV involved in the incident.



IDI 090910CCC2911 – Exhibit “B” – Lap seat belts on the front bench of the 2002 Polaris Ranger 6 x 6 UTV involved in the incident.



IDI 090910CCC2911 – Exhibit “B” – Lap seat belts on the front bench of the 2002 Polaris Ranger 6 x 6 UTV involved in the incident.

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09:16

Green Lake County Sheriff's Office
Open Records Report

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Incident Number: 092817
Nature: INDE

Case Numbers:

Addr: W7090 BERRY RD Area: TKG TOWN OF KINGSTON ZONE
City: DALTON St: WI Zip: 53926 Contact:

Complainant: 15278

Lst: COLUMBIA COUNTY SHERIFFS OFFI Fst: Mid:
Rac: Sx: Cty: PORTAGE St: WI Zip: 53901

Reported:
Observed:
Offense
Codes: INFO Information

Circumstances:

Responding Officers: MVandekolk 62
Rspnsbl Officer: MVandekolk Agency: GLSO
Received By: RPrill Last RadLog: **:**:** **/**/**
How Received: R Radio Trans. Clearance: DA Under review by DA

When Reported: 11:28:15 09/06/09 Disposition: ACT Disp Date: 09/06/09

Occurrd between: 11:27:00 09/06/09 Judicial Sts:
and: 11:27:00 09/06/09 Misc Entry:

Modus Operandi:
Factor Description Method

INVOLVEMENTS:
Date Description Relationship

*d = driver
p = passenger
v = fatal victim*

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On September 6, 2009, I, Deputy Matthew L. Vande Kolk, was assigned patrol duties for the Green Lake County Sheriff's Office, Green Lake County, Wisconsin, between the hours of 5:00 am and 5:00 pm. Approximately 11:28 am on September 6, 2009, I was informed by Dispatch of a utility vehicle accident that occurred on the property located at W7090 Berry Road, in the Township of Kingston, Green Lake County, Wisconsin.

The call was received by Dispatch from Columbia County via point to point radio transmission. I began responding to that location and arrived at 11:37 am.

At that time, I was directed to the location of one of the victims, whom I found on a trail next to a Polaris Ranger 6x6. An adult male, identified as [redacted], was providing rescue breaths to a female victim, later identified as [redacted].

I immediately checked the pulse of the victim, as the father was providing chest compressions as well. In checking the pulse, I found the victim did have a pulse. The pulse was regular, and the rhythm was near normal. I continued to monitor the pulse as the First Responders arrived and they took over in providing rescue breaths to the victim. I also observed First Responders holding a C-spine on the victim, and I took over providing rescue breaths and also continued to monitor the pulse of the victim.

I continued that care until EMS arrived. I had requested MedFlight immediately upon my arrival at the scene and turned the victim at that location over to EMS staff for their continued care.

At this point, I returned to my squad car and obtained the coordinates to provide to MedFlight, which were provided to Dispatch to be given to MedFlight so they could land in the immediate area.

I then went to the residence itself, where there were two other victims, P [redacted] and d [redacted]. I assessed their injuries and found that P [redacted] had ice applied to her knee and ankle and appeared to be in pretty good physical condition. d [redacted] had been struck by the cooler, as reported by others on scene, and she had received that impact to the right side of her head and face and complained of jaw and head pain. d [redacted] also indicated she had double-vision.

I applied C-spine as best I could until a C-collar was obtained. I then assisted with the removal of d [redacted] from the residence and eventually to the MedFlight helicopter.

As I provided care for d [redacted], the MedFlight helicopter had arrived on scene. Due to d [redacted] injuries, one of the First Responders went to make arrangements to see if both d [redacted] and v [redacted] could be transported via helicopter. Once that arrangement was taken care of, d [redacted] was carried down to the helicopter.

While enroute to the helicopter, I learned that the MedFlight Nurse had pronounced v [redacted] dead. d [redacted] was subsequently MedFlighted to UW-Hospital of Madison, Wisconsin.

Pardeeville Ambulance was requested for the transport and care of P [redacted]. They arrived on scene and subsequently transported P [redacted] to Divine Savior Hospital in Portage, Wisconsin.

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While providing care to d and p , I tried to gain an understanding of the incident and how it had occurred. I learned that v had been seated in the center of the bench seat. p had been seated in the passenger side of the seat, and d had been operating the utility vehicle.

I learned that the vehicle was coming down a hill. The operator, d , attempted to stop to make a right turn and was unable to. Subsequently, the vehicle began to slide sideways and ejected the operator, d , and the middle passenger, v , from the vehicle. The vehicle then tipped over onto v

Wisconsin Department of Natural Resources staff had also responded to the scene. DNR Conservation Warden Nate Ackerman had been assisting in the investigation, as the situation turned from a First Responder type incident, where I provided care, to an investigation. Warden Ackerman began assisting in deciphering the evidence and in speaking and obtaining statements from persons there who may have any knowledge as to what might have occurred.

The utility vehicle, a Polaris Ranger 6x6, bearing a VIN #4XARF50A02D827586 (uncertain of the exact VIN as a few of the digits were scratched or worn), was upright at the accident scene. Through my contact with the victims' parents, I learned that and had removed the vehicle from its side, as it had been resting on v when they observed the accident.

The utility vehicle had a cracked windshield and damage to the roof and roll bar. The roof specifically had a dent in it, approximately 10 inches wide. The roll bar also had a small area of damage. Also in that same area, there was brown hair that had been stuck in the wiring and the roll bar assembly area.

The tire marks on the trail showed the vehicle had been traveling westward down a hill when the operator, d , applied the brakes and attempted to turn right. The vehicle slid for at least 20 feet before the tires stopped sliding, and the vehicle began to tip over.

The momentum of the vehicle carried the occupants out the driver side. d was ejected completely from the vehicle and, based on a statement later obtained from her, she indicated she landed less than two feet from the vehicle and was struck by the 100-quart cooler containing approximately 1/2 load of ice and beverages.

v was also ejected from the vehicle. She slid out the driver's side and came to rest on the ground with her head toward the southeast and her feet pointing toward the northwest.

The third occupant, p , was not completely ejected from the vehicle. When and found her, she was standing inside the passenger compartment, as the vehicle was resting on its driver's side.

The Polaris Ranger 6x6, after ejecting the two occupants, then tipped onto its side. The tires left the ground for a short distance, and the roof and roll bar area, which was dented and had other evidence of impact, then came down on v ' head. The vehicle then continued to travel toward the northwest and came to rest on the torso of v .

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Photographs of the vehicle and the accident scene were taken and are attached to the case. Additional photographs were taken by Department of Natural Resources personnel and will be provided to the Green Lake County Sheriff's Office when they become available.

As Warden Ackerman and I began sorting through the information available, the Coroner had been paged at approximately 12:22 pm. Sheriff Mark Podoll of the Green Lake County Sheriff's Office had also been requested by me at approximately 12:10 pm. Sheriff Podoll arrived on scene at approximately 1:05 pm and assisted in the investigation. Sauer's Towing was contacted for removal of the utility vehicle. The District Attorney was contacted and, based on his recommendation, a Warrant was developed to obtain blood from the operator,

I spoke with District Attorney Winn Collins and informed him that I would attempt to make arrangements to secure a consensual blood draw. That request was made to UW-Madison Police Department, specifically Stewart J. Ballweg, an Officer at that Department. Officer Ballweg did obtain a Consent form from the parents of d indicating that the blood sample could be taken. He then completed the paperwork in regard to the State of Wisconsin Blood/Urine Analysis. A copy of the form that Officer Ballweg completed is attached to the case. Officer Ballweg also has a case with the UW-Madison Police Department, Case #0913408.

After the photos had been taken, Sheriff Mark Podoll escorted the towing service back to the Sheriff's Office storage shed for secure storage of the Polaris Ranger 6x6.

As Sheriff Podoll was taking care of that matter, I spoke with the father of v, in regard to his observations and the incident specifically, at which time I attempted to gain any information I could from him. After obtaining the information, I informed Mr. Hurckes that I would be completing a written statement and asking him to make sure the statement was accurate and then signing it.

Unfortunately, Mr. Hurckes left the scene prior to signing the statement; however, the information I gathered from him indicated that he was operating an ATV with his daughter, , on the vehicle as well. They were in the general area, some distance from where the accident occurred. David Klein was also operating a separate ATV with his child on that ATV as well. Mr. Hurckes informed me that d had been operating the utility vehicle and v, and p were in the vehicle with d.

Mr. Hurckes indicated that he was north and east of the residence and coming off a trail area onto the lawn area when he observed the Polaris Ranger had tipped over on the trail, south of Mr. Hurckes' location. He went to the location of the accident and saw p standing in the passenger compartment, d outside the vehicle, and v trapped underneath the vehicle. Mr. Hurckes and Mr. Klein, according to Mr. Hurckes, then removed the vehicle from v and began CPR.

A statement was obtained from Mr. Klein as well by Warden Ackerman. The information obtained from Mr. KLEIN mirrors that of the information obtained from Mr. Hurckes.

Mark Preuss, the caretaker of the property, was on scene shortly after the

incident occurred and offered his assistance throughout our investigation. If anything needed to be moved or taken care of, Mr. Preuss was ready and willing to assist in any way.

Prior to leaving the scene, I spoke with one of the property owners, who was the only property owner currently at the address, JOE P. KUS, as he had some concerns regarding the incident. Mr. KUS is also the registered owner of the Polaris Ranger 6x6. His information is included with the case, as he is a property owner and the property owner present when the incident occurred.

I then maintained contact with UW-Madison Police Department and learned that the parents of d had consented to the blood draw; therefore, I informed District Attorney Winn Collins that the Warrant would not be necessary. Officer Ballweg of UW-Madison Police Department informed me that the blood draw had been secured at 3:57 pm.

I informed Officer Ballweg of my intention to go to Madison and interview the operator and victim, d, and informed him that I would obtain the blood sample that he had secured at that time.

The blood sample was obtained by me on September 7, 2009, at 7:43 am, when I met with Officer Stewart Ballweg in person. He provided the blood kit to me, along with the appropriate paperwork, including the Blood Specimen Request and Consent form and the Property Control Report issued by their Department. Copies of that paperwork are included with the case.

After obtaining the blood sample, I then went to University of Wisconsin Children's Hospital and met with d, as well as her father, and her mother, . I informed them of the reason for my visit and indicated to them that I would need to obtain a statement from d in regard to the incident.

I spoke briefly with d in the room, as she was upset. Initially, I obtained some basic information that would allow me to prepare a written statement. Initially I learned that d had been thrown from the vehicle and the vehicle landed within two feet of her. She also indicated that she didn't think that the seatbelts in the vehicle were operable. I asked if helmets were available, and she stated she did not know.

I asked d more questions in regard to the incident and the information she provided was consistent with the results of the investigation performed by Warden Ackerman and myself. d indicated that she was going down the hill and was unable to stop. She attempted to turn right a little bit and she and v were thrown from the vehicle. d indicated that she was struck in the head by the cooler and felt the cold water on her. She also saw v under the vehicle. Additionally, I later learned that d attempted to help in moving the vehicle from v.

d indicated that she has driven ATV'S a few times in the past and had operated Jet-Skis many times previously as the family owns some. d indicated that she had not taken an ATV safety course and Labor Day weekend of 2009 was the first time that she had operated a 6x6 utility vehicle. d indicated that none of the occupants were wearing helmets or seatbelts. She further indicated that she did not see any shoulder belts.

I then spoke with d father and informed him of as much of the

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incident as I could so that he might be able to provide his daughter with some information should she have any questions later on. was very understanding and upset about the situation that had occurred the previous day.

I then went back to the room at the hospital where d was and completed a written statement with her. I reviewed the statement and asked her to sign that statement, which she did.

I offered my assistance to the family and left the hospital. While enroute back to Green Lake County, I received a phone call from the Oak Lawn Police Department, Detective Duffy, and learned that Jerome Hurckes was from their jurisdiction. I provided as much information as I could to Detective Duffy of the Oak Lawn Police Department.

Upon returning to Green Lake County, I went to the storage shed where the vehicle had been secured and assessed the seatbelt situation. As I had recalled from the previous day, there were, in fact, three seatbelts and they all were in operating condition. I, again, assessed the condition of the seatbelts to double-check them and found that they were in operating condition and there were, in fact, three seatbelts available for use. The Polaris Ranger had 529.6 hours of operation on the utility vehicle.

Additionally of note, I was able to obtain some specifications in regard to the vehicle at hand, a Polaris Ranger 6x6. Those specifications are attached to the case as well. The specific item of note would be the weight of the vehicle, which is indicated at 1,410 pounds.

CASE REMAINS UNDER INVESTIGATION pending District Attorney review.

Matthew L. Vande Kolk, #62
Green Lake County Sheriff's Office
09/07/09

MVK/do

.....
Responsible LEO:

.....
Approved by:

Date

10/30/09
09:17

Green Lake County Sheriff's Office
Deputy Supplemental Report

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Page: 1

Incident Number: 092817 Nature: INDE Incident Date: 10/13/09

Name: MVandekolk Date: 09:22:27 09/22/09

On 09/22/09, I, Deputy Matthew L. Vande Kolk, received the results of the blood draw analysis performed by the Wisconsin State Lab on [redacted]. The results of the blood draw analysis show that no ethanol was detected. A separate report on the results of the drug testing will be issued when all laboratory analyses are completed.

This information, along with all additional case information and reports, was forwarded to the Green Lake County District Attorney's Office for review.

CASE REMAINS UNDER INVESTIGATION pending District Attorney review.

Matthew L. Vande Kolk, Deputy Sheriff #62
Green Lake County Sheriff's Office
09/22/09

MVK/do

Responsible LEO:

Approved by:

Date

GREEN LAKE COUNTY SHERIFF'S OFFICE
STATEMENT FORM

STATEMENT FORM
STATEMENT FORM

PAGE # 1 CASE NO: 092817 OFFICER # 62 DATE: 09-07-09

STATEMENT OF:

NAME: d
ADDRESS: DAK LAWN IL 60453
DOB: PHONE DAY: NIGHT:

STATEMENT: I GIVE DEPUTY MATTHEW L. VANDE KOLK PERMISSION TO WRITE THIS STATEMENT ON MY BEHALF.

ON 09-06-09 AT ABOUT 10:30 OR 11:00 AM MANY OF US WERE USING THE VEHICLES, AND TAKING TURNS DRIVING THE PELLIS RANGER. I AND I AS WELL AS SOME OF THE ADULTS HAD BEEN DRIVING THE 6x6. I HAD DRIVEN THE 6x6 A FEW TIMES OVER THE WEEKEND, AND HAD GONE DOWN THE HILL WHERE THE ACCIDENT HAPPENED A FEW TIMES BEFORE. I WAS GOING DOWN THE HILL, AND TRYING TO STOP SO THAT I COULD TURN RIGHT. THE VEHICLE WOULDN'T STOP. I TRIED TURNING TO THE RIGHT A LITTLE BIT AND THE VEHICLE TIPPED OVER. I WAS THROWN FROM THE VEHICLE AND LANDED LESS THAN TWO FEET FROM THE VEHICLE. THE COOLER STRUCK ME IN THE HEAD, AND I FELT THE COOL WATER ON ME. I SAW V UNDER THE VEHICLE AND HELPED GET THE VEHICLE OFF TO THE HOUSE. NEB SEAMY CAME TO WHERE THE ACCIDENT HAPPENED.

I HAVE DRIVEN ATV'S A FEW TIMES BEFORE, AND SET SKIS MANY TIMES. THIS WAS THE FIRST WEEKEND I HAD DRIVEN A 6x6. NONE OF US WERE WEARING HELMETS OR SEATBELTS. I DON'T THINK THE SEATBELTS WORKED. I DID NOT SEE ANY SHOULDER BELTS.

SIGNED

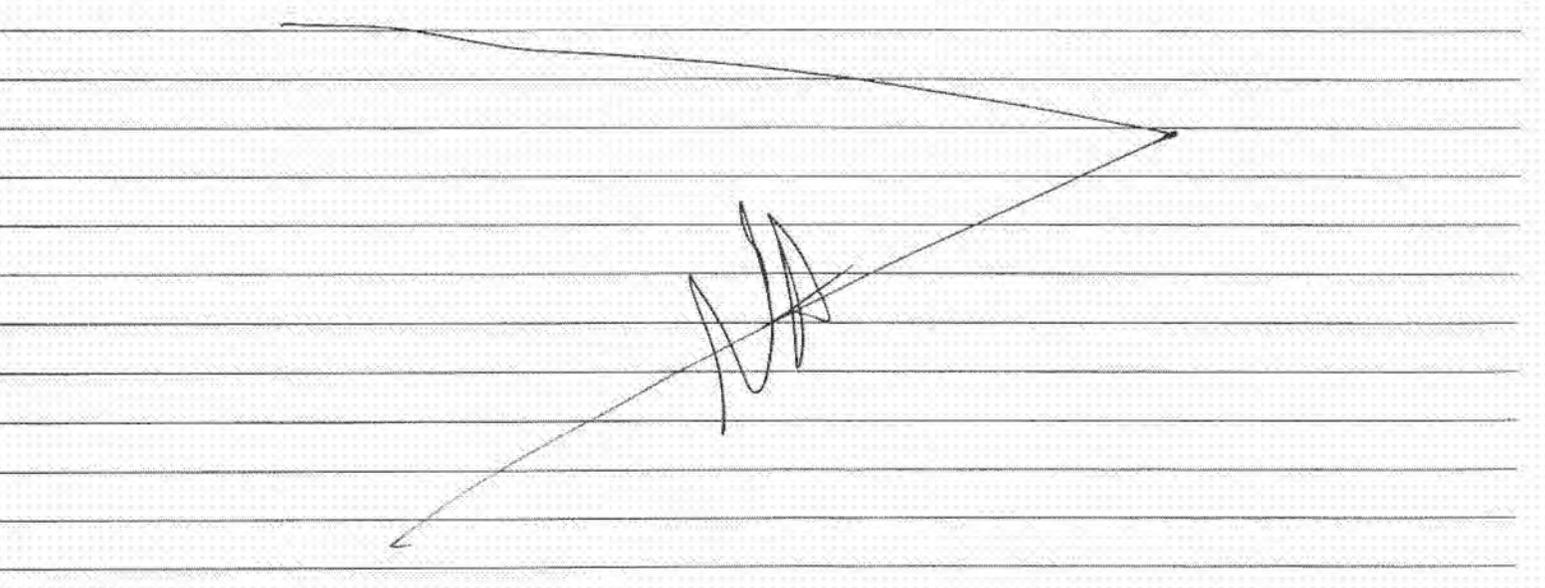
VOLUNTARY STATEMENT

DATE: 09 06 09 TIME STARTED: 2:00 AM 2PM PHONE #: 0
NAME: (b)(6) E DOE MALE HA EYE
LAST FIRST MI DOB FEMALE WT HT

ADDRESS: 60441 IL 60441
STREET CITY STATE ZIP

I, (b)(6) am 43 years of age and have completed the 14 grade. I am providing the following voluntary statement to Nathan Ackerman who has identified himself as a Conservation Warden and is writing it down for me under my guidance and permission. I make this statement without any inducement or coercion whatsoever. No threats or promises, no offers of reward have been used to persuade me to make this statement.

I was operating an ATV on the trail to the north of the shed East of the residence. At approximately 11:30 I could see the Polar's 6x6 on its side up near the shed near a fork in the trail. I noticed d standing up and blood on her face. I went quickly to the d and it appeared to have just happened. P... was standing in the middle of the operators compartment. Standing as the machine was on its side. I told my daughter ... who was not on the 6x6 to run up to the house and get help. I took P... up to the house with me to call for help, which had already been done. I told Gary the V... was under the and he and I lifted it from the driver's side up. Lifting the 6x6 off of V... and all the way back on its wheels.



I have read the foregoing statement consisting of 2 pages. I have made and initialed all corrections. I have personally signed the last page. I certify that the statement is voluntary, that it was freely made without duress or promise of clemency, and that it is a true and correct account of what happened to the best of my knowledge and belief.

SIGNED: (b)(6) DATE: 9 6 2009 TIME: 2:50 PM
WITNESS: [Signature] DATE: 9 6 09 TIME: 2:15 PM

GREEN LAKE COUNTY SHERIFF'S OFFICE
STATEMENT FORM

PAGE # 1 CASE NO: 092817 OFFICER # 62 DATE: 09-06-09

STATEMENT OF:

NAME: (b)(6)

ADDRESS:

DOB: PHONE DAY: NIGHT:

STATEMENT: I (b)(6) GIVE DEPUTY MATTHEW L. VANDE KOUK PERMISSION TO WRITE THIS STATEMENT ON MY BEHALF.

ON SEPTEMBER 6, 2009 AT APPROXIMATELY 11:30 pm I WAS OPERATING AN ATV AT W7090 BERRY ROAD. (b)(6) WAS ALSO OPERATING AN ATV, AND P, d, AND V WERE IN THE POLARIS RANGER.

I WAS NORTH AND EAST OF THE RESIDENCE COMING OFF THE TRAIL ONTO THE LAWN AREA WHEN I SAW THAT THE POLARIS RANGER WITH THE THREE GIRLS IN IT HAD TIPPED OVER ON THE TRAIL TO THE SOUTH OF ME. I WENT THERE, AND SAW THAT P WAS STANDING IN THE PASSENGER COMPARTMENT, d WAS OUT OF THE VEHICLE, AND V WAS TRAPPED UNDER THE VEHICLE. V UPPER BODY WAS UNDER THE VEHICLE, AND (b)(6) AND I LIFTED IT OFF OF HER AND STARTED CPR. X

SIGNED

Name: 
DOB:
MR#: ***** Stat ER *****

University of Wisconsin Hospital and Clinics
600 Highland Avenue Madison, WI 53792
BLOOD SPECIMEN REQUEST AND CONSENT

Date: 09/27/09

Officer's Name: STEWART BALLWEG

Arrest Citation Number: N/A

Offense Charged: N/A

Part 1. REQUEST (To be completed by the Police Officer)

As a duty authorized law enforcement officer, I confirm that the suspect has been arrested and I ask that a doctor or other authorized person at the Hospital take a blood sample from the suspect. I claim to have legal authority to ask for the sample as follows: (Please check whichever of the following applies.)

- A. The implied consent law (§343.305) provides authority to request this sample because the suspect has been arrested for a violation of one of the following sections listed in §343.305(3) of the Wisconsin Statutes being under the influence of an intoxicant or controlled substance (check one);
 - §346.63 (1) Driving or operating a motor vehicle under the influence.
 - §343.63 (2) Causing injury by operation of a motor vehicle under the influence.
 - §343.63 (2m) Driving with any blood alcohol concentration while under the age of 21.
 - §343.63 (5) Operating a commercial motor vehicle with an alcohol concentration of 0.04-0.1.
 - §343.63 (6) Causing injury by operation of a commercial motor vehicle with an alcohol concentration of 0.04-0.1.
 - §940.25 Causing great bodily harm by the operation of a motor vehicle,
 - §940.09 Causing death by the operation or handling of a motor vehicle, firearm or airgun.
 - A local ordinance in conformity with §343.63 (1), (2m), or (5)

~~B. The suspect has consented to the blood sample to be taken.~~

~~C. A valid search warrant has been issued commanding the blood sample be taken.~~

Date of warrant: _____

Name of Judge: _____

D. There exists probable cause for the arrest and search of the suspect and I reasonably believe that the circumstances are sufficiently exigent that there is inadequate time to obtain a warrant for the search and there is a reasonable method and manner of drawing the blood.

E. Other (please describe): _____

Note: UWHC Legal department must be consulted before accepting 1E to confirm the other basis.

Officer's Signature: 

Police Department: UWHPD

Badge#: 7703

Witness Signature: _____ Date: _____ Time: _____



UW Police Property Control Report
1429 Monroe Street, Madison, Wisconsin 53711

Agency
PCN

01/3/08 S. Brumette Death Investigation 1-6-07

Evidence Recovered Found/Abandoned Contraband

Property not claimed within 30 days will be disposed of.

1. 1/3/08 10:00 AM 2008 Ford Focus 2008 Ford Focus

2. 1/3/08 10:00 AM 2008 Ford Focus 2008 Ford Focus

3. 1/3/08 10:00 AM 2008 Ford Focus 2008 Ford Focus

4. 1/3/08 10:00 AM 2008 Ford Focus 2008 Ford Focus

5. 1/3/08 10:00 AM 2008 Ford Focus 2008 Ford Focus

6. 1/3/08 10:00 AM 2008 Ford Focus 2008 Ford Focus

7. 1/3/08 10:00 AM 2008 Ford Focus 2008 Ford Focus

8. 1/3/08 10:00 AM 2008 Ford Focus 2008 Ford Focus



Chain of Custody

1 9-7-09 Det. Berhney MATTHEW L. LARGE took blood for ETOA.

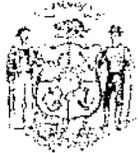
Purpose of Change in Custody

STEWART J. BALLEWED 9-7-09
as Signature Matthew A. Walsh Police 6150 4th Hall St GREEN LAKE WA 98043

Disposition Date of Disposition

Returned to Owner _____ Police Inventory _____ SWAP Shop _____ Destroy _____

Request for GREEN LAKE CITY Sheriff



STATE OF WISCONSIN
BLOOD / URINE ANALYSIS
ALCOHOL / OTHER DRUGS
WISCONSIN STATUTE 343.305(3)

A. AGENCY INFORMATION

Officer: *STEWART J. BALLANTYNE*
Agency: *GLCPD*
Address: *1429 Monroe St
Madison WI 53714*

B. SUBJECT INFORMATION

Name: _____
(Last, First, MI)
Address: *OAK LAWN IL 60453*

Agency Telephone: _____

Date of Birth: _____

Sex: M F

C. OFFENSE INFORMATION

Drivers License No: _____ DL Issuing State: _____ Citation No: _____

Violation Date: _____ Violation Time: _____ A M P M

Traffic Statute 345.63 (specify): (1)(a) (2)(a) (2)(b) Other Statute (specify): _____

D. SPECIMEN COLLECTION

Specimen Type: Blood Urine Collection Date: *9/9/09* Collection Time: *3:57* A.M. P.M.

Specimen Collected by: Med. Tech E.N. P.A. Physician Person acting under the direction of a Physician Officer

Name (Print): *Robert Foster* Signature: _____

E. ANALYSIS REQUEST

Alcohol Only Cpanel Drug Testing if BAC is over: _____
 Alcohol & THC Only
 Alcohol & Cocaine Only
 Alcohol and Drug Panel
Suspected Drugs: *Voluntary Blood Draw*

F. LABORATORY INFORMATION

Specimen Received By: _____ Date: _____

Specimen Condition / Seal / Label / Comments: _____ Time: _____

G. RESULT

Date of Analysis: _____ Date Reported: _____ Analyst Cert. No: _____

Results of Analysis: _____ Analysis Number: _____

Analyst Signature: _____

Reviewed by: _____

(Name and Title)





STATE OF WISCONSIN
BLOOD / URINE ANALYSIS
ALCOHOL / OTHER DRUGS
WISCONSIN STATUTE 343.305(3)

A. AGENCY INFORMATION

Officer: STEWART J. BACHMUTZ
Agency: WVCPD
Address: 1429 Monroe St.
MADISON WI 53714

B. SUBJECT INFORMATION

Name: d
(Last, First, MI)
Address: OAKLAW RD 60453
Date of Birth: _____ Sex: M

Agency Telephone: _____

C. OFFENSE INFORMATION

Driver's License No: _____ DL Issuing State: _____ Citation No: _____
Violation Date: _____ Violation Time: _____ A M P.M.
Comments: _____
Traffic Statute 346.63 (specify): (1)(a) (1)(b) (1)(am) (2)(a) (2m) Other Statute (specify): _____

D. SPECIMEN COLLECTION

Specimen Type: Blood Urine Collection Date: 9/1/09 Collection Time: 3:57 PM
Specimen Collected by: Med Tech R.N. P.A. Physician Person acting under the direction of a physician Officer
Name (Print): Robert Foster Signature: _____

E. ANALYSIS REQUESTED FOR

Alcohol Only Alcohol & THC Only Alcohol & Cocaine Only
 Alcohol and Drug Panel Cancel Drug Testing
If BAC is over: _____ Suspected Drug: Voluntary Blood Draw

F. LABORATORY INFORMATION

Specimen Received By: Michael Knutson Date: 9/1/09
Specimen Condition / Seal / Label / Comments: _____ Time: 7:24g

Both specimens labeled and sealed.

Note attached read, "Results must be sent to Matthew L Vande Kock, Green Lake County Sheriff, P.O. Box 566, Green Lake WI 54941, 920-294-4000. Incident occurred in our jurisdiction!"

G. RESULT

Date of Analysis: _____ Date Reported: _____ Analyst Cert. No. _____

Results of Analysis: _____ Analysis Number _____

per Laura, Green Co. SO 9/1/09 0918:
Subject is 14 Y/O driver of ATV involved in accident causing death. PH

Analyst Signature: _____

09FX - 18657

Reviewed by: _____

(Name and Title)

34130





Toxicology Section
Wisconsin State Laboratory of Hygiene
2601 Agriculture Dr., P.O. Box 1996
Madison, WI 53707-1996
(608) 224-6241

Laboratory Report

http://www.sth.wisc.edu

Daniel F. J. Kurtycz, M.D., Medical Director • Charles D. Brokopp, Dr. P.H., Director

* Page 1 of 1*
Date: 9/14/2009

Submitter copy to:

MATTHEW VANDEKOLK
GREEN LAKE CO SHERIFFS DEPARTMENT-3207
486 HILL ST
PO BOX 586
GREEN LAKE, WI 54941-0586

Spec #: 09FX018657

Subject

d

DOB:

Sex:F

Coll By: ROBERT FOSTER
Date Coll: 9/4/2009
Time Coll: 1557
Date Rcvd: 9/11/2009

Spec Type: BLOOD
Spec Condition: Labelled and sealed
Ethanol Tested: 9/11/2009

Final Results

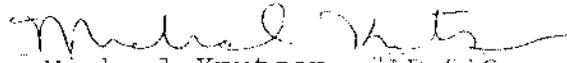
ETHANOL

NOT DETECTED

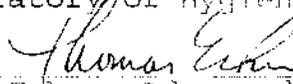
Specimen Comments:

Specimen(s) will be retained no longer than six months unless otherwise requested by agency or subject.

ETHANOL ANALYST:


Michael Knutsen, #AP 518

As designee of the Director, I do hereby certify this document to be a true and correct report of the findings of the Wisconsin State Laboratory of Hygiene.



Thomas Ecker, Advanced Chemist

A SEPARATE REPORT ON THE RESULTS OF THE REQUESTED DRUG TESTING WILL BE ISSUED WHEN ALL LABORATORY ANALYSES ARE COMPLETED.

Green Lake County
Sheriff

486 Hill St · PO Box 586 · Green Lake, WI 54941 · 920-294-4000

MEMO

To: District Attorney Winn Collins

From: Deputy Matthew L. Vande Kolk, #62

Date: October 13, 2009

COPY

Report on Fatal Utility Vehicle Investigation - GLSO #092817

Dear District Attorney Collins,

Enclosed is the information reference our investigation regarding the fatal utility vehicle accident that occurred at W7090 Berry Road, in the Township of Kingston, GLSO #092817, on 09/06/2009. No charges have been filed for this incident.

Please review this information and advise us if there is anything additional you feel should be done with this investigation. In addition, please advise if and when the Polaris Ranger utility vehicle that was involved in this incident can be released to the owner.

Thank you.



Deputy Matthew L. Vande Kolk, #62
Green Lake County Sheriff's Office

MVK/do



Office of the District Attorney Green Lake County

WINN S. COLLINS
District Attorney

LISA M. VANDENDRUMDEN
Assistant District Attorney

LINDA L. JESKO
County Clerk

MICHELLE S. PUTZKE
County Clerk

LYNN E. DUYCHER
County Clerk

November 2, 2009

Dep. Matthew L. Vande Kolk, 62
Green Lake Sheriff's Office
486 Hill St., P.O. Box 586
Green Lake, WI 54941

RE: Response to Report on Fatal Utility Vehicle Investigation – GLSO #092817

Dear Dep. Vande Kolk,

This letter is written in response to your request that I review the investigation into Green Lake Sheriff's Office (GLSO) incident number 092817, relating to a fatality. I have had an opportunity to review the materials that you submitted along with materials submitted by the coroner.

Based upon my review, I do not find any criminal charges appropriate at this time. I have closed out this referral and you also are welcome to close out your case as well. If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Winn S. Collins".

Winn S. Collins,
District Attorney

IDI 090910CCC2911 - Exhibit "D" - Coroner's report and Autopsy - 17 pages

CORONER'S INVESTIGATION OF DEATH - CALL SHEET GREEN LAKE COUNTY

(A) CALL INFORMATION			Coroner: <i>Darlene Strey</i>
Day: <i>Sunday</i>	Date: <i>9-6-09</i>	Time Notified: <i>1222</i>	Time On Scene: <i>30</i>
Notified by: <i>Green Lake Sheriff Dept.</i>		Responded To: <i>W7090 Berry Rd. Dalton</i>	
		<input checked="" type="checkbox"/> Scene <input type="checkbox"/> Notice Only <input type="checkbox"/> Cremation Only <input type="checkbox"/> Referral <input type="checkbox"/> Mutual Aid <input type="checkbox"/> D/C only.	
(B) DECEDENT INFORMATION			
(b)(3):CPSA Section 25(c)			
Occupation: <i>grade school</i>	Employer: <i>e</i>	Identified by: <i>Father</i>	
(C) NEXT OF KIN INFORMATION			
Next of Kin: <i>(b)(6)</i>	<i>Father</i>		
Kin Address:	<i>Zip: 60453</i>		
Kin Phone:			
Time Notified:			
(D) DEATH DEMOGRAPHICS			
Place of Onset: <i>W7090 Berry Rd.</i>	City/Village/Town: <i>Township of Kingston</i>		
Place of Death: <i>W7090 Berry Rd.</i>	City/Village/Town: <i>Township of Kingston</i>		
County of Onset: <i>Green Lake</i>	County of Death: <i>Green Lake</i>		
Date Body Found: <i>9-6-09</i>	Time: <i>1120</i>	Found By: <i>Father + friend</i>	
Pronounced by: <i>Darlene Strey</i>	Time: <i>1335</i>	Date: <i>9-6-09</i>	
(E) MEDICAL/SOCIAL HISTORY			
Primary MD: <i>N.K.</i>	Clinic/Hospital:	Last Visit:	
Med Hx:			Source:
<i>No medical history</i>			
Rx Meds:(attach Rx Sheet if necessary)			
<i>No meds</i>			
Smoker? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
Alcohol? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Substance Abuse? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(F) INJURY INFORMATION (use death detail worksheet)			
Date: <i>9-6-2009</i>	Time: <i>1120</i>	County: <i>Green Lake</i>	
Place of Injury: <i>Field</i>	Address: <i>W7090 Berry Rd.</i>	CITY: <i>Township of Kingston</i>	
List Injury(s): <i>see autopsy report</i>	How? <i>rollover</i>		
(G) TRANSPORT/DISPOSITION/FUNERAL HOME			
Decedent Transported by: <i>Wachholz/Markesan</i>	Date/Time: <i>9/6/09</i>	<i>3:00 pm</i>	
Transported To: <i>Fond du Lac Co. Medical Exam</i>	Release Authorized: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Funeral Home Released to: <i>Molthen-Bell F.H.</i>	Date Released: <i>9-8-2009</i>		
City: <i>Milwaukee</i>	Expected Disposition of Remains: <i>Cremation</i>	Requestor: <i>Father</i>	
<i>Rivero Edge Crematory</i>			
(H) OTHER AGENCIES			
Law Enforcement: <i>Green Lake</i>	EMS: <i>S.G.I.C.</i>	Fire: <i>Dalton</i>	
Personnel Present:	Agency Case No:		
(I) DEATH CERTIFICATE			
To Be Signed By: <i>Darlene Strey</i>	Reason: <i>Accidental Death</i>		
Duty Coroner:	FEES: <input type="checkbox"/>		
(J) PERMITS			
Cremation: <input checked="" type="checkbox"/>	Embalming: <input type="checkbox"/>	Donation: <input checked="" type="checkbox"/>	Disinterment: <input type="checkbox"/>
Death Certificate: <input checked="" type="checkbox"/>			

IDI 090910CCC2911 - Exhibit "D"

Deceased: (b)(3):CPSA Section 25(c)		DOB: 2-5-1999	
(K) SUPPLEMENTAL INFORMATION N/A <input type="checkbox"/>			
Eye Donation: <input checked="" type="checkbox"/>	Tissue/Organ Donation: <input checked="" type="checkbox"/>	Supplemental Report: <input checked="" type="checkbox"/>	Photos: <input checked="" type="checkbox"/> Format:
Personal Property Form: <input type="checkbox"/>	Death Detail Worksheet: <input checked="" type="checkbox"/>	Body Exam Checklist: <input type="checkbox"/>	Med Records Request: <input type="checkbox"/>
Toxicology Request: <input checked="" type="checkbox"/>	Violent Injury: <input type="checkbox"/>	MV Fatality Form: <input type="checkbox"/>	Child Fatality: <input checked="" type="checkbox"/>
OSHA/DOC: <input type="checkbox"/>	Evidence Form: <input type="checkbox"/>	Allograft Referral No: <i>ATSF</i>	
(L) NOTIFICATION OF DISTRICT ATTORNEY Required under § 979.01 (1m)			
Reportable to DA: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Time: <i>2:30/3:30</i>	Date: <i>9-6-09</i> Name: <i>William Collins</i>
(M) VEHICLE ACCIDENT INFORMATION N/A <input type="checkbox"/> If MV Death Use Death Detail Worksheet for Vehicle Info			
Safety Devices Used: Shoulder Belt <input type="checkbox"/> Lap belt <input type="checkbox"/> Helmet <input type="checkbox"/> Other: <input type="checkbox"/> Explain:			
Driver: <input checked="" type="checkbox"/> Passenger: <input type="checkbox"/> Pedestrian: <input type="checkbox"/> Vehicle Year/Make/Model/Plate: <i>Polaris Ranger 6x6</i>			
(N) CHAIN OF CUSTODY N/A <input type="checkbox"/> VIN # <i>4XRF5DAD2D821386</i>			
Conveyance Used: <i>Wachholz/Markeson</i>		Driver: <i>Melissa Wachholz</i>	
Police Officer with Decedent: <i>no</i>		Left Scene:	
Arrived At: <i>Medical Exam</i>	Arrival Time: <i>1400</i>	Arrival Date: <i>9-6-09</i>	
Body Bag Sealed by: <i>D. Strey</i>	Time Sealed: <i>1515</i>	Tag Number:	
Evidence/Custody Form <input type="checkbox"/>			
(O) TOXICOLOGY/DRUGS/ALCOHOL SCREEN N/A <input type="checkbox"/>			
Secured or Mailed: <i>FDL medical examiners</i>		Time:	Date: <i>9-8-09</i>
Blood Sample: <input checked="" type="checkbox"/>		Obtained by: <i>Dr. Kelly</i>	Time: <i>9:45</i> Date: <i>9/8/09</i>
Collection Site: Femoral <input type="checkbox"/> Subclavian <input type="checkbox"/> Cardiac <input type="checkbox"/> Other: <i>cavity</i>			
Urine Sample: <input type="checkbox"/> Vitreous: <input checked="" type="checkbox"/> Other: <input type="checkbox"/>			
Lab: WSLH: <input type="checkbox"/> St. Louis: <input checked="" type="checkbox"/> GML: <input type="checkbox"/> State Crime Lab: <input type="checkbox"/> Hospital Lab: <input type="checkbox"/> Where?			
(P) AUTOPSY INFORMATION N/A <input type="checkbox"/>			
Autopsy: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Ordered by: <i>Darlene Strey</i>		Certification Only: <input type="checkbox"/>	X-rays: <input type="checkbox"/>
Pathologist: <i>Dr. Doug Kelly</i> <input type="checkbox"/> Other <input type="checkbox"/>		Date:	
Present at Autopsy: <i>yes</i>		Location:	
Evidence Tech: <i>Tom O'Connor</i>	Case Detective:	Photos by: <i>Dr. Kelly</i>	Start Time: <i>9:00</i>
Pathology Assistant:		Autopsy Number:	End Time: <i>11:30</i>
(Q) PRELIMINARY CAUSE AND MANNER			
1. <i>Multiple Traumatic Injuries</i>		Natural: Suicide <input type="checkbox"/> <u>Accidental</u> : <input checked="" type="checkbox"/> Homicide: Pending:	
2.		Contributing Factors:	

Notes:

62 Green Lake Deputy Sheriff Matt Vandekolk - investigator
 60 Sheriff Mark Podoll - investigator
 Conservation Warden Nate Ackerman
 Mark Preuso - caretaker

IDI 090910CCC2911 - Exhibit "D"

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

On Sept. 6, 2009 I was called by the Green Lake Sheriff's Dept. and was told to report to W 7090 Berry Rd. for a utility vehicle accident that occurred on that property. On my arrival at the scene I was advised by Dee Evans of the Southern Green Lake County Ambulance that a deceased victim was in the back of their ambulance. I examined the body of Megan Hurckes and pronounced her death at 1335 on Sept. 6, 2009. I then drove a short distance where ~~the~~^{the} accident had happened involving 3 young female passengers that were riding in a Polaris Ranger 6x6. The girls ages 13 yrs to 10 yrs. old and the 13 yr. old was driving the Ranger 6x6 down a steep hill and when they got to the bottom of the hill they approached some soft sand ^{on} the trail and the Ranger started to tip to the right and then it started to roll over and that ejected Megan to the ground and then the Polaris Ranger 6x6 fell onto Megan's body, causing her death. Megan's father and a friend were in the same area and

IDI 090910CCC2911 - Exhibit "D"

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

2

immediately responded to the accident scene and were able to lift the Ranger off of (b)(6) and they then started C.P.R. and giving her breaths, when the ambulance personal arrived on scene they called the code because their defib. indicated no shock indicated. The 13yr. old that was driving the vehicle was flighted to University hospital in Madison and after surgery is expected to make a full recovery. The third victim was taken to a local hospital in good condition.

Wisconsin Department of Natural Resources staff had responded to the scene and assisted the Sheriff's Dept. with their investigation.

I made contact with District Attorney Winn Collins and we agreed on an autopsy. I then contacted Wachholz Funeral Home in Markesan and Melissa Wachholz arrived to transport the body of (b)(3):CPSA Section 25(c) to the Fond du Lac Medical Examiners Office for an autopsy on Sept. 8, 2009.

(b)(6)

was a eye + heart donor!

IDI 090910CCC2911 - Exhibit "D"

3

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

On Sept. 8, 2009 I attended the autopsy of (b)(3):CPSA Section 25(c) at the Fond du Lac Medical Examiners Office, the autopsy was performed by Dr. Doug Kelly. At the end of the autopsy Dr. Kelly and myself concluded that Megan's death was due to Multiple Traumatic Injuries and the manner of death was accidental.

The girls were not wearing helmets and they had NO seatbelts on at the time of the accident. Officer Vandekolk checked the seatbelts on 9-7-09 and all three seatbelts were in working order.

The information I received about (b)(6) and the arrangements were convey by David Klein (630-653-3424) a personal assistant of (b)(6). (b)(6) is employed by the state of Illinois, an assistant to a congressman.

(b)(6) had no medical history and was not on any medications.

She was a 4th grader at a school in Oaklawn, IL.

Respectfully,
Darlene Strey, Coroner

IDI 090910CCC2911 - Exhibit "D"

St. Louis University Toxicology Laboratory Report
6039 Helen Ave, Berkeley, Missouri 63134

Name: (b)(3):CPSA

Age: 10 years

Race: White

Tox # 2009-6535
Sex: Female

Requesting Agency: GREEN LAKE COUNTY, WI CORONER

Blood:

Alcohol:

Ethanol:	_____	Negative
Acetone:	_____	Negative
Isopropanol:	_____	Negative
Methanol:	_____	Negative

Blood Drug Screen:

Amphetamines:	_____	Negative
Antidepressants:	_____	Negative
Barbiturates:	_____	Negative
Benzodiazepines:	_____	Negative
Cannabinoids (THC):	_____	Negative
Cocaine/Metabolites:	_____	Negative
Lidocaine:	_____	Negative
Methadone:	_____	Negative
Non-Opiate Narcotic Analgesic:	_____	Negative
Opiates:	_____	Negative
Phencyclidine:	_____	Negative
Phenothiazines:	_____	Negative
Propoxyphene:	_____	Negative
Acetaminophen:	_____	Negative
Salicylates:	_____	Negative
Oxycodone:	_____	Negative
Fentanyl:	_____	Negative
Oxymorphone:	_____	Negative

Vitreous:

Alcohol:

Ethanol:	_____	Negative
Acetone:	_____	Negative
Isopropanol:	_____	Negative
Methanol:	_____	Negative

Requested by: DR. KELLEY

Date/Time: 09/08/09//09:00 AM

Received in Lab by: Judith Barr

Date/Time: 09/11/2009//09:20 AM

Report by: DR. CHRISTOPHER LONG

Date/Time: 09/25/2009//02:12 PM

IDI 090910CCC2911 - Exhibit "D"

GREEN LAKE COUNTY CORONER'S OFFICE

AUTOPSY PROTOCOL

NAME: (b)(3):CPSA

CASE NO.: 09-658

AGE: 10

DATE OF BIRTH: 2/5/1999

DATE/TIME OF DEATH: September 6, 2009, at 1335 hours

SEX: Female

DATE OF AUTOPSY: September 8, 2009

TIME: 0830 hours

PLACE OF AUTOPSY:

Fond du Lac County Medical Examiner
134 Western Avenue
Fond du Lac, WI 54935

FORENSIC PATHOLOGIST:

P. Douglas Kelley, M.D., Medical Examiner, Fond du Lac County

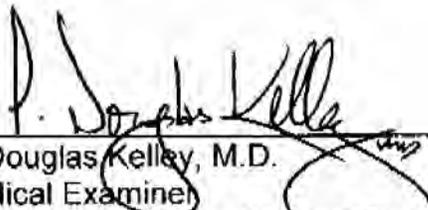
FORENSIC AUTOPSY ASSISTANT:

Tom O'Connor, Chief Investigator, Fond du Lac County Medical Examiner's Office

WITNESS:

Darlene Strey, Green Lake County Coroner

CAUSE OF DEATH: Multiple Traumatic Injuries



P. Douglas Kelley, M.D.
Medical Examiner
Fond du Lac County Medical Examiner's Office

11/9/09

Date

PDK/smv

IDI 090910CCC2911 - Exhibit "D"

(b)(3):CPSA Section 2
Case No. 09-658

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Green Lake County, Wisconsin
September 8, 2009

GENITOURINARY TRACT

The kidneys weigh 65 gm on the left and 55 gm on the right. The capsules strip with ease, and the underlying subcapsular surfaces are homogeneous and dark red. The corticomedullary junctions are distinct. There are no focal lesions to the renal parenchyma. The ureters pursue their normal course to the urinary bladder, which has a homogeneous tan mucosa. The uterus, fallopian tubes, and ovaries are all present. The uterus is small in size (normal for age), with homogeneous tan endometrium, which displays a small amount of hemorrhage to the fundus region. The ovaries and fallopian tubes are grossly unremarkable.

HEAD / CENTRAL NERVOUS SYSTEM

There is extensive traumatic injury to the head as previously described. The brain weighs 1395 gm. The cerebral cortices are symmetrical with mild flattening to the gyri. There is no evidence of herniation. The vessels at the base of the brain have a normal configuration without atherosclerosis or other abnormalities. On serial coronal sectioning, there are no focal non-traumatic lesions to the brain.

SPECIMENS COLLECTED

At the time of the postmortem examination, iliac vein blood, chest cavity blood, vitreous fluid, liver tissue, and gastric contents are collected for toxicology. A DNA card and head hair are collected. Representative tissues are retained in formalin.

IDI 090910CCC2911 - Exhibit "D"

(b)(3)CPSA Section
Case No. 09-658

Page 1

Green Lake County, Wisconsin
September 8, 2009

FINDINGS

- I. Blunt force trauma to head and neck.
 - A. Acute subarachnoid hemorrhage and contusion to right temporal and lateral parietal lobes of brain.
 - B. Film of subdural hemorrhage overlying right lateral cerebrum.
 - C. Depressed skull fracture to right temporo-parietal bones, with fractures to right petrous ridge and right occipital bone.
 - D. Cerebral edema, mild, to bilateral cerebral hemispheres.
 - E. Hemorrhage to right neck musculature and soft tissues.
 - F. Subgaleal hemorrhages to bilateral head.
 - G. Abrasions and contusions to bilateral scalp, face, and neck.
- II. Blunt force trauma to chest.
 - A. Multiple bilateral rib fractures, with perforations through parietal pleura of apices and left lateral chest wall.
 - B. Lacerations to right upper and left lower lung lobes.
 - C. Diffuse contusions to lungs, left greater than right.
 - D. Right clavicular fracture.
 - E. Fracture to T1 vertebral body, with contusion to underlying spinal cord.
 - F. Abrasions to upper back and upper chest.
- III. Blunt force trauma to extremities.
 - A. Fracture to proximal left humerus.
 - B. Abrasions to left arm and left leg.
- IV. Heart and thoracic aorta procured for donation prior to examination.
 - A. No abnormalities found to heart (see cardiopathology examination report)

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IDENTIFICATION

Identification is made at the time of the postmortem examination by means of the Coroner's ID tags to the transport bag and to the right wrist. There was a plastic lock (Lock Number 0111226) securing the zippers of the transport bag when the body was received by Investigator Dave Lefeber. This was cut by Investigator Lefeber at the time of intake to allow for heart procurement to take place.

X-RAYS

None.

PHOTOGRAPHS

Photographs are taken for identification and documentation.

CLOTHING / PERSONAL EFFECTS

The body of the deceased is received unclad with multiple items of clothing within the transport bag. These items include a pair of black sweatpants with a peace symbol and "Peace" silk screened below it, to the left anterior leg; a pair of pink underwear; a gray spaghetti strap top; and a black ponytail holder to the posterior head. Two white blankets are found within the transport bag as well.

EVIDENCE OF MEDICAL / SURGICAL INTERVENTION

When the decedent's body was received, an oral airway was in a plastic bag on top of the transport bag. In addition, a cervical collar was found loose within the transport bag. Gauze had been placed over the eyes and the head was elevated with a

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styrofoam pedestal. Puncture wounds are present to both groin regions. There is a U-shaped incision, which is closed with string, located to the upper chest.

EVIDENCE OF POSTMORTEM CHANGES

Livor mortis is posterior, purple, and fixed. Rigor mortis is established to the extremities and jaw. The decedent's body is cool to the touch.

IDENTIFYING MARKS, SCARS AND TATTOOS

There is a small, oval, tan macule to the right upper shin; and a 2.1 x 1.6 cm darker tan macule to the posterolateral right calf.

EVIDENCE OF TRAUMATIC INJURIES

There is a large area of red abrasion and contusion to the right parietal, temporal, and frontal regions of the scalp, including a band of abrasion and contusion extending along the right upper forehead to the midline. This entire area measures approximately 13.7 x 9.5 cm. There is some contusion lateral to the right eye with red abrasions to the pinna of the right ear. There are abrasions with small lacerations across the upper bridge of the nose. There is an area of red contusion and abrasion involving the left temporal and lateral frontal regions of the head, extending down the left lateral face and including a small area of lacerations lateral to the left eye. This entire area measures approximately 8.2 x 3.8 cm. The area of injury to the left side of the scalp has a soft area of edema and/or hematoma to the left frontotemporal region with a soft depression centrally. There is a 2.2 cm laceration to the lower lip, with a larger area of laceration involving the inner lower lip. There is a superficial laceration to the gingiva of the left upper inner lip as well. There is a missing tooth to the right anterior mandible with surrounding hemorrhage

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to the gingiva. There is no palpable fracturing to the facial bones or mandible. There is a diffuse area of red and yellow abrasions extending across the right upper shoulder and lower neck, across the right side of the upper chest to the anterior midline. There is an area of red abrasion to the right deltoid region. There is red and pink abrasion to the right upper medial back with 2 bands of red and pink abrasion extending across the left upper back (slightly downward away from the midline). These areas of abrasion become well-defined, red, parallel abrasions to the left upper axilla. There are 2 small red abrasions to the anterolateral left chest.

There is pink abrasion to the posterolateral left upper arm, with a palpable displaced fracture to the proximal left humerus. There is a 1.7 x 1 cm red abrasion with a small central laceration to the mid ventral left forearm, with a patterned area of parallel red abrasions lateral to this. This area of patterned abrasion measures 3.7 x 2.4 cm and appears to represent approximately 5 parallel abrasions. There is a 5.5 x 4.5 cm area of faint purple contusion to the upper anterior left thigh, with blue contusion and superficial abrasion to the medial left knee and popliteal fossa, measuring 4.5 x 2.5 cm in greatest dimensions. There is a faint blue contusion to the left upper shin, and multiple longitudinal, linear, red abrasions extending along the lower medial left calf, measuring 6 x 3.5 cm in greatest dimensions. There is an 11.5 x 9 cm area of red-brown abrasion to the lateral left ankle and lower lateral calf, many of which appear as longitudinal, linear abrasions. There is a 1.8 x 1.4 cm red-brown contusion to the medial left ankle. There is a 2 x 2 cm red-brown contusion to the mid right shin. There are no palpable fractures to the lower extremities.

On reflection of the scalp, there are large areas of subgaleal hemorrhage involving the lateral aspects of the scalp. These large areas of hemorrhage also include muscular hemorrhage to both temporalis muscles. The suture between the right parietal and temporal bones is separated superiorly with depression of the parietal bone. There

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are 2 fractures extending perpendicular from this diastatic suture line, both extending upward into the parietal bone. The depressed area of fracturing is between these 2 fractures. There is diastasis extending along this suture line back to the right lambdoidal suture. To the left side of the skull, there is a fracture extending from the left lateral coronal suture back into the left parietal bone, with some diastasis to the adjacent coronal suture.

There is a diffuse film of subdural blood to the right lateral cerebral hemisphere, extending down into the right anterior and middle fossae. There is a diffuse area of subarachnoid hemorrhage and contusion involving the right lateral temporal lobe and adjacent parietal lobe. There is mild flattening to the gyri of both cerebral hemispheres, but no evidence of herniation. On serial sectioning, there are no well-defined intraparenchymal hemorrhages.

There is hemorrhage to the soft tissues of the left neck, including the left sternocleidomastoid, left sternohyoid, and left sternothyroid muscles. There is a large amount of hemorrhage extending along the anterior surface of the cervical spine, with a displaced fracture to the upper spine at the T1 level. This displaced T1 fracture exposes the underlying spinal cord, which appears intact. On dissection of the cord, there are areas of contusion to the lower cervical and upper thoracic spinal cord.

There are fractures to left anterior ribs 2 through 5, with no associated hemorrhage. There are fractures to right anterior ribs 2 through 6, with mild hemorrhage. There are fractures to left lateral ribs 7 and 8, which perforate through the parietal pleura. There is a laceration surrounded by hemorrhage to the upper portion of the adjacent left lower lung lobe. There are fractures to left posterolateral ribs 2 through 8, and left posterior ribs 1 through 6, with hemorrhage and focal tearing to the parietal pleura. There is notable tearing to the apex of the left chest wall at the site of the

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spine fracture. There are fractures to right posterior ribs 1 through 4, with a large tear to the parietal pleura of the right apical chest wall. There is laceration and surrounding contusion to the right upper lung lobe adjacent to these fractures. Diffuse contusion is found throughout both lungs (left greater than right). No other injuries are seen to the body cavities.

GENERAL EXTERNAL EXAMINATION

The decedent's body is that of a normally developed, well-nourished, white female appearing consistent with the reported age of 10 years. The decedent's body measures 58-1/2 inches in length and weighs 118 pounds. The hair is brown and of medium length, held in a ponytail posteriorly. There is trauma to the scalp as previously described. The corneae were procured prior to examination. The sclerae and conjunctivae are otherwise unremarkable. The nares are patent, and the ears are unremarkable. The dentition is natural with oral trauma as described above. The trachea is in the midline, and there is no palpable lymphadenopathy or thyromegaly. The chest has a slightly diminished anterior-posterior dimension as a result of the prior procurement of the heart. The breasts are immature and consistent with age. No masses or other abnormalities are seen to the tissue of the chest wall. The abdomen is soft without palpable masses or organomegaly. The genitalia are that of an undeveloped adolescent female, with no evidence of secondary sexual characteristics or traumatic injuries to the external genitalia. The extremities, back, and buttocks are as previously described.

GENERAL INTERNAL EXAMINATION

The decedent's body is opened by means of routine intermastoid and thoracoabdominal incisions. The organs of the thoracic and abdominal cavities are in their normal anatomic positions. There are no effusions, adhesions, or adenopathy to the body

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cavities; however, there is residual blood to both chest cavities as a result of the prior procurement of the heart.

MUSCULOSKELETAL SYSTEM

There are fractures to the ribs and skull as described above. The bone marrow is dark red and homogeneous. There are no abnormalities to the musculature of the body, other than the traumatic injuries described above.

NECK

There is hemorrhage to the soft tissues and musculature of the neck as described above. The hyoid, thyroid, and cricoid cartilages are cartilaginous and intact. There is hemorrhage to the soft tissues extending along the posterior larynx and esophagus. No abnormalities are seen to the neck structures otherwise. The thyroid gland is normal in size with homogeneous tan parenchyma. There is no obstruction to the upper airway.

CARDIOVASCULAR SYSTEM

The heart and thoracic aorta were both procured prior to examination and are absent. The abdominal aorta is unremarkable.

RESPIRATORY SYSTEM

The lungs weigh 250 gm on the left and 205 gm on the right. There are contusions and lacerations to both lungs as previously described. No mass lesions or non-traumatic focal lesions are seen. There are no obstructions to the lower airways. The pulmonary vasculature has a normal configuration without atherosclerosis or pulmonary emboli.

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HEPATOBIILIARY SYSTEM

The liver weighs 930 gm. The capsule is intact, and the parenchyma is homogeneous and tan without focal lesions. The gallbladder contains 4 cc of green viscid bile without stones.

SPLEEN

The spleen weighs 110 gm. The capsule is intact, and the parenchyma is dark red with poor demarcation between the red and white pulp.

PANCREAS

The pancreas has a tan-red lobular architecture without abnormalities.

ADRENAL GLANDS

The adrenals are normal in size with thin orange cortices and homogeneous brown medullae.

GASTROINTESTINAL TRACT

The stomach contains 90 cc of brown fluid with unrecognizable solid fragments of white food material and strips of thin brown material (? potato skins). The mucosa of the esophagus is homogeneous and pink without focal lesions. The mucosa of the stomach is homogeneous and tan without abnormalities or focal lesions. The small and large intestines are unremarkable. The appendix is present.

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St. Louis University Toxicology Laboratory Report
6039 Helen Ave, Berkeley, Missouri 63134

Name: (b)(3):CPSA

Age: 10 years

Race: White

Tox # 2009-6535

Sex: Female

Requesting Agency: GREEN LAKE COUNTY, WI CORONER

Blood:

Alcohol:

Ethanol:	_____	Negative
Acetone:	_____	Negative
Isopropanol:	_____	Negative
Methanol:	_____	Negative

Blood Drug Screen:

Amphetamines:	_____	Negative
Antidepressants:	_____	Negative
Barbiturates:	_____	Negative
Benzodiazepines:	_____	Negative
Cannabinoids (THC):	_____	Negative
Cocaine/Metabolites:	_____	Negative
Lidocaine:	_____	Negative
Methadone:	_____	Negative
Non-Opiate Narcotic Analgesic:	_____	Negative
Opiates:	_____	Negative
Phencyclidine:	_____	Negative
Phenothiazines:	_____	Negative
Propoxyphene:	_____	Negative
Acetaminophen:	_____	Negative
Salicylates:	_____	Negative
Oxycodone:	_____	Negative
Fentanyl:	_____	Negative
Oxymorphone:	_____	Negative

Vitreous:

Alcohol:

Ethanol:	_____	Negative
Acetone:	_____	Negative
Isopropanol:	_____	Negative
Methanol:	_____	Negative

Requested by: DR. KELLEY

Date/Time: 09/08/09//09:00 AM

Received in Lab by: Judith Barr

Date/Time: 09/11/2009//09:20 AM

Report by: DR. CHRISTOPHER LONG

Date/Time: 09/25/2009//02:12 PM

Polaris Ranger™ Tires

Front Tire (Full Spec): 25 X 10-12

Rear Tire (Full Spec): 25 X 11-12

Polaris Ranger™ Dimensions

Ground Clearance (in): 7.2

Length (in): 120

Width (in): 60

Height (in): 75

Wheelbase (in): 90

Polaris Ranger™ Engine

Compression Ratio: 9.4:1

Horsepower (bhp): 40

Starter: Electric

Engine Type: Longitudinal
Twin

Cylinders: 2

Displacement (cc): 683

Engine Stroke: 4-Stroke

Polaris Ranger™ Rear Suspension

Rear Suspension Type: Swing
Arm

Rear Travel (in): 6.3

Polaris Ranger™ Weight

Towing Capacity (lbs): 2000

Dry Weight (lbs): 1410

Payload Capacity (lbs): 1750

Polaris Ranger™ Driveline

Driveline Type: 6X6

Rear Unlocking

Differential: No

Polaris Ranger™ Price

MSRP: \$11499

Warranty (Months): 6

Polaris Ranger™ Capacities

Fuel Capacity (gal): 9

Polaris Ranger™ Transmission

Reverse: Yes

Transmission

Type: Continuously Variable
(CVT)

**Primary Drive (Rear
Wheel):** Shaft

Polaris Ranger™ Seat Specifications

Number Of Seats: 3

Polaris Ranger™ Brakes

Rear Brake Type: Hydraulic
Disc

Front Brake Type: Hydraulic
Disc

Polaris Ranger™ Front Suspension

Front Travel (in): 8

Front Suspension

Type: McPherson Strut

Contact List

Green Lake County Sheriff's Department
ATTN: Beverly – Records
486 Hill Street
Green Lake, WI 54941
(920) 294-4000

Green Lake County District Attorney's Office
ATTN: Linda
492 Hill Street
Green Lake, WI 54951
(920) 294-4046

Green Lake County Coroner
Darlene Strey, Coroner
274 N. Wisconsin Street
Berlin, WI 54923
(920) 294-4000

Nate Ackerman, Warden
Department of Natural Resources
Wautoma, WI
(920) 361-0333

Victims

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

14-yof Driver – Injured
(Name and address not provided)

12 yof Passenger – Injured
(Name & address not provided)

X099 0055

ISSUE 50

SEP 10 2009

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Daughter of Oak Lawn trustee killed in ATV crash

Comments

September 9, 2009

BY STEVE METSCH

[REDACTED] loved learning about water and weather.

The 10-year-old loved school and bringing home good grades to her sister, mom and dad, longtime Oak Lawn Trustee **[REDACTED]** (1st).

The family was vacationing in rural Wisconsin during the holiday weekend when an all-terrain vehicle that Megan was riding on flipped over Sunday and pinned her, killing her.

Her dad was about 50 feet from the accident scene.

"I looked up and saw it had flipped. I didn't know she was in it," an emotional **[REDACTED]** said Tuesday morning.

He and a friend pushed the TV off Megan.

"I gave her CPR right away, but she was pronounced dead on the scene," he said. "We're just devastated."

[REDACTED] and two friends were riding in the vehicle on private property when it flipped, Hurckes said.

"From what we were told, they were coming down a hill and as they turned to the main road, they hit a groove and it flipped," he said, describing the ATV as "a bigger golf cart with three wheels on each side."

The two other girls in the vehicle suffered injuries that are not considered life-threatening, he said. The driver, 15, remains hospitalized with a concussion and a fractured cheek bone, he said. The other girl twisted an ankle.

The accident happened at 11:30 a.m. on a friend's property near Kingston, Wis., about a half hour from the Wisconsin Dells.

"It was a getaway for the holiday weekend. We call it 'the farm.' We were there with four or five families," Hurckes said.

[REDACTED] had just started fifth grade at Kolb Elementary School in Oak Lawn, where a team of grief counselors was on hand Tuesday helping children cope with the realization that one of their classmates had died.

School officials said most of them already knew about the accident, but others learned through a statement read aloud to students. Kolb Principal Jeff Summers called Megan "a great student" who "always had a smile on her face and was a student who always participated in class."

"She always said 'hello' when you saw her in the hall. When I talked to her father (Monday night), I told him that he and his wife did a great job as parents raising her. She was an incredible person," Summers said Tuesday.

Hurckes remembered his daughter as a smiling straight-A student who loved learning about the ocean.

"She loved school," he said. **[REDACTED]** was a big fan of oceanography. She loved sharks and fish, and she was interested in tornadoes."

Megan, who was born Feb. 5, 1999, attended religious education classes at St. Louis de Montfort Catholic Church in Oak Lawn.

She also was a stand-out ballplayer. She helped her softball team to a championship this summer. When she wasn't pitching, she played second or first base.



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Northwestern

One dead, two injured in ATV accident in Town of Kingston

SEPTEMBER 6, 2009

Post a Comment | Recommend | Print this page | Email this article | Share

Two people were injured and one person died Sunday morning after operating a 6-wheel ATV in the town of Kingston.

According to a press release from the Green Lake County Sheriff's Department, at 11:28 a.m. the Green Lake County Sheriff's Department received a call about an ATV accident that occurred on Berry Road.

Several area rescue agencies responded to the call. Upon arrival a medical helicopter was requested at 11:38 a.m.

One occupant was ejected from the ATV and sustained multiple injuries. Another occupant remained on the ATV but was transported to an area hospital for injuries. The ATV fell on top of the third occupant who was pronounced dead at the scene by the Green Lake County Coroner.

Continued story provided by Topix

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1. Task Number 090910HCC2908		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2009 03 01	5. Date Initiated YR MO DAY 2009 09 25		
6. Synopsis of Accident or Complaint UPC none The victim, a 32-year-old male, was riding a 4-wheeled utility vehicle on a frozen lake. He was not wearing a helmet when the UTV fell through the ice and became submerged. Emergency dive and swim teams located the victim under the ice and transported him to the hospital where he was pronounced with the cause of death determined to be drowning. <div style="text-align: right;"> <u>MFR/PRVLR NOTIFIED</u> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCLUSIONS/FOIA EXS. 3, 25C, 6 <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY </div> <div style="text-align: right; margin-top: 10px;"> LH 2-8-11 </div>				
7. Location (Home, School, etc) 9 - SPORTS OR RECREATION PLACE		8. City BRIGHTON		9. State MI
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name UNKNOWN		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address UNKNOWN				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 32	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 69 - Submersion	
16. Body Part(s) Involved 85 - ALL OF BODY	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 8 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 12/09/2009	25. Reviewed By 9093		26. Regional Office Director Dennis R. Blasius	
27. Distribution Moon, Clarice; Garland, Sarah; Kessler, Charles			28. Source Document Number 0926019349	

1. Task Number 090910HCC2908		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2009 03 01		5. Date Initiated YR MO DAY 2009 09 25	
6. Synopsis of Accident or Complaint UPC none The victim, a 32-year-old male, was riding a 4-wheeled utility vehicle on a frozen lake. He was not wearing a helmet when the UTV fell through the ice and became submerged. Emergency dive and swim teams located the victim under the ice and transported him to the hospital where he was pronounced with the cause of death determined to be drowning.				
7. Location (Home, School, etc) 9 - SPORTS OR RECREATION PLACE		8. City BRIGHTON		9. State MI
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name UNKNOWN		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address UNKNOWN				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 32	13. Sex 1 - Male		14. Disposition 8 - Death	15. Injury Diagnosis 69 - Submersion
16. Body Part(s) Involved 85 - ALL OF BODY	17. Respondent 3 - 2nd Hand Info Only		18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 8 / 0
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verbal <input type="checkbox"/> Yes for Manuf. Only				
24. Review Date 12/09/2009	25. Reviewed By 9093		26. Regional Office Director Dennis R. Blasius	
27. Distribution Moon, Clarice; Garland, Sarah; Kessler, Charles			28. Source Document Number 0926019349	

090910HCC2908

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

On Sunday, March 1, 2009, in Washtenaw County, Brighton, MI, the victim, a 32-year-old male was riding a 4-wheeled utility vehicle on a frozen lake which was located off the main roadway, and he was not wearing a helmet. He was 70-1/2 inches tall and he weighed 199 pounds. He was accompanied by a friend who was riding on a separate 4-wheeled ATV. The victim had driven the UTV on the ice on prior occasions however his knowledge regarding operation and/or handling the utility vehicle was unknown. Both individuals were under the influence of alcohol. There were weather scattered clouds with a temperature of 19.4 degrees at the time of the incident.

The victim's friend later went home and the victim went back out riding on the frozen lake, when the utility vehicle fell through the ice. His rate of speed could not be determined.

Emergency dive and swim teams located the victim submerged beneath the ice and transported him to the hospital, where he was pronounced with the cause of death determined to be drowning.

Product: 4-wheeled utility vehicle

Brand/Year: unknown

Manufacturer: unknown

Model: Mule

VIN: unknown

Description: unknown

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

Modification: unknown

Attachments:

1. Incident Report
2. Missing Document, photo of utility vehicle.
3. Medical Examiner's Report.
4. Contact Information.

Date: 09/28/2009 11:57

Page: 1 of 4

Report #: 2009-0576 Hamburg Township Police
Report Date: 03/01/2009 06:42 Start Date: 03/01/2009 04:53 End Date: 03/01/2009 09:00
Summary: ORE LAKE, ORE LAKE BOAT LAUNCH, HILLPIONT DRIVE & COWELL ROAD, WATER ACCIDENT, SUBJECT & ATV FELL THROUGH THE ICE.
Report Type: 97005 - Accident, Other Water Case Status: 2009-0576 05 - Closed

Incident Location

Address: (b)(6)
Intersection: (b)(6)

Addl. Info: SEE NARRATIVE

Officers Involved

Reporting OFFICER CLINT PACE - HTPD - 713 - Original Report
Investigating SERGEANT GARY HARPE - HTPD - 706 - Original Report
Assisting PTLM MICHAEL JAIN - HTPD - 5 - Original Report
Approving ADMIN. AST. CAROLYN SANCHEZ - HTPD - 742 - Original Report

Incident People

Victim (b)(6)
Sex: M Race: W DOB: (b)(6) Age: 00 Original Report
Address: (b)(6) (Date of Info: 03/01/2009)
Hgt: 510, Wgt: 155, Hazel Eyes, Brown Hair (Date of Info: 03/01/2009)



Witness (b)(6)
Sex: M Race: W DOB: (b)(6) Age: 00 Original Report
Address: (b)(6) (Date of Info: 03/01/2009)
Home Phone: (b)(6) (Phone Date of Info: 03/01/2009)
Cell Phone: (b)(6) (Phone Date of Info: 03/01/2009)
Hgt: 600, Wgt: 220, Blue Eyes, Brown Hair (Date of Info: 03/01/2009)



Witness (b)(6)
Sex: M Race: W DOB: (b)(6) Age: 33 Original Report
Address: (b)(6) (Date of Info: 03/01/2009)
Cell Phone: (b)(6) (Phone Date of Info: 03/01/2009)
Hgt: 511, Wgt: 210, Blue Eyes, Brown Hair (Date of Info: 03/01/2009)



Other Contact Person (b)(6)
Sex: M Race: W DOB: (b)(6) Age: 54 Original Report
Address: (b)(6) (Date of Info: 03/02/2009)



Other Contact Person (b)(6)
Sex: F Race: W DOB: (b)(6) Age: 54 Original Report
Address: (b)(6) (Date of Info: 03/02/2009)



Incident Report - 2009-0576

Date: 09/28/2009 11:57

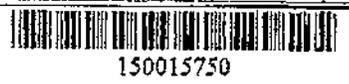
Page: 2 of 4

Attachment 1-- 090910HCC2908

Incident Vehicles

Page 2 of 4

Other Original Report



2008

Color: /
License: YEAR: 09/2008 #: 226W3470162 TYPE: RV STATE: MI VIN: 4XAVH76A88D640282

Damage: NOT RECOVERED, STILL IN ORE LAKE AT TIME OF REPORT

Vehicle Status: Damaged / Destroyed / Vandalized

Associated LEA Cases

LEA Case Number: 2009-0576 LEA Case Summary: HTPD, Review Status: Review, Case Status: Closed 03/02/2009

Assigned To: No Officer Assigned

Date: 09/28/2009 11:57

Page: 3 of 4

Incident Narrative

Reporting OFFICER CLINT PACE - HTPD, ID # 713 1 03/01/2009 06:51

On Sunday March 1, 2009 at 0453 hours. I was dispatched to Ore Lake, in the vicinity of the Ore lake boat launched located on (b)(6) Dispatched advised a subject called 911 stating he believed an unknown type vehicle fell through the ice on Ore Lake. The complainant believed the operator of the vehicle was in the vehicle. Dispatch advised the caller would be waiting on scene to flag down emergency responders. I responded to the scene priority one traffic. I requested assistance from the Green Oak Township Police, Officer Jain (541) responded priority one traffic.

I arrived on location and met the complainant, (b)(6) at the Ore lake boat launch. I asked him to explain what he saw. (b)(6) stated he heard a unknown type vehicle out on the ice. He got up and saw what appeared to be a small truck out on the lake. (b)(6) stated he could see the headlights from the vehicle. (b)(6) stated a short time later the headlight disappeared from sight. (b)(6) became concerned, fearing the vehicle fell through the ice. He got dressed and went out to investigate. Once he got on the ice he saw fresh tire tracks leading out to a hole in the ice. The hole was large in size and had bubbles coming up from it. (b)(6) relayed the information to Livingston County 911.

I walked out onto the lake. I could see fresh tire tracks entering onto the ice. The tracks travelled out in a North/East direction. The tracks led out to a large opening in the ice. The opening was about twenty five feet in diameter. As I got closer to the open water I could see bubbles coming up. About halfway out, the ice starting cracking, and water started to appear on top of the ice. I believed proceeding any further would be endangering my own life, along with complainant (b)(6). I advised 911 of the scene information and possible victim information. I cleared from the ice.

I requested 911 to direct Sheriff's Department personal to speak with me on the radio. I spoke with Lt. Jim Lynch from LCSD. Dive time activation was requested and granted. Emergency personal from the Livingston County Sheriff's Department, Livingston County EMS, Hamburg Township Fire, Livingston County Dive Team, Green Oak Township Fire ice rescue, Howell Fire Department ice rescue, and Hartland Township Fire Department ice rescue.

While on location I was approached by (b)(6) was very upset and concerned. (b)(6) was concerned for his friend (b)(6) stated he was out with Joseph riding around on his four wheeler just a little bit ago. (b)(6) stated Joseph just dropped him off at his house and went back out riding. I could smell the odor of alcohol on (b)(6). I asked his if they had been drinking. He stated yes. I asked (b)(6) what (b)(6) was driving. He stated it was an ATV type vehicle, referred to as a Mule. I asked (b)(6) if (b)(6) drove the ATV on the lake on prior occasions, he stated yes. (b)(6) believed that (b)(6) was driving on the ice and fell through.

I requested Officer Jain to assume scene command while I attempted to locate (b)(6). I asked (b)(6) where Joseph lived, he stated he didn't know the street name & numbers but he could show me. I transported Andrew to (b)(6). I made contact with the residence and made entry through an open door. I checked the residence and was unable to locate Joseph. I noticed (b)(6) personal belongings were on the kitchen counter (cell phone, keys, wallet, etc.) Both of his vehicles were in the driveway, Lein verified ownership. The ATV trailer parked in the driveway was empty, with fresh tracks leading away. I cleared from the location and returned to the scene.

Upon returning to the scene rescue personal were conducting rescue operations. Fire located the entry area and were deploying rescue swimmers & dive personal. Emergency personnel located the victim and ATV and began recovering efforts. At 0601 hrs emergency personal reported the victim was coming up. At 0602 hrs. the victim

Incident Report - 2009-0576

Date: 09/28/2009 11:57

Page: 4 of 4

was recovered from the water.

At 0612 hrs. the victim was cleared from the scene and being transported to University of Michigan Hospital by Livingston County EMS rig. EMS was escorted by PD units to US-23. The last known condition of the patient was critical.

I made contact with Josephs father & mother, Jeff & Karen Kratz. I advised them of the updates and destination. I advised the complainants/witness of the current call information. I cleared from the scene and returned to HTPD for follow-up investigation.

Personnel on scene were unable to recover the ATV from the location due to hazardous scene conditions. The ATV will have to be recovered at a later date/time. I contacted DNR Conservation Officer Dan Price from the Michigan Department of Natural Resources and notified him of the ATV disposition.

Task Number: 090910HCC2908

Date: 12/8/09

Status of Missing Document(s)

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

1. photo, utility vehicle
2. _____
3. _____
4. _____

Date: 12/8/09 Investigator No. 8925

Regional Office: _____ Supervisor No. _____

KRATZ, JOSEPH A.
32 (09-29-76)

Washtenaw County #09-127
March 02, 2009

REPORT OF AUTOPSY

CO COPY

An autopsy was conducted on the body of Joseph Kratz on the second day of March, 2009, at the University of Michigan Medical Center, 1500 East Medical Center Drive, Ann Arbor, Michigan. This death was reported to the Washtenaw County Medical Examiner on the preceding date. Ricky Brown witnessed the procedure.

EXTERNAL EXAMINATION

Identification: A white plastic hospital identification band encircles the left ankle, and identification tag is affixed to the left great toe.

Clothing/Property: None.

The body is cold (from refrigeration) and is that of a normally developed, apparently adequately nourished, white male adult, measuring 70½ inches, weighing 199 pounds, and appearing consistent with the reported age of 32 years. Lividity is most prominent on the dorsolateral dependent surfaces and unfixated. Rigidity is symmetrical and firm. Hair distribution is normal for age and sex. Scalp hair is brown with graying. The eyelids are closed; the sclerae and conjunctivae are pale and clear, respectively. The irides are apparently brown, and the pupils are equally and widely dilated. The nares, mouth and oropharynx contain bloody fluid. The teeth are natural and intact. The ears are symmetrical; the external auditory canals are patent and dry. The neck has normal contour. The anterolateral thorax is symmetrical. The abdomen is firm and flat with a partially externalized gut covered with a plastic bag. The external genitalia are those of a normal adult circumcised male. The back is normal. The extremities are symmetrical and in normal position. A tattoo of a cross and J.C. is on the lateral left arm.

Evidence of Recent Medical Treatment: Orotracheal tube (position confirmed); nasogastric tube (left, position confirmed); indwelling bilateral chest tubes; 8 inch midline mid-abdominal incision with partially externalized blue-red small intestine and proximal colon; needle puncture, right antecubital fossa; indwelling catheter, right antecubital fossa; bilateral femoral triangle catheters (2); indwelling Foley catheter.

Evidence of Injury:

Irregular oblique curvilinear abrasion (presteral)
Fracture of distal left radius and ulna, with open 3/4 inch laceration on dorsum of left wrist
Broad contusion, dorsum left hand
Small transverse linear abrasions, dorsum left wrist

INTERNAL EXAMINATION

Head/Central Nervous System: The scalp is reflected from a coronal incision; there is neither hemorrhage nor subjacent skull fracture. The calvarium is opened in the usual manner. Epidural and subdural hemorrhages are absent. The brain weighs 1590 grams and has thin glistening meninges. There is generalized swelling with mild symmetrical herniations of the unci and cerebellar tonsils. The cerebral hemispheres are symmetrical and the pattern of gyri and sulci is otherwise normal with uniform consistency. The arteries of the Circle of Willis have the usual configuration and distribution without abnormality. Multiple coronal sections reveal no other abnormalities of white or gray matter or of the basal ganglia. The lateral ventricles have compressed symmetry and clear fluid. The cerebellum, brain stem, proximal spinal cord and pituitary gland are otherwise normal.

Body Cavities: The body is opened by an anterior thoracoabdominal incision, the sternum and adjacent costochondral segments removed, and the organs examined in place. All organs are in their usual anatomic positions and have the usual relationships. The peritoneal fat is 1.5 cm. thick. Abundant serosanguineous fluid floods the bilateral pleural spaces and peritoneal cavity. There are no adhesions.

Neck: Laminar subglottic dissection, including en bloc removal of the hypopharynx, reveals no distinct hemorrhages. The hyoid and laryngotracheal cartilages have neither fracture nor deformity. The pharynx and larynx are unobstructed and have intact mucosae. Major blood vessels are normal.

Respiratory System: The tracheobronchial configuration and distribution are normal with intact mucosae. The pulmonary arteries are patent. The right and left lungs weigh 870 grams and 970 grams, respectively, and have smooth and glistening pleural surfaces. The parenchyma is hyperemic and edematous without consolidation; small soft clots are in the medium vessels of the left lung.

Cardiovascular System: The heart weighs 430 grams and has a smooth epicardial surface within an intact pericardium. All chambers are normally related. The right and left ventricles measure 0.3 cm. and 1.5-1.7 cm, respectively, and the myocardium is homogeneous, dark red-brown and firm. The cardiac valves are normal in circumference and configuration, and the valve leaflets are uniformly pliable with smooth cusp margins. The coronary arteries have the usual origin and course without remarkable atherosclerosis. The aorta and other proximal great vessels are intact and likewise normal. The venae cavae and their proximal tributaries are intact and patent.

Hematopoietic/Lymphatic System: The spleen weighs 230 grams and has a dark red firm parenchyma with distinct white pulp; the capsule is thin, smooth and intact. The thoracic and abdominal lymph nodes are normal in size, color and texture. A small residual thymus is present in the anterior mediastinum and has normal consistency and appearance. The costal bone marrow is normally liquid within a characteristic osseous matrix.

Gastrointestinal System: The mucosa of the esophagus is intact and the lumen empty. The stomach contains multiple potato spears and the mucosa is intact. The duodenum, jejunum, ileum and colon contain bloody fluid throughout their lumina and have mottled and softened muscularis and mucosae. The appendix is normal. The liver weighs 1840 grams and has a slightly blunted anterior margin and smooth glistening capsule with homogeneous dark tan, lobular parenchyma. The gallbladder and extrahepatic biliary ducts are neither obstructed nor dilated; no calculi are in the residual green mucoid bile. The pancreas is pink-tan, uniformly firm and characteristically lobular.

Genitourinary System: The right and left kidneys each weigh 170 grams and have smooth cortical surfaces beneath capsules which strip with ease. The cortices on section have uniform thickness and are pale red and uniformly firm. The pyramids are symmetrical and intact below well-defined corticomedullary junctions. The pelves are likewise symmetrical with normal configuration and smooth mucosae. The ureters are neither obstructed nor dilated. The urinary bladder has a uniform intact muscularis with characteristic mucosal pattern and is contracted and empty. The prostate gland is normal in size and consistency.

Endocrine System: The thyroid gland weighs approximately 30 grams and has characteristic near-symmetry with dark red-brown glistening cut surfaces. The adrenal cortices are pale yellow and average 0.1 cm. in thickness. Adrenal medullae are narrow and uniformly gray.

Musculoskeletal System: The vertebral bodies are normally aligned and intact. Intervertebral discs are symmetrical and allow characteristic movement. Lateral osseous and cartilaginous structures have normal contour and articulations. Skeletal muscles are normal.

Specimens taken: 40 ml. subclavian blood (in NaFl)
4 ml. vitreous
representative tissue

MICROSCOPIC EXAMINATION

Lungs have marked passive congestion, bilateral alveolar blood and bacterial colonization. Multiple calcifications are in the renal papillae. Adrenals have hemorrhagic cortices. Brain has focal subarachnoid hemorrhage and mild hypoxic cellular changes. Additional organ sections are unremarkable.

SUMMARY OF AUTOPSY EXAMINATION

Fresh-water drowning
Compound fracture, left radius-ulna

Toxicology: Blood ethanol 180.4 mg/dl (03-01-09, 8:40 a.m.)
0.07 gm/dl
Vitreous ethanol 0.13 gm/dl

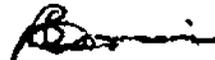
COMMENT

JOSEPH KRATZ, a 32-year-old man, was declared dead at 8:13 a.m. on March 1, 2009, in the emergency department at the University of Michigan Medical Center, in Ann Arbor, following ground transport from Ore Lake in Hamburg Township (Livingston County), where he had a witnessed break through ice while riding an ATV across the ice at 4:51 a.m. on the same date.

Death was caused by drowning, in spite of extensive resuscitation efforts.

There was a broken left forearm, most likely sustained during his fall through the ice on his motorized vehicle. No other injuries nor any sign of disease contributing to death were present at postmortem examination.

The manner of death is accident.



Bader J. Cassin, M.D.
Forensic Pathologist & Medical Examiner
April 01, 2009

CONTACT INFORMATION:

Contacted on 9/25/09

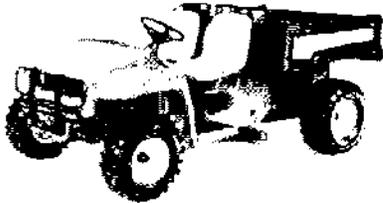
Washtenaw County Medical Examiner
Rader J. Cassin, M.D.
1200 State Circle
Ann Arbor, MI 48108, (734)477-6310

Hamburg Township Police
10409 Merrill
Whitmore Lake, MI 48189
(810)231-9391

Department of Natural Resources
(810)229-0469

090910HNE4713

This incident involved a 4 wheel Utility Vehicle (UTV) being operated on private property. An image of the type of UTV involved appears below. The incident resulted in one fatality: a 34 year old female, the wife of the UTV operator. Limited information was obtained from the investigating sheriff's department and coroner's office.



The sheriff's department reports that on September 5-6, 2009 there was a party for the Labor Day weekend at a family home in a rural area near Chester WV.

The weather on September 5-6, 2009 was nice with temperatures in the 70's with light winds.

It is believed that the victim and her husband had rode on the UTV previously and was familiar with the relatively flat area in which they were riding. The area is flat then has a small hillside on the perimeter of the property. No one wore a helmet.

The sheriff's department reports that during the early morning hours of September 6, 2009, the victim, her husband and a couple of other family members rode the UTV around the property. The victim was on the rear of the UTV with one other couple and her husband was operating the UTV. The victim's husband made a turn near a hillside, which caused the UTV to lurch to one side, ejecting the passengers in the back. The UTV then fell onto the passengers.

The victim was struck in the head by the metal frame of the bed on the rear of the UTV. The other female passenger was an RN, called 911 and then rendered aid.

An ambulance arrived and transported the victim to the emergency room of a nearby hospital. The victim was pronounced dead at 3:00AM by the emergency room physician.

The county coroner and sheriff's department was contacted. The coroner ruled the death accidental but the cause is pending. The victim did suffer a head injury. The sheriff and coroner reports were not available at the time of the submission of this report.

No one else was injured in the incident.

090910HNE4713

Page 2

PRODUCT IDENTIFICATION:

The sheriff described the involved UTV as a "Gator" and described it as yellow and green. John Deere & Co. of Moline Illinois manufactures and markets a 4 wheel UTV as a GATOR.

The sheriff did not provide the exact model of the involved Gator.

SAMPLE COLLECTION:

No sample collection.

EXHIBITS:

Exhibit 1 Missing Document List

Exhibit 2 Contact List

Task No. 090910HNE4713 EX 1 _____

Date: 11/5/09 _____

STATUS OF MISSING DOCUMENT (S)

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

1. Hancock County WV Sheriff's Office report _____

2. Columbiana County OH Coroner report _____

3. _____

4. _____

5. _____

Date: 11/6/09 _____

Investigator No: 8922 _____

Regional office: CFIE _____

Supervisor No: 9103 _____

090910HNE4713 Exhibit 2 Contact List

Hancock County Sheriff's Office Court St New Cumberland WV 26047
304-424-3911 Sheriff Mike White 9/18 10/15 10/22 10/30 11/5

Columbiana County Coroner's Office 8473 County Home Road Lisbon OH 44432
Ms Brandi Phillips 330-424-5029 10/15 11/5 11/6

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Ohio Woman Dies in UTV Accident

Posted Sunday, September 6, 2009 ; 10:23 AM | [View Comments](#) | [Post Comment](#)

Updated Sunday, September 6, 2009 ; 01:10 PM

West Virginia Sheriff is Investigating

Story by Jerry Echemann

[Email](#) | [Bio](#) | [Other Stories by Jerry Echemann](#)

CHESTER, WV -- The Labor Day Weekend saw its first fatality in the Ohio Valley at about three in the morning Sunday. The Hancock County Sheriff's Office was called to the scene of an accident in the area of Rustic Drive in Chester.

(b)(3):CPSA S 34, of Wellsville, Ohio died in the accident.

Authorities said **(b)(6)** was killed in a UTV accident. This was a utility ATV sometimes referred to as a "gator" or a "mule."

The driver of the UTV was Andrew Maruca, who was apparently uninjured. An investigation is underway.

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0 comments have been posted.

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All fields are Required

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Email:

A valid email address is required to allow WTRF-TV to monitor comments and track users posting inappropriate comments. WTRF-TV does not use these for any type of SPAM operation.

Comments:

Chester OH

Woman Dies On Utility Vehicle

Posted: 5:03 pm EDT September 6, 2009 Updated: 7:31 pm EDT September 6, 2009

A local family is mourning the death of a woman who died on a utility vehicle.

It happened on Rustic Drive in Chester just after 3:00 a.m. Sunday.

The sheriff's office said (b)(3):CPSA Secti 34, of Wellsville, died when the utility vehicle she was riding in turned over.

Sheriff Mike White told News9 the accident is still under investigation and that several people were riding on the vehicle at the time.

(b)(6) was taken to East Liverpool City Hospital where she was pronounced dead.

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<http://www.wtov9.com/news/20763343/detail.html>

1. Task Number 090921CCC2919		2. Investigator's ID 2251		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2009 09 12	5. Date Initiated YR MO DAY 2009 10 13		
6. Synopsis of Accident or Complaint UPC A 35-year-old male was driving a four-wheeled utility terrain vehicle (UTV) on a paved neighborhood street. He had two passengers, a 44-year-old male, sitting in the middle of the front seat, and the victim, a 45-year-old male, was sitting on the right outside of the front seat. They were not wearing helmets nor were they wearing seat belts. The driver made a quick left turn, overturning the UTV on the victim's side. Estimated speed unknown. Victim died at the scene. The driver was arrested for Driving While Intoxicated. The UTV was seized by police as evidence. MFR/PRVLBR NOTIFIED COMMENTS: <input checked="" type="checkbox"/> YES, <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. 22 Sec 6 <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY 3/24/10				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City BLUE SPRINGS		9. State MO
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name POLARIS RANGER		10C. Model Number XP 700
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 45	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) 16 / 7	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 10/26/2009	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Topka, Tanya			28. Source Document Number X0990220A	

This investigation was initiated through a Blue Springs Examiner newspaper article, dated September 16, 2009. The victim in this incident is a 45-year-old male, who resides in Blue Springs, MO. The product in this incident is a 2007 four-wheeled utility terrain vehicle (UTV). The UTV has a steering wheel, accelerator pedal, brake pedal, and seat belts. There were three people in the UTV at the time of the incident. Information in this report was obtained through an interview with the investigating police detective assigned to the case, the police report, and the owner of the UTV.

On October 23, 2009, this investigator contacted the owner of the vehicle by telephone. The owner stated that he was not with the individuals involved in the utility vehicle accident at the time of the incident and had no information concerning the accident. According to the owner of the UTV, he stores the UTV at his nephew's house (the driver of the UTV at the time of the incident) because he has a three car garage. The owner stated he had purchased a 2007 model four-wheeled utility vehicle around summer 2007 at a local off-road retail center and that it has approximately 100 hours of use since then. He mentioned that he and his nephew had years of experience operating ATV's and utility vehicles.

According to the owner, he uses the vehicle during the summer and fall months for transportation around a farm and to go deer hunting. He stated that each use of his utility vehicle could last for as little as one hour up to as much as three or four hours.

The owner stated that he did not experience any problems with the vehicle until the time of the incident. According to the owner, no repairs or modifications had been made to the vehicle prior to the incident.

On the night of the incident, September 12, 2009, the driver of the UTV and the victim along with another individual were at a party held at the victim's house. Approximately nine people from the victim's neighborhood were in attendance. According to the police report, the individuals had been drinking alcohol during the party. At approximately 10:30 p.m. the driver of the UTV suggested to the victim and another individual that they take his UTV for a ride around the neighborhood.

The 45-year-old victim, 44-year-old passenger and the 35-year-old driver got into the UTV. All three individuals were seated in the front seat of the UTV. The passenger was sitting in the middle and the victim was sitting on the right outside of the front seat. They left the residence and drove around a lake in the neighborhood and then headed back to the victim's home.

According to the police report, the passenger stated that they were on travelling west bound on a level paved neighborhood street and attempted to make a left turn on a south bound street when the vehicle turned over onto its right side ejecting the victim. The vehicle landed on the victim pinning him to the ground. The passenger and driver were able to hold onto the UTV as it turned over. When the passenger got out of the UTV, he observed the victim underneath the back of the UTV, face down. The driver and passenger then pulled the UTV off the victim and turned him over. A doctor who lives in the neighborhood arrived at the scene and examined the victim and pronounced him dead. According to the police report, the UTV had been travelling in excess of the critical speed as well as the propensity for the vehicle to roll. The police report does not give an estimated speed of the UTV at the time of the incident. The weather was clear and dry and was not considered a factor in the incident. The incident occurred during the

hours of darkness and street lights were operating. There were no visibility obstructions at the accident scene. The police report indicates that a probable contributing circumstance to the incident was alcohol. A copy of the police report is contained in Exhibit B.

On October 21, 2009, this investigator went to Blue Springs, MO and conducted an on-site visit to the scene of the incident. Photographs of the incident scene are contained in Exhibit A.

On October 21, 2009, this investigator went to the Blue Springs Police Department and contacted the assisting case detective in the UTV accident. The detective informed me that the incident UTV had been seized as evidence in this investigation and is being held in their locked evidence garage. This investigator requested copies of the police accident scene photographs involving the incident UTV and was advised by the detective that at the instruction of the prosecuting attorney's office they could not release the photographs to me. The detective stated that he would provide photographs of the incident UTV that were taken in the evidence garage and send them to me. Photographs of the incident UTV taken by the police are contained in Exhibit C.

The detective stated that the driver of the UTV had been arrested at the scene of the incident for driving while intoxicated. The police report related that the driver's blood alcohol concentration was .220. He also indicated that additional charges may be issued against the driver of the UTV by the Prosecuting Attorney's Office. He also said that there was no indication that any of the individuals had worn helmets or used seat belts during the incident.

This investigator requested a copy of the coroner's report and was advised in writing that "Under the advice of the prosecutor or law enforcement official, we cannot release any information at this time as the case is still under active investigation". A copy of the request for information, county coroner's response, and missing document report is contained in Exhibit D.

According to the police report, the County Coroner reported that a piece of the victim's skull had severed his spinal cord and could have caused the victim's fatal injury.

This investigator attempted to contact the driver and passenger of the UTV at the time of the incident by telephone but was unable to make contact.

PRODUCT INFORMATION:

The product involved in this incident is a four-wheeled Utility Terrain Vehicle (UTV), manufacturer by Polaris Industries Inc., 1225 Highway 169 North, Minneapolis, MN 55441. According to the owner of the vehicle the UTV was purchased from a local retailer, Austin Trailers & Motorsports, 13810 E US 40 Highway, Independence, MO 64055, 816-350-7777. The UTV retailed for approximately \$10,500 and the engine size is 700cc. The vehicle is identified as a green/black 2007 Polaris Ranger XP 700 Utility Terrain Vehicle. The vehicle identification number (VIN) is 4XARH68A182385186.

ATTACHMENTS:

Exhibit A - Photographs of Incident Scene

Exhibit B - Police Report

Exhibit C - Police Photographs of Incident UTV

Exhibit D - Status of Missing Document Form, Request for Coroner Report,
Letter from Coroner's Office

Exhibit E - Data Record Sheet – Utility Terrain Vehicle

Exhibit F - Contact Information

Exhibit A – 1 below shows on-site location of street that the UTV was travelling on when it overturned. Arrow designates location of UTV after it had rolled over.

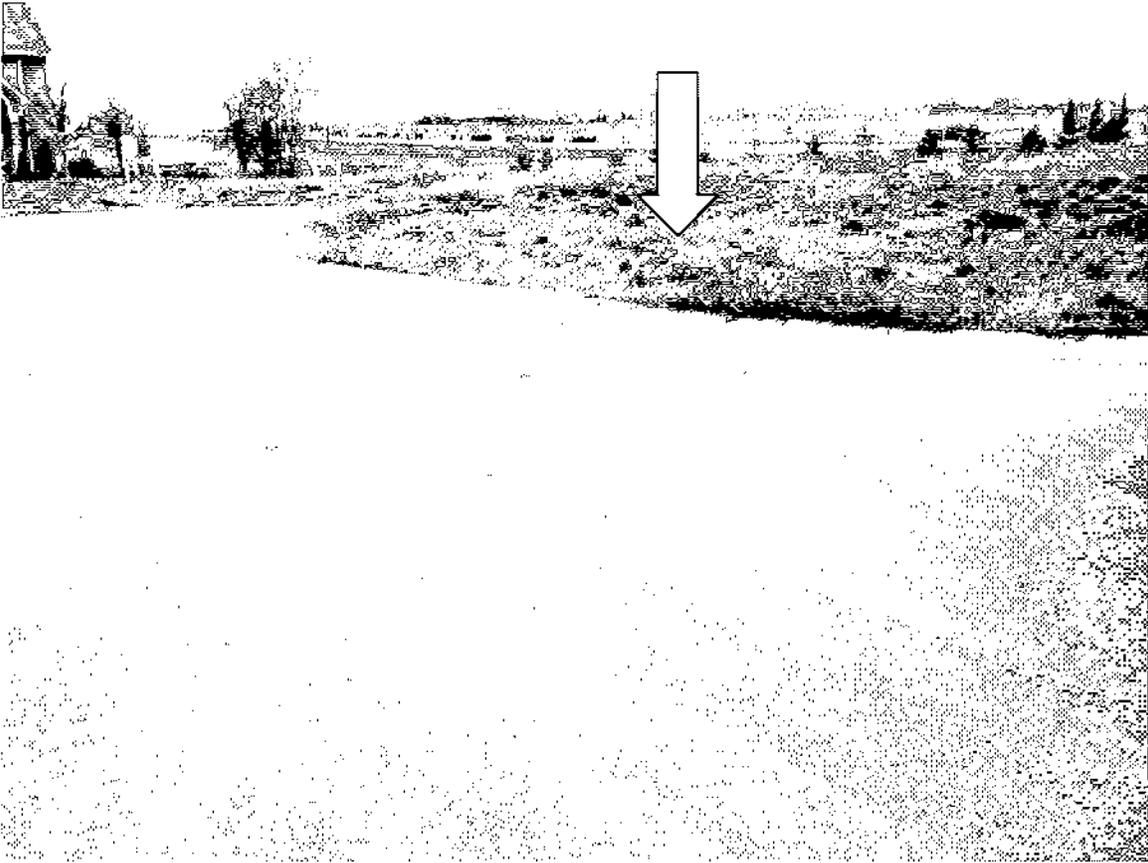


Exhibit A – 2 below shows a close-up photograph of location that UTV rolled over. Arrow designates tread and roll over marks from UTV.



Exhibit B - Police Report

MISSOURI UNIFORM ACCIDENT REPORT

1 - AGENCY NAME AND ADDRESS
 BLUE SPRINGS POLICE DEPT. - MO04810100
 1100 SW SMITH STREET
 BLUE SPRINGS, MO 64015-3709
 (816) 228-0150

REPORT / CASE / INCIDENT NUMBER: 2009 28210

2 - LOCATION
 COUNTY: Jackson MUNICIPALITY: Blue Springs BEAT / ZONE: - TRP / DIST / PCT: A INVESTIGATED AT SCENE: YES NO

ON: CST Lake side Trace DISTANCE FROM: LOCATION: AFTER AT BEFORE INTERSECTING STREET OR ROADWAY: CST Lakeside CT

ROADWAY DIRECTION: west SPEED LIMIT: 25 GPS LONGITUDE: ROAD MAINTAINED BY: 1 STATE 2 COUNTY 3 MUNICIPAL 4 PRIVATE PROPERTY 5 OTHER

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES
 NONE

4 - DRIVER INFORMATION
 (b)(6)

5 - VEHICLE INFORMATION
 YEAR: 2007 MAKE: Polaris MODEL: Range COLOR: Black/multi
 LIC. PLATE NO.: STATE: YEAR: VIN: 4XARH6BA1B2385186 TOTAL NO. OF OCCUPANTS: 3
 VEHICLE OWNER NAME (LAST, FIRST, MI): COMMERCIAL CARRIER: ADDRESS (STREET, CITY, STATE, ZIP): SAME AS DRIVER

6 - DRIVER'S FULL NAME (LAST, FIRST, MI): ADDRESS (STREET, CITY, STATE, ZIP):

7 - DRIVERS LICENSE INFORMATION
 DRIVERS LICENSE NUMBER / ID NUMBER: STATE: TYPE OF LICENSE: 1 OPERATOR CLASS 3 PERMIT 5 LIC ONLY NA ENDORSEMENT: YES NO NA
 2 CDL CLASS 4 UNLICENSED

8 - PROOF OF INSURANCE
 YES NO NOT REQUIRED INSURANCE COMPANY: DRIVER POLICY NUMBER: VEHICLE NA

9 - VEHICLE DAMAGE (Check all damaged areas)
 YEAR: MAKE: MODEL: COLOR:
 LIC. PLATE NO.: STATE: YEAR: VIN: TOTAL NO. OF OCCUPANTS:
 VEHICLE OWNER NAME (LAST, FIRST, MI): COMMERCIAL CARRIER: ADDRESS (STREET, CITY, STATE, ZIP): SAME AS DRIVER

10 - WITNESS
 NONE IDENTIFIED
 NAME OF WITNESS: ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE NO:

DISTRIBUTION: COPY - AGENCY FILE ORIGINAL - MISSOURI STATE HIGHWAY PATROL - TRAFFIC DIVISION - P.O. BOX 568 - JEFFERSON CITY, MO 65102

Exhibit B - Police Report

REPORT # 2009-08210 PAGE 3 OF 4

9 - CODES															
SEAT LOCATION XX - Not Known P - Pedestrian B - Bicycle M - Motorcycle OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area CP - Commercial Passenger SV - Other (Explain in Remarks)		INJURY 1. Fald 2. Dealing 3. Exposed - Not Dangling 4. Pressure - Not Apparent 5. None Apparent 6. Unknown		TRANSPORTED (Medical Treatment) 1. No 2. EMS 3. Other 4. Unknown		EJECTION 1. NA 2. No 3. Portable 4. Tactly 5. Unknown		AIR BAG FRONT 1. None / NA 2. Deployed 3. Not Deployed		AIR BAG SIDE 1. None / NA 2. Deployed 3. Not Deployed		SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 6. Child Restraint 7. Helmet Used 8. Helmet Not Used 9. Use Unknown			
10 - DRIVERS															
NAME ADDRESS				DATE OF BIRTH MM-DD-YYYY		SEX	VEH. NO.	SEAT LOC.	INJ.	TRANS. PORT.	EJECTION	AIR BAG F	AIR BAG S	SAF. DEV.	TELEPHONE NO.
<input type="checkbox"/> NA DRIVER 1 - SAME ADDRESS AS ABOVE				10-18-1984		M								(b)(6)	
<input type="checkbox"/> NA DRIVER 2 - SAME ADDRESS AS ABOVE															
11 - OTHER OCCUPANTS & PEDESTRIANS (SAD = SAME AS DRIVER)															
(b)(3):CPSA Section 25(c)															
<input type="checkbox"/> SAD															
<input type="checkbox"/> SAD															
<input type="checkbox"/> SAD															
<input type="checkbox"/> SAD															
12. VEHICLE BODY TYPES AUTOMOBILES / SPECIAL VEHICLES V1 V2 <input type="checkbox"/> 1. Passenger Car <input type="checkbox"/> 2. Station Wagon <input type="checkbox"/> 3. Sport Utility Vehicle <input type="checkbox"/> 4. Limousine (6-15 seat) (hire) <input type="checkbox"/> 5. Van (6 or less seats driven) <input type="checkbox"/> 6. Small Bus (6-15 seats driven) <input type="checkbox"/> 7. Bus (16 or more seats driven) <input type="checkbox"/> 8. School Bus (16 or more seats driven) <input type="checkbox"/> 9. School Bus (16 or more seats driven) <input checked="" type="checkbox"/> 10. Motorcycle <input type="checkbox"/> 11. ATV <input type="checkbox"/> 12. Motorcycle Bicyclo <input type="checkbox"/> 13. Pedalcycle <input type="checkbox"/> 14. Motor Home / Camper <input type="checkbox"/> 15. Farm Implement <input type="checkbox"/> 16. Construction Equipment <input type="checkbox"/> 17. Other Transport Device <input type="checkbox"/> 18. Unknown <input type="checkbox"/> 19. Pickup <input type="checkbox"/> 20. Single-unit Truck: 2 axles, 6 tires <input type="checkbox"/> 21. Single-unit Truck: 3 or more axles <input type="checkbox"/> 22. Vehicle Pulling Another (Only 1-21 only) <input type="checkbox"/> 23. Truck Tractor With No Units <input type="checkbox"/> 24. Truck Tractor With One Unit <input type="checkbox"/> 25. Truck Tractor With Two Units <input type="checkbox"/> 26. Truck Tractor With Three Units <input type="checkbox"/> 27. Other Heavy Truck GVW Rating (net loaded weight) 15-29 only <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs.															
14. HAZARDOUS MATERIALS V1 V2 <input type="checkbox"/> 1. Placards Displayed <input type="checkbox"/> 2. Gases in Bulk <input type="checkbox"/> 3. Solids in Bulk <input type="checkbox"/> 4. Liquids in Bulk <input type="checkbox"/> 5. Explosives <input type="checkbox"/> 6. None <input type="checkbox"/> 7. A. Hazardous Materials Cargo Increased / Spilled															
15. ACCIDENT TYPE V1 V2 <input checked="" type="checkbox"/> 1. On Roadway <input type="checkbox"/> 2. Off Roadway COLLISION INVOLVING <input type="checkbox"/> 1. Animal <input type="checkbox"/> 2. Pedalcycle <input type="checkbox"/> 3. Fixed Object <input type="checkbox"/> 4. Other Object <input type="checkbox"/> 5. Pedestrian <input type="checkbox"/> 6. Train <input type="checkbox"/> 7. MV in Transport <input type="checkbox"/> 8. MV on Other Roadway <input type="checkbox"/> 9. Parked MV NON-COLLISION <input checked="" type="checkbox"/> 10. Overtaking <input type="checkbox"/> 11. Other Non-Collision TWO VEHICLE COLLISION <input type="checkbox"/> 60. Head On <input type="checkbox"/> 61. Rear End <input type="checkbox"/> 62. Sideswipe - Meeting <input type="checkbox"/> 63. Sideswipe - Passing <input type="checkbox"/> 64. Angle <input type="checkbox"/> 65. Backed into <input type="checkbox"/> 67. Other															
17. VEHICLE ACTION / SEQUENCE OF EVENTS V1 V2 <input type="checkbox"/> Unknown 39. Animal Code 36. Fixed Object Code V2 <input type="checkbox"/> Unknown 33. Animal Code 36. Fixed Object Code Animal, Fixed Object, and Inattention Codes explained in narrative.															
16. TRAFFIC CONDITIONS V1 V2 <input type="checkbox"/> 1. Normal <input type="checkbox"/> 2. Accident Ahead <input type="checkbox"/> 3. Congestion Ahead															

Exhibit B - Police Report

March 2009 0921C 900 4 10 11

<p>10. PROBABLE CONTRIBUTORS OR CIRCUMSTANCES</p> <p><input type="checkbox"/> 1. ...</p> <p><input type="checkbox"/> 2. ...</p> <p><input type="checkbox"/> 3. ...</p> <p><input type="checkbox"/> 4. ...</p> <p><input type="checkbox"/> 5. ...</p> <p><input type="checkbox"/> 6. ...</p> <p><input type="checkbox"/> 7. ...</p> <p><input type="checkbox"/> 8. ...</p> <p><input type="checkbox"/> 9. ...</p> <p><input type="checkbox"/> 10. ...</p> <p><input type="checkbox"/> 11. ...</p> <p><input type="checkbox"/> 12. ...</p> <p><input type="checkbox"/> 13. ...</p> <p><input type="checkbox"/> 14. ...</p> <p><input type="checkbox"/> 15. ...</p> <p><input type="checkbox"/> 16. ...</p> <p><input type="checkbox"/> 17. ...</p> <p><input type="checkbox"/> 18. ...</p> <p><input type="checkbox"/> 19. ...</p> <p><input type="checkbox"/> 20. ...</p> <p><input type="checkbox"/> 21. ...</p> <p><input type="checkbox"/> 22. ...</p> <p><input type="checkbox"/> 23. ...</p> <p><input type="checkbox"/> 24. ...</p> <p><input type="checkbox"/> 25. ...</p> <p><input type="checkbox"/> 26. ...</p> <p><input type="checkbox"/> 27. ...</p> <p><input type="checkbox"/> 28. ...</p> <p><input type="checkbox"/> 29. ...</p> <p><input type="checkbox"/> 30. ...</p> <p><input type="checkbox"/> 31. ...</p> <p><input type="checkbox"/> 32. ...</p> <p><input type="checkbox"/> 33. ...</p> <p><input type="checkbox"/> 34. ...</p> <p><input type="checkbox"/> 35. ...</p> <p><input type="checkbox"/> 36. ...</p> <p><input type="checkbox"/> 37. ...</p> <p><input type="checkbox"/> 38. ...</p> <p><input type="checkbox"/> 39. ...</p> <p><input type="checkbox"/> 40. ...</p> <p><input type="checkbox"/> 41. ...</p> <p><input type="checkbox"/> 42. ...</p> <p><input type="checkbox"/> 43. ...</p> <p><input type="checkbox"/> 44. ...</p> <p><input type="checkbox"/> 45. ...</p> <p><input type="checkbox"/> 46. ...</p> <p><input type="checkbox"/> 47. ...</p> <p><input type="checkbox"/> 48. ...</p> <p><input type="checkbox"/> 49. ...</p> <p><input type="checkbox"/> 50. ...</p>	<p>11. VEHICLE INVOLVEMENT</p> <p><input type="checkbox"/> 1. ...</p> <p><input type="checkbox"/> 2. ...</p> <p><input type="checkbox"/> 3. ...</p> <p><input type="checkbox"/> 4. ...</p> <p><input type="checkbox"/> 5. ...</p> <p><input type="checkbox"/> 6. ...</p> <p><input type="checkbox"/> 7. ...</p> <p><input type="checkbox"/> 8. ...</p> <p><input type="checkbox"/> 9. ...</p> <p><input type="checkbox"/> 10. ...</p> <p><input type="checkbox"/> 11. ...</p> <p><input type="checkbox"/> 12. ...</p> <p><input type="checkbox"/> 13. ...</p> <p><input type="checkbox"/> 14. ...</p> <p><input type="checkbox"/> 15. ...</p> <p><input type="checkbox"/> 16. ...</p> <p><input type="checkbox"/> 17. ...</p> <p><input type="checkbox"/> 18. ...</p> <p><input type="checkbox"/> 19. ...</p> <p><input type="checkbox"/> 20. ...</p> <p><input type="checkbox"/> 21. ...</p> <p><input type="checkbox"/> 22. ...</p> <p><input type="checkbox"/> 23. ...</p> <p><input type="checkbox"/> 24. ...</p> <p><input type="checkbox"/> 25. ...</p> <p><input type="checkbox"/> 26. ...</p> <p><input type="checkbox"/> 27. ...</p> <p><input type="checkbox"/> 28. ...</p> <p><input type="checkbox"/> 29. ...</p> <p><input type="checkbox"/> 30. ...</p> <p><input type="checkbox"/> 31. ...</p> <p><input type="checkbox"/> 32. ...</p> <p><input type="checkbox"/> 33. ...</p> <p><input type="checkbox"/> 34. ...</p> <p><input type="checkbox"/> 35. ...</p> <p><input type="checkbox"/> 36. ...</p> <p><input type="checkbox"/> 37. ...</p> <p><input type="checkbox"/> 38. ...</p> <p><input type="checkbox"/> 39. ...</p> <p><input type="checkbox"/> 40. ...</p> <p><input type="checkbox"/> 41. ...</p> <p><input type="checkbox"/> 42. ...</p> <p><input type="checkbox"/> 43. ...</p> <p><input type="checkbox"/> 44. ...</p> <p><input type="checkbox"/> 45. ...</p> <p><input type="checkbox"/> 46. ...</p> <p><input type="checkbox"/> 47. ...</p> <p><input type="checkbox"/> 48. ...</p> <p><input type="checkbox"/> 49. ...</p> <p><input type="checkbox"/> 50. ...</p>	<p>12. VEHICLE CONDITION</p> <p><input type="checkbox"/> 1. ...</p> <p><input type="checkbox"/> 2. ...</p> <p><input type="checkbox"/> 3. ...</p> <p><input type="checkbox"/> 4. ...</p> <p><input type="checkbox"/> 5. ...</p> <p><input type="checkbox"/> 6. ...</p> <p><input type="checkbox"/> 7. ...</p> <p><input type="checkbox"/> 8. ...</p> <p><input type="checkbox"/> 9. ...</p> <p><input type="checkbox"/> 10. ...</p> <p><input type="checkbox"/> 11. ...</p> <p><input type="checkbox"/> 12. ...</p> <p><input type="checkbox"/> 13. ...</p> <p><input type="checkbox"/> 14. ...</p> <p><input type="checkbox"/> 15. ...</p> <p><input type="checkbox"/> 16. ...</p> <p><input type="checkbox"/> 17. ...</p> <p><input type="checkbox"/> 18. ...</p> <p><input type="checkbox"/> 19. ...</p> <p><input type="checkbox"/> 20. ...</p> <p><input type="checkbox"/> 21. ...</p> <p><input type="checkbox"/> 22. ...</p> <p><input type="checkbox"/> 23. ...</p> <p><input type="checkbox"/> 24. ...</p> <p><input type="checkbox"/> 25. ...</p> <p><input type="checkbox"/> 26. ...</p> <p><input type="checkbox"/> 27. ...</p> <p><input type="checkbox"/> 28. ...</p> <p><input type="checkbox"/> 29. ...</p> <p><input type="checkbox"/> 30. ...</p> <p><input type="checkbox"/> 31. ...</p> <p><input type="checkbox"/> 32. ...</p> <p><input type="checkbox"/> 33. ...</p> <p><input type="checkbox"/> 34. ...</p> <p><input type="checkbox"/> 35. ...</p> <p><input type="checkbox"/> 36. ...</p> <p><input type="checkbox"/> 37. ...</p> <p><input type="checkbox"/> 38. ...</p> <p><input type="checkbox"/> 39. ...</p> <p><input type="checkbox"/> 40. ...</p> <p><input type="checkbox"/> 41. ...</p> <p><input type="checkbox"/> 42. ...</p> <p><input type="checkbox"/> 43. ...</p> <p><input type="checkbox"/> 44. ...</p> <p><input type="checkbox"/> 45. ...</p> <p><input type="checkbox"/> 46. ...</p> <p><input type="checkbox"/> 47. ...</p> <p><input type="checkbox"/> 48. ...</p> <p><input type="checkbox"/> 49. ...</p> <p><input type="checkbox"/> 50. ...</p>	<p>13. WEATHER CONDITION</p> <p><input type="checkbox"/> 1. ...</p> <p><input type="checkbox"/> 2. ...</p> <p><input type="checkbox"/> 3. ...</p> <p><input type="checkbox"/> 4. ...</p> <p><input type="checkbox"/> 5. ...</p> <p><input type="checkbox"/> 6. ...</p> <p><input type="checkbox"/> 7. ...</p> <p><input type="checkbox"/> 8. ...</p> <p><input type="checkbox"/> 9. ...</p> <p><input type="checkbox"/> 10. ...</p> <p><input type="checkbox"/> 11. ...</p> <p><input type="checkbox"/> 12. ...</p> <p><input type="checkbox"/> 13. ...</p> <p><input type="checkbox"/> 14. ...</p> <p><input type="checkbox"/> 15. ...</p> <p><input type="checkbox"/> 16. ...</p> <p><input type="checkbox"/> 17. ...</p> <p><input type="checkbox"/> 18. ...</p> <p><input type="checkbox"/> 19. ...</p> <p><input type="checkbox"/> 20. ...</p> <p><input type="checkbox"/> 21. ...</p> <p><input type="checkbox"/> 22. ...</p> <p><input type="checkbox"/> 23. ...</p> <p><input type="checkbox"/> 24. ...</p> <p><input type="checkbox"/> 25. ...</p> <p><input type="checkbox"/> 26. ...</p> <p><input type="checkbox"/> 27. ...</p> <p><input type="checkbox"/> 28. ...</p> <p><input type="checkbox"/> 29. ...</p> <p><input type="checkbox"/> 30. ...</p> <p><input type="checkbox"/> 31. ...</p> <p><input type="checkbox"/> 32. ...</p> <p><input type="checkbox"/> 33. ...</p> <p><input type="checkbox"/> 34. ...</p> <p><input type="checkbox"/> 35. ...</p> <p><input type="checkbox"/> 36. ...</p> <p><input type="checkbox"/> 37. ...</p> <p><input type="checkbox"/> 38. ...</p> <p><input type="checkbox"/> 39. ...</p> <p><input type="checkbox"/> 40. ...</p> <p><input type="checkbox"/> 41. ...</p> <p><input type="checkbox"/> 42. ...</p> <p><input type="checkbox"/> 43. ...</p> <p><input type="checkbox"/> 44. ...</p> <p><input type="checkbox"/> 45. ...</p> <p><input type="checkbox"/> 46. ...</p> <p><input type="checkbox"/> 47. ...</p> <p><input type="checkbox"/> 48. ...</p> <p><input type="checkbox"/> 49. ...</p> <p><input type="checkbox"/> 50. ...</p>	<p>14. ROAD CONDITION</p> <p><input type="checkbox"/> 1. ...</p> <p><input type="checkbox"/> 2. ...</p> <p><input type="checkbox"/> 3. ...</p> <p><input type="checkbox"/> 4. ...</p> <p><input type="checkbox"/> 5. ...</p> <p><input type="checkbox"/> 6. ...</p> <p><input type="checkbox"/> 7. ...</p> <p><input type="checkbox"/> 8. ...</p> <p><input type="checkbox"/> 9. ...</p> <p><input type="checkbox"/> 10. ...</p> <p><input type="checkbox"/> 11. ...</p> <p><input type="checkbox"/> 12. ...</p> <p><input type="checkbox"/> 13. ...</p> <p><input type="checkbox"/> 14. ...</p> <p><input type="checkbox"/> 15. ...</p> <p><input type="checkbox"/> 16. ...</p> <p><input type="checkbox"/> 17. ...</p> <p><input type="checkbox"/> 18. ...</p> <p><input type="checkbox"/> 19. ...</p> <p><input type="checkbox"/> 20. ...</p> <p><input type="checkbox"/> 21. ...</p> <p><input type="checkbox"/> 22. ...</p> <p><input type="checkbox"/> 23. ...</p> <p><input type="checkbox"/> 24. ...</p> <p><input type="checkbox"/> 25. ...</p> <p><input type="checkbox"/> 26. ...</p> <p><input type="checkbox"/> 27. ...</p> <p><input type="checkbox"/> 28. ...</p> <p><input type="checkbox"/> 29. ...</p> <p><input type="checkbox"/> 30. ...</p> <p><input type="checkbox"/> 31. ...</p> <p><input type="checkbox"/> 32. ...</p> <p><input type="checkbox"/> 33. ...</p> <p><input type="checkbox"/> 34. ...</p> <p><input type="checkbox"/> 35. ...</p> <p><input type="checkbox"/> 36. ...</p> <p><input type="checkbox"/> 37. ...</p> <p><input type="checkbox"/> 38. ...</p> <p><input type="checkbox"/> 39. ...</p> <p><input type="checkbox"/> 40. ...</p> <p><input type="checkbox"/> 41. ...</p> <p><input type="checkbox"/> 42. ...</p> <p><input type="checkbox"/> 43. ...</p> <p><input type="checkbox"/> 44. ...</p> <p><input type="checkbox"/> 45. ...</p> <p><input type="checkbox"/> 46. ...</p> <p><input type="checkbox"/> 47. ...</p> <p><input type="checkbox"/> 48. ...</p> <p><input type="checkbox"/> 49. ...</p> <p><input type="checkbox"/> 50. ...</p>
<p>15. COMMENTS (PLEASE PRINT OR TYPE - Indicate page or pages of report to which reference is made)</p>				
<p>16. INVESTIGATION</p> <p><input type="checkbox"/> 1. ...</p> <p><input type="checkbox"/> 2. ...</p> <p><input type="checkbox"/> 3. ...</p> <p><input type="checkbox"/> 4. ...</p> <p><input type="checkbox"/> 5. ...</p> <p><input type="checkbox"/> 6. ...</p> <p><input type="checkbox"/> 7. ...</p> <p><input type="checkbox"/> 8. ...</p> <p><input type="checkbox"/> 9. ...</p> <p><input type="checkbox"/> 10. ...</p> <p><input type="checkbox"/> 11. ...</p> <p><input type="checkbox"/> 12. ...</p> <p><input type="checkbox"/> 13. ...</p> <p><input type="checkbox"/> 14. ...</p> <p><input type="checkbox"/> 15. ...</p> <p><input type="checkbox"/> 16. ...</p> <p><input type="checkbox"/> 17. ...</p> <p><input type="checkbox"/> 18. ...</p> <p><input type="checkbox"/> 19. ...</p> <p><input type="checkbox"/> 20. ...</p> <p><input type="checkbox"/> 21. ...</p> <p><input type="checkbox"/> 22. ...</p> <p><input type="checkbox"/> 23. ...</p> <p><input type="checkbox"/> 24. ...</p> <p><input type="checkbox"/> 25. ...</p> <p><input type="checkbox"/> 26. ...</p> <p><input type="checkbox"/> 27. ...</p> <p><input type="checkbox"/> 28. ...</p> <p><input type="checkbox"/> 29. ...</p> <p><input type="checkbox"/> 30. ...</p> <p><input type="checkbox"/> 31. ...</p> <p><input type="checkbox"/> 32. ...</p> <p><input type="checkbox"/> 33. ...</p> <p><input type="checkbox"/> 34. ...</p> <p><input type="checkbox"/> 35. ...</p> <p><input type="checkbox"/> 36. ...</p> <p><input type="checkbox"/> 37. ...</p> <p><input type="checkbox"/> 38. ...</p> <p><input type="checkbox"/> 39. ...</p> <p><input type="checkbox"/> 40. ...</p> <p><input type="checkbox"/> 41. ...</p> <p><input type="checkbox"/> 42. ...</p> <p><input type="checkbox"/> 43. ...</p> <p><input type="checkbox"/> 44. ...</p> <p><input type="checkbox"/> 45. ...</p> <p><input type="checkbox"/> 46. ...</p> <p><input type="checkbox"/> 47. ...</p> <p><input type="checkbox"/> 48. ...</p> <p><input type="checkbox"/> 49. ...</p> <p><input type="checkbox"/> 50. ...</p>	<p>17. VEHICLE DAMAGE</p> <p><input type="checkbox"/> 1. ...</p> <p><input type="checkbox"/> 2. ...</p> <p><input type="checkbox"/> 3. ...</p> <p><input type="checkbox"/> 4. ...</p> <p><input type="checkbox"/> 5. ...</p> <p><input type="checkbox"/> 6. ...</p> <p><input type="checkbox"/> 7. ...</p> <p><input type="checkbox"/> 8. ...</p> <p><input type="checkbox"/> 9. ...</p> <p><input type="checkbox"/> 10. ...</p> <p><input type="checkbox"/> 11. ...</p> <p><input type="checkbox"/> 12. ...</p> <p><input type="checkbox"/> 13. ...</p> <p><input type="checkbox"/> 14. ...</p> <p><input type="checkbox"/> 15. ...</p> <p><input type="checkbox"/> 16. ...</p> <p><input type="checkbox"/> 17. ...</p> <p><input type="checkbox"/> 18. ...</p> <p><input type="checkbox"/> 19. ...</p> <p><input type="checkbox"/> 20. ...</p> <p><input type="checkbox"/> 21. ...</p> <p><input type="checkbox"/> 22. ...</p> <p><input type="checkbox"/> 23. ...</p> <p><input type="checkbox"/> 24. ...</p> <p><input type="checkbox"/> 25. ...</p> <p><input type="checkbox"/> 26. ...</p> <p><input type="checkbox"/> 27. ...</p> <p><input type="checkbox"/> 28. ...</p> <p><input type="checkbox"/> 29. ...</p> <p><input type="checkbox"/> 30. ...</p> <p><input type="checkbox"/> 31. ...</p> <p><input type="checkbox"/> 32. ...</p> <p><input type="checkbox"/> 33. ...</p> <p><input type="checkbox"/> 34. ...</p> <p><input type="checkbox"/> 35. ...</p> <p><input type="checkbox"/> 36. ...</p> <p><input type="checkbox"/> 37. ...</p> <p><input type="checkbox"/> 38. ...</p> <p><input type="checkbox"/> 39. ...</p> <p><input type="checkbox"/> 40. ...</p> <p><input type="checkbox"/> 41. ...</p> <p><input type="checkbox"/> 42. ...</p> <p><input type="checkbox"/> 43. ...</p> <p><input type="checkbox"/> 44. ...</p> <p><input type="checkbox"/> 45. ...</p> <p><input type="checkbox"/> 46. ...</p> <p><input type="checkbox"/> 47. ...</p> <p><input type="checkbox"/> 48. ...</p> <p><input type="checkbox"/> 49. ...</p> <p><input type="checkbox"/> 50. ...</p>	<p>18. WEATHER CONDITION</p> <p><input type="checkbox"/> 1. ...</p> <p><input type="checkbox"/> 2. ...</p> <p><input type="checkbox"/> 3. ...</p> <p><input type="checkbox"/> 4. ...</p> <p><input type="checkbox"/> 5. ...</p> <p><input type="checkbox"/> 6. ...</p> <p><input type="checkbox"/> 7. ...</p> <p><input type="checkbox"/> 8. ...</p> <p><input type="checkbox"/> 9. ...</p> <p><input type="checkbox"/> 10. ...</p> <p><input type="checkbox"/> 11. ...</p> <p><input type="checkbox"/> 12. ...</p> <p><input type="checkbox"/> 13. ...</p> <p><input type="checkbox"/> 14. ...</p> <p><input type="checkbox"/> 15. ...</p> <p><input type="checkbox"/> 16. ...</p> <p><input type="checkbox"/> 17. ...</p> <p><input type="checkbox"/> 18. ...</p> <p><input type="checkbox"/> 19. ...</p> <p><input type="checkbox"/> 20. ...</p> <p><input type="checkbox"/> 21. ...</p> <p><input type="checkbox"/> 22. ...</p> <p><input type="checkbox"/> 23. ...</p> <p><input type="checkbox"/> 24. ...</p> <p><input type="checkbox"/> 25. ...</p> <p><input type="checkbox"/> 26. ...</p> <p><input type="checkbox"/> 27. ...</p> <p><input type="checkbox"/> 28. ...</p> <p><input type="checkbox"/> 29. ...</p> <p><input type="checkbox"/> 30. ...</p> <p><input type="checkbox"/> 31. ...</p> <p><input type="checkbox"/> 32. ...</p> <p><input type="checkbox"/> 33. ...</p> <p><input type="checkbox"/> 34. ...</p> <p><input type="checkbox"/> 35. ...</p> <p><input type="checkbox"/> 36. ...</p> <p><input type="checkbox"/> 37. ...</p> <p><input type="checkbox"/> 38. ...</p> <p><input type="checkbox"/> 39. ...</p> <p><input type="checkbox"/> 40. ...</p> <p><input type="checkbox"/> 41. ...</p> <p><input type="checkbox"/> 42. ...</p> <p><input type="checkbox"/> 43. ...</p> <p><input type="checkbox"/> 44. ...</p> <p><input type="checkbox"/> 45. ...</p> <p><input type="checkbox"/> 46. ...</p> <p><input type="checkbox"/> 47. ...</p> <p><input type="checkbox"/> 48. ...</p> <p><input type="checkbox"/> 49. ...</p> <p><input type="checkbox"/> 50. ...</p>	<p>19. ROAD CONDITION</p> <p><input type="checkbox"/> 1. ...</p> <p><input type="checkbox"/> 2. ...</p> <p><input type="checkbox"/> 3. ...</p> <p><input type="checkbox"/> 4. ...</p> <p><input type="checkbox"/> 5. ...</p> <p><input type="checkbox"/> 6. ...</p> <p><input type="checkbox"/> 7. ...</p> <p><input type="checkbox"/> 8. ...</p> <p><input type="checkbox"/> 9. ...</p> <p><input type="checkbox"/> 10. ...</p> <p><input type="checkbox"/> 11. ...</p> <p><input type="checkbox"/> 12. ...</p> <p><input type="checkbox"/> 13. ...</p> <p><input type="checkbox"/> 14. ...</p> <p><input type="checkbox"/> 15. ...</p> <p><input type="checkbox"/> 16. ...</p> <p><input type="checkbox"/> 17. ...</p> <p><input type="checkbox"/> 18. ...</p> <p><input type="checkbox"/> 19. ...</p> <p><input type="checkbox"/> 20. ...</p> <p><input type="checkbox"/> 21. ...</p> <p><input type="checkbox"/> 22. ...</p> <p><input type="checkbox"/> 23. ...</p> <p><input type="checkbox"/> 24. ...</p> <p><input type="checkbox"/> 25. ...</p> <p><input type="checkbox"/> 26. ...</p> <p><input type="checkbox"/> 27. ...</p> <p><input type="checkbox"/> 28. ...</p> <p><input type="checkbox"/> 29. ...</p> <p><input type="checkbox"/> 30. ...</p> <p><input type="checkbox"/> 31. ...</p> <p><input type="checkbox"/> 32. ...</p> <p><input type="checkbox"/> 33. ...</p> <p><input type="checkbox"/> 34. ...</p> <p><input type="checkbox"/> 35. ...</p> <p><input type="checkbox"/> 36. ...</p> <p><input type="checkbox"/> 37. ...</p> <p><input type="checkbox"/> 38. ...</p> <p><input type="checkbox"/> 39. ...</p> <p><input type="checkbox"/> 40. ...</p> <p><input type="checkbox"/> 41. ...</p> <p><input type="checkbox"/> 42. ...</p> <p><input type="checkbox"/> 43. ...</p> <p><input type="checkbox"/> 44. ...</p> <p><input type="checkbox"/> 45. ...</p> <p><input type="checkbox"/> 46. ...</p> <p><input type="checkbox"/> 47. ...</p> <p><input type="checkbox"/> 48. ...</p> <p><input type="checkbox"/> 49. ...</p> <p><input type="checkbox"/> 50. ...</p>	<p>20. ROAD SURFACE</p> <p><input type="checkbox"/> 1. ...</p> <p><input type="checkbox"/> 2. ...</p> <p><input type="checkbox"/> 3. ...</p> <p><input type="checkbox"/> 4. ...</p> <p><input type="checkbox"/> 5. ...</p> <p><input type="checkbox"/> 6. ...</p> <p><input type="checkbox"/> 7. ...</p> <p><input type="checkbox"/> 8. ...</p> <p><input type="checkbox"/> 9. ...</p> <p><input type="checkbox"/> 10. ...</p> <p><input type="checkbox"/> 11. ...</p> <p><input type="checkbox"/> 12. ...</p> <p><input type="checkbox"/> 13. ...</p> <p><input type="checkbox"/> 14. ...</p> <p><input type="checkbox"/> 15. ...</p> <p><input type="checkbox"/> 16. ...</p> <p><input type="checkbox"/> 17. ...</p> <p><input type="checkbox"/> 18. ...</p> <p><input type="checkbox"/> 19. ...</p> <p><input type="checkbox"/> 20. ...</p> <p><input type="checkbox"/> 21. ...</p> <p><input type="checkbox"/> 22. ...</p> <p><input type="checkbox"/> 23. ...</p> <p><input type="checkbox"/> 24. ...</p> <p><input type="checkbox"/> 25. ...</p> <p><input type="checkbox"/> 26. ...</p> <p><input type="checkbox"/> 27. ...</p> <p><input type="checkbox"/> 28. ...</p> <p><input type="checkbox"/> 29. ...</p> <p><input type="checkbox"/> 30. ...</p> <p><input type="checkbox"/> 31. ...</p> <p><input type="checkbox"/> 32. ...</p> <p><input type="checkbox"/> 33. ...</p> <p><input type="checkbox"/> 34. ...</p> <p><input type="checkbox"/> 35. ...</p> <p><input type="checkbox"/> 36. ...</p> <p><input type="checkbox"/> 37. ...</p> <p><input type="checkbox"/> 38. ...</p> <p><input type="checkbox"/> 39. ...</p> <p><input type="checkbox"/> 40. ...</p> <p><input type="checkbox"/> 41. ...</p> <p><input type="checkbox"/> 42. ...</p> <p><input type="checkbox"/> 43. ...</p> <p><input type="checkbox"/> 44. ...</p> <p><input type="checkbox"/> 45. ...</p> <p><input type="checkbox"/> 46. ...</p> <p><input type="checkbox"/> 47. ...</p> <p><input type="checkbox"/> 48. ...</p> <p><input type="checkbox"/> 49. ...</p> <p><input type="checkbox"/> 50. ...</p>

SEE FORM 1

<p>21. REPORTING OFFICER IDENTIFICATION</p> <p>33404</p>	<p>22. REPORTING OFFICER SIGNATURE</p> <p><i>[Signature]</i></p>	<p>23. REPORTING OFFICER TITLE</p> <p>1884</p>	<p>24. REPORTING OFFICER ID NUMBER</p> <p>1038</p>
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Exhibit B - Police Report

BLUE SPRINGS POLICE DEPARTMENT
INCIDENT REPORT NARRATIVE2009-08210
09-13-09 0435 HRS

On 09-12-09 at 2252 hours, P.O. Pickett, P.O. Unruh and I were dispatched to a motor vehicle accident involving an all terrain vehicle (ATV) at 8816 SW Lakeside Trace.

Upon arrival, P.O. Pickett advised that it was an obvious fatality accident. The deceased, Hooper, Curtis M. W/M 04-24-64, was ejected and pinned under the ATV after it rolled. (b)(6) had a large amount of blood coming from his head and face. I was advised by P.O. Pickett that a doctor who lived next door to (b)(6) had attempted CPR and assessed that there were no signs of life.

There was a large group of people in the area and I made contact with them to find out who was (b)(6)'s wife to obtain (b)(6)'s personal information. I spoke to Mr. Hooper's friend, who was with (b)(6) when I first arrived on scene. The friend, (b)(6) aka Tripp W/M 09-21-64, advised that he was in town visiting from Arizona and had been playing golf and drinking with (b)(6). He said that Mr. (b)(6)'s neighbor, (b)(6) M W/M 10-18-74, offered to take them for a ride on his Polaris Ranger ATV. (b)(6) said that the three of them went around the lake at the Chapman Farms subdivision. On their way back to (b)(6)'s residence, they stopped and urinated in the trees. (b)(6) was driving, (b)(6) got in the middle and (b)(6) was on the right passenger side. They drove west on SW Lakeside Ct from SW 5th Street and were going at a high rate of speed when they took the corner at SW Lakeside Ct and SW Lakeside Trace and the Polaris Ranger rolled to the right. Mr. (b)(6) was thrown from the ATV and it landed on his head. (b)(6) could only see (b)(6) from his neck down. (b)(6) moved the ATV off of him and found him face down in the dirt. (b)(6) rolled him onto his back and observed a large amount of blood coming from his ears and mouth. (b)(6) ran and got help from other neighbors and the doctor who lives in the cul de sac. The doctor advised that he gave CPR for a couple of minutes and assessed (b)(6) but found no signs of life. When Prairie Township Fire Protection District arrived, the paramedics confirmed that (b)(6) was deceased.

Sgt. Lalli and P.O. Claxton responded to assist. Det. Pharr was called to the scene as lead investigator and the Blue Springs Traffic Control Unit (P.O. Dec, P.O. Johnson and P.O. McClure) responded as re-constructionists. Jackson County Medical Examiner responded and transported the body of (b)(6).

P.O. Pickett made contact with (b)(6) and arrested him for driving while intoxicated. See P.O. Pickett's Alcohol Influence Report for further information.

The Polaris Ranger was towed by Jackson County Tow to Pink Hill garage storage. See property report 2009-08210 for further.

Exhibit B - Police Report

Report Number 2009-08210

(b)(6) I contacted (b)(6) and introduced my self and Sgt. Lalli. I gave her one of my business cards and told her I was the Detective working the case. I also gave her my work cell number and told her she could contact me anytime if she had questions. She wanted to know if her husband was OK. I told her that he was currently at our Police Station and that he was not injured. She asked if she would be able to talk to him. I told (b)(6) that I would try to arrange a short telephone conversation with her husband. Sgt. Lalli contacted a patrol officer and asked that he respond to the holding facility and allow (b)(6) to telephone his wife. Mr. (b)(6) then telephoned his wife. I explained the process of the case and told her that if she had any questions to write them down on a pad of paper then call me with the list.

I and Sgt. Lalli then responded to 8816 SW Lakeside Court where we contacted (b)(6), the victim's wife. I introduced myself and Sgt. Lalli. I explained that I was working the case and that the Blue Springs Police Department Traffic Unit was on the scene to work the accident. I also told (b)(6) that Sgt. Lalli was the on duty road patrol supervisor. I explained the process that would take place and that the Jackson County Medical Examiner would respond and conduct an investigation. (b)(6) stated that she and her husband were Catholic and were very religious. She stated that it was extremely important that her husband receive his last rights. I asked if she had a priest available to perform the last rights. She pointed to a gentleman in the room and stated that he was their priest. I then escorted Priest (b)(6) to the scene and asked that he not touch anything, and stay with me. Priest Clary then was allowed to perform the last rights ceremony for (b)(6). I then escorted the Priest from the scene and back to the home. (b)(6) told me that Curtis and Shawn, the driver of the ATV, were very good friends, and that she did not want any type of charges filed against Shawn. I told (b)(6) that that was not my decision. I explained that it was my job to collect the information and present it to the Jackson County Prosecutor for their review. I told (b)(6) that I would include her request in this report.

I then removed the department on call camera from my vehicle and photographed the scene. I started at the corner of SW 5th and Lakeside Trace and worked west. I was accompanied by Traffic Officer Tony Johnson. Officer Johnson, along with the assistance of Traffic Officer Richard Dec and Traffic Officer Mindy Carter were conducting the accident reconstruction and directed me in what photographs they wanted. I took all the photos using the department Cannon D50 digital camera. These images were downloaded on a CD-R and placed into property. The total number of photos taken was 95. It should be noted that there were a total of 105 photos down loaded on the CD-R. This is because the first 10 photos were not related to the accident. These photos were taken during a short training session of the new Cannon 50D presented to the Detective Unit. These photos were unintentionally left on the digital storage card.

I also contacted Sgt. Joe Fanara, by telephone, and advised him of the incident. I requested that he contact another Detective to assist me with the incident. I told Sgt Fanara that one of the subjects involved in the accident lives in another state I needed to get a statement from him. Sgt. Fanara stated he would request another Detective.

Detective Dave Williams then responded to GHQ where he contacted (b)(6), the second person involved in the accident. I asked that Detective Williams conduct an interview of (b)(6) in the interview room, and record the interview on a DVD because (b)(6) lives in Arizona. (b)(6) was transported to GHQ by a road patrol officer assigned by Sgt. Lalli. After the interview (b)(6) was transported back to the scene.

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Exhibit B - Police Report

Report Number 2009-08210

Jackson County Medical Examiner Investigator Larry Cridlebaugh responded to conduct his investigation. He took additional photographs of the accident scene, examined the accident, then ordered the transport service. At approximately 0242 Daniel Mason, the transport driver, arrived. Additional photographs were taken by both me and Larry Cridlebaugh as (b)(6) was removed from the scene. (b)(6) was then transported to the Jackson County Medical Examiners Office.

As (b)(6) was turned to his right side I observed modeling on his back however no injuries. I also observed a full and unopened 12 ounce can of Coors Light Beer under (b)(6)'s right leg. This item was seized as possible evidence.

(b)(6) had been arrested for driving a motor vehicle while intoxicated by Officer Paula Pickett and transported to GHQ. She completed the Missouri Department of Revenue form 2389, Alcohol Influence Report. That report carries the same case number as this report. That form indicated that (b)(6) tested a .220 BAC.

On 09/13/2009 Detective Dave Williams responded to the Jackson County Medical Examiners Office to view and photograph the autopsy of (b)(6). Detective Williams stated that the Medical Examiner stated that (b)(6) died from a skull fracture which severed his spinal cord. Detective Williams also stated that he would complete his reports for this case and make copies of those reports, as well as the DVD of the interview with (b)(6). This investigation will continue.

NOTHING FURTHER ON THIS REPORT.

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Reporting Detective



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Exhibit B - Police Report

MISSOURI UNIFORM ACCIDENT REPORT

NARRATIVE / STATEMENTS 200908270 0911S/2009 0911S/2009 <i>[Signature]</i>		COUNTY JEFFERSON CITY JACKSON	AGENCY NAME AND OFFICER Blue Springs Missouri Police Department 1190 SW 34th St Blue Springs, Mo, 64015 AGENCY OFFICER Sgt. [Signature]
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On 09/12/2009, at approximately 11:15 hours Officers Richard Dey, Minnie McClure, and myself responded to the area of SW Lakeade Court, and SW Lakeade Trace, for the purpose of reconstructing a fatality accident involving an ATV.

A paramedical contact was established with Officer Kane Tipton and Sgt. Colby Tull who advised that they received a call on an emergency concerning an ATV. Sgt. Tull further advised that the driver had been arrested for possible DWI (see Officer Perkins report). Officer Tipton advised that upon her arrival the ATV had been rolled over the victim, and that the victim had been pronounced deceased by a neighbor who was a Doctor. Officer Tipton further advised that Prairie Township Fire Department also responded and removed the victim and deceased. Officer Tipton then advised that she had identified the as registrant of the vehicle. The driver was Sheron M. Kraval, W.M. DOB 01/17/1976, the center front passenger was identified as Mr. Frank L. Biggen, W.M. DOB 01/19/1941 and the victim who was the right front passenger was identified as Carlos M. Hooper, W.M. DOB 04/24/1963.

Officers Dey, McClure, and myself conducted our investigation and determined that the vehicle was traveling westbound on Lakeade Court and attempted to make a left turn onto south bound Lakeade Trace when the vehicle rolled over onto its right side crushing the victim. The vehicle then landed on the victim causing his death.

The scene was photographed by Det. Troy Pham, and Officer Dey. The scene was also mapped out using the final station method scaled diagram was took. Officer McClure determined that the vehicle was traveling in excess of the critical speed for the curve as well as the propensity for the vehicle to roll.

Exhibit B - Police Report

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Blue Springs Police

BLUE SPRINGS POLICE DEPT. MO04810168
1100 SW SMITH STREET
BLUE SPRINGS, MO 64015-3703
(816) 228-0150

Case Number: 2009-09210
Scale: 1" = 20'

Report by: Date Drawn:
Officer Tony Johnson 9/15/2009

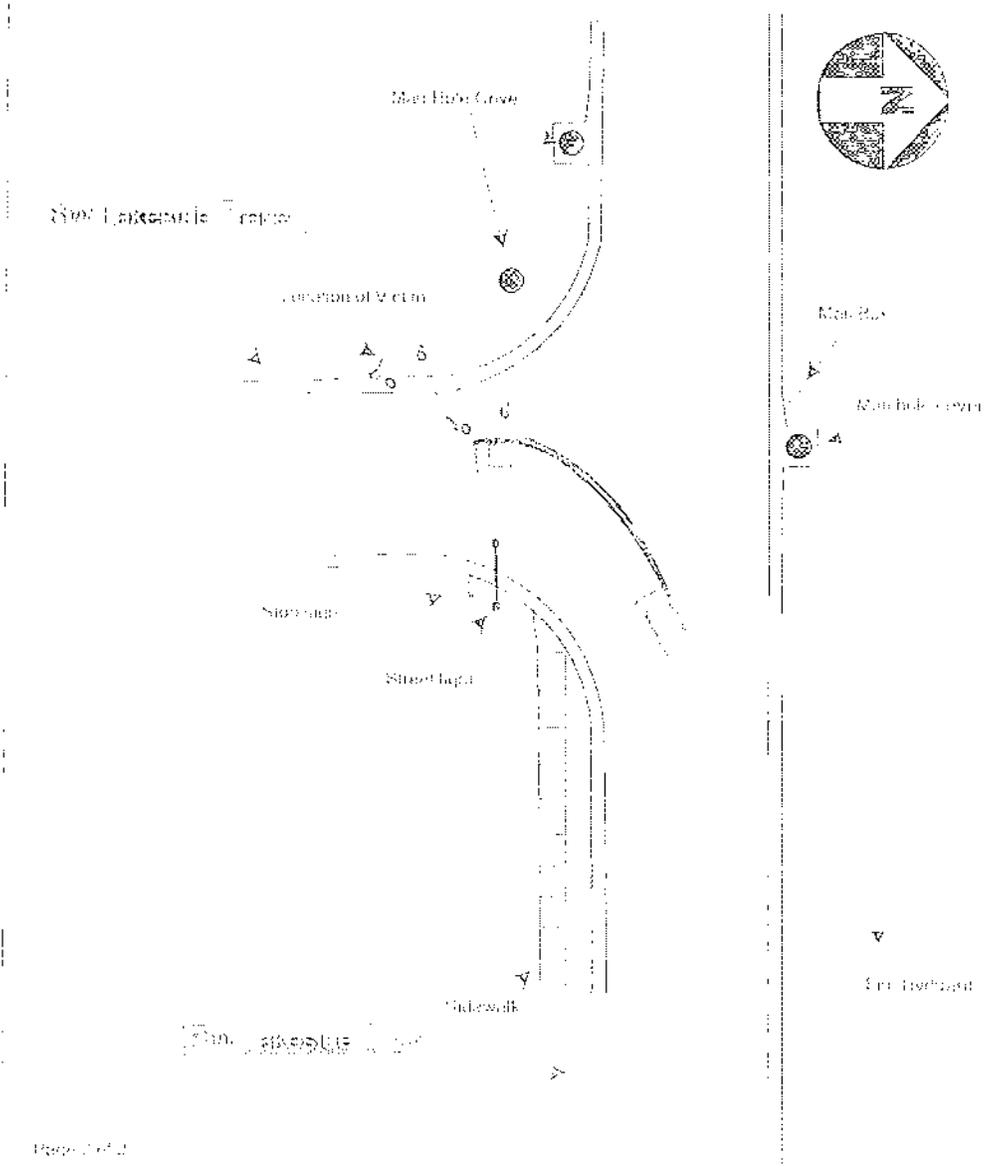


Exhibit B - Police Report

**INVESTIGATION REPORT
BLUE SPRINGS POLICE DEPARTMENT
BLUE SPRINGS, MISSOURI**

COMPLAINT: 2009-08210
DATE RCVD: 09-13-2009
DATE: 09-14-2009

TYPE	LAST NAME	FIRST NAME	MID NAME	DOB
V	(b)(3):CPSA Section 25(a)			04-24-1964

CHARACTER OF CASE: Dead Body
PROGRESSIVE INVESTIGATION

On September 13, 2009 at 0000 hours, I received a phone call from Det. Sgt. Joe Fanara. Sgt. Fanara advised there had been a fatality motor vehicle accident at SW Lakeside Trace and SW Lakeside Ct., Lee's Summit, Jackson County Missouri 64064. Sgt. Fanara asked that I assist the On Call Detective, Troy Pharr who was at the scene. I advised Sgt. Fanara I would call Det. Pharr and see what I could do to assist. I contacted Det. Pharr by cell phone and asked him what I could do. Det. Pharr asked that I respond to the scene and interview a witness to the incident. Det. Pharr advised there had been a party and three men had gone out riding on an ATV. The men were almost back to the residence of the party when the ATV tipped over killing one of the passengers. The subject Det. Pharr asked that I interview a subject visiting here from Arizona and the subject that was killed was the interviewee's best friend. Det. Pharr advised all of the subjects were intoxicated. The driver had been arrested and was in custody at the station. I advised Det. Pharr I would be enroute to the station to interview the witness. I responded to Blue Springs Headquarters where I met Officer Brandon Claxton who had transported the witness on the second floor. Officer Claxton advised the witnesses' name was (b)(6) and that he went by the name of "Trip". I introduced myself to (b)(6) asked Officer Claxton to remain with (b)(6) while I set up the DVD recorder. Upon setting up the DVD recorder, I escorted (b)(6) to the interview room. I activated my issued Olympus digital recorder and started the interview at 0035 hours. I advised (b)(6) I was recording the interview by DVD and digital recorder. I had (b)(6) identify himself for the recording and then asked him what had happened starting with Saturday, September 12, 2009. (b)(6) advised he had flown in from Arizona on Thursday, September 10, 2009 to visit his best friend, (b)(6). On Saturday morning, (b)(3):CPSA Se and three other friends of Mr. Hooper went to Country Creek Golf Course to play 18 holes of golf. The five of them played the 18 holes and then came back to (b)(6) residence at approximately 1600 to 1630 hours as there was going to be a party at (b)(6) residence later that evening. The guests were to start arriving between 1830 and 1900 hours. (b)(6) assisted with getting the food and other items ready for the party and the guests started showing up. (b)(6) advised there were approximately nine adults at the party with a few children that belonged to some of (b)(6) neighbors and (b)(6)'s two children. I asked (b)(6) if they had been drinking and he

D.W.
D. Williams

Exhibit B - Police Report

Blue Springs Police Department

2009-08210

replied they had drank some beer while they were playing golf and when they arrived back they had been drinking some cocktails. Mr. Biggers advised he did not believe they were drunk but they had been drinking. (b)(6) advised at approximately 2230 to 2300 hours, one of Mr. (b)(6)'s neighbors asked (b)(3):CPSA Section if they wanted to go ride around the lake in his ATV. Mr. Biggers advised Mr. Hooper at first did not want to go but stated yes as Mr. Hooper did not want to upset his neighbors. I asked (b)(6) what the neighbor's name was that wanted them to go riding the ATV. (b)(6) stated that he thought his name was "Shawn" but he was not sure as he just met him. Mr. Biggers was also unsure of the spelling of "Shawn". Mr. Biggers advised the three of them went out and rode around in the "Polaris". I asked (b)(6) where everyone was sitting in the Polaris. (b)(6) advised (b)(6) was driving, he was in the middle and (b)(6) was on the right side. All three of them were sitting in the front seat. The three of them rode over to the lake or pond and drove around it. They then drove back to the residence. Mr. Biggers advised they had driven through the weeds to a street which Shawn drove down a short distance. Shawn then made a left turn down a street. Shawn then made a left turn and the Polaris turned over. (b)(6) advised as Shawn turned into the cut-d-sac he took it too quick or too tight and the Polaris tipped over. (b)(6) fell onto the top of the Polaris and when the Polaris stopped he fell to the ground. (b)(6) looked over to the right and did not see Mr. Hooper. (b)(6) thought Mr. Hooper had jumped out. (b)(6) got up and discovered that (b)(6) was underneath the back of the Polaris face down. Shawn and (b)(6) pick up the Polaris and then turned (b)(6) over. Mr. Biggers advised one of Mr. Hooper's neighbors was a doctor and he showed up. They started doing CPR and the doctor advised them there was nothing they could do for (b)(6). (b)(6) stated when he turned (b)(6) over and saw all of the blood coming from Mr. (b)(6)'s ears; he knew (b)(6) was dead. I asked (b)(6) if they had been drinking prior to taking the ride and he replied (b)(6) had just poured some Scotch into some glasses but they had not drank any of it. (b)(6) stated they had been drinking some beer but none of them were drunk. (b)(6) could not give an accurate description of where they had been driving as he was unfamiliar with the area and it was the first time he had been to the (b)(6) since they had moved into that house. I concluded the interview at 0059 hours. I secured the DVD and the digital recorder until I could return to my office to package them and place them into the property room. I contacted Det. Pharr by phone and asked him if he wanted the digital video camera brought to him to take a video of the scene. Det. Pharr advised to bring the camera. I transported (b)(6) and the camera back to the scene. I thanked Mr. Biggers for the interview and advised him to go into the residence, 8816 SW Lakeside Terrace, Lee's Summit, Jackson County Missouri 64064. I contacted Det. Pharr and discussed what (b)(6) had told me. Det. Pharr asked that I take the video of the scene starting at SW 5th St and Lakeside Court and walk west to the scene. Det. Pharr asked that I video all around the Polaris ATV and include where Mr. Hooper was lying under a tarp. Upon completing this task, I secured the video camera until I could download it to a DVD per department policy. I remained at the scene until Mr. (b)(6) was removed by the Jackson County Medical Examiner. Det. Pharr asked if I would respond to the Medical Examiner's Office in the morning to attend the autopsy. I advised Det. Pharr I would do that. I contacted the Medical Examiner Investigator and was advised the autopsy would start at 0800 hours on September 13, 2009. I then cleared the scene at 0330 hours.

Exhibit B - Police Report

Blue Springs Police Department

2009-08210

On September 13, 2009 at 0800 hours, I arrived at the Jackson County Medical Examiner's Office, 660 E 24th St., Kansas City, Jackson County Missouri for the autopsy. I removed my issued Canon Rebel EOS Camera and attached the 50 MM lens to take the digital images. Deputy Medical Examiner Dr. Daniel Lingamfelter was conducting the autopsy. I entered the autopsy room and observed (b)(6) clothes had been removed and observed abrasions on (b)(6)'s right knee, elbow and hand. There was blood dried in his hair and on his face. Dr. Lingamfelter advised (b)(6)'s first and second posterior ribs and the third posterior ribs were broken. Upon looking at the skull after the skin had been pulled back, Dr. Daniel Lingamfelter showed me where the base of the skull had a fracture across the back of the head that went from the right ear to the left ear. Dr. Daniel Lingamfelter also showed me a fracture on the right side of (b)(6)'s head above the ear that was a half circle. Dr. Daniel Lingamfelter continued to examine the interior of the skull and pointed out other small fractures. Dr. Daniel Lingamfelter discovered a piece of the skull had severed the spinal cord. Dr. Daniel Lingamfelter advised this injury would have caused (b)(6)'s death as soon as the bone severed the spinal cord. I took digital images of all of the injuries and fractures pointed out by Dr. Daniel Lingamfelter. I secured my camera until I could return to the station and download the images to a CD per department policy. I seized the shoes (b)(6) had been wearing. A copy of the Evidence Release Form was obtained from the Medical Examiner's Office and submitted to the records unit to be incorporated into the case file. All CD's and DVD's were packaged and placed into the property room per department policy.

EOR

Page 3 of 3

Reporting Detective

David J. Williams
Det. David J. Williams

#643

Exhibit B - Police Report

OFFICER'S FIELD INVESTIGATION REPORT CASE NUMBER: 2009-08210

INDIVIDUAL / BUSINESS	NO. 1		INVOLEMENT CODE: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business		NAME (Last, First, Middle): (b)(3):CPSA Se		SUFFIX:		MEMBER:			
	STREET ADDRESS:		APT.:		CITY:		STATE:		ZIP CODE: 64064			
	ETHNIC:		RACE:		SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk		EYE COLOR: BRO		HAIR COLOR: BRO			
	OCCUPATION: Unknown		EMPLOYER / SCHOOL (include Grade Level):		EMPLOYEE'S PHONE NUMBER:		COMPLEXION: 1 LT		FACIAL HAIR: 3 GTE			
	EMPLOYER'S STREET ADDRESS:		CITY:		STATE:		ZIP CODE:		SCARS / TATTOOS: NO <input type="checkbox"/> UNK <input type="checkbox"/>			
	VICTIM OR LEO: <input type="checkbox"/>		RELATION TO OFFENDER: <input type="checkbox"/> N/A		WAS ASSAULT / RAPE: <input type="checkbox"/> N/A		WAS BURGLAR (ROB): <input type="checkbox"/> N/A		LEO: <input type="checkbox"/> N/A		ACTIVITY: <input type="checkbox"/> N/A	
	SUSPECT: <input type="checkbox"/>		SUSPECT FORCED VICTIM: <input type="checkbox"/> N/A <input type="checkbox"/> UNK		SUSPECT ACTION: <input type="checkbox"/> N/A <input type="checkbox"/> UNK		SOLICITED / OFFERED: <input type="checkbox"/> N/A <input type="checkbox"/> UNK		SUSPECT FORCE: <input type="checkbox"/> N/A <input type="checkbox"/> UNK			
	OPTIONAL:		GENERAL APPEARANCE:		GLASSES: <input type="checkbox"/> YES <input type="checkbox"/> NO		HAND DOMINANCE: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> U		BUILD:		HAIR LENGTH:	
			MISCELLANEOUS:		SPEECH:		TEETH:		ALCOHOL USED: <input type="checkbox"/> YES <input type="checkbox"/> NO		DRUGS USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
									COMPUTER USED: <input type="checkbox"/> YES <input type="checkbox"/> NO		DEMANDER: <input type="checkbox"/> YES <input type="checkbox"/> NO	
INDIVIDUAL / BUSINESS	NO. 2		CODE: 0		NAME (Last, First, Middle): (b)(6)		SUFFIX:		MEMBER: Tripp			
	STREET ADDRESS:		APT.:		CITY:		STATE:		ZIP CODE:			
	OCCUPATION: Unknown		EMPLOYER / SCHOOL (include Grade Level):		EMPLOYEE'S PHONE NUMBER:		COMPLEXION:		FACIAL HAIR:			
	EMPLOYER'S STREET ADDRESS:		CITY:		STATE:		ZIP CODE:		SCARS / TATTOOS: NO <input type="checkbox"/> UNK <input type="checkbox"/>			
	VICTIM OR LEO: <input type="checkbox"/>		RELATION TO OFFENDER: <input type="checkbox"/> N/A		WAS ASSAULT / RAPE: <input type="checkbox"/> N/A		WAS BURGLAR (ROB): <input type="checkbox"/> N/A		LEO: <input type="checkbox"/> N/A		ACTIVITY: <input type="checkbox"/> N/A	
	SUSPECT: <input type="checkbox"/>		SUSPECT FORCED VICTIM: <input type="checkbox"/> N/A <input type="checkbox"/> UNK		SUSPECT ACTION: <input type="checkbox"/> N/A <input type="checkbox"/> UNK		SOLICITED / OFFERED: <input type="checkbox"/> N/A <input type="checkbox"/> UNK		SUSPECT FORCE: <input type="checkbox"/> N/A <input type="checkbox"/> UNK			
	OPTIONAL:		GENERAL APPEARANCE:		GLASSES: <input type="checkbox"/> YES <input type="checkbox"/> NO		HAND DOMINANCE: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> U		BUILD:		HAIR LENGTH:	
			MISCELLANEOUS:		SPEECH:		TEETH:		ALCOHOL USED: <input type="checkbox"/> YES <input type="checkbox"/> NO		DRUGS USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
									COMPUTER USED: <input type="checkbox"/> YES <input type="checkbox"/> NO		DEMANDER: <input type="checkbox"/> YES <input type="checkbox"/> NO	
INVOLVED VEHICLE	NO. 1		RELATED TO: S		STATUS: n/a		TYPE: 8 ATV		YEAR: 2007			
	COLOR: BLK		LICENSE:		LIC YR:		STATE:		INSURANCE COMPANY:			
	VIN: 4XARH66A1B2385186		MAKE: Polaris		MODEL: Ranger		STYLE: 11 N/A		LICENHOLDER:			
	LOCATED AT: <input type="checkbox"/>		RECOVERED AT: <input checked="" type="checkbox"/>		LOCATION:		DATE / TIME: / /		Hrs. BY WHOM:			
	REGISTERED OWNER: Davis Scott W		ADDRESS: 2209 NE Arant		CITY: Blue Springs		STATE: MO		ZIP CODE: 64014			
	APR: 1		STORER AT: Pink Hill Storage		APR: 1		PHONE NUMBER: ()		OWNER NOTIFIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
	APR: 1		STORER AT: Pink Hill Storage		APR: 1		PHONE NUMBER: ()		OWNER NOTIFIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
	APR: 1		STORER AT: Pink Hill Storage		APR: 1		PHONE NUMBER: ()		OWNER NOTIFIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
	APR: 1		STORER AT: Pink Hill Storage		APR: 1		PHONE NUMBER: ()		OWNER NOTIFIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
	APR: 1		STORER AT: Pink Hill Storage		APR: 1		PHONE NUMBER: ()		OWNER NOTIFIED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
INVOLVED PROPERTY (Stolen, Lost, Damaged, Seized)	ITEM NO.		REL. TO:		STATUS:		TYPE:		QTY:			
	DESCRIPTION (INCLUDE MAKE, MODEL, COLOR, ETC.)		SERIAL NUMBER:		VALUE:							
	1											
	2											
	3											
4												
IF MORE THAN FOUR ITEMS, DO NOT USE THIS SECTION - USE FORM 6 AND CHECK BOX <input type="checkbox"/>										TOTAL:		
FORM 1 (Rev. 10/99)		PAGE 2 OF 4			PSN 1884							

Exhibit B - Police Report

ADDITIONAL BUSINESS/PERSONS												CASE NUMBER: 2009-08210			
INDIVIDUAL / BUSINESS	NO. 3	INVOLVEMENT CODE: 6	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Business	NAME (Last, First, Middle): (b)(6)				SUFFIX:	MONIKER:		STATE: MO	ZIP CODE: 64014			
	STREET ADDRESS: (b)(6)										SCARS / MARKS / TATTOOS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK				
	ETHNIC: <input type="checkbox"/> H <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk	RACE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> W <input checked="" type="checkbox"/> V <input type="checkbox"/> Unk	SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk	EYE COLOR: BRO	HAIR COLOR: BRO	COMPLEXION: 1 LT	FACIAL HAIR: 6 O/UNK								
	OCCUPATION:						EMPLOYER / SCHOOL (Include Grade Level):						EMPLOYER'S PHONE NUMBER:		
	STREET ADDRESS:										CITY:	STATE:	ZIP CODE:		
	VICTIM OR LEO: <input type="checkbox"/> N/A	RELATION TO OFFENDER: <input type="checkbox"/> N/A	WAS ASSAULT / RAPE: <input type="checkbox"/> N/A	WAS BURGLARY / ROB: <input type="checkbox"/> N/A	LEO: <input type="checkbox"/> N/A	ACTIVITY: <input type="checkbox"/> N/A	VEHICLE ASSIGNMENT: <input type="checkbox"/> N/A								
	SUSPECT: <input type="checkbox"/> N/A <input type="checkbox"/> UNK	SUSPECT FORCED VICTIM: <input type="checkbox"/> N/A <input type="checkbox"/> UNK	SUSPECT ACTION: <input type="checkbox"/> N/A <input type="checkbox"/> UNK	SOLICITED / OFFERED: <input type="checkbox"/> N/A <input type="checkbox"/> UNK		SUSPECT FORCE: <input type="checkbox"/> N/A <input type="checkbox"/> UNK									
	OPTIONAL: GENERAL APPEARANCE:	GLASSES: <input type="checkbox"/> YES <input type="checkbox"/> NO	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO	HAND DOMINANCE: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> U	BUILD:	HAIR LENGTH:	HAIR STYLE:								
	MISCELLANEOUS:	SPEECH:	TEETH:	ALCOHOL USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DRUGS USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPUTER USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DEMEANOR:								
	NO. 1	INVOLVEMENT CODE:	<input type="checkbox"/> Individual <input type="checkbox"/> Business	NAME (Last, First, Middle):				SUFFIX:	MONIKER:		STATE:	ZIP CODE:			
STREET ADDRESS:										APT.:	CITY:	STATE:	ZIP CODE:		
PHONE NUMBER:	DATE OF BIRTH:	AGE:	HGT.:	WGT.:	SOCIAL SECURITY NUMBER:		SCARS / MARKS / TATTOOS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK								
ETHNIC: <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> Unk	RACE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> W <input type="checkbox"/> V <input type="checkbox"/> Unk	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk	EYE COLOR:	HAIR COLOR:	COMPLEXION:	FACIAL HAIR:									
OCCUPATION:						EMPLOYER / SCHOOL (Include Grade Level):						EMPLOYER'S PHONE NUMBER:			
STREET ADDRESS:										APT.:	CITY:	STATE:	ZIP CODE:		
VICTIM OR LEO: <input type="checkbox"/> N/A	RELATION TO OFFENDER: <input type="checkbox"/> N/A	WAS ASSAULT / RAPE: <input type="checkbox"/> N/A	WAS BURGLARY / ROB: <input type="checkbox"/> N/A	LEO: <input type="checkbox"/> N/A	ACTIVITY: <input type="checkbox"/> N/A	VEHICLE ASSIGNMENT: <input type="checkbox"/> N/A									
SUSPECT: <input type="checkbox"/> N/A <input type="checkbox"/> UNK	SUSPECT FORCED VICTIM: <input type="checkbox"/> N/A <input type="checkbox"/> UNK	SUSPECT ACTION: <input type="checkbox"/> N/A <input type="checkbox"/> UNK	SOLICITED / OFFERED: <input type="checkbox"/> N/A <input type="checkbox"/> UNK		SUSPECT FORCE: <input type="checkbox"/> N/A <input type="checkbox"/> UNK										
OPTIONAL: GENERAL APPEARANCE:	GLASSES: <input type="checkbox"/> YES <input type="checkbox"/> NO	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO	HAND DOMINANCE: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> U	BUILD:	HAIR LENGTH:	HAIR STYLE:									
MISCELLANEOUS:	SPEECH:	TEETH:	ALCOHOL USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DRUGS USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPUTER USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DEMEANOR:									
NO. 2	INVOLVEMENT CODE:	<input type="checkbox"/> Individual <input type="checkbox"/> Business	NAME (Last, First, Middle):				SUFFIX:	MONIKER:		STATE:	ZIP CODE:				
STREET ADDRESS:										APT.:	CITY:	STATE:	ZIP CODE:		
PHONE NUMBER:	DATE OF BIRTH:	AGE:	HGT.:	WGT.:	SOCIAL SECURITY NUMBER:		SCARS / MARKS / TATTOOS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK								
ETHNIC: <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> Unk	RACE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> W <input type="checkbox"/> V <input type="checkbox"/> Unk	SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unk	EYE COLOR:	HAIR COLOR:	COMPLEXION:	FACIAL HAIR:									
OCCUPATION:						EMPLOYER / SCHOOL (Include Grade Level):						EMPLOYER'S PHONE NUMBER:			
STREET ADDRESS:										CITY:	STATE:	ZIP CODE:			
VICTIM OR LEO: <input type="checkbox"/> N/A	RELATION TO OFFENDER: <input type="checkbox"/> N/A	WAS ASSAULT / RAPE: <input type="checkbox"/> N/A	WAS BURGLARY / ROB: <input type="checkbox"/> N/A	LEO: <input type="checkbox"/> N/A	ACTIVITY: <input type="checkbox"/> N/A	VEHICLE ASSIGNMENT: <input type="checkbox"/> N/A									
SUSPECT: <input type="checkbox"/> N/A <input type="checkbox"/> UNK	SUSPECT FORCED VICTIM: <input type="checkbox"/> N/A <input type="checkbox"/> UNK	SUSPECT ACTION: <input type="checkbox"/> N/A <input type="checkbox"/> UNK	SOLICITED / OFFERED: <input type="checkbox"/> N/A <input type="checkbox"/> UNK		SUSPECT FORCE: <input type="checkbox"/> N/A <input type="checkbox"/> UNK										
OPTIONAL: GENERAL APPEARANCE:	GLASSES: <input type="checkbox"/> YES <input type="checkbox"/> NO	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO	HAND DOMINANCE: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> U	BUILD:	HAIR LENGTH:	HAIR STYLE:									
MISCELLANEOUS:	SPEECH:	TEETH:	ALCOHOL USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DRUGS USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPUTER USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DEMEANOR:									

Exhibit B - Police Report

INVESTIGATION REPORT
Property
BLUE SPRINGS, MO POLICE DEPT.

CASE NUMBER:
2009-08210
DATE/TIME:
09 / 13 / 2009 1300 Hrs.

APPROVED: _____
APPROVED: _____

NO. 1 VICTIM
 OWNER
 SUSPECT
 REPORTING PERSON

NO. 2 VICTIM
 OWNER
 SUSPECT
 REPORTING PERSON

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

EVIDENCE
 SAFERKEEPING
 FOUND
 RETURN TO OWNER
 DESTROY

REMARKS
Daylight photos of scene
S.W. Lakeside Truce + S.W. Lakeside Ct.
Dead Body - Fatality Crash

ITEM NO.	QTY.	DESCRIPTION (INCLUDE MAKE, MODEL, COLOR, ETC.)	SERIAL NUMBER	VALUE	REC. CODE	IS THIS EVIDENCE?	RELOCATION
1	1	Photo CD	#1			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
2	1	Photo CD	#2			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDRESS (LOCATION OF INCIDENT)
S.W. Lakeside Truce + S.W. Lakeside Ct.

Form 4 (Rev. 3/07) PAGE 1 OF 1 R. J. Dec 457

TOTAL VALUE OF ALL PAGES

Exhibit B - Police Report


**INVESTIGATION REPORT
 BLUE SPRINGS POLICE DEPARTMENT
 BLUE SPRINGS, MISSOURI**

COMPLAINT:	2009-08210
DATE RCVD:	09/13/2009
DATE:	09/29/2009

TYPE	LAST NAME	FIRST NAME	MID NAME	DOB
V	(b)(3):CPSA Section 25(c)		M	04/24/1964

CHARACTER OF CASE: PROGRESSIVE INVESTIGATION
 MOTOR VEHICLE ACCIDENT - FATALITY

On 09/29/2009 I telephoned Shawn Koval the driver in this case. I asked Mr. Koval if he would be willing to come into the police department so we could talk about what happened the evening of 09/12/2009. Mr. Shawn Koval stated that he had retained an attorney and he had a telephone call into his office already this morning. I asked that he contact his attorney then call me back so we could set up an appointment. Shawn said that he would.

Later in the day I received a telephone message from attorney Kevin Regan, 816-221-5357. Kevin said that he has instructed Shawn, that under his fifth amendment rights not to have any conversation with me.

Page 1 of 1 Reporting Detective Stacy Pham 288

APPROVED: *[Signature]*
 APPROVED:

INVESTIGATION REPORT
 PROPERTY
 BLUE SPRINGS, MO. POLICE DEPT.

CASE NUMBER: **2009-08210**
 DATE/TIME: 09/14/2009 @ 0508 HRS.

No. 1	<input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/> SUSPECT <input type="checkbox"/> REPORTING PERSON <input type="checkbox"/> OTHER	NAME (Last, First, Middle) (b)(3):CPSA Section 25(c),(b)(6)	RACE	SEX	DATE OF BIRTH	SOCIAL SECURITY No.
No. 2	<input type="checkbox"/> VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> REPORTING PERSON <input type="checkbox"/> OTHER					

EVIDENCE
 SAFEKEEPING
 RETURN TO OWNER
 DESTROY

REMARKS: The below listed item is a CD-R containing approximately 105 digital photographs, 95 of which are of the crime scene located at the below listed address. 10 photographs are un-related and were unintentionally left on the digital card from a new camera training session.

CRIME OR INCIDENT: Motor vehicle accident, fatality.

LIST ANY PROPERTY RELEASED BY OFFICER: None

ASSOCIATED UCS / UTT NO. N/A

ITEM NO.	REL TO	STATUS	TYPE	QTY	DESCRIPTION (INCLUDE MAKE, MODEL, COLOR, ETC.)	SERIAL NUMBER	VALUE	REC. CODE	IS THIS EVIDENCE	(OFFICE USE) BIN/LOCATION
1	1	6	K	1	CD-R containing approximately 105 digital photographs	N/A	N/A	0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDRESS / LOCATION OF INCIDENT: Lakeside Trace and Lakeside Court, Lee's Summit, Mo. 64064

FORM 4 PAGE 1 OF 1 REPORTING OFFICER'S SIGNATURE: *[Signature]* PSN: 288 VALUE OF THIS PAGE: \$N/A TOTAL VALUE OF ALL PAGES: \$N/A

Exhibit B - Police Report

COPY



OFFICE OF THE JACKSON COUNTY MEDICAL EXAMINER

660 East Twenty Fourth Street
Kansas City, Missouri 64108

(816) 881-6600
FAX (816) 404-1345

Mary H. Dugley, M.D.
Chief Medical Examiner
Laura D. Knight, M.D.
Deputy Medical Examiner

EVIDENCE RELEASE FORM

Case Name & #:

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

BSPD
2009-08210

The following item(s): #1) 1 PAIR GREY SHOES

Were released to:

Det David Williams #643
(print name)

Det David Wilton #643
(sign name)

Blue Springs PD
(agency)

Released by:

D. Langanfelter / D. Langanfelter
(print/sign)

9-13-09 0835
(date/time)

Exhibit B - Police Report

APPROVED 1048 APPROVED	CRIME SCENE LOG BLUE SPRINGS MO POLICE DEPARTMENT	COMPLAINT # 2009-08210 DATE 09 / 12 / 09 TIME 2257																																																																																																																																																																				
INCIDENT Death Body																																																																																																																																																																						
CODES: V=VICTIM R=REPORTING PARTY W=WITNESS O=OTHER S=SUSPECT																																																																																																																																																																						
(b)(3):CPSA Section 25(c)																																																																																																																																																																						
CITY Chandler STATE AZ ZIP 85244 PHONE (602) 712-5162 CITY STATE ZIP PHONE																																																																																																																																																																						
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Exhibit B - Police Report

INVESTIGATION REPORT
Property
BLUE SPRINGS, MO POLICE DEPT.

APPROVED <i>[Signature]</i>	CASE NUMBER 2009-08210
APPROVED	DATE / TIME 09/13/09 0430 Hrs.

NO. 1	<input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/> SUSPECT <input type="checkbox"/> REPORTING PERSON	(b)(3):CPSA Section 25(c),(b)(6)	SOCIAL SECURITY NUMBER (b)(6)
NO. 2	<input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/> SUSPECT <input type="checkbox"/> REPORTING PERSON	(b)(3):CPSA Section 25(c),(b)(6)	(b)(6)
<input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> SAFEKEEPING <input type="checkbox"/> FOUND <input type="checkbox"/> RETURN TO OWNER <input type="checkbox"/> DESTROY		REMARKS The below listed item was seized and placed into property as evidence to towed to Pink Hill Storage	
CRIME OR INCIDENT Death body		ASSOCIATED GOSUIT NO.	
LIST ANY PROPERTY RELEASED BY OFFICER			

ITEM NO.	REL. TO	STATUS	TYPE	QTY.	DESCRIPTION (INCLUDE MAKE, MODEL, COLOR, ETC.)	SERIAL NUMBER	VALUE	REC. CODE	IS THIS EVIDENCE	BIN/LOCATION
11	DD			1	2009 Ramerick all terrain vehicle VIN: 4XARH66A182385186				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDRESS (LOCATION OF INCIDENT) Lakeside Trace / Lakeside Ct	TOTAL VALUE OF ALL PAGES ←
Form 4 (Rev. 3/07) PAGE 1 OF 1	REPORTING OFFICER'S SIGNATURE <i>[Signature]</i> PSN 1884

Exhibit B - Police Report

APPROVED: *[Signature]*
 APPROVED:

INVESTIGATION REPORT
 PROPERTY
 BLUE SPRINGS, MO. POLICE DEPT.

CASE NUMBER: **2009-08210**
 DATE/TIME: 09/13/2009 @ 1430 HRS.

No. 1	<input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/> SUSPECT <input type="checkbox"/> REPORTING PERSON <input type="checkbox"/> OTHER	NAME (Last, First, Middle) (b)(3):CPSA Section 25(c),(b)(6)	RACE:	SEX:	DATE OF BIRTH: 04/24/1964	SOCIAL SECURITY No. (b)(3):CPSA Section 25(c),(b)(6)
No. 2	<input type="checkbox"/> VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> REPORTING PERSON <input type="checkbox"/> OTHER	(b)(3):CPSA Section 25(c),(b)(6)			DATE OF BIRTH: 10/17/1974	(b)(3):CPSA Section 25(c),(b)(6)

EVIDENCE
 SAFEKEEPING
 RETURN TO OWNER
 DESTROY

REMARKS: The below listed item was located under the right leg of Mr. Curtis Hooper, the listed victim.

CRIME OR INCIDENT: Motor vehicle accident, fatality.

LIST ANY PROPERTY RELEASED BY OFFICER: None

ASSOCIATED UCS / UTT NO
N/A

ITEM NO.	REL TO	STATUS	TYPE	QTY	DESCRIPTION (INCLUDE MAKE, MODEL, COLOR, ETC.)	SERIAL NUMBER	VALUE	REC CODE	IS THIS EVIDENCE	(OFFICE USE) BULK/LOCATION
1	1	6	1	1	12 ounce can of Coors Light Beer	N/A	N/A	0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDRESS / LOCATION OF INCIDENT: Lakeside Trace and Lakeside Court, Lee's Summit, Mo. 64064

FORM 4 PAGE 1 OF 1 REPORTING OFFICER'S SIGNATURE: *[Signature]* PSN. 288 VALUE OF THIS PAGE: \$N/A TOTAL VALUE OF ALL PAGES: \$N/A

Exhibit B - Police Report

APPROVED: *[Signature]*
 APPROVED:

INVESTIGATION REPORT
 PROPERTY
 BLUE SPRINGS, MO. POLICE DEPT.

CASE NUMBER: **2009-08210**
 DATE/TIME: 09/14/2009 @ 0508 HRS.

No. 1	<input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> OWNER <input type="checkbox"/> SUSPECT <input type="checkbox"/> REPORTING PERSON <input type="checkbox"/> OTHER	NAME (Last, First, Middle) (b)(3):CPSA Section 25(c),(b)(6)	RACE:	SEX:	DATE OF BIRTH:	SOCIAL SECURITY No. (b)(3):CPSA Section 25(c),(b)(6)				
No. 2	<input type="checkbox"/> VICTIM <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> REPORTING PERSON <input type="checkbox"/> OTHER									
<input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> SAFEKEEPING <input type="checkbox"/> RETURN TO OWNER <input type="checkbox"/> DESTROY		REMARKS: The below listed item is a CD-R containing approximately 105 digital photographs, 95 of which are of the crime scene located at the below listed address. 10 photographs are un-related and were unintentionally left on the digital card from a new camera training session.								
CRIME OR INCIDENT: Motor vehicle accident, fatality.										
LIST ANY PROPERTY RELEASED BY OFFICER: None					ASSOCIATED UCS / UTT NO. N/A					
ITEM NO	REL TO	STATUS	TYPE	QTY	DESCRIPTION (INCLUDE MAKE, MODEL, COLOR, ETC.)	SERIAL NUMBER	VALUE	REC CODE	IS THIS EVIDENCE	(OFFICE USE) BIR/LOCATION
1	1	6	K	1	CD-R containing approximately 105 digital photographs	N/A	N/A	0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
ADDRESS / LOCATION OF INCIDENT: Lakeside Trace and Lakeside Court, Lee's Summit, Mo. 64064							\$N/A	VALUE OF THIS PAGE		
FORM 4	PAGE 1 OF 1	REPORTING OFFICER'S SIGNATURE <i>[Signature]</i>			PSN: 288	\$N/A	TOTAL VALUE OF ALL PAGES			

Exhibit B - Police Report

COPY



OFFICE OF THE JACKSON COUNTY MEDICAL EXAMINER

660 East Twenty Fourth Street
Kansas City, Missouri 64108

(816) 881-6600
FAX (816) 494-1345

Mary H. Dunley, M.D.
Chief Medical Examiner
Laura D. Knight, M.D.
Deputy Medical Examiner

EVIDENCE RELEASE FORM

Case Name & #:

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

BSPD
2009-08210

The following item(s): #1) 1 PAIR GREY SHOES

Were released to: Det David Williams #643
(print name)

Det David Wilton #643
(sign name)

Blue Springs PD
(agency)

Released by: -D. Langan / Det. Wilton
(print/sign)

9-13-09 0835
(date/time)

Exhibit B - Police Report

BLUE SPRINGS POLICE DEPARTMENT

2009-08210

On 09-12-2009 at approximately 2252 hours, I heard the dispatchers tone a motor vehicle accident with injuries near (b)(6) Trace. The dispatchers reported that it was an ATV accident with a subject ejected and trapped under the ATV. Since I was closer than the other units who were dispatched, I responded to the scene.

When I arrived, I saw a large green ATV, believed to be a Polaris Ranger sitting in the roadway at the intersection of SW Lakeside Trace and SW Lakeside Ct. On the southwest corner of the intersection, off of the roadway, I saw a male (later identified as (b)(3)-CPSA Sect) laying on the ground with what appeared to be blood coming out of his head area. I was contacted by a male subject who told me that he was a Doctor who lived in the area. The Doctor told me that he had assessed (b)(6), performed CPR for a few minutes, and determined that the patient was deceased. I verified that there were not any signs of life, and that there was no pulse. I saw that there was a steady amount of a red substance coming out of (b)(3)-C's left ear, and his facial area was covered in blood.

As I was attempting to determine what had happened, I spoke with a subject who was pointed out to me to have been a witness to the incident. I made contact with that subject who was later identified as (b)(3)-CPSA M, W/M 10-18-1974. (b)(6) told me that he had been driving and Mr. Hooper had been his passenger. (b)(6) explained that they had been going westbound on SW Lakeside Trace, and he made a left turn to go onto SW Lakeside Ct. (b)(6) said that the vehicle rolled over and landed on Mr. (b)(6). As I was speaking with (b)(6), I detected the moderate odor of an alcoholic beverage coming from his person.

After the scene had been stabilized, and the proper notifications made, I again contacted (b)(6). I escorted (b)(6) away from where (b) s other friends and family were. In the interest of attempting to protect (3)-CP from further embarrassment, I took (b)(6) to where the fire engine was between us and the other friends and family. Due to the position of the police cars, I do not believe that the field sobriety tests were captured on video.

I asked Mr. Koval how much he had to drink tonight. Mr. Koval told me that he had a few. I saw that Mr. Koval was swaying, and that his eyes were watery, glassy, staring, and his pupils were constricted. I asked Mr. Koval to submit to the standardized field sobriety tests. During the horizontal gaze nystagmus, Mr. Koval was swaying back and fourth. I saw no smooth pursuit in either eye. I saw distinct nystagmus in both eyes at the maximum deviation with onset prior to 45 degrees. During the walk-and-turn test, Mr. Koval had to be told at least four times to stand in the starting position. Every time Mr. Koval got into the starting position, he started walking. When Mr. Koval finally understood that he was supposed to stand in the starting position, he was not able to maintain that position. Mr. Koval lost his balance 4 times during the instructions. As I was part way through the instructions and demonstration, Mr. Koval got out of the starting position and told me that he had been drinking. When I asked Mr. Koval if he was going to refuse to do the test, he told me that he would go ahead and do the test. Mr. Koval missed touching heel to toe on steps number 1 and 9 before the turn, and on steps

Exhibit B - Police Report

BLUE SPRINGS POLICE DEPARTMENT

2009-08210

number 3, 6, 8 and 9 after the turn. During the turn, (b)(6) moved both feet and stopped part way through the turn to ask me if 9 steps was correct. On step number 2 after the turn, (b)(6) lost his balance, stepped off of the line, and almost fell over. (b)(6) did not watch his feet during the test, and did not count his steps out loud. During the one leg stand, (b)(6) stood on his left foot. (b)(6) swayed while he was balancing, and used his arms for balance. (b)(6) put his foot down on the count of 1, the repeat of 1, 2, 3, and 4. (b)(6) hopped on the count of 2. (b)(6) did not look at his foot during the test. I ended the test on the count of 4 for (b)(6)'s safety.

I placed (b)(6) under arrest for the investigation of driving while intoxicated. I escorted (b)(6) to my police car where he was handcuffed with his hands behind his back. I checked the handcuffs for proper fit and I double locked them for safety. I transported (b)(6) to the Police Station. While we were going to the Police Station, (b)(6) told me that he didn't understand how he could be facing a DWI. I explained to (b)(6) that the way the State Statute was written, a person could get a DWI for driving any vehicle with an engine in it after they had been drinking.

After we arrived at the Police Station, I read (b)(6) the Missouri Implied Consent. (b)(6) agreed to provide a breath sample. According to the Intoxilyzer 5000 that was used, (b)(6)'s blood alcohol level was .220%.

I then read (b)(6) his Constitutional Rights. After (b)(6) said that he understood his rights, I interviewed him using the questions on the AIR Form.

(b)(6) was processed into the detention facility and placed on a 24-hour hold.

My investigation revealed nothing further.

Exhibit B - Police Report



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

2009-08210

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN 66002344	DATE OF INSPECTION 08-28-2009
(b)(6)	TIME OF INSPECTION 1735

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

- DVM TEST: (.350 ± .150) .300
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK
- CHARACTER DISPLAY TEST OK
- PRINT TEST (PRINTOUT ATTACHED) OK
- TIME AND DATE 1738 08-28-2009
- CALIBRATION CHECK --
Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)
 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE
 (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <input checked="" type="checkbox"/> <u>.096</u>	TEST 2 <input checked="" type="checkbox"/> <u>.097</u>	TEST 3 <input checked="" type="checkbox"/> <u>.097</u>
--	--	--

- SIMULATOR TEMPERATURE (34° ± .2°C) 34.0°C
- PERFORM RFI TEST (PRINTOUT ATTACHED) OK
- NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	0-04 <input checked="" type="checkbox"/>	.05-.09 <input type="checkbox"/>	.10-.14 <input type="checkbox"/>	.15-.19 <input type="checkbox"/>	Over .19 <input type="checkbox"/>
----------	--	----------------------------------	----------------------------------	----------------------------------	-----------------------------------

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

This instrument is working within D.O.H. guidelines.

Guth Laboratories, Inc., 0.10% solution, lot #08400
Bottle # 1369 exp: 12-08-2009 1159 hours

INSPECTING OFFICER	
SIGNATURE <u>Mindy Carter-McClure</u> #1771	PRINT NAME Mindy Carter-McClure
TYPE & PERMIT NUMBER/EXPIRATION DATE 820226 / 07-25-2010	TELEPHONE NUMBER (816) 228-0150

Exhibit B - Police Report



GUTH LABORATORIES, INC.
500 NORTH 6TH STREET • HARRISBURG, PA 17111-4511 • TEL: 717-654-5670

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08400** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1204** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **December 8, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C (±0.2°C), this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

A handwritten signature in cursive script, reading "Ted C. Pauley".

Ted C. Pauley, President
GUTH LABORATORIES, INC.

Exhibit B - Police Report



MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
PO BOX 3700
JEFFERSON CITY MO 65105-3700

2009-08210

FORM 2385 <small>(REV. 09-2008)</small>	TELEPHONE NUMBER (573) 751-4853	FAX NUMBER (573) 526-3452
SUSPENSION/REVOCAION STARTS 15 DAYS FROM DATE NOTICE IS ISSUED		

USE ONLY WHEN BAC TEST RESULTS ARE OBTAINED

DRIVER'S NAME LAST (b)(6)	FIRST (b)(6)	MIDDLE (b)(6)	DRIVER LICENSE NUMBER (b)(6)	DATE NOTICE IS ISSUED 09-12-2009
STREET, RFD, OR BOX (YOUR ADDRESS)				RESTRICTIONS
CITY				

FOR DRIVERS UNDER AGE 21, INDICATE THE REASON(S) FOR THE STOP:

You have been stopped/arrested upon probable cause that you were driving a vehicle while your blood alcohol level was over the legal limit. Your right to drive will be suspended/revoked 15 days from the date of this notice if you do not request a hearing. If you did not give your driver license to the police officer, you must send it to the Driver License Bureau at the address shown above (Sections 302.505 to 302.525, RSMo). This notice is separate from any traffic tickets you may have received because of this offense. You will be sent an additional notice if you are convicted in court.

SUSPENSION INFORMATION

If you have not had any alcohol offenses within the past five years, your license will be suspended for 30 days. After your suspension, you may receive a 60-day restricted driving permit for work, school, to attend a Substance Abuse Traffic Offender program (SATOP), and to seek the services of a certified ignition interlock provider. The permit may be issued to you if you file proof of insurance (SR-22). An SR-22 is not required for minors suspended for testing .020% or more. If you had any alcohol offenses prior to this stop/arrest, you will also be required to file proof of installation of an ignition interlock device (IID).

REVOCAION INFORMATION

Your license will be revoked for one year if your driving record shows one or more alcohol offenses within the past five years for:
- refusal to submit to a chemical test;
- any conviction for blood alcohol content of .08% or more;
- any conviction for driving while intoxicated, or
- any administrative alcohol suspension or revocation.
After you are reinstated, you must retest for a Missouri driver license.

NOTICE: COMMERCIAL DRIVER LICENSE (CDL) HOLDERS
You may additionally be subject to disqualification of your commercial driving privileges due to this action, whether or not you were operating a commercial motor vehicle at the time of this offense (Sections 302.700 and 302.755, RSMo). If you are subject to disqualification, you will be sent a separate notice informing you of the disqualification and your appeal rights (Section 302.311, RSMo).

HEARING INFORMATION

You may request a hearing if you wish to show that you were not stopped/arrested for driving with a blood alcohol level over the legal limit. WHAT HAPPENS IN COURT WITH YOUR TRAFFIC TICKET HAS NOTHING TO DO WITH THIS HEARING (for more hearing information, see the back of this form).

TEMPORARY 15 DAY DRIVING PERMIT

This is your permit to drive during the next 15 days only if your Missouri driver license is not expired and is not currently suspended/revoked/denied as a result of a prior incident. You must carry this notice with you while driving.

Valid License Surrendered YES (Attached) NO

LAW ENFORCEMENT NOTE - Check driver record for the most current information.

This permit is not valid if the driver license is expired, suspended, revoked, denied, or if the person is not licensed to drive in Missouri.

BY ORDER OF THE DIRECTOR OF REVENUE OR HIS/HER DELEGATE

PRINTED NAME OF ARRESTING OFFICER <i>P. Kott 972</i>	NAME OF POLICE AGENCY <i>St. Louis PD</i>
SIGNATURE OF PERSON ARRESTED (SEE FORM)	

I ACKNOWLEDGE RECEIPT OF THIS NOTICE FROM THE ARRESTING OFFICER

REQUEST FOR ADMINISTRATIVE HEARING (NOT TO BE COMPLETED BY ARRESTING OFFICER)

I request a hearing to review the suspension/revocation of my driving privilege (see back of notice for instructions). IF YOU WANT AN IN-PERSON HEARING YOU MUST CHECK THE BOX BELOW. IF YOU DO NOT CHECK THE BOX FOR AN IN-PERSON HEARING, A TELEPHONE HEARING WILL BE SCHEDULED. NO FURTHER REQUEST FOR AN IN-PERSON HEARING WILL BE GRANTED.

CHECK ONLY ONE BOX
 I REQUEST A TELEPHONE HEARING I REQUEST AN IN-PERSON HEARING IN THE COUNTY OF ARREST

NAME OF PERSON ARRESTED (PRINT YOUR NAME)	DATE OF BIRTH	DRIVER LICENSE NUMBER	STATE OF ISSUE
STREET, RFD, OR BOX (YOUR ADDRESS)	CITY, STATE, ZIP CODE		
HOME TELEPHONE	OFFICE TELEPHONE	CITY AND COUNTY WHERE ARRESTED	DATE OF ARREST
DRIVER'S SIGNATURE		ARRESTED BY	
ATTORNEY INFORMATION (OPTIONAL)	ATTORNEY'S NAME	ATTORNEY'S BAR NUMBER	ATTORNEY'S ADDRESS

Exhibit B - Police Report

RIGHTS AND RESPONSIBILITIES

HOW DO I REVOKE MY REPEATING?

- Answer: If you have a pending case with the court, you must appear in court on the date set for your hearing. If you do not appear, the court may find you guilty and impose a sentence. If you are found guilty, you may be required to attend a hearing to determine if you should be placed on probation or in a treatment program. If you are found guilty and you do not appear in court, you may be required to attend a hearing to determine if you should be placed on probation or in a treatment program. If you are found guilty and you do not appear in court, you may be required to attend a hearing to determine if you should be placed on probation or in a treatment program.

WHAT WILL HAPPEN AT THE HEARING?

- Answer: At the hearing, the judge will hear from you and the prosecutor. The judge will then decide if you should be placed on probation or in a treatment program. If you are found guilty, you may be required to attend a hearing to determine if you should be placed on probation or in a treatment program. If you are found guilty and you do not appear in court, you may be required to attend a hearing to determine if you should be placed on probation or in a treatment program.

HOW DO I GET REINSTATED?

- Answer: If you have a pending case with the court, you must appear in court on the date set for your hearing. If you do not appear, the court may find you guilty and impose a sentence. If you are found guilty, you may be required to attend a hearing to determine if you should be placed on probation or in a treatment program. If you are found guilty and you do not appear in court, you may be required to attend a hearing to determine if you should be placed on probation or in a treatment program.

.....

Exhibit B - Police Report

10/10/10
10/10/10

10/10/10
10/10/10
10/10/10
10/10/10

10/10/10

10/10/10

Exhibit B - Police Report

15

Booking Report
[with narrative]

Page 1

Date Printed: 9/13/2009

JCA Number J-2005-09033

Name (b)(6)

Address

Apt.

City LEES SUMMIT, MO 64064

Height 602 Weight 210 Sex M

Hair BROWN Eyes BROWN Race W

Place Of Birth MISSOURI

Occupation OPERATIONS

Employer DH PACE

Relative

Address

Relationship

Booking Number J-2005-09033001

ORI MO0480100

DOB 10/18/1974

Phone 816-224-3160

SSN 496-88-2318

FBI#

SID#

License#

Lic# State

Relative Phone

Booking Information

Date Confined 09/12/2009 23:35:58

Booking Officer 1253 HARRISON, WALT E

Date Released Reason Released

Release Officer

Hold For

Charge Information

W/C#	Statute	Statute Description	Lev 1 Desc	Court Date	Offense Date	GCA#
	577.010	DRIVING WHILE INTOXICATED			09/12/2009	2009-06210
Bond Agency:		Bond Depositor:		Court City:	INDEPENDENCE-BSPD	
Power #:		Receipt Number:				
AFIS Date:		AFIS Number:		Bond Amount:		
Arresting Officer:	0872 PICKETT, PAULA R					
Arrest Date:	09/12/2009 22:46:00		Arresting Agency:	MO0480100		
Arrest Location:	8516 SW LAKE SIDE TERACE					
Total Bond Amount:						

Narrative: KOVAL

Date: 09/12/2009 23:40:38 By WALT E HARRISON

SEE ATTACHED NARRATIVE

Exhibit C – 1 Police Photograph of front of the Incident UTV



Exhibit C -2 Police Photograph of back of Incident UTV



Exhibit C- 3 Police Photograph of the right side of Incident UTV. This was the side the victim was sitting on when it rolled onto the right side.



Exhibit C – 4 Police Photograph of the driver side of the Incident UTV

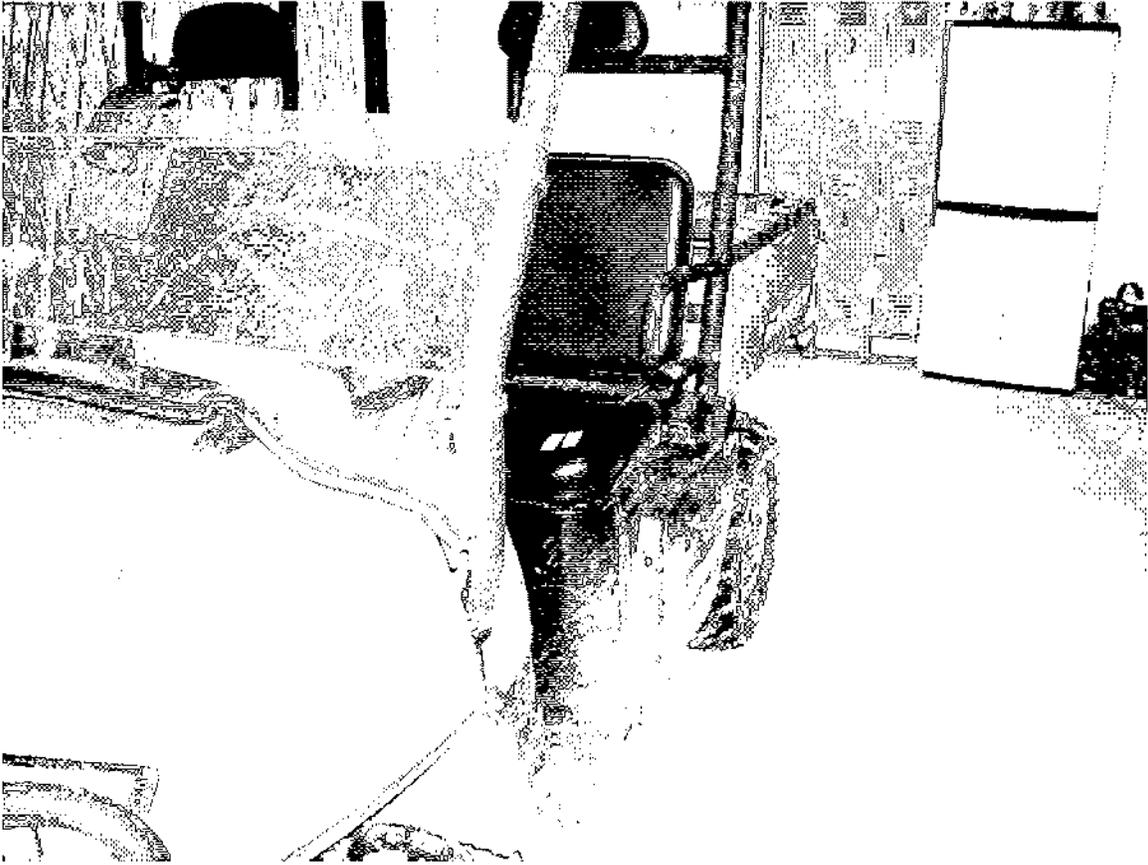


Exhibit C – 5 Police Photograph of roll bar and roof of the Incident UTV. See dirt and scuff marks from vehicle rolling over.



Exhibit C – 6 Police Photograph of the interior of Incident UTV



Exhibit C – 7 Close up view of the interior of the Incident UTV taken by the Poice



Exhibit C – 8 Close-up photograph of the right side of the UTV where victim was sitting. Photograph taken by Police.

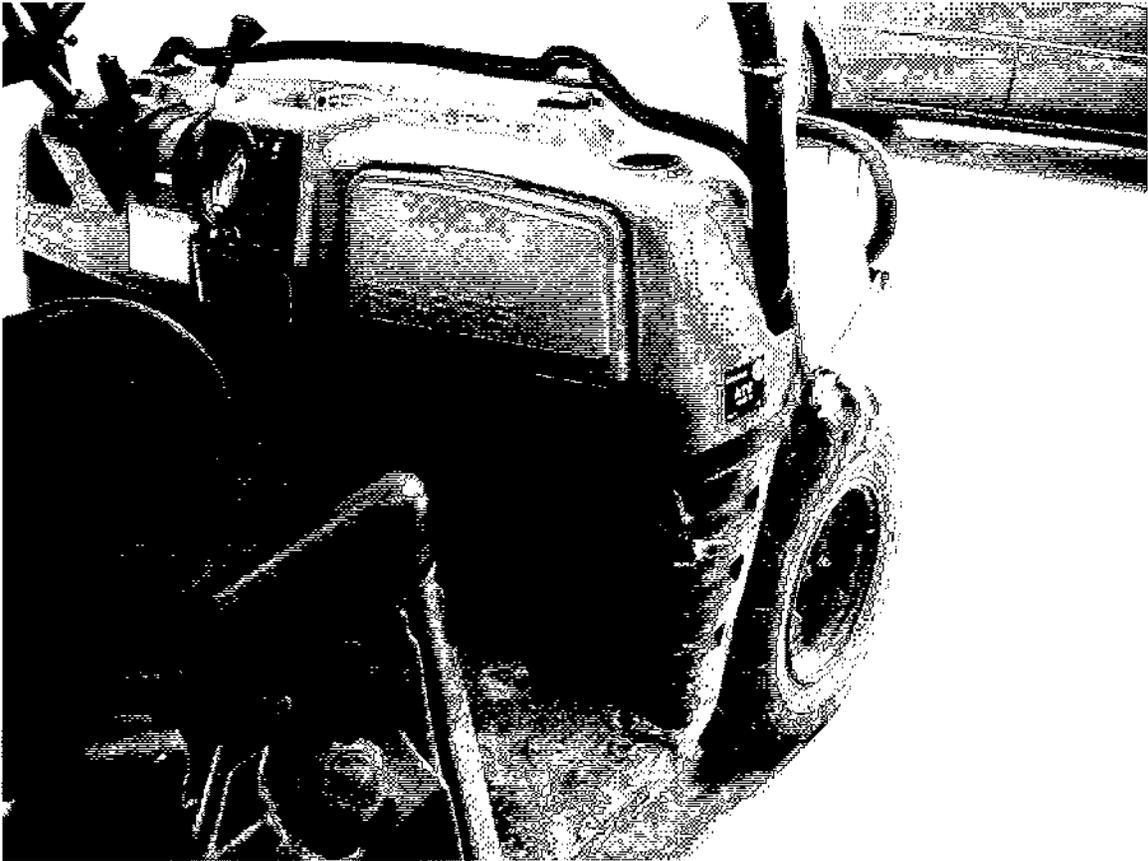


Exhibit C – 10 Police Photograph of front of Incident UTV. Information contained on front of vehicle states “700XP Elcetronic Fuel Injection”.



Exhibit D - Status of Missing Document Form, Request for Coroner Report,
Letter from Coroner's Office

Task No. 090921CCC2919

Date: 10/26/09

STATUS OF MISSING DOCUMENT (S)

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

- 1. Office of the Jackson County Medical Examiner
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Date: 10/26/09 **Investigator No:** 1234

Regional office: _____ **Supervisor No:** _____

**Exhibit D - Status of Missing Document Form, Request for Coroner Report,
Letter from Coroner's Office**



U. S. CONSUMER PRODUCT SAFETY COMMISSION
UNITED STATES GOVERNMENT
WESTERN BRANCH

P. O. Box 261 • Valley Park, MO • 63088 • 636-825-6604 • Fax: 1-866-857-5742 • kkenkel@cpsc.gov

October 13, 2009

Jackson County, MO
Medical Examiner's Office

Attention: Georgianne

The U. S. Consumer Product Safety Commission is an agency of the **Federal Government**, and we have a program that studies accidents that result in accidental deaths and injuries and their causes. Information from this program helps make us aware of hazards to children and adults, and aids us in preventing similar injuries from occurring to others.

We were made aware of an ATV accident through a news article. This accident occurred on or about September 12, 2009. According to the news article the victim, **(b)(3)-CP** 45 years of age, died as a result of his injuries sustained in the accident.

We are extremely interested in ATV-related deaths.

As part of my investigation, I would like to obtain a copy of your coroner's report on the above-named victim. Any information you can provide about the incident and product would be helpful. Please send a copy of this information to me as soon as possible at **fax number, 866-857-5742**.

Thank you for your assistance in this matter. If you have any questions, please feel free to call me at 636-825-6604, or e-mail kkenkel@cpsc.gov.

Sincerely,

A handwritten signature in cursive script that reads "Karl Kenkel".

Karl Kenkel
Federal Investigator, CPSC

Exhibit D - Status of Missing Document Form, Request for Coroner Report,
Letter from Coroner's Office



FAX TRANSMISSION

OFFICE OF THE JACKSON COUNTY MEDICAL EXAMINER

660 East Twenty Fourth Street
Kansas City, Missouri 64108

Mary H. Dudley, M.D.
Chief Medical Examiner

VOICE: (816) 881-6600
FAX: (816) 881-6598

PLEASE DELIVER THE FOLLOWING PAGES TO: KARL KENNEL W/ 103

CONSUMER PRODUCTS SAFETY COMMISSION

SPECIAL INSTRUCTIONS: PER YOUR REQUEST, RE: CURTIS

HOOPER, SEE THE ATTACHED MEMO

TOTAL PAGES INCLUDING THE COVER SHEET 2

Exhibit D - Status of Missing Document Form, Request for Coroner Report, Letter from Coroner's Office

MEMORANDUM

TO: Karl Kenkel w/U.S. Consumer Product Safety Commission
FROM: Jackson County Medical Examiner Office
660 E. 24th St., Kansas City, Missouri 64108
(816) 881-6600 Fax: (816) 404-1345
DATE: October 21, 2009
RE: (b)(3):CPSA Secti
REFERENCE TO: Report Request(s)

The appropriate box is checked in reference to your inquiry:

- Amendment of Sections 58.445 and 58.449 (Senate Bill No. 513) effective August 13, 1982. Under this amendment blood alcohol tests and reports done by our office may not be released to anyone except pursuant to a subpoena duces tecum issued by a court of competent jurisdiction for use in any civil or criminal action arising out of the accident.
No blood was drawn for blood alcohol or toxicology testing.
[X] Under the advice of the prosecutor or law enforcement official, we cannot release any information at this time as the case is still under active investigation.
At the Medical Examiner's discretion an autopsy was not performed.
We have no information to release on this case as it is pending lab results. Your written request will be kept on file and will be processed when the lab results are received and the autopsy report is completed. Please note: if the case is under investigation, we are unable to send any information from our case file until the judicial process has been completed.
A Release of Information Waiver signed by the next-of-kin is required before we can provide you with the requested information.
A subpoena is required for this information.
You must contact the _____ Coroner for this information.
This case was not handled by our office.

If you have any questions, you may contact us at the above address or phone number.

Exhibit E - Data Record Sheet – Utility Terrain Vehicle

UTILITY VEHICLE INVESTIGATION GUIDE

USE NEISS PRODUCT CODE 5613 on the cover sheet (Form 132) if the investigation confirms that the incident involves a utility vehicle.

* 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 that (i.e., "not available").

1. Provide the terrain type for the incident (grass, pavement, gravel, etc.) and also indicate if the terrain is flat, sloped, etc. PAVEMENT NEIGHBORHOOD STREET
2. Determine if the driver and/or passengers were wearing seat belts. If they were wearing seat belts, please note if the driver and/or passengers were ejected (either partially or fully) during the incident. NONE OF THE OCCUPANTS OF THE UTV WERE WEARING SEAT BELTS. FAR RIGHT SIDE PASSENGER WAS EJECTED.
3. Determine if the driver and/or passengers were wearing helmets. NONE OF THE OCCUPANTS OF THE UTV WERE WEARING HELMETS.
4. Determine ages of the driver and all passengers, and list each person by age and location (i.e., Driver 45yom, Right Front Passenger 14yof, etc.) DRIVER 45YOM, FRONT SEAT MIDDLE PASSENGER 14YOM, FRONT SEAT FAR RIGHT SIDE PASSENGER 15YOM.
5. Determine the vehicle's speed at time of incident. If the exact speed is not available, please provide a range if possible (e.g., between 30 – 40 mph). ESTIMATED SPEED NOT AVAILABLE. UTV WAS DESCRIBED IN POLICE REPORT AS A HIGH RATE OF SPEED.
6. Determine if the driver was making a turn at the time of incident and, if so, in what direction the turn was being made. Also, please note any other reported driver actions at the time of the incident (e.g., braking, etc.). DRIVER WAS WEST BOUND AND ATTEMPTED TO MAKE A LEFT TURN SOUTH.

Determine if the vehicle had aftermarket modifications. ACCORDING TO THE OWNER OF VEHICLE, THERE WAS NO AFTERMARKET MODIFICATIONS MADE TO THE VEHICLE.
7. Determine the make, model, and model year of the vehicle. If possible, please provide complete product identification information, including, brand, date manufactured, date of purchase, place of purchase, model/serial numbers, cost, etc. 2007 POLARIS RANGER XP700, PURCHASED NEW IN SUMMER 2007 FROM ALSTON TRAILERS & MOTORSPORTS, 13810 S. U.S. 40 HWY, INDEPENDENCE, MO 64055. VIN: 1XARH68A7R2383786.
8. On the cover sheet (Form 132), please list the vehicle manufacturer (e.g., "Yamaha") in Block 10b or Block 11b, and the vehicle model (e.g., "R100") in Block 10c or Block 11c. POLARIS.
9. Determine if the vehicle rolled or tipped over. UTV ROLLED OVER.

Exhibit E - Data Record Sheet – Utility Terrain Vehicle

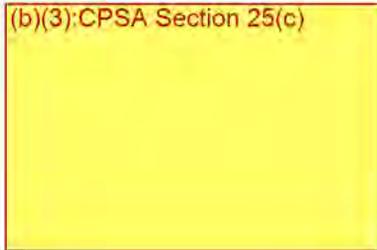
- F1. Determine the number of riders on the vehicle at time of incident. (DRIVER)
- F2. Please determine if anyone was killed or injured in the incident. For each victim, please note the following:
 - Whether the victim was the driver or a passenger. If the victim was a passenger, please note the victim's position in the vehicle (e.g., right front seat). (VICTIM WAS A PASSENGER IN THE LEAR RIGHT FRONT SEAT)
 - Whether the vehicle landed on or crushed the victim. (VEHICLE LANDED ON VICTIM)
 - Whether the victim was killed or injured. (VICTIM WAS KILLED)
 - If the victim was injured, please note the nature of the injury.

Exhibit F - Contact Information

Blue Springs Police Department
205 SW 11th Street
Blue Springs, MO 64015
Contact: Captain Anthony Modrell, Det. Dave Williams
Contacted: 10/21/09
816-228-0150

Office of the Jackson County, MO, Medical Examiner
660 East Twenty Fourth Street
Kansas City, MO 64108
Contact: Records, Georgianne
Contacted: 10/13/09
816-881-6600

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



X099 C220

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THE EXAMINER'S SENIOR FOCUS THURSDAY, SEPTEMBER 24 INDEPENDENCE CENTER 8:30AM TO 3:30PM **CLICK HERE FOR MORE INFORMATION!**

Blue Springs man killed in ATV crash

Fall Fun Festival
The Spring, Missouri

Dog House Daddies
Friday, Sept. 18
4:00-7:30pm

By Jeff Martin - jeff.martin@examiner.net
The Examiner
Posted Sep 16 2009 @ 11 13 PM

Blue Springs, MO — A Blue Springs man is dead following a Saturday night ATV accident.

Troy Pharr, spokesperson for the Blue Springs Police Department, said police were called to the Southwest Lakeside Trace and Lakeside Court area – part of the new development of Chapman Farms – at 10:52 p.m. Saturday in reference to an ATV accident.

Upon arrival, police found that three men were on a four-wheeler and westbound on Lakeside Trace when the

driver reportedly turned left onto Lakeside Court.

At that point, the vehicle tipped over, throwing (b)(3)(C) 45, of Blue Springs, off of the vehicle.

"The ATV then rolled on top of him," Pharr said.

Hooper was pronounced dead at the scene.

(b)(3)(C) said all three men were seated on the front seat of the vehicle.

Hooper was sitting on the end, and Pharr said he must have not been holding on to the roll bars or had been holding on but lost his grip.

The two other men, whose names were not released, suffered no injuries.

The unidentified man seated in the center had flown to Kansas City from Arizona, Pharr said, and all three had spent the day golfing. They returned home and ate dinner.

(b)(3)(C) said only that police are continuing their investigation.

"That's one of the things were trying to determine," he said, adding that a reconstruction team has been at the site for most of the week.

Comments (0)

Login or register to post a comment:
Login

9/12/09
MO
45 M
product code = 5044

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- Naturalization ceremony today (09/16/09)
- Golf tourney to benefit Rainbow Center (09/16/09)
- Independence man pleads guilty to child porn charges (09/16/09)
- Blue Springs man killed in ATV crash (09/16/09)
- Watch the dogs jump, fetch and dive (09/16/09)
- Your Take – Fall Fun Festival (09/16/09)
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- [+] TAX PREPARER-- Free tax school. Earn extra income after
- [+] Blue Springs Animal Hospital & Pet Resort is seeking a
- [+] Mfg exp, detail oriented, dependable, good w/hands. Assemble
- [+] ROOFING-- Experienced. Paid by the square. Phone!
- [+] MAINTENANCE: Experienced Full-Time Maintenance Tech needed
- [+] CKS Packaging is hiring Machine Operators for



This investigation was initiated as the result of a Medical Examiners and Coroners Alert Project (MECAP) report filed with the Consumer Product Safety Commission on August 29, 2009. The report stated that a 39 year old female passenger was killed when a utility vehicle (UTV) overturned. Four other occupants were injured. The owner/driver of the UTV, a 35 year old male, was cited with several crimes relating to the incident including Driving Under the Influence, Serious Injury by a Vehicle, and Homicide by a Vehicle.

Information regarding the incident was obtained from the police accident report and the source document. Pictures of the incident location were obtained on October 26, 2009, during an on-site visit.

Police officials would not discuss the incident due to the on-going investigation and pending criminal proceedings. Attempts to contact the UTV driver/owner and two of the surviving passengers were not successful. Contact was made with a 35 year old female passenger. However she refused to discuss the incident.

The incident occurred at approximately 7:34 PM on August 28, 2009. According to historical weather and astronomical data from www.wunderground.com and http://aa.usno.navy.mil/data/docs/RS_OneDay.php, conditions in the area around the time of the incident were approximately:

Temperature:	74° F
Humidity:	82%
Winds:	Calm
Precipitation:	None
Conditions:	Clear
Sunset:	8:10 PM

The accident report states that the weather was "Clear" and the light condition was "Daylight".

The incident occurred on a black top asphalt road. Although it was not raining in the hours preceding the incident, the area experienced light to heavy rain that morning. The accident report states that the surface condition was "Dry" and the road character was "Straight On Grade".

The owner of the UTV was driving the unit. Another 35 year old male and three females (24, 35, and 39 years old) were also riding in the vehicle (see seating diagram in Exhibit A). The occupants were not wearing seatbelts or helmets. The two females in the back of the UTV were standing up and holding onto the roll bar. Police officials believe that the driver was under the influence of alcohol and/or drugs.

The vehicle was traveling on a public road. The driver attempted to make a sharp left turn at a four-way stop sign intersection onto another road. He ran the stop sign and lost control of the vehicle. The UTV overturned during the turn and all five passengers were totally ejected.

The driver and a 24 year old female (who was standing behind the right front passenger's seat) suffered unknown injuries and were transported to the hospital. The two front seat passengers (a 35 year old male and female) also suffered unknown injuries but were not transported to the hospital. The 39 year old female who had been standing in the cargo bed of the UTV behind the driver's seat suffered extensive head trauma. She was pronounced dead at the scene at 9:20 PM.

The driver was cited by police for Failure to Stop at a Stop Sign, Failure to Maintain Lane, Open Container, Driving Under the Influence, Serious Injury by a Vehicle, and Homicide by a Vehicle.

Incident photographs and the accident reconstruction report were requested from the investigating police agency. However they would not release the records due to the active investigation and pending criminal charges. Medical records as well as the coroner's and medical examiner's reports were requested but have not been received.

Per the assignment instructions, answers to the following questions were not available:

1. UTV's date of manufacture and purchase, place of purchase, and cost.
2. Presence of aftermarket modifications.
3. Type of seatbelts (however seatbelts were not in use).
5. Nature of all injuries.
8. Driver experience/training.
11. Vehicle speed.
12. Presence of obstacles (none mentioned in police report).
13. Sharpness of turn and other driver actions at time of incident.
14. Number of times the UTV rolled (if any).
15. Part of the UTV that struck or crushed victims.
16. Photographs of the UTV.

Two discrepancies were noted between the MECAP report narrative and the police accident report. The MECAP report states that all three female passengers were standing in the back of the UTV. The accident report specifically states the location of each occupant in the vehicle. According to the accident report, one of the female passengers (35 years old) was in the front middle seat. Additionally, the MECAP report incorrectly states the city where the incident took place.

Authorization for release of name was not obtained as this investigator did not interview any of the victims.

PRODUCT DESCRIPTION / LABELING

- *Utility Vehicle*

The incident product is a 2008 model year **Polaris** Ranger XP side by side utility vehicle. The VIN on the camouflage vehicle is 4XARH68A084731653.

The dates of manufacture and purchase are not known. The vehicle cost and place of purchase is not known.

The owner's manual for the 2008 Ranger XP was downloaded from the manufacturer's website and is included as an exhibit.

Manufacturer:

Polaris Industries, Inc.
2100 Highway 55
Medina, MN 55340
(800) POLARIS
www.polarisindustries.com

ATTACHMENTS

- Exhibit A - Utility Vehicle Data Record Sheet
- Exhibit B - List of Respondents
- Exhibit C- Photographs (11)
- Exhibit D- Accident Report
- Exhibit E - Owner's Manual (from www.polarisindustries.com)
- Exhibit F - Missing Documents

Page 1 of 1
Utility Vehicle Data Record Sheet

Front	
Driver	Right Front Passenger
Le Rear Passenger	Rig Rear Passenger
Cargo Bed	
Rear	

A: Age: 35 Height: na Weight: na
 Gender: M
 Helmet (Y/N): N Seatbelt (Y/N): N
 Killed/Injured/Neither/Unknown: Injured
 Injury Description: na
 Did vehicle land on victim: na
 Ejected (Either partially or fully): Fully

D: Age: 39 Height: na
 Gender: F Weight: na
 Helmet (Y/N): N Seatbelt (Y/N): N
 Killed/Injured/Neither/Unknown: KILLED
 Injury Description: Head Trauma
 Did vehicle land on victim: na
 Ejected (Either partially or fully): Fully

B: Age: 35 Height: na Weight: na
 Gender: M
 Helmet (Y/N): N Seatbelt (Y/N): N
 Killed/Injured/Neither/Unknown: Injured
 Injury Description: na
 Did vehicle land on victim: na
 Ejected (Either partially or fully): Fully

E: Age: 24 Height: na Weight: na
 Gender: F
 Helmet (Y/N): N Seatbelt (Y/N): N
 Killed/Injured/Neither/Unknown: Injured
 Injury Description: na
 Did vehicle land on victim: na
 Ejected (Either partially or fully): Fully

C: Age: 35 Height: na Weight: na
 Gender: F
 Helmet (Y/N): N Seatbelt (Y/N): N
 Killed/Injured/Neither/Unknown: Injured
 Injury Description: na
 Did vehicle land on victim: na
 Ejected (Either partially or fully): Fully

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

The Utility Vehicle

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

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

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

LIST OF RESPONDENTS

MEDICAL EXAMINER

- Open Records Unit
Georgia Bureau of Investigation
3121 Panthersville Road
Decatur, Georgia 30034
OpenRecords@gbi.state.ga.us

October 2, 2009

CORONER

- Brandon Duncan
Bartow County Coroner's Office
135 W. Cherokee Ave Suite 251
Cartersville, GA 30120
(678) 758-6670

October 8, 2009

POLICE

- Carol Summers
Open Records
Georgia Department of Public Safety
P.O. Box 1456
Atlanta, GA 30371
(770) 624-7591
(404) 624-7529 fax

October 8, 2009

- State Trooper (name unknown)
Georgia State Patrol Post 3
1300 Joe Frank Harris Hwy.
Cartersville, GA 30120
(770) 387-3700

October 8, 2009

- Post Secretary
Georgia State Patrol Post 24
517 Turkey Creek Road
Newnan, GA 30263
(770) 254-7201

October 9, 2009

UTV OWNER/VICTIM

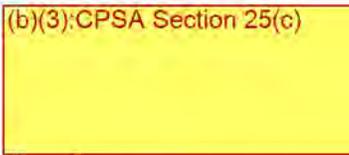
- (b)(3):CPSA Section 25(c),(b)(6)

A large rectangular area is completely redacted with a solid yellow fill. The text "(b)(3):CPSA Section 25(c),(b)(6)" is printed in red at the top left corner of this redacted area.

October 15, 2009

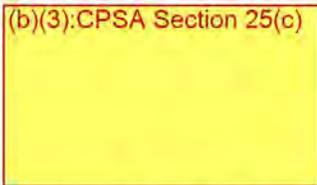
VICTIM

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

A rectangular area is completely redacted with a solid yellow fill. The text "(b)(3):CPSA Section 25(c)" is printed in red at the top left corner of this redacted area.

October 15, 2009

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

A rectangular area is completely redacted with a solid yellow fill. The text "(b)(3):CPSA Section 25(c)" is printed in red at the top left corner of this redacted area.

October 22, 2009

HOSPITAL

- Records
Atlanta Medical Center
303 Parkway Drive NE
Atlanta, GA 30312
(404) 265-4401

October 27, 2009

Photo 1: Approach to the incident intersection. The UTV attempted a left turn at the intersection.



Photo 2: Approach to the incident intersection. The UTV attempted a left turn at the intersection. The red arrow denotes the approximate final resting place of the UTV.



Photo 3: Approach to the incident intersection. The UTV attempted a left turn at the intersection. The red arrow denotes the approximate final resting place of the UTV.



Photo 4: View of the incident area with accident investigation spray paint markings on the pavement. The red arrow denotes the approximate final resting place of the UTV.



Photo 5: View of the incident area with accident investigation spray paint markings on the pavement. The red arrow denotes the approximate final resting place of the UTV.



Photo 6: View of the approximate final resting place of the UTV with accident investigation spray paint markings on the pavement.



Photo 7: View of the approximate final resting place of the UTV with accident investigation spray paint markings on the pavement.



Photo 8: Reverse view of the incident area with accident investigation spray paint markings on the pavement. The yellow arrow denotes where the UTV entered the intersection.



Photo 9: Alternate view of the incident area. The yellow arrow denotes where the UTV entered the intersection and the red arrow denotes the approximate final resting place of the UTV.



Photo 10: Alternate view of the incident area. The yellow arrow denotes where the UTV entered the intersection and the red arrow denotes the approximate final resting place of the UTV.



Photo 11: Reverse view of the road from which the UTV entered the incident intersection.



Crash No. 03-2197-09	Date 08/28/2009	Time 1934	PAGE 2 OF 2
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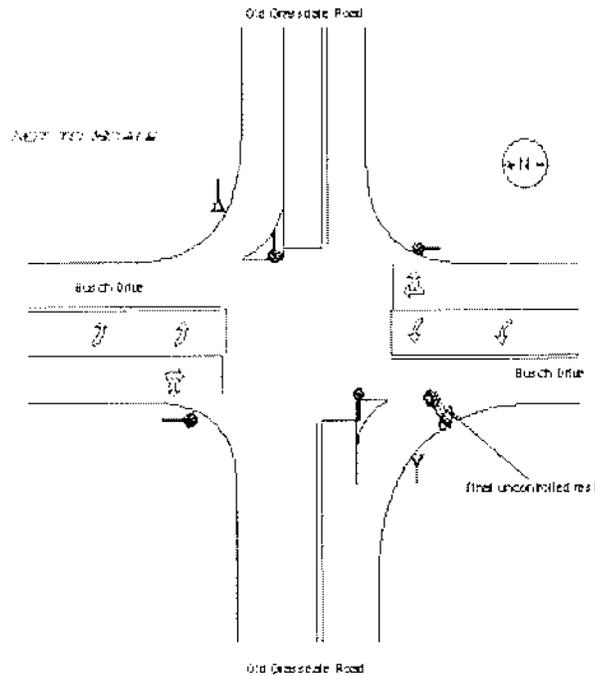
Remarks

Vehicle #1 was traveling westbound on Old Grassdale Road. Driver #1 failed to stop at the stop sign when he was attempting to turn left onto Busch Drive. Driver #1 failed to maintain his lane. Lost control and overtook clearing all five passengers. Vehicle #1 came to an uncontrolled final rest on Busch Drive facing west. Further investigation is being conducted by SCRT Team.

Citations

Failure to Stop at Stop Sign (40-6-72), Failure to Maintain Lane (40-6-48), Open Container (40-6-255), DUI (40-6-391), Serious Injury by Vehicle (40-6-391), and Homicide by Vehicle (40-6-393)

INDICATE ON THIS DIAGRAM WHAT HAPPENED



Accident Investigation Site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Citations - Vehicle # <u>1</u> See remarks.	Citations - Vehicle # _____
---	--	-----------------------------

First Handled Event	Friction-Way Flow	Weather	Surface Condition	Light Condition	Manner Of Collision	Location At Area Of Impact	Road Composition	Road Defects	Road Character	Construction Maint Zone
---------------------	-------------------	---------	-------------------	-----------------	---------------------	----------------------------	------------------	--------------	----------------	-------------------------

VEH # <u>1</u>	VEH # _____	SKID DISTANCE BEFORE IMPACT	SCRT _____	AFTER SCRT _____	VEH # <u>1</u>	VEH # _____	Width Of Road	SCRT _____
Number of Occupants	<u>5</u>	Point of Initial Contact	<u>CR1</u>	Damage To Vehicle	<u>2</u>	Damage Other Than Vehicle	<u>None</u>	Owner

OCCUPANTS		DRIVER OR PEDESTRIAN #	AGE	SEX	VEH NO	POS	INJURY	TAKEN FOR TREAT	EJECT	SAFETY EQUIP	EXTRIC	AIR BAG
Dye, Elizabeth		<u>1</u>	<u>35</u>				<u>2</u>	<u>1</u>	<u>3</u>	<u>0</u>	<u>2</u>	<u>0</u>
Wood, Andy Kiplan			<u>35</u>	<u>M</u>	<u>1</u>	<u>3</u>	<u>2</u>	<u>2</u>	<u>3</u>	<u>0</u>	<u>2</u>	<u>0</u>
Griffith, Joy			<u>35</u>	<u>F</u>	<u>1</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>3</u>	<u>0</u>	<u>2</u>	<u>0</u>
Davenport, Stefanie			<u>39</u>	<u>F</u>	<u>1</u>	<u>4</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>0</u>	<u>2</u>	<u>0</u>

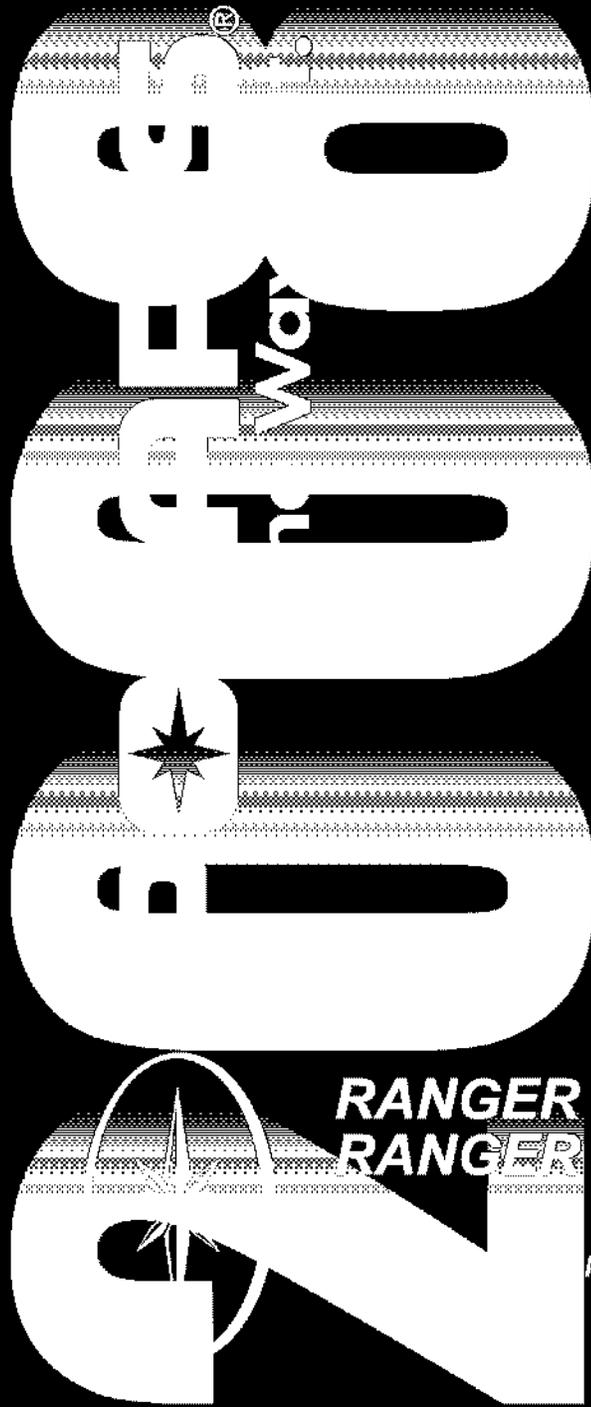
Date	Description	Amount	Remarks
01/01/2010	Initial deposit	1000.00	Starting balance
01/15/2010	Withdrawal	500.00	Payment received
02/01/2010	Deposit	200.00	Interest earned
02/15/2010	Withdrawal	100.00	Transfer to savings
03/01/2010	Deposit	300.00	Monthly contribution
03/15/2010	Withdrawal	150.00	Withdrawal for expenses
04/01/2010	Deposit	400.00	Monthly contribution
04/15/2010	Withdrawal	200.00	Withdrawal for expenses
05/01/2010	Deposit	500.00	Monthly contribution
05/15/2010	Withdrawal	250.00	Withdrawal for expenses
06/01/2010	Deposit	600.00	Monthly contribution
06/15/2010	Withdrawal	300.00	Withdrawal for expenses
07/01/2010	Deposit	700.00	Monthly contribution
07/15/2010	Withdrawal	350.00	Withdrawal for expenses
08/01/2010	Deposit	800.00	Monthly contribution
08/15/2010	Withdrawal	400.00	Withdrawal for expenses
09/01/2010	Deposit	900.00	Monthly contribution
09/15/2010	Withdrawal	450.00	Withdrawal for expenses
10/01/2010	Deposit	1000.00	Monthly contribution
10/15/2010	Withdrawal	500.00	Withdrawal for expenses
11/01/2010	Deposit	1100.00	Monthly contribution
11/15/2010	Withdrawal	550.00	Withdrawal for expenses
12/01/2010	Deposit	1200.00	Monthly contribution
12/15/2010	Withdrawal	600.00	Withdrawal for expenses
01/01/2011	Final balance	1200.00	End of period



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F-150

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Pantone 4625C



RANGER 4X4 700 EFI
RANGER 6X6 700 EFI

Owner's Manual
Maintenance and Safety

⚠ WARNING

Improper vehicle use can result in SEVERE INJURY or DEATH.

NEVER:

- **Operate on public roads. A collision can occur with another vehicle.**
- **Carry more than two passengers, or passengers under age five.**
- **Use ALCOHOL or DRUGS before or while operating this vehicle.**
- **Operate at speeds too fast for your skills or the conditions.**
- **Operate this vehicle on HILLS steeper than 15 degrees $\leq 15^\circ$.**
To prevent flipover in hilly terrain, use throttle and brakes gradually.

ALWAYS:

- **Avoid paved surfaces, which may adversely affect handling and control.**
- **Use proper RIDING TECHNIQUES to avoid vehicle overturns on hills and rough terrain, and in turns.**
- **Wear eye protection.**

REVERSE operation can be dangerous, even at low speeds. Steering becomes difficult. To prevent flipover, avoid sharp turns.

The park brake will supply increased braking, but should be used as a parking brake only.

**READ OWNER'S MANUAL.
FOLLOW ALL INSTRUCTIONS AND WARNINGS.**



For your nearest Polaris dealer,
call 1-800-POLARIS
or visit www.polarisindustries.com
Polaris Sales Inc.,
2100 Hwy. 55, Medina, MN 55340
Phone 1-888-704-5290
Part No. 9921268 Rev 02
Printed in USA

⚠ WARNING

Read, understand, and follow all of the instructions and safety precautions in this manual and on all product labels.

Failure to follow the safety precautions could result in serious injury or death.

⚠ WARNING

The engine exhaust from this product contains chemicals known to the State of California to cause cancer, birth defects or other reproductive harm.

WELCOME

Thank you for purchasing a Polaris vehicle, and welcome to our world-wide family of Polaris owners. We proudly produce an exciting line of utility and recreational products.

- Snowmobiles
- All-terrain vehicles (ATVs)
- *RANGER* utility vehicles
- Victory motorcycles

We believe Polaris sets a standard of excellence for all utility and recreational vehicles manufactured in the world today. Many years of experience have gone into the engineering, design, and development of your Polaris vehicle, making it the finest machine we've ever produced.

For safe and enjoyable operation of your vehicle, be sure to follow the instructions and recommendations in this owner's manual. Your manual contains instructions for minor maintenance, but information about major repairs is outlined in the Polaris Service Manual and should be performed only by a Factory Certified Master Service Dealer (MSD) Technician.

Your Polaris dealer knows your vehicle best and is interested in your total satisfaction. Be sure to return to your dealership for all of your service needs during, and after, the warranty period.

We also take great pride in our complete line of apparel, parts and accessories, available through our online store at www.purepolaris.com. Have your accessories and clothing delivered right to your door!



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Printed in U.S.A.

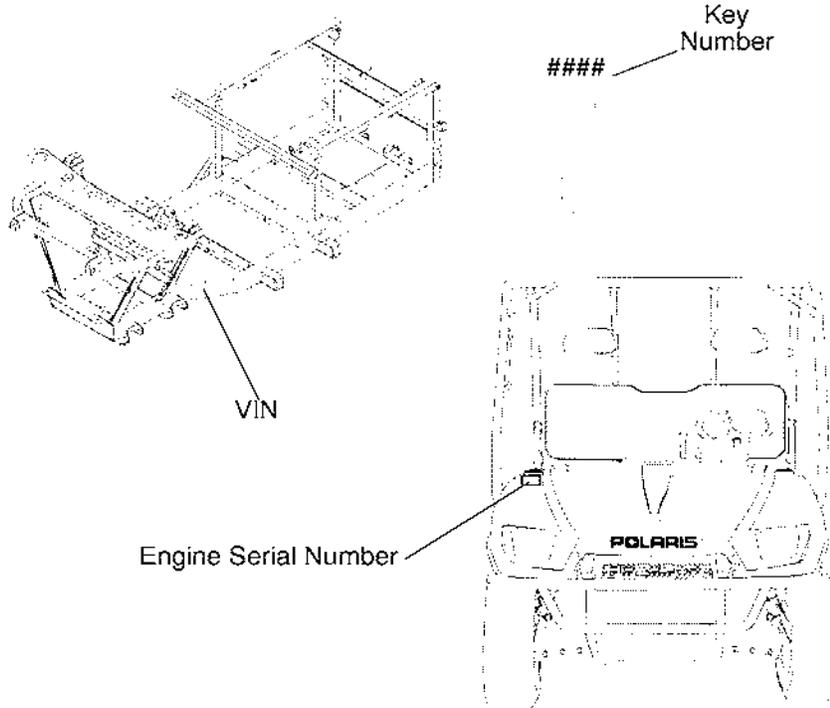
2008 *RANGER* 4X4 700 EFI/*RANGER* 6X6 700 EFI Owner's Manual
P/N 9921268

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VEHICLE IDENTIFICATION NUMBERS

Record your vehicle's identification numbers and key number in the spaces provided. Remove the spare key and store it in a safe place. An ignition key can be duplicated only by ordering a Polaris key blank (using your key number) and mating it with one of your existing keys. The ignition switch must be replaced if all keys are lost.



Vehicle Model Number: _____

Frame VIN: _____

Engine Serial Number: _____

Key Number _____

SAFETY

Safety Decals and Locations

Warning decals have been placed on the vehicle for your protection. Read and follow the instructions of the decals on the vehicle carefully. If any of the decals depicted in this manual differ from the decals on your vehicle, always read and follow the instructions of the decals *on the vehicle*.

If any decal becomes illegible or comes off, contact your Polaris dealer to purchase a replacement. Replacement *safety* decals are provided by Polaris at no charge. The part number is printed on the decal.

Container/Passenger/Tire Pressure Warning

WARNING

Remove flammable material containers from box before filling.

- Passengers can be thrown off. This can cause serious injury or death.
- Never carry passengers in cargo box.

Maximum 2X4 Box Load 850 lbs.
(386 kg)

Maximum 4X4 Box Load 1000 lbs.
(455 kg)

Maximum 6X6 Box Load 1200 lbs. (545 kg)

IMPROPER TIRE PRESSURE OR OVERLOADING can cause loss of control resulting in SEVERE INJURY OR DEATH.

TIRE PRESSURE IN PSI (KPa):

RANGER - 2X4 and 4X4 FRONT 10 (69) REAR 10 (69)

RANGER - 6X6 FRONT 10 (69) CENTER 10 (69) REAR 10 (69)

MAXIMUM WEIGHT CAPACITY INCLUDES WEIGHT OF OPERATOR, PASSENGER, CARGO, AND ACCESSORIES.

RANGER 2X4 and 4X4 is 1500 LBS. (682 KG)

RANGER 6X6 is 1750 LBS. (795 KG)

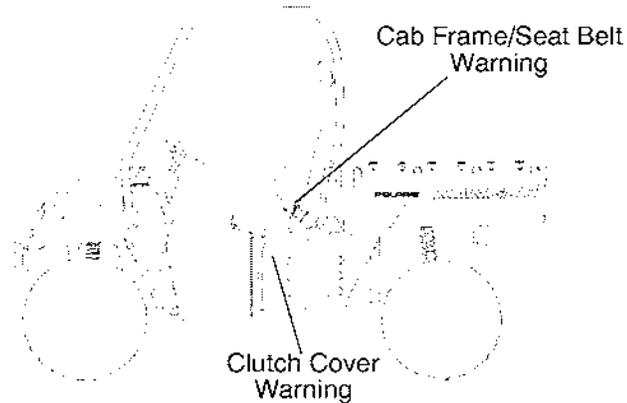
Reduce speed and allow greater distance for braking when carrying cargo. Overloading or carrying tall, off-center, or unsecured loads will increase your risk of losing control. Loads should be centered and carried as low as possible in box. For stability on rough or hilly terrain, reduce speed and cargo. Be careful if load extends over the side of the box.

Read Owner's Manual for more detailed loading information.



SAFETY

Safety Decals and Locations



Clutch Cover Warning

WARNING

NO STEP

- Moving parts hazard under belt-clutch guard. To prevent serious injury, do not operate vehicle with guard removed.
- Do not modify engine or clutch. Doing so can cause part failure, possible imbalance, and excessive engine RPM which can result in serious injury or death.

Cab Frame/Seat Belt Warning

WARNING

- VEHICLE ROLLOVER could cause severe injury or death. This cab frame is not designed or intended to provide rollover protection.
- ALWAYS WEAR YOUR SEAT BELT for maximum protection.

SAFETY

Safety Decals and Locations

Shift Caution

CAUTION

To avoid transmission damage, shift only when vehicle is stationary and at idle.

Discretionary Warning

WARNING

Improper vehicle use can result in SEVERE INJURY or DEATH.

NEVER:

- Operate on public roads. A collision can occur with another vehicle.
- Carry more than two passengers, or passengers under age five.
- Use ALCOHOL or DRUGS before or while operating this vehicle.
- Operate at speeds too fast for your skills or the conditions.
- Operate this vehicle on HILLS steeper than 15 degrees \angle 15°. To prevent flipover on hilly terrain, use throttle and brakes gradually.

ALWAYS:

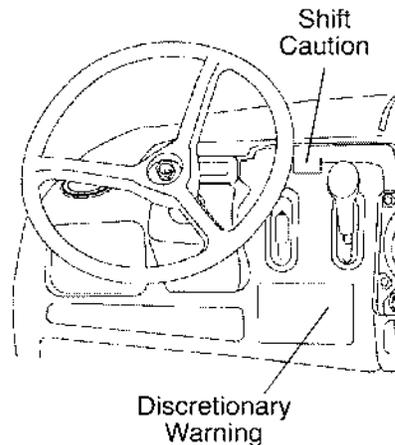
- Avoid paved surfaces which may adversely affect handling and control.
- Use proper RIDING TECHNIQUES to avoid vehicle overturns on hills and rough terrain and in turns.
- Wear eye protection.

REVERSE operation can be dangerous even at low speeds. Steering becomes difficult. To prevent flipover, avoid sharp turns.

The park/emergency brake lever will supply increased braking, but should be used as an emergency or parking brake only.

READ OWNER'S MANUAL. FOLLOW ALL INSTRUCTIONS AND WARNINGS. IF OWNER'S MANUAL IS MISSING, CONTACT A POLARIS DEALER FOR A REPLACEMENT.

THIS GENERAL PURPOSE OFF-ROAD UTILITY VEHICLE DOES NOT MEET FEDERAL MOTOR VEHICLE SAFETY STANDARDS FOR ON-ROAD VEHICLES.



SAFETY

Operator Safety

▲ WARNING

Failure to follow the warnings contained in this manual can result in severe injury or death.

A Polaris *RANGER* is not a toy and can be hazardous to operate. This vehicle handles differently than other vehicles, such as motorcycles and cars. A collision or rollover can occur quickly, even during routine maneuvers like turning, or driving on hills or over obstacles, if you fail to take proper precautions.

Read and understand your owner's manual and all warnings before operating the vehicle.

Age Restrictions

This vehicle is an **ADULT VEHICLE ONLY**. Operation is prohibited for anyone under 16 years of age. No person under the age of 5 may ride as a passenger in this vehicle.

Know Your Vehicle

As the operator of the vehicle, you are responsible for your personal safety, the safety of others, and the protection of our environment. Read and understand your owner's manual, which includes valuable information about all aspects of your vehicle, including safe operating procedures.

The *RANGER* is an off-road vehicle. Familiarize yourself with all laws and regulations concerning the operation of this vehicle in your area.

We strongly advise you to strictly follow the recommended maintenance program outlined in your owner's manual. This preventive maintenance program is designed to ensure that all critical components on your vehicle are thoroughly inspected at specific intervals.

SAFETY

Operator Safety

The following signal words and symbols appear throughout this manual and on your vehicle. Your safety is involved when these words and symbols are used. Become familiar with their meanings before reading the manual.



The *safety alert symbol*, on your vehicle or in this manual, alerts you to the potential for injury.

▲ WARNING

The *safety alert warning* indicates a potential hazard that may result in serious injury or death.

▲ CAUTION

The *safety alert caution* indicates a potential hazard that may result in minor injury or damage to the vehicle.

CAUTION

A *caution* indicates a situation that may result in damage to the vehicle.

NOTE

A *note* will alert you to important information or instructions.

SAFETY

Operator Safety

▲ WARNING

Serious injury or death can result if you do not follow these instructions and procedures, which are outlined in further detail within your owner's manual.

- Read this manual and all labels carefully. Follow the operating procedures described.
- Never allow anyone without a valid driver's license to operate this vehicle.
- Minimum age recommendation for passengers is five years old. Passengers under five years of age require special restraints which are not available with this vehicle. Driver and passenger should wear their seat belts at all times.
- Never permit a guest to operate this vehicle unless the guest has read this manual and all product labels.
- To reduce tipover risk, be especially careful when encountering obstacles and slopes and when braking on hills or during turns.
- This vehicle is for off road use only. Never operate on public roads. Always avoid paved surfaces.
- Helmets are recommended whenever driving this vehicle in an aggressive manner. Eye protection is recommended at all times.
- Never consume alcohol or drugs before or while operating this vehicle.
- Never operate at excessive speeds. Always travel at a speed proper for the terrain, visibility and operating conditions, and your experience.
- Never attempt jumps or other stunts.
- Always inspect your vehicle each time you use it to make sure it's in safe operating condition. Always follow the inspection and maintenance procedures and schedules described in this manual.
- Always keep both hands on the steering wheel and both feet on the floorboards of the vehicle during operation.
- Always travel slowly and use extra caution when operating on unfamiliar terrain. Be alert to changing terrain.
- Never operate on excessively rough, slippery or loose terrain.

SAFETY

Operator Safety

- Always follow proper procedures for turning as described in this manual. Practice turning at slow speeds before attempting to turn at faster speeds. Never turn at excessive speeds.
- Always have this vehicle checked by an authorized Polaris dealer if it has been involved in an accident.
- Never operate this vehicle on hills too steep for the vehicle or for your abilities. Practice on smaller hills before attempting larger hills.
- Always follow proper procedures for climbing hills as described in this manual. Check the terrain carefully before attempting to climb a hill. Never climb hills with excessively slippery or loose surfaces. Never open the throttle suddenly or make sudden gear changes. Never go over the top of a hill at high speed.
- Always follow the proper procedures outlined in this manual for traveling downhill and for braking on hills. Check the terrain carefully before descending a hill. Never travel downhill at high speed. Avoid going downhill at an angle, which would cause the vehicle to lean sharply to one side. Travel straight down the hill where possible.
- Always check for obstacles before operating in a new area. Never attempt to operate over large obstacles such as rocks or fallen trees. Always follow the proper procedures outlined in this manual when operating over obstacles.
- Always be careful of skidding or sliding. On slippery surfaces such as ice, travel slowly and exercise caution to reduce the chance of skidding or sliding out of control.
- Never operate your vehicle in fast-flowing water or in water deeper than that specified in this manual. Wet brakes may have reduced stopping ability. Test your brakes after leaving water. If necessary, apply them lightly several times to let friction dry out the pads.
- Always be sure there are no obstacles or people behind your vehicle when operating in reverse. When it's safe to proceed in reverse, move slowly. Avoid turning at sharp angles in reverse.
- Always use the proper size and type of tires specified in this manual. Always maintain proper tire pressure as specified on page 5.

SAFETY

Operator Safety

- Never modify this vehicle through improper installation or use of accessories.
- Never exceed the stated load capacity for this vehicle. Cargo should be properly distributed and securely attached. Reduce speed and follow the instructions in this manual for hauling cargo or pulling a trailer. Allow a greater distance for braking.
- Always wear the seat belts when operating this vehicle. Seat belts reduce the severity of injury in case of a sudden stop or collision.
- Always keep arms and legs inside the cab frame while the vehicle is in motion.
- Always engage the park brake before getting out of the vehicle. See page 37.
- Always apply the service brakes before releasing the park brake.
- Always turn off the engine before refueling. Make sure the refueling area is well ventilated and free of any source of flame or sparks. Gasoline is extremely flammable. See page 21 for fuel safety warnings.
- Always remove the ignition key when the vehicle is not in use to prevent unauthorized use or accidental starting.

FOR MORE INFORMATION ABOUT SAFETY, call Polaris at 1-800-342-3764.

SAFETY

Operator Safety

▲ WARNING

Make sure your *RANGER* is in excellent operating condition at all times. We strongly recommend that the operator check all safety components before each ride.

Polaris *RANGER*s are designed to provide safe operation when used as directed. Failure of critical machine components may result from operation with any modifications, especially those that increase speed or power. The *RANGER* may become aerodynamically unstable at speeds higher than those for which it is designed. Loss of control may occur at higher speeds. Modifications may also create a safety hazard and lead to bodily injury.

Do not make any modifications to your *RANGER*.

Equipment Modifications

We are concerned for the safety of our customers and for the general public. Therefore, we strongly recommend that consumers do not install on a Polaris *RANGER* any equipment that may increase the speed or power of the vehicle, or make any other modifications to the vehicle for these purposes. Any modifications to the original equipment of the vehicle create a substantial safety hazard and increase the risk of bodily injury.

The warranty on your Polaris *RANGER* is terminated if any equipment has been added to the vehicle, or if any modifications have been made to the vehicle, that increase its speed or power.

NOTE: The addition of certain accessories, including (but not limited to) mowers, blades, tires, sprayers, or large racks, may change the handling characteristics of the vehicle. Use only Polaris-approved accessories, and familiarize yourself with their function and effect on the vehicle.

SAFETY

Operator Safety

⚠ WARNING

POTENTIAL HAZARD

Stalling, rolling backwards while climbing a hill

WHAT CAN HAPPEN

Vehicle overturn

HOW TO AVOID THE HAZARD

Maintain a steady speed when climbing a hill.

If you lose all forward speed:

Apply the brakes.

Engage the park brake after fully stopped.

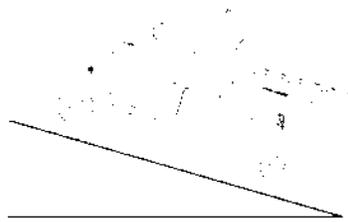
If you begin rolling backwards:

Never apply engine power.

Apply the brakes gradually.

When fully stopped, engage the park brake.

In the event of an accident, have a qualified service dealer check the complete vehicle for possible damage, including (but not limited to) brakes, throttle and steering.



⚠ WARNING

POTENTIAL HAZARD

Operating this vehicle on paved surfaces

WHAT CAN HAPPEN

Loss of control

HOW TO AVOID THE HAZARD

This vehicle's tires are designed for off-road use only, not for use on pavement. Paved surfaces may seriously affect handling and control of the vehicle, and may cause the vehicle to go out of control.

Avoid operating the vehicle on pavement. If you must operate on a paved surface, travel slowly and do not make sudden turns or stops.

SAFETY

Operator Safety

▲ WARNING

POTENTIAL HAZARD

Operating this vehicle without proper instruction

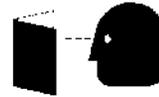
WHAT CAN HAPPEN

Loss of control, accident

HOW TO AVOID THE HAZARD

The risk of an accident is greatly increased if the operator does not know how to operate the vehicle properly in different situations and on different types of terrain.

All operators must read and understand the Owner's Manual and all warning and instruction labels before operating the vehicle.



▲ WARNING

POTENTIAL HAZARD

Operating this vehicle on public streets, roads or highways

WHAT CAN HAPPEN

Collision with another vehicle

HOW TO AVOID THE HAZARD

Never operate this vehicle on any public street, road or highway, including dirt or gravel.

In many states it's illegal to operate vehicles of this type on public streets, roads and highways.

SAFETY

Operator Safety

⚠ WARNING

POTENTIAL HAZARD

Operating this vehicle after consuming alcohol or drugs

WHAT CAN HAPPEN

Could seriously affect your judgment.

Could cause you to react more slowly.

Could affect your balance and perception.

Could result in an accident.

HOW TO AVOID THE HAZARD

Driving a *RANGER* requires your full attention. **DO NOT** drink alcohol or use drugs or medications before or while driving. They will reduce your alertness and slow your reaction time. In most states and provinces, it's prohibited by law to drive while intoxicated or under the influence of drugs.



⚠ WARNING

POTENTIAL HAZARD

Operating this vehicle at excessive speeds

WHAT CAN HAPPEN

Loss of control, accident

HOW TO AVOID THE HAZARD

Always travel at a speed proper for the terrain, visibility and operating conditions, and your experience.

SAFETY

Operator Safety

▲ WARNING

POTENTIAL HAZARD

Attempting jumps and other stunts

WHAT CAN HAPPEN

Loss of control, accident and/or vehicle overturn

HOW TO AVOID THE HAZARD

Never attempt jumps and other stunts. Avoid exhibition driving.

▲ WARNING

POTENTIAL HAZARD

Operating on frozen bodies of water.

WHAT CAN HAPPEN

Severe injury or death can result if the vehicle and/or the operator fall through the ice.

HOW TO AVOID THE HAZARD

Never operate the *RANGER* on a frozen body of water.

SAFETY

Operator Safety

⚠ WARNING

POTENTIAL HAZARD

Failure to inspect the vehicle before operating

Failure to properly maintain the vehicle

WHAT CAN HAPPEN

Accident, equipment damage

HOW TO AVOID THE HAZARD

Always inspect your *RANGER* before each use to make sure it's in safe operating condition.

Always follow the inspection and maintenance procedures and schedules described in the Owner's Manual.

⚠ WARNING

POTENTIAL HAZARD

Failure to use extra caution when operating this vehicle on unfamiliar terrain

WHAT CAN HAPPEN

Loss of control, vehicle overturn

HOW TO AVOID THE HAZARD

Travel slowly and use extra caution when operating on unfamiliar terrain.

Always be alert to changing terrain conditions when operating the vehicle. You may come upon hidden rocks, bumps, or holes suddenly, without enough time to react.

SAFETY

Operator Safety

▲ WARNING

POTENTIAL HAZARD

Failure to follow the minimum age recommendations for this vehicle

WHAT CAN HAPPEN

Serious injury or death (the child or others)

HOW TO AVOID THE HAZARD

Only persons with a valid driver's license should operate a Polaris *RANGER*.

Even though a child may be within the age group for which some vehicles are recommended, he or she may not have the skills, abilities, or judgment needed to operate the vehicle safely and may be involved in a serious accident.

▲ WARNING

POTENTIAL HAZARD

Operating this vehicle with improper tires or with improper or uneven tire pressure

WHAT CAN HAPPEN

Loss of control, accident and/or overturn

HOW TO AVOID THE HAZARD

Always use the size and type of tires specified in the Owner's Manual for this vehicle. See page 5.

Always maintain proper tire pressure as described on the decal and in the Owner's Manual. See page 5.

SAFETY

Operator Safety

⚠ WARNING

Leaving the keys in the ignition can lead to unauthorized use of the vehicle resulting in serious injury or death. Always remove the ignition key when the vehicle is not in use.

⚠ WARNING

After any overturn or accident, have a qualified service dealer inspect the entire vehicle for possible damage, including (but not limited to) brakes, throttle and steering systems.

⚠ WARNING

Exhaust system components are very hot during and after use of the vehicle. Hot components can cause serious burns and fire. Do not touch hot exhaust system components. Always keep combustible materials away from the exhaust system. Use caution when traveling through tall grass, especially dry grass.

SAFETY

Fuel Safety

▲ WARNING

Gasoline is highly flammable and is explosive under certain conditions. Always exercise extreme caution whenever handling gasoline.

Always stop the engine when refueling.

Always refuel outdoors or in a well ventilated area.

Do not smoke or allow open flames or sparks in or near the refueling area or where gasoline is stored.

Do not over fill the tank. Do not fill the tank neck.

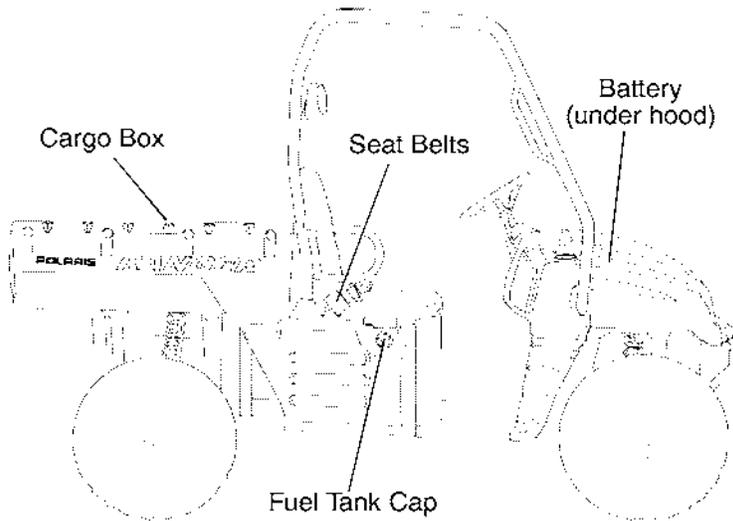
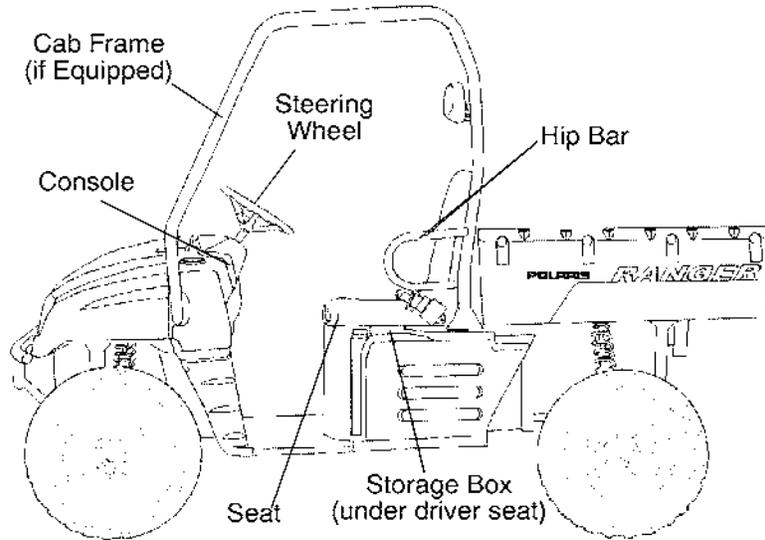
If gasoline spills on your skin or clothing, immediately wash it off with soap and water and change clothing.

Never start the engine or let it run in an enclosed area. Gasoline powered engine exhaust fumes are poisonous and can cause loss of consciousness and death in a short time.

FEATURES AND CONTROLS

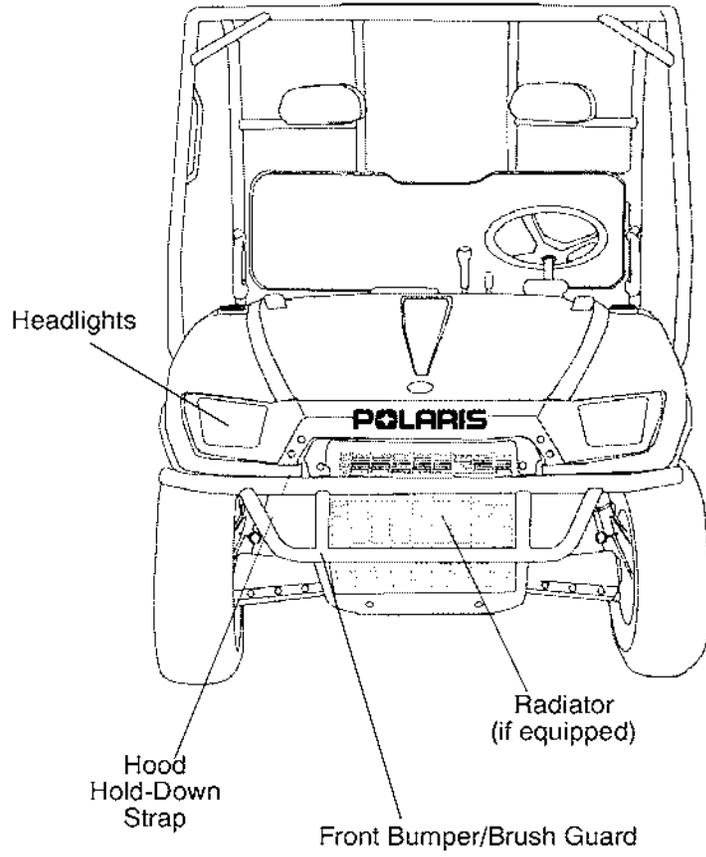
Component Locations

Some Polaris vehicles are equipped with special features such as the cab frame. Not all models come with all features. Refer to the specifications section beginning on page 110.



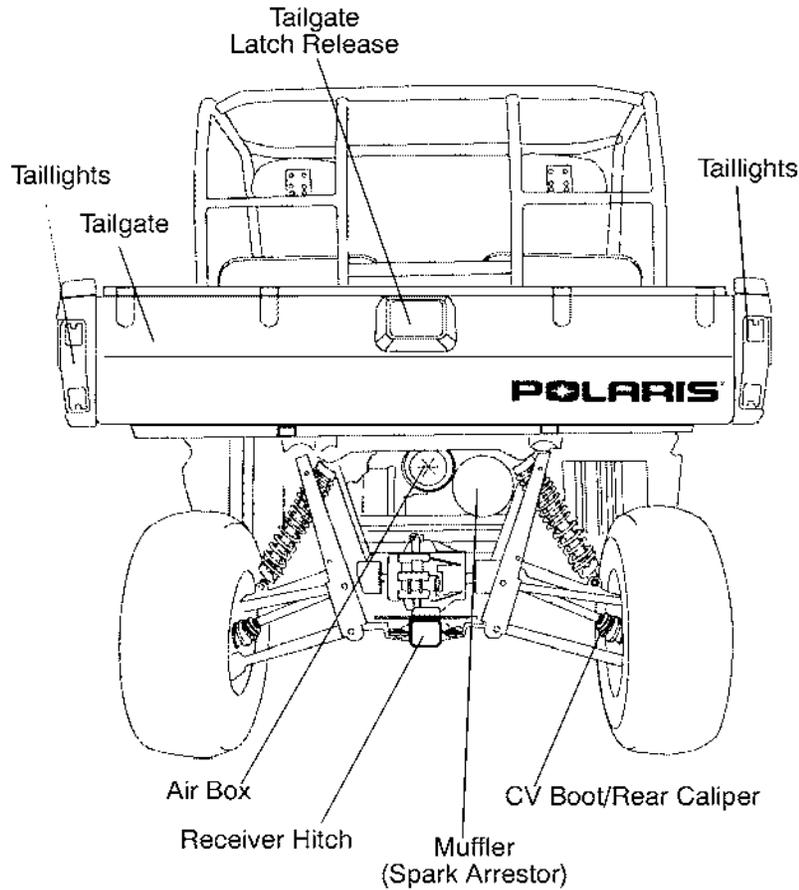
FEATURES AND CONTROLS

Component Locations



FEATURES AND CONTROLS

Component Locations



Trailer Hitch Bracket

This vehicle is equipped with a receiver hitch bracket for a trailer hitch. Trailer towing equipment is not supplied with this vehicle.

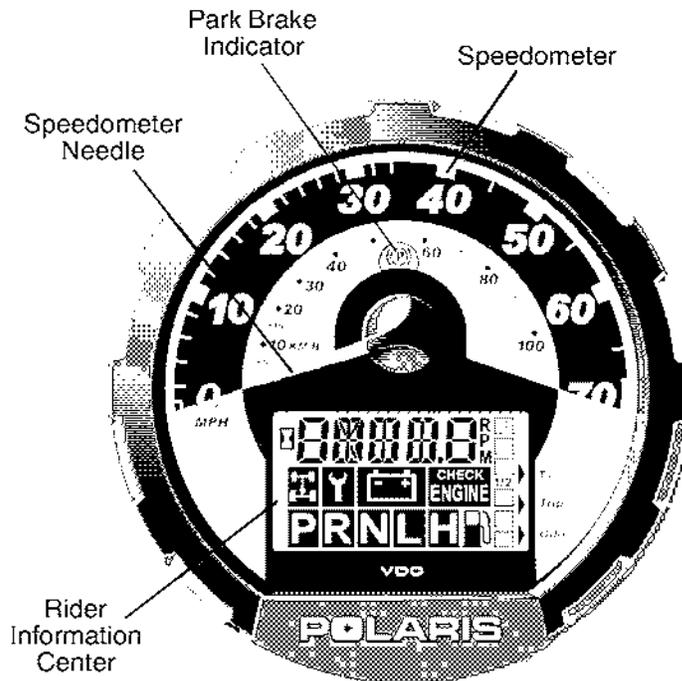
To avoid injury and property damage, always heed the warnings and towing capacities outlined on pages 52-55.

FEATURES AND CONTROLS

Component Locations

Instrument Cluster

Your *RANGER* is equipped with an instrument cluster that senses vehicle speed from the right front wheel. The instrument cluster measures distance in miles as well as time, hours of operation and engine RPM. Refer to page 34 for the location of the instrument cluster.



NOTE: In addition to showing vehicle speed, the speedometer needle flashes when a low fuel condition exists.

FEATURES AND CONTROLS

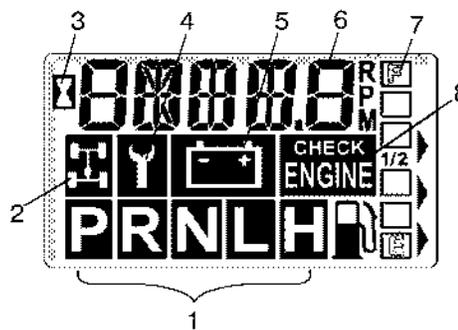
Instrument Cluster

Rider Information Center

The rider information center is located in the instrument cluster. All segments will light up for 2.5 seconds at start-up.

NOTE: If the instrument cluster fails to illuminate, a battery over-voltage may have occurred and the instrument cluster may have shut off to protect the electronic speedometer. If this occurs, take the vehicle to your Polaris dealer for proper diagnosis.

1. **Gear Indicator** - This indicator displays gear shifter position.
H = High Gear
L = Low Gear
N = Neutral
R = Reverse Gear



2. **AWD Indicator** - This indicator illuminates when the AWD switch is in the AWD position.

3. **Engine Hour Display Indicator**

4. **Service Interval/Diagnostic Mode Indicator**

5. **Low Battery and Over Voltage** - This warning usually indicates that the vehicle is operating at an RPM too low to keep the battery charged. It may also occur when the engine is at idle and high electrical load (lights, cooling fan, accessories) is applied. Drive at a higher RPM or recharge the battery to clear the warning.

6. **Odometer/Tachometer/Tripmeter/ Hour Meter/Clock**

7. **Fuel Gauge** - The segments of the fuel gauge show the level of fuel in the fuel tank. When the last segment clears, a low fuel warning is activated. All segments will flash, FUEL will display in the LCD, and the speedometer needle will blink. Refuel immediately.

8. **Check Engine Warning Indicator** - This indicator serves two purposes. The word HHOT displays if the engine overheats. It also appears if an EFI-related fault occurs. Do not operate the vehicle if this warning appears. Serious engine damage could result.

FEATURES AND CONTROLS

Instrument Cluster

Rider Information Center

Standard Modes

Use the yellow mode button located under the speedometer to toggle through the mode options. See page 34.

Odometer Mode

The odometer records the miles traveled by the vehicle.

Trip Meter Mode

The trip meter records the miles traveled by the vehicle on each trip if it's reset before each trip. To reset the trip meter, select the trip meter mode. Press and hold the mode button (override button) until the total changes to 0.

NOTE: In the Rider Information Center, the trip meter display contains a decimal point, but the odometer displays without a decimal point.

Hour Meter Mode

This mode logs the total hours the engine has been in operation.

Tachometer Mode

The engine RPM is displayed digitally.

NOTE: Small fluctuations in the RPM from day to day may be normal because of changes in humidity, temperature and elevation.

Clock Mode

The clock displays time in a 12-hour format. To reset the clock, see page 28.

FEATURES AND CONTROLS

Instrument Cluster

Rider Information Center

Diagnostic Mode

The wrench icon will display when the gauge is in the diagnostic mode. To exit the diagnostic mode, turn the key switch off and on. Any movement of the tires will also cause the gauge to exit the diagnostic mode.

To enter the diagnostics mode:

1. Turn the key switch off and wait 10 seconds.
2. Lock the parking brake.
3. Place the transmission in neutral.
4. Hold the mode/reverse override button and turn the key switch on. Release the switch as soon as the display is activated.
5. Use the mode button to toggle through the diagnostic screens.

Clock Screen

To reset the clock:

1. Enter the diagnostic mode.
2. Toggle to the clock screen.
3. Press and hold the mode button until the hour display flashes. Release the button.
4. Press and release the mode button once to advance the setting by one hour. Press and *hold* the mode button to advance the hours quickly.
5. When the desired hour is displayed, wait approximately four seconds, until the minute display flashes.
6. Use the same procedure to reset the minutes.
7. When the display stops flashing, the mode has been set.

NOTE: Do not turn the key switch off until the display stops flashing or the new setting will not be locked into the memory.

FEATURES AND CONTROLS

Instrument Cluster

Rider Information Center

Diagnostic Mode

Battery Voltage Screen

View this screen to check battery voltage level.

Tachometer Screen

View the tachometer to check engine speed.

AWD Diagnostic Screen

The gauge indicates whether or not current is flowing through the AWD coil (only on models with switchable AWD). This screen is for informational purposes only. Please see your dealer for all major repairs.

Gear Circuit Diagnostic Screen

This screen displays the resistance value (in ohms) being read at the gear switch input of the gauge. This screen is for informational purposes only. Please see your dealer for all major repairs.

Programmable service interval

When the hours of engine operation equal the programmed service interval setting, the wrench icon will flash for 5 seconds each time the engine is started. When this feature is enabled, it provides a convenient reminder to perform routine maintenance. See page 30.

NOTE: The service interval is programmed at 50 hours at the factory.

FEATURES AND CONTROLS

Instrument Cluster

Rider Information Center

Diagnostic Mode

Programmable service interval

To enable or disable the service interval:

1. Enter the diagnostic mode.
2. Toggle to the service interval screen.
3. Press and hold the mode button for about seven (7) seconds, until either ON or OFF appears in the Rider Information Center, depending on your preference.

To reset the service interval:

1. Enter the diagnostic mode.
2. Toggle to the service interval screen.
3. Press and hold the mode button for 2-3 seconds, until the wrench icon flashes. Release the button.
4. Press and release the mode button once to advance the setting by one hour. Press and *hold* the mode button to advance the hours quickly.

NOTE: If you scroll past the intended number, press and hold the button until the hours cycle back to zero.

5. When the desired setting is displayed, wait until the wrench icon stops flashing. The new service interval is now programmed.

Miles/Kilometers toggle

The display in the tripmeter and odometer can be changed to display either standard or metric units of measurement.

1. Enter the diagnostic mode.
2. Toggle to the screen that displays either kilometers (KM) or miles (MP).
3. Press and hold the mode button until the letters flash, then press and release the button once. When the display stops flashing, the mode has been set

FEATURES AND CONTROLS

Instrument Cluster

Rider Information Center

Downloading Codes

The EFI diagnostic mode is for informational purposes only. Please see your Polaris dealer for all major repairs.

See page 32 for Blink Codes and Failure Descriptions. Use the following procedure to download blink codes (failure codes) from the EFI module.

1. Engage the parking brake.
2. Stop the engine.
3. Turn the key switch to the ON position.
4. Turn the key switch off and on three times in less than five seconds, then leave the switch on. Any blink code numbers stored in the EFI module will display, one at a time, on the screen. The number “61” and the word “END” displays after all codes have been transmitted.

FEATURES AND CONTROLS

Instrument Cluster

Rider Information Center

Downloading Codes

Blink Code	Failure Description
..	No RPM Signal
21	Loss of Synchronization
45	Barometric Pressure Sensor: Circuit Low Input
46	Barometric Pressure Sensor: Circuit High Input
22	TPS: Open or Short Circuit to Ground
22	TPS: Short Circuit to Battery
23	RAM Error: Defective ECU
42	Engine Temp Sensor Circuit: Short to Ground
42	Engine Temp Sensor Circuit: Open or Short to Battery
51	Injector 1: Open Load
51	Injector 1: Short Circuit to Ground
51	Injector 1: Short Circuit to Battery
52	Injector 2: Open Load
52	Injector 2: Short Circuit to Ground
52	Injector 2: Short Circuit to Battery
53	Rear Differential: Open Load (<i>RANGER 4X4 only</i>)
53	Rear Differential: Short Circuit to Ground (<i>RANGER 4X4 only</i>)
53	Rear Differential: Short Circuit to Battery (<i>RANGER 4X4 only</i>)
54	Engine Temp Lamp: Open Load
54	Engine Temp Lamp: Short Circuit to Ground
54	Engine Temp Lamp: Short Circuit to Battery
55	Diag Lamp: Open Load
55	Diag Lamp: Short Circuit to Ground
55	Diag Lamp: Short Circuit to Battery
56	Pump Relay: Open Load
56	Pump Relay: Short Circuit to Ground
56	Pump Relay: Short Circuit to Battery
57	Reverse Beeper: Open Load
57	Reverse Beeper: Short Circuit to Ground
57	Reverse Beeper: Short Circuit to Battery
58	Cooling Fan: Open Load
58	Cooling Fan: Short Circuit to Ground
58	Cooling Fan: Short Circuit to Battery
41	Intake Air Temp Sensor: Open or Short Circuit to +Sensor Voltage
41	Intake Air Temp Sensor: Short Circuit to Ground
61	END

FEATURES AND CONTROLS

Seat Removal

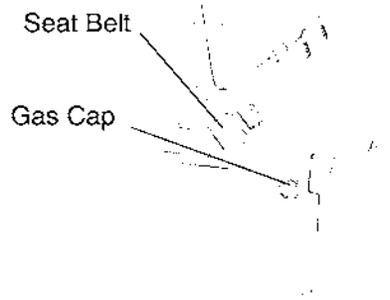
Pull up on the front of the seat and slide it toward the front of the vehicle.

Install the seat by sliding the tabs into the rear of the seat base. Push down firmly on the front of the seat until the pins are fully seated into the grommets.



Fuel Cap

The fuel tank filler cap is located on the right-hand side of the vehicle near the passenger seat. When refueling, always use either leaded or unleaded gasoline with a minimum pump octane number of 87 R+M/2 octane. *Do not use E-85 fuel.*



Seat Belts

The *RANGER* is equipped with lap-style seat belts for the operator and passenger.

▲ WARNING

Falling from a moving vehicle could result in serious injury or death. Always fasten your seat belt securely before operating or riding in the *RANGER*.

Passengers under five years of age require special restraints, which are not available with this vehicle. No person under the age of five may ride in the *RANGER*.

To wear the seat belt properly, follow this procedure:

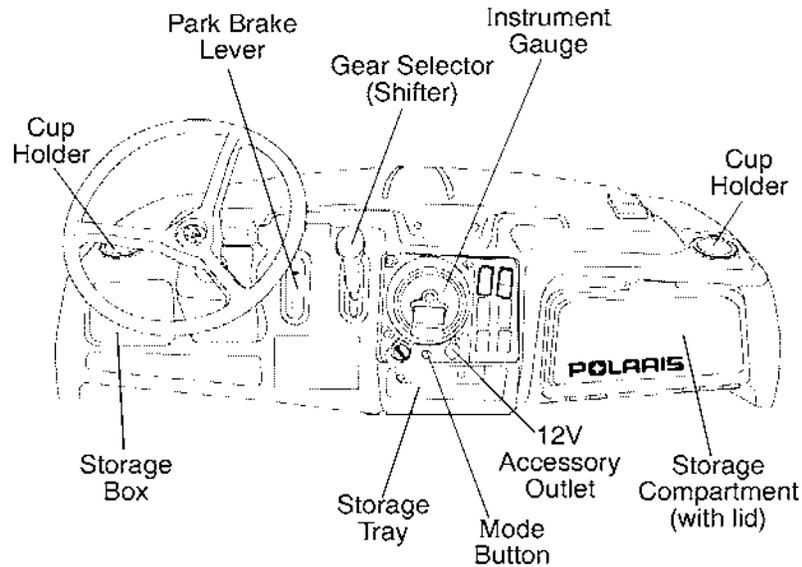
1. Place the belt across your lap as low on your hips as possible. Make sure that the belt is not twisted.
2. Push the latch plate into the buckle until it clicks.
3. Release the strap, it will self-tighten.

NOTE: The center belt must be tightened manually by pulling on the strap.

4. To release the seat belt, press the square red button in the buckle's center.

FEATURES AND CONTROLS

Console



Auxiliary Outlet

The 12-volt accessory plug receptacle has spade connections on the back that may be used to power an auxiliary light or other optional accessories or lights. The connections are behind the console, under the hood.

Mode Button

The yellow button located directly under the speedometer is used to toggle through mode options available such as odometer, trip meter, hour meter, tachometer and clock. See page 27 for operation of the modes.

FEATURES AND CONTROLS

Gear Selector

H: High Gear

L: Low Gear

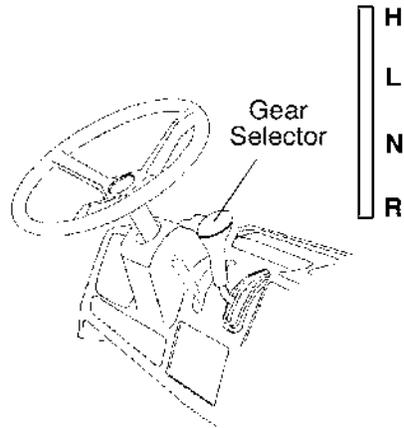
N: Neutral

R: Reverse

NOTE: Low gear is the primary driving range for the *RANGER*. High gear is intended for use on hard-packed surfaces with light loads.

To change gears, stop the vehicle, and with the engine idling, move the lever to the desired gear. Do not attempt to shift gears with engine speed above idle or while the vehicle is moving.

NOTE: Maintaining shift linkage adjustment is important to assure proper transmission function. See your dealer if you experience any shifting problems.



CAUTION

Do not attempt to shift the transmission while the vehicle is moving or damage to the transmission could result. Always shift when the vehicle is stationary and the engine is at idle.

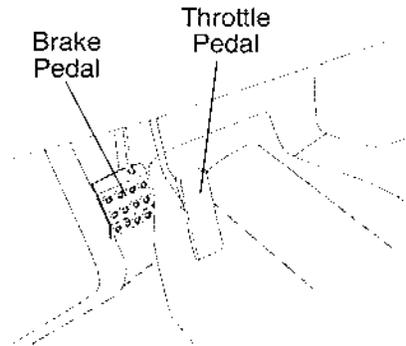
FEATURES AND CONTROLS

Brake Pedal

Depress the brake pedal to slow or stop the vehicle. Apply the brakes while starting the engine.

Throttle Pedal

Push the pedal down to increase engine speed. Spring pressure returns the pedal to the rest position when released. Always check that the throttle pedal returns normally before starting the engine. Make sure there's adequate throttle pedal freeplay. See page 88 for throttle pedal adjustment procedures.



FEATURES AND CONTROLS

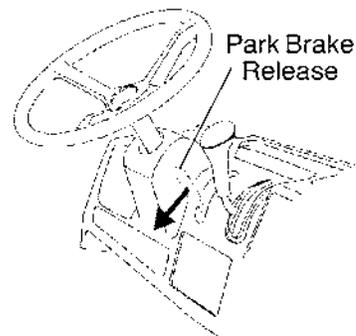
Park Brake Lever

To help prevent the vehicle from rolling, engage the park brake when parking the vehicle. When the park brake is fully engaged and the park brake indicator is illuminated, engine speed is limited to 1300 RPM in all gears, including neutral. If throttle is applied, this limiting feature prevents operation, which protects the park brake pads from excessive wear.

NOTE: This feature will not operate properly if the park brake connector or switch (under the hood) malfunctions or becomes disconnected, or if the switch has moved. Check for disconnection, then see your dealer promptly if this feature fails to operate properly.

Always apply the service brakes before engaging or releasing the park brake.

1. Apply the brakes.
2. Pull the park brake lever downward as far as possible.
3. To release the park brake, apply the brakes. Press the park brake release inward and move the lever upward as far as possible.



▲ WARNING

Operating the vehicle while the park brake is engaged could cause loss of control and result in serious injury or death. Always disengage the park brake before operating the vehicle.

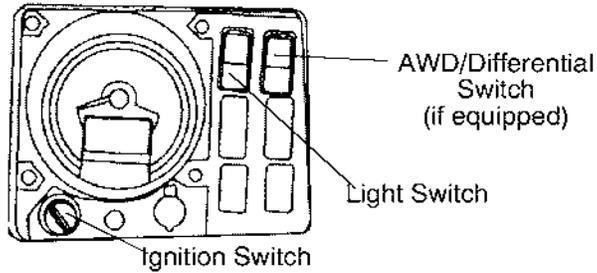
When the park brake is fully engaged and the park brake indicator is illuminated, engine speed is limited to 1300 RPM in all gears, including neutral. If throttle is applied, this limiting feature prevents operation, which protects the park brake pads from excessive wear.

Inspect and adjust park brake cable tension after the first 25 hours of operation and every 100 hours thereafter to ensure proper cable tension. See page 90.

NOTE: This feature will not operate properly if the park brake connector or switch (under the dash) malfunctions or becomes disconnected, or if the switch has moved. Check for disconnection, then see your Polaris service technician promptly if this feature fails to operate properly.

FEATURES AND CONTROLS

Switches



Ignition Switch

The ignition switch is a three-position, key-operated switch. The key can be removed from the switch when it is in the OFF position.

OFF	The engine is off. Electrical circuits are off, except Acc, 12V.
ON	Electrical circuits are on. Electrical equipment can be used.
START	Turn the key to the START position to engage the electric starter. The key returns to the ON position when released.

⚠ WARNING

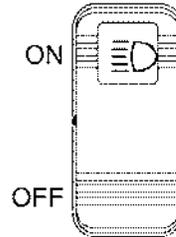
Leaving the keys in the ignition can lead to unauthorized use of the vehicle resulting in serious injury or death. Always remove the ignition key when the vehicle is not in use.

FEATURES AND CONTROLS

Switches

Light Switch

The ignition switch key must be in the ON/RUN position to operate the headlights. Use the light switch to turn the headlights on or off.



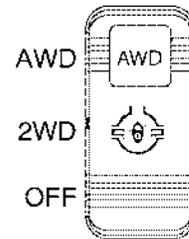
AWD/Differential Lock Switch

The AWD/Differential Switch has three positions: All Wheel Drive (AWD), Differential Lock/Two Wheel Drive (2WD) and Off (1WD/turf mode).

Press the top of the rocker switch to engage All Wheel Drive (AWD). See page 58 for AWD operating instructions.

Move the rocker switch to the center position (4X4 models) to lock the differential and operate in two wheel drive (2WD). See page 57 for Differential Lock operating instructions.

Press the bottom of the switch to unlock the differential and allow the rear drive wheels to operate independently (1WD). This mode of operation is well suited to turf driving or when active traction is not needed.



OPERATION

Break-In Period

The break-in period for your new Polaris *RANGER* is the first twenty hours of operation, or the time it takes to use the first two tanks full of gasoline. No single action on your part is as important as a proper break-in period. Careful treatment of a new engine will result in more efficient performance and longer life for the engine. Perform the following procedures carefully.

CAUTION

Excessive heat build-up during the first three hours of operation will damage close-fitted engine parts. Do not operate at full throttle or high speeds for extended periods during the first three hours of use.

Engine and Drivetrain Break-in

1. Fill the fuel tank with gasoline. Read the gasoline warnings on page 21.
2. Check the oil level. See page 68. Add the recommended oil as needed to maintain the oil level in the normal (safe) operating range.
3. Drive slowly at first. Select an open area that allows room to familiarize yourself with vehicle operation and handling.
4. Vary throttle positions. Do not operate at sustained idle.
5. Perform regular checks on fluid levels, controls and areas outlined on the daily pre-ride inspection checklist. See page 41.
6. Pull only light loads.
7. During the break-in period, change both the oil and the filter at 25 hours.
8. Inspect and adjust park brake cable tension after the first 25 hours of operation and every 100 hours thereafter to ensure proper cable tension. See page 90.

PVT Break-in (Clutches/Belt)

A proper break-in of the clutches and drive belt will ensure a longer life and better performance. Break in the clutches and belt by operating at slower speeds during the break-in period as recommended. Pull only light loads. Avoid aggressive acceleration and high speed operation during the break-in period.

OPERATION

Pre-Ride Inspection

▲ WARNING
If a proper inspection is not done before each use, severe injury or death could result. Always inspect the vehicle before each use to ensure it's in proper operating condition.

Item	Remarks	Page
Brake system/pedal travel	Ensure proper operation	36 89
Brake fluid	Ensure proper level	89
Front suspension	Inspect, lubricate if necessary	65
Rear suspension	Inspect, lubricate if necessary	65
Steering	Ensure free operation	91
Tires	Inspect condition and pressure	5 93
Wheels/fasteners	Inspect, ensure fastener tightness	93
Frame nuts, bolts, fasteners	Inspect, ensure tightness	-
Fuel and oil	Ensure proper levels	26 68
Coolant level	Ensure proper level	80 81
Coolant hoses	Inspect for leaks	-
Throttle	Ensure proper operation	87
Indicator lights/switches	Ensure operation	38
Air filter, pre-filter	Inspect, clean	85
Air box sediment tube	Drain deposits whenever visible	85
Headlamp	Check operation, apply Polaris dielectric grease when lamp is replaced	95
Brake light/tail lamp	Check operation, apply Polaris dielectric grease when lamp is replaced	96

OPERATION

Starting the Engine

⚠ WARNING

Engine exhaust contains poisonous carbon monoxide and can cause loss of consciousness resulting in severe injury or death. Never run an engine in an enclosed area.

1. Sit in the driver's seat and fasten the seat belt.
2. Engage the park brake.
3. Shift the transmission to neutral.
4. Apply the brakes.

NOTE: Do not press the throttle pedal while starting the engine.

5. Turn the ignition key past the ON/RUN position to START. Engage the starter for a maximum of five seconds. Release the key when the engine starts.
6. If the engine does not start within five seconds, release the ignition switch and wait five seconds. Repeat steps 5 and 6 until the engine starts.
7. Vary the engine RPM slightly with the throttle to aid in warm up until the engine idles smoothly.

CAUTION

Operating the vehicle immediately after starting could cause engine damage. Allow the engine to warm up for several minutes before operating the vehicle.

OPERATION

Stopping the Engine

1. Release the throttle pedal completely and brake to a complete stop.
2. Turn the engine off.
3. Engage the park brake.

▲ WARNING

A rolling vehicle can cause property damage and serious injury. Always engage the park brake after stopping the engine.

Braking

1. Release the throttle pedal completely.
2. Press on the brake pedal evenly and firmly.

NOTE: Practice starting and stopping (using the brakes) until you're familiar with the controls.

NOTE: When the throttle pedal is released completely and the engine speed drops near an idle, the vehicle has no engine braking.

▲ WARNING

Failure to allow for increased braking distance when hauling cargo or towing a trailer may result in accident and injury. Always slow down and allow additional braking distance when towing or hauling cargo.

OPERATION

Driving Safely

Driving Procedure



1. Sit in the driver's seat and fasten the seat belt.
2. After starting the engine and allowing it to warm up, apply the service brakes, and shift the transmission into gear.
3. Check your surroundings and determine your path of travel.
4. Release the park brake.
5. Keeping both hands on the steering wheel, slowly release the brakes and depress the throttle with your right foot to begin driving.
6. Drive slowly. Practice maneuvering and using the throttle and brakes on level surfaces.

NOTE: Low gear is the primary range for operating the *RANGER*. High gear is intended for use on hard-packed surfaces with light loads.

OPERATION

Driving Safely

Driving on Slippery Surfaces

When driving on slippery surfaces such as wet trails, loose gravel, or ice, be alert for the possibility of skidding and sliding. Under these conditions, follow these precautions:

1. Slow down when entering slippery areas.
2. Maintain a high level of alertness, reading the trail and avoiding quick, sharp turns, which can cause skids.
3. Correct a skid by turning the steering wheel in the direction of the skid.
4. Drive with AWD engaged (if equipped) to assist in controlling the vehicle.

CAUTION

Severe damage to the drive train may occur if the AWD is engaged while the wheels are spinning. Always allow the wheels to stop spinning before engaging AWD.

▲ WARNING

Failure to exercise care when operating on slippery surfaces can result in loss of tire traction and cause loss of control, accident, and serious injury or death.

Never apply the brakes during a skid.

Do not operate on excessively slippery surfaces.

Always reduce speed and use additional caution when operating on slippery surfaces

OPERATION

Driving Safely

Driving Uphill

Whenever traveling uphill, follow these precautions:

1. Always travel straight uphill.
2. Avoid steep hills (15° maximum).
3. Keep both feet on the floor.
4. Proceed at a steady rate of speed and throttle opening.



▲ WARNING

Climbing hills improperly can cause loss of control or vehicle overturn. Always check the terrain carefully before climbing a hill.

Braking and handling are greatly affected when operating in hilly terrain. Improper procedure could cause loss of control or overturn and result in serious injury or death.

Avoid climbing steep hills (15° maximum).

Use extreme caution when operating on hills, and follow proper operating procedures outlined in the owner's manual.

Never climb hills with excessively slippery or loose surfaces.

Never open the throttle suddenly.

Never go over the crest of a hill at high speed. An obstacle, a sharp drop, or another vehicle or person could be on the other side of the hill.

OPERATION

Driving Safely Driving on a Sidehill (Sidehilling)

▲ WARNING

Crossing hillsides or turning on hills can result in loss of control or vehicle overturn, resulting in severe injury or death. Avoid crossing the side of a hill when possible. When unavoidable, exercise extreme caution. Avoid operating on steep hills (15° maximum).

Driving Downhill

Whenever descending a hill, follow these precautions:

1. Proceed directly downhill.
2. Slow down.
3. Apply the brakes *slightly* to aid in slowing.

▲ WARNING

Traveling downhill improperly could cause loss of control or vehicle overturn. Always check the terrain carefully before descending a hill.

Never descend a hill at high speed. Excessive speed may result in loss of vehicle control and lead to serious injury or death. Always operate slowly when traveling downhill.

Avoid descending a hill at an angle, which would cause the vehicle to lean sharply to one side. Travel straight downhill when possible.

OPERATION

Driving Safely

Driving Through Water

⚠ WARNING

The large tires on your *RANGER* may cause the vehicle to float in deep or fast-flowing water, which could result in loss of control and lead to serious injury or death. Never cross deep or fast-flowing water with your *RANGER*.

Your Polaris *RANGER* can operate through water up to a maximum recommended depth equal to the floorboards. Follow these procedures when operating through water:

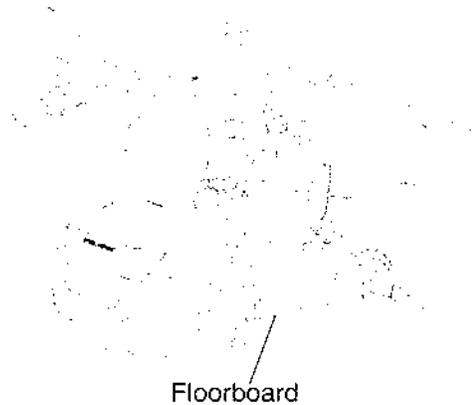
1. Always determine water depths and current before entering.
2. Choose a crossing where both banks have gradual inclines.
3. Proceed slowly, avoiding rocks and obstacles.
4. After leaving water, always dry the brakes by applying light pressure to the pedal repeatedly until braking action is normal.

NOTE: After running your vehicle in water, it's *critical* that you perform the services outlined in the Periodic Maintenance Chart beginning on page 60. Give special attention to engine oil, transmission oil, front and rear gearcases, and all grease fittings.

CAUTION

Immersion can result in major damage if the vehicle isn't serviced correctly and promptly. After immersion, always take the vehicle to your dealer service. *Do not start the engine!*

If it's impossible to bring the vehicle to your dealer before starting the engine, perform the service outlined on page 97, and take the vehicle to your dealer at the first opportunity.



OPERATION

Driving Safely Driving Over Obstacles



Be alert! Look ahead and learn to read the terrain you're traveling on. Watch for hazards such as logs, rocks and low hanging branches.

▲ WARNING

Severe injury or death can result if your vehicle suddenly comes in contact with a hidden obstacle. Not all obstacles are immediately visible. Reduce speed and travel with caution in unfamiliar terrain.

OPERATION

Driving Safely

Driving in Reverse



Follow these guidelines when operating in reverse:

1. Back slowly.
2. Apply the brakes lightly for stopping.
3. Avoid turning at sharp angles.
4. Always avoid backing downhill.
5. Never open the throttle suddenly while backing.
6. Always inspect left and right fields of vision before backing.

⚠ WARNING

Failure to use caution when operating in reverse can result in serious injury or death. Before shifting into reverse, always check for obstacles or people behind the vehicle and follow the reverse operation procedures outlined in this manual. Always back slowly.

OPERATION

Driving Safely Parking on an Incline



Avoid parking on an incline if possible. If it's unavoidable, follow these precautions:

1. Place the transmission in gear.
2. Engage the park brake.
3. Turn the engine off.
4. Block the rear wheels on the downhill side.

▲ WARNING

A rolling vehicle can cause property damage and serious injury. Always engage the park brake after stopping the engine. Always block the downhill side of the wheels if leaving the vehicle on a hill, or park the vehicle in a sidehill position instead.

Operating the vehicle while the park brake is engaged could cause loss of control and result in serious injury or death. Always disengage the park brake before operating the vehicle.

OPERATION

Driving Safely

Hauling Cargo

▲ WARNING

Hauling cargo improperly can alter vehicle handling and may cause loss of control or brake instability, which can result in serious injury or death. Always follow these precautions when hauling cargo:

REDUCE SPEED AND ALLOW GREATER DISTANCES FOR BRAKING WHEN HAULING CARGO.

Always load the cargo box with the load as far forward and as low as possible.

When operating over rough or hilly terrain, reduce speed and cargo to maintain stable driving conditions.

Always operate the vehicle with extreme care when hauling or towing loads.

Slow down and drive in the lowest gear available.

SECURE ALL LOADS BEFORE OPERATING. Unsecured loads can create unstable operating conditions, which could result in loss of control of the vehicle.

OPERATE ONLY WITH STABLE AND SAFELY ARRANGED LOADS. When handling off-centered loads that cannot be centered, securely fasten the load and operate with extra caution. Always attach the tow load to the hitch point designated for your vehicle.

HEAVY LOADS CAN CAUSE BRAKING AND CONTROL PROBLEMS. Use extreme caution when applying brakes with a loaded vehicle. Avoid terrain or situations that may require backing downhill.

USE EXTREME CAUTION when operating with loads that extend over the rack sides. Stability and maneuverability may be adversely affected, causing the vehicle to overturn.

DO NOT TRAVEL FASTER THAN THE RECOMMENDED SPEEDS. Vehicle should never exceed 10 mph (16 kph) while towing a load on a level grass surface. Vehicle speed should never exceed 5 mph (8 kph) when towing loads in rough terrain, while cornering, or while ascending or descending a hill.

OPERATION

Driving Safely Hauling Cargo

The *RANGER* has been designed to carry or tow specific capacities. Always read and understand the load distribution warnings listed on the warning labels. Never exceed the following capacities.

Model	Maximum Capacities (Level Ground)	Cargo Box
<i>RANGER</i> 4X4 EFI	1500 lbs. (681 kg)	1000 lbs. (454 kg)
<i>RANGER</i> 6X6 EFI	1750 lbs. (794 kg)	1250 lbs (567 kg)

▲ WARNING

Driving with passengers in the cargo box can result in severe injury or death.

Never allow passengers to ride in the cargo box. Passengers must always ride in the cab with seat belts fastened securely.



OPERATION

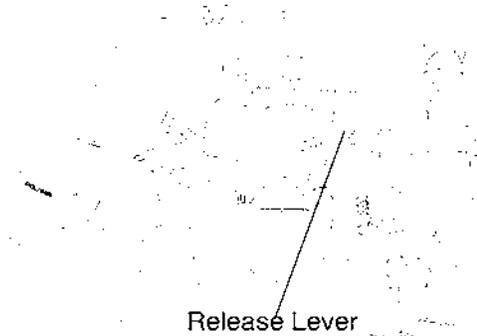
Driving Safely

Dumping the Cargo Box

⚠ WARNING

Operating the vehicle while the cargo box is raised could result in severe injury. The box could close unexpectedly and cause injury to the driver or passenger. The rear tires will also catch the rear of a raised box, damaging the vehicle and creating hazardous driving conditions. Never operate this vehicle with the cargo box in the raised position.

1. Select a level site to dump the cargo box. Do not attempt to dump or unload the vehicle while parked on an incline.
2. Engage the park brake.
3. Dismount the vehicle.
4. Ensure that the cargo is positioned evenly or toward the front of the cargo box.
5. Release the tailgate by pulling up on the tailgate latch.
6. Stand clear and pull up on the cargo box release lever.
7. Lift the front of the cargo box to dump the cargo.
8. Lower the cargo box and push down securely to latch.



⚠ WARNING

If the weight distribution on the box is located toward the rear of the box when the release lever is pulled forward, the box may dump unexpectedly and cause serious injury to the operator or bystanders.

Never operate the dump lever without ensuring that the load is positioned evenly or at the front of the box.

OPERATION

Driving Safely Towing Loads

▲ WARNING

Towing improperly can alter vehicle handling and may cause loss of control or brake instability, which can result in serious injury or death. Always follow these precautions when towing:

Never load more than 150 lbs. (68.1 kg) tongue weight on the towing bracket.

Do not operate the vehicle faster than 10 mph (16 km/h) when towing. See page 52. Towing a trailer increases braking distance.

Do not tow more than the recommended weight for the vehicle. See the towing capacity chart below and the specifications charts beginning on page 110.

Attach a trailer to the trailer hitch bracket only. Do not attach a trailer to any other location or you may lose control of the vehicle.

Never tow a trailer on a grade steeper than 15°.

Model	Total Towed Load Weight (Level Ground)	Total Towed Load Weight (15° grade)	Total Hitch Vertical Weight	Maximum Towing Speed
RANGER 4x4 700 EFI	2000 lbs. (907 kg)	850 lbs. (386 kg)	150 lbs. (68.1 kg)	10 mph (16 kph)
RANGER 6X6 700 EFI	2000 lbs. (907 kg)	1000 lbs. (454 kg)	150 lbs. (68.1 kg)	10 mph (16 kph)

Belt Life

To extend belt life, use the lowest gear possible when hauling or towing heavy cargo.

OPERATION

Driving Safely

Parking the Vehicle

⚠ WARNING

A rolling vehicle can cause property damage and serious injury. Always engage the park brake after stopping the engine.

1. Stop the vehicle on a level surface.
2. Turn the engine off.
3. Engage the park brake.
4. Remove the ignition switch key to prevent unauthorized use.

⚠ WARNING

Gasoline is extremely flammable and can be explosive under certain conditions. When parking inside a garage or other structure, be sure that the structure is well ventilated and that the vehicle is not close to any source of flame or sparks, including any appliance with pilot lights.

OPERATION

Differential Lock (4X4 Models)

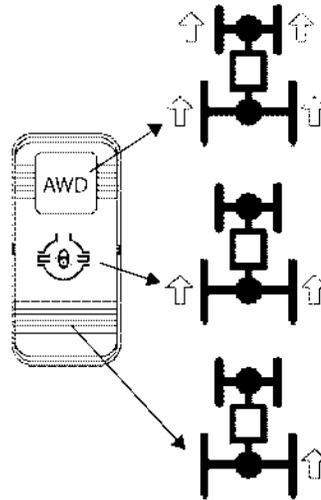
Locking the Differential

The 4X4 rear axle is equipped with a lockable differential that allows the operator to choose between an open differential or a closed differential. Locking the differential in slippery or low traction conditions helps improve traction.

Press the top of the rocker switch to engage All Wheel Drive (AWD).

Move the rocker switch to the center position to lock the differential and operate in two wheel drive (2WD).

Press the bottom of the switch to unlock the differential and allow the rear drive wheels to operate independently (1WD). This mode of operation is well suited to turf driving or whenever aggressive traction is not required.



CAUTION

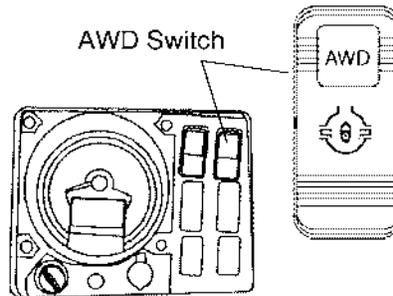
Damage to the differential can occur if it is engaged while the vehicle is traveling at high speeds or while the rear wheels are spinning. Slow the vehicle to nearly stopped before engaging the differential.

OPERATION

All Wheel Drive (AWD)

The illuminated amber AWD switch indicates that the vehicle is in AWD.

When the AWD switch is on, the front wheels will automatically engage any time the rear wheels lose traction. When the rear wheels regain traction, the front wheels will automatically disengage. There is no limit to the length of time the vehicle may remain in AWD.



When the *RANGER* 6X6 AWD switch is in the off position, the vehicle is in two-wheel drive at all times.

When the *RANGER* 4X4 AWD switch is in the off position, the differential is open and the vehicle is in one-wheel drive for operation on turf or when active traction is not needed. When the AWD switch is in the center position the differential is locked and the vehicle is in two-wheel drive. See page 57.

The AWD switch may be turned on or off while the vehicle is moving. If the switch is turned off while the front hubs are driving, they will not release until the rear wheels regain traction.

CAUTION

Switching to AWD while the rear wheels are spinning may cause severe drive shaft and clutch damage. Always switch to AWD while the rear wheels have traction or are at rest.

Disengaging AWD

Under certain conditions, it may be possible for the front gearcase to remain locked unnecessarily. This condition causes increased steering effort and some vehicle speed restriction. If the front gearcase remains locked after following these instructions, return the vehicle to your dealer for service.

1. Stop the vehicle.
2. Operate in reverse for at least 10 feet.
3. Stop completely.
4. Shift into low gear and drive forward.

EMISSION CONTROL SYSTEMS

Noise Emission Control System

Do not modify the engine, intake or exhaust components, as doing so may affect compliance with U.S.A. EPA noise control requirements (40 CFR 205) and local noise level requirements.

Operation on Public Lands in the U.S.A.

Your Polaris vehicle has a spark arrestor that was tested and qualified to be in accordance with the USDA Forest Service Standard 5100-1C. Federal law requires that this spark arrestor be installed and functional when the vehicle is operated on public lands.

Operation of off-road vehicles on public lands in the U.S.A. is regulated by 43 CFR 8343.1(c). Violations are subject to monetary penalties. Federal regulations can be viewed online at www.gpoaccess.gov/ccfr/.

Crankcase Emission Control System

This engine is equipped with a closed crankcase system. Blow-by gases are forced back to the combustion chamber by the intake system. All exhaust gases exit through the exhaust system.

Exhaust Emission Control System

Exhaust emissions are controlled by engine design. An electronic fuel injection (EFI) system controls fuel delivery. The engine and EFI components are set at the factory for optimal performance and are not adjustable.

The emissions label is located on the frame under the seat.

Electromagnetic Interference

This spark ignition system complies with Canadian ICES-002.

This vehicle complies with the EMC requirements European directives 97/24/EC and 89/336/EEC

MAINTENANCE

Periodic Maintenance Chart

Careful periodic maintenance will help keep your vehicle in the safest, most reliable condition. Inspection, adjustment and lubrication of important components are explained in the periodic maintenance chart.

Inspect, clean, lubricate, adjust and replace parts as necessary. When inspection reveals the need for replacement parts, use genuine Polaris parts available from your Polaris dealer.

Record maintenance and service in the Maintenance Log beginning on page 128.

NOTE: Service and adjustments are important for proper vehicle operation. If you're not familiar with safe service and adjustment procedures, have a qualified dealer perform these operations.

Maintenance intervals in the following chart are based upon average riding conditions and an average vehicle speed of approximately ten (10) miles per hour. Vehicles subjected to severe use must be inspected and serviced more frequently.

Severe Use Definition

- Frequent immersion in mud, water or sand
- Racing or race-style high RPM use
- Prolonged low speed, heavy load operation
- Extended idle
- Short trip cold weather operation

Pay special attention to the oil level. A rise in oil level during cold weather can indicate contaminants collecting in the oil sump or crankcase. Change oil immediately if the oil level begins to rise. Monitor the oil level, and if it continues to rise, discontinue use and determine the cause or see your dealer.

MAINTENANCE

Periodic Maintenance Chart

Maintenance Chart Key

- ▶ Perform these operations more often for vehicles subjected to severe use.
- E Emission Control System Service - 4 Cycle (California)
- Have an authorized Polaris dealer perform these services.

▲ WARNING

Improperly performing the procedures marked with a ■ could result in component failure and lead to serious injury or death. Have an authorized Polaris dealer perform these services.

MAINTENANCE Periodic Maintenance Chart

Perform all services at whichever maintenance interval is reached first.

Item	Maintenance Interval (whichever comes first)			Remarks	
	Hours	Calendar	Miles (Km)		
■ Steering	-	Pre-Ride	-	Make adjustments as needed. See Pre-Ride Checklist on page 41.	
▶ Front suspension	-	Pre-Ride	-		
▶ Rear suspension	-	Pre-Ride	-		
Tires	-	Pre-Ride	-		
▶ Brake fluid level	-	Pre-Ride	-		
▶ Brake pedal travel					
Brake system	-	Pre-Ride	-		
Wheels/fasteners	-	Pre-Ride	-		
Frame fasteners	-	Pre-Ride	-		
▶ Engine oil level	-	Pre-Ride	-		
▶ E Air filter, pre-filter	-	Daily	-		Inspect; clean often; replace as needed
▶ E Air box sediment tube	-	Daily	-		Drain deposits when visible
Coolant (if applicable)	-	Daily	-		Check level daily, change coolant every 2 years
Headlamp/tail lamp	-	Daily	-	Check operation; apply dielectric grease if replacing	
▶ E Air filter, main element	-	Weekly	-	Inspect; replace as needed	
▶ Brake pad wear	10 H	Monthly	-	Inspect periodically	
Battery	20 H	Monthly	-	Check terminals; clean; test	
▶ Front Gearcase Oil (if equipped)	25 H	Monthly	-	Inspect level; change yearly	
▶ Middle Gearcase Oil (if equipped)	25 H	Monthly	-	Inspect level; change yearly	
▶ Rear gearcase oil (if equipped)	25 H	Monthly	-	Inspect level; change yearly	
▶ Transmission oil	25 H	Monthly	-	Inspect level; change yearly	

- ▶ Perform these procedures more often for vehicles subjected to severe use.
- E Emission Control System Service - 4 Cycle (California)
- Have an authorized Polaris dealer perform these services.

MAINTENANCE

Periodic Maintenance Chart

Item	Maintenance Interval (whichever comes first)			Remarks
	Hours	Calendar	Miles (Km)	
▶ E Engine breather filter (if equipped)	25 H	Monthly	-	Inspect; replace if necessary
▶ Engine oil change (break-in)	25 H	1 M	-	Perform a break-in oil change at one month
▶ Park brake cable tension	25 H	1 M	-	Check tension, adjust
▶ General lubrication	50 H	3 M	-	Lubricate all fittings, pivots, cables, etc.
▶ Shift Linkage	50 H	6 M	-	Inspect, lubricate, adjust
■ Steering	50H	6 M	-	Lubricate
▶ Front Suspension	50 H	6 M	-	Lubricate
▶ Rear Suspension	50 H	6 M	-	Lubricate
■ E Throttle cable/ETC switch	50 H	6 M	-	Inspect; adjust; lubricate; replace if necessary
E Throttle body air intake ducts/flange	50 H	6 M	-	Inspect duct for proper sealing/air leaks
▶ Drive belt	50 H	6 M	-	Inspect; adjust; replace as needed
▶ Cooling system (if applicable)	50 H	6 M	-	Inspect coolant strength seasonally; pressure test system yearly
▶ Park brake cable tension	100 H	6 M	-	Check tension, adjust
▶ Engine oil change	100 H	6 M	-	Perform a break-in oil change at one month
▶ Oil filter change	100 H	6 M	-	Replace with oil change

- ▶ Perform these procedures more often for vehicles subjected to severe use.
- E Emission Control System Service - 4 Cycle (California)
- Have an authorized Polaris dealer perform these services.

MAINTENANCE Periodic Maintenance Chart

Item	Maintenance Interval (whichever comes first)			Remarks
	Hours	Calendar	Miles (Km)	
■ Fuel system	100 H	12 M	-	Check for leaks at tank cap, lines, fuel valve, filter, pump, throttle body; replace lines every two years
■ Fuel filter	100 H	12 M	-	Replace yearly
▶ Radiator (in applicable)	100 H	12 M	-	Inspect; clean external surfaces
▶ Cooling Hoses	100 H	12 M	-	Inspect for leaks
▶ Engine mounts	100 H	12 M	-	Inspect
Exhaust muffler/ pipe	100 H	12 M	-	Inspect
▶ Spark plug	100 H	12M	-	Inspect; replace as needed
■ Ignition timing	100 H	12 M	-	Inspect
▶ Wiring	100 H	12 M	-	Inspect for wear, routing, security; apply dielectric grease to connectors subjected to water, mud, etc.
■ Clutches (drive and driven)	100 H	12 M	-	Inspect; clean; replace worn parts
■ Front wheel bearings	100 H	12 M	-	Inspect; replace as needed
■ Brake fluid	200 H	24 M	-	Change every two years
Spark arrestor	300 H	36 M	-	Clean out
Idle speed		-		Adjust as needed
■ Toe adjustment		-		Inspect periodically; adjust when parts are replaced
■ Auxiliary brake (if equipped)		-		Inspect daily; adjust as needed
▶ Headlight aim		-		Adjust as needed

▶ Perform these procedures more often for vehicles subjected to severe use.

E Emission Control System Service - 4 Cycle (California).

■ Have an authorized Polaris dealer perform these services

MAINTENANCE

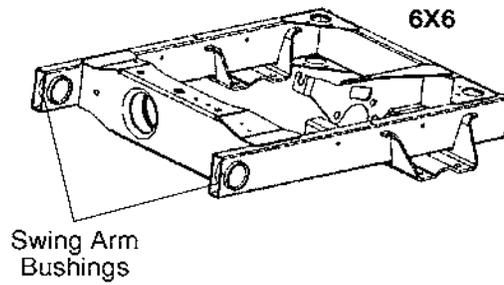
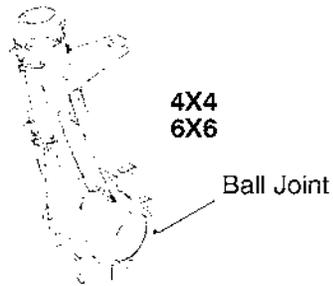
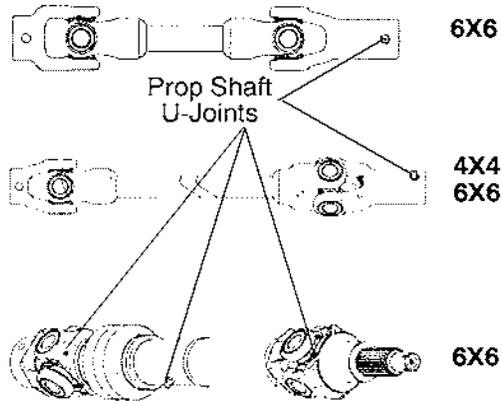
Lubrication Recommendations

Check and lubricate all components at the intervals outlined in the Periodic Maintenance Chart beginning on page 60, or more often under severe use, such as wet or dusty conditions. Items not listed in the chart should be lubricated at the general lubrication interval.

Item	Lube	Method
Engine Oil	PS-4 PLUS 2W-50	Add to proper level on dipstick. See page 68.
Brake Fluid	DOT 4	Maintain level between fill lines. See page 89.
Main Gearcase Oil (Transmission)	Premium AGL Synthetic Gearcase Lube	See page 71.
Front Gearcase Oil	Premium Demand Drive Hub Fluid	See page 73.
Middle Gearcase Oil (6X6 only)	Premium ATV Angle Drive Fluid	See page 74.
Rear Gearcase Oil	Premium ATV Angle Drive Fluid	See page 75.
Prop Shaft U-joints	Polaris Premium U-Joint Lube	Locate fittings and grease. See page 66.
Front Prop Shaft Yoke	Polaris Premium U-Joint Lube	Locate fittings and grease (3 pumps maximum). See page 66.
Ball Joint	Polaris Premium all Season Grease or grease conforming to NLGI No. 2	Locate fitting (back side of struts), grease with grease gun. See page 66.
Swing Arm Bushings	Polaris Premium all Season Grease or grease conforming to NLGI No. 2	Locate fittings on swing arm and grease with grease gun. See page 66.

MAINTENANCE

Lubrication Recommendations



MAINTENANCE

Engine Oil

Always check and change the engine oil at the intervals outlined in the Periodic Maintenance Chart beginning on page 60. Always change the oil filter whenever changing oil.

Polaris recommends the use of Polaris PS-4 *PLUS Performance Synthetic* 2W-50 4-cycle oil or a similar oil. See page 114 for the part numbers of Polaris products.

CAUTION

Mixing brands or using a non-recommended oil may cause serious engine damage. Always use the recommended oil. Never mix oil brands.

WARNING

Vehicle operation with insufficient, deteriorated, or contaminated engine oil will cause accelerated wear and may result in engine seizure, accident, and injury. Always perform the maintenance procedures as outlined in the Periodic Maintenance Chart.

MAINTENANCE

Engine Oil

Always check and change the oil at the intervals outlined in the Periodic Maintenance Chart beginning on page 60. Always use the recommended engine oil.

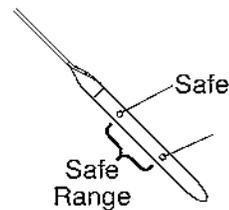
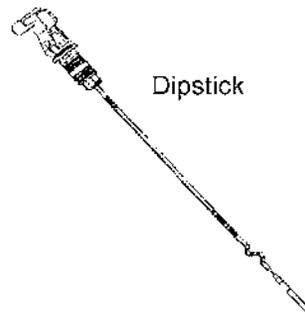
Oil Check

The oil dipstick and fill tube is located on the engine.

1. Position the vehicle on a level surface.
2. Apply the brakes. Start the engine and allow it to idle for 20-30 seconds. Stop the engine.
3. Lift the lever lock to remove the dipstick. Wipe it dry with a clean cloth.
4. Reinstall the dipstick completely, but do not lock it. The dipstick must be screwed completely in to keep the angle and depth of the stick consistent.
5. Remove the dipstick and check the oil level. Maintain the oil level in the safe range. Do not overfill.

NOTE: Due to the dipstick entry angle into the crankcase, the oil level will read higher on the bottom side of the dipstick. Always read the level on the upper surface of the dipstick.

6. After reinstalling the dipstick, be sure to seat the lever lock.



MAINTENANCE

Engine Oil Oil and Filter Change

CAUTION
Hot oil can cause serious burns to skin. Do not allow hot oil to come into contact with skin.

Always change the oil and filter at the intervals outlined in the Periodic Maintenance Chart beginning on page 60. Always change the oil filter whenever changing oil.

1. Position the vehicle on a level surface.
2. Run the engine for two to three minutes until warm. Stop the engine.
3. Clean the area around the drain plug.
4. Place a drain pan beneath engine crankcase and remove the drain plug.
5. Allow the oil to drain completely.
6. Reinstall the sealing washer on the drain plug.

NOTE: The sealing surfaces on drain plug and crankcase should be clean and free of burrs, nicks or scratches.

7. Reinstall the drain plug. Torque to 20 ft. lbs. (27 Nm).
8. Place shop towels beneath the oil filter. Using an oil filter wrench, turn the filter counter-clockwise to remove it.
9. Using a clean dry cloth, clean the filter sealing surface on the crankcase.
10. Lubricate the o-ring on the new filter with a film of fresh engine oil. Check to make sure the o-ring is in good condition.
11. Install the new filter and turn by hand until the filter gasket contacts the sealing surface, then turn an additional 1/2 turn.

MAINTENANCE

Engine Oil

Oil and Filter Change

12. Remove the dipstick and fill the sump with two quarts (1.9 l) of recommended oil.
13. Shift the transmission to neutral.
14. Engage the park brake.
15. Apply the brakes. Start the engine. Allow it to idle for one to two minutes.
16. Stop the engine. Inspect for leaks.
17. Re-check the oil level on the dipstick and add oil as necessary to bring the level to the upper mark on the dipstick.
18. Dispose of used filter and oil properly.

Gearcases

Gearcase Specification Chart

Gearcase	Lubricant	Capacity	Fill Plug Torque	Drain Plug Torque
Main Gearcase (Transmission)	Premium AGL Synthetic Gearcase Lube	15.2 oz. (450 ml)	14 ft. lbs. (19.4 Nm)	14 ft. lbs. (19.4 Nm)
Front Gearcase	Premium Demand Drive Hub Fluid	5 oz. (150 ml)	8-10 ft. lbs. (11-13.6 Nm)	11 ft. lbs. (15 Nm)
Middle Gearcase (6X6)	Premium ATV Angle Drive Fluid	6.75 oz. (200 ml)	14 ft. lbs. (19.4 Nm)	14 ft. lbs. (19.4 Nm)
Rear Gearcase (4X4)	Premium ATV Angle Drive Fluid	18 oz. (532 ml)	40-50 ft. lbs. (54-68 Nm)	30-45 in. lbs. (3-5 Nm)
Rear Gearcase (6X6)	Premium ATV Angle Drive Fluid	10 oz. (300 ml)	14 ft. lbs. (19.4 Nm)	14 ft. lbs. (19.4 Nm)

MAINTENANCE

Gearcases

Transmission (Main Gearcase)

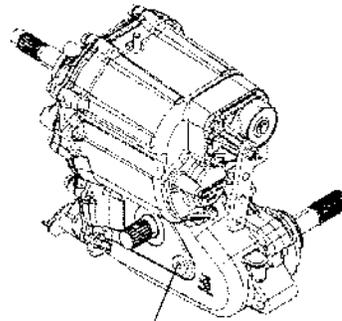
Always check and change the transmission oil at the intervals outlined in the Periodic Maintenance Chart beginning on page 60. Maintain the oil level even with the bottom of the fill plug hole.

Refer to the Gearcase Specifications Chart on page 70 for recommended lubricants, capacities and torque specifications. See page 114 for the part numbers of Polaris products.

The fill plug is located at the rear of the vehicle.

Oil Check

1. Position the vehicle on a level surface.
2. Remove the fill plug.
3. Check the oil level.
4. Add the recommended oil as needed.
5. Reinstall the fill plug. Torque to specification.



Fill Plug

MAINTENANCE

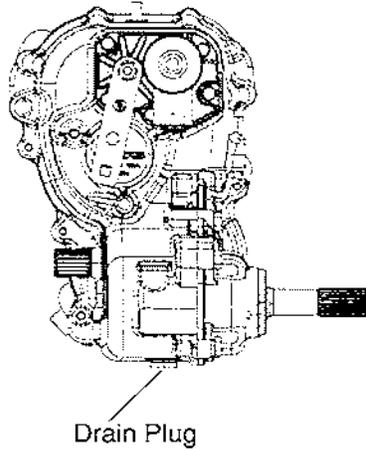
Gearcases

Transmission (Main Gearcase)

Oil Change

The drain plug is located on the bottom of the transmission. Access the drain plug through the drain hole in the skid plate.

1. Remove the fill plug.
2. Place a drain pan under the drain plug. Remove the drain plug. Drain the oil. Dispose of used oil properly.
3. Wipe the magnetic end of the drain plug clean to remove accumulated metallic filings.
4. After the oil has drained completely, install a new sealing washer.
5. Reinstall the drain plug. Torque to specification.
6. Add the recommended oil as needed. Do not overfill.
7. Reinstall the fill plug. Torque to specification.
8. Check for leaks.



MAINTENANCE

Gearcases

Front Gearcases

Always check and change the front gearcase oil at the intervals outlined in the Periodic Maintenance Chart beginning on page 60. Maintain the oil level even with the bottom thread of the fill plug hole.

Refer to the Gearcase Specifications Chart on page 70 for recommended lubricants, capacities and torque specifications. See page 114 for the part numbers of Polaris products.

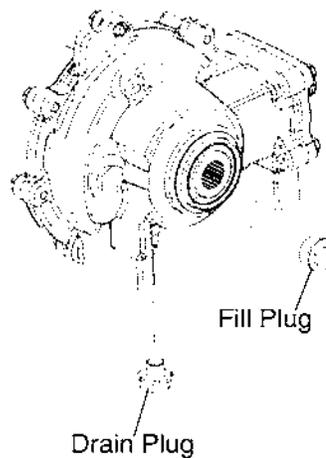
The front gearcase fill plug is located on the right side of the front gearcase.

Oil Check

1. Position the vehicle on a level surface.
2. Remove the fill plug. Check the oil level.
3. Add the recommended oil as needed.
4. Reinstall the fill plug. Torque to specification.

Oil Change

1. Support the vehicle securely with a jackstand.
2. Remove the front tire on the driver's side.
3. Remove the fill plug.
4. Place a drain pan under the drain plug on the bottom right-hand side.
5. Remove the drain plug. Drain the oil. Discard used oil properly.
6. Clean the drain plug. Reinstall the drain plug. Torque to specification.
7. Add the recommended oil.
8. Reinstall the fill plug. Torque to specification.
9. Check for leaks.



MAINTENANCE

Gearcases

Middle Gearcase (6X6)

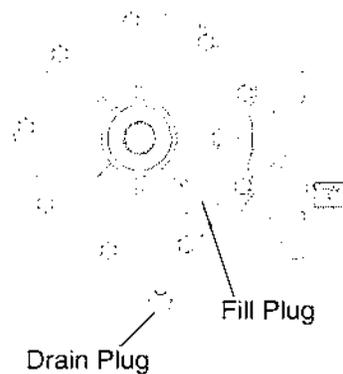
Always check and change the middle gearcase oil at the intervals outlined in the Periodic Maintenance Chart beginning on page 60. Maintain the oil level even with the bottom thread of the fill plug hole.

Refer to the Gearcase Specifications Chart on page 70 for recommended lubricants, capacities and torque specifications. See page 114 for the part numbers of Polaris products.

The middle gearcase fill plug is located on the side of the gearcase.

Oil Check

1. Position the vehicle on a level surface.
2. Remove the fill plug. Check the oil level.
3. Add the recommended oil as needed.
4. Reinstall the fill plug. Torque to specification.



Oil Change

1. Remove the fill plug.
2. Remove the drain plug from the bottom of the gearcase. Drain the oil into a drain pan. Discard used oil properly.
3. Clean and reinstall the drain plug. Torque to specification.
4. Add the recommended fluid.
5. Reinstall the fill plug. Torque to specification.
6. Check for leaks

MAINTENANCE

Gearcases

Rear Gearcase

Always check and change the rear gearcase oil at the intervals outlined in the Periodic Maintenance Chart beginning on page 60.

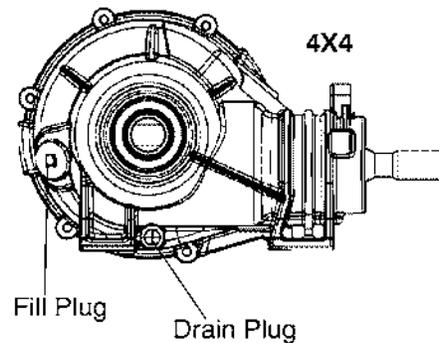
Refer to the Gearcase Specifications Chart on page 70 for recommended lubricants, capacities and torque specifications. See page 114 for the part numbers of Polaris products.

The rear gearcase fill plug is on the driver's side of the rear gearcase.

Oil Check (4X4)

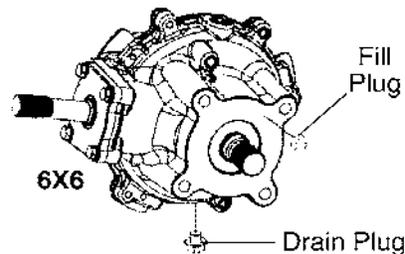
Maintain the oil level even with the bottom thread of the fill plug hole.

1. Position the vehicle on a level surface.
2. Remove the fill plug. Check the oil level.
3. Add the recommended oil as needed.
4. Reinstall the fill plug. Torque to specification.



Oil Check (6X6)

The easiest way to check for adequate oil in the 6X6 is to drain and refill the gearcase to capacity (see page 70). Perform the oil change as outlined on page 76.



MAINTENANCE

Gearcases

Rear Gearcase

Oil Change

1. Remove the fill plug.
2. Place a drain pan under the drain plug. Remove the drain plug.
3. Drain the oil. Dispose of used oil properly.
4. Clean the drain plug. Reinstall the drain plug. Torque to specification.
5. Add the recommended oil.
6. Reinstall the fill plug. Torque to specification.
7. Check for leaks.

MAINTENANCE

Spark Plugs

CAUTION

Using non-recommended spark plugs can result in serious engine damage. Always use Polaris-recommended spark plugs. Refer to the specifications section beginning on page 110.

Spark Plug Gap/Torque

Model	Electrode Gap	New Plug Torque	Used Plug Torque
<i>RANGER</i> 4X4 EFI	.035" (.9 mm)	18 ft. lbs. (24 Nm)	18 ft. lbs. (24 Nm)
<i>RANGER</i> 6X6 EFI	.035" (.9 mm)	18 ft. lbs. (24 Nm)	18 ft. lbs. (24 Nm)

Spark plug condition is indicative of engine operation. The spark plug firing end condition should be read after the engine is warmed up and the vehicle is driven at higher speeds. Immediately check the spark plug for correct color. See page 78.

⚠ WARNING

A hot exhaust system and engine can cause serious burns. Wear protective gloves when removing a spark plug for inspection.

MAINTENANCE

Spark Plugs

Spark Plug Condition

Normal Plug

The normal insulator tip is gray, tan or light brown. There will be few combustion deposits. The electrodes are not burned or eroded. This indicates the proper type and heat range for the engine and the service.

NOTE: The tip should not be white. A white insulator tip indicates overheating, caused by use of an improper spark plug or incorrect throttle body adjustments.

Wet Fouled Plug

The wet fouled insulator tip is black. A damp oil film covers the firing end. There may be a carbon layer over the entire nose. Generally, the electrodes are not worn. General causes of fouling are excessive oil, use of non-recommended injection oil or incorrect throttle body adjustments.

Spark Plug Removal and Replacement

1. Remove the seat to access the engine compartment.
2. Remove the spark plug cap. Using the spark plug wrench provided in the tool kit, remove the plug by rotating it counterclockwise.
3. Reverse the procedure for spark plug installation. Torque to specification. See page 77.

MAINTENANCE

Cooling System Operation

The engine coolant level is controlled or maintained by the recovery system. The recovery system components are the overflow bottle, radiator filler neck, radiator pressure cap and connecting hose.

As coolant operating temperature increases, the expanding (heated) excess coolant is forced out of the radiator, past the pressure cap, and into the overflow bottle. As engine coolant temperature decreases, the contracting (cooled) coolant is drawn back up from the tank, past the pressure cap, and into the radiator.

NOTE: Some coolant level drop on new vehicles is normal as the system is purging itself of trapped air. Observe coolant levels and maintain as recommended by adding coolant to the overflow bottle.

Adding or Changing Coolant

To ensure that the coolant maintains its ability to protect the engine, we recommend that the system be completely drained every two years and a fresh mixture of antifreeze and water added. Polaris recommends the use of Polaris Premium 60/40 anti-freeze/coolant or a 50/50 mixture of high quality aluminum compatible anti-freeze/coolant and distilled water. Polaris Premium 60/40 is already premixed and ready to use. Do not dilute with water. See page 114 for the part numbers of Polaris products.

NOTE: Always follow the manufacturer's mixing recommendations for the freeze protection required in your area.

Any time the cooling system has been drained for maintenance or repair, replace the coolant. If the recovery bottle has run dry, the level in the radiator should be inspected. Add coolant as needed.

MAINTENANCE

Cooling System

Radiator and Cooling Fan

Always check and clean the screen and radiator fins at the intervals outlined in the Periodic Maintenance Chart beginning on page 60. Do not obstruct or deflect air flow through the radiator by installing unauthorized accessories in front of the radiator or behind the cooling fan. Interference with the radiator air flow can lead to overheating and consequent engine damage.

CAUTION

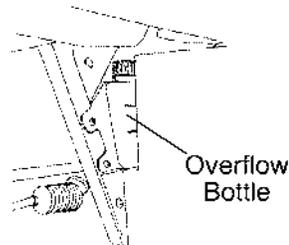
Washing the vehicle with a high-pressure hose could damage the radiator fins and impair the radiator's effectiveness. Using a high-pressure system is not recommended.

Coolant Level

Always check and change the coolant at the intervals outlined in the Periodic Maintenance Chart beginning on page 60. Maintain the coolant level between the minimum and maximum marks on the bottle (when the fluid is cool).

The overflow bottle is located in front of the right front wheel.

1. Position the vehicle on a level surface.
2. View the coolant level in the overflow bottle.
3. If the coolant level is below the safe operating range, lift the hood and locate the overflow bottle lid. Remove the lid and use a funnel to add coolant through the filler opening. Reinstall the cap.



NOTE: If coolant must be added often, or if the overflow bottle runs completely dry, there may be a leak in the system. Have the cooling system inspected by your Polaris dealer.

MAINTENANCE

Cooling System Radiator Coolant Level

Always check and clean the screen and radiator fins at the intervals outlined in the Periodic Maintenance Chart beginning on page 60. Do not obstruct or deflect air flow through the radiator by installing unauthorized accessories in front of the radiator or behind the cooling fan. Interference with the radiator air flow can lead to overheating and consequentially, engine damage.

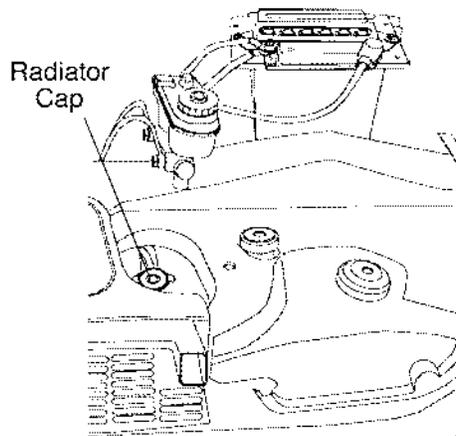
▲ WARNING

Escaping steam can cause severe burns. Never remove the pressure cap while the engine is warm or hot. Always allow the engine to cool before removing the pressure cap.

1. Lift the hood.
2. Slowly remove the radiator cap.
3. View the coolant level through the opening.
4. Use a funnel and slowly add coolant as needed.

NOTE: This procedure is required only if the cooling system has been drained for maintenance and/or repair. But if the overflow bottle has run dry, the level in the radiator should also be inspected.

NOTE: Use of a non-standard pressure cap will not allow the recovery system to function properly. See your dealer for the correct replacement part.



MAINTENANCE

Polaris Variable Transmission (PVT) System

Belt slip is responsible for creating excessive heat that destroys belts, wears clutch components and causes outer clutch covers to fail. Switch to low range while operating at slower speeds to extend the life of the PVT components (belt, cover, etc.).

When To Use Low Range and High Range

Condition	Range to Use
Operating at speeds less than 7 MPH (11 km/h)	Low
Towing heavy loads	Low
Operating in rough terrain (swamps, mountains, etc.)	Low
Operating at speeds greater than 7 MPH (11 km/h)	High

MAINTENANCE

PVT System

WARNING

Failure to comply with the instructions in this warning can result in severe injury or death.

Do not modify any component of the PVT system. Doing so may reduce its strength so that a failure may occur at a high speed. The PVT system has been precision balanced. Any modification will cause the system to be out of balance, creating vibration and additional loads on components.

The PVT system rotates at high speeds, creating large amounts of force on clutch components. Extensive engineering and testing has been conducted to ensure the safety of this product. However, as the owner, you have the following responsibilities to make sure this system remains safe:

- Always follow all recommended maintenance procedures. See your dealer as outlined in the owner's manual.
- This PVT system is intended for use on Polaris products only. Do not install it in any other product.
- Always make sure the PVT housing is securely in place during operation.

MAINTENANCE

PVT System

PVT Drying

There may be some instances when water is accidentally ingested into the PVT system. Use the following instructions to dry it out before operating.

1. Loosen the bottom screws that secure the clutch cover.
2. Allow the water to drain.
3. Tighten the screws.
4. Apply the brakes. Start the engine.
5. Engage the park brake.
6. Shift the transmission to neutral.
7. Apply varying throttle for 10-15 seconds to expel the moisture and air-dry the belt and clutches. Do not hold the throttle wide open for more than 10 seconds.
8. Allow the engine RPM to settle to idle speed. Apply the service brakes. Release the park brake and shift the transmission to the lowest available range.
9. Test for belt slippage. If the belt slips, repeat the process.
10. Take the vehicle to your dealer for service as soon as possible.

MAINTENANCE

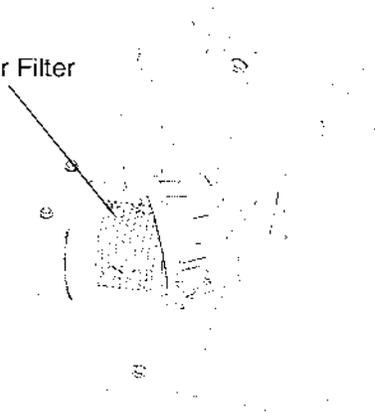
Filter Systems

Air Filter

Always change the air filter at the intervals outlined in the Periodic Maintenance Chart beginning on page 60.

1. Lift the cargo box to access the air box.
2. Remove the air box cover and inspect the gasket. It should adhere tightly to the cover and seal all the way around.
3. Remove the air filter.
4. Do not attempt to clean the main element.
Install a new air filter.

Air Filter



NOTE: Apply a small amount of general purpose grease to the sealing edges of the filter before installing.

5. Inspect the air box for oil or water deposits. If present, drain them into a suitable container.

NOTE: Service the air filter more frequently if the vehicle is operated in wet conditions or at high throttle openings for extended periods.

Fuel Filter

Your Polaris vehicle is equipped with an in-line fuel filter. Have your dealer replace it after every 100 hours of operation. Do not attempt to clean the fuel filter.

MAINTENANCE

Spark Arrestor

⚠ WARNING

Failure to heed the following warnings while servicing the spark arrestor could result in serious injury or death.

Do not perform service on the spark arrestor while the system is hot. Exhaust system temperatures can reach 1000° F. Allow components to cool sufficiently before proceeding.

Remove any combustible materials from the area.

Wear eye protection and gloves.

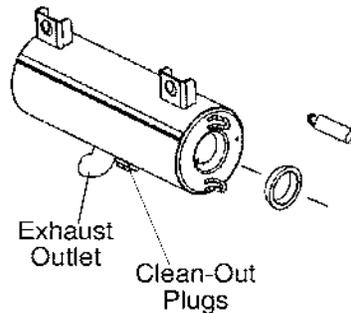
Do not stand behind or in front of the vehicle while purging.

Never run the engine in an enclosed area. Exhaust contains poisonous carbon monoxide gas that can cause loss of consciousness or death in a very short time.

Never go under the vehicle while it's inclined.

Use the following procedure to periodically purge accumulated carbon from the exhaust pipe.

1. Remove the arrestor clean-out plugs located on the bottom of the muffler.
2. Shift the transmission to neutral. Apply the brakes. Start the engine.
3. Purge accumulated carbon from the system by momentarily revving the engine several times.
4. If carbon is expelled, cover or plug the exhaust outlet and rap on the pipe around the clean-out plugs while revving the engine several more times.
5. If particles are still suspected to be in the muffler, elevate the rear of the vehicle one foot higher than the front. Engage the park brake. Block the wheels. Make sure the transmission is in neutral and repeat steps 3 and 4 until no more particles are expelled when the engine is revved.
6. Stop the engine. Allow the arrestor to cool.
7. Reinstall the arrestor plugs and remove the outlet cover or plug.



MAINTENANCE

Throttle System

▲ WARNING

Failure to check or maintain proper operation of the throttle system can result in an accident and lead to serious injury or death if the throttle pedal sticks during operation.

Never start or operate this vehicle if it has a sticking or improperly operating throttle pedal.

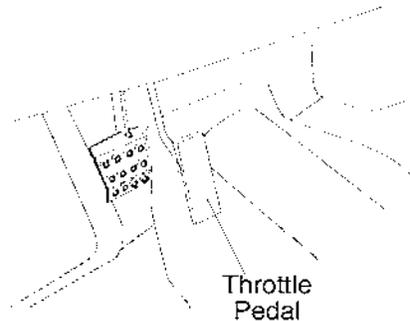
Immediately contact your dealer for service if throttle problems arise.

Always check the pedal for free movement and return before starting the engine and occasionally during operation.

Throttle Freeplay

If the throttle pedal has excessive play due to cable stretch or mis-adjustment, it will cause a delay in throttle response, especially at low engine speed. The throttle may also not open fully. If the throttle pedal has no freeplay, the throttle may be hard to control, and the idle speed may be erratic.

Check the throttle pedal freeplay at the intervals outlined in the Periodic Maintenance Chart beginning on page 60. Adjust the freeplay if necessary.



Throttle Freeplay Inspection

1. Engage the park brake. Shift the transmission to neutral.
2. Apply the brakes. Start the engine. Allow it to warm up thoroughly.
3. Measure the distance the throttle pedal moves before the engine begins to pick up speed. Freeplay should be 1/16 to 1/8 inches (1.6-3.2 mm).

MAINTENANCE

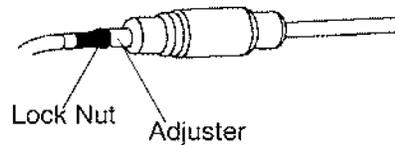
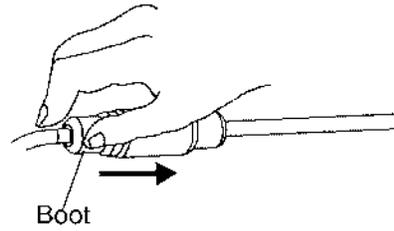
Throttle System

Throttle Body/Idle RPM

Idle RPM is preset by the manufacturer. If the engine idle speed is not satisfactory, please see your Polaris dealer for adjustment.

Throttle Freeplay Adjustment

1. Remove the seat.
2. Locate the throttle cable adjuster.
3. Squeeze the end of the rubber boot and slide it far enough to expose the end of the inline cable adjuster.
4. Loosen the adjuster lock nut.
5. Rotate the boot to turn the adjuster until $1/16"$ to $1/8"$ (1.5-3 mm) of freeplay is achieved at the throttle pedal. See page 87.



NOTE: While adjusting, lightly flip the throttle pedal up and down.

6. Tighten the lock nut.
7. Squeeze the end of the rubber boot and slide it over the cable adjuster to its original position.

MAINTENANCE

Brakes

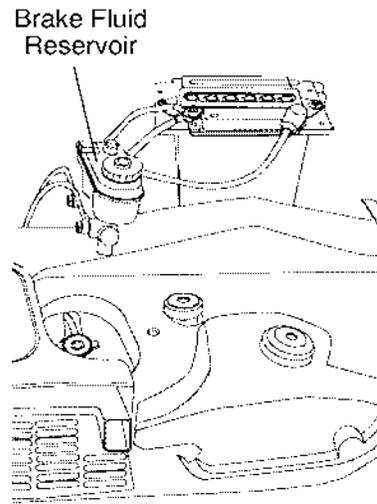
The front and rear brakes are hydraulic disc type brakes activated by the brake pedal. See page 36.

Brake Fluid

Inspect the brake system routinely. Inspect the level of the brake fluid before each operation.

Change the brake fluid every two years and any time the fluid becomes contaminated, the fluid level is below the minimum, or if the type and brand of the fluid in the reservoir are unknown.

1. Position the vehicle on a level surface.
2. View the brake fluid level at the reservoir under the hood. The level should be between the upper (MAX) and lower (MIN) level lines.
3. If the fluid level is lower than the upper level line, add brake fluid to the upper (MAX) line.
4. Apply the brake forcefully for a few seconds and check for fluid leakage around the fittings.



▲ WARNING

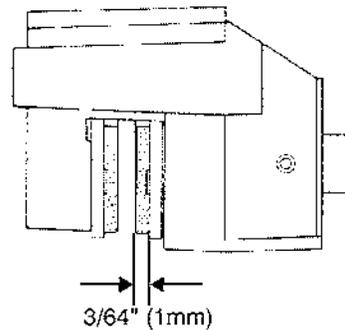
After opening a bottle of brake fluid, always discard any unused portion. Never store or use a partial bottle. Brake fluid is hygroscopic, meaning it rapidly absorbs moisture from the air. The moisture causes the boiling temperature of the brake fluid to drop, which can lead to early brake fade and the possibility of accident or severe injury.

MAINTENANCE

Brakes

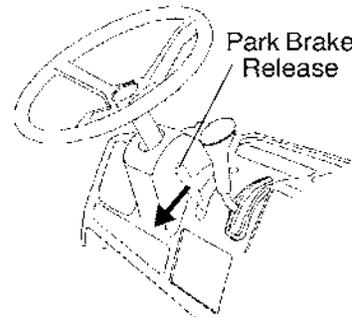
Brake Inspection

1. Check the brake system for fluid leaks.
2. Check the brake pedal for excessive travel or a spongy feel.
3. Check the friction pads for wear, damage and looseness.
4. Inspect the brake disc spline and pad wear surface for excessive wear.
5. Change pads when worn to $3/64"$ (1 mm).



Park Brake Inspection

1. Apply the brakes.
2. Pull the park brake lever downward as far as possible.
3. Check the vehicle for movement. The vehicle should not roll while parked. If the vehicle moves, adjust the park brake.



Park Brake Adjustment

Inspect and adjust park brake cable tension after the first 25 hours of operation and every 100 hours thereafter to ensure proper cable tension. Loss of tension in the park brake cable may cause illumination of the park brake light and activation of the limiting feature. If this occurs, move the park brake lever to the forward-most position, then inspect and adjust park brake cable tension.

NOTE: If performing this service is difficult due to conditions or location, open the hood and temporarily disconnect the park brake connector. This will inactivate the limiting function. Reconnect the connector as soon as possible, and adjust the park brake cable to proper tension.

1. Position the vehicle on a level surface.
2. Shift the transmission to neutral.
3. Loosen or tighten the nuts on the lever end of the park brake cable as needed.

MAINTENANCE

Steering Wheel Inspection

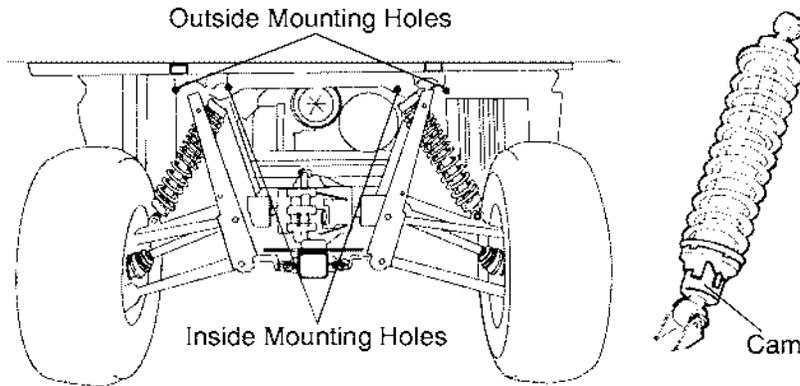
Check the steering wheel for specified freeplay and smooth operation at the intervals outlined in the Periodic Maintenance Chart beginning on page 60.

1. Position the vehicle on level ground.
2. Lightly turn the steering wheel left and right.
3. There should be 0.8"-1.0" (20-25 mm) of freeplay.
4. If there is excessive freeplay or strange noises, or the steering feels rough or "catchy," have the steering system inspected by an authorized Polaris dealer.

Suspension Adjustment (4X4)

The 4X4 rear suspension may be adjusted to provide a stiffer suspension if necessary.

1. Remove the top shock mounting bolts from the inside mounting holes.
2. Reposition the shocks to the outside mounting holes.
3. Reinstall the shock mounting bolts. Torque to 30 ft. lbs. (40 Nm).



Rear Spring Adjustment

The rear shock absorber springs are adjusted by rotating the adjustment cam either clockwise or counterclockwise to increase or decrease spring tension.

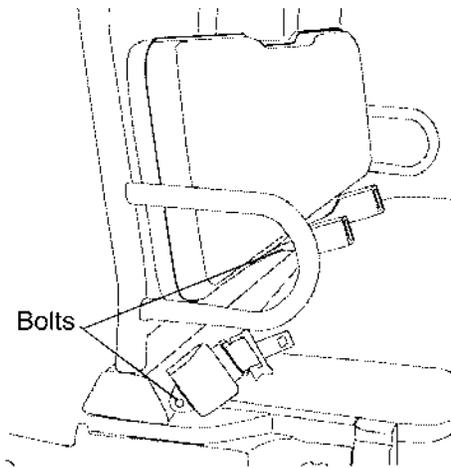
MAINTENANCE

Seat Belts

Inspect all three seat belts for proper operation before each use of the vehicle.

1. Push the latch plate into the buckle until it clicks. The latch plate must slide smoothly into the buckle. A click indicates that it's securely latched.
2. Push the red button in the middle of the buckle to make sure it releases freely.
3. Check the belt webbing for wear, cuts or damage. If any irregularities are found, have the seat belt system checked and/or replaced by an authorized Polaris dealer.

The *RANGER* seat belt is adjustable and should be adjusted for both the operator and passengers before driving. Although having the belt at 30° is typical for many people, it will not accommodate all body sizes and shapes. Make sure the seat belt is adjusted to the lowest possible lap position before riding.



1. To adjust, loosen the bolts.
2. Reposition both the buckle and retractor. Tighten the bolts.

NOTE: The center belt does not self adjust. Before riding, pull on the strap to secure the belt on the lap of the center passenger.

▲ WARNING

Failure to follow the age recommendations for this vehicle could result in serious injury or death. No one under the age of 16 may operate this vehicle. No one under the age of 5 may ride as a passenger in this vehicle.

MAINTENANCE

Tires

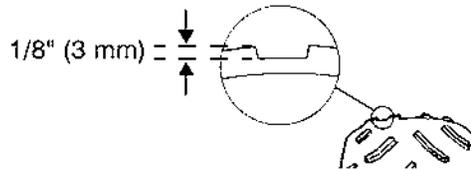
▲ WARNING

Operating your vehicle with worn tires will increase the possibility of skidding, loss of control and an accident, which could result in serious injury or death. Always replace tires when the tread depth measures 1/8" (3 mm) or less.

Improper tire inflation or the use of non-standard size or type of tires may adversely affect vehicle handling, which could result in vehicle damage or personal injury. Always maintain proper tire pressure. When replacing tires, always use original equipment size and type.

Tire Tread Depth

Always replace tires when tread depth is worn to 1/8" (3 mm) or less.



Axle and Wheel Nut Torque Specifications

Inspect the following items occasionally for tightness, and if they've been loosened for maintenance service.

Nut Type	Location	Nut Torque
Lug Nut 	Front and Rear	90 ft. lbs. (122 Nm)
2-Piece Flange Nut 	Front and Rear	35 ft. lbs. (47 Nm)
Spindle Nut	Front	70 ft. lbs. (95 Nm)
Hub Retaining Nuts	Center and Rear	110 ft. lbs. (150 Nm)

NOTE: Do not lubricate the stud or the lug nut.

MAINTENANCE

Tires

▲ WARNING

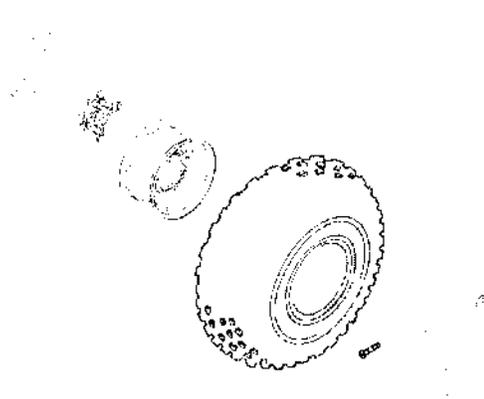
Improperly installed wheels can adversely affect tire wear and vehicle handling, which can result in serious injury or death. Always ensure that all nuts are torqued to specification. Do not service axle nuts that have a cotter pin installed. See your Polaris dealer.

Wheel Removal

1. Stop the engine. Place the transmission in gear. Engage the park brake.
2. Loosen the wheel nuts slightly.
3. Elevate the side of the vehicle by placing a suitable stand under the frame.
4. Remove the wheel nuts and washers. Remove the wheel.

Wheel Installation

1. Place the transmission in gear.
2. Engage the park brake.
3. Place the wheel in the correct position on the wheel hub. Be sure the valve stem is toward the outside and rotation arrows on the tire point toward forward rotation.
4. Attach the wheel nuts and washers and finger tighten.
5. Carefully lower the vehicle to the ground.
6. Torque the wheel nuts to specification. See page 93.



MAINTENANCE

Lights

When servicing a halogen lamp, don't touch the lamp with bare fingers. Oil from your skin leaves a residue, causing a hot spot that will shorten the life of the lamp.

▲ WARNING

Poor lighting while driving can result in severe injury or death. Headlight and taillight lenses become dirty during normal operation. Wash the headlights frequently to maintain lighting quality.

Hot components can cause serious burns to skin. Do not service the headlamps until they've cooled sufficiently.

Headlight Lamp Replacement

1. Open the hood.
2. Unplug the headlamp from the wiring harness. Be sure to pull on the connector, not on the wiring.
3. Turn the lamp counter-clockwise to remove it.
4. Install the new lamp.

NOTE: Make sure the tab on the lamp locates properly in the housing.

5. Reinstall the harness assembly into the headlight assembly.

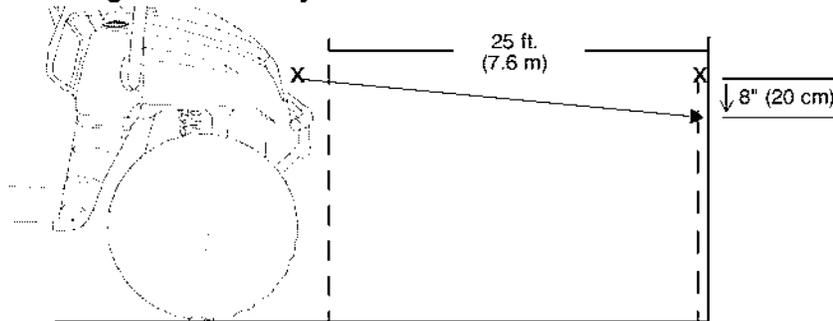
Wiring
Harness



MAINTENANCE

Lights

Headlight Beam Adjustment



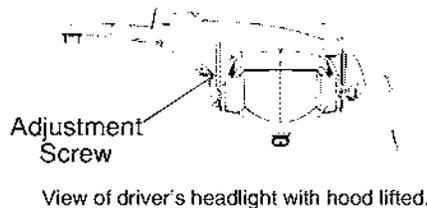
1. Place the vehicle on a level surface with the headlight approximately 25 ft. (7.6 m) from a wall.
2. Measure the distance from the floor to the center of the headlight and make a mark on the wall at the same height.
3. Apply the brakes. Start the engine. Turn on the headlights.
4. Observe the headlight aim. The most intense part of the headlight beam should be aimed 8" (20 cm) below the mark placed on the wall in step 2.

NOTE: Include the weight of a rider on the seat while performing this step.

5. If the headlight needs adjustment, open the hood.

NOTE: The lights are part of the hood assembly.

6. Turn the adjustment screw to adjust the beam.
7. Close the hood. Repeat steps 4-6 until the beam is properly adjusted.



Brake Lights

When the brake pedal is depressed, the console brake light comes on. Check the brake light before each ride.

1. Turn the ignition switch to the ON position.
2. Depress the brake pedal. The brake light should come on after about 10 mm (0.4 in.) of pedal travel. If the light doesn't come on, check the bulb.

MAINTENANCE

Vehicle Immersion

CAUTION

If your vehicle becomes immersed, major engine damage can result if the machine is not thoroughly inspected. Take the vehicle to your dealer before starting the engine.
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If it's impossible to take your *RANGER* to a dealer before starting it, follow the steps outlined below.

1. Move the vehicle to dry land or at the very least, to water below the footrests.
2. Dry any water present in the air box.
3. Filter replacement is required if water is present.
4. Thoroughly dry the air pre-cleaner located under the hood.
5. Remove the spark plugs.
6. Turn the engine over several times using the electric start.
7. Dry the spark plugs and reinstall, or replace with new plugs.

NOTE: Attempt to start the engine. If necessary, repeat the drying procedure.

8. Take the vehicle to your dealer for service as soon as possible, whether you succeed in starting it or not.

NOTE: If water has been ingested into the PVT follow the procedure on page 84 for drying.

MAINTENANCE

Battery

Your vehicle may have either a sealed battery, which requires little maintenance, or a conventional battery. A sealed battery can be identified by its flat covers on the top of the battery. A conventional battery has six filler caps on the top of the battery.

Conventional Battery

Always keep battery terminals and connections free of corrosion. If cleaning is necessary, remove the corrosion with a stiff wire brush. Wash with a solution of one tablespoon baking soda and one cup water. Rinse well with tap water and dry off with clean shop towels. Coat the terminals with dielectric grease or petroleum jelly. Be careful not to allow cleaning solution or tap water into the battery.

WARNING

Battery electrolyte is poisonous. It contains sulfuric acid. Serious burns can result from contact with skin, eyes or clothing.

Antidote:

External: Flush with water.

Internal: Drink large quantities of water or milk. Follow with milk of magnesia, beaten egg, or vegetable oil. Call physician immediately.

Eyes: Flush with water for 15 minutes and get prompt medical attention.

Batteries produce explosive gases. Keep sparks, flame, cigarettes, etc. away. Ventilate when charging or using in an enclosed space. Always shield eyes when working near batteries. **KEEP OUT OF REACH OF CHILDREN.**

MAINTENANCE

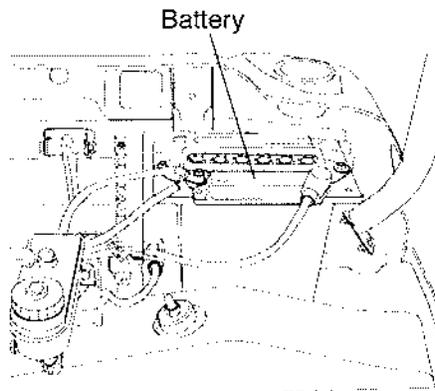
Battery

▲ WARNING

Improperly connecting or disconnecting battery cables can result in an explosion and cause serious injury or death. When removing the battery, always disconnect the negative (black) cable first. When reinstalling the battery, always connect the negative (black) cable last.

Battery Removal

1. Open the hood.
2. On conventional batteries, remove the battery vent tube.
3. Disconnect the black (negative) battery cable first.
4. Disconnect the red (positive) battery cable last.
5. Lift the battery out of the vehicle. Be careful not to tip a conventional battery sideways, which could spill electrolyte.



CAUTION

If electrolyte spills, immediately wash it off with a solution of one tablespoon baking soda and one cup water to prevent damage to the vehicle.

MAINTENANCE

Battery

Battery Installation

Using a new battery that has not been fully charged can damage the battery and result in a shorter life. It can also hinder vehicle performance. Follow the battery charging instructions on page 102 before installing the battery.

1. Ensure that the battery is fully charged.
2. Place the battery in the battery holder.
3. With conventional batteries, install the battery vent tube (sealed batteries do not have a vent tube).

NOTE: The vent tube must be free of obstructions and securely installed. Route the tube away from the frame and vehicle body to prevent contact with electrolyte.

⚠ WARNING

Battery gases could accumulate in an improperly installed vent tube and cause an explosion, resulting in serious injury or death. Always ensure that the vent tube is free of obstructions and is securely installed as recommended.

4. On conventional batteries, coat the terminals with dielectric grease or petroleum jelly.
5. Connect and tighten the red (positive) cable first.
6. Connect and tighten the black (negative) cable last.
7. Verify that cables are properly routed.

MAINTENANCE

Battery

Battery Storage

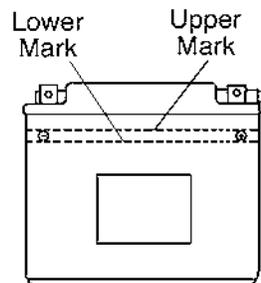
Whenever the vehicle is not used for a period of three months or more, remove the battery from the vehicle, ensure that it's fully charged, and store it out of the sun in a cool, dry place. Check battery voltage each month during storage and recharge as needed to maintain a full charge. See page 102.

NOTE: Battery charge can be maintained by using a Polaris Battery Tender charger or by charging about once a month to make up for normal self-discharge. Battery Tender can be left connected during the storage period, and will automatically charge the battery if the voltage drops below a pre-determined point. See page 114 for the part numbers of Polaris products.

Battery Fluid (Conventional Battery)

A poorly maintained battery will deteriorate rapidly. Check the battery fluid level often. Maintain the fluid level between the upper and lower level marks.

Add only distilled water. Tap water contains minerals that are harmful to a battery.



MAINTENANCE

Battery

Battery Charging (Conventional Battery)

1. Remove the battery from the vehicle to prevent damage from leaking or spilled electrolyte during charging. See page 99.
2. Charge the battery with a charging output no larger than 1/10 of the battery's amp/hr rating. Charge as needed to raise the specific gravity to 1.270 or greater.
3. Reinstall the battery. See page 100. Make sure the positive terminal is toward the front of the vehicle.

Battery Charging (Sealed Battery)

The following battery charging instructions apply only to the installation of a sealed battery. Read all instructions before proceeding with the installation of this battery.

The sealed battery is already filled with electrolyte and has been sealed and *fully charged* at the factory. *Never* pry the sealing strip off or add any other fluid to this battery.

The single most important thing about maintaining a sealed battery is to keep it fully charged. Since the battery is sealed and the sealing strip cannot be removed, you must use a voltmeter or multimeter to measure DC voltage.

⚠ WARNING

An overheated battery may explode, causing severe injury or death. Always watch charging times carefully. Stop charging if the battery becomes very warm to the touch. Allow it to cool before resuming charging.

For a refresh charge, follow all instructions carefully.

1. Check the battery voltage with a voltmeter or multimeter. A fully charged battery will register 12.8 V or higher.
2. If the voltage is less than 12.8 volts, recharge the battery at 1.2 amps or less until battery voltage is 12.8 or greater.

NOTE: When using an automatic charger, refer to the charger manufacturer's instructions for recharging. When using a constant current charger, use the guidelines on the next page for recharging.

MAINTENANCE

Battery

Battery Charging (Sealed Battery)

NOTE: Always verify battery condition before and 1-2 hours after the end of charging.

State of Charge	Voltage	Action	Charge Time (Using constant current charger @ standard amps specified on top of battery)
100%	12.8-13.0 volts	None, check at 3 mos. from date of manufacture	None required
75%-100%	12.5-12.8 volts	May need slight charge, if no charge given, check in 3 months	3-6 hours
50%-75%	12.0-12.5 volts	Needs charge	5-11 hours
25%-50%	11.5-12.0 volts	Needs charge	At least 13 hours, verify state of charge
0%-25%	11.5 volts or less	Needs charge with desulfating charger	At least 20 hours

MAINTENANCE

Cleaning and Storage

Washing the Vehicle

Keeping your Polaris vehicle clean will not only improve its appearance but it can also extend the life of various components.

CAUTION
High water pressure may damage components. Polaris recommends washing the vehicle by hand or with a garden hose, using mild soap. Certain products, including insect repellents and chemicals, will damage plastic surfaces. Do not allow these types of products to contact the vehicle.

The best and safest way to clean your Polaris vehicle is with a garden hose and a pail of mild soap and water.

1. Use a professional-type washing cloth, cleaning the upper body first and the lower parts last.
2. Rinse with clean water frequently.
3. Dry surfaces with a chamois to prevent water spots.

Washing Tips

- Avoid the use of harsh cleaners, which can scratch the finish.
- Do not use a power washer to clean the vehicle.
- Do not use medium to heavy duty compounds on the finish.
- Always use clean cloths and pads for cleaning and polishing. Old or reused cloths and pads may contain dirt particles that will scratch the finish.

MAINTENANCE

Cleaning and Storage

Washing the Vehicle

If a high pressure water system is used for cleaning (not recommended), exercise extreme caution. The water may damage components and could remove paint and decals. Avoid directing the water stream at the following items:

- Wheel bearings
- Radiator
- Transmission seals
- Brakes
- Cab and body panels
- Labels and decals
- Electrical components and wiring

NOTE: If warning and safety labels are damaged, contact your Polaris dealer for free replacement.

Grease all zerk fittings immediately after washing. Allow the engine to run for a while to evaporate any water that may have entered the engine or exhaust system.

Polishing the Vehicle

Polaris recommends the use of common household aerosol furniture polish for polishing the finish on your Polaris vehicle. Follow the instructions on the container.

Polishing Tips

- Avoid the use of automotive products, some of which can scratch the finish of your vehicle.
- Always use clean cloths and pads for cleaning and polishing. Old or reused cloths and pads may contain dirt particles that will scratch the finish.

MAINTENANCE

Cleaning and Storage

Chrome Wheel Care (if equipped)

Proper maintenance will protect chrome wheels from corrosion, preserve wheel life and ensure a “like new” appearance for many years.

NOTE: Chrome wheels exposed to road salt (or salt in the air in coastal areas) are more susceptible to corrosion if not properly cleaned. Clean chrome wheels more often if they're exposed to salt or other corrosive elements.

1. Wash chrome wheels frequently. Use a mild detergent. Never use abrasive cleaners on plated or painted surfaces.
2. Rinse well with clear water. Soap, detergents, salt, dirt, mud and other elements can cause corrosion.
3. Polish the clean chrome wheels periodically. Use an automotive grade chrome polish.
4. Routinely and liberally apply a weather resistant wax to each polished chrome wheel. Choose a product suitable for chrome finishes. Read and follow the product labels and instructions.

Removing Corrosion

If light rust is found on the chrome finish, use steel wool (#0000-OTT grade) to remove it. Gently rub the affected areas with the steel wool until the corrosion has been removed. Clean and polish the wheel as outlined above.

MAINTENANCE

Cleaning and Storage

Storage Tips

CAUTION
Starting the engine during the storage period will disturb the protective film created by fogging and damage could occur. Never start the engine during the storage period.

Clean the Exterior

Make any necessary repairs and clean the vehicle as recommended. See page 104.

Stabilize the Fuel

1. Fill the fuel tank.
2. Add Polaris Carbon Clean Fuel Treatment or Polaris Fuel Stabilizer. Follow the instructions on the container for the recommended amount.

NOTE: Carbon Clean removes water from fuel systems, stabilizes fuel and removes carbon deposits from pistons, rings, valves and exhaust systems.

3. Allow the engine to run for 15-20 minutes to allow the stabilizer to disperse through the entire fuel delivery system.

Oil and Filter

Change the oil and filter. See page 69.

Air Filter / Air Box

Inspect and clean or replace the pre-cleaner and air filter. See page 85. Clean the air box. Drain the sediment tube.

Fluid Levels

Inspect the fluid levels. Add or change fluids as recommended in the Periodic Maintenance Chart beginning on page 60.

- Front and rear gearcase fluid
- Transmission fluid
- Brake fluid (change every two years and any time the fluid looks dark or contaminated)
- Coolant (test strength/fill)

Inspect and Lubricate

Inspect all cables and lubricate all areas of the vehicle as recommended in the Periodic Maintenance Chart beginning on page 60.

MAINTENANCE

Cleaning and Storage

Storage Tips

Fog the Engine

1. Treat the fuel system with Polaris Carbon Clean. Follow the instructions on the container. Start the engine. Allow it to idle for several minutes so the Carbon Clean reaches the injectors. Stop the engine.
2. Remove the spark plugs and add 2-3 tablespoons of engine oil. To access the plug holes, use a section of clear 1/4" hose and a small plastic squeeze bottle filled with the pre-measured amount of oil.

NOTE: Do this carefully! If you miss the plug holes, oil will drain from the spark plug cavities into the hole at the front of the cylinder head, and appear to be an oil leak.

3. Reinstall the spark plugs. Torque to specification. See page 78.
4. Apply dielectric grease to the inside of each spark plug cap and reinstall the caps onto the plugs.
5. Turn the engine over several times. Oil will be forced in and around the piston rings and ring lands, coating the cylinder with a protective film of fresh oil.
6. If Polaris fuel system additive is not used, fuel tank, fuel lines, and injectors should be completely drained of gasoline.

Battery Maintenance

See pages 101-103 for storage and charging procedures.

Storage Area/Covers

Be sure the storage area is well ventilated. Cover the vehicle with a genuine Polaris cover.

NOTE: Do not use plastic or coated materials. They do not allow enough ventilation to prevent condensation, and may promote corrosion and oxidation.

MAINTENANCE

Removal from Storage

1. Check the battery electrolyte level and charge the battery if necessary. Install it in the vehicle. Make sure the battery vent hose is routed properly and that it's not pinched or restricted in any way.
2. Make sure the spark plug is tight.
3. Fill the fuel tank with fuel.
4. Check all the points listed in the Daily Pre-Ride Inspection section on page 41.

NOTE: Tightness of the bolts, nuts and other fasteners should be checked by an authorized Polaris dealer.

5. Lubricate at the intervals outlined in the Periodic Maintenance Chart beginning on page 60.

▲ WARNING

Engine exhaust contains poisonous carbon monoxide and can cause loss of consciousness or death. Never run an engine in an enclosed area.
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Transporting the *RANGER*

Follow these procedures when transporting the vehicle.

1. Stop the engine.
2. Remove the key to prevent loss during transporting.
3. Place the transmission in gear.
4. Engage the park brake.
5. Secure the fuel cap, oil cap and seat.
6. Always tie the frame of the *RANGER* to the transporting unit securely with suitable straps or rope. Do not attach tie straps to the front A-arm bolt pockets.

SPECIFICATIONS

RANGER 4X4 700 EFI	
Maximum Weight Capacity	1500 lbs. (682 kg) (includes weight of operator, passenger, cargo, accessories)
Fuel Capacity	8.8 gal. (33.3 l)
Engine Oil Capacity	2 qts. (2.1 l)
Coolant Capacity	3.25 qts. (3 l)
Towing Capacity	2000 lbs. (907 kg)
Hitch Tongue Capacity	150 lbs. (68 kg)
Max. Cargo Box Load	1000 lbs. (454 kg)
Overall Length	113 in. (282 cm)
Overall Width (box)	60 in. (152.4 cm)
Overall Width (tires)	58 in. (147.3 cm)
Overall Height	75 in. (190.5 cm)
Wheelbase	76 in. (193 cm)
Cargo Box (L x W x H)	58 x 42 x 10 in. (147 x 106.7 x 25.4 cm)
Ground Clearance	11.5 in. (29 cm)
Min. Turning Radius	132 in. (335.3 cm)
Engine	4 valve 4 stroke twin cylinder with counter balance
Displacement	683 cc
Bore x Stroke	80 x 68
Alternator Output	500 W @ 3000 RPM
Compression Ratio	9.40:1
Starting System	Electric
Fuel System	Electronic Fuel Injection
Ignition System	ECU
Spark Plug / Gap	RC7YC / .035 in. (0.9 mm)
Front Suspension	MacPherson strut w/8 in. (20.3 cm) of travel
Rear Suspension	Independent w/9.0 in. (22.9 cm) of travel

SPECIFICATIONS

RANGER 4X4 700 EFI	
Lubrication System	Pressurized Wet Sump
Engine Oil	2W-50
Driving System Type	PVT, 4-wheel independent shaft, lockable differential
Shift Type	Single Lever (H/L/N/R)
Gear Reduction - Low	8.71:1
Gear Reduction - Reverse	5.94:1
Gear Reduction - High	3.14:1
Drive Ratio - Front:	3.83:1
Drive Ratio - Final	3.70:1
Tire Size - Front	26 x 8 - 12
Tire Size - Rear	26 x 11 - 12
Tire Pressure - Front	8-12 psi
Tire Pressure - Rear	8-12 psi
Brakes, Front/Rear	Foot Activated, 4 wheel hydraulic disc
Brake, Park	Hand activated, mechanical
Hood Headlight	2 single beam, 50W, quartz/halogen
Taillights	2 single beam, 5W
Brake Light	2 single beam, 5W
Indicator Light	1.0 W

NOTE: See your Polaris dealer for clutching specifications.

SPECIFICATIONS

RANGER 6X6 700 EFI	
Maximum Weight Capacity	1750 lbs. (795 kg) (includes weight of operator, passenger, cargo, accessories)
Fuel Capacity	8.8 gal. (33.3 l)
Engine Oil Capacity	2 qts. (2.1 l)
Coolant Capacity	3.25 qts. (3 l)
Towing Capacity	2000 lbs. (907 kg)
Max. Cargo Box Load	1250 lbs. (567 kg)
Overall Length	120 in. (304.8 cm)
Overall Width (box)	60 in. (152.4 cm)
Overall Width (tires)	58 in. (147.3 cm)
Overall Height	75 in. (190.5 cm)
Wheelbase	90 in. (228.6 cm)
Cargo Box (L x W x H)	58 x 48 x 10 in. (147 x 122 x 25.4 cm)
Ground Clearance	7.2 in. (18 cm)
Min. Turning Radius	180 in. (457.2 cm)
Engine	4 valve 4 stroke twin cylinder with counter balance
Displacement	683 cc
Bore x Stroke	80 x 68
Alternator Output	500 W @ 3000 RPM
Compression Ratio	9.40:1
Starting System	Electric
Fuel System	Electronic Fuel Injection
Ignition System	ECU
Spark Plug / Gap	RC7YC / .035 in. (0.9 mm)
Front Suspension	MacPherson strut w/6.25 in. (15.9 cm) of travel
Center Suspension	Independent w/ 5.25 in. (13.3 cm) of travel
Rear Suspension	Swing arm w/dual shocks w/6.25 in. (15.9 cm) of travel

SPECIFICATIONS

RANGER 6X6 700 EFI	
Lubrication System	Pressurized Wet Sump
Engine Oil	2W-50
Driving System Type	PVT
Shift Type	Single Lever, Console (H/L/N/R)
Gear Reduction - Low	8.71:1
Gear Reduction - Reverse	5.9:1
Gear Reduction - High	3.14:1
Drive Ratio - Front:	3.83:1
Drive Ratio - Final	3.70:1
Tire Size - Front	25 x 10 - 12
Tire Size - Center/Rear	25 x 11 - 12
Tire Pressure - Front	8-12 psi
Tire Pressure - Rear	8-12 psi
Brakes, Front/Rear	Foot Activated, 4 wheel hydraulic disc
Brake, Park	Hand activated, mechanical
Hood Headlight	2 single beam, 50W, quartz/halogen
Taillights	2 single beam, 5W
Brake Light	2 single beam, 5W
Indicator Light	1.0 W

NOTE: See your Polaris dealer for clutching specifications.

POLARIS PRODUCTS

Part Number	Description
Engine Lubricant	
2870791	Fogging Oil (12 oz. Aerosol)
2876244	PS-4 PLUS Performance Synthetic 2W-50 4-Cycle Oil (qt./.95 l)
2876245	PS-4 PLUS Performance Synthetic 2W-50 4-Cycle Oil (gal./3.8 l)
Gearcase / Transmission Lubricants	
2873602	Premium AGL Synthetic Gearcase Lubricant (qt.)
2873603	Premium AGL Synthetic Gearcase Lube (gal.)
2871653	Premium ATV Angle Drive Fluid (8 oz.)
2872276	Premium ATV Angle Drive Fluid (2.5 gal.)
2870465	Pump for Gallon Jug
2871654	Premium Demand Drive Hub Fluid (8 oz.)
2872277	Premium Demand Drive Hub Fluid (2.5 gal.)
Coolant	
2871323	60/40 Coolant (gal.)
2871534	60/40 Coolant (qt.)
Grease / Specialized Lubricants	
2871312	Grease Gun Kit, Premium All Season (3 oz.)
2871322	Premium All Season Grease (3 oz. cartridge)
2871423	Premium All Season Grease (14 oz. cartridge)
2871460	Starter Drive Grease (2 oz.)
2871515	Premium U-Joint Lube (3 oz.)
2871551	Premium U-Joint Lube (14 oz.)
2871329	Dielectric Grease (Nyogel™)
2872073	Chain Lube, Aerosol (6.25 oz.)
2872348	Chain Lube, Aerosol (16 oz.)
Additives / Miscellaneous	
2871326	Carbon Clean Plus (12 oz.)
2872189	DOT 4 Brake Fluid
2871956	Loctite™ 565 Thread Sealant
2871076	Polaris Battery Tender™ Charger

TROUBLESHOOTING

Drive Belt Wear/Burn

Possible Cause	Solution
Driving onto a pickup or tall trailer in high range	Use low range during loading.
Starting out going up a steep incline	Use low range. See warnings on page 46.
Driving at low RPM or ground speed (3-7 MPH)	Drive at a higher speed or use low range more frequently. See page 82.
Insufficient warm-up at low ambient temperatures	Warm the engine at least 5 minutes. With the transmission in neutral, advance the throttle to about 1/8 throttle in short bursts, 5 to 7 times. The belt will become more flexible and prevent belt burning.
Slow/easy clutch engagement	Use the throttle quickly and effectively.
Towing/pushing at low RPM/low ground speed	Use low range only.
Utility use/plowing	Use low range only.
Stuck in mud or snow	Shift the transmission to low range and carefully use fast, aggressive throttle application to engage clutch. WARNING: Excessive throttle may cause loss of control and vehicle overturn.
Climbing over large objects from a stopped position	Shift the transmission to low range and carefully use fast, brief, aggressive throttle application to engage clutch. WARNING: Excessive throttle may cause loss of control and vehicle overturn.
Belt slippage from water or snow ingestion into the PVT system	Dry out the PVT. See page 84. Inspect clutch seals for damage if repeated leaking occurs.
Clutch malfunction	See your Polaris dealer.
Poor engine performance	Check for fouled plugs or foreign material in gas tank or fuel lines. See your dealer.
Slippage from failure to warm up belt	Always warm up the belt by operating below 30 mph for one mile (5 miles or more when temperature is below freezing).
Wrong or missing belt	Install the recommended belt.
Improper break-in	Always break in a new belt and/or clutch. See pages 40 and 82.

TROUBLESHOOTING

Park Brake Engine Limiting Feature Fails to Disengage

Possible Cause	Solution
Park brake is not completely disengaged	Ensure lever is in forward-most position
Park brake connector malfunction or switch movement or failure	Disconnect the connector if temporary continued operation is necessary. see your dealer promptly for service

Engine Doesn't Turn Over

Possible Cause	Solution
Low battery voltage	Recharge the battery to 12.8 VDC
Loose battery connections	Check all connections and tighten
Loose solenoid connections	Check all connections and tighten
Loose electronic control box connections	Inspect, clean, reinstall connectors

Engine Turns Over, Fails to Start

Possible Cause	Solution
Out of fuel	Refuel
Clogged fuel filter	Inspect and clean or replace
Water is present in fuel	Drain the fuel system and refuel
Old or non-recommended fuel	Replace with fresh recommended fuel
Fouled or defective spark plugs	Inspect plugs and replace if necessary
No spark to spark plug	Inspect plugs and replace if necessary
Water or fuel in crankcase	Immediately see your Polaris dealer
Low battery voltage	Recharge the battery to 12.8 VDC
Mechanical failure	See your dealer

Engine Backfires

Possible Cause	Solution
Weak spark from spark plug	Inspect, clean and/or replace spark plugs
Incorrect spark plug gap or heat range	Set gap to specs or replace plugs
Old or non-recommended fuel	Replace with fresh recommended fuel
Incorrectly installed spark plug wires	See your dealer
Incorrect ignition timing	See your dealer
Mechanical failure	See your dealer
Loose ignition connections	Check all connections and tighten
Water present in fuel	Replace with fresh recommended fuel

TROUBLESHOOTING

Engine Pings or Knocks

Possible Cause	Solution
Poor quality or low octane fuel	Replace with recommended fuel
Incorrect ignition timing	See your dealer
Incorrect spark plug gap or heat range	Set gap to specs or replace plugs

Engine Runs Irregularly, Stalls or Misfires

Possible Cause	Solution
Fouled or defective spark plugs	Inspect, clean and/or replace spark plugs
Worn or defective spark plug wires	See your dealer
Incorrect spark plug gap or heat range	Set gap to specs or replace plugs
Loose ignition connections	Check all connections and tighten
Water present in fuel	Replace with new fuel
Low battery voltage	Recharge battery to 12.8 VDC
Kinked or plugged fuel tank vent line	Inspect and replace
Incorrect fuel	Replace with recommended fuel
Clogged air filter	Inspect and clean or replace
Other mechanical failure	See your dealer
Possible Lean Fuel Cause	Solution
Low or contaminated fuel	Add or change fuel, clean the fuel system
Low octane fuel	Replace with recommended fuel
Clogged fuel filter	Replace filter
Possible Rich Fuel Cause	Solution
Fuel is very high octane	Replace with lower octane fuel

TROUBLESHOOTING

Engine Stops or Loses Power

Possible Cause	Solution
Out of fuel	Refuel
Kinked or plugged fuel vent line	Inspect and replace
Water is present in fuel	Replace with new fuel
Fouled or defective spark plugs	Inspect, clean and/or replace spark plug
Worn or defective spark plug wires	See your dealer
Incorrect spark plug gap or heat range	Set gap to specs or replace plug
Loose ignition connections	Check all connections and tighten
Low battery voltage	Recharge the battery to 12.8 VDC
Incorrect fuel	Replace with fresh recommended fuel
Clogged air filter	Inspect and clean or replace
Other mechanical failure	See your dealer
Overheated engine	Clean radiator screen and core, clean engine exterior, see your dealer

WARRANTY

LIMITED WARRANTY

Polaris Sales Inc., 2100 Highway 55, Medina, MN 55340, gives a SIX MONTH LIMITED WARRANTY on all components of the Polaris *RANGER* against defects in material or workmanship. Polaris also gives a one year limited warranty on the final drive chain for failure due to defects. This warranty covers the parts and labor charges for repair or replacement of defective parts which are covered by this warranty. This warranty begins on the date of purchase. This warranty is transferable to another consumer during the warranty period through a Polaris dealer.

REGISTRATION

At the time of sale, the Warranty Registration Form must be completed by your dealer and submitted to Polaris within ten days. Upon receipt of this registration, Polaris will record the registration for warranty. No verification of registration will be sent to the purchaser as the copy of the Warranty Registration Form will be the warranty entitlement. If you have not signed the original registration and received the customer copy, please contact your dealer immediately. **NO WARRANTY COVERAGE WILL BE ALLOWED UNLESS YOUR VEHICLE IS REGISTERED WITH POLARIS.**

Initial dealer preparation and set-up of your vehicle is very important in ensuring trouble-free operation. Purchasing a machine in the crate or without proper dealer set-up will void your warranty coverage.

WARRANTY COVERAGE AND EXCLUSIONS: LIMITATIONS OF WARRANTIES AND REMEDIES

The Polaris limited warranty excludes any failures that are not caused by a defect in material or workmanship. This warranty does not cover accidental damage, normal wear and tear, abuse or improper handling. This warranty also does not cover any vehicle that has been altered structurally, modified, neglected, improperly maintained, used for racing, or used for purposes other than for which it was manufactured, or for any damages which occur during trailer transit or as a result of unauthorized service or the use of unauthorized parts. In addition, this warranty does not cover physical damage to paint or finish, stress cracks, tearing or puncturing of upholstery material, corrosion, or defects in parts, components or the vehicle due to fire, explosions or any other cause beyond Polaris' control.

This warranty does not cover the use of unauthorized lubricants, chemicals, or fuels that are not compatible with the vehicle. The exclusive remedy for breach of this warranty shall be, at Polaris' exclusive option, repair or replacement of any defective materials, or components or products. **THE REMEDIES SET FORTH IN THIS WARRANTY ARE THE ONLY REMEDIES AVAILABLE TO ANY PERSON FOR BREACH OF THIS WARRANTY. POLARIS SHALL HAVE NO LIABILITY TO ANY PERSON FOR INCIDENTAL, CONSEQUENTIAL OR SPECIAL DAMAGES OF ANY DESCRIPTION, WHETHER ARISING OUT OF EXPRESS OR IMPLIED WARRANTY OR ANY OTHER CONTRACT, NEGLIGENCE, OR OTHER TORT OR OTHERWISE.** Some states do not permit the exclusion or limitation of incidental or consequential damages or implied warranties, so the above limitations or exclusions may not apply to you if inconsistent with controlling state law.

WARRANTY

LIMITATIONS OF WARRANTIES AND REMEDIES

ALL IMPLIED WARRANTIES (INCLUDING BUT NOT LIMITED TO THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE) ARE LIMITED IN DURATION TO THE ABOVE SIX MONTH WARRANTY PERIOD. POLARIS FURTHER DISCLAIMS ALL EXPRESS WARRANTIES NOT STATED IN THIS WARRANTY. Some states do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply to you if inconsistent with controlling state law.

HOW TO OBTAIN WARRANTY SERVICE

If your vehicle requires warranty service, you must take it to a Polaris Servicing Dealer. When requesting warranty service you must present your copy of the Warranty Registration form to the dealer. (THE COST OF TRANSPORTATION TO AND FROM THE DEALER IS YOUR RESPONSIBILITY). Polaris suggests that you use your original selling dealer; however, you may use any Polaris Servicing Dealer to perform warranty service.

Please work with your dealer to resolve any warranty issues. Should your dealer require any additional assistance they will contact the appropriate person at Polaris.

This warranty gives you specific legal rights, and you may also have other rights which vary from state to state.

If any of the above terms are void because of state or federal law, all other warranty terms will remain in effect.

Lubricants

1. Mixing oil brands or using non-recommended oil may cause engine damage. We recommend the use of Polaris engine oil.
2. Damage resulting from the use of non-recommended lubricants may not be covered by warranty.

SPARK ARRESTOR

Polaris warrants that the spark arrestor in this vehicle will meet the efficiency requirements of 43 CFR 8343.1(c) for at least 1000 hours when subjected to normal use and when maintenance and installation are in accordance with Polaris recommendations.

WARRANTY

Exported Vehicles

EXCEPT WHERE SPECIFICALLY REQUIRED BY LAW, THERE IS NO WARRANTY OR SERVICE BULLETIN COVERAGE ON THIS VEHICLE IF IT IS SOLD OUTSIDE THE COUNTRY OF THE SELLING DEALER'S AUTHORIZED LOCATION.

This policy does not apply to vehicles that have received authorization for export from Polaris Industries. Dealers may not give authorization for export. You should consult an authorized dealer to determine this vehicle's warranty or service bulletin coverage if you have any questions.

This policy does not apply to vehicles registered to government officials or military personnel on assignment outside the country of the selling dealer's authorized location.

This policy does not apply to Safety Recalls.

How to Get Service

In the Country where your vehicle was purchased:

Warranty or Service Bulletin repairs must be done by an authorized Polaris dealer. If you move or are traveling within the country where your vehicle was purchased, Warranty or Service Bulletin repairs may be requested from any authorized Polaris dealer who sells the same line as your vehicle.

Outside the Country where your vehicle was purchased:

If you are traveling temporarily outside the country where your vehicle was purchased, you should take your vehicle to an authorized Polaris dealer. You must show the dealer photo identification from the country of the selling dealer's authorized location as proof of residence. Upon residence verification, the servicing dealer will be authorized to perform the warranty repair.

If You Move:

If you move to another country, be sure to contact Polaris Customer Assistance and the customs department of the destination country before you move. Vehicles importation rules vary considerably from country to country. You may be required to present documentation of your move to Polaris Industries in order to continue your warranty coverage. You may also be required to obtain documentation from Polaris Industries in order to register your vehicle in your new country.

If Purchased From A Private Party:

If you purchase a Polaris product from a private citizen outside of the country in which the vehicle was originally purchased, all warranty coverage will be denied.

Notice

If your vehicle is registered outside of the country where it was purchased, and you have not followed the procedure set out above, your vehicle will no longer be eligible for warranty or service bulletin coverage of any kind. (Vehicles registered to Government officials or military personnel on assignment outside of the country where the vehicle was purchased will continue to be covered by the basic warranty.)

For questions call Polaris Customer Assistance:

United States: 1-888-704-5290

Canada: 1-204-925-7100

WARRANTY

U.S.A. EPA Emissions Limited Warranty

This All Terrain Vehicle (ATV) or Off Road Utility Vehicle (ORUV) emissions limited warranty is in addition to the Polaris standard limited warranty for this vehicle.

Polaris warrants that this vehicle is; (1) designed, built, and equipped to conform at the time of initial sale with the requirements of 40 CFR 1051 and, (2) free from defects in materials and workmanship that may keep it from meeting these requirements.

The emissions warranty period for this vehicle begins on the date the vehicle is delivered to the original retail purchaser and ends 30 months (2.5 years) after that date, or after 5000 km (3100 miles), whichever comes first.

This emission-related warranty covers components whose failure would increase an engine's emissions, including electronic controls, fuel injection, exhaust-gas recirculation, aftertreatment, or any other system utilized in this vehicle to control emissions. Replacing or repairing other components not covered by this emissions warranty or the standard warranty is the responsibility of the owner, including the parts, labor and other costs associated with recommended maintenance.

The exclusive remedy for breach of this limited warranty shall be, at the exclusive option of Polaris, repair or replacement of any defective materials, components or products. THE REMEDIES SET FORTH IN THIS LIMITED WARRANTY ARE THE ONLY REMEDIES AVAILABLE TO ANY PERSON FOR BREACH OF THIS WARRANTY. POLARIS SHALL HAVE NO LIABILITY TO ANY PERSON FOR INCIDENTAL, CONSEQUENTIAL OR SPECIAL DAMAGES OF ANY DESCRIPTION, WHETHER ARISING OUT OF EXPRESS OR IMPLIED WARRANTY OR ANY OTHER CONTRACT, NEGLIGENCE OR OTHER TORT OR OTHERWISE.

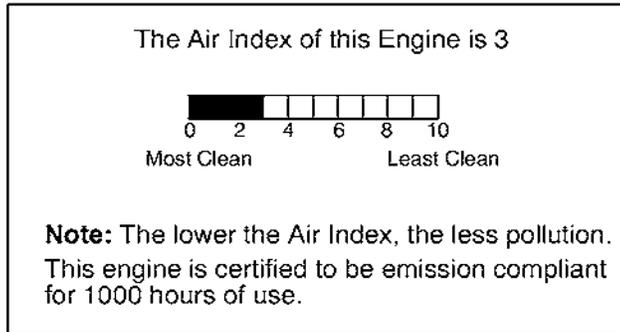
ALL IMPLIED WARRANTIES (INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE) ARE LIMITED IN DURATION TO THE WARRANTY PERIOD DESCRIBED HEREIN. POLARIS DISCLAIMS ALL EXPRESS WARRANTIES NOT STATED IN THIS WARRANTY. Some states do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply if it is inconsistent with the controlling state law.

This limited warranty excludes failures not caused by a defect in material or workmanship. This limited warranty does not cover damage due to accidents, abuse or improper handling, maintenance or use. This limited warranty also does not cover any engine that has been structurally altered, or any engine that has been used in racing competition. This limited warranty also does not cover physical damage, corrosion or defects caused by fire, explosions or other similar causes beyond the control of Polaris.

If you have any questions regarding your warranty rights and responsibilities, you should contact the Polaris Warranty Department at 1-888-704-5290.

WARRANTY

California Emission Control Warranty Statement



Your Warranty Rights and Obligations

The California Air Resources Board and Polaris Industries Inc., 2100 Highway 55, Medina, Minnesota 55340 (herein "POLARIS") are pleased to explain the emission control system warranty on your 2005 and later Large Spark Ignition Engine (herein "LSI engine"). "The California Air Resources Board has designated this engine for this vehicle as an LSI engine which produces 25 and greater horsepower and the vehicle has a six (6) or four (4)-wheel drive and/or a round steering wheel." In California, this LSI engine must be designed, built and equipped to meet the state's stringent anti-smog standards. Polaris must warrant the emission control system on your LSI engine for the period of time described below, provided there has been no abuse, neglect or improper maintenance of your LSI engine.

Your emission control system includes parts such as the carburetor and the ignition system. Also included may be hoses, connectors and other emission-related assemblies.

Where a warrantable condition exists, POLARIS will repair your LSI engine at no cost to you, including diagnosis, parts and labor.

Manufacturer's Warranty Coverage:

The 2005 and later LSI engines are warranted for two (2) years. If any emission related part on your LSI engine is defective, the part will be repaired or replaced by POLARIS.

WARRANTY

California Emission Control Warranty Statement

Owner's Warranty Responsibilities:

- As the LSI engine owner, you are responsible for the performance of the required maintenance listed in your Owner's Safety and Maintenance Manual (herein "Owner's Manual"). POLARIS recommends that you retain all receipts covering maintenance on your LSI engine, but POLARIS cannot deny warranty solely for the lack of receipts or for your failure to ensure the performance of all scheduled maintenance.
- As the LSI engine owner, you should, however, be aware that POLARIS may deny you warranty coverage if your LSI engine or a part has failed due to abuse, neglect, improper maintenance or unapproved modifications.
- You are responsible for presenting your LSI engine to a dealer authorized by POLARIS as soon as a problem exists. The warranty repairs should be completed in a reasonable amount of time, not to exceed 30 days.

If you have any questions regarding your warranty rights and responsibilities, you should contact the Polaris Warranty Department at 1-888-704-5290.

Limited Warranty California Only

POLARIS warrants to the owner of 2005 and later LSI engines that the LSI engine (1) has been designed, built, and equipped at the time of manufacture so as to conform with the applicable regulations of the California Air Resources Board and, (2) is free from defects in materials and workmanship which may cause it to fail to conform with those regulations as applicable according to the terms and conditions stated below.

Warranty Period

This warranty period begins on the date, which the LSI engine is delivered, to the original retail purchaser and ends two years after that date. During this two year period POLARIS warrants to the original retail purchaser and each subsequent purchaser that the LSI engine is free from defect in material and workmanship that can cause the failure of a warranted emission-related part.

What is Covered Under This Warranty

Repair and/or replacement of any warranted emission-related part will be performed at no charge provided the work is performed at an authorized dealer. There will also be no charge for any diagnostic labor performed at an authorized dealer, which leads to the determination that a warranted emission-related part is defective.

Any warranted part which is not scheduled for replacement as required maintenance, or which is scheduled only for regular inspection to the effect of "repair or replace as necessary" shall be warranted for the warranty period. Any warranted part which is scheduled for replacement as required maintenance shall be warranted for the period of time up to the first scheduled replacement of that part. This warranty shall apply only towards the repair, replacement, and/or adjustment of the component parts listed below.

WARRANTY

California Emission Control Warranty Statement Emission-Related Parts Covered Under This Warranty

- (1) Fuel Metering System
 - (i) Carburetor and internal parts (and/or pressure regulator or fuel injection system)
 - (ii) Air/fuel ratio feedback and control system, if applicable
 - (iii) Cold start enrichment system, if applicable
 - (iv) Regulator assy (gaseous fuel, if applicable)
- (2) Air Induction System
 - (i) Intake manifold, if applicable
 - (ii) Air filter
- (3) Ignition System
 - (i) Spark plugs
 - (ii) Magneto or electronic ignition system
 - (iii) Spark advance/retard system, if applicable
- (4) Exhaust manifold, if applicable
- (5) Miscellaneous Items Used in Above Systems
 - (i) Electronic controls, if applicable
 - (ii) Hoses, belts, connectors, and assemblies
 - (iii) Filter lock assy (gaseous fuel, if applicable)

If an authorized dealer determines that other LSI engine components have been damaged due to the failure of a warranted emission-related part during the warranty period, POLARIS will repair and/or replace the necessary components.

WARRANTY

California Emission Control Warranty Statement

What is Not Covered Under This Warranty

This warranty does not cover any emission-related part which malfunctions, fails or is damaged due to alterations and/or modifications such as changing, adding or removing parts.

When the LSI engine is being serviced under warranty, POLARIS and any of its authorized dealers shall not be liable for any loss of use of the LSI engine, for any damage to goods, or loss of time or inconvenience. This limited warranty also does not apply to any emission-related part which malfunctions, fails, or is damaged due to failure to follow the maintenance and operating instructions specified in the 2005 and later Owner's Manual including:

- (a) Improper or inadequate maintenance of any warranted emission-related part
- (b) Improper installation, adjustment, or repair of the LSI engine or any warranted emission-related part unless performed by an authorized dealer
- (c) Failure to use recommended fuel as specified in the 2005 and later Owner's Manual
- (d) Repairs and diagnosis performed outside of an authorized dealer
- (e) Use of parts which are not authorized by POLARIS

Maintenance Schedule

The LSI engine owner is responsible for having all scheduled inspection and maintenance services performed at the intervals specified in the 2005 and later Owner's Manual and to retain records of these services as having been performed. These records should be transferred to each subsequent owner of the LSI engine. POLARIS cannot deny a claim solely because there are no records of scheduled maintenance, however, a warranty claim may be denied if the failure to perform the scheduled maintenance and inspection resulted in the failure of a warranted emission-related part. As a minimum, the LSI engine owner is responsible for the scheduled inspection and maintenance described below which are based on the procedures described in the Owner's Manual.

WARRANTY

- ▶ Perform these procedures more often for vehicles subjected to severe use.
- E Emission-Related Service.
- Have an authorized Polaris dealer perform these services

	Item	Maintenance Interval (whichever comes first)			Remarks
		Hours	Calendar	Miles (Km)	
▶ E	Air filter, pre-filter	-	Daily	-	Inspect; clean often
▶ E	Air box sediment tube	-	Daily	-	Drain deposits when visible
▶ E	Air filter, main element	-	Weekly	-	Inspect; replace as needed
▶ E	Engine breather filter (if equipped)	25 H	Monthly	-	Inspect; replace if necessary
■ E	Throttle Cable/ETC Switch	50 H	6 M	-	Inspect; adjust; lubricate; replace if necessary
E	Throttle body air intake ducts/flange	50 H	6 M	-	Inspect ducts for proper sealing/air leaks
■ E	Valve clearance	100 H	12M	-	Inspect; adjust
■ E	Fuel system	100 H	12 M	-	Check for leaks at tank cap, lines, fuel valve, filter, pump, throttle body; replace lines every two years
■ E	Spark plug	100 H	12 M	-	Inspect; replace as needed

Repair and Replacement of Emission-Related Parts

It is recommended that only LSI engine replacement parts, which have been authorized and approved by POLARIS, should be used in the performance of any warranty maintenance or repairs of emission-related parts. These replacement parts will be provided at no charge if the part is still under warranty.

How to File a Warranty Claim/Where to Get Warranty Service

All repairs qualifying under this Limited Warranty must be performed by a dealer who sold you the LSI engine or a dealer authorized by POLARIS. In the event that any emission-related part is found to be defective during the warranty period, you must notify the Polaris Warranty Department at 1-888-704-5290 and you will be advised of the appropriate dealer where the warranty repair is to be performed.

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Task No. 090930CCC2937

Date: August 28, 2009

STATUS OF MISSING DOCUMENT (S)

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

1. Medical Examiner's Report

2. Police Photographs

3. Accident Reconstruction Report

4. Coroner's Report

5. Medical Records

Date: November 3, 2009

Investigator No: 2147

Regional office: CFIE

Supervisor No: 8978

Exhibit F

**GEORGIA BUREAU OF INVESTIGATION**

3121 Panthersville Road
P.O. Box 370808
Decatur, Georgia 30037-0808

Vernon M. Keenan
Director

October 6, 2009

Mr. Justin McDonough
U.S. Consumer Product Safety Commission
Atlanta Field Office
P.O. Box 72357
Newnan, GA 30271

Reference: (b)(3):CPSA Section 25(
Case Number(s): 2009-1016689

Dear Mr. McDonough,

On October 5, 2009, the Georgia Bureau of Investigation received your Open Records request for information on (b)(3):CPSA Section 25(DOFS (Case Number(s) 2009-1016689). A search for the requested information was made.

In accordance with O.C.G.A 50-18-70(f) of the Open Records Act, (records available within three (3) business days of receipt of the request), you are hereby notified that all, or a portion, of the requested records are not available for your review at this time. The scientific testing on the case has not been completed. GBI-DOFS expects the reports to be available within a period of 120 days from the date of this letter. Once the reports are complete, we will notify you of their availability.

The estimated total cost for administrative expenses incurred in the preparation, copying, and mailing of this information is \$30.00. This does not include the costs associated with reproducing photographs. **Please do not send payment at this time.** We will issue an invoice with the exact charges.

Sincerely,

Handwritten signature of Lisa B. Harris in cursive script.

Lisa Harris
Special Agent in Charge
GBI-Legal Services

Division of Forensic Sciences
P.O. Box 370808
Decatur, Georgia 30037-0808

Investigative Division
P.O. Box 370808
Decatur, Georgia 30037-0808

Georgia Crime Information Center
P.O. Box 370748
Decatur, Georgia 30037-0748



Colonel Bill Hitchens
Commissioner

**GEORGIA DEPARTMENT OF PUBLIC SAFETY
LEGAL SERVICES OFFICE**

Open Records Unit
POST OFFICE BOX 1456
ATLANTA, GEORGIA 30371-1456
404/ 624-7591
FAX - 404/ 624-7529

Melissa Rodgers
Director

Lanie A. Weathers
Records Manager

October 9, 2009

Mr. Justin McDonough
U. S. Consumer Product Safety Commission
P.O. Box 72357
Newnan, GA 30271

Re: Open Records Request - (b)(6)
Crash #03-2197-09 SCRT1-029-09
Our File No. 3233-Y

Dear Mr. McDonough:

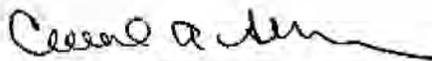
The following is in response to your Open Records request, O.C.G.A. § 50-18-70 et seq, received on October 8, 2009, regarding copies of the records relating to the aforementioned crash.

This case is still open and pending investigation. Therefore, based on the exemption provided in [O.C.G.A. § 50-18-72(a)(4)], the records you have requested are not subject to dissemination until the investigation is concluded and the case is no longer pending in court, which would also include the appeals process. A copy of the initial crash report is available for \$5.44, including postage.

DPS- Legal Services does not monitor the status of pending cases through the investigative and judicial process. When the case is completed, you will need to provide us with notification of the case disposition, if the records are still needed.

If we can be of further assistance, please feel free to contact our office.

Sincerely,


Carol A. Summers

CAS/m



U.S. CONSUMER PRODUCT SAFETY COMMISSION
ATLANTA FIELD OFFICE
P.O. BOX 72357
NEWNAN, GA 30271

Justin McDonough
Investigator

Tel: (770) 252-9602
Fax: (866) 689-7190
Email: jmcdonough@cpsc.gov

October 8, 2009

Bartow County Coroner's Office
135 W. Cherokee Ave Suite 251
Cartersville, GA 30120

To whom it may concern,

The United States Consumer Product Safety Commission (CPSC) is a Federal Agency responsible for investigating deaths, injuries, and potential hazards associated with consumer products. I am an investigator with the U.S. Consumer Product Safety Commission in the Atlanta area and I am requesting a copy of your report(s) for the following:

Case Number: Unknown (Medical Examiner's case 2009-1016689)
Incident: Fatality involving a utility vehicle
Date of Incident: August 28, 2009
Location: Old Grassdale Road and Busch Drive, Cartersville, GA

Please feel free to contact me at (770) 252-9602 or at jmcdonough@cpsc.gov if you have any questions. As a government agency, the Consumer Product Safety Commission requests that you waive any fees associated with this request.

Thank You. Your cooperation is greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Justin McDonough".

Justin McDonough
Product Safety Investigator



U.S. CONSUMER PRODUCT SAFETY COMMISSION
ATLANTA FIELD OFFICE
P.O. BOX 72357
NEWNAN, GA 30271

Justin McDonough
Investigator

Tel: (770) 252-9602
Fax: (866) 689-7190
Email: jmcdonough@cpsc.gov

October 27, 2009

Atlanta Medical Center
Attention: Medical Records Department
303 Parkway Drive NE
Atlanta, GA 30312

To whom it may concern,

The United States Consumer Product Safety Commission (CPSC) is a federal agency responsible for investigating deaths, injuries, and potential hazards associated with consumer products. I am an investigator with the U.S. Consumer Product Safety Commission in the Atlanta area and I am requesting a copy of the medical records for the following:

Patient 1 Name: (b)(3):CPSA Section 25(c),
(b)(6)
Patient 1 Date of Birth: November 27, 1973
Patient 2 Name: (b)(3):CPSA Sec
Patient 2 Date of Birth: Unknown – age 24
Date of Admission: August 28, 2009
Incident: Emergency room visit due to utility vehicle wreck.

I have included a letter from the CPSC Office of General Counsel regarding HIPAA privacy rules and CPSC. Please feel free to contact me at (770) 252-9602 or at jmcdonough@cpsc.gov if you have any questions. As a government agency, the Consumer Product Safety Commission requests that you waive any fees associated with this request.

Thank You. Your cooperation is greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Justin McDonough".

Justin McDonough
Product Safety Investigator

X099 0051

ISSUE

50

TC 32

SS 166

Kaur, Amritpal

From: mecap@cpsc.gov
Sent: Saturday, August 29, 2009 9:28 AM
To: Hazard; Wierdak, Dennis; Nash, Yolanda
Cc: Margolies, Philip; Cohn, Murray
Subject: MECAP Report

SEP 08 2009

08/29/2009 09:28:06

Medical Examiner's/Coroner's Case No. = 2009-1016689

Medical Examiner's/Coroner's Name = DR. KRIS SPERRY, CHIEF MEDICAL EXAMINER

Date of accident = 08/28/2009

Date of death = 08/28/2009

Accident location - city = ROCKMART

Accident location - state = Georgia

Your name = DAISY HUTTO

Office = GBI HEADQUARTERS MEDICAL EXAMINER'S OFFICE

City = DECATUR

State = Georgia

County = DEKALB

Telephone = 404-270-8210

Email address = daisy.hutto@gbi.ga.gov

Brief description of accident sequence = REPORTEDLY, THE DECEDENT, A 39 YO WF, AND SOME FRIENDS WERE TRAVELING IN AN ATV DOWN OLD GRASSDALE RD. IN ROCKMART, GA. TWO MALES WERE IN THE FRONT, 1 DRIVING AND THE OTHER IN THE PASSENGER SEAT, AND THERE WERE 3 WOMEN STANDING IN THE BACK, HOLDING ONTO THE ROLL BAR. A TRUCK WAS STOPPED AT THE STOP SIGN ON BUSCH DR. AT THE INTERSECTION OF OLD GRASSDALE RD. HE SAW THE ATV APPROACH AND ATTEMPT TO TAKE A SHARP TURN ONTO BUSCH DR. THE DRIVER LOST CONTROL, FLIPPING THE ATV. THE DECEDENT WAS EJECTED FROM THE VEHICLE AND CAME TO REST IN THE ROADWAY. ONE OF THE FEMALES WAS LIFE FLIGHTED, AND ONE OF THE MALES WAS TRANSPORTED BY EMS TO THE HOSPITAL. THE OTHER TWO INDIVIDUALS REFUSED TREATMENT. A MASSIVE, OPEN WOUND WAS NOTED TO THE DECEDENT'S HEAD. ACCORDING TO MR. DUNCAN, THE RIGHT SIDE OF HER FACE HAS EXTENSIVE TRAUMA. CORONER DUNCAN PRONOUNCED THE DECEDENT ON SCENE AT 2120 ON 08/28/2009.

Name, address and telephone number of any state/local personnel who investigated the accident = BRANDON DUNCAN, 3084 HWY. 411, WHITE, GA. 30184. 678-758-6670

Type of consumer product involved = ATV

Manufacturer and brand name of product = POLARIS

Product model and serial numbers = RANGER

Cause of death = HEAD TRAUMA, EJECTED FROM ATV WHEN DRIVER LOST CONTROL

Is product available for examination? = no

If yes, where? =

For processing at CPSC:

Report received by: _____

Chief Med. Exam. Rpt ()

Copy for MECAP News ()

Regular MECAP ()

Document No. _____

This In-Depth investigation (IDI) was initiated by CPSC based on a news article involving the operation of a Utility Vehicle (UTV). This incident involves the death of a 43-year-old male who was the driver of the vehicle.

The information for this report was acquired from the US Forest Service incident report, the New Mexico State Police accident report and from the autopsy report. A sheriff report was requested but not received at the time of this report.

NARRATIVE:

Two victims occupying a single Utility Vehicle (UTV) were involved in this fatal vehicle incident; and no other vehicles were involved. A 43-year old male (DOB 8/19/1965), was the driver of the vehicle, and a 41-year-old female (DOB 10/7/1967), his wife, was sitting in the passenger seat next to him. It is unknown if the two victims were wearing a helmet or wearing the supplied 3 point seatbelts of the UTV. This incident occurred at night on an unimproved dirt road located in the Gila National Forest.

On 08/08/2009 at approximately 2300 hours, several family members were riding their ATVs near a lake located in a forest when it became very late and dark as stated in the police report. The two victims were heading back to the parking lot on an unimproved forest service road. According to the police report, the driver attempted to maneuver around a large bush which was 15' x 4' in size but the driver did not see the large gorge until it was too late. The driver attempted to correct his mistake by steering to the left, causing the vehicle to roll to the right and side over side into the gorge. The driver was partially ejected as the vehicle was rolling and he became pinned under the vehicle when the UTV came to rest on its left side. The passenger was not ejected but had struck her right shoulder on the ground which caused injury to her right side. People from the other vehicles in the convoy stopped and assisted the victims. The UTV was lifted and the driver and the passenger were placed in another vehicle and driven to a staging area where the victims were met and transported via ambulance to a hospital.

Once the victims were at the hospital for medical treatment, state police were able to interview the victim's wife (passenger). She informed police that her husband was trying to get back to the parking area to pack up and go home. She stated that her husband was driving erratically on the road and left the roadway. He then attempted to maneuver around a bush at which they drove directly over a large hole. Her husband over corrected by steering left causing the UTV to roll to the right down the incline of the hole. When the vehicle came to rest her husband was pinned at his torso by the vehicle's side. The driver was pronounced dead at 057 hours on 08/09/2009.

An external autopsy was performed on the decedent and the cause of death was blunt force to the head and neck trauma. Police indicate in the report that strong odor of alcohol was noticed on the decedent. The autopsy report does not indicate if a blood alcohol test was performed. Police indicate the incident was due to unfamiliar territory with the road with the combination and possible impairment of alcohol and the darkness of night

091001HWE8468

prevented the driver from seeing his surroundings clearly. These were factors that contributed to the crash and subsequently the death of the driver.

PRODUCT IDENTIFICATION:

The product involved in this investigation is a four-wheel Utility Vehicle. The description of the product was obtained from the State Police Report.

Product:	Polaris Ranger
Model:	800
VIN:	4XAVH76A58D640885
Engine Displacement:	770cc
Manufacturer:	Polaris Industries Inc. 2100 Highway 55 Medina, MN 55340
Website:	<u>www.polarisindustries.com</u>

ATTACHMENTS:

- **Exhibit 1** - Office of the Medical Investigator - 3 pages
- **Exhibit 2** – US Forest Service Incident Report- 3 pages
- **Exhibit 3** – New Mexico State Police Department - 5 pages
- Missing Document – 1 page
- Contact Sheet



The University of New Mexico Health Sciences Center
OFFICE OF THE MEDICAL INVESTIGATOR

MSC11 6030
1 University of New Mexico
Albuquerque, NM 87131-0001
Telephone (505) 272-3055
FAX (505) 272-0727

Report of Findings

10/8/2009

Decedent	(b)(3):CPSA Section 25(c)		
OMI #	2009-04144	Date of Birth	8/19/1965
Date report issued	8/13/2009	Date death pronounced	8/9/2009
Place Pronounced	Gila Regional Medical Center/ER	Time death pronounced	0057
County pronounced	Grant		
Cause of Death	Blunt force head and neck injuries		
Manner of Death	Accident		
Date of Injury	8/9/2009		
Place of Injury	Roadway		
Location of Injury	Buckhorn, Grant NM 88025		
How Injury Occurred	Driver of ATV that left roadway		
No autopsy performed	R. Ross Reichard, MD	R. Ross Reichard, MD	
Death Certificate signed by	R. Ross Reichard, MD		
Deputy Medical Investigator	Michael Barragree Rhonda Moya		
District Attorney	Grant County DA		

For details concerning this death, contact the law enforcement agency listed, records section.

For copies of the Death Certificate, contact the Bureau of Vital Statistics, 1190 St. Francis Dr., PO Box 26110, Santa Fe, NM 87502.

Appropriate investigative reports are available from the Medical Investigator, as required by law. Fees are assessed where required. A review of the reports in the Albuquerque office of the Office of the Medical Investigator is available upon request.

All requests for reports are to be directed to:
Office of the Medical Investigator
MSC11 6030
1 University of New Mexico
Albuquerque, NM 87131-0001

EXTERNAL EXAMINATION

STATE OF NEW MEXICO
OFFICE OF THE
MEDICAL INVESTIGATOR

Case No. OMI 2009-CA144
Name (b)(3):CPSA Section 25(c)
Age 43 Sex M Race HISPANIC

DATE OF DEATH 8/9/2009 DATE OF EXTERNAL EXAM 8/9/2009
TIME OF DEATH 00:57 TIME OF EXTERNAL EXAM 05:00
PLACE OF DEATH GILA REGIONAL Med Ctr PLACE OF EXTERNAL EXAM TEHRAN
HEIGHT 76" WEIGHT 240 lb NOURISHMENT (obese, thin, normal, etc.) OBESE

RIGOR MORTIS PRESENT IN:

Muscles of eyelids, fingers and toes? YES NO
Large muscles of extremities? YES NO
Muscles of trunk? YES NO

LIVOR MORTIS APPARENT?

Dependent body areas? YES NO COLOR PURPLE
Other body areas? YES NO WHERE? ANTERIOR
WHERE? ANTERIOR

HAIR:

Color BROWN
Length 4"
Straight Wavy Curly

EYES:

Color BROWN
Pupil Size 4"

TEETH:

Present Not Present Dentures
Natural

NOSE BROKEN EARS Blood Swelling LT EAR MOUTH FULL OF BLOOD

NECK FRACTURED GENITALIA NORMAL

TRUNK NO VISIBLE SCARS, FRACTURES, TATTOOS

EXTREMITIES ABRASIONS ON LEFT KNEE

MAJOR FINDINGS (include all trauma):

- | | |
|-------------------------------------|------------------------------|
| 1. <u>BASICAL SKULL FRACTURE</u> | 5. <u>ABRASION LEFT KNEE</u> |
| 2. <u>NOSE FRACTURED - BLEEDING</u> | 6. _____ |
| 3. <u>MOUTH FULL OF BLOOD</u> | 7. _____ |
| 4. <u>ABRASION RT FOREHEAD</u> | 8. _____ |

PHOTOGRAPHS: ID X-RAYS _____ OTHER _____

CLOTHING AND VALUABLES:

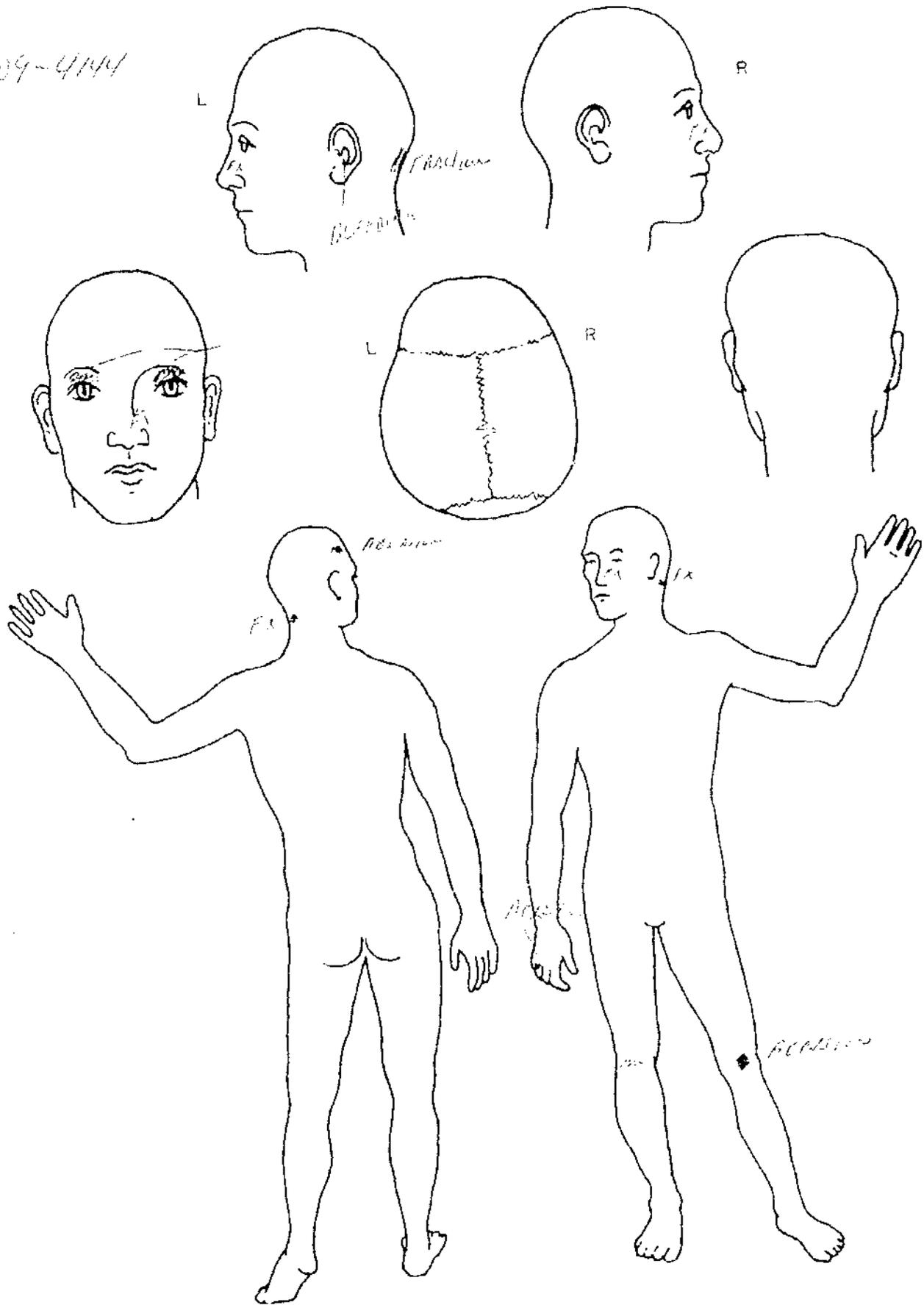
RELEASED TO GILA REGIONAL Medical Center

- | | |
|--------------------|-----------|
| 1. <u>T-SHIRT</u> | 6. _____ |
| 2. <u>CUT OFFS</u> | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

(COMPLETE BODY DIAGRAM ON REVERSE SIDE)

SIGNATURE H. D. Coyne

2009-4114



USDA
Forest Service

Incident Report

Incident Number: 8238313 Document ID: Case No: Sensitivity: NS

Incident Name: Incident Date/Time: 08-08-2009 / 23:10
Reporting Officer: VANCAMP ID:1363 Report Date: 10-23-2009

Place of Incident: NEAR FOREST ROAD 68
Incident Type: OHV Day Of Week: SATURDAY

Incident Description:
VEHICLE ACCIDENT WITH DEATH

Remarks:
Subject drove off road and hit a hole that caused the UTV to crash

Region: 03 Forest: 06 District: 4 State: NM County: 17 Land Status: NFS

Latitude Longitude
Degrees: 33 Minutes: 11 Seconds: 39 Degrees: -108 Minutes: 50 Seconds: 9

Warning	IRC	IRC	Other Number	Dispatch Number	Incident Status
N	12	45			Referred

Keywords:

WEAPONS
Impact: N Edged: N Handgun: N Rifle/Shotgun: N Other: N

SUPPLEMENTAL INFORMATION

Initial Response Date/Time	First on Scene Date/Time	Reported By	Agency ID	No. of Officers
/	/			

SYNOPSIS
Subject driving UTV drove off road at a high rate of speed and caused the vehicle to crash.

NARRATIVE
Based on the New Mexico State Police report (09-184039) along with the Grant County Sheriff report (2-09-000756) the following happened. There was a large family group in the Little Dry Creek area and were riding ATVs and UTV's. This was on August 08, 2009 and was late in the evening around 2300 hours when they decided to start back to where the vehicle were parked. (b)(3):CPSA Sec. had taken over driving the Polaris Ranger 800 (vin: (b)(6)) from his wife (b)(6) so he could drive back. (b)(6) stated he was driving erratically going back because she though he wanted to get there first. (b)(6) was headed east on the dirt road when (b)(6) left the traveled section of the road and tried to maneuver around a bush. When (b)(6) did this he drove into a very large hole. (b)(6) tried to correct his mistake by turning to the left and this cause the vehicle to roll to the right side over side into the hole. Passenger (b)(6) hit her right shoulder and (b)(3):C was partially ejected. The Polaris Ranger rolled ontop of (b)(6) upper body and stopped. Family member who were following the came and removed the Polaris off of (b)(6) and loaded (b)(6) and (b)(6) into a vehicle and headed toward town. There was no cell coverage in the area of the accident. Grant County Sheriff Deputy Mike Burns was the first Officer to meet the group on Highway 180 at milepost 86. EMS was called and in route when Deputy Burns checked both subjects and the family members were giving (b)(6) CPR when contacted. Deputy Burns did stated there was a strong smell of Alcohol on the breath of (b)(6). EMS arrived at the contact location and took the subjects to Silver City. CPR was being performed on (b)(6) throughout the travel to Silver City. Dr. Koury pronounced (b)(3): deceased just after arrival at the Hospital. Pictures of the scene were taken by Deputy Burns, State Police Officer David Neil, and later Forest Service law

OFFENSE CODES

Disclosure of any record, which is contained in a system of records (including LEIMARS) by any means of communication to any person, or to another agency, is prohibited except as described in 5 USC 552a.

**USDA
Forest Service**

Incident Report

Incident Number: 8238313 Document: IR Case No: Sensitivity: NS

OFFENSE CODES

Venue: FED Title: FSMHS Section: 670999 Severity: FELONY

Description:

UTV vehicle accident with death

CONTACTS

Subject Type: V

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

Alias:

DOB: 08-19-1965 Race: HISPANIC Sex: M

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

Phone:

Bus. Address:

Bus. Phone: -

Hair: BRO

Eyes: BRO

Height: 6 ft 1 in

Weight: 240

ID No: 025371275

State:

ID Type:

Other ID No:

Classification: VISITOR

Relationship:

Injury: DEATH

Hospital: GILA REGIONAL HOSPITAL

Injury Description:

CHEST AND HEAD INJURIES

VEHICLES

Tag	County	State	VIN	Year	Make	Color
	U.S.	NM	(b)(6)	2008	OTRE	RED

Description:

PROPERTY RESOURCE

ASSOCIATED REPORTS

Report No
09-184039

Report Type
SIR-ACCIDENTS

Agency
NM STATE POLICE

ASSISTING OFFICER

EVIDENCE

ACCIDENTS

Disclosure of any record, which is contained in a system of records (including LEIMARS) by any means of communication to any person, or to another agency, is prohibited except as described in 5 USC 552a.

**USDA
Forest Service**

Incident Report

Incident Number: 8238313 Document: IF Case No: Severity: NS

ACCIDENTS

Incident Category Type: ACCIDENT
Incident Location Type: UNDEVELOPED SITE
Nature of Incident: MOTOR VEHICLE, WHEELED
Activity of Incident: OTHER
Vehicle Type: OFF HIGHWAY VEHICLE
Accident Type: SINGLE VEH. LEAVING ROADWAY
Accident Cause: ALCOHOL
Severity: FATAL
Collision Type: ROLLING
Surface Condition: DRY
Weather: OTHER
Light: DARKNESS

ATTACHMENTS

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Photographs | <input type="checkbox"/> Sketch | <input type="checkbox"/> Map | <input type="checkbox"/> Statements |
| <input type="checkbox"/> Impound Inventory SF-91a | <input type="checkbox"/> Fire Cause & Origin Rpt FS-6700-8 | <input type="checkbox"/> Controlled Substance Rpt AD-872 | <input type="checkbox"/> Other Agency Rpt |
| | | | <input type="checkbox"/> Other |

SIGNATURES

Submitted	Signature: <i>Catherine VanCamp</i>	Date: 10-23-09
Reviewed By:	Signature:	Date:
Approved By:	Signature:	Date:

Note: This document is for OFFICIAL USE ONLY. It and its contents are not to be distributed outside your Agency, nor duplicated, without prior approval of the USDA, Forest Service, Law Enforcement and Investigations

Disclosure of any record, which is contained in a system of records (including LEIMARS) by any means of communication to any person, or to another agency, is prohibited except as described in 5 USC 552a

NEW MEXICO STATE POLICE

STATE OF NEW MEXICO UNIFORM CRASH REPORT 23023834



REPORTING DEPARTMENT

ON PRIVATE PROPERTY FATAL INJURY PROPERTY DAMAGE ONLY UNDER \$500 \$500 OR MORE HIT AND RUN Case Number: 09-184039 NMDOT:

DATE OF CRASH M/D/YR: 08 08 2009 MILITARY TIME: 2310 CITY OCCURRED IN: NONE COUNTY: GRANT

SUN M Tu W Th F S OCCURRED ON: (Route No. or Name) FOREST ROAD 68 AT INTERSECTION WITH: NA TRIBAL LAND? Yes No

OTHER LOCATION: 3 FEET MILES OF: PERMANENT LANDMARK - COUNTYLINE - INTERSECTION - MILEPOST: US180 LAT: LONG:

CRASH OCCURRED On Roadway Off Roadway CLASSIFICATION Overturned Other N-Col Pedestrian Other Vehicle Vehicle on Other Rdwy Parked Vehicle Other Object Rollover R.R. Train Pedal Cyclist Animal Fixed Object ANALYSIS CODE: 1

VEHICLE NO. 1 HEADED: N S E W On: FOREST ROAD 68 Posted Speed: 0 Safe Speed: 15

Driver's Full Name: (b)(3):CPSA Section 25(c) Address: (b)(3):CPSA Section 25(c)

Driver's License Number: State: NM Type: A Restrictions: 00 Expires: 09/2011 City/State: SILVER CITY Zip Code: 88061 Phone: (b)(6)

Date of Birth - M/D/YR: 08/19/1965 Social Security Number: NA Occupation: MECHANIC Age: 43 Sex: M Race: H Injury Code: K OP Code: 7 OP Used Property: N Airbag Deploy: N Ejected: P EMS#: 2801

Seat Pos: RF Occupant's Name: (b)(6) Occupant's Address (City, State, Zip): (b)(6) 88061 Age: 41 Sex: F Race: H Injury Code: B OP Code: 6 OP Used Property: Y Airbag Deploy: N Ejected: N EMS#: 2801

Vehicle Yr: 2008 Vehicle Make: PTRB Color: RED Body Style: AV Cargo Body Type: Vehicle Use (1): Vehicle Use (2): P Towed? Yes No Overall Vehicle Damage: Heavy Moderate Slight None

License Yr: 2010 State: NM License Plate Number: (b)(6) VIN: (b)(6) Towed due to disabling damage? Yes No

US DOT: ICC Docket #: Interstate Carrier? Yes No OR Hazmat Name: AND: 1 digit #: Hazmat Released? Yes No

Number of Axles: Gross Vehicle Weight Rating/Gross Combination Weight Rating: Hazmat Placard 4 digit #: OR Hazmat Name: AND: 1 digit #: Hazmat Released? Yes No

Carrier's Name: Carrier's Address: Carrier's Zip: Owner's Name: (b)(6) Owner's Address: (b)(6) Owner's Zip: 88061 Owner's Telephone: (b)(6)

Insured By: (Name of Company): NA Policy Number: NA Liability Insurance? Yes No Trailer or Towed Vehicles: Type: Year: Make: License Yr: Lic. State: Lic. Number:

VEHICLE NO. 2 OR PEDESTRIAN HEADED: N S E W On: NA Posted Speed: Safe Speed:

Driver's Full Name: NA Address: Driver's License Number: State: Type: Restrictions: Expires: City/State: Zip Code: Phone:

Date of Birth - M/D/YR: Social Security Number: Occupation: Age: Sex: M/F Race: Injury Code: OP Code: OP Used Property: Airbag Deploy: Ejected: EMS#:

Seat Pos: Occupant's Name: Occupant's Address (City, State, Zip): 0015

Vehicle Yr: Vehicle Make: Color: Body Style: Cargo Body Type: Vehicle Use (1): Vehicle Use (2): Towed? Yes No Overall Vehicle Damage: Heavy Moderate Slight None

License Yr: State: License Plate Number: VIN: Towed due to disabling damage? Yes No

US DOT: ICC Docket #: Interstate Carrier? Yes No OR Hazmat Name: AND: 1 digit #: Hazmat Released? Yes No

Number of Axles: Gross Vehicle Weight Rating/Gross Combination Weight Rating: Hazmat Placard 4 digit #: OR Hazmat Name: AND: 1 digit #: Hazmat Released? Yes No

Carrier's Name: Carrier's Address: Carrier's Zip: Owner's Name: Owner's Address: Owner's Zip: Owner's Telephone:

Insured By: (Name of Company): Policy Number: Liability Insurance? Yes No Trailer or Towed Vehicles: Type: Year: Make: License Yr: Lic. State: Lic. Number:

ROAD - WEATHER	LIGHTING (Mark 1 with X)	WEATHER (Mark 1 with X)	ROAD COND (Mark 1 each with X)	ROAD SURFACE (Mark 1 each with X)	TRAFFIC CONTROL (Mark 1 each with X)	ROAD CHARACTER (Mark 1 with X)	CRASH REPORT NUMBER: 23023834 CASE NUMBER: 09-184039
	<input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Dark Lighted <input checked="" type="checkbox"/> Dark - Not Lighted <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Dust <input type="checkbox"/> Wind <input type="checkbox"/> Other <input type="checkbox"/> Sleet or Hail	<input checked="" type="checkbox"/> V1 V2 <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Loose Material <input type="checkbox"/> Other <input type="checkbox"/> Standing or Moving Water <input type="checkbox"/> Slush	<input type="checkbox"/> Paved <input type="checkbox"/> Unstriped <input type="checkbox"/> Paved Center Stripe <input type="checkbox"/> Paved Center & Edge line <input checked="" type="checkbox"/> Unpaved	<input checked="" type="checkbox"/> No Passing Zone <input type="checkbox"/> Stop Sign <input type="checkbox"/> Traffic Signals <input type="checkbox"/> Yield Sign <input type="checkbox"/> R.R. Gate <input type="checkbox"/> 4 Way Stop <input type="checkbox"/> Flashers <input type="checkbox"/> No Controls <input type="checkbox"/> Other	<input type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve GRADE (Mark 1 with X) <input checked="" type="checkbox"/> Level <input type="checkbox"/> Hillcrest <input type="checkbox"/> On Grade <input type="checkbox"/> Dip	ROAD DESIGN (Mark 1 or more for each with X) <input checked="" type="checkbox"/> 1 Lane <input type="checkbox"/> 2 Lanes <input type="checkbox"/> 3 Lanes <input type="checkbox"/> 4 + Lanes <input checked="" type="checkbox"/> Undivided <input type="checkbox"/> Physical Divider <input type="checkbox"/> Painted Divider

EVENT	APPARENT CONTRIBUTING FACTORS (Mark 1 or more for each with X)			WHAT DRIVERS WERE DOING (Mark 1 or more for each with X)		SEQUENCE OF EVENTS (See event codes)	
	<input type="checkbox"/> Excessive Speed <input checked="" type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> Failed to yield right of way <input type="checkbox"/> Passed stop sign <input type="checkbox"/> Disregarded traffic signal <input type="checkbox"/> Drove left of center <input type="checkbox"/> Improper overtaking <input type="checkbox"/> Avoid no contact vehicle <input type="checkbox"/> Avoid no contact - other <input type="checkbox"/> Cell Phone <input type="checkbox"/> Low Visibility due to smoke	<input type="checkbox"/> Following too closely <input type="checkbox"/> Made improper turn <input checked="" type="checkbox"/> Driver inattention <input type="checkbox"/> Under influence of alcohol <input type="checkbox"/> Other improper driving <input type="checkbox"/> Pedestrian error <input type="checkbox"/> Inadequate brakes <input type="checkbox"/> Driverless moving vehicle <input type="checkbox"/> Failed to yield - Police Vehicle(s) <input type="checkbox"/> Failed to yield - Emergency Veh(s) <input type="checkbox"/> High speed pursuit	<input type="checkbox"/> Defective steering <input type="checkbox"/> Defective tires <input type="checkbox"/> Other mechanical defect <input type="checkbox"/> Road defect <input type="checkbox"/> Other No driver error <input type="checkbox"/> Traffic control not functioning <input type="checkbox"/> Improper lane change <input type="checkbox"/> Improper backing <input type="checkbox"/> None	<input checked="" type="checkbox"/> Going Straight <input type="checkbox"/> Overlaking - Passing <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> U Turn <input type="checkbox"/> Slowing <input type="checkbox"/> Backing	<input type="checkbox"/> Stopped for traffic <input type="checkbox"/> Stopped for sign/signal <input type="checkbox"/> Start in traffic lane <input type="checkbox"/> Start from park <input type="checkbox"/> Parked <input type="checkbox"/> Other	V1 V2 FIRST EVENT SECOND EVENT THIRD EVENT FOURTH EVENT	

DRIVER	DRIVER OR PEDESTRIAN SOBRIETY (Mark 1 or more for each with X)		DRIVER OR PEDESTRIAN PHYSICAL CONDITION (Mark 1 or more for each with X)		PEDESTRIAN ACTION		
	<input type="checkbox"/> Consumed Alcohol <input type="checkbox"/> Consumed a Controlled Substance <input type="checkbox"/> Had Not Consumed Alcohol <input checked="" type="checkbox"/> Sobriety Unknown <input type="checkbox"/> Consumed Medication <input type="checkbox"/> Breath Test Administered <input type="checkbox"/> Blood Test Administered <input type="checkbox"/> Field Sobriety Test <input type="checkbox"/> Refused Test	<input type="checkbox"/> Fatigue-Asleep <input type="checkbox"/> Eyesight Imp. <input type="checkbox"/> Hearing Imp. <input type="checkbox"/> Ill	<input type="checkbox"/> Medication <input type="checkbox"/> Amputee <input checked="" type="checkbox"/> No App. Defects <input type="checkbox"/> *Other Physical Impairment	At Intersection <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Diagonal	Not at Intersection <input type="checkbox"/> From Behind <input type="checkbox"/> No Crosswalk <input type="checkbox"/> Crosswalk <input type="checkbox"/> Walking W/Traffic <input type="checkbox"/> *Other	<input type="checkbox"/> Walking Against Traffic <input type="checkbox"/> Standing <input type="checkbox"/> Pushing or Working on Vehicle <input type="checkbox"/> Playing in Road	

Describe what happened - refer to vehicles by number

Synopsis of Crash Report

Page 3- Investigation to the fatal crash investigation
 Page 4- The teletype that was sent to the Chief's Office
 Page 5- Diagram of the Crash Scene

The following four pages is the supplemental report from Deputy Burns from the Grant County Sheriff's Department
 The following pages are photographs of the location during the daylight hours and also photographs of the vehicle involved in the crash.

Use Diagram/Narrative Sheet for additional information

OTHER PROPERTY INVOLVED	DESCRIPTION OF PROPERTY AND DAMAGE NONE			
	Owner's Name	Owner's Address	Owner's Zip Code	Owner's Telephone

WITNESS	NAME	AGE	ADDRESS	TELEPHONE
	(b)(6)			

ENFORCEMENT ACTION	VEH. NO.	NAME	VIOLATION (COMMON NAME)	ACTION
	NONE			<input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending <input type="checkbox"/> Booked <input type="checkbox"/> Cited <input type="checkbox"/> Pending

Time Notified 2 3 5 3	Time Arrived 0 0 1 5	Notified By DISPATCH	Supervisor at Scene NONE	Checked By Sgt. ROBERT McDONALD
Officer's Signature 	Print Officer's Name DAVID NEIL	Rank PTLM	ID No. 110419	District 12
CRASH REPORT NUMBER: 23023834			STATE OF NEW MEXICO UNIFORM CRASH REPORT	
CASE NUMBER: 09-184039			MMDOT COPY	
				SHEET OF 2 SHEETS 5

Exhibit 3 State Police Report
DIAGRAM/NARRATIVE
 Use Additional Sheets As Necessary

On Saturday, August 8, 2009, at approximately 2353 hours, I was dispatched to an accident with injuries on US180 near milepost 86. While en route to this location, Deputy Mike Burns from the Sheriff's Department, who was on location with the victims of this accident, contacted me via his radio and informed me that this was not the location at which the accident had actually occurred. He then explained that the injuries were life threatening to the driver, and painful for the passenger. The paramedics from the Gila Valley Volunteer Fire Department had been dispatched and were en route to Deputy Burns' location. Deputy Burns also explained that the passenger informed him that the accident scene was near Little Dry Creek, off of US180 near milepost 62. I then asked Deputy Burns if he would go to the accident scene and document it, while I went to the hospital to get statements from the victims. I finished my conversation on the radio with Deputy Burns, and sat stationary on US180 at milepost 102, and at approximately 0036 hours, the ambulance passed my location running code. I proceeded to follow the ambulance to the hospital.

Upon my arrival at the hospital, I noticed one female victim sitting in the back of the ambulance, and the other victim laying on the gurney. I followed the female victim into her triage room, and after she had been examined briefly by a nurse, I asked her a few questions about the accident. I asked her first for identification, and she told me that her husband's name was (b)(3):CPSA with a date of birth of August 19, 1965, and her name was (b)(6) with a date of birth of October 7, 1967. She informed me that several family members were on a day trip at Little Dry Creek, riding around on ATV's. She then explained that maybe one hour before midnight, everybody was headed back toward the parking area to get loaded up so that they could travel home. She told me that her husband took over as the driver of their Polaris Ranger 800, and stated that he was driving erratically. She said that he was possibly trying to get back to the parking location before any of the other family members did, which gave me the indication that he was speeding. (b)(6) stated that (b)(3):CP was traveling east on the dirt road, he left the traveled portion of the dirt roadway, and attempted to maneuver around a bush, at which time they drove directly into a very large hole. He tried to correct his mistake by steering the steering wheel to the left, which then rolled the vehicle to the right, down the incline of the hole, and the vehicle came to a rest on top of (b)(3):CP's upper body. She then explained that the family ran quickly and pulled the vehicle off of (b)(3):CP. The family then placed (b)(3):CP and her inside (b)(3):CP's brother's vehicle (b)(3):CPS and traveled toward Silver City. Once they reached Buckhorn, there was cell phone service, and they were able to call 911 for help. They continued to travel on the road, and were intercepted by Deputy Mike Burns on US180 at milepost 86, which is in Riverside. Some of the family members performed CPR on (b)(3):CP until EMS arrived, and then EMS continued CPR for the duration of the trip. After approximately ten minutes, the ambulance arrived and took (b)(3):CP and (b)(6) to the hospital for evaluation. She then informed me that her right shoulder and right side of her body were hurting severely, with possibly some broken bones. I asked her about alcohol consumption and she did not answer my question. I then concluded my interview with (b)(6) and walked out into the main hallway of the emergency room, and attempted to speak to the family but they were unwilling to speak to me.

In the hallway, one of the nurses told me that Dr. Koury had just pronounced that (b)(3):CP was deceased. I then spoke to the paramedics about any odor of alcoholic beverages coming from his person and they informed me that the smell was very strong. At this point in time, there were numerous family members flooding into the emergency room, and because the wife had been notified of the death of her husband, I left the hospital with her understanding that I was investigating this fatal incident. I then drove to the State Police Office in Silver City, and contacted dispatch to inform them of the situation, after which I was informed that Deputy Mike Burns was in cell phone range, so I contacted him by phone, and he informed me that he found the location and took pictures of the scene. He was able to obtain the vehicle information, and according to his observation what he felt the accident consisted of. He informed me that (b)(3):CP did, in fact, travel around the bush mentioned, and once he began to drive into the large hole, he tried to correct it by turning to the left, which caused the vehicle to roll side over side. Deputy Burns only obtained a statement from (b)(6) as a witness and can be located in his supplemental report. Deputy Burns also obtained the vehicle information and the essential facts of how the vehicle rolled into this particular hole. He told me that the accident had occurred about half a mile from US180, on Forest Road 68. I then contacted Captain Steve Harvil and informed him of this fatal accident, after which he requested that I come out early on my next shift so that I could go take some daylight pictures at the scene. I then informed him that I would, and completed this shift by ensuring that dispatch sent out the proper teletype that needed to be sent to Santa Fe.

On the following shift, August 9, 2009, at approximately 1800 hours, I drove to Forest Road 68 and traveled three-tenths of a mile, and found the location that was described to me. I noticed several tire marks in the dirt that appeared to be ATV tracks, and I could positively identify the gorge which (b)(6) and Deputy Burns had described. I took several daytime pictures to show the appearance of the location with the sunlight, and I will supply a diagram giving a better reference point for the location of this accident.

In my investigation, I found that several family members were down Little Dry Creek riding on their ATV's when it became very late and dark, as stated in the supplemental report provided by Deputy Burns. I also observed several ATV tire marks around the crash scene when I looked at the scene the following day. At approximately 2300 hours some of the riders including (b)(6) were traveling back to their staging area where their vehicles were stationary. While traveling eastbound on Forest Road 68, (b)(6) left the forest road and drove onto a dirt trail which is located adjacent to the crash scene. He attempted to maneuver around a large bush which was 15'2" x 4'6" in size, and didn't see the large gorge until it was too late. He attempted to correct his mistake by steering to the left, which caused the vehicle to roll to the right, side over side into the gorge. As the vehicle rolled side over side (b)(6) stuck her right shoulder on the ground which caused injury to her right side. (b)(6) was partially ejected as the vehicle was rolling and was pinned under the vehicle when the vehicle came to a rest. The vehicle injured his upper torso greatly and required medical attention at this point in time. When I spoke to Deputy Burns he informed me that he could smell a strong odor of alcoholic beverage coming from (b)(6) was then transported to US180 milepost 86 and met the paramedics who then transported him to the hospital and at approximately 0110 hours, Dr. Koury pronounced (b)(6) deceased. While at the hospital I attempted to speak with some family members about the accident but no one except (b)(3):CPS wanted to speak to me.

As I investigated the crash scene I found that (b)(6) attempted to maneuver the vehicle between a bush and a gorge with a distance of 14' and then traveled directly into another gorge that was approximately 3' deep. (b)(6) had been drinking alcohol during the evening which possibly contributed to this accident.

In conclusion I found that (b)(3):CP was driving in unfamiliar territory which was adjacent to Forest Road 68, and the combination of possible impairment from the alcohol and the darkness of night prevented the driver from seeing his surroundings clearly. These are the factors that contributed to the crash and subsequently the death of (b)(3):CP.

CRASH REPORT NUMBER: 23023834

CASE NUMBER: 09-184039

DIAGRAM DRAWN BY:

MEASUREMENTS TAKEN BY:

CRASH REPORT NUMBER: 23023834
 CASE NUMBER: 09-184039

STATE OF NEW MEXICO UNIFORM CRASH REPORT
 NMDOT COPY

SHEET
 OF 3 SHEETS 5

Exhibit 3 State Police Report
DIAGRAM/NARRATIVE
Use Additional Sheets As Necessary

Teletype sent by State Police Dispatch

08/09/09 03:00:13
NMAPB0000

--ADMINISTRATIVE MESSAGE--

FROM: NMNSP1600 - NMLETS NODE
TO: NMNSP0000 - NMLETS NODE
TO: NMNSP0001 - NMLETS NODE
TO: NMNSP0026 - NMLETS NODE
TO: NMNSP0006 - NMLETS NODE
TO: NMAPB0000 - NMLETS NODE
TO: NMNSP0009 - NMLETS NODE

TIME: 08/09/09 03:00:13

MESSAGE NUMBER: 095360 ORI: NMNSP1600 DATE: 20090809

APB NEW MEXICO

ATTN: NMSP CHIEFS OFFICE

MEDICAL EXAMINER

REPORT TYPE: FATAL DATE:20090808 TIME: 2353 COUNTY: GRANT

LOCATION: SOLDIER HILL/FOREST RD 68

INVOLVEMENT: ATV

PEDESTRIAN: VEHICLE NO: 1 LIC: OHR6827 LIS: NM MAKE: POLA MOD: 800 YEAR: 2008

VICTIM NAME(S):

NAME: (b)(3):CPSA Section 25(c) CONDITION: DECEASED

PEDESTRIAN: VEHICLE NO: LIC: LIS: MAKE: MOD: YEAR:

VICTIM NAME(S):

NAME: CIS: DOB: CONDITION:

LIQUOR INVOLV: NONE SEAT BELT: YES NEXT OF KIN: YES

MED INV: DR KARRY INV OFF: OFFICER DAVID NEAL

NARRATIVE:

VICTIM WAS NORTH BOUND ON FOREST RD 68 WHILE OPERATING AN OFF ROAD VEHICLE SUBJECT DROVE INTO A LARGE HOLE WHICH CAUSED VEHICLE TO ROLL SIDE TO SIDE COMING TO REST ON TOP OF DRIVER CAUSING SEVERE INJURIES FAMILY AT SCENE RUSHED HIM TO HIGHWAY TO MEET WITH EMS AND TRANSPORTED HIM TO GRMC ER

AUTH: CAPTAIN STEVE HARVILL

AGENCY: NEW MEXICO STATE POLICE DEMING TIME: 0255 OPERATOR: CLV

PAGE: OF PGS.

--END--

Clinton Lawrence Vaughan
Communications Specialist II
New Mexico State Police D4 D12
3000 E University Las Cruces NM
O 575-524-6111
C 575-635-5070

CRASH REPORT NUMBER: 23023834
CASE NUMBER: 09-184039
DIAGRAM DRAWN BY:
MEASUREMENTS TAKEN BY:

CRASH REPORT NUMBER: 23023834
CASE NUMBER: 09-184039

STATE OF NEW MEXICO UNIFORM CRASH REPORT
NMDOT COPY

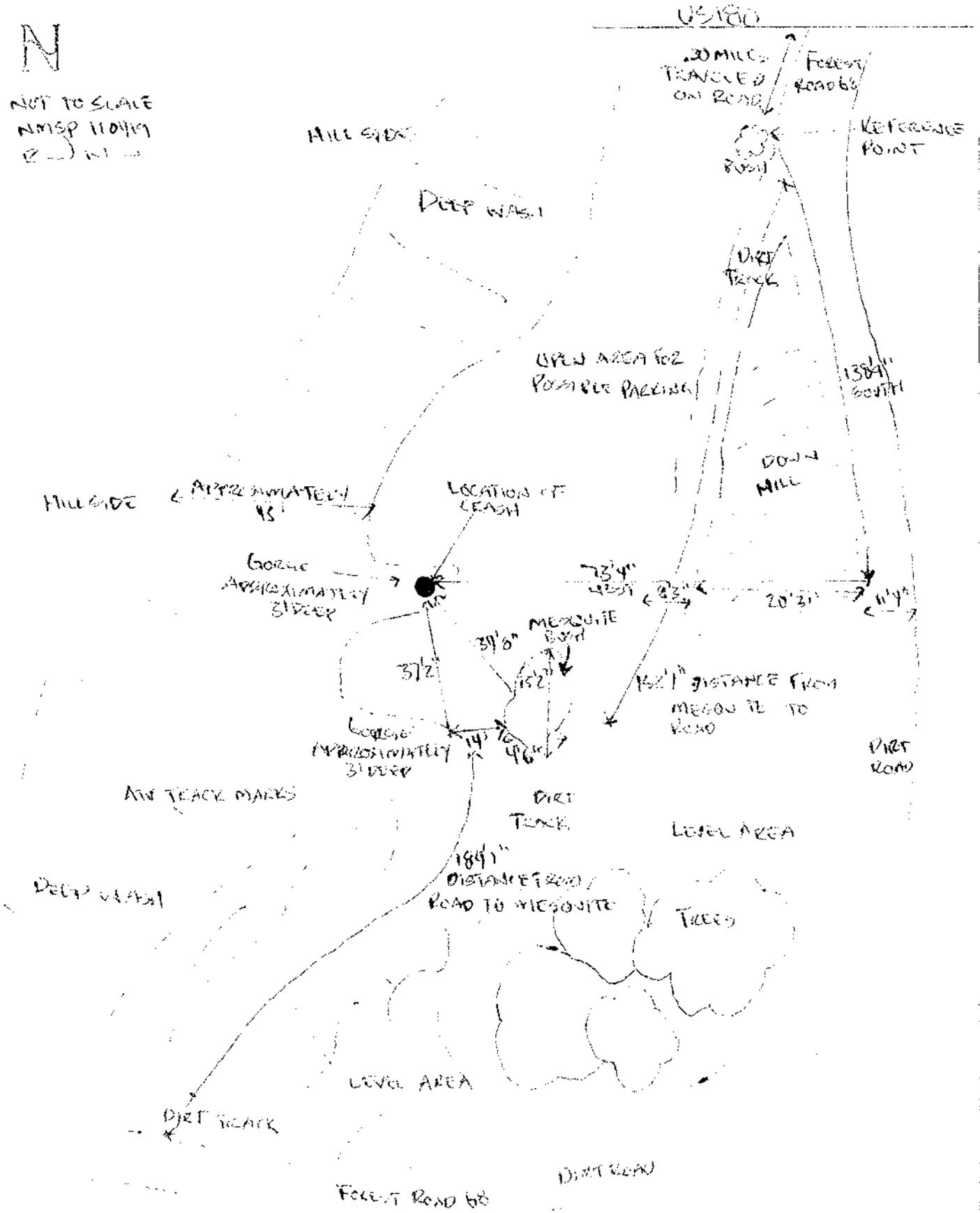
SHEET
OF 4 SHEETS 5

Exhibit 3 State Police Report
DIAGRAM/NARRATIVE
Use Additional Sheets As Necessary

A

N

NOT TO SCALE
NMSP 110419
R-11-1



CRASH REPORT NUMBER: 23023834
CASE NUMBER: 09-184039
OFFICER DAVID NEIL

1. Grant County Sheriff's report- Incident report requested on 10/30/09. Unavailable at this time.

Contact Sheet:

New Mexico Department of Public Safety
4491 Cerrillos Rd.
Santa Fe, NM 87507

Office of the Medical Investigator –UNM Health Sciences
MSC11 6030
1 University of New Mexico
Albuquerque, Nm 87131

US Forest Service Region 3
333 Broadway SW
Albuquerque, NM 87102

Record Request: Robin Pogue Region 3 Commander

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#091001HWE8468 N09A0016A 10/1/09



Silver City man dies in ATV crash (8:09 a.m.)

By Christine Steele / For the Sun-News
Posted: 08/11/2009 08:09:52 AM MDT

SILVER CITY - A Silver City man died after crashing his All Terrain Vehicle in the Gila National Forest on Saturday.

(b)(3):CP 43, flipped his 2008 Polaris 800 ATV when he struck a hole while riding on Forest Road 68. The crash caused him to roll end-over-end several times. (b)(6) was thrown from the vehicle and it came to rest on top of him. He was transported to Gila Regional Medical Center, where he later died.

A news release issued Monday by the New Mexico State Police said (b)(3) was not wearing a helmet at the time of the crash and that alcohol was not a contributing factor in this crash.

(b)(3) would have turned 44 on Aug. 19.

Pat Morrison, district ranger for the Glennwood Ranger District, said she was not aware of any other fatalities on that road. (b)(3) has been with the Glennwood District for five years and with the Gila National Forest for 25 years.

Forest Road 68 is a two-track path that goes down a wash and up to the banks of the San Francisco River.

"It's not really a defined roadway," Morrison said. "It's a user-created road. It's not maintained because it washes out twice a year."

Forest Road 68 is just northwest of the Aldo Leopold Vista, off Highway 180 at Soldier Hill, and travels up to the San Francisco River.

The trail is primarily used by ATV riders, Morrison said. It's approximately 10 miles long.

"It goes down to Estes Wells then drops into drainage for Dry Creek, then comes to the confluence with the San Francisco River, then carries on west," she said.

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Roaded vehicle use is permitted up to the confluence with Mule Creek.
It is not certain exactly where on the road the crash occurred or what the condition of the road was at that location.

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3. Trial opens in death of 17-year-old girl killed during birthday...
4. New Mexico slayings make family relive horror (5:41 a.m.)
5. Settlement resolves two lawsuits against Philippou
6. Lawsuit alleges Medicaid fraud in NM (3:41 p.m.)
7. Historic Doña Ana adobes to be saved for new use

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"It is the season when we get rain and the road goes down a wash and down the creek bed," Morrison said, "so it is possible that there's been some cutting of the road during those rains."

Morrison said incidents that have occurred in that area in the past where when people go down that road in very wet weather and lose their vehicle. They get their vehicle stuck in the mud, she said, and then leave it there through another rainstorm and are unable to get it out.

Christine Steele can be reached at csteele@csun-nmnews.com (575) 538-5893 ext. 5802.

- 26. FBI Warns Travelers About Unattended Luggage (5:05 a.m.)
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Type in your comments to post to the forum

Name (appears on your post) You are currently logged in as 'lot'?

Name (appears on your post) Dog walker

Comments

Type the numbers you see in the image on the right:

Post Comment

Enter Button Submit

Please note by clicking on "Post Comment" you acknowledge that you have read the Terms of Service and the comment you are posting is in compliance with such terms. Be polite. Inappropriate posts may be removed by the moderator. Send us your feedback.

The information in this report is based on information received from the police department and coroner's office, which includes statements from the victim's wife and son. There was no eyewitness at the time of the incident. A photo of a 4-wheeled Utility Terrain Vehicle (UTV) was obtained from the manufacturer's website.

This model UTV does have two Corrective Action Plans (CAPS) assigned by CPSC: 08-856 & 09-736.

The UTV involved in this incident has a 24 horsepower 670cc engine. The UTV has 4wd and a maximum speed of 25 mph. The overall dimensions are 119" in length by 60" in width by 78" in height. The UTV is Deep Forest Green painted and has a bench style seat. The dry weight for the UTV is 1,500 pounds.

The victim's family stated that the victim rode the UTV on a daily basis to travel around the residence. The UTV is normally kept behind the residence on a gravel driveway near the back of the house. The victim's son stated that the victim never drove the UTV on the grass.

On Friday, November 21, 2008, at approximately 10:00 a.m., in Portage, Wisconsin, a 76-year-old male victim was riding in a 4-wheeled UTV in the backyard of his residence. The residence is a farm type dwelling with outbuildings and silos. The weather condition was clear and cold with the outdoor temperature of 15 degrees F.

The victim's wife had left for her daily walk at 9:38 a.m. and the victim had been inside the residence at the time of her departure. She returned to the residence at 10:13 a.m. and found the victim pinned underneath the UTV on the grass in their backyard. She called 911 and her son.

Law enforcement arrived on the scene and found the UTV sitting upright on all four tires facing east, and it was not running but did appear to be in low gear. The victim's wife stated that she may have turned off the UTV. The victim's chest was pinned directly underneath the UTV. He was lying on his left side facing east. The top of his head was facing north and his feet were facing south. Both pant legs were ripped from the bottom ankle area to approximately 14 inches toward the victim's knees. The victim was wearing black shoes that had no dirt, mud, or debris on the treads. The UTV was about 15 feet to the south of the house. The rear tires of the UTV did appear to have spun for some time after it came to a stop because there were 4-5 inches deep bilateral ruts behind the rear tires with dirt piled up behind them. The gravel driveway had tire marks consistent with the tire tread of the UTV that came from the direction of the outbuildings. No skid or sudden stop marks were noted on the gravel driveway. There was also a white picnic table near the UTV that was overturned on its side. There was evidence that the picnic table was struck by the UTV and then pushed for some distance because the legs of the table were bent and dug into the ground, as well as scrape marks were found on both the picnic table and the passenger side front of the UTV. The victim's son checked the UTV after the victim was removed from underneath it and the UTV did appear to be functioning properly.

It is unknown what rate of speed the victim was traveling at prior to the incident. It does not appear that he was wearing any protective gear, such as a helmet, because a black baseball cap was found near the victim's body.

His height was 183 cm and he weighed 195 pounds. The victim suffered a superficial laceration on his right elbow, and abrasions over knees and lower legs, right thigh, and left buttock. He died at the scene. His cause of death was traumatic asphyxia due to the UTV rested for a long enough period on the chest of the victim to cease his breathing. Alcohol and/or illegal drug use were not contributing factors to the incident.

PRODUCT IDENTIFICATION:

The product involved in this IDI is a **Bush Hog Trail Hand** utility terrain vehicle (UTV), model **TH4400G3**. Deep Forest Green color with a dump box on the back and a roll cage around the passenger compartment. Single bench seat with seatbelts.

The **manufacturer** is:

Bush Hog LLC
P.O. Box 1039
Selma, AL 36701
Tel: 800-363-6096
<http://www.bushhog.com>

The manufacturer's online specifications are as follows:

Dimensions: 119" in length by 60" in width by 78" in height
Engine: 4-cycle, OHV V-twin, air-cooled gas, Honda 24 hp (670cc)
Electrical Systems: 12 volt DC with 20-amp alternator
Turning Radius: 13 ft
Front Tires: AT 25 x 10.0 - 12 NHS
Rear Tire: AT 25 x 11.0 - 12 NHS
Brakes: 4-wheel hydraulic disc brakes; self-adjusting with tandem master cylinder
Park Brake: Rear mechanical disc
Ground Clearance: 10-inches
Transmission: Continuously Variable Transmission (CVT). Fully enclosed pressurized with filtered air intake
Gearing: Transaxle with High, Low, Neutral and Reverse
Ground Speed 0 - 25mph
4WD: True On-Demand 4-wheel drive; switch engaged
Dry Weight: 1,500 lbs.
Wheel Base: 76 inches
Vehicle Load Capacity: 1,500 lbs
Cargo Box Load Capacity: 1,000 lbs
Fuel Capacity: 7 gallons
Seating Capacity: 3
Color: Deep Forest Green

Model: TH4400G3

The depiction below is a model Trail Hand Utility Vehicle Model TH4400 obtained from manufacturer's website: <http://www.bushhog.com>



Date Manufactured: unknown

Date of Purchase: unknown

Place of Purchase: unknown

Serial Number: unknown

VIN: BH1UB4CGL8S029988

Model Year: unknown

Description: green in color

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

Modification: unknown

Seatbelt Type: unknown

EXHIBITS:

1. Utility Vehicle Data Record Sheet. 1 page
2. Coroner's Report. 12 pages
3. Police Department's Report. 4 pages
4. Contact List. 1 page
5. Specifications Sheet from Manufacturer's Website. 1 page
6. CAPS. 2 pages
7. Missing Documents. 1 page

Columbia County Coroner's Office Summary Death Report

Columbia County Coroner's Office, P.O. Box 132, Portage, WI, 53901

DECEDENT INFO

CALL INFORMATION

Name of Deceased (First, middle, Last) (b)(3);CPSA Section 25(c)		Sex Male	Age 76	Date 11/21/2008	Day Fri	Month 11	Notified by	CASE NUMBER ME-08-410
Address (b)(6)		Time Notified		Time on Scene		Respond To: (b)(6)		
County Residence Columbia	DOB 03/23/1932	City/Town/Village Residence Portage		Manner of Death <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined				
Occupation		Marital Status Married		Are There Photos for Case Yes No		Case Status Closed		

NEXT OF KIN

Next of Kin (b)(6)	Address (b)(6)	Relationship to Deceased Wife	Telephone
Notified by:	Date: 11	Time:	

DEATH INFORMATION

County Death Columbia	County Onset Columbia	Place Death Residence	City/Town/Village Death Portage	City/Town/Village Onset Portage	<input type="checkbox"/> At Work
Type Death Outdoor Scene	Pronounced by Amanda Achterberg Deputy	Time 1101	Identified by	Date Death 11/21/2008	Date Body Found
Date Death Record signed 11	Medical Certifier Amanda Achterberg Deputy Med	Cause of Death Traumatic Asphyxiation			
Death Cause 2 UTV accident resulting in chest	Death Cause 3	Other Contributing Factors			

FUNERAL HOME INFORMATION

Funeral Home Pflanz Mantey Mendrala Funeral	Address 430 Wisconsin Street Portage, WI 53901	Phone 608-742-2126	Requested by
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INVESTIGATING AGENCY/LAW ENFORCEMENT/CORONER

Agency	Notified	Investigating Officer	Inv M.E. Amanda J Achterberg,	COSO Number
--------	----------	-----------------------	---	-------------

EMS/FIRE AGENCIES

EMS Services	Notified	Fire Department
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AUTOPSY INFORMATION

<input checked="" type="checkbox"/> Autopsy Performed	Autopsy Requested Amanda J	Place Autopsy VA Madison	Date Autopsy 11/21/2008	Autopsy Number	Pathologist Robert W Huntington
---	--------------------------------------	------------------------------------	-----------------------------------	----------------	---

TOXICOLOGY

<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	Sample Type	Date Obtained	Time Obtained	Obtained By
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INJURY INFORMATION

Date 11/21/2008	Time UNK	County Injury Columbia	City/Town/Village Injury Portage	Place of Injury Residence	Location of Injury 1000 Fairfield St.
---------------------------	--------------------	----------------------------------	--	-------------------------------------	---

How injury Occurred
Subject apparently ejected from utility vehicle and subsequently run over by same utility vehicle

DISPOSITION Burial	Personal Property No
------------------------------	--------------------------------

MEDICAL HISTORY	DONATION INFORMATION
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ME/Dep ME Signature

Amanda J Achterberg, COME
D-ABMDI

1/21/2009

ME-08-410

This report is submitted by: Amanda J. Achterberg, D-ABMDI
Columbia County Chief Deputy Medical Examiner

RE: (b)(6)

INITIAL REPORT;

On November 21, 2008 at approximately 1030 hours I was contacted by ME Hinze requesting my assistance at a scene death that had occurred at 1000 Fairfield Street in the city of Portage, Columbia County, Wisconsin. The only information made available to me at this time is that a male subject was found under a utility vehicle described as a Bush Hog in his yard at his residence. It is further reported that this call is in the city jurisdiction and Det. Mark Hahn and an officer from the city of Portage are present on scene. I do indicate that I will respond directly to the scene.

ARRIVAL AT AND BRIEFING ON SCENE;

Upon arrival at (b)(6) I am met by Det. Mark Hahn and it is relayed to me that the decedent is identified verbally on scene as (b)(6) having been identified by his wife, Evelyn Pate who is also present at the residence. I further learn that (b)(6) had left for her daily walk at approximately 0938 hours on this date of Friday, November 21, 2008 and that her husband, (b)(6) had been inside the residence at the time of her departure. She further indicates that she did return to the residence at approximately 1013 hours and did find the deceased underneath the UTV. She did then request assistance from 911. It is further indicated to me by Det. Hahn that the decedent, Samuel J. Pate, m/w, dob 3/23/1932, had a history of cardiac issues and it was presumed by the family that he had suffered some type of cardiac event and had somehow become lodged beneath the UTV. Also present at the residence is (b)(6) son of the deceased.

GROSS EXTERNAL BODY EXAMINATION AND PRONOUNCEMENT;

I do make my way over to the body and do find a male subject lying supine on the ground and covered with a white blanket. The UTV has been removed from the body and is on its left (driver's) side at the head of the decedent. I do remove the blanket and do observe that AED pads are in their appropriate anatomical position on the chest of the subject. There are obvious signs of death including lack of pulse and respiratory effort as well as dilated and fixed pupils. I do make pronouncement of death of Mr. Pate at 1101 hours on this date of 11/21/2008. The body is still slightly warm to the touch. There is no rigor mortis or lividity noted. The decedent is lightly clothed for outdoor weather in a hooded sweatshirt, a quilted type shirt, a thin white t-shirt under that, tan trousers that are lined, black shoes and black leather gloves; the clothing has been cut. Examination of the shoes reveals no dirt or debris on the soles. I do also note, not far from the body a black baseball type cap. On initial examination the body does appear atraumatic with the exception of some superficial abrasion to the shins bilaterally. Due to the family being present and in an effort to minimize their discomfort, I do replace the blanket over the decedent and will conduct a thorough examination once removal is made. A series of digital photographs are taken capturing the decedent in the position found.

FURTHER BRIEFING WITH DET. LT. HAHN;

I once again adjourn with Det. Hahn and do learn that upon the arrival of law enforcement personnel that the UTV was sitting normally on all four tires and was not running but did appear to be in low gear. (b)(6) was located directly underneath the UTV on his left side facing east. The top of his head was

facing north and his feet were facing south. The UTV was removed to its present position for medical intervention purposes. I do also learn that it is reported by the family that Mr. Pate does utilize this vehicle, the Brush Hog, on a daily basis. He does use it to travel around his property, which is basically a farm type dwelling with outbuildings. He does also report that the UTV is kept behind the residence in the driveway near the back door of the house so that (b)(6) can exit the residence and basically get right onto the machine.

VEHICLE INFORMATION;

The UTV is a Bush Hog with model number TH4400 powered by a Honda Trailhand 4x4. It is green in color with a dump box on the back and a roll cage around the passenger compartment. The seating is a single bench seat with seatbelts. The machine operates in a fashion similar to a passenger vehicle in the fact that one must depress a throttle pedal to make the machine move; when you press the gas, it goes. It does have a separate brake pedal and the shift lever is on what could be described as the dash, next to the steering wheel. This machine was checked by (b)(6) after being set into an upright position and did appear to be functioning properly.

SCENE OBSERVATIONS;

The residence is a split level brown single family home located on the south side of Fairfield Street. The driveway comes in from the west side of the residence and passes between the residence and silos/outbuildings. A portion of the gravel driveway curves to the east directly behind the residence and extends a couple of feet east of the door located on the south side of the residence which is the only entrance on this side of the residence. There is a concrete type patio with flower beds on the sides extending around the residence.

The UTV was facing eastbound parallel to the house located on the grass approximately 15 feet to the south of the residence. The rear tires of the UTV did appear to have spun for some time after the machine came to a stop and there were bilateral ruts behind where the rear tires would have been that were approximately 4 – 5 inches deep with dirt piled up behind them. I do also observe in the gravel driveway tire marks consistent with the tire tread of the UTV that do come from the direction of the outbuildings. There was no noticeable skid or sudden stop marks noted. There is also a white plastic and metal picnic table near the UTV that is on its side. There is evidence that the picnic table was struck in the form of scraps, and it is also apparent that the picnic table was actually pushed for some distance as the legs of the table have dug into the ground. There are scrap marks on both the picnic table, in several areas, and on the machine itself that indicate the table was struck by the machine. It is possible that at the time the UTV struck the picnic table (b)(6) was ejected from the UTV, presumably over the front; however, I cannot explain the series of events that would have caused Mr. Pate to lose control of the UTV and strike the table.

The weather on this date was clear and cold with the outdoor temperature being approximately 15 degrees Fahrenheit.

INTERVIEW WITH STEVEN PATE;

I do get the opportunity to speak with Steve Pate, son of (b)(3):CPSA Sec. He does inform me that his father does in fact have an extensive cardiac history and has also had some "light strokes". He does relay to me that fact that at times, his father's heartbeat and respirations become so shallow that he would lose consciousness for short periods of time. I do also learn that (b)(6) never parked the UTV on the grass but rather left it on the gravel portion of the driveway near the door of the residence.

(b)(3):CPS does then inquire as to whether a priest could be contacted to arrive at the scene. I do indicate that I am amenable to this and do learn that they have requested Father (b)(6) of St.

Mary Catholic Church to respond to the scene to administer last rites for (b)(6). I do express my condolences and do indicate that the family may take as much time as is necessary. I do provide Mr. (b)(6) with my contact information and do receive his. I do also, at this time, inform (b)(6) that even though it is believed by them that his father had a heart attack and fell out of the machine I will be ordering a post mortem forensic examination to determine the actual cause and manner of death. I do indicate that I will inform them of my progress with this case and when the body may be released. Father (b)(6) does eventually arrive and does administer last rites after which he retires inside the residence with the family.

REMOVAL;

I do, with the assistance of Det. Hahn and Officer Bartaczewicz place the body of (b)(3):CPSA in a Medical Examiner's Office issue body bag with proper identifying factors both on the body and on the exterior portion of the body bag. The body is then transferred to the Medical Examiner's removal cot and secured inside the Medical Examiner's van for transport to the Columbia County LEC morgue for examination.

ARRIVAL AT LEC MORGUE;

I do arrive at the LEC morgue and do convey the body of (b)(3):CPSA into the autopsy suite. I do then make contact with the University of Madison Pathology Department and leave a message that I wished to schedule a forensic post mortem examination.

FORENSIC POST MORTEM EXAMINATION;

While I am in the early stages of an external examination of the body of the deceased, (b)(6) I do receive a phone call from Dr. Huntington of the UW Pathology Department who does inquire if I am available to transport the body immediately to his facility. I do indicate that I will and do therefore, forego any further external examination and place the body in the Medical Examiner's van for transport to the UW/VA morgue for autopsy.

I do arrive at the UW/VA morgue and the autopsy does commence at 1500 hours with Forensic Pathologist Dr. Robert Huntington performing the examination. I do obtain digital photographs of both the external and internal examination of this decedent to be included in this file. The examination does reveal the following:

EXTERNAL EXAMINATION:

The body is that of a reasonable well developed white male appearing slightly younger than the stated age measuring 6'-6'1" and weighing approximately 195 pounds. Scalp hair is brown/gray with normal male pattern balding. The face is clean shaven and natural teeth in good repair are present. Rigor is not present. There is noted in the mid forehead and right upper eyelid lid petechiae. There is also ecchymosis medially on the right lower lid. Petechiae are also present below the thyroid cartilage prominence of the neck and quite possible in the sclera. A ½ x 3/8 inch ecchymosis is present just at the point of the left elbow. There is a superficial laceration 4.5 x 1.7 cm on the right lateral elbow. There are no surgical scars evident. There are recent appearing abrasions over the knees and lower legs; on the left these are up to 2 cm in length and are present over the patella and in mid pretibial areas. There is noted a 9 x 7 cm lateral abrasion proximal left lower leg. Below the right knee is a Y shaped abrasion and contusion 8 x 4 cm. There is another recent abrasion over a 1 x 0.8 cm area slightly distal anteromedial right thigh and another crescentic 1.3 x 0.4 cm abrasion mid right pretibial surfaces. Finally, there is noted a 4.7 x 2 cm abraded and contused area posterolateral left buttock.

EVIDENCE OF INTERNAL INJURY:

The body is opened with the standard Y shaped incision. There is found a roughly 7 x 5 cm flat hematoma overlying lateral right ribs. Fractures are noted with minimal hemorrhage of the right anterior lateral ribs 2-4 and 4-7. Further dissection shows that right ribs 2-6 are fractured laterally with almost no hemorrhage. There is some hemorrhage around fractures of the posterior right 1st ribs and left 1-3 ribs inclusive. There is an apparent laceration of the aorta in the classical locale with some blood in the mediastinum but not in a large quantity. There are no vertebral or pelvic fractures appreciated nor are any extremities fractured. There are some possible right posterior lung contusions with no lacerations. There is noted a tear of the transverse mesocolon. There is also noted vomitus in the right mainstem bronchus as well as the trachea.

FINAL ANATOMIC DIAGNOSES PER DR. HUNTINGTON:

Multiple rib fractures with minimal or no hemorrhage
Aortic laceration without significant hemorrhage
Mesocolon laceration without significant hemorrhage
Coronary atherosclerosis, moderate (non-contributory)
Remote right CVA
Enlarged Prostate
Dark spleen with increased iron content

IMPRESSION:

This is an accidental death involving traumatic asphyxia.

I do learn from Dr. Huntington that it is his opinion that the UTV rested for a long enough period on the chest of (b)(6) to cause position asphyxia.

TOXICOLOGY;

Blood and urine samples are obtained during autopsy and forwarded to the AIT Laboratory by this writer via courier on 11/25/2008 for routine toxicology testing. Results are received on 12/10/2008 and are found to be negative for all substances testing in both blood and urine. These results are forwarded to Dr. Huntington for his consideration.

RELEASE OF BODY;

Per the request of the family the Pflanz Mantey Mendrala Funeral Home of Portage, Wisconsin is contacted to assist the family with arrangements. Per the request of Funeral Director Charles Mantey, I do leave the body of Mr. Sam Pate at the VA morgue facility to be released to the funeral home.

PERSONAL PROPERTY;

I do retain and deliver to the Pflanz Mantey Mendrala Funeral Home in person all items recovered from the body. As I do transport these items directly to the funeral home after leaving the VA morgue facility no personal property form was completed. Items did include all clothing and a wristwatch.

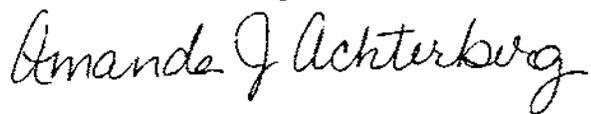
FINAL DISPOSITION;

Per the request of the legal next of kin, Evelyn Pate, wife of the deceased the final disposition of Mr. Same Pate will be burial with the assistance of the Pflanz Mantey Mendrala Funeral Home.

CAUSE AND MANNER;

Based on my scene investigation, forensic post mortem examination and subsequent discussion with Forensic Pathologist Dr. Huntington, and routine toxicology testing, I am opined that Mr. Sam Pate died of traumatic asphyxiation due to an UTV accident with the manner being accidental. I do sign the death certificate reflecting these findings. Nothing further will be required of this office.

Amanda J. Achterberg, CDME/1321/1341

A handwritten signature in cursive script that reads "Amanda J. Achterberg". The signature is written in black ink and is positioned below the printed name.



University of Wisconsin
SCHOOL OF MEDICINE
AND PUBLIC HEALTH

Forensic Autopsy Service
Department of Pathology
and Laboratory Medicine

AUTOPSY NUMBER: W08-584-F

NAME: (b)(6)

PERTINENT NUMBERS:

AGE: 76

CORONER/SERVICE: Columbia County Medical Examiner

SEX: Male

ASSISTANT: Terry Holder

DATE/TIME OF DEATH: Pronounced 11/21/08,
11:01 a.m.

IDENTIFICATION: ID by Madame Achterberg,
Columbia County Deputy Medical Examiner

DATE/TIME OF AUTOPSY: 11/21/08, ~3 p.m.

PROSECTOR: None

FACULTY: Robert W. Huntington, III, MD

Robert W. Huntington III, MD

(Signature)

12 Jan 08

(Date)

FINAL ANATOMIC DIAGNOSES:

1. Found under "utility vehicle"
 - a) Multiple rib fractures, with minimal or no hemorrhage
 - b) Aortic laceration without significant hemorrhage
 - c) Mesocolon laceration without significant hemorrhage.
2. Coronary atherosclerosis, moderate
 - a) No occlusions shown
 - b) Focal heart fibrosis, see microscopics
 - c) Moderately severe aortic atherosclerosis.
3. Remote right CVA; see brain report.
4. Huge prostate (290 gm), benign.
5. Dark spleen with mild increase in iron content.

COMMENT: This appears as an accidental death involving traumatic asphyxia.

RWH/mem

Autopsy No. W08-584-F

Name: (b)(6)

Page 2

MEASUREMENTS:

Height – 72-73"	Weight – 195+ lb
Heart – 450 gm	Right Lung – 590 gm
Left Lung – 390 gm	Liver – 1540 gm
Spleen – 170 gm	Right Kidney – 160 gm
Left Kidney – 160 gm	Brain – 1310 gm

PHOTOGRAPHS: Photographs taken

DESCRIPTION: Dr. Huntington dictating at 2:47 p.m. this 21 November 2008. I am currently in the presence of Amanda Achterberg, Deputy Medical Examiner for Columbia County. Decedent is identified as Mr. Pate, 76-year-old man found beneath a "utility vehicle". By utility vehicle Ms. Achterberg evidently means a 4 wheel small trucklet. He was reportedly found under the engine, behind the front wheels, in front of the dual rear wheels. A picture of this trucklet with a dump body is shown to me by Ms. Achterberg. She was not at the scene but understands that decedent was present under the vehicle.

Ms. Terry Holder is present and assisting.

INITIAL EXTERNAL EXAMINATION: Removed from the unsealed body bag is the body of a reasonably well developed and nourished Caucasian male appearing slightly younger than the stated age. As received, he has no socks or shoes on and the brown wash pants have been slid up each leg. Some spots of urine are present on the gray underwear. On the top of the body is a snap plaid shirt and a gray shirt under that. There is a sweatshirt over the whole. A digital wristwatch is on left wrist.

The body is undressed and further inspected. Body is measured at 6'-6'1" and I think he is somewhere over 195 lb, I am not about to guess how far over. During the undressing, we do discover some injuries but also black plastic with possible detecting electrodes on it although no apparatus hooked to this is in evidence.

Scalp hair is brown with a good deal of gray and there is bifrontal roughly symmetrical alopecia in a normal male manner. The thing that intrigues is the appearance of petechiae in the mid forehead and right upper lid. There is a suggestion of ecchymosis medially in the right lower lid. There are also a few more petechiae present below the thyroid cartilage prominence in the neck. Quick review of the eyes shows definite congestion in the sclerae but I am not sure that I would swear a warrant out on petechiae in sclerae. Some detritus is noted in the left nostril. Face is quite clean shaven. Natural teeth in very good repair are present. Jaw may still be moved; rigor is at least not present here.

There is an appearance suggesting pectus excavatum but when the sternum is depressed it seems to move much too easily. Indeed, I can feel some fracturing of ribs above nipple to right of sternum. Review of the neck shows a few fine scratches left and right of the thyroid cartilage prominence. Hair distribution on the arms and trunk is within reasonable limits. A 1/2 x 3/8 inch ecchymosis is present at just about point of left elbow. Ms. Holder points out that the right shoulder appears to move with excessive ease. On the point of the right elbow or just lateral to it is a senile type superficial laceration 4.5 x 1.7 cm. The amount of blood around this is pretty minimal. A recheck of the shirt shows minimal blood there. There are some superficial ecchymoses near this laceration, none of which are over 1 cm in length.

Autopsy No. W08-584-F

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Name: (b)(6)

AP diameter of the abdomen is within reasonable limits and there is lint in the umbilicus. No surgical scars are evident. External genitalia are normal male. There are some very recent appearing abrasions over knees and lower legs. On the left, these are up to 2 cm in length and are present over the patella and in mid pretibial areas. Ms. Holder has just pointed out a 9 x 7 mm lateral abrasion proximal left lower leg. Below the right knee is a broad shaped Y of abrasion and contusion 8 cm horizontally and roughly 4 cm vertically. This also appears recent as does some abrasion over a 1 x 0.8 cm area slightly distal anteromedial right thigh and another crescentic 1.3 x 0.4 cm abrasion mid right pretibial surfaces.

NOTE: There is a brown freckled appearance to the lower legs particularly on the right suggesting vascular stasis.

Toenails are fairly coarse. Feet are fairly clean. Examination of the back shows a pressure marking strongly suggested over a 15.8 x 2.8 cm area starting in mid right back, back of posterior axillary line and extending up into the right axilla. In the right shoulder is some detritus. A very few small abrasions are scattered over the lumbar back. There is a skin tag just to left of midline on back near shoulder.

NOTE: Though the face did not look that florid, the ears have a florid cyanosis. There is a puddle of fluid visible in his mouth back of the teeth. Considerable money has been put into working on those teeth.

A visiting medical student points out to me an abraded plus contused 4.7 x 2 cm area posterolateral left buttock.

The body will be opened by the usual Y-shaped incision.

NOTE: We are instructed by Ms. Achterberg that if adequate explanation for death is found in the chest, be it traumatic or natural, we needn't bother with doing the head.

INTERNAL EVIDENCE OF INJURY: No injuries are identified in scalp or skull. No definite fractures are identified in the neck. Dissection near the right shoulder does not show any fractures or dislocations but there is a roughly 7 x 5 cm flat hematoma overlying lateral right ribs below the humeral attachment. Comparison shows that right and left shoulders are equally loose. Fractures with minimal hemorrhage are identified in right anterior lateral ribs 2-4 and left 4-7. Further dissection shows that right ribs 2-6 are fractured laterally with almost no hemorrhage. There is some hemorrhage around fractures of the posterior right 1st ribs and left 1-3 ribs inclusive. No significant amount of hemorrhage is identified in the chest cavities. There is however an apparent laceration of the aorta at the classical locale with some blood in the mediastinum but none, as stated, in large quantity. No vertebral or pelvic fractures are demonstrable. No extremity fractures are identified definitively. No traumatic injuries of the heart are identified. There are some possible right posterior lung contusions. No lacerations of lungs appear. In the abdomen there is a minimum of blood around a tear of the transverse mesocolon. There is definite vomitus in the right mainstem bronchus as well as the trachea.

CARDIOVASCULAR SYSTEM: The heart appears unremarkable in situ. No pathologic fluids or adhesions are present in the pericardial cavity. Coronary artery dissection shows a right predominant system. This is subtle as neither right nor left circumflex arteries are very big at all at the end of their travel. There is moderate atherosclerosis in the proximal left anterior interventricular artery with areas of up to 60% loss of lumen estimated. This artery is somewhat larger.

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Name: (b)(6)

The heart is opened in the usual manner by following the flow of blood. No definite myocardial, endocardial or valvular lesions appear grossly. Right ventricle and atrium do appear dilated. Aortic atherosclerosis would rate at about a Grade 5-6 out of 8. There is extensive calcific atherosclerosis in the distal abdominal aorta and iliac arteries. No major ostia appear occluded.

RESPIRATORY SYSTEM: Larynx and tracheobronchial tree are normally developed but as noted there are stomach contents down the trachea. Stomach contents almost occlude one of the mainstem bronchi. No adhesions appear and moderate anthracosis is noted. Right lung weighs 590 gm and left 390 gm. Cut surfaces reveal air trapping in these lungs. There are scattered areas of hemorrhage in the parenchyma consistent with aspiration. No granulomas, masses, consolidations or thromboemboli are identified in the lungs or nearby.

GASTROINTESTINAL TRACT: Esophageal mucosa is intact but is breaking down near the stomach. Granular bile stained liquid is present in the stomach. No lesions of the stomach wall are discernible. Bile stained chyme is in the duodenum. There are scattered adhesions in the abdominal cavity but no intestinal lesions are definite.

LIVER: Liver is shown to weigh 1540 gm. External surfaces look a dark brown and are subtly nodular. Cut surfaces suggest some nodularity and also are a dark brown. No focal lesions appear.

GALLBLADDER AND BILIARY TREE: The gallbladder contains approximately 8 ml of fairly thick green bile. No stones appear.

URINARY SYSTEM: Renal capsules strip with ease to reveal a multiplicity of cysts and fetal lobations in otherwise symmetrical slightly granular kidneys. Each kidney weighs 160 gm. Cut surfaces reveal about 8 mm of cortex reasonably well demarcated from the medulla. Pelves and ureters are basically unremarkable. Some normal urine may be recovered from the bladder which appears thick of wall and subtly trabeculated.

GENITALIA: As noted, external genitalia appear reasonably normal male. The prostate, rather than being the size of a walnut, is more the size of a small orange and weighs 290 gm. Cut surfaces reveal two hugely enlarged lateral lobes almost entirely if not entirely made up of edematous nodules.

HEMATOLYMPHATIC SYSTEM: The spleen has an interestingly dark mahogany almost color on external surfaces. Cut surfaces are also dark as well as firm. No focal lesions of the spleen appear. There are some discernible lymph nodes but none appears pathologic. An elliptical calcified 0.9 x 0.4 x 0.4 cm mass found outside the gastroesophageal junction is suspected of being a calcified lymph node. Marrow is not studied.

ADDENDA: Dilated lacteals are seen around the intestines and when mediastinum is cut milky fluid emerges from lymphatics.

ENDOCRINE SYSTEM: There is a thin yellow cortical lipid layer to the adrenals. Pancreas is grossly unremarkable. Thyroid is slightly small but basically unremarkable.

MUSCULOSKELETAL SYSTEM: The significant musculoskeletal changes are rib fractures and have been noted above. Again I will emphasize that not all rib fractures have hemorrhage around them and where there is hemorrhage it is very small in amount.

SKULL & CNS: The scalp is reflected and the skull is opened in the usual manner; neither show trauma. A brain appearing slightly small for the cranial vault is identified and weighed in at 1310 gm.

Autopsy No. W08-584-F

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Name: (b)(6)

Examination of the base and the convexity shows no hemorrhages or malacias. There is some scattered atherosclerosis in the vessels at the base. Brain will be fixed in formaldehyde prior to further examination.

Madame Achterberg indicates that she will attempt to get ahold of medical records in regards this decedent. He was supposed to have been treated by one of our UW Cardiologists; whether this was under auspices of VA or UW is not now clear. What at any event seems true is that he had a multiplicity of rib fractures and was found underneath a vehicle. No reason appears to call for a cardiac death even though some coronary atherosclerosis appears. What appears in this case is a case of traumatic asphyxia owing to the vehicle running over and/or resting on his chest.

MICROSCOPIC DESCRIPTION

CORONARY

ARTERY (LAD): Mild to moderate atherosclerosis

HEART:

Areas of fibrosis, consistent with ischemia, high IV septum
Perivascular fibrosis in areas
Subendocardial fibrosis, adiposity and myocytolysis, focal

LUNGS:

Mild pulmonary artery sclerosis
Contusions not confirmed in sections taken

LIVER:

Little evident sinusoidal space

PANCREAS:

NPD; organ well preserved

KIDNEYS:

Some arteriolar sclerosis

BLADDER:

Small diverticula

PROSTATE:

Marked benign hypertrophy

SPLEEN:

Slight increase in iron content

BONE:

Trilinear hematopoiesis
~40% marrow cellularity

CALCIFIED MASS: Calcified adipose tissue

NEUROPATHOLOGY REPORT

Date Report Typed: 12/22/08

Date Report Added To Final: 1/7/09

GROSS DESCRIPTION (Robert W. Huntington, III, MD)

Brain weight at this exam is 1380 gm. Convexity dura is included with this specimen. Sagittal sinus has been previously opened and shown to have no premortem clots. No blood adheres. Examination at the base of the brain shows some atheromatosis in the left vertebral artery. There is about a 50% loss of lumen here. There is detectable atheromatosis in the middle cerebral arteries.

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Name: (b)(6)

There is roughly a 40% loss of lumen in the proximal right middle cerebral artery. Examination further at the base shows virtually no cerebellar tonsil and no hemorrhages or malacias. There is a parasagittal fibrosis of arachnoids. No hemorrhages or malacias are seen on the convexity.

Cut surfaces of the cerebrum reveal for the most part a uniform gray matter ribbon. There is however a subependymal cavitated lesion seen on the right beginning toward the forward end of the right caudate nucleus involving at least the superior edges of the right caudate, subependymal area and some nearby cortex below the major fissure. This is up to 1.5 cm in cavity size. No other gray matter lesions are seen and no other basal ganglia lesions are seen. Ventricles appear slightly expanded particularly on the right and have a hyperemic smooth lining.

No lesions are identified in the posterior fossa.

ADDENDUM: The infarct seen extends well back past the anterior commissure.

A section of cerebellar vermis goes under A. Right hippocampus goes under B. Two sections of the apparent infarct go under C and D. C is somewhat more posterior and D is somewhat more anterior. A section of right temporal tip goes under E and a section of left hippocampus goes under F.

GROSS IMPRESSION:

Old CVA, deep, right.

CNS MICROSCOPIC:

A: NPD

B: NPD

C, D: Older cavitated infarct, with gliosis, especially lateral
NOTE: This infarct does involve cortex as well as subependymal areas.

E: NPD

F: NPD

CNS DIAGNOSIS:

Right cavitated infarct, with cortex gliosis

Portage Police Department

117 West Pleasant Street Portage, WI 53901

Offense / Incident Report

Report Date 11/21/2008	Type of Incident DEATH - INVESTIGATION	Complaint No. (b)(3):CPSA Section 25(c)	Status CLOSED	Page 1
Incident Date/Time: Occurred On Friday 11/21/2008 10:13		TO Friday 11/21/2008 11:51		
Incident Location: Description Str#/Bldg (b)(3):CPSA Section 25(c) Geo Co (b)(3):CPSA Section 25(c) Mod. Op. _____ Weather _____ TTY _____ Evid. Seiz. No _____ Neig. Conv. No _____				
Category: INCIDENT		Investigator Assigned: DSN 15 Name HAHN, MARK		
Complainant/Reporting Party:				
Name (b)(6)	Sex F Race WHITE	DOB 02/07/1932	Age 76	
SSN _____ ID _____	Home (b)(6)	Bus. _____	Alt. _____	
Str#/Box (b)(6)	Apt. _____	City PORTAGE	St. WI	Zip 53901
Received Date 11/21/2008	Received Time 10:13	Dispatch Date 11/21/2008	Dispatch Time 10:13	Officer Arrival Time 10:15 Officer Departure Time 11:51
Victim Information				
Name (b)(6)	Relation to Suspect _____	Sex M Race WHITE	DOB 03/23/1932	Age 76 Height 600 Weight 178
SSN _____ ID _____	Home (b)(6)	Alt. _____	Bus. _____	Hair BROWN Eyes BLUE
Str#/Box (b)(6)	Apt. _____	City PORTAGE	St. WI	Zip 53901
Injured No	Injury Type _____	Hospital Disposition _____	Prosecute No	
Other Person Information				
Name (b)(6)	Person type CHILD	Related to EVELYN PATE	Approving DSN _____	
Sex M Race WHITE	DOB 08/19/1949	Age 59		
SSN _____ ID _____	Home _____	Alt. _____	Bus. _____	
Hair BROWN Eyes BLUE Height 508	Weight 210	Marital _____		
Str#/Box (b)(6)	Apt. _____	City PARDEEVILLE	St. WI	Zip 53954
Emplyr _____	Occupation _____			
Narrative				
SUMMARY:				
This report pertains to the death of (b)(3):CPSA Section 25(c) . This is an outdoor death scene that occurred behind (b)(6) , the residence of (b)(6) . The death appears to be a combination of a pre-existing heart condition and a Utility All Terrain Vehicle Accident. (b)(6) was found under his UTV. Exact cause of death is pending the coroner's findings.				
INITIAL CALL:				
On Friday, 11-21-08, at approximately 10:13 a.m., dispatch received a call from (b)(6) (b)(6) that her husband, (b)(3):CPS was pinned under machinery called a bush hog. (b)(6) was unsure if (b)(3):CP was breathing.				
AMBULANCE CALL:				
Reporting Officer BARTACZEWICZ, PETER # 21			Approving Officer (Cover Pages Only)	

Portage Police Department

117 West Pleasant Street Portage, WI 53901

Offense / Incident Report

Report Date	Type of Incident	Complaint No.	Status	Page
11/21/2008	DEATH - INVESTIGATION	(b)(3):CPSA Section 25(c)	CLOSED	2
<p>Dispatch paged out Divine Savior Hospital Ambulance to respond at 10:14 a.m. and also paged out the Portage Fire Department. I was backing up Officer Stenberg who had placed a subject in the rear of his squad by Associated Bank when the call came out.</p> <p>ARRIVAL AT THE SCENE:</p> <p>I, Officer Peter Bartaczewicz, arrived at the scene at 10:15 a.m. Detective Lieutenant Mark Hahn responded, Sergeant Adam Malchow responded, Detective Dan Pionke responded and took photos. At the time of my arrival, the only person on the scene was (b)(6) wife of (b)(3):CPSA Jerry Blystone had responded and was speaking with (b)(6). The (b)(3):CPSA Section 25(c),(b)(6) arrived later during the call. Catholic Priest, Father (b)(6), responded from Pardeeville.</p> <p>The weather conditions were clear skies with an approximate temperature of 15 degrees Fahrenheit.</p> <p>NAME OF DECEASED:</p> <p>The name of the party who was later found to be deceased was (b)(3):CPSA S DOB 03-23-32 of 1000 Fairfield Street of Portage.</p> <p>INITIAL OBSERVATIONS:</p> <p>Upon responding to the rear of the residence, I could see a party later identified as Sam Pate pinned underneath a Utility All Terrain Vehicle/UTV. I checked for a pulse on (b)(6) leg and I did not get a pulse, however, (b)(6) was warm to the touch. The UTV was sitting normally on its four tires. At this time Sgt. Malchow and Det. Lt. Mark Hahn responded. We were able to tip the UTV over on its side. The UTV was not running at the time of my arrival.</p> <p>MEDICAL RESPONSE:</p> <p>I placed the defibrillator and pads on (b)(6) No shock was advised. Sgt. Malchow started chest compressions. At this point Divine Savior Hospital EMS arrived. DSH EMS employee Matthew Graff attended to (b)(6) Initially Med-Flight was requested. DSH EMS employee Matthew Graff called off Med-Flight after a few minutes.</p> <p>DEATH SCENE LOCATION/DESCRIPTION:</p> <p>The residence owned by the (b)(6) is a bi-level brown single family home located on the south side of Fairfield Street. The driveway comes in from the west side of</p>				
Reporting Officer BARTACZEWICZ, PETER # 21		Approving Officer (Cover Pages Only)		

Portage Police Department

117 West Pleasant Street Portage, WI 53901

Offense / Incident Report

Report Date 11/21/2008	Type of Incident DEATH - INVESTIGATION	Complaint No. (b)(3):CPSA Section 25(c)	Status CLOSED	Page 3
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the residence and passes between the residence and silos and out buildings. A portion of the gravel driveway curves to the east directly behind the residence. The gravel portion of the driveway extends to a couple feet to the east of the door located on the south side of the residence. There is only one rear entrance to the residence. There is also a concrete type patio. On the sides of the patio there are flower beds extending around the residence. The UTV was facing eastbound parallel to the house. The UTV was located on the grass portion approximately 15 feet to the south of the residence. The rear tires had dug down into the dirt approximately three to four inches and had dirt piled up behind them.

(b)(6) was located directly underneath the UTV. (b)(6) was on his left side facing east. The top of (b)(3) head was facing north and his feet were facing south. (b)(3) was wearing trousers with a liner. Both pant legs were ripped from the bottom ankle area to approximately 14 inches towards his knees. (b)(6) had on a hooded sweatshirt, a quilted type shirt that may have been made out of wool, and a thin shirt underneath that. (b)(3) was also wearing black shoes that had no dirt, mud, or debris on the treads. (b)(6) also was wearing black leather gloves on both of his hands. Also, there was a black baseball style cap lying in the area of (b)(3) body. It would appear that (b)(3) was dressed for a quick outing outside and no prolonged period as his clothing was thin in nature.

WHO DISCOVERED (b)(6)

(b)(6) said she went for a walk around 9:38 a.m. on Friday, 11-21-08. She normally walks for approximately 35 minutes. When (b)(6) walked back at approximately 10:13 a.m., she discovered Sam underneath the UTV and then contacted dispatch.

DESCRIPTION OF UTV:

The UTV is a Bush Hog with model number TH4400 powered by Honda Trailhand 4X4. The UTV is green in color with a Vehicle Identification Number of BH1UB4CGL8S029988. In looking on the serial number tag, it shows the model number as being TH4400G3.

The UTV has a dump box on the back and roll cage. The UTV has a single bench seat with seatbelts. Upon the arrival of officers, the UTV was turned off. Evelyn advised that she may have turned it off. In looking at the UTV, I could see that it appeared that it was still in low gear.

(b)(3):CPSA Section, (b)(6) arrived later and we did start the UTV and tested it out and it was operating properly. The UTV operates like a normal car would while in gear; when you push the gas, it will go. The UTV will not roll forward unless the gas pedal is depressed.

Reporting Officer BARTACZEWICZ, PETER #21	Approving Officer (Cover Pages Only)
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Portage Police Department

117 West Pleasant Street Portage, WI 53901

Offense / Incident Report

Report Date 11/21/2008	Type of Incident DEATH - INVESTIGATION	Complaint No. (b)(3):CPSA Section 25(c)	Status CLOSED	Page 4
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(b)(6) advised that (b)(3) never drove the UTV on the grass. The normal parking spot of the UTV would be directly to the west approximately 20 feet away on the gravel driveway. A picnic table was situated either on or near the grassy area just to the east of the door and south of the flower bed patio area. It was evident that the UTV was driven into the picnic table which had bent. There was either plastic or paint type residue on the arm of the passenger side front of the UTV that would have matched the picnic table.

POSSIBLE SCENARIO:

(b)(6) had serious pre-existing health/heart conditions in which his heart could only pump a certain percentage. There were previous ambulance calls to (b)(3):CPSA Section 25(c) either passing out or having strokes. It is possible that (b)(3):CP had a heart attack or a stroke while pulling up to his parking place. At that point in time (b)(3):CPSA foot would depress the gas and become wedged into the picnic table. The picnic table had a plastic top and bench with a metal frame. It is possible that the UTV then became wedged or went up in the air on the picnic table at which time (b)(3):CPSA would loose or not have any muscle tone. The UTV may have jerked forward causing Pate to fall out of the front of the UTV or over the side. Once Pate fell off and his foot went off the gas, the vehicle would then stop driving the rear wheels. At that point the UTV would then lower the front end on top of (b)(3):CPSA. It would appear that there may have been some type of dragging due to the ripping of the bottom of the trousers. It did not appear that there was a large amount of blood near the light outs to the shin of (b)(3):CPSA.

CORONER RESPONSE:

Coroner Amanda Achterberg responded to conduct the investigation. Achterberg advised that an autopsy would be done.

The Pflanz Mantey Mendrala Funeral Home will be handling the arrangements.

OTHER INFORMATION:

A Death Scene Investigation Check List Sheet was filled out by myself. Please refer to this check list for additional information. Photographs were obtained by both Det. Pionke and Coroner Achterberg.

Officer P. Bartaczewicz #21
typed 11-26-08;mmk

cc: Coroner's Office

Reporting Officer BARTACZEWICZ, PETER #21	Approving Officer (Cover Pages Only)
---	---

CONTACT LIST

Coroner: Amanda J. Achterberg, Chief Deputy Medical Examiner
Columbia County Office of the Medical Examiner
711 East Cook Street
PO Box 132
Portage, WI 53901-0132
Tel: 608-742-4166
Fax: 608-742-0609
E-mail: coroner@co.columbia.wi.us

On October 16, 2009, CPSC Investigator received a fax copy of the coroner's report.

Police Officer: Peter Bartaczewicz, Officer #21
Portage Police Department
117 West Pleasant Street
Portage, WI 53901
Tel: 608-742-2174
Fax: 608-742-1175

On October 22, 2009, CPSC Investigator received a fax copy of the police report.

Bush Hog[®] TOUGH

BUSH HOG[®] TOUGH FEATURES

TOUGH Sealed And Pressurized CVT Protection System

TOUGH Double CV Joints At Each Wheel

TOUGH Four Wheel Hydraulic Disc Brakes

TOUGH On Demand Four Wheel Drive On TH4400

TOUGH 5 Bolt Wheels



MODELS

ENGINE	4 cycle, OHV V-twin, air-cooled gas	
Make/HP (displacement)	Honda [®] 24 HP (670 CC)	Honda [®] 24 HP (670 CC)
Lubrication	Full Pressure with automotive style spin-on canister	
Air Cleaner	Remote, 2 stage cyclone-type with replaceable dual elements	
Electrical System	12 volt DC with 20 amp alternator	
Battery	530 CCA rating@32 degrees F	
CHASSIS		
Suspension, Front	MacPherson strut, Single A-arm, coil-over-shock	
Suspension, Rear	Independent trailing arm, coil-over-shock	
Wheel travel, Front/Rear	5.7 inches/6.0 inches	
Steering	Rack and Pinion	
Turning Radius	13 ft	
Front Tires	AT 25 x 10.0 - 12 NHS	
Rear Tires	AT 25 x 11.0 - 12 NHS	
Brakes	4 wheel hydraulic disc brakes; self-adjusting with tandem master cylinder	
Park Brake	Rear mechanical disc	
Ground Clearance	10 inches	
DRIVE TRAIN		
Transmission	Continuously Variable Transmission (CVT)	
CVT Protection	Fully enclosed pressurized with filtered air intake	
Final Drive	Bush Hog [®] Dual-Range transaxle with High, Low, Neutral and Reverse	
Differential Lock	Truck-style automatic positive locking differential; featuring Detroit Gearless Locker™	
Ground Speed	0 - 25 mph	
2WD/4WD	2WD	True On-Demand 4 wheel drive on TH4400; switch engaged
DIMENSIONS		
Dry Weight	1450 lbs	1500 lbs
Wheel Base	76 inches	
Track Width-Front	57 inches	
Track Width-Back	58.5 inches	
Overall Dimensions (LxWxH)	119 x 60 x 78 inches	
Vehicle Load Capacity	1500 lbs	
Cargo Box Load Capacity	1000 lbs	
Cargo Box Dimensions (LxWxH)	44 x 56.5 x 13.4 inches	
Flatbed Dimensions (LxW)	47.5 x 56.5	
Towing Capacity	1500 lbs	
Fuel Capacity	7 gallons	
Seating Capacity (Bench-type)	3	3
Lights	Dual 37 watt halogen headlights, tail lights and brake lights	
Colors	Classic Bush Hog [®] Red, Deep Forest Green and Mossy Oak Obsession [®] camouflage	
Options	See Accessories Brochure	
Warranty	1 year limited warranty. See dealer for complete details. 2 year engine limited warranty administered through engine manufacturers.	

Recall Alert

U.S. Consumer Product Safety Commission

Office of Information and Public Affairs

Washington, DC 20207

June 18, 2008

Alert #08-586

Bush Hog Off-Road Utility Vehicles Recalled Due to Loss of Speed Control

The following product safety recall was voluntarily conducted by the firm in cooperation with the CPSC. Consumers should stop using the product immediately unless otherwise instructed.

Name of Product: Bush Hog Off-Road Utility Vehicles

Units: About 4,000

Manufacturer: Bush Hog LLC, of Selma, Ala.

Hazard: The utility vehicle's throttle cable can freeze in freezing temperatures. This can cause the engine not to return to idle when the driver takes his or her foot off the accelerator pedal.

Incidents/Injuries: Bush Hog has received 52 reports of incidents involving the utility vehicle, including one leg fracture injury.

Description: The recall includes the Bush Hog Models TH440 (Trail Hunter), TH4200 (Trail Hand) and TH4400 (Trail Hand) Off-Road Utility Vehicles. "Bush Hog" is printed on the utility vehicle's cargo bed tail gate and on each side of the cargo bed. Model "TH440," "TH4200," or "TH4400" is printed on each side of the hood. The hood color is red, green, or mossy oak.

Sold by: Bush Hog dealerships nationwide from January 2004 through March 2008 for between \$8,000 and \$9,900.

Manufactured in: United States

Remedy: Consumers should immediately stop using the recalled off-road utility vehicles and contact a Bush Hog dealer to schedule a free inspection and repair. All registered owners have been notified about this recall by mail.

Consumer Contact: For additional information, contact Bush Hog LLC toll-free at (877) 873-0143 between 8 a.m. and 4 p.m. CT Monday through Friday, or visit the firm's Web site at <http://www.bushhog.com/ContentFiles/Documents/Bush%20Hog%20website%20cable%20recall%20notice.pdf> (pdf)

Recall Alert

U.S. Consumer Product Safety Commission

Office of Information and Public Affairs

Washington, DC 20207

April 16, 2009

Alert #09-736

Bush Hog Off-Road Utility Vehicles Recalled Due to Loss of Speed Control; Cash Incentive Offered

The following product safety recall was voluntarily conducted by the firm in cooperation with the CPSC. Consumers should stop using the product immediately unless otherwise instructed.

Name of Product: Bush Hog Off-Road Utility Vehicles

Units: About 850 units

Manufacturer: Bush Hog LLC, of Selma, Ala.

Hazard: The utility vehicle's throttle cable can lock in freezing temperatures. This can cause the engine not to return to idle when the driver takes his or her foot off the accelerator pedal, posing a risk of loss of vehicle control and injury to the driver and passenger.

Incidents/Injuries: Bush Hog has received one report of an incident involving a frozen throttle cable on a utility vehicle. No injuries have been reported.

Description: The recall includes the Bush Hog Models TH4400 (Trail Hand) and 4430 4X4 Off-Road Utility Vehicles. "Bush Hog" is printed on the utility vehicle's cargo bed tail gate and on each side of the cargo bed. Model "TH4400" or "4430" is printed on each side of the hood. The hood color is red, green, or mossy oak.

Sold by: Bush Hog dealerships nationwide from April 2008 to December 2008 for between \$8,000 and \$10,000.

Manufactured in: United States

Remedy: Consumers should immediately stop using the recalled off-road utility vehicles and contact a Bush Hog dealer to schedule a free inspection and repair. All registered owners have been notified about this recall by mail. Bush Hog is issuing a \$50 incentive check for retail customers that bring their machines in for the throttle cable replacement.

Consumer Contact: For additional information, contact Bush Hog LLC toll-free at (877) 873-0143 between 8 a.m. and 4 p.m. CT Monday through Friday, or visit the firm's Web site at www.bushhog.com

Task No. 091009CCC2028

Date: 11/03/2009

STATUS OF MISSING DOCUMENT (S)

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

- 1. Photos from the Police Report
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Date: 11/03/2009

Investigator No: 2725

Regional office: CFIW - Western

Supervisor No: 8929

SUMMARY OF FINDINGS

According to the owner of the UTV, he was traveling to a friend's home for the weekend to attend a family get-together and decided to take his UTV. He stated that he purchased the UTV, in new condition, from an on-line web site for approximately \$7000 in June of 2008. The UTV was delivered to his home in a crate and he had to partially assemble it; he had to put the tires on, the top and the dump bed. He stated that he never had any previous issues with the UTV and had driven it often. There had been no modifications to the UTV. While at the family gathering, the owner let the victims, a 42 y/o male and his 16 y/o son, take the UTV for a drive on the gravel road. The victims had no prior experience driving a UTV.

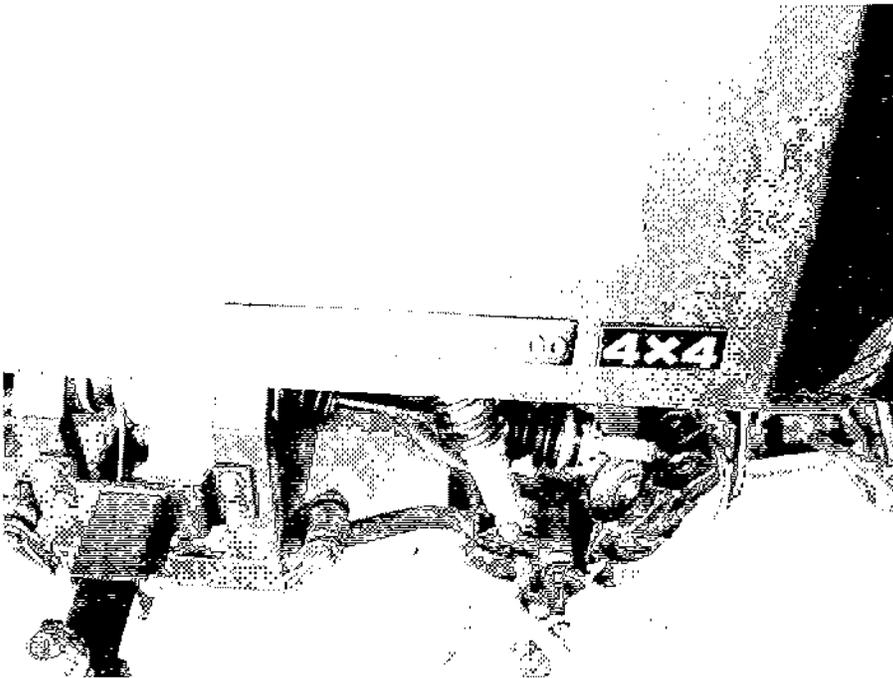
The victims were driving the UTV down a flat gravel road around 1:45 pm on 9/20/09; the 16 y/o was driving. Weather conditions that day were clear and dry. The father stated that they had gone about a ¼ mile down the road before his son lost control of the UTV. Prior to losing control, the father stated that he had to help his son correct the UTV a couple of times because it kept trying to drift to the left. He commented that the UTV seemed to be light in the rear. The father stated that they were traveling about 30 mph when the UTV began to drift again. His son then lost control of the UTV and traveled off the right side of the road into a drainage ditch then hit an embankment. At this point the UTV overturned, partially ejecting the passenger, who was not wearing a seatbelt. When the UTV overturned it landed on top of the passenger pinning him to the ground. The 16 y/o was able to lift the UTV up far enough for the father to pull himself out from under the UTV. The son then ran back to the house to get help. Both occupants were transported to the hospital to be treated for their injuries after emergency personnel arrived on the scene. The passenger suffered a cut to his head and had 2 stitches and 4 staples. He stayed in the hospital for 4 days before being released. The victims were not wearing helmets. Currently, the passenger still has some lower back pain and neck pain but is able to return to work. The driver was wearing a seatbelt and suffered only 'road rash' to his left arm. The driver stated that he was traveling too fast and that his dad told him to stay to the right but he lost control. The father stated that neither he nor his son had ever operated a UTV; however, they had several years experience operating ATV's and dirt bikes. Neither alcohol nor drugs were considered a factor in the accident.

An on-site visit was made to the UTV owner's home to obtain photos of the UTV. Currently he is in the process of repairing the UTV. The owner of the UTV stated that from his understanding of the accident, the victims were traveling down the gravel road, probably too fast, when they hit some loose gravel. The UTV then went off the right side of the road traveling down into a drainage ditch next to the roadway. The UTV then tipped slightly onto its left side scratching the left side. The driver continued to apply the gas to try to correct the UTV as it continued to travel in the drainage ditch.

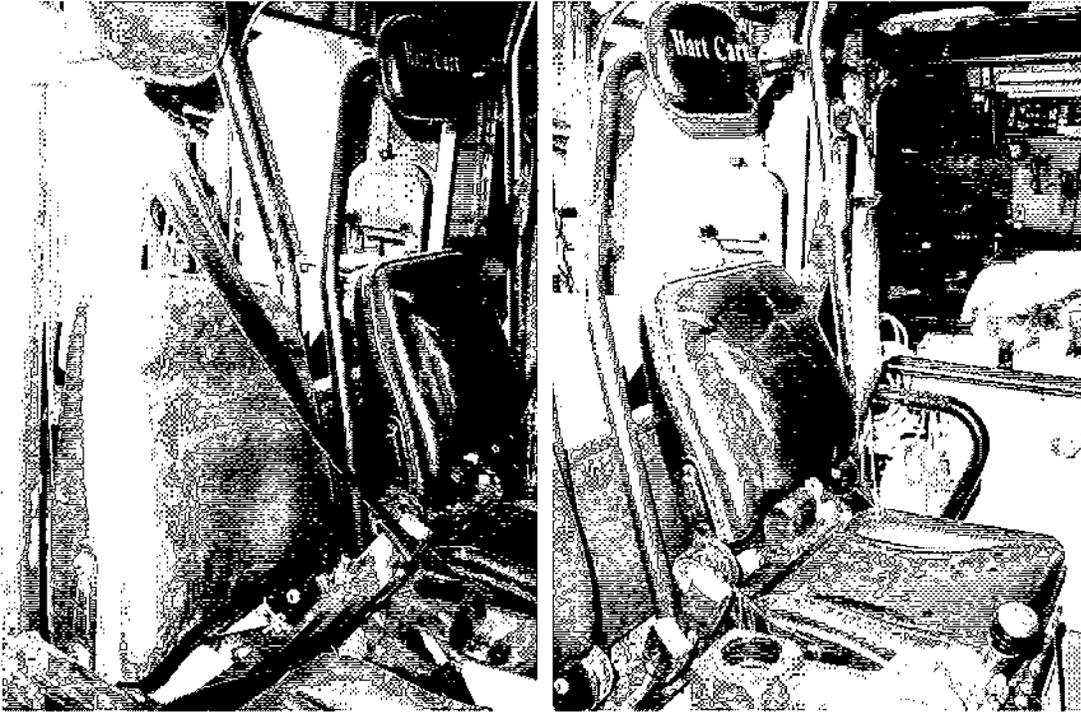
The UTV then hit a large rock in the drainage ditch and the UTV flipped forward, tearing off the roof and ejecting the passenger. After the UTV flipped forward it somehow landed on its right side pinning the passenger to the ground around his chest area. The UTV was transported back to the owner's property after the incident. He has recently ordered the parts to repair the UTV which included a new dump bed, top, mirrors, axel, etc.



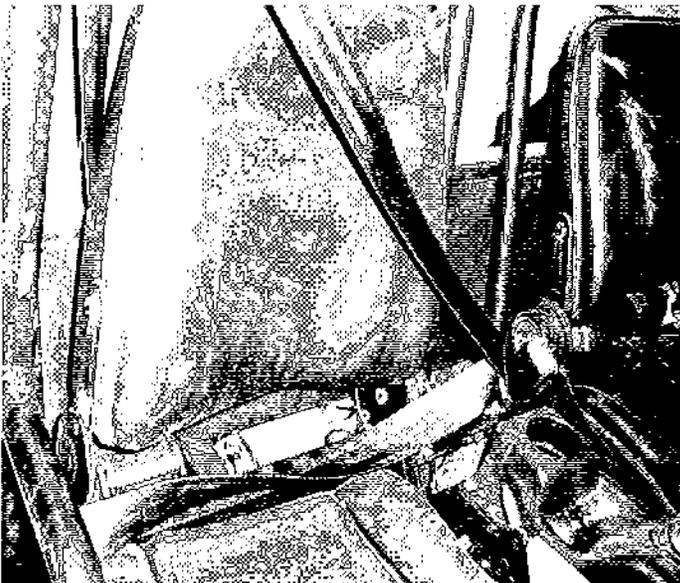
Photo of front of the UTV. Wench is located on front end. Left tire has been removed as owner is working on steering.



New right rear axel has been installed.



3 point seat belt



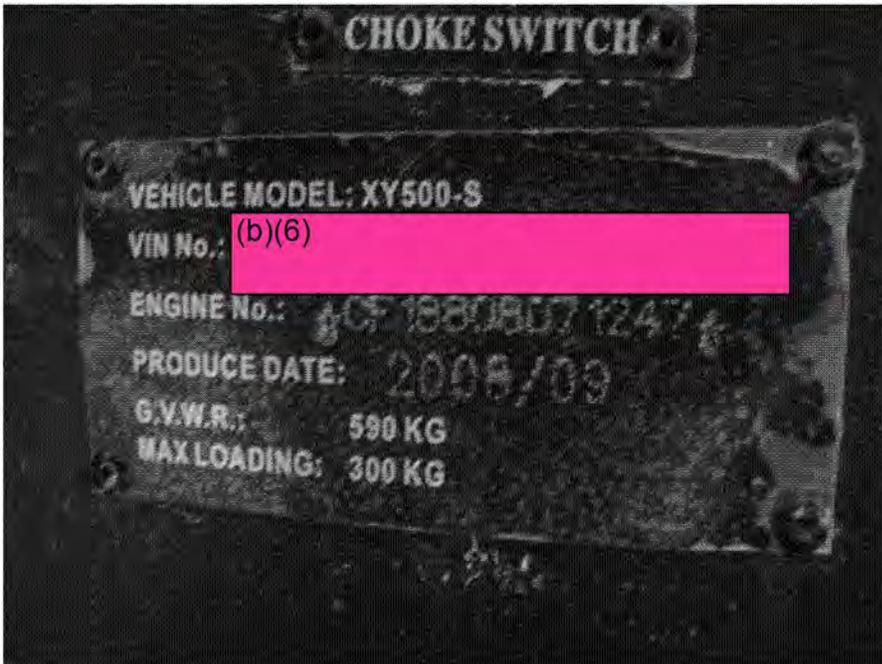


PRODUCT IDENTIFICATION

2008 Hart Cart 500, 4x4– Black in color
Model: XY500-S (police rpt has XY5005)

Produce Date: 2008/09

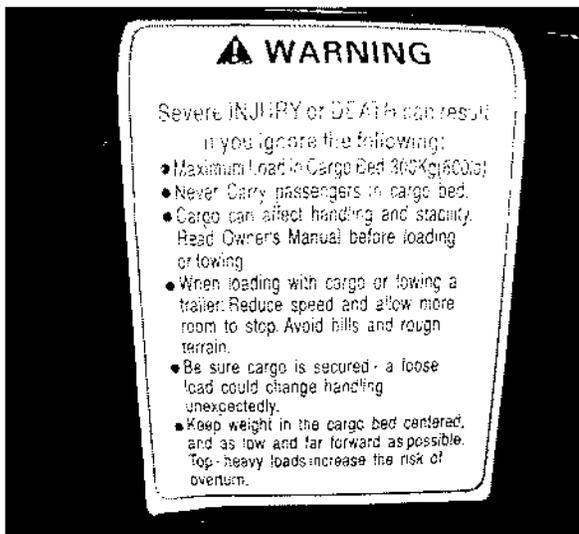
VIN: (b)(6) (police rpt has VIN: (b)(6))



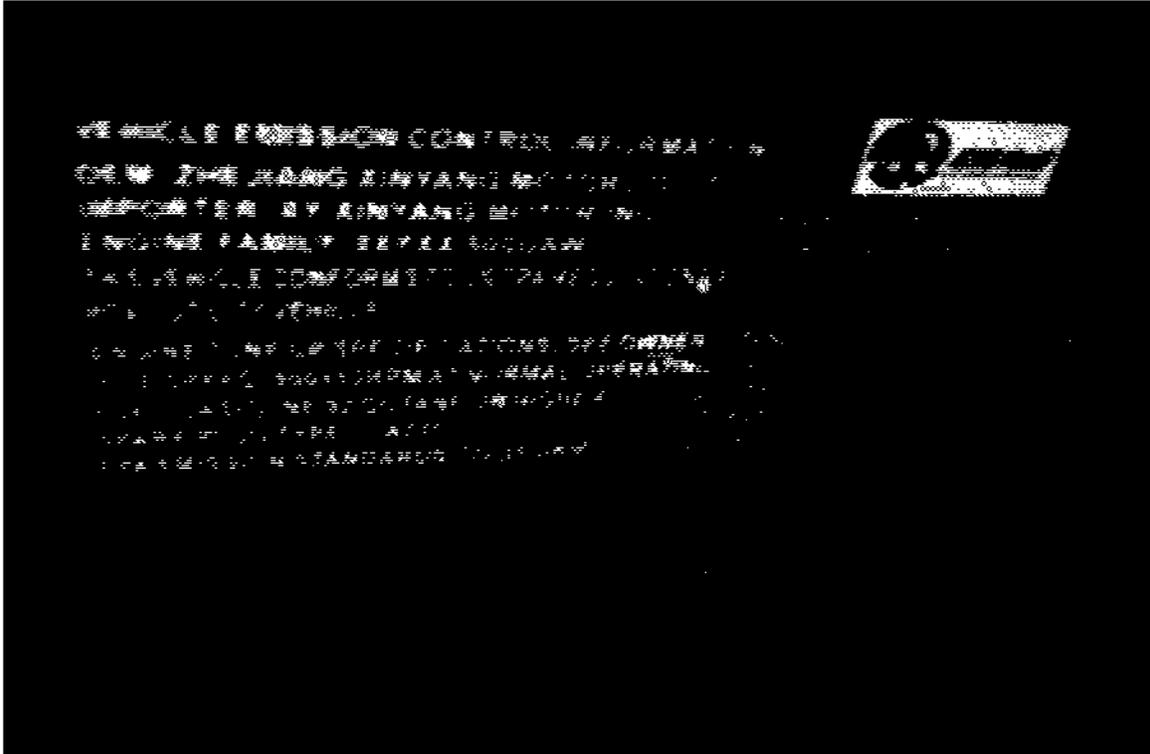
IDI 091009CCC2032

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Manufacturer/Importer: Hart Marketing Inc.
449 E Brookville Rd.
Fountaintown, IN 46130
800-207-2670 or 800-214-2309
www.hartcarts.com



Labeling on UTV



SAMPLES COLLECTED

None

ATTACHMENTS

- 1) Respondents
- 2) Missouri State Highway Patrol accident report
- 3) Utility Vehicle Data Record Sheet
- 4) Authorization for Release of Name

IDI 091009CCC2032

Exhibit 1

RESPONDENTS

Missouri State Highway Patrol
MOMHPFF00

(b)(6)



MANUFACTURER CONTACT INFORMATION

N/A

Owner contacted manufacturer only to order parts to repair his
UTV.

SPACE USED FOR BARCODE	1 - AGENCY NAME AND ORI MISSOURI STATE HIGHWAY PATROL MOMHPFF00
------------------------	---

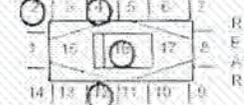
LEFT THE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CLEARED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ACCIDENT CLASSIFICATION	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NUMBER INJURED 2	NUMBER KILLED 0	REPORT / CASE / INCIDENT NUMBER 09200900663
NUMBER OF VEHICLES INVOLVED 1	ACCIDENT DATE 09/20/2009	ACCIDENT TIME (MIL.) 1340	TIME NOTIFIED (MIL.) 1352	TIME ARRIVED (MIL.) 1412	INVESTIGATION DATE 09/20/2009	

2 - LOCATION					
COUNTY Camden	MUNICIPALITY 015 Non-City Or Unincorporated	BEAT / ZONE 9999	TRP / DIST / PCT 05 F	INVESTIGATED AT SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ON CRD Mill Creek Rd		DISTANCE FROM FEET	LOCATION <input checked="" type="checkbox"/> AFTER <input type="checkbox"/> BEFORE <input type="checkbox"/> AT	INTERSECTING STREET OR ROADWAY MO 7 (S)	
ROADWAY DIRECTION E		SPEED LIMIT 35	1.3 MILES	SPEED LIMIT NA	GEO. CODE NA
ROAD MAINTAINED BY <input type="checkbox"/> 1. STATE <input checked="" type="checkbox"/> 2. COUNTY <input type="checkbox"/> 3. MUNICIPAL <input type="checkbox"/> 4. PRIVATE PROPERTY <input type="checkbox"/> 5. OTHER		GPS. LONGITUDE 092 32 24.0		GPS. LATITUDE 037 57 00.0	

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> NONE	
GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT	

4. DRIVER'S FULL NAME (LAST, FIRST, MI) (b)(3):CPSA Section 25(c)		ADDRESS (STREET, CITY, STATE, ZIP)	
DRIVER LICENSE NUMBER / ID NUMBER NONE	STATE NA	TYPE OF LICENSE <input type="checkbox"/> 1. OPERATOR CLASS <input type="checkbox"/> 2. CDL CLASS	<input type="checkbox"/> 3. PERMIT <input checked="" type="checkbox"/> 4. UNLICENSED
PROOF OF INSURANCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED	INSURANCE COMPANY None	<input type="checkbox"/> DRIVER <input type="checkbox"/> VEHICLE	POLICY NUMBER <input checked="" type="checkbox"/> NA

YEAR 2008	MAKE Hart Cart	MODEL XY5005	COLOR Black
LIC. PLATE NO. NONE	STATE NA	YEAR NA	VIN (b)(6)
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER (b)(3):CPSA Section 25(c)		ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> SAME AS DRIVER	

VEHICLE DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE	INITIAL IMPACT NO. <input type="checkbox"/> NA 2		18 - Undercarriage 19 - Windshield 20 - Banned 21 - Towed Unit 22 - Cargo	TOWED FROM SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TOW CO. INFORMATION NA
--	--	---	---	---	----------------------------------

5. DRIVER'S FULL NAME (LAST, FIRST, MI)		ADDRESS (STREET, CITY, STATE, ZIP)	
DRIVERS LICENSE NUMBER / ID NUMBER	STATE	TYPE OF LICENSE <input type="checkbox"/> 1. OPERATOR CLASS <input type="checkbox"/> 2. CDL CLASS	<input type="checkbox"/> 3. PERMIT <input type="checkbox"/> 4. UNLICENSED
PROOF OF INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED	INSURANCE COMPANY	<input type="checkbox"/> DRIVER <input type="checkbox"/> VEHICLE	POLICY NUMBER <input type="checkbox"/> NA

YEAR	MAKE	MODEL	COLOR
LIC. PLATE NO.	STATE	YEAR	VIN
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER		ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> SAME AS DRIVER	

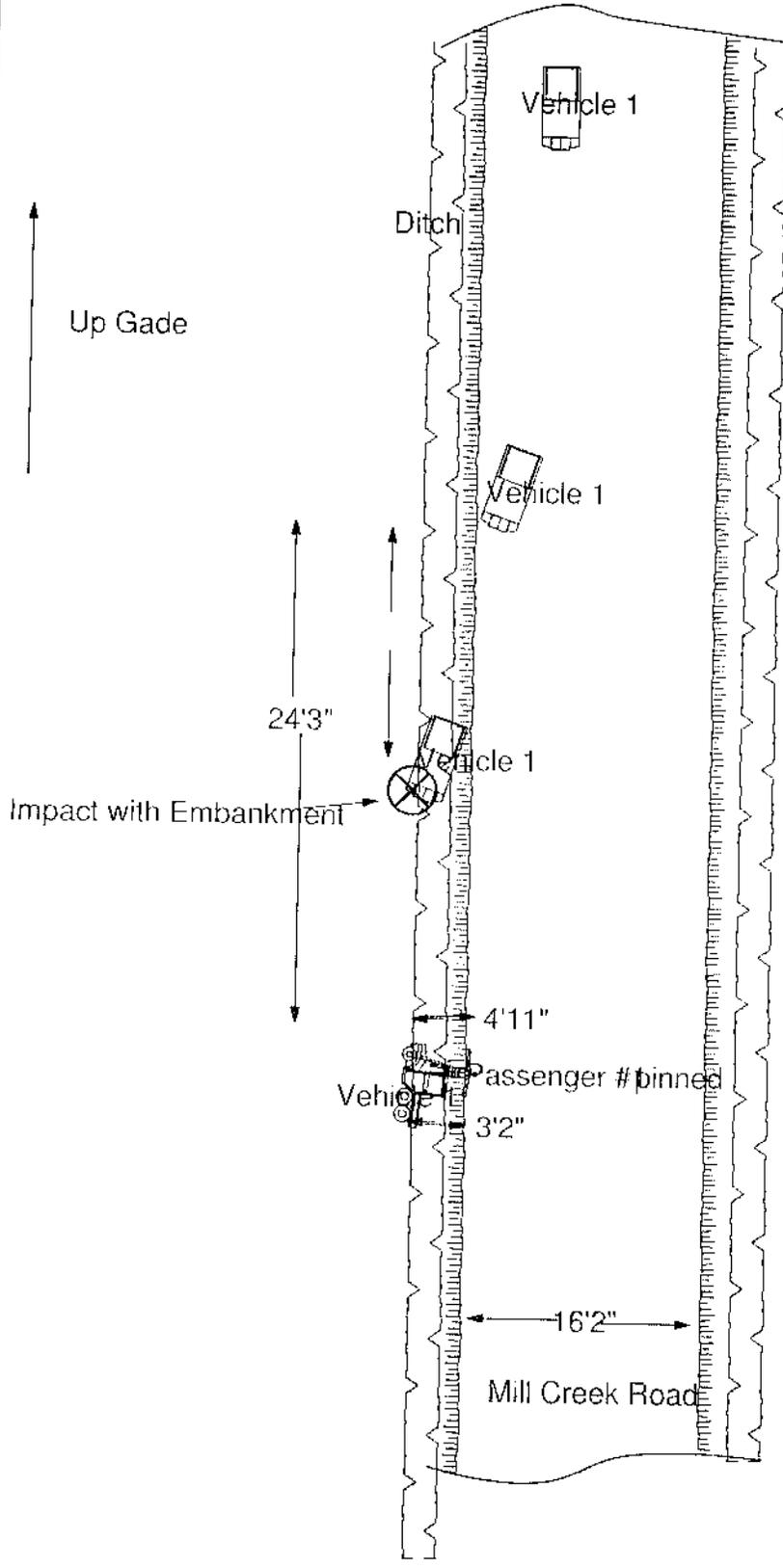
VEHICLE DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE	INITIAL IMPACT NO. <input type="checkbox"/> NA		18 - Undercarriage 19 - Windshield 20 - Banned 21 - Towed Unit 22 - Cargo	TOWED FROM SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO	TOW CO. INFORMATION
--	---	---	---	--	---------------------

6 - WITNESS <input checked="" type="checkbox"/> NONE IDENTIFIED		
NAME OF WITNESS	ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NO.
NA		

091009CCC2032
 Exhibit 2
 Page 1 of 4

7. COLLISION DIAGRAM Direction Prior to Impact (circle one) **V1** N **⊙** S W **V2** N E S W **V3** N E S W **V4** N E S W

Ext. Series - Fatal Only
 V1 NA V2 NA V3 NA V4 NA



091009CCC2032
 Exhibit 2
 Page 2 of 4

8. EVIDENTIARY PHOTOS TAKEN
 YES NO BY WHOM NA AVAILABLE FROM NA

RECONSTRUCTION - Includes Narrative, Diagram & Photo(s)
 YES NO BY WHOM NA

9 - CODES

SEAT LOCATION

XX - Not Known
P - Pedestrian
B - Bicycle
M - Motorcycle
OE - Occupant - Enclosed Load Area
OU - Occupant - Unenclosed Load Area
CP - Commercial Passenger
SV - Other (Explain in Remarks)



INJURY

- 1. Fatal
2. Disabling
3. Evident - Not Disabling
4. Probable - Not Apparent
5. None Apparent
6. Unknown

TRANSPORTED (Medical Treatment)

- 1. No
2. EMS
3. Other
4. Unknown

EJECTION

- 1. NA
2. No
3. Partially
4. Totally
5. Unknown

AIR BAG FRONT

- 1. None / NA
2. Deployed
3. Not Deployed

AIR BAG SIDE

- 1. None / NA
2. Deployed
3. Not Deployed

SAFETY DEVICES

- 1. None
2. Not Used
3. Shoulder Belt Only
4. Lap Belt Only
5. Shoulder and Lap Belt
6. Child Restrain
7. Helmet Used
8. Helmet Not Used
9. Use Unknown

10 - DRIVERS

Table with columns: NAME, ADDRESS, DATE OF BIRTH, SEX, VEH. NO., SEAT LOC., INJ., TRANSPORT, EJECTION, AIR BAG FRONT, AIR BAG SIDE, SAFETY DEVICES, TELEPHONE NO. Includes driver information for 04/22/1993 and (b)(6).

11 - OTHER OCCUPANTS & PEDESTRIANS (SAD = SAME AS DRIVER)

Table for other occupants with columns: NAME, ADDRESS, DATE OF BIRTH, SEX, VEH. NO., SEAT LOC., INJ., TRANSPORT, EJECTION, AIR BAG FRONT, AIR BAG SIDE, SAFETY DEVICES, TELEPHONE NO. Includes entry for (b)(3):CPSA.

091009CCC2032
Exhibit 2
Page 3 of 4

12 VEHICLE BODY TYPES

AUTOMOBILES / SPECIAL VEHICLES

- V1 V2
1. Passenger Car
2. Station Wagon
3. Sport Utility Vehicle
4. Limousine (6-15 for fare)
5. Van (8 or less with driver)
6. Small Bus (9-15 with driver)
7. Bus (16 or more with driver)
8. School Bus (less than 16 with driver)
9. School Bus (16 or more with driver)
10. Motorcycle
11. ATV
12. Motorized Bicycle
13. Pedalcycle
14. Motor Home / Camper
15. Farm implements
16. Construction Equipment
17. Other Transport Device
18. Unknown
19. Pick-up
20. Single-unit Truck, 2 axles, 6 tires
21. Single-unit Truck, 3 or more axles

- 2 Wh
3 Wh
4 Wh
5 Wh or More
Unknown

14. HAZARDOUS MATERIALS

- V1 V2
Placard Displayed
1. Gases in Bulk
2. Solids in Bulk
3. Liquids in Bulk
4. Explosives
5. None
A. Hazardous Materials Cargo Released / Spilled

15. ACCIDENT TYPE

- 1. On Roadway
2. Off Roadway
COLLISION INVOLVING
1. Animal
2. Pedalcycle
3. Fixed Object
4. Other Object
5. Pedestrian
6. Train
7. MV in Transport
8. MV on Other Roadway
9. Parked MV

NON-COLLISION

- 10. Overturning
11. Other Non-Collision

TWO VEHICLE COLLISION

- 60. Head On
61. Rear End
62. Sideswipe - Meeting
63. Sideswipe - Passing
64. Angle
65. Backed Into
67. Other

16. TRAFFIC CONDITIONS

- V1 V2
1. Normal
2. Accident Ahead
3. Congestion Ahead

17. VEHICLE ACTION / SEQUENCE OF EVENTS

- 1. Going Straight
2. Overtaking
3. Making Right Turn
4. Right Turn on Red
5. Making Left Turn
6. Making U Turn
7. Skidding / Sliding
8. Stopping / Stopping
9. Start in Traffic
10. Start From Parked
11. Backing
12. Stopped in Traffic
13. Parked
14. Changing Lanes
15. Avoiding
16. Crossover Median
17. Crossover Centerline
18. Crossing Road
19. Airborne
20. Ran Off Road - Right
21. Ran Off Road - Left
22. Overtake / Rollover
23. Fire / Explosion
24. Immersion
25. Jackknife
26. Cargo Loss / Shift
27. Equipment Failure
28. Separation of Units
29. Returned to Road
30. Collision Inv. Pedestrian
31. Collision Inv. Pedalcycle
32. Collision Inv. Train
33. Collision Inv. Animal (enter code - explain)
34. Collision Inv. MV in Transport
35. Collision Inv. Parked Motor Vehicle
36. Collision Inv. Fixed Object (enter code - explain)
37. Collision Inv. Other Object (explain)
38. Other - Non Collision

V1 Unknown
20 36 22 NA NA NA NA

33. Animal Code NA
36. Fixed Object Code 21 NA NA

V2 Unknown
NA NA NA NA NA NA NA

33. Animal Code NA
36. Fixed Object Code NA NA NA

Animal, Fixed Object, and inattention Codes explained in narrative.

18. PROBABLE CONTRIBUTING CIRCUMSTANCES <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">V1</td> <td style="width:5%; text-align: center;">V2</td> <td style="width:90%;"> 1. Vehicle Not in Operation 2. Improperly Stopped on Roadway 3. Speed - Exceeded Limit 4. Too Fast for Conditions 5. Improper Turn 6. Vehicle Stopped in Lane 7. Wrong Side (not permitted) 8. Following Too Close 9. Improper Lane Change 10. Wrong Way Road Way 11. Improper Start from Stop 12. Improperly Parked 13. Failed to Yield 14. Alcohol 15. Driver's Unimpaired Operation 16. Inattention (operator) 17. Other </td> </tr> </table>	V1	V2	1. Vehicle Not in Operation 2. Improperly Stopped on Roadway 3. Speed - Exceeded Limit 4. Too Fast for Conditions 5. Improper Turn 6. Vehicle Stopped in Lane 7. Wrong Side (not permitted) 8. Following Too Close 9. Improper Lane Change 10. Wrong Way Road Way 11. Improper Start from Stop 12. Improperly Parked 13. Failed to Yield 14. Alcohol 15. Driver's Unimpaired Operation 16. Inattention (operator) 17. Other	19. PEDESTRIAN INVOLVEMENT <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">P1</td> <td style="width:5%; text-align: center;">P2</td> <td style="width:90%;"> <input checked="" type="checkbox"/> NA 1. As Pedestrian 2. Not a Pedestrian 20. VISION OBSCURED V1 V2 1. Darkness 2. Load on Vehicle 3. Trees / Brush 4. Building 5. Embankment 6. Spectator 7. Hill/Slope 8. Parked Cars 9. Moving Cars 10. Sun 11. Other vehicle 12. Not Observed </td> </tr> </table>	P1	P2	<input checked="" type="checkbox"/> NA 1. As Pedestrian 2. Not a Pedestrian 20. VISION OBSCURED V1 V2 1. Darkness 2. Load on Vehicle 3. Trees / Brush 4. Building 5. Embankment 6. Spectator 7. Hill/Slope 8. Parked Cars 9. Moving Cars 10. Sun 11. Other vehicle 12. Not Observed	21. TRAFFIC CONTROL <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">V1</td> <td style="width:5%; text-align: center;">V2</td> <td style="width:90%;"> 1. Construction Zone 2. Other Work Zone 3. Busway Zone 4. Stop Sign 5. Traffic Light 6. No Signal Control 7. Yield Sign 8. Traffic Demand 9. No Crossing Zone 10. Turn Restriction 11. Out of Control Situation 12. None </td> </tr> </table>	V1	V2	1. Construction Zone 2. Other Work Zone 3. Busway Zone 4. Stop Sign 5. Traffic Light 6. No Signal Control 7. Yield Sign 8. Traffic Demand 9. No Crossing Zone 10. Turn Restriction 11. Out of Control Situation 12. None	22. ROAD CHARACTER <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">A1</td> <td style="width:5%; text-align: center;">A2</td> <td style="width:90%;"> ALIGNMENT <input checked="" type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Curve PROFILE <input type="checkbox"/> 1. Level <input type="checkbox"/> 2. Grade <input type="checkbox"/> 3. Elevation </td> </tr> </table>	A1	A2	ALIGNMENT <input checked="" type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Curve PROFILE <input type="checkbox"/> 1. Level <input type="checkbox"/> 2. Grade <input type="checkbox"/> 3. Elevation
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23. LIGHT CONDITION <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">L1</td> <td style="width:5%; text-align: center;">L2</td> <td style="width:90%;"> <input checked="" type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Dark with Street Lights On <input type="checkbox"/> 3. Dark with Street Lights Off <input type="checkbox"/> 4. Dark - No Street Lights <input type="checkbox"/> 5. Non-illumination (explosion) </td> </tr> </table>	L1	L2	<input checked="" type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Dark with Street Lights On <input type="checkbox"/> 3. Dark with Street Lights Off <input type="checkbox"/> 4. Dark - No Street Lights <input type="checkbox"/> 5. Non-illumination (explosion)	24. WEATHER CONDITION <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">W1</td> <td style="width:5%; text-align: center;">W2</td> <td style="width:90%;"> <input checked="" type="checkbox"/> 1. Clear <input type="checkbox"/> 2. Cloudy <input type="checkbox"/> 3. Rain <input type="checkbox"/> 4. Snow <input type="checkbox"/> 5. Sleet <input type="checkbox"/> 6. Fog or Visibility <input type="checkbox"/> 7. Other (specify) </td> </tr> </table>	W1	W2	<input checked="" type="checkbox"/> 1. Clear <input type="checkbox"/> 2. Cloudy <input type="checkbox"/> 3. Rain <input type="checkbox"/> 4. Snow <input type="checkbox"/> 5. Sleet <input type="checkbox"/> 6. Fog or Visibility <input type="checkbox"/> 7. Other (specify)	25. ROAD CONDITION <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">R1</td> <td style="width:5%; text-align: center;">R2</td> <td style="width:90%;"> <input checked="" type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow <input type="checkbox"/> 4. Ice <input type="checkbox"/> 5. Oiled <input type="checkbox"/> 6. Mud <input type="checkbox"/> 7. Loose Material (sand and gravel, etc.) <input type="checkbox"/> 8. Water/Water <input type="checkbox"/> 9. Other (specify) </td> </tr> </table>	R1	R2	<input checked="" type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow <input type="checkbox"/> 4. Ice <input type="checkbox"/> 5. Oiled <input type="checkbox"/> 6. Mud <input type="checkbox"/> 7. Loose Material (sand and gravel, etc.) <input type="checkbox"/> 8. Water/Water <input type="checkbox"/> 9. Other (specify)				
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26. ROAD SURFACE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"> <input type="checkbox"/> 1. Concrete <input type="checkbox"/> 2. Asphalt </td> <td style="width:33%;"> <input type="checkbox"/> 3. Brick <input checked="" type="checkbox"/> 4. Gravel </td> <td style="width:33%;"> <input type="checkbox"/> 5. Dirt/Grass <input type="checkbox"/> 6. Other (specify) </td> </tr> </table>					<input type="checkbox"/> 1. Concrete <input type="checkbox"/> 2. Asphalt	<input type="checkbox"/> 3. Brick <input checked="" type="checkbox"/> 4. Gravel	<input type="checkbox"/> 5. Dirt/Grass <input type="checkbox"/> 6. Other (specify)								
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27. COMMERCIAL MOTOR VEHICLE (Complete for each commercial vehicle involved)

A. CMV CRITERIA Answer the following to determine if this section should be completed: 1. Does the vehicle possess any of the following: a. Large or fully equipped b. Special license permit for operation, or c. Special type of vehicle or use of vehicle? <input type="checkbox"/> YES - DO NOT COMPLETE <input checked="" type="checkbox"/> NO - COMPLETE THIS SECTION 2. Is the vehicle to be transported in a commercial vehicle based on the following: a. A unit with GVW of more than 10,000 lbs. b. A unit with GVW of 10,000 lbs. or less, but with a GVW of more than 10,000 lbs. at any time with its maximum payload? <input checked="" type="checkbox"/> YES - DO NOT COMPLETE <input type="checkbox"/> NO - COMPLETE THIS SECTION	B. CARRIER ID NUMBER A _____ B _____ C _____ D _____ E _____ F _____ C. HAZARDOUS MATERIAL PLACARD NUMBER <input type="checkbox"/> NA 1. Four Digit Hazardous Material ID Number 2. Four Digit Hazardous Material ID Number 3. Four Digit Hazardous Material ID Number D. HIGHWAY <input type="checkbox"/> 1. Two Way - Not Divided <input type="checkbox"/> 2. Two Way - Divided - Unprotected Median <input type="checkbox"/> 3. Two Way - Divided - Protected Median Barrier <input type="checkbox"/> 4. One Way - Not Divided	E. CARGO BODY TYPE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">V1</td> <td style="width:5%; text-align: center;">V2</td> <td style="width:90%;"> <input type="checkbox"/> 1. Tanker <input type="checkbox"/> 2. Tank <input type="checkbox"/> 3. Flatbed <input type="checkbox"/> 4. Dump <input type="checkbox"/> 5. Concrete Mixer <input type="checkbox"/> 6. Auto Transporter <input type="checkbox"/> 7. Semi Trailer <input type="checkbox"/> 8. Other </td> </tr> </table>	V1	V2	<input type="checkbox"/> 1. Tanker <input type="checkbox"/> 2. Tank <input type="checkbox"/> 3. Flatbed <input type="checkbox"/> 4. Dump <input type="checkbox"/> 5. Concrete Mixer <input type="checkbox"/> 6. Auto Transporter <input type="checkbox"/> 7. Semi Trailer <input type="checkbox"/> 8. Other
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28 - NARRATIVE / STATEMENT: (If additional room is necessary, attach a separate sheet)

The accident occurred when vehicle #1 was eastbound on Mill Creek Road. Vehicle #1 drove off the right side of the road, struck an embankment and overturned, coming to rest on the drivers side, facing west. Passenger #1 was ejected from the vehicle and vehicle #1 came to rest on top of him. Path of ejection is unknown. Both Driver #1 and Passenger #1 were transported to Lake Regional Hospital by St. Johns Ambulance.

Driver #1 stated, "I was going too fast. Dad told me to stay to the right and I lost control. We went off the road, hit the ditch and overturned."

Vehicle #1 is a Fiat Cam, 4-wheel utility type vehicle. Passenger #1's seat location was shown as SV in section #9.

091009CCC2032
 Exhibit 2
 Page 4 of 4

29. REPORTING OFFICER SIGNATURE A. K. Howery	DSN / BADGE NO 919	BEAT / ZONE 05	GROUP / DIST / PCT 1
REVIEWING OFFICER 1 SIGNATURE Cpl E.R. Stacks	DSN / BADGE NO 0095	REVIEWING OFFICER 2 SIGNATURE DSN / BADGE NO.	

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

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

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

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

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

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

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

(b)(6)

(Signature)

(Date)

11/18/09

X09A G172 02
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FOCUS • Weekly Standard



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UTV accident in Camden County sends 2 to hospital

Econo LIFT Stop Scrubbing Your Bottom
BOAT HOISTS 800-524-7161
www.ECONOLIFT.COM

Stop Scrubbing Your Bottom
TOLL FREE 800-524-7161
Econo LIFT BOAT HOISTS

lakenewsonline.com
Posted Sep 20, 2009 @ 08:50 PM

Camden County, Mo. — An Independence, Mo., man was hospitalized with serious injuries after being pinned under a UTV Sunday afternoon.

(b)(6) 42, was a passenger on a 2008 Hart Cart utility type vehicle driven by his son, 16-year-old (b)(6) (b)(7) also of Independence, eastbound on Mill Creek Road 1.3 miles east of Route 7 in Camden County.

The accident occurred about 1:45 p.m. when (b)(3)(c) drove off the right side of the road, struck an embankment and overturned, according to the Missouri State Highway Patrol report. (b)(3)(c) who was not using a safety device, was pinned under the vehicle.

He was taken to Lake Regional Hospital by ambulance. (b)(3)(c) was also taken to the hospital with minor injuries. He was using a safety device, according to the report.

Comments (4)
Edog
2 weeks ago
Report Abuse
I hope Mr. Turner recovers from his injuries

What is a UTV, is that like a Gator or Rhino?
jomac11
2 weeks ago
Report Abuse
That is typically considered a UTV. However, this article says it was a 2008 Honda, and they did not have a vehicle like that until 2009, which leads me to believe it was a golf-cart or something similar.
dkar3
2 weeks ago
Report Abuse
Yes, looks like a Tim Allen golf cart. Here's a link to one
http://www.atv.com/features/2008-utv-roundup-662.html

WhereIztheJustice
2 weeks ago
Report Abuse
Thank you dkar3 Hope Mr Turner has a rapid recovery
Login or register to post a comment
Login
Username:
Password:
Forgot password
Login
Register
Email:
First Name:
Last Name:
 I agree to the terms of use
 I am over 13 years of age

9/20/09
MO
42M/16M
product code
= 5044

Yellow Pages
Find whatever you're looking for with Totally Local Yellow Pages
Find:
Camdenton, MO
Search
Search provided by Premier Guide
Popular Searches
Featured Business
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- Most Popular Stories
- Horny Toad/Pecker's to be turned over to management company
 - Arrest made in connection with August boat theft
 - 3 charged in fishing boat joyride
 - Four Seasons makes jury, venue-change appeal to state Supreme Court
 - Texting charges: Stover teen cited for motorcyclist's death
 - Petillon seeks to have lawsuit dropped
 - Captain charged in Sea Ray wreck, wreck recovery photo gallery
 - Special meeting called in Lake Ozark
 - Versailles apple festival packs street
 - Flood plain maps topic of meeting on Oct. 15
- Top Jobs Top Garage Sales Top Homes
Top Services

100430

1. Task Number 091009HCC2046		2. Investigator's ID 8942		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2008 09 21	5. Date Initiated YR MO DAY 2009 10 28		
6. Synopsis of Accident or Complaint UPC A 87-year-old male was riding a 4-wheeled utility vehicle solo in a field located in the back of his property, when for undetermined reasons he was run over by the vehicle, sustaining fatal injuries. He was found by his son who had returned home from work and contacted 911. The victim was transported to a hospital where the cause of death was determined to be closed head trauma.				
MFR/PRVLBR NOTIFIED <i>3/29/11</i> COMMENTS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>3, 25c, 6</i> <input type="checkbox"/> DO NOT RE-NOTIFY <input checked="" type="checkbox"/> RE-NOTIFY				
7. Location (Home, School, etc) 2 - FARM		8. City TOONE		9. State TN
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name KOBOTA		10C. Model Number RTV 900
10D. Manufacturer Name and Address KUBOTA TRACTOR CORPORATION 3401 Del Amo Blvd. Torrance, CA 90509-2992				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 87	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 6 / 0	
20. Attachment(s) 2 - Documents		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 02/09/2010	25. Reviewed By 8930		26. Regional Office Director Dennis R. Blasius	
27. Distribution Garland, Sarah; Topka, Tanya; Kessler, Charles; Harris, Paulette			28. Source Document Number 0847044390	

091009HCC2046

Information contained in this report was obtained from a sheriff's offense report and a death certificate (source document).

On 09/22/08, the son of an 87-year-old-male had returned home from work and found that his father was not in the house. He began a search outside of the house, until he discovered the victim (his father) in a field located in back of their property. He found him unresponsive and immediately contacted 911.

Upon EMS personnel, they were directed to the location of the victim and observed that he was lying on his right side, with contusion and abrasions on both arms and facial area, on a dirt road in the rear of the property.

During the investigation it was noted that he was run over by the utility vehicle and it continued backwards into the wooded area where it was stopped by trees/bush.

The utility vehicle was located approximately 40 to 50' from the victim in a wooded area at the bottom of a hill.

The victim was transported to a hospital where he was pronounced and the cause of death was determined to be closed head trauma.

PRODUCT INFORMATION

Kubota RTV 900 Utility Vehicle

ATTACHMENTS:

1. Sheriff's Report
2. Contact Sheet
3. Status of Missing Document(s)
4. Data Record Sheet for Utility Vehicles

Offense Report

HARDEMAN COUNTY SHERIFF OFFICE

DATE: 10/29/2009

TIME: 09:19

Case: 0809212354

Classification:

Report Date: 09/21/2008

Report Time: 23:54

Occured From Date: 09/21/2008

Occured From Time: 23:54

Occured Thru Date: 09/21/2008

Occured Thru Time: 23:54

UCR: ND/O - DEATH/OTHER

Offense: DEATH/OTHER

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

Zone: 00001

Department: HCSD

Victim:

Race: W

Sex: M

D.O.B.:

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

Address:

Phone:

Work Address:

Phone:

Person Arrested:

Race:

Sex:

D.O.B.:

Complainant: (b)(6)

Race: W

Sex: M

D.O.B.:

(b)(6)

Address:

Phone:

Witness:

Race:

Sex:

D.O.B.:

Address:

Phone:

Witness:

Race:

Sex:

D.O.B.:

Address:

Phone:

Vehicle License #:

State:

Year: 0

Type:

V.I.N.:

Year: 0

Make:

Model:

Style:

Color:

Description:

Weapon:

Serial No:

Make:

Caliber:

Type:

PROPERTY:

TOTAL VALUE: \$0.00

Reporting Officer: Id

Badge:

Unit #:

Approving Officer ID: CHANDLER, RICK

Investigator Assigned:

Case Status:

Narrative

ON 9-21-2008 AT 23:54 HOURS BPD DISPATCHED ADVISED THAT (b)(6) HAD CONTACT 911 AND REPORTED THAT HIS FATHER (b)(3):CPSA Sectio WAS NOT HOME UPON HIS RETURN FROM WORK AND THAT HE HAD DISCOVERED HIM IN A FIELD IN THE BACK OF THE PROEPRTY AND IS BELIEVED TO BE DECEASED

DEPUTY DAVID R. HARVILLE (718) WAS DISAPTCHEDED TO THE RESIDENCE (b)(3):CPSA Sectio UPN ARRIVAL DEPUTY HARVILLE AND E.M.S. PERSONNEL WERE TAKEN TO THE LOCATION WHERE THE BODY WAS DISCOVERED. MR. (b)(3):C WAS OBSERVED LYING ON HIS RIGHT SIDE ON A DIRT ROAD IN THE REAR OF THE PROPERTY. THE BODY HAD OBVIOUS CONTUSION AND ABRASIONS ON BOTH ARMS AND FACIAL AREA. THE VICTIMS EYEGGLASSES, POCKET KNIVES AND CIGARETTE WERE NEARBY AND APPEARED TO HAVE BEEN PUSHED INTO THE DIRT. A KUBOTA RTV 900 WAS LOCATED APPROX. 40 TO 50' FROM THE VICTIM IN A WOODED AREA AT THE BOTTOM OF A HILL.

THE VEHICLE WAS IN 2 WHEEL DRIVE LOW WITH THE KEY IN THE OFF POSITION. DEPUTY HARVILLE REQUESTED THAT CAPTAIN MIKE SKIBBA ASSIST ARRIVING AT 00:38 HOURS. CAPTAIN SKIBBA REVIEWED THE SCENE AND TOOK PHOTOGRAPHS OF THE VICTM VEHICLE AND INDICATED THAT THE VICTIM WAS RUN OVER BY THE VEHICLE WHICH CONTINED BACKWARDS INTO THE WOODED AREA AND WAS STOPPED BY TREES/BRUSH. BOLIVAR GENERAL HOSPITAL DOCOTH (b)(3):C EXAMINED THE BODY UPON ITS ARRIVAL AT THE E.R. NO ADDITIONAL INJURIES WERE NOTED OTHER THAN HEAD/ARMS AND THE INJURIES ERE CONSISTENT WITH BEING RUN OVER. DEATH WAS LIKELY DUE TO HEAD TRAUMAN. MR. (b)(3):C WAS 87 YEARS OLD AT THE TIME OF HIS DEATH.

Officer Signature

Date

Form_Report

COMPLAINT CARD
HARDEMAN COUNTY SHERIFF OFFICE

DATE: 10/29/2009
TIME: 09:20:33AM

C.F.S. #: 200520891

DATE: 09/21/2008

O.C.A. #: 0809212354

LOCATION: (b)(3):CPSA

APT #:

ZONE: 00001

ESN:

FIRE:

PHONE #: (731) 433-7907

NAME: (b)(3):CPSA S TO EMS

ADDRESS:

TOONE, TN. 38381-

NATURE: 10-70 - DEAD ON ARRIVAL-DOA

RECEIVED: 2354 Notified EMS/Fire: 2354 Dispatched/Enroute: 2354 Arrived: 0003 Completed: 0251

DISPATCHER: SS58

Prisoner In Custody Time:

UNIT ASSIGNED: 718 - FLURRY, MARLIN

PRIMARY OFFICER: RH18

BACK-UP OFFICER: 703MS

DISPOSITION: 4 - REPORT TAKEN SHIFT: 2

Department:

Race:

Sex:

BPD DISPATCHER BOWERS ADVISED (b)(6) IS ON 911 TO EMS, STATING HIS FATHER RODE 4-WHEELER TO BACK OF THE PROPERTY, HE FOUND HIM AND BELIEVES HE IS D.O.A. 718 (HARVILLE) DISP.

0003--718 SCENE

0010--EMS SCENE

0033--BPD PAGED OUT RESCUE SQUAD PER EMS FOR EXTRACTION OF THE SUBJECT

0038--703 (SKIBBA) OUT WITH 718

0221--718 CLEAR FROM SCENE ENROUTE TO ER

0223--703 CLEAR FROM SCENE

0235--718 AT ER

0251--718 CLEAR FROM ER, REPORT TAKEN, ACCIDENTAL DEATH.

Officer Disposition

Fire Traffic

Date	Time	Unit	Comment
------	------	------	---------

091009HCC2046

ATTACHMENT #2

Contact Sheet

Contacted on 10/28/09
Hardeman County Sheriff
315 E. Market St.
Bolivar, TN. 38008
731-658-3971

Contacted on 10/28/09
Hardeman County M.E.
629 Nicholls Rd.
Bolivar, TN. 38008
731-658-3388

Task Number: 091009HCC2046

Date: 02/08/10

Status of Missing Document(s)

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

1. Photos

2. _____

3. _____

4. _____

Date: 02/08/10

Investigator No. 8942

Regional Office: CFIE

Supervisor No. 9083

Utility Vehicle Data Record Sheet

091009HCC2046
Attachment #4

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

The Utility Vehicle

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

A: Age:87	Height: Unknown
Gender: Male	Weight: Unknown
Helmet (Y/N):UNK	Seatbelt (Y/N):UNK
Killed/Injured/Neither/Unknown: Killed	
Injury Description: Closed Head Trauma	
Did vehicle land on victim: No	
Ejected (Either partially or fully): Fully	

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

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

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

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

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

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

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

1 TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

1 DECEASED'S NAME (Last, First, Middle Initial) (b)(3):CPSA Section 25(c),(b)(4)

2 SEX Male (b)(3):CPSA Section 6(a),(b)(4)

3 AGE LAST BIRTHDAY (Years) 87

4 SOCIAL SECURITY NUMBER (b)(3):CPSA Section 25(c),(b)(4)

5 DATE OF BIRTH (Month Day Year) Jan 1, 1921

6 BIRTHPLACE (City and State or Foreign Country) Hardeman County, Tennessee

7 BIRTHPLACE (City and State or Foreign Country) Hardeman County, Tennessee

8 WAS DECEASED EVER IN U.S. ARMED FORCES? 1 Yes 2 No

9a FACILITY NAME (If not institution give street and number) Bolivar General Hospital 122

9b CITY TOWN OR LOCATION OF DEATH Bolivar

9c COUNTY OF DEATH Hardeman

10 MARITAL STATUS Married Never Married Widowed Divorced (Specify) Widowed

11 SURVIVING SPOUSE (If wife give maiden name)

12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor

12b KIND OF BUSINESS/INDUSTRY Manufacturing

13a RESIDENCE STATE Tennessee

13b COUNTY Hardeman

13c CITY TOWN OR LOCATION Toone

13d STREET AND NUMBER OR RURAL LOCATION 1385 Tyson Road

14 WAS DECEASED OF HISPANIC ORIGIN? Specify Yes or No; if yes specify Cuban Mexican Puerto Rican etc. Yes No

15 RACE American Indian Black White etc. (Specify) White

16 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12 College (1-4 or 5)

17 Father's Name (First Middle Last) (b)(3):CPSA Section 25(c),(b)(4)

18 Mother's Name (First Middle Last) (b)(6)

19a INFORMANT'S NAME (Type/Print) (b)(6)

19b RELATION TO DECEASED Son

20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)

20b PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Cearley Cemetery

20c LOCATION-City or Town State Toone, Tennessee

21a SIGNATURE OF FUNERAL DIRECTOR (b)(3):CPSA Section 25(c),(b)(4),(b)(6)

21b LICENSE NUMBER OF FUNERAL DIRECTOR

21c SIGNATURE OF EMBALMER

21d LICENSE NUMBER OF EMBALMER

22 REGISTRAR'S SIGNATURE (b)(3):CPSA Section 25(c),(b)(4),(b)(6)

23 REGISTRAR'S SIGNATURE (b)(3):CPSA Section 25(c),(b)(4),(b)(6)

24 PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS

25 IMMEDIATE CAUSE (Final disease or condition resulting in death) closed Head Trauma

26 DUE TO (OR AS A CONSEQUENCE OF) A TV Accident

27 DUE TO (OR AS A CONSEQUENCE OF) V8/9

28 DUE TO (OR AS A CONSEQUENCE OF)

29a WAS AN AUTOPSY PERFORMED 1 Yes 2 No

29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30 MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 5 Pending investigation 6 Could not be determined

31a DATE OF INJURY (Month Day Year) 09/22/08

31b TIME OF INJURY N/A

31c INJURY AT WORK? 1 Yes 2 No

31d DESCRIBE HOW INJURY OCCURRED Found dead in a dirt on his property

31e PLACE OF INJURY At home farm street factory office WOOD

31f LOCATION (Street and Number or Rural Route Number City or Town State) Near 1385 TYSON RD, TOONE

LIST OF ATTACHMENTS:

1. Identity of Respondents (1 Page)
2. Cherokee County Sheriff's Report (8 Pages)
3. Autopsy Report (7 Pages)
4. Pathology Report (2 Pages)
5. Grief Letter to Next of Kin (1 Page)

IDENTITY OF RESPONDENTS:

1. Cherokee County Sheriff's Office
Ann York, Records Department
272 Underwood Street
Rusk, TX 75785
(903) 683-2271

2. Michael David Tatjes, (Witness)
460 Marten Lane
Holt, FL 32564
(850) 259-1166

3. Christopher Scott Howard (NOK, No Response)
17422 Energy Lane
Dallas, TX 75252
(214) 868-4774

Cherokee County Sheriff's Report indicated photos were taken of the incident scene. A copy of the photos could not be provided by their department. When asked for a copy of the photos, their response was "they are not attached to the report or in our archives; we do not know where they are".

Next of kin did not respond to a grief letter sent on October 29, 2009. Several phone call attempts were also made to next of kin with no response.

DEPUTY <i>Donald Williams</i>		UNIT NUMBER #519		CHEROKEE COUNTY SHERIFF'S OFFICE				STATUS		LICENSE NO. 08-SO-0387	
INITIAL OFFENSE REPORT				<input type="checkbox"/> FELONY <input type="checkbox"/> MISC <input type="checkbox"/> TRAFFIC		<input type="checkbox"/> SIF		<input type="checkbox"/> MISD <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		<input checked="" type="checkbox"/> INCIDENT <i>Deceased Person</i>	
<input type="checkbox"/> ACT		<input type="checkbox"/> ATT		<input checked="" type="checkbox"/> FND		<input type="checkbox"/> UNFD		REPORT DATE 04/03/08		TIME 17:03	
REPORTED OFFENSE/PC#				ACTUAL OFFENSE/PC#				LOCATION OF EVENT <i>Mud Creek Off Road Park, Jacksonville</i>			
OCCURRED ON / BETWEEN		MO - DAY - YR 04/03/08		TIME 16:50		DAY Thur		AND		MO - DAY - YR 04/03/08	
										TIME 17:00	
										DAY Thur	
WEATHER / LIGHT Slight rain / evening											
OWNER VICTIM COMPLAINT			NAME NO. 1			RACE / ETHN			SEX		
ADDRESS			PLACE OF EMPLOYMENT			AGE			DOB		
NAME NO. 2			RACE / ETHN			SEX					
ADDRESS			PLACE OF EMPLOYMENT			AGE			DOB		
REPORTED			REPORTER NAME <i>park security</i>			RACE / ETHN			SEX		
ADDRESS			PLACE OF EMPLOYMENT			AGE			DOB		
DEATH / INJURY REPORT			NAME <i>Samuel Shane Howard</i>			RACE / ETHN <i>White - Non Hisp.</i>			SEX <i>M</i>		
			ADDRESS <i>1769 Mallard Rd, Batesville,</i>						<input type="checkbox"/> INJURED <input checked="" type="checkbox"/> DECEASED		
AGE 32		HT. 5'10		WT. 140		HAIR <i>Bro</i>		EYES <i>Blue</i>		DOB 05/19/1975	
										PLACE OF BIRTH <i>Unknown</i>	
										TYPE OF DEATH	
										JP NOTIFIED DATE/TIME <i>FOREMAN - 04/03/08 17:15</i>	
ATTENDING PHYSICIAN / ADDRESS / PHONE									TYPE OF INJURY <i>Obvious head trauma</i>		
LOCATION OF INJURY <i>Back of the head and jaw area</i>						CONDITION <i>Deceased</i>					
PRONOUNCING PHYSICIAN / ADDRESS / PHONE									DATE/TIME PRONOUNCED 04/03/08 00:00		
LAST PERSON TO SEE SUBJECT ALIVE (NAME & ADDRESS) <i>Unknown</i>									PHONE		
DATE/TIME LAST SEEN			SUBJECT TRANSPORTED TO: <i>Autry, Jacksonville</i>				SUBJECT TRANSPORTED BY: <i>Autry, Jacksonville</i>				
NEXT OF KIN NOTIFIED: (NAME, ADDRESS, PHONE)									DATE/TIME NOTIFIED		
YEAR		MODEL		MAKE		TYPE		COLOR		LICENSE YR ST	
										V.IN.	
IDENTIFYING CHARACTERISTICS						ENTERED IN COMP		SEIZED		IMPOUNDED	
						<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>		<input type="checkbox"/>	
										RECOV.	
										<input type="checkbox"/>	
WRECKER COMPANY ADDRESS						NCIC / TCIC #		STORAGE FACILITY ADDRESS			
NAME / ADDRESS OF OWNER										VALUE	
TYPE OF LOCATION OF EVENT <i>Mud Creek Off Road Park</i>				ENTRY				METHOD OF ENTRY / TOOL, WEAPON, OR INST. USED <i>N/A</i>			
				<input type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE							
POINT OF ENTRY <i>N/A</i>				POINT OF EXIT <i>N/A</i>				MODE OF TRAVEL <i>ATV</i>			
								DIRECTION OF TRAVEL <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> UK			
ARREST MADE <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF ARR		TIME OF ARR		CHARGE(S)					
SCENE PROCESSED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			PHOTOGRAPHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			LOCATION OF EVIDENCE <i>N/A</i>			EVIDENCE LOCATED BY <i>N/A</i>		
SCENE PROCESSED BY <i>C.J.D.</i>				RELATED OFFENSE NOS.				INVEST. ASSIGNED <input type="checkbox"/> YES <input type="checkbox"/> NO		INVEST NO.	

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PART 6 PROPERTY DAMAGED, STOLEN OR RECOVERED	QUAN	ITEM	DESCRIPTION										<input type="checkbox"/> R <input type="checkbox"/> C
													<input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> C
													<input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> C
													<input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> C
													<input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> R <input type="checkbox"/> C
PART 7 MISSING PERSON / RUNAWAY	NAME			ADDRESS						<input type="checkbox"/> DL <input type="checkbox"/> ID - ST	PHONE		
	RACE / ETHN		SEX	AGE	HT	WT	EYES	DOB	COMPLEX	HAIR COLOR		PLACE OF BIRTH	
	CLOTHING DESCRIPTION						OCCUPATION			SCHOOL ATTENDED			
	HAIR LENGTH / STYLE			FACIAL HAIR			MARKS / SCAR			KNOWN LANGUAGES			
	NAME / ADDRESS OF EMPLOYER						NAME / ADDRESS OF PHYSICIAN						
	NATURE OF MEDICAL TREAT				MEDICATION(S) PRESCRIBED				ANY KNOWN REASON FOR DISAPPEARANCE				
	PERSON SUBJECT MAY BE WITH (NAME & ADDRESS)										TELETYPE NUMBER		
	NAME NO 1						<input type="checkbox"/> DL <input type="checkbox"/> ID - ST	<input type="checkbox"/> A <input type="checkbox"/> S	PHONE (RES.)		PHONE (BUS)		
	ADDRESS			CITY	ZIP	RACE / ETHN		PLACE OF EMPLOYMENT					
	SEX	AGE	HT	WT	HAIR	EYES	DOB	HAIR LENGTH / STYLE	FACIAL HAIR	ARMED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> U/K			
CLOTHING DESCRIPTION								SCARS / MARKS					
NAME NO 2						<input type="checkbox"/> DL <input type="checkbox"/> ID - ST	<input type="checkbox"/> A <input type="checkbox"/> S	PHONE (RES.)		PHONE (BUS)			
ADDRESS			CITY	ZIP	RACE / ETHN		PLACE OF EMPLOYMENT						
SEX	AGE	HT	WT	HAIR	EYES	DOB	HAIR LENGTH / STYLE	FACIAL HAIR	ARMED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> U/K				
CLOTHING DESCRIPTION								SCARS / MARKS					
PART 9 WITNESSES	NAME NO 1						<input type="checkbox"/> DL <input type="checkbox"/> ID - ST	PHONE (RES.)		PHONE (BUS)			
	ADDRESS						RACE / ETHN		SEX	AGE	DOB	PLACE OF EMPLOYMENT	
	REASON FOR BEING A WITNESS												
	NAME NO 2						<input type="checkbox"/> DL <input type="checkbox"/> ID - ST	PHONE (RES.)		PHONE (BUS)			
	ADDRESS			RACE / ETHN		SEX	AGE	DOB	PLACE OF EMPLOYMENT				
REASON FOR BEING A WITNESS													
DATE & TIME RCVD			DATE & TIME ARRIVED			DATE & TIME CLEARED			APPROVING SUPERVISOR		DATE		
04/03/08 17:08			04/03/08 17:30			04/03/08 18:45			NLP #521		4/20/08		

**CHEROKEE COUNTY SHERIFF'S OFFICE
SUPPLEMENTAL OFFENSE REPORT**

CASE NUMBER:
VICTIM'S NAME:
SUSPECT'S NAME:
DATE:

ASSIGNMENT

On the above date at 1702 I, Deputy Sheriff Donald Williams (Cherokee County Sheriff's Office) was assigned to patrol the Northern patrol district of Cherokee County. I was monitoring radio traffic and heard Chief Deputy Keith Radcliff calling for an ambulance and East Texas Medical Center Air 1 to the Mud Creek Off Road Park located on Hwy. 79, just outside of Jacksonville. I met with Captain Chris White and proceeded to the scene of the accident.

SCENE SUMMARY

The scene where the accident occurred is the Mud Creek Off Road Park.

DETAILS

I arrived at the scene and observed a white male, later identified as Samuel Shane Howard (D.O.B. 05/19/1975) lying on his back with a red Honda TRX 400 ATV a few feet away. Mr. Howard was wearing a blue jacket and what appeared to be green pants. Investigators for the Cherokee County Sheriff's Department were working security for the event and were already present and processing the scene. I observed Mr. Howard's jaw area and the base of his skull to be covered in blood. It appeared that Mr. Howard struck a root and rolled his ATV over onto him and had possibly broken his neck. East Texas Medical Center emergency medical technicians were called to the scene as well as Justice of the Peace, Judge Vera Foreman. Judge Forman pronounced Mr. Howard deceased and Autry Funeral Home, located in Jacksonville, was contacted to transport the body of Mr. Howard. Mr. Howard's belongings were released to friends that had attended the event with him by the investigators.

DISPOSITION

An incident report was completed and the investigation into the death of Mr. Howard was transferred over to C.I.D. Mr. Howard's next of kin was notified by C.I.D.

CHEROKEE COUNTY SHERIFF'S OFFICE
PATROL DIVISION
CASE DISPOSITION SHEET

This sheet is to be filled out on every case that you investigate.
Upon completing this form turn it in to the Shift Supervisor

Case No: **08-SO-0387**

Complainant / Victim: **Samuel Shane Howard**

Offense: **Deceased Person**

Date I received case: **4/3/2008**

Date of Disposition: **4/3/2008**

Date Case To Prosecutor:
/ Juvenile Probation / Filing cabinet, etc

DISPOSITION OF CASE

- Case Cleared by Arrest
- Case Cleared / Pending Arrest
- Case Cleared (See narrative for explanation)
- Case In-Active
- Complainant Refused to Prosecute
- Charges Filed but Later Dropped
- Case for Information Only
- Case referred to Attorney's Office
- Case referred to Criminal Investigation Division

CASE FILED WITH:

- District Attorney
- County Attorney
- Juvenile Probation
- File Cabinet
- Other (Explain)

Brief Narrative: (List names of person(s) arrested and brief description of case)

Mr. Howard was the victim in an accident that occurred on this date at the Mud Creek Off Road Park during Mud Nationals.

Deputy Sheriff Donald Williams

BADGE# 519

DATE: **4/3/2008**

APPROVING SUPERVISOR: *Det. [Signature]* DATE: *4/20/08*



Cherokee County Sheriff's Office
Criminal Investigation Division

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Captain Chris White
Chief Investigator

272 UNDERWOOD STREET
 RUSK, TEXAS 75785
 (903) 683-2271 // (903) 683-2813 - FAX



Case Number: 08-SO-~~0000~~0387
Complainant: State of Texas
Suspects: n/a
Nature of Case: Deceased Person
Penal Code#: n/a
Date: Thursday April 3, 2008

Reference: Supplement / Disposition

Details: (all times are approximate)

Thursday April 3, 2008

1645 hours: I received information from the Cherokee County Sheriff's Office (CCSO) concerning a fatality accident, which had occurred at the Mud Creek Off-Road Park located off of Hwy 79 East of Jacksonville, Texas.

1715 hours: I arrived on-scene and spoke with off-duty CCSO Chief Deputy Radcliff, and Investigators Battle, Hughes and Acker who were providing security services for the Mud Creek event. At that time, I was advised that friends had identified the victim as a Mr. Samuel Howard of Batesville, Mississippi who had traveled to Mud Creek with Landon Clarkson and Tim Clarkson.

According to statements received by other park participants, Mr. Howard was traveling south on a dirt road at a high rate of speed when it appeared as though he attempted to "jump" a small dirt knoll as if to pull the front wheels of his ATV off of the ground. At that time, Mr. Howard's ATV was observed to begin rolling to his left or in an eastward direction. Mr. Howard was further observed to maintained his seated position through at least two (2) complete sideward rotations before coming to rest in a large water/mud hole located on the east side of the small dirt lane.

At that time, I began photographing the scene and surrounding area while awaiting the arrival of Justice of the Peace Precinct #4 Judge V. Foreman. Upon Judge Foreman's arrival, she ordered an autopsy be performed at the Southeast Forensic Institute located in Tyler, Texas. Autry Funeral Home of Jacksonville, Texas was contacted to transport the body.

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1830 hours: Investigators Battley, Hughes and I traveled with Mr. Clarkson to another area inside the park where Mr. Howard had parked his Dodge P/U. Said vehicle was entered for the purpose of photographing ID information and taking possession of a Beretta .40 semi-auto weapon.

Disposition:

Case Closed. Final autopsy revealed that Mr. Howard died from injuries received in an accidental ATV accident. All evidence collected in this case was released to a Mr. Christopher Howard, identified as the brother of the deceased.

**Report by: Captain Chris White/ 504
Chief Investigator
Cherokee County Sheriff's Department**

AUTOPSY REPORT

T08-0401

April 4, 2008

ON THE BODY OF

**Samuel Howard
1769 Mallard Point
Batesville, Mississippi**

CAUSE OF DEATH: Blunt force injuries to the head.

MANNER OF DEATH: Accident.

<i>Delbert W. Van Dusen, M.D.</i>	<i>April 11, 2008</i>
Delbert W. Van Dusen, M.D.	Date
Forensic Pathologist	

FILE MARK 4-15-08
JP NO. 4

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POSTMORTEM EXAMINATION ON THE BODY OF

**Samuel Howard
1769 Mallard Point
Batesville, Mississippi**

HISTORY: This 32 year old Caucasian male was pronounced dead at 5:42 p.m. on April 3, 2008 at Mud Creek in Cherokee County, Texas.

AUTOPSY: The autopsy was performed by Dr. Delbert W. Van Dusen at the request and upon the written authorization of The Honorable Vera Foreman, Justice of the Peace, Precinct 4, Cherokee County, Texas, beginning at 9:00 a.m. on April 4, 2008 in the Southeast Texas Forensic Center in Tyler, Texas.

CLOTHING: The body was received in a white body bag. Orange band number 4652053 was attached to one end of the zipper. A white tag with the information "Cherokee County, Judge Foreman, Samuel Howard, W/M, 32 yrs., Autry F.H., T08-0401" was on the bag. The decedent was dressed in a blue mud stained windbreaker, a green mud stained t-shirt with the phrase "Real men don't read the instructions" on the anterior surface. There was a pair of denim trousers with a black leather belt, gray boxer briefs, black socks and mud caked brown boots. Black mud stained gloves were on left and right hands.

PERSONAL PROPERTY: There was a wrist watch with a white and yellow metal wrist band around the left wrist and beneath the band of the watch was a red strip with a white area with the number 39019.

EVIDENCE OF MEDICAL INTERVENTION: Electrocardiographic electrodes were on the right and left anterior flanks, left and right anterior shoulders.

EXTERNAL APPEARANCE: The body was that of a well developed, well nourished Caucasian male who measured 69 inches in length, weighed 153 pounds and whose apparent age was similar to the stated age of 32 years. The body was cool to the touch, having been refrigerated. Non-blanching purple livor mortis was on the posterior

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surfaces of the body, except in areas exposed to pressure. Rigor mortis was developed in the extremities and the jaw. The head was covered by brown hair 10 ½ inches in length over the crown and back of the head. There was bitemporal balding and mild thinning of the hair. The ears were of normal size and there were multiple contusions on the left ear. The irides were hazel-blue and the pupils were bilaterally dilated to 0.5 centimeters. Initially there were deep blue contacts over the corneas. There were no petechiae or congestion in the sclerae and conjunctivae. The nose was central, extended and had blood in the bilateral nares. The face had abundant stubble and the sideburns ended at the upper border of the ears. There were no piercings in the lower lobes. There was blood within the external auditory canals. There was a mustache on the upper lip, a tuft of hair on the lower lip and a goatee on the chin. The neck was elongated, soft and had no palpable organomegaly. There were multiple contusions and abrasions over the upper chest, confined principally to the left side of the body. There was moderate body hair over the chest and around the areolae. There was minimal body hair over the abdomen. Pubic hair was brown, kinky and abundant. The foreskin was short and the testicles were bilaterally within the scrotum. The bilateral thighs were well muscled. There were contusions on the medial right and left knees and on the anterior right patella. There were minimal scars over the pretibial areas. There was no edema in the ankles. The appropriate number of digits were on the feet. The upper right arm and forearm were unremarkable. The upper left arm and forearm were unremarkable. The palmar surfaces of the hands were moderately calloused. The fingernails were worn short and there was no debris beneath their surfaces. The back, perineum and anus were unremarkable. There were superficial contusions and abrasions on the posterior neck.

INTERNAL EXAMINATION: The body was opened with a Y-shaped thoracoabdominal incision to reveal fat and red-brown muscles of the upper anterior thorax. The abdominal panniculus at the level of the umbilicus measured ¾ inch. There was no excess fluid in the peritoneal or pleural cavities. There was a small amount of clear yellow serous fluid in the pericardial sac. The internal organs were in their usual locations and had normal anatomic relationships to one another.

CARDIOVASCULAR SYSTEM: The heart weighed 310 grams. It had a smooth and glistening epicardial surface with a moderate amount of fat. The coronary arteries followed a normal distribution. On sectioning, the myocardium was red-brown. There was no fibrosis. The walls of the right and left ventricles were of normal thickness. The cardiac valves were of normal size and had thin, pliable cusps. There was minimal atherosclerosis in the aorta.

RESPIRATORY SYSTEM: The right lung weighed 670 grams and the left weighed 760 grams. The upper pleural surfaces were gray and became darker purple in the more dependent portions. The trachea and mainstem bronchi contained bloody fluid. There was severe anthracosis involving the cut surfaces and pleural surfaces of both lungs. On sectioning, minimal blood-tinged fluid exuded from the cut surfaces. There was no tumor, infectious process, hemorrhage or pulmonary emboli.

HEPATOBIILIARY SYSTEM: The liver weighed 1,125 grams. It had homogenous red-brown external and cut surfaces. There was no tumor, infectious process or hemorrhage. The gallbladder contained 10 milliliters of green bile. There were no stones. The hepatobiliary ducts were patent.

SPLEEN: The spleen weighed 130 grams. It had a purple-gray intact capsule. On sectioning, the parenchyma was dark red, firm and rubbery. The Malpighian corpuscles were not visible.

ADRENALS: Both adrenals were surrounded by a minimal amount of adipose tissue and had a combined weight of 20 grams. On sectioning, the cortices were yellow and of normal thickness. The medullae were red-brown and unremarkable.

PANCREAS: The pancreas weighed 95 grams. It had the usual size and shape. It was red-brown and lobulated on external and cut surfaces. It was unremarkable.

GASTROINTESTINAL TRACT: The esophagus had a gray-tan mucosa. The stomach contained 300 milliliters of watery fluid containing fragments of meat. The duodenum, small and large

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intestines were unremarkable. The appendix was present at the tip of the cecum.

GENITOURINARY TRACT: The left kidney weighed 120 grams and the right kidney weighed 110 grams. Both had capsules, which stripped with ease to reveal smooth brown cortical surfaces. On sectioning, the cortices and medullae were well demarcated. There was no tumor, infectious process or hemorrhage. The bladder contained 40 milliliters of cloudy moderately yellow urine. The bladder mucosa was gray-tan.

NECK: The internal structures of the neck were examined in situ. The proximal esophagus had a tan mucosa. The larynx contained a small amount of mucous but was otherwise unremarkable. There was no food lodged within the upper airway. The hyoid bone, thyroid cartilage and cricoid cartilage were intact and had no fractures. There was no hemorrhage of the anterior strap muscles of the neck. The thyroid gland had the usual butterfly shape and was red-brown on both external and cut surfaces. There were no nodules.

HEAD: The scalp was incised and reflected in the usual manner. There were two subscalp hemorrhages behind and slightly above the right ear which were up to 1 inch in diameter. The top of the skull was removed and had no fractures. There was no epidural or subarachnoid hemorrhage. There was between 5 and 10 milliliters of subdural hemorrhage confined to the surface of the right hemisphere. The brain weighed 1,415 grams. The vessels at the base of the brain were intact and had no anomalies or abnormalities. On sectioning the cerebrum, cerebellum, and brain stem, there was no tumor or infectious process. In the substantia nigra there were multiple petechial hemorrhages. In the pons there were multiple Duret and petechial hemorrhages. The base of the skull had a hinge fracture which extended for 3 ½ inches from the lateral surface of anterior border of the petrous bone into the silla turcica. The fracture continued for additional 3 ½ inches through the middle portion of the right middle fossa. The anterior portion of the skull was freely mobile over the posterior portion. There were no neck fractures.

SKELETAL SYSTEM: There was bilateral fracture of the mandible on the lateral border, anterior to the ramus. There was a hinge

fracture along the base of the skull and a hairline fracture in the area of the cribriform plate.

DESCRIPTION OF INJURY: On the left lateral head were multiple contusions and abrasions. Behind and above the helix of the left ear was a contusion with abrasion that was red-brown, vertically oriented and 1 by $\frac{1}{4}$ inch. Behind the left ear was a $\frac{1}{4}$ inch diameter red-brown contusion. Behind and below the left ear was a discontinuous area of contusion that was 1 by $\frac{1}{4}$ inch. The contusions were up to $\frac{1}{2}$ inch in length and the abrasions were $\frac{3}{8}$ inch wide. On the lower posterior helix of the left ear was a laceration $\frac{1}{4}$ inch long and up to $\frac{1}{2}$ inch in depth. Above the laceration on the helix was a $\frac{3}{16}$ inch diameter contusion. On the tragus was a superficial laceration $\frac{1}{4}$ inch in length. On the outer tragus was $\frac{5}{8}$ by $\frac{1}{4}$ inch contusion. Anterior to and above the meatus of the left ear was a contusion $\frac{1}{2}$ by $\frac{1}{4}$ inch. On the lateral surface of the left cheek, anterior to the left ear was a 4 by 1 $\frac{1}{4}$ inch band of contusions and abrasions. The contusions varied up to 1 $\frac{1}{2}$ inch in maximum dimension. The abrasions varied from $\frac{1}{2}$ inch to 1 $\frac{1}{4}$ inches in maximum dimension. On the medial surface of the lower lid of the left eye was an area of blue-green and red contusion that was 1 by $\frac{1}{2}$ inch. On the lateral border of the upper lid of the right eye was a $\frac{3}{8}$ by $\frac{1}{4}$ superficial contusion. Over the mandible on the right at midportion was a brown area of contusion with minor abrasion that was 1 $\frac{3}{4}$ by $\frac{3}{4}$ inch. This was associated with fracture of the mandible. On the left lateral neck was a contusion with abrasion that was 2 $\frac{1}{4}$ inches and was triangular in shape. At the apex it was $\frac{1}{2}$ inch in width and at the base 2 inches. Beneath the left clavicle was a 1 $\frac{1}{2}$ by $\frac{1}{2}$ inch red abrasion. At midpoint between the clavicle and the lateral shoulder on the left was a poorly circumscribed diffuse red-blue 1 $\frac{1}{4}$ by $\frac{3}{4}$ inch contusion. Over the lateral upper quadrant of the left breast was a patterned abrasion extending from upper left to lower right that was 3 by 2 $\frac{1}{4}$ inches. Over the anterolateral left arm was an area of contusions and abrasions that was 2 $\frac{3}{4}$ by $\frac{3}{4}$ inch. There were six separate lesions in this area. Lateral to the midline over the mid-left breast was a 4 by $\frac{3}{8}$ inch contusion with minor abrasion. Over the right anterior shoulder was a poorly circumscribed contusion 2 $\frac{1}{4}$ by 1 $\frac{1}{2}$ inches. On the medial surface of the left knee was a red contusion 2 $\frac{3}{4}$ by $\frac{3}{4}$ inch. On the anterior patella of the right knee was a $\frac{3}{4}$ by $\frac{1}{4}$ inch faint red. On the medial lower patella was a $\frac{5}{8}$ by $\frac{1}{4}$ inch red

contusions. On the pretibial area at the union of the middle and lower thirds of the right leg was a $\frac{1}{2}$ by $\frac{3}{16}$ inch red contusion.

PATHOLOGICAL FINDINGS

- 1. Blunt force injuries to the head.**
 - a. Hinge fracture in base of skull.**
 - b. Petechial hemorrhages in substantia nigra.**
 - c. Duret hemorrhages in the pons.**
 - d. Subdural hematoma, right.**
- 2. Bilateral pulmonary edema.**
- 3. Multiple contusions and abrasions of the head, chest, right and left lower legs.**

CAUSE OF DEATH: Blunt force injuries to the head.

MANNER OF DEATH: Accident.

091009HCC3011

Attachment #4

Page 2 of 2

Accu-Chem Laboratories
 990 North Bowser Road, Suite 800/880
 Richardson, Texas 75081
 (972) 234-5412
 www.accu-chem.com

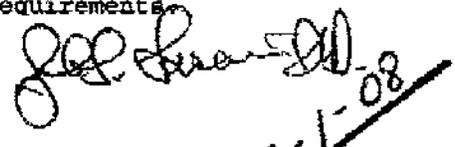
Client	Southeast Texas Forensic Cmr. Dr. Delbert Van Dusen 11980 Highway 155 North Tyler, TX 75708	Name/Case #	Howard, Samuel
Chain #	ME000012576	Sample ID	852038
Aux Data	T08-0401	SSN	T08-0401
Matrix		Reason	Postmortem
Work Order	1234 41108 STFC Tyler	Collected	04/04/08 00:00
Location	S601 TYLER	Received	04/11/08 11:07
		Completed	04/23/08 11:33
		Reported	04/23/08 13:47

Analyzes Ordered:
 1107B - PM Screen, Blood (Cardiac)
 1117B - Alcohol Quant., Blood

Analyte	Result	Quant.	Screen Cutoff	Confirm Cutoff
PM Screen, Blood (Cardiac)	NOT DETECTED			
Alcohol Quantitation, Blood	POSITIVE			
Ethanol (Cardiac)	POSITIVE	0.203		0.001 g%

I certify that the specimen identified by this chain number has been handled and analyzed in accordance with all applicable requirements.

Date: 04/23/08 Certified by: Eric Crossley, B.S.
 Laboratory Director: John L. Basater Ph.D., FACFE, DABFM



Accreditations/Certifications
 American Society of Crime Laboratory Directors (ASCLD/LAB)
 College of American Pathologists (CAP)
 Texas Department of Public Safety (DPS)
 U.S. Department of Health and Human Services (CLIA)

FILE MARK 5-1-08
JP NO. 4

 END OF REPORT



U.S. Consumer Product Safety Commission

Saving Lives and Keeping Families Safe

WESTERN REGION
P.O. Box 22
Barker, Texas 77412

Steve Bridges
Investigator

Phone: (832) 585-6892
Cell: (281) 528-0241
Fax: (832) 589-1204
E-mail: bridges@cpsc.gov

October 29, 2009

Dear Mr. Howard,

On behalf of the U.S. Consumer Product Safety Commission, an agency of the Federal Government, I wish to express my sympathy to you over the loss of your brother. I understand that it is a difficult time for you and your family and ask for your understanding and cooperation in helping us examine the circumstances surrounding his death.

As you may or may not know, the Consumer Product Safety Commission is responsible for investigating consumer product related injuries, deaths and potential injurious situations. The Commission is not a law enforcement agency, but one that regulates the safety of consumer products. The Commission hopes to prevent injuries and fatalities with what is learned.

With your cooperation, I would like to obtain more information about the death of your brother. Specifically, I would like to speak with you about the sequence of events and the product(s) involved. Any information that you can provide would be very helpful and greatly appreciated.

The information obtained assists us in better understanding the situation so that corrective action or new legislation can be undertaken, if appropriate.

I would appreciate the opportunity to talk with you. I may be reached by phone at (832) 595-6892.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Bridges".

Steve Bridges
Houston Field Office

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

A 32 year old male died of blunt force injuries to the head when the four wheeled ATV he was operating lost control and crashed into a pit. The incident occurred when the male driver jumped a dirt knoll while trying to raise the front wheels of the ATV off the ground while traveling at a high rate of speed. The driver was found a few feet from the ATV with large amounts of blood on his jaw and at the base of his skull. A Justice of the Peace pronounced the driver deceased at the scene. There were no other passengers and he was not wearing a helmet.

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

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

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

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

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

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

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

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

0 - Unknown	2 - Two riders	4 - Four or more riders
<input checked="" type="radio"/> - One rider	3 - Three riders	9 - No riders

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

Age: 32	Height: 69 (inches)
Weight: 04 = 150 - 199	Sex: Male

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

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

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

09 - Non-paved road

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

02 - Private road

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

09 - NA (Not a traffic incident)

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

1 - Yes

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

0 - Unknown

Additional Comments:

No witnesses actually saw the moment of impact, so it is unknown if the ATV flipped, rolled over or ejected the driver prior to impact. Photos were requested but could not be provided by the reporting agency.



4/4/2008-Cherokee County
Death On Course Clouds "Mud Nationals" Event

AUG 2 2009

NEWS

47



It is bringing thousands of people to East Texas, but a dark cloud is over the Mud Nationals.

32 year old Samuel Shane Howard died Thursday at Mud Creek Off-Road Park near Jacksonville. The Cherokee County Sheriff says Howard, who was from Batesville, Mississippi, was riding his 4-wheeler when it went off the road and fell on top of him. We're told this death is the first in the event's history. But it has many wondering what's being done to keep you and other participants safe out there.



Danielle Capper

With thousands of people around many didn't even know about the accident... Others heard rumors.

"I heard he was showing off driving fast. I don't know if that's true but that's what i heard," said Mike Upshaw from Louisiana.

We asked Cherokee County Sheriff James Campbell about

Samuel Howard's death.

"The people with him left last night. It's a very sad situation. Probably some people hadn't heard about it. People coming in as you can see right now. But it did put a little damper on it as for the owners and people with him," said Campbell.

It's not known right now if alcohol was involved in this accident, but it's an issue officials want to keep a handle on.

"I have officers at the event and there are many off duty officers here hired by the mud creek park to work security as well night and day," said Campbell.

Park owner's this year enforced a new rule, banning the ATV riders from drinking and driving. A rule that their security officers are to enforce.

"A lot of families come up here. You will see some of them with small children riding real slow. That is the kind of environment it is supposed to be. But you always have those that do what they are not supposed to do," said Campbell.

Despite the 30 to 40 officers on duty at all times, they say the first responsibility falls on the rider.

"If we see somebody acting like a total idiot intoxicated or whatever we will take care of it. But it's up to the rider. We can't enforce the law for 12 to 15 thousand people out here. The security hired off duty and my officers do the best we can," said Campbell.

Hopefully, the fun and games of this event will not be marred by tragedy again.

At the event last year, 14 people were transported by air with severe injuries, but there were no deaths.

TEXAS
4/3/2008
32m
PRODUCER=3286

1/29/10

1. Task Number 091019CCC02074		2. Investigator's ID 2725		EPIDEMIOLOGIC INVESTIGATION REPORT			
3. Office Code 840	4. Date of Accident YR MO DAY 2009 09 12	5. Date Initiated YR MO DAY 2009 10 22					
6. Synopsis of Accident or Complaint UPC The victim, a 36-year-old male, was riding as a passenger on a 4-wheeled utility vehicle (UTV) in an open lot near the side-yard of the UTV owner's residence. The driver was attempting an approximate 25 deg left turn and lost control of the UTV. In reaction, the driver then tried to turn right to offset the momentum, and the UTV tipped over onto the passenger side. In the process, the victim's right leg was pushed off the floor board, out of the side of the UTV, and was crushed under the rollbar. The victim sustained a broken leg just above the ankle. MFR/PRVLBR NOTIFIED <i>2/12/10</i> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>25</i> ; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY							
7. Location (Home, School, etc) 1 - HOME		8. City WRIGHTSTOWN		9. State WI			
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO 660			
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA VIN: 5YAM06Y24A002166 6555 Katella Avenue Cypress, CA 90630							
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE			
11D. Manufacturer Name and Address NONE							
12. Age of Victim 36		13. Sex 1 - Male		14. Disposition 4 - Hospitalized		15. Injury Diagnosis 57 - Fracture	
16. Body Part(s) Involved 36 - LOWER LEG		17. Respondent 1 - Victim/Complainant		18. Type of Investigation 1 - On-Site		19. Time Spent (Operational / Travel) 18 / 7	
20. Attachment(s) 9 - Multiple Attachments			21. Case Source 07 - Consumer Complaint			22. Sample Collection Number	
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Verbal <input checked="" type="radio"/> Yes for Manuf. Only							
24. Review Date 11/19/2009		25. Reviewed By 8929			26. Regional Office Director Frank J. Nava		
27. Distribution Topka, Tanya					28. Source Document Number H09A0235A		

This UTV injury incident was brought to the attention of the U.S. Consumer Product Safety Commission (CPSC) from a hotline report called in from the victim. This report was compiled from telephone interviews with both the UTV driver and passenger/victim, as well as on-site interview with the owner. In addition, information was collected from the local Police Department's report, the victim's medical records, and the UTV service dealer.

This model UTV has one Corrective Action Plans (CAP) assigned by CPSC; 09-172.

The UTV involved in this incident has a 660cc engine (est. 38 HP) and 4 wheel drive. It is equipped with a rear cargo bed and two bucket-style seats where each has an automobile-type 3-point safety seatbelt. The overall dimensions are 114" in length by 55" in width by 73" in height. The dry weight for the UTV is 1,049 pounds. The UTV is painted Camouflage color.

The owner 37YOM stated that he purchased the used 2004 Yamaha Rhino 660 4x4 UTV in 2005 from a private party seller in Green Bay, WI for approximately \$7,500.00. He purchased the UTV to use primarily on his 2.5 acre lot to haul wood. He noted that over the last four years, he has used the UTV primarily on his own residential property and occasionally uses it once a month on his cabin property in Northern WI. The UTV is used year round, about every weekend for hauling wood and leaves, yardwork, ice fishing, and sled dragging. When not in use, it is stored inside his two (2) car garage. The UTV sale included the owner's manual, which remains stored under the driver's seat. This owner's manual was borrowed to the CPSC investigator at the on-site interview with the owner. Following is a post-incident photograph of the UTV that was taken during the on-site interview. Importantly note that the side doors were not installed at the time of the reported UTV incident.

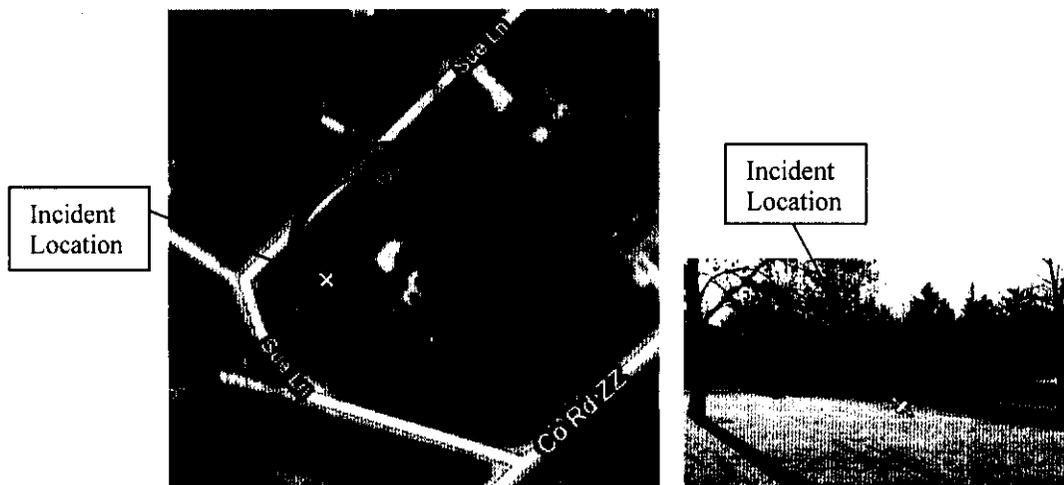


The owner stated that after the private seller purchase, he had additional features installed onto the UTV; a console radio, two top rear flood lights, and a front winch. The UTV is serviced every spring by a local service dealer. He also noted that the UTV was serviced in accordance with CPSC recall 09-172. The recall fix included installation of a wheel spacer kit and the removal of the sway bar assembly. According to the UTV's service records, this service was performed on June 17, 2009. The owner has noted no problems with the UTV.

On Saturday, September 12, 2009 both UTV occupants, the driver and victim, were visiting the owner for the weekend to attend a NFL game on the following day. The driver is a 36 YOM, 6 foot height, and 180lb weight. The passenger victim is a 36YOM 5 foot-10 inch height, and 180lb weight. The driver stated that he had no formal UTV training, but was familiar with UTV operation because he had driven other various UTVs about 5 times before. On this day, he had previously driven the UTV about 3 times earlier with no problems; twice by himself and once with another passenger. At approximately 2pm, the UTV owner and occupants played a round of golf where each consumed about four alcoholic beverages. At approximately 5pm, they had a dinner where each consumed about one alcoholic beverage.

At approximately 6pm, the driver with victim (as the passenger) began circling the UTV around the owner's residential property and the adjacent open lot in a counter clockwise direction. The adjacent open lot is located west to the sideyard of the residential property, and is connected free of any obstruction. The circular path is mostly flat grass terrain with intermittent small slopes, including multiple trees scattered surrounding the house. It was just before dusk, and there was still sunlight. The weather was clear and dry.

Before this ride, the owner stated that he gave both occupants basic instructions on UTV operation and safety. This included the mechanics on how to drive the UTV, and he cautioned them to keep all body parts inside the UTV if it were to roll, flip, or tip. Both the driver and victim were wearing seat belts. However, both were not wearing helmets or other protective clothing. They circled the path on the UTV about 5 – 6 times. During the ride, the owner observed that the driver would occasionally 'fish-tail' the UTV while circling the path.



At approximately 7pm, the driver with passenger began to return the UTV to the garage while riding on the open lot adjacent to the owner's sideyard. The driver stated that he attempted an estimated 25 deg left turn in order to maneuver around a small tree sapling. He was depressing the gas pedal while making this slight left turn. He lost control of the UTV because the tires spun and forced the UTV to take a 90 deg turn veering left. In reaction, the driver advised that he then tried to turn right to offset this veering momentum, and then the UTV tipped over onto the right passenger side. The victim stated that during this event his right leg was pushed off the passenger floor board, swung out of the right passenger side, and was then crushed and pinned underneath the passenger side rollbar with the tipover. The tipover incident occurred on the open lot, nearest to the northwest corner of the residential property. This location is grass terrain with an upward slope of about 5-10 degrees. The driver estimated the UTV speed was 10-15 mph when the incident occurred. The owner noted that he was not an eye witness to the incident because he was sitting at his patio table in his backyard, which has an obstructed view of the incident location. However, the owner did audibly hear the incident occur and the occupants' calls for assistance.

The owner placed a "911" call for assistance. The driver unfastened his seatbelt and exited from the tipped UTV. The victim remained seated within the UTV with his seatbelt secured. The driver and owner proceeded to lift the UTV to an upright position with the seatbelted victim and then moved his foot back onto the floor board. The victim sat in the UTV until the medical assistance arrived. The EMT arrived first on the scene within 20 minutes and addressed the victim's injury as an open ankle fracture, which was stabilized in a soft splint from the lower third of his tibia extending down along the ankle. The local police arrived about 10 min after first responders. The police interviewed the UTV owner and notified the property owner of the open adjacent lot.

The victim was transported to a local hospital where he was diagnosed with an open fracture of the right leg distal tibia and fibula. The victim remained at this local hospital and underwent two surgeries for his right leg injury. According to the victim's medical records, the first operation included wound debridement, bone stabilization, and mechanical hardware (nail and screws) for both the tibia and fibula right leg fractures. The second operation included repeat wound irrigation and debridement. The victim was discharged from the hospital and returned to his home on September 15, 2009.

Near October 1, 2009 the victim requested that the owner contact his insurance company, and then the victim contacted this insurance company to file a claim. Also at this time, he discussed the incident with attorney, but has not filed suit. The attorney recommended that he report the incident to the CPSC. The victim reported the incident to the CPSC on October 16, 2009. The victim stated that he contacted the manufacturer about a week later.

After the incident, the owner visibly found no structural damage to the UTV. He saw blood and grass stains on the passenger side rollbar in the vicinity of the injury. The owner stated that he felt that the injury may not have occurred if the UTV doors were installed. On September 30, 2009 he proceed to have the local service dealer install the doors that are being offered by the manufacturer for free. He became aware of the manufacturer's free doors offer from the service dealer. The service dealer stated that they had been advising their customers of the free offer for about a year. The owner confirmed that he has not registered the UTV with the manufacturer, so he has not received any of their postal mailings. In addition, the CPSC investigator also found that the notification for this free doors offer is available on the manufacturer's website.

PRODUCT IDENTIFICATION

The product involved in this IDI is a **Yamaha Rhino 660** utility terrain vehicle (UTV), model **YXR660FAS**. Camouflage color with a cargo bed on the back and a roll bar surrounding the occupant compartment. Two single bucket seats that each have 3-point seatbelts.

VIN: 5YAM06Y24A002166

The **manufacturer** is:
Yamaha Motor Corp, USA
6555 Katella Avenue
Cypress, CA 90630
<http://www.yamaha-motor.com>

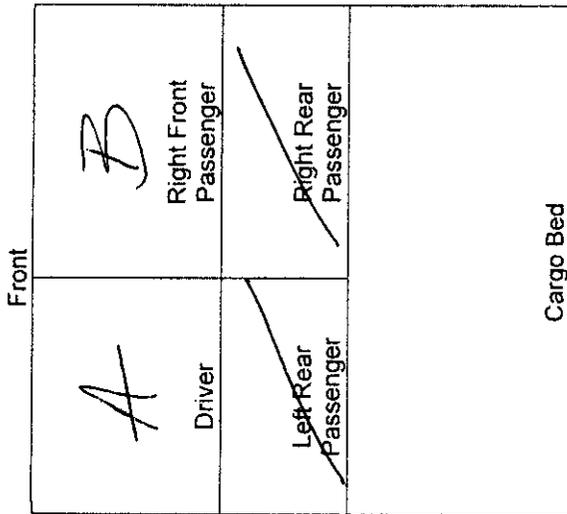
The manufacturer's online specifications are as follows:

Dimensions: 112.2 inches length by 54.1 inches width by 73.6 inches height
Bed Capacity: 400 lbs
Dry Weight: 1,049 lbs
Fuel Capacity: 8.5 gallons
Ground Clearance: 12.1 inches
Towing Capacity: 1,212 lbs
Turning Radius: 153.5 inches
Wheel Base: 75.3 inches
Lighting: Dual 30W Krypton Multi-reflector Headlights & dual 21/5W Brake light
Color: Realtree Hardwoods High Definition Camouflage
Engine: 40stroke Single, Liquid/Oil Cooled w/Fan, 5-Valve SOHC (660cc)
Drive Train: Yamaha On-Command push button 3-way locking differential, 2WD, 4WD, locked 4WD;
Shaft
Transmission: Yamaha Ultramatic V-Belt with all-wheel engine braking
Gearing: High, Low, Neutral and Reverse
Front Brakes: Dual hydraulic disc, twin piston front brakes
Rear Brakes: Hydraulic disc, self-adjusting parking system, shaft mounted
Front & Rear Suspension: Independent Double Wishbone, 7.3" w/ 5-way Preload Adjustment
Front Tires: AT 25 x 8 - 12 NHS
Rear Tire: AT 25 x 8 - 12 NHS

EXHIBITS

1. Utility Vehicle Data Record Sheet, 1 page
2. Photographs, 8 pages
3. CPSC CAP, 3 pages
4. Specifications Sheet from Manufacturer's Website, 2 pages
5. Owner's Manual – select pages only, 17 pages
6. Service Dealer Records (including Notice of Inspection), 5 pages
7. Police Report, 3 pages
8. Hospital Medical Records, 6 pages
9. Manufacturer's Website Notice for Free Door Installation, 2 pages
10. Contacts List, 1 page
11. Authorizations for Release of Name, 2 pages

Utility Vehicle Data Record Sheet



The Utility Vehicle

A: Age: 35 Y Height: 6 ft
 Gender: M Weight: 180 lb
 Helmet (Y/N): N Seatbelt (Y/N): Y
 Killed/Injured/Neither/Unknown: None
 Injury Description: None
 Did vehicle land on victim: No
 Ejected (Either partially or fully): No

B: Age: 36 Y Height: 5 ft - 10 in
 Gender: M Weight: 180 lb
 Helmet (Y/N): N Seatbelt (Y/N): Y
 Killed/Injured/Neither/Unknown: Injured
 Injury Description: Broken Leg - Rt.
 Did vehicle land on victim: Yes - Rollbar
 Ejected (Either partially or fully): Partially (Rt. Leg)

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

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

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

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

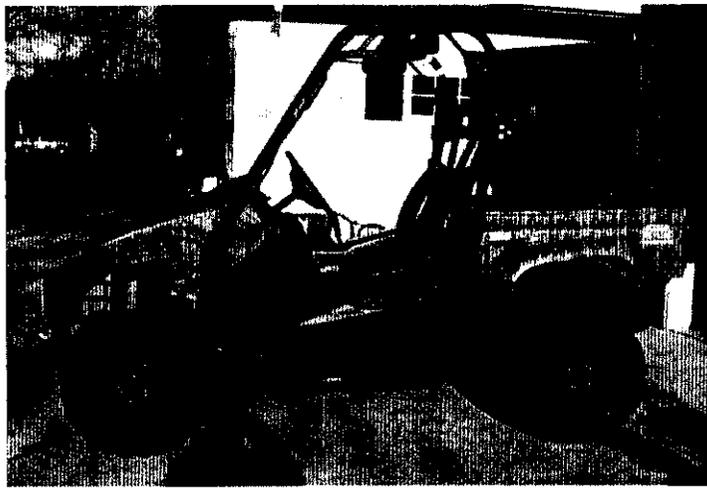
*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI.

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

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



Photograph 1: Front view of UTV



Photograph 2: Side view of UTV



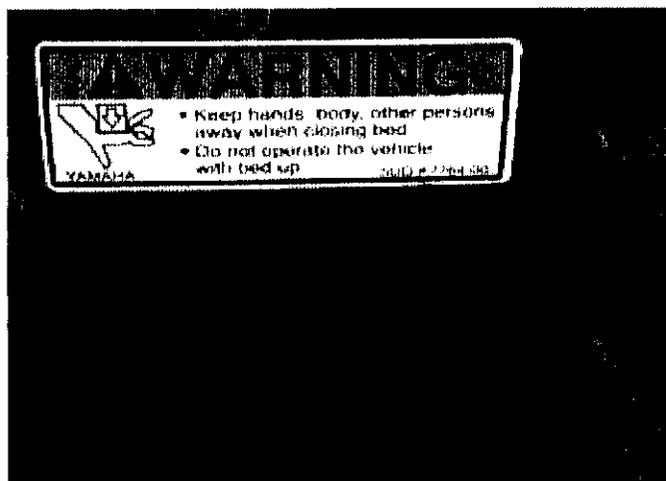
Photograph 3: Rear view of UTV



Photograph 4: VIN stamped into the rear frame behind driver side rear tire – VIN: 5Y4AM06Y24A002166



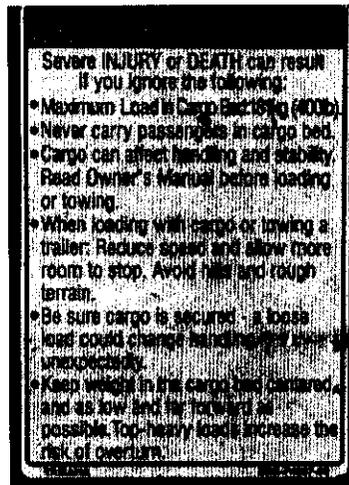
Photograph 5: Model number labeled on both sides of the front hood – Model “RHINO 660”



Photograph 6: Warning Label located on both sides of the cargo bed – “WARNING •Keep hands, body, other persons away when closing bed. •Do not operate the vehicle with bed up. YAMAHA 5UG-K7764-00”



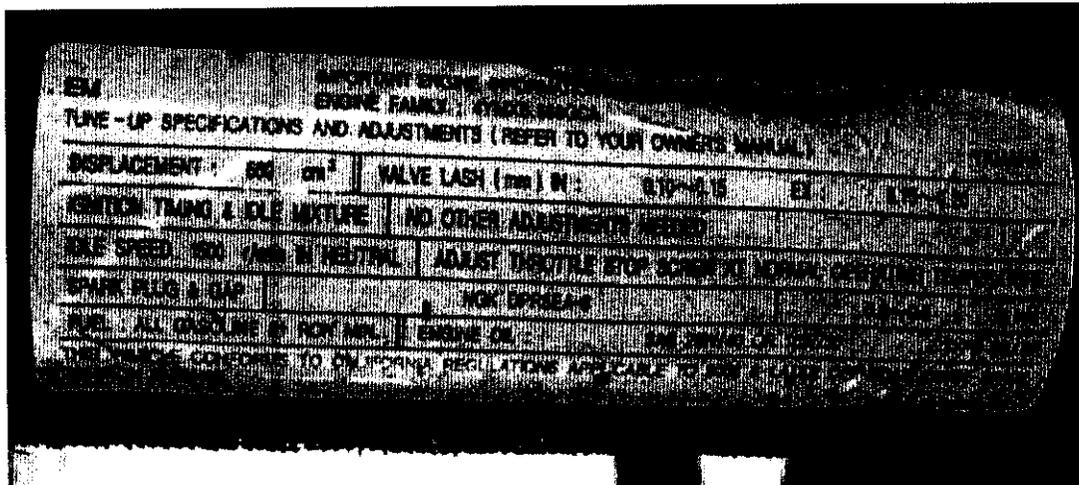
Photograph 7: Original Dealer Label & 4x4 labels located on both sides of the rear bed – “R&S MOTORSPORTS SHAWANO, WI” and “DIFF – LOCK 4X4 ON COMMAND”



Photograph 8: Warning Label located inside the cargo bed between the two seats – “WARNING Severe INJURY or DEATH can result if you ignore the following: •Maximum Load in Cargo Bed: 181kg (400lb). •Never carry passengers in cargo bed. •Cargo can affect handling and stability. Read Owner’s Manual before loading or towing. •When loading with cargo or towing a trailer: Reduce speed and allow more room to stop. Avoid hills and rough terrain. •Be sure cargo is secured - a loose load could change handling unexpectedly. •Keep weight in the cargo bed centered and as low and far forward as possible. Top-heavy loads increase the risk of overturn. YAMAHA 5UG-K4897-00”

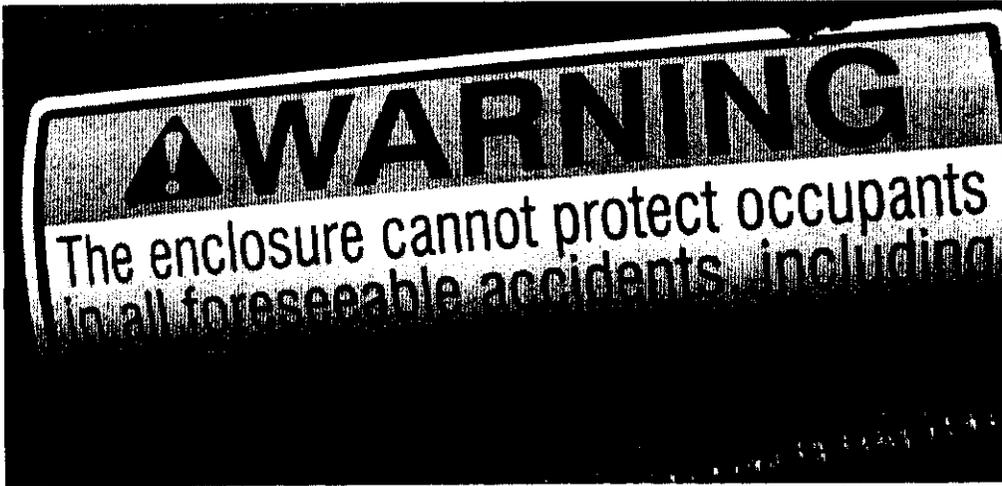


Photograph 9: Toolbar warning label, one each located on each sides of the tool bar that is attached to the rollbar behind the seats – “WARNING: BODILY CONTACT WITH TOOL BAR COULD CAUSE INJURY. DRIVER AND PASSENGER ARE ADVISED TO WEAR HELMETS. PATENT PENDING”

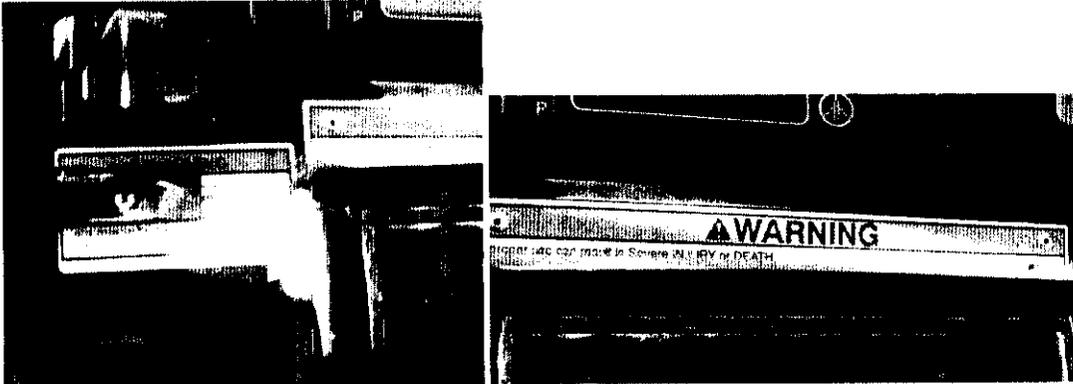


Photograph 10: Engine information label, located on the rollbar behind the passenger seat.

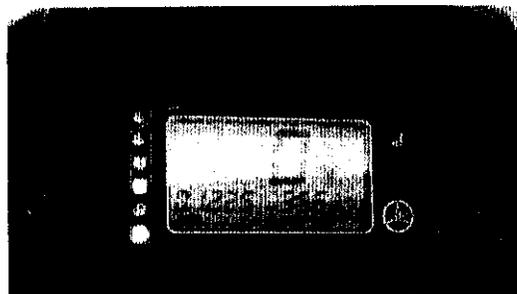
EM	IMPORTANT ENGINE INFORMATION	
	ENGINE FAMILY: 4YMXB.660GCA	
TUNE-UP SPECIFICATIONS AND ADJUSTMENTS (REFER TO YOUR OWNER'S MANUAL)		YAMAHA
DISPLACEMENT: 660 cm ³	VALVE LASH (mm) IN: 0.10-0.15	EX: 0.15-0.20
IGNITION TIMING & IDLE MIXTURE		NO OTHER ADJUSTMENTS NEEDED
IDLE SPEED 1500 r/min IN NEUTRAL	ADJUST THROTTLE STOP SCREW AT NORMAL OPERATIONG TEMPERATURE	
SPARK PLUG & GAP	NGK DPR8EA-9	0.8-0.9 mm
FUEL: ALL GASOLINE 91 RON MIN	ENGINE OIL: SAE 240W/40 OR 10W/30	TYPE SE/SF
THIS VEHICLE CONFORMS TO CALIFORNIA REGULATIONS APPLICABLE TO 2002 & LATER OFF-ROAD LARGE SPARK		
IGNITION ENGINES		
		5UG-21798-00



Photograph 11: Rollbar warning label, located on each side of the rollbar in front of the occupant seats – “WARNING The enclosure cannot protect occupants in all foreseeable accidents, including rollover. YAMAHA 5UG-K8483-00”

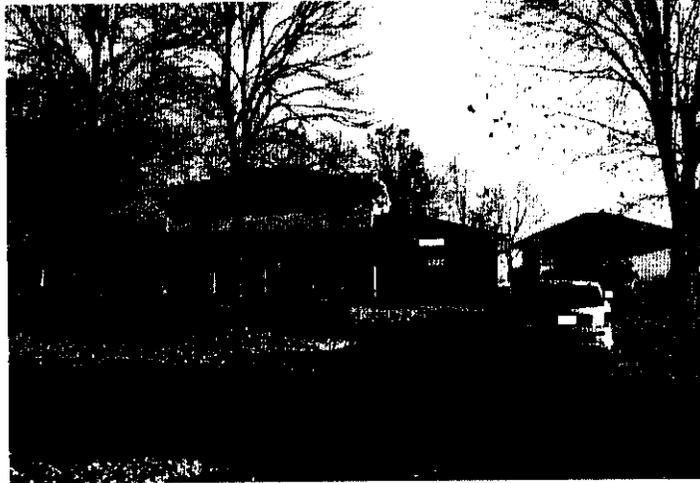


Photographs 12 & 13: Dashboard warning labels, located on the dashboard console. Markings are not visible to due aftermarket modifications.

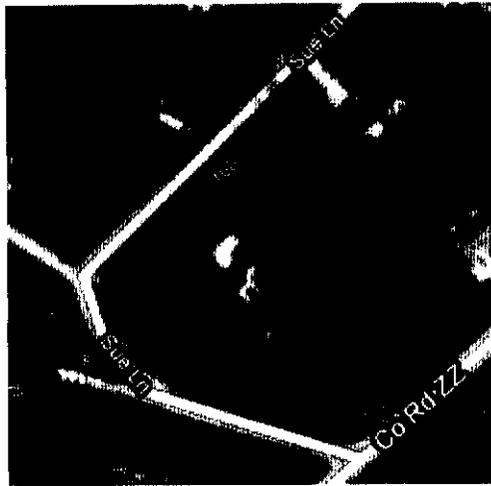


Photograph 14: Dashboard display for speed, odometer, and clock, located on the dashboard console.

Speed (0 mph)	
Odometer (01225miles)	Clock Time (3:55)



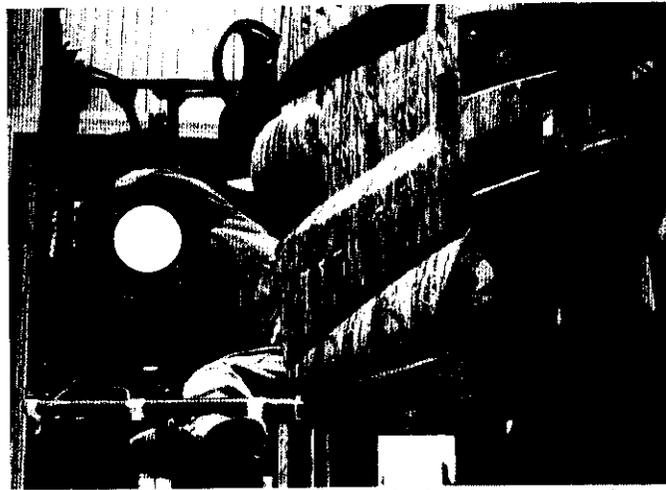
Photograph 15: Owner's residence – House and 2-car garage on 2.5 acres that faces north.



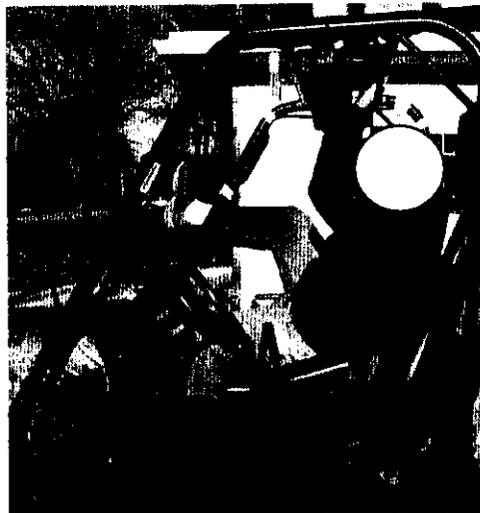
Photograph 16: Aerial View of property.



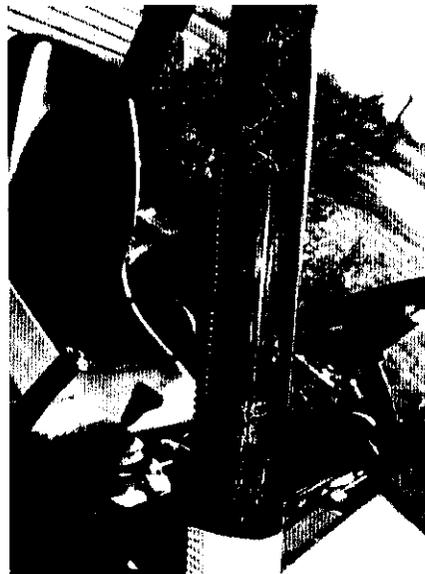
Photographs 17 & 18: Adjacent open lot where the tipover incident occurred – view facing south.



Photograph 19: Re-enactment of the incident – front view.



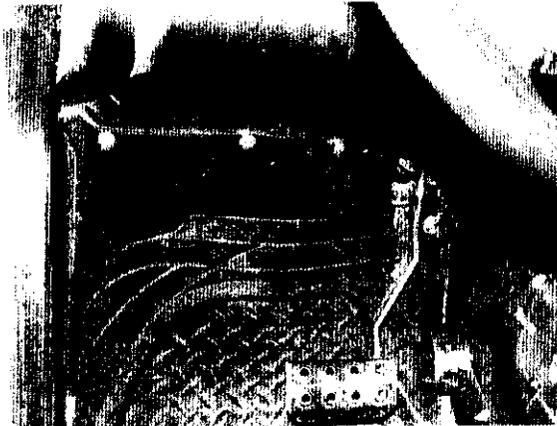
Photograph 20: Re-enactment of the incident – side view.



Photograph 21: Passenger side rollbar at the approximate point of impact.



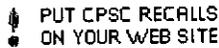
Photograph 22: Seatbelt restraint system.



Photograph 23: Driver's brake pedal and gas pedal.



Photograph 24 & 25: Side doors – installed after incident.



NEWS from CPSC



U.S. Consumer Product Safety Commission

Office of Information and Public Affairs

Washington, DC 20207

FOR IMMEDIATE RELEASE
March 31, 2009
Release #09-172

Yamaha Hotline: (800) 962-7926
CPSC Hotline: (800) 638-2772
CPSC Media Contact: (301) 504-7908

Updated To Include Additional Model Information; [safety tips](#) also available.

Yamaha Motor Corp. Offers Free Repair For 450, 660, and 700 Model Rhino Vehicles ***CPSC advises consumers not to use the off-road vehicles until repaired***

WASHINGTON, D.C. - The U.S. Consumer Product Safety Commission (CPSC), in cooperation with Yamaha Motor Corp. U.S.A., of Cypress, Calif., is announcing a free repair program to address safety issues with all Rhino 450, 660, and 700 model off-highway recreational vehicles. Yamaha has also agreed to voluntarily suspend sale of these models immediately until repaired. Consumers should immediately stop using these popular recreational vehicles until the repair is installed by a dealer.

CPSC staff has investigated more than 50 incidents involving these three Rhino models, including 46 driver and passenger deaths involving the Rhino 450 and 660 models. More than two-thirds of the cases involved rollovers and many involved unbelted occupants. Of the rollover-related deaths and hundreds of reported injuries, some of which were serious, many appear to involve turns at relatively low speeds and on level terrain.

About 120,000 of the 450 and 660 model Rhinos have been distributed nationwide since Fall 2003. Some units have been equipped by Yamaha with half doors and additional passenger handholds, either before or after sale.

Yamaha's repair includes the installation of a spacer on the rear wheels as well as the removal of the rear anti-sway bar to help reduce the chance of rollover and improve vehicle handling, and continued installation of half doors and additional passenger handholds where these features have not been previously installed to help keep occupants' arms and legs inside the vehicle during a rollover and reduce injuries. Owners of the affected Rhinos should stop using them and call their dealer to schedule an appointment to have repairs made once they are available and to take advantage of a free helmet offer.

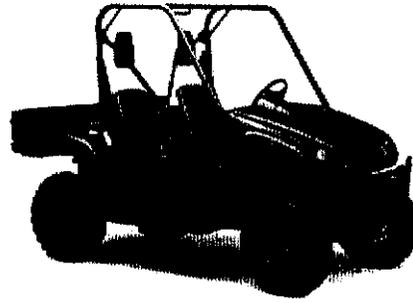
Yamaha is also voluntarily implementing the same repair program and suspension of sale for the Rhino 700 model, in order to ensure customer satisfaction. Consumers should stop riding the 700 model until it is repaired. About 25,000 Rhino 700s are part of this repair program.

Once these repairs have been made to their vehicles, Rhino users should always wear their helmet and seatbelt and follow the safety instructions and warnings in the on-product labels, owner's manuals and other safety materials. The Rhino is only recommended for operators 16 and older with a valid driver's license. All passengers must be tall enough to place both feet on the floorboard with their back against the seat back.

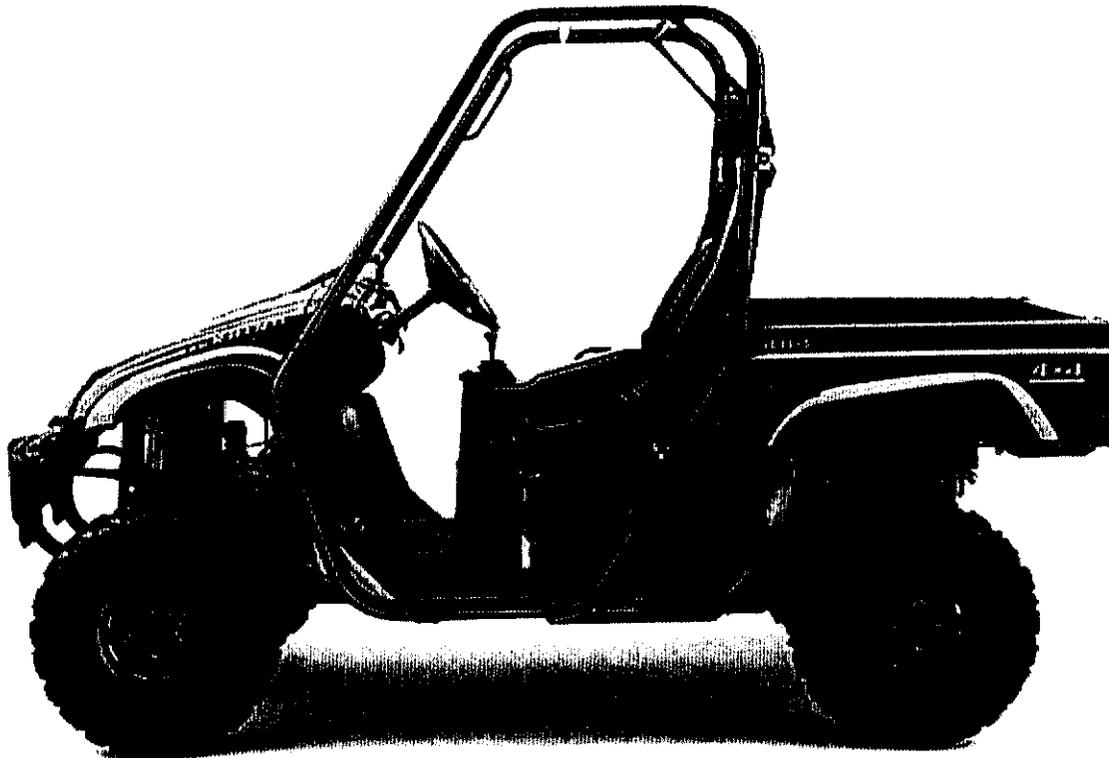
For additional information, contact Yamaha at 800-962-7926 anytime, or visit the firm's Web site at www.yamaha-motor.com



Rhino 450 (with doors)



Rhino 450 (without doors)



Rhino 660 (without doors)

CPSC is still interested in receiving incident or injury reports that are either directly related to this product recall or involve a different hazard with the same product. Please tell us about it by visiting <https://www.cpsc.gov/cgibin/incident.aspx>

The U.S. Consumer Product Safety Commission is charged with protecting the public from unreasonable risks of serious injury or death from thousands of types of consumer products under the agency's jurisdiction. The CPSC is committed to protecting consumers and families from products that pose a fire, electrical, chemical, or mechanical hazard. The CPSC's work to ensure the safety of consumer products - such as toys, cribs, power tools, cigarette lighters, and household chemicals - contributed significantly to the decline in the rate of deaths and injuries associated with consumer products over the past 30 years.

To report a dangerous product or a product-related injury, call CPSC's Hotline at (800) 638-2772 or CPSC's teletypewriter at (301) 595-7054. To join a CPSC e-mail subscription list, please go to <https://www.cpsc.gov/cpsclist.aspx>. Consumers can obtain recall and general safety information by logging on to CPSC's Web site at www.cpsc.gov.

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MODELS | ACCESSORIES | APPAREL & GIFTS | PARTS & SERVICE | NEWS & EVENTS | EXTENDED SERVICE | HISTORY

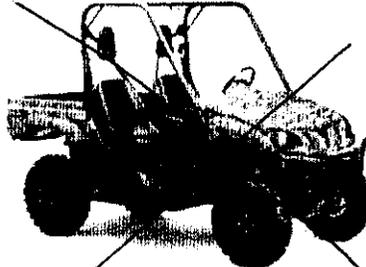
MODELS

2009 Rhino 700 FI Auto. 4x4

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

2008 Models



2009 Rhino 700 FI Auto. 4x4



2004 Rhino 660 Auto. 4x4

-Choose Comparison Model-

	2009 Rhino 700 FI Auto. 4x4	2004 Rhino 660 Auto. 4x4
Engine	102.0 x 84.0mm	100mm x 84mm
Bore x Stroke	9.2:1	9.1:1
Compression Ratio	Yamaha On-Command® pushbutton, 5-way locking differential, 2WD, 4WD, locked 4WD; shaft drive	Yamaha On-Command® push button 3-way locking differential, 2WD, 4WD, locked 4WD; Shaft
Drive Train	All-wheel	Spec Not Available
Engine Braking	Yamaha Fuel Injection (YFI), 41mm	Mikuni 42mm BSR
Fuel Delivery	32-Bit ECU	DC - CDI
Ignition	Electric	Electric
Starting System	Yamaha Ultramatic® V-belt with all-wheel engine braking/H, L, N, R	Yamaha Ultramatic® V-Belt with all-wheel engine braking / High,Low,Neut.,Rev.
Transmission	666cc liquid-cooled w/fan, 4-stroke; SOHC, 4 valves	660cc, 4-Stroke Single, Liquid/Oil Cooled w/ Fan, 5-Valve SOHC
Type	2009 Rhino 700 FI Auto. 4x4	2004 Rhino 660 Auto. 4x4
Chassis	Dual hydraulic disc, twin piston	Dual Hydraulic Disc, Twin Piston
Brakes/Front	Dual hydraulic disc	Hydraulic Disc, Self adjust parking system, Shaft Mounted
Brakes/Rear	Independent double wishbone; 5-way preload adjustment, 7.3-in travel	Independent Double Wishbone, 7.3" w/ 5-way Preload Adjustment.
Suspension/Front	Independent double wishbone; 5-way preload adjustment, 7.3-in travel	Independent Double Wishbone, 7.3" w/ 5-way Preload Adjustment.
Suspension/Rear	AT25x8-12 NHS	25 x 8-12 NHS
Tires/Front	AT25x10-12 NHS	25 x 10-12 NHS
Tires/Rear	2009 Rhino 700 FI Auto. 4x4	2004 Rhino 660 Auto. 4x4
Dimensions	400 lb	400 Lbs.
Bed Capacity	Spec Not Available	1,049 Lbs.
Dry Weight	7.9 gal	8.5 Gallons
Fuel Capacity	12.1 in	12.1"
Ground Clearance	113.6 x 54.4 x 73 in	112.2" x 54.1" x 73.6"
L x W x H	1,212 lb	1,212 Lbs.
Towing Capacity	153.5 in	153.5"
Turning Radius		

Wet Weight	1190 lb	Spec Not Available
Wheelbase	75.2 in	75.3"
Other	2009 Rhino 700 FI Auto 4x4	2004 Rhino 660 Auto. 4x4
Colors	Spec Not Available	Hunter Green; Realtree Hardwoods® High Definition Camouflage
DC Outlet	Spec Not Available	Standard
Instrumentation	Digital LCD Multifunction display; speedo, odo, dual trip, hour, clock, fuel, and gear position	Fuel sight gauge, 4WD Indicator Lights
Lighting	Dual 30W Krypton multi-reflector headlights & dual 21/5W brakelight	Dual 30W Krypton Multi-reflector Headlights & Dual 21/5W Brake light
Warranty	6 Month (Limited Factory Warranty)	6 Month (Limited Factory Warranty)
MSRP*	\$10,999 (Hunter Green) Available from June 2008	\$8,699* (Green)
	\$10,999 (Steel Blue) Available from June 2008	\$9,099* (RealTree Hardwoods Hunter Edition)
	\$11,549 (Realtree® AP HD® Camouflage) Available from June 2008	





READ THIS MANUAL CAREFULLY!
It contains important safety information.

OWNER'S MANUAL
RHINO
660
YXR660FAS

LIT-11626-17-23

5UG-F8199-10

PROTECT YOUR INVESTMENT

Use **Genuine YAMAHA** Parts And Accessories

*See your Authorized YAMAHA Dealer for a Genuine YAMAHA
Service Manual.*



YAMAHA MOTOR CO., LTD.

PRINTED ON RECYCLED PAPER

PRINTED IN USA
2003 05 2 0 3 C11

IMPORTANT MANUAL INFORMATION

FAILURE TO FOLLOW THE WARNINGS CONTAINED IN THIS MANUAL CAN RESULT IN SERIOUS INJURY OR DEATH.

Particularly important information is distinguished in this manual by the following notations:



The Safety Alert Symbol means **ATTENTION! BECOME ALERT! YOUR SAFETY IS INVOLVED!**



Failure to follow **WARNING** instructions could result in severe injury or death to the vehicle operator, a bystander or a person inspecting or repairing the vehicle.

CAUTION:

A **CAUTION** indicates special precautions that must be taken to avoid damage to the vehicle.

NOTE:

A **NOTE** provides key information to make procedures easier or clearer.

IMPORTANT NOTICE

- This vehicle is designed and manufactured for off-road use only. It is illegal to operate this machine on any public street, road, or highway. Such use is prohibited by law.
- Check the laws and regulations in force before choosing where to operate this vehicle. It is illegal to operate this vehicle on public lands where vehicles its size are prohibited.
- This vehicle complies with almost all state off-highway noise level and spark arrester laws and regulations.

AFFIX DEALER

LABEL HERE

YXR660FAS
OWNER'S MANUAL
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U.S.A.

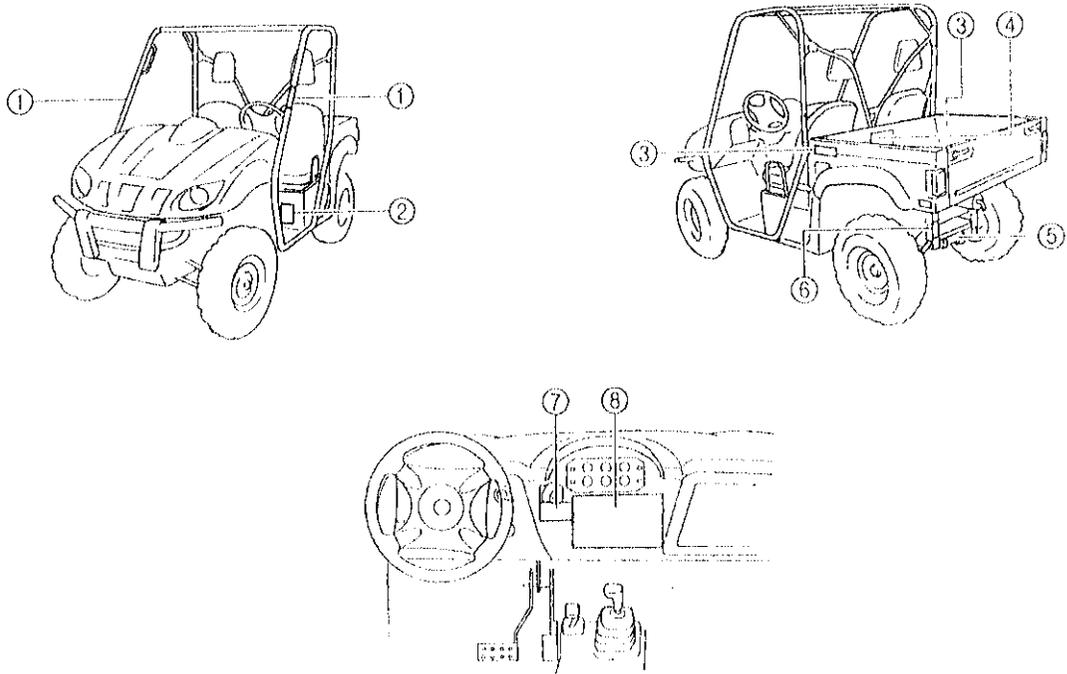
1st edition, August 2003
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P/N LIT-11626-17-23

LOCATION OF THE WARNING AND SPECIFICATION LABELS



1-1

Read and understand all of the labels on your vehicle. They contain important information for safe and proper operation of your vehicle.

Never remove any labels from your vehicle. If a label becomes difficult to read or comes off, a replacement label is available from your Yamaha dealer.

①

▲ WARNING

The enclosure cannot protect occupants in all foreseeable accidents, including rollover.

YAMAHA 5UG-K8483-00

②

▲ WARNING

IMPROPER TIRE PRESSURE OR OVERLOADING CAN CAUSE LOSS OF CONTROL.
LOSS OF CONTROL CAN RESULT IN SEVERE INJURY OR DEATH.

OPERATING TIRE PRESSURE: Set with tires cold.

RECOMMENDED:	FRONT:	70kPa, (.70kgf/cm),	10psi
	REAR:	98kPa, (.98kgf/cm),	14psi
MINIMUM:	FRONT:	63kPa, (.63kgf/cm),	9psi
	REAR:	91kPa, (.91kgf/cm),	13psi

Never set tire pressure below minimum. Tire may dislodge from rim.

Gross Vehicle Weight Rating: 2000lb (907 kg) maximum including weight of operator, passenger, accessories, cargo, and (if applicable) trailer tongue weight.

YAMAHA 5UG-F1696-00

1

③

▲ WARNING



- Keep hands, body, other persons away when closing bed.
- Do not operate the vehicle with bed up.

YAMAHA 5UG-K7761-00

④

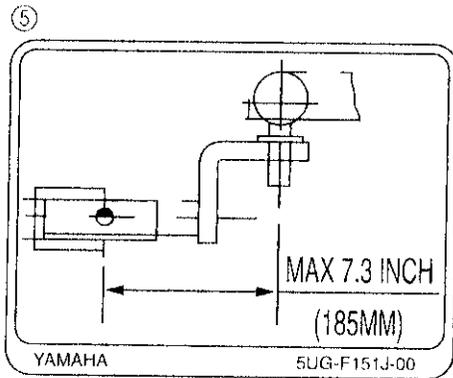
▲ WARNING

Severe INJURY or DEATH can result if you ignore the following:

- Maximum Load in Cargo Bed: 181kg. (400lb).
- Never carry passengers in cargo bed.
- Cargo can affect handling and stability. Read Owner's Manual before loading or towing.
- When loading with cargo or towing a trailer: Reduce speed and allow more room to stop. Avoid hills and rough terrain.
- Be sure cargo is secured - a loose load could change handling unexpectedly.
- Keep weight in the cargo bed centered, and as low and far forward as possible. Top-heavy loads increase the risk of overturn.

YAMAHA 5UG-F1489Z-00

1-3



⑥

▲ WARNING

Improperly loading a trailer and failure to use extra care when pulling trailer can cause an accident or injury. Never load more than 50kg (110 lbs) tongue weight on the towing bracket. Do not tow more than 550kg (1212 lbs) rolling weight (trailer plus cargo). Operate in low-range gears only, allow for increased braking distance, and use extreme caution when operating on inclines. Read carefully the loading information and trailer hitch sections in the owner's manual.

YAMAHA 5UG-F151K-02

1-4

7

WARNING

Turning the off road vehicle in 4WD-LOCK ("DIFF. LOCK") takes more effort.

Operate at a slow speed and allow extra time and distance for maneuvers to avoid loss of control.

SUG-F-1550-00

8

WARNING

Improper use can result in Severe INJURY or DEATH.

This off-highway utility vehicle will handle and maneuver differently from an ordinary passenger car or other vehicle.

- Vehicle capacity: 1 operator and 1 passenger. Passenger must be able to reach and hold the handgrip inside enclosure.
- This vehicle is recommended only for operators 16 and older with a valid motor vehicle license. Adults must supervise use by minors. Check state laws for minimum age requirements.
- Gross Vehicle Weight Rating: 2000 lb (907 kg) maximum including operator, passenger, accessories, cargo and trailer tongue weight.
- Passenger and cargo can affect vehicle handling.

ALWAYS

- wear a seat belt when riding in the vehicle
- keep your hands and feet inside the vehicle at all times; watch for branches, brush, or other hazards that could enter the vehicle.
- drive straight up and down inclines; driving across the side of an incline increases the risk of overturn

NEVER

- operate through water deeper than 13" (33cm) or fast flowing water; if you must cross shallow, slow moving water, choose your path carefully to avoid sharp drop-offs, large rocks, or slippery surfaces that could cause the vehicle to overturn
- make sharp, high-speed turns; the vehicle could roll over or go out of control



ALWAYS USE AN APPROVED HELMET AND PROTECTIVE GEAR



NEVER USE ON PUBLIC ROADS OR PAVEMENT



NEVER USE WITH DRUGS OR ALCOHOL

LOCATE AND READ THE OWNER'S MANUAL. FOLLOW ALL INSTRUCTIONS AND WARNINGS

YAMAHA

SUG-F-1568-01



SAFETY INFORMATION

2

This off-highway utility vehicle handles differently from other vehicles including cars and ATVs. SEVERE INJURY OR DEATH can result if you do not follow these instructions:

- Read this manual and all labels carefully and follow the operating procedures described.
- This vehicle is designed to carry the driver and one passenger. Never carry passengers in the cargo bed.
- Always be sure the driver and passenger are wearing seat belts.
- Never give a ride to a passenger who is too small to reach and hold the handgrip on the enclosure.
- Always avoid operating the vehicle on any paved surfaces, including sidewalks, driveways, parking lots, and streets.
- Never operate this vehicle on any public street, road, or highway, even a dirt or gravel one.
- Never operate this vehicle without wearing an approved motorcycle helmet that fits properly. You should also wear eye protection (goggles or a face shield), gloves, over-the-ankle boots, long-sleeved shirt or jacket, and long pants.
- Never consume alcohol or drugs before or while operating this vehicle.
- Never operate at speeds too fast for your skills or the conditions. Always go at a speed that is proper for the terrain, visibility, operating conditions, and your experience.
- Never attempt jumps or other stunts.

2-1

- Always inspect your vehicle each time you use it to be sure it is in safe operating condition. Always follow the inspection and maintenance procedures and schedules described in this manual.
- Always keep both hands, arms, feet, and legs inside the vehicle at all times during operation. Keep your feet on the floorboard. Never hold onto the enclosure except when using the handgrip inside the enclosure. Otherwise, your hand could be injured if it is caught between the enclosure and an obstacle outside the vehicle.
- Always keep both hands on the steering wheel when driving.
- Never wrap your thumbs and fingers around the steering wheel. This is particularly important when driving in rough terrain. The front wheels will move right and left as they respond to the terrain, and this movement will be felt in the steering wheel. A sudden jolt could wrench the steering wheel around, and your thumbs or fingers could be injured if they are in the way of the steering wheel spokes.
- Always go slowly and be extra careful when operating on unfamiliar terrain. Always be alert to changing terrain conditions when driving the vehicle.
- Never operate on excessively rough, slippery, or loose terrain until you have learned and practiced the skills necessary to control the vehicle on such terrain. Always be especially cautious on these kinds of terrain.
- Never turn at excessive speed. Practice turning at slow speeds before attempting to turn at faster speeds. Do not attempt turns on steep inclines.
- Never operate the vehicle on hills that are too steep for it or for your abilities. Go straight up and down hills where possible. Maximum slope angle: 15°

- Never ahead side.
- Always up a slow
- Always down
- Always
- Never mod leave
- Always Whe the
- Always
- Always
- Never and around

2-2

- Never operate on hills that are slippery or ones where you will not be able to see far enough ahead of you. Never go over the top of a hill at speed if you cannot see what is on the other side.
- Always follow proper procedures for going uphill. If you lose momentum and cannot continue up a hill, back down the hill with the engine in reverse gear. Use engine braking to help you go slowly. If necessary, use the brakes gradually to help you go slowly.
- Always check terrain carefully before going down hills. Go as slowly as possible. Never go down a hill at high speed.
- Always check for obstacles before operating in a new area.
- Never operate the vehicle in fast flowing water or water deeper than the floorboards on this model. Remember that wet brakes may have reduced stopping ability. Test your brakes after leaving water. If necessary, apply them several times to let friction dry out the linings.
- Always be sure there are no obstacles or people behind you when you operate in reverse. When it is safe to proceed in reverse, go slowly. Do not brake abruptly when carrying loads in the cargo bed.
- Always use the size and type of tires specified in this manual.
- Always maintain proper tire pressure as described in this manual.
- Never exceed the stated load capacity. Cargo should be as far forward in the bed as possible, and distributed evenly from side to side. Be sure cargo is secured so that it cannot move around during operation. Reduce speed and follow instructions in this manual for carrying cargo or pulling a trailer. Allow greater distance for braking.

⚠ WARNING

POTENTIAL HAZARD
Improper handling of gasoline.

WHAT CAN HAPPEN
Gasoline can catch fire and you could be burned.

HOW TO AVOID THE HAZARD
Always turn off the engine when refueling. Do not refuel right after the engine has been running and is still very hot. Do not spill gasoline on the engine or exhaust pipe/muffler when refueling. Never refuel while smoking, or while in the vicinity of sparks, open flames, or other sources of ignition such as the pilot lights of water heaters and clothes dryers.

When transporting the vehicle in another vehicle, be sure it is kept in an upright position. Otherwise, fuel may leak out of the carburetor or fuel tank.

WHAT CAN HAPPEN

Gasoline is poisonous and can cause injuries.

HOW TO AVOID THE HAZARD

If you should swallow some gasoline or inhale a lot of gasoline vapor, or get some gasoline in your eyes, see your doctor immediately. If gasoline spills on your skin, wash with soap and water. If gasoline spills on your clothing, change your clothes.

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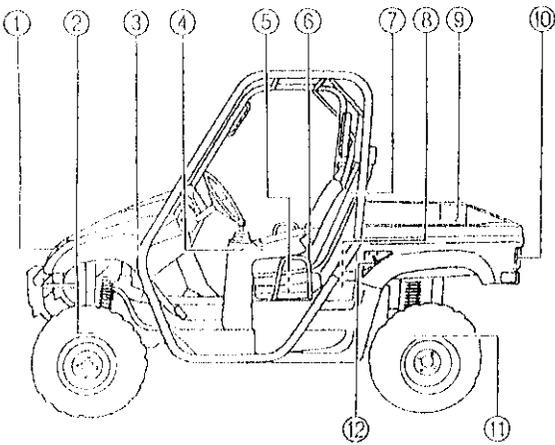
⚠ WARNING

POTENTIAL HAZARD
Starting or running the engine in a closed area.

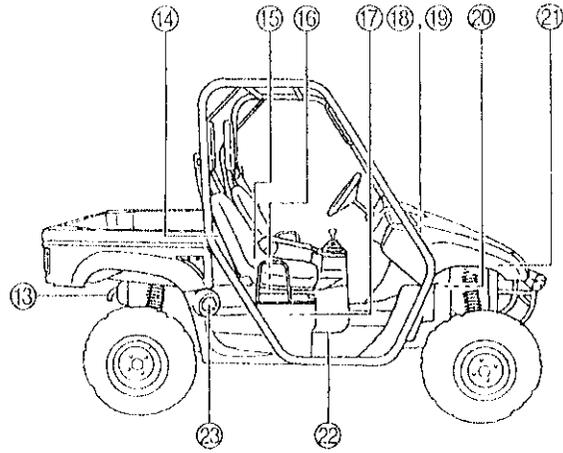
WHAT CAN HAPPEN
Exhaust fumes are poisonous and may cause loss of consciousness and death within a short time.

HOW TO AVOID THE HAZARD
Always operate your vehicle in an area with adequate ventilation.

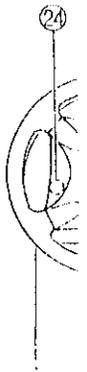
DESCRIPTION AND VEHICLE IDENTIFICATION



1. Headlights
2. Front shock absorber assembly adjusting ring
3. Brake fluid reservoir
4. Air filter element
5. V-belt case
6. Driver seat
7. Driver seat belt
8. Spark plug
9. Cargo bed
10. Tail/brake lights
11. Rear shock absorber assembly adjusting ring
12. Cargo bed release lever

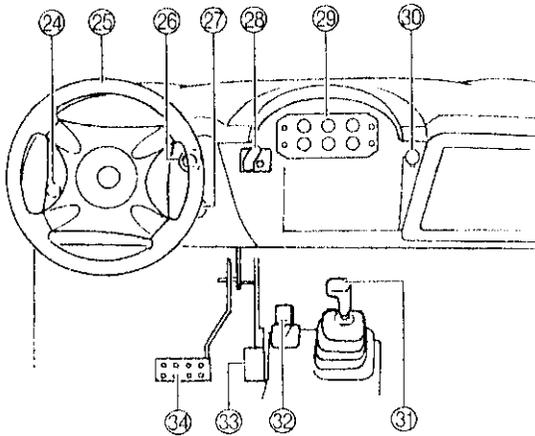


13. Spark arrester
14. Passenger seat belt
15. Passenger seat
16. Oil filter cartridge
17. Engine oil dipstick
18. Battery
19. Fuses
20. Coolant reservoir
21. Radiator cap
22. Fuel level check window
23. Fuel tank cap



24. Light
25. Steering wheel
26. Starter
27. Main switch
28. On-Command
29. Indicator and warning lights
30. Auxiliary DC jack
31. Drive select lever
32. Parking brake lever
33. Accelerator pedal
34. Brake pedal

NOTE:
The vehicle you have purchased may differ slightly from those shown in the figures of this manual.

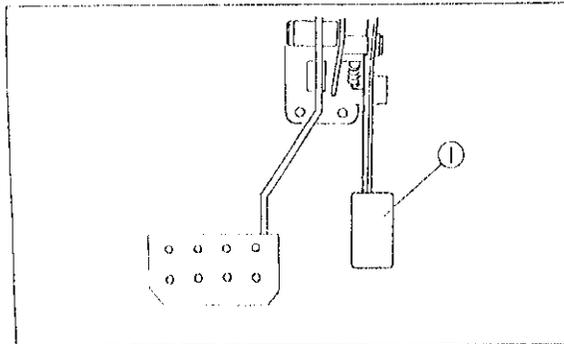


24. Light switch
25. Steering wheel
26. Starter (choke)
27. Main switch
28. On-Command four-wheel drive and differential gear lock switches
29. Indicator and warning lights
30. Auxiliary DC jack
31. Drive select lever
32. Parking brake lever
33. Accelerator pedal
34. Brake pedal

NOTE:
The vehicle you have purchased may differ slightly from those shown in the figures of this manual.

Accelerator pedal

Press the accelerator pedal down to increase engine speed. Spring pressure returns the pedal to the rest position when released. Always check that the accelerator pedal returns normally before starting the engine.



1. Accelerator pedal

Before starting the engine, check the accelerator pedal to be sure it is operating smoothly. Make sure the accelerator pedal fully returns to the idle position as soon as it is released.

⚠ WARNING

POTENTIAL HAZARD

Malfunction of the accelerator pedal.

WHAT CAN HAPPEN

The accelerator pedal could be hard to operate, making it difficult to speed up or slow down when you need to. This could cause an accident.

HOW TO AVOID THE HAZARD

Check the operation of the accelerator pedal before you start the engine. If it does not work smoothly, check for the cause. Correct the problem before operating the vehicle. Consult a Yamaha dealer if you can't find or solve the problem yourself.

Brake pedal

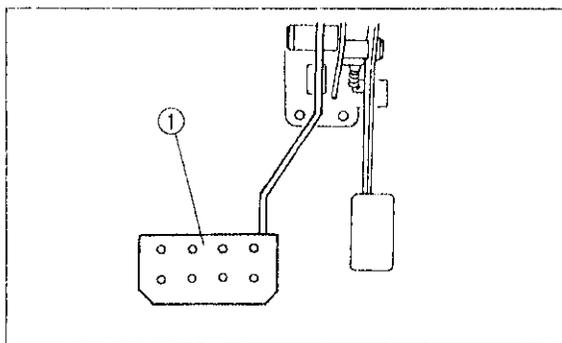
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Brake pedal

Press the brake pedal to slow or stop the vehicle.



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CAUTION:

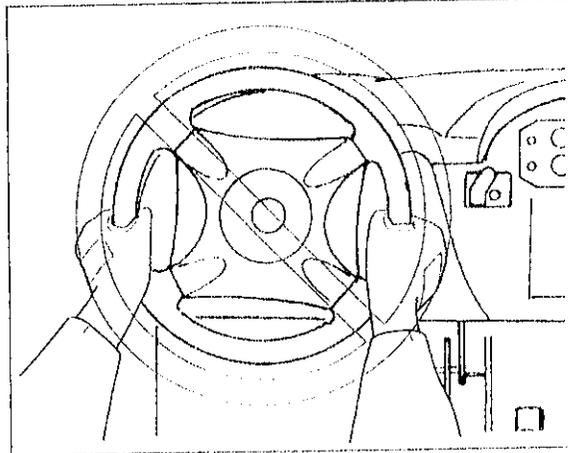
Do not shift from low to high or vice versa without coming to a complete stop and waiting for the engine to return to normal idle speed. Damage to the engine or drive train may occur.

TURNING YOUR VEHICLE

The vehicle is easier to steer in two-wheel drive (2WD) than four-wheel drive (4WD). Steering takes the most effort in 4WD with the differential locked (DIFF. LOCK).

It is possible for the vehicle to roll over or go out of control if you attempt sharp, high-speed turns. You should also be careful making sharp turns on rough terrain. Do not attempt to turn around or make abrupt maneuvers on slopes.

Position your hands on the steering wheel so that your thumbs and fingers do not wrap around the wheel. This is particularly important when driving in rough terrain. The front wheels will move right and left as they respond to the terrain, and this movement will be felt in the steering wheel. A sudden jolt could wrench the steering wheel around, and your thumbs or fingers could be injured if they are in the way of the steering wheel spokes.



7-6

BRAKING

Braking ability is affected by the type of terrain. In most cases, gradual application of the brakes is more effective than abrupt braking, particularly on loose surfaces like gravel. Always allow for greater braking distance on rough, loose, or slippery surfaces.

GOING UPHILL

Do not attempt to climb hills until you have mastered basic maneuvers on flat ground. Use proper driving techniques to avoid over- turns on hills and slopes. Drive straight up hills, and avoid crossing the side of a hill, which increases your chance of rollover. Practice first on gentle slopes before attempting steeper hills. Always check the terrain carefully before attempting any hill. Use common sense and remember that some hills are too steep for you to climb.

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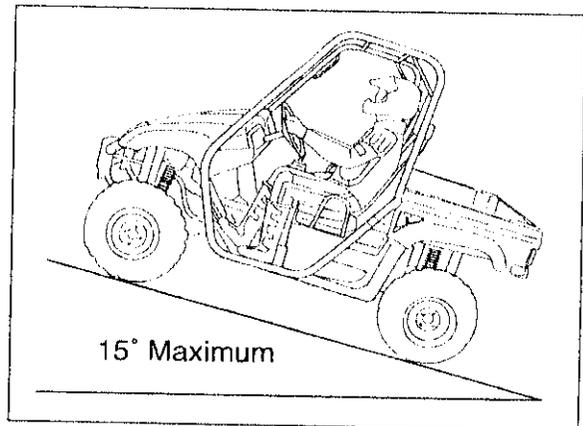
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Maximum slope angle: 15°



Choose carefully which hills you attempt to climb. Avoid hills with slippery surfaces or ones where you will not be able to see far enough ahead of you.

7-7

⚠ WARNING

POTENTIAL HAZARD

Operating on excessively steep hills.

WHAT CAN HAPPEN

The vehicle can overturn more easily on extremely steep hills than on level surfaces or small hills.

HOW TO AVOID THE HAZARD

Never operate your vehicle on hills too steep for it or your abilities. Never operate vehicles on hills steeper than 15°.

Do not drive across the face of a hill. Go straight up the hill.

Practice on smaller hills before attempting large hills.

Before climbing the hill, first be sure you are operating in low range 4WD or, if necessary, with 4WD Diff. Lock. To climb a hill, you need traction, momentum, and steady throttle. Travel fast enough to keep your momentum going, but not so fast that you cannot react to changes in the terrain as you climb. Slow down when you reach the crest of the hill if you cannot clearly see what is on the other side – there could be another person, an obstacle, or a sharp drop off.

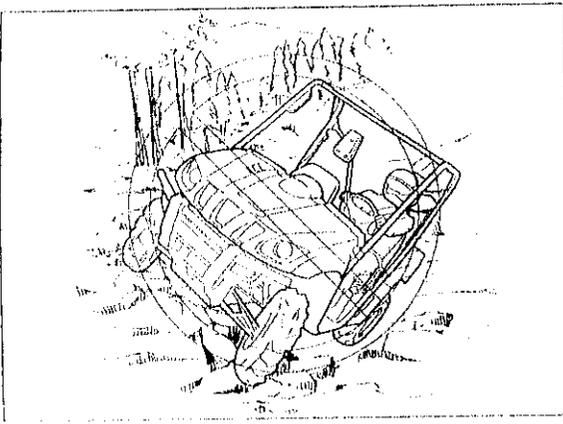
If you start to lose traction or momentum when climbing, and you decide you will be unable to continue, use the brakes to come to a stop. Do not attempt to turn the vehicle around. With your foot on the brake, look behind you and plan your descent. Shift the drive select lever in reverse so you can use the engine brake if necessary to slow your descent. Release the brake and begin to coast down the hill. Use engine braking as much as possible, gently applying the brakes when necessary.

Be sure you are operating in low range 4WD or, if necessary, with 4WD Diff. Lock. To climb a hill, you need traction, momentum, and steady throttle. Travel fast enough to keep your momentum going, but not so fast that you cannot react to changes in the terrain as you climb. Slow down when you reach the crest of the hill if you cannot clearly see what is on the other side – there could be another person, an ob-

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GOING DOWNHILL

Check the terrain carefully before going down a hill. When possible, choose a path that lets you drive your vehicle straight downhill. Avoid sharp angles that could allow the vehicle to pitch or roll over. Carefully choose your path and drive no faster than you will be able to react to obstacles that may appear.



RIDING IN BRUSH OR WOODED AREAS

When operating in areas with brush or trees, watch carefully on both sides and above the vehicle for obstacles such as branches that the vehicle might hit, causing an accident, or for brush that might enter the vehicle as you pass and strike the driver or passenger. Never hold onto the enclosure so your hand is outside the vehicle. Hold only onto the hand-grip inside the enclosure.

ENCOUNTERING OBSTACLES ON THE TRAIL

If you cannot go around an obstacle such as a fallen tree trunk or a ditch, stop the vehicle where it is safe to do so. Set the parking brake and get out to inspect the area thoroughly. Look from both your approach side and the exit side. If you believe you can continue safely, decide the path that will allow you to get over the obstacle at as close to a right angle as possible to minimize vehicle tipping. Go only fast enough to maintain your momentum but still give yourself plenty of time to react to changes in conditions. If there is any question about your ability to maneuver safely over the obstacle, you should turn around, if the ground is flat and you have the room, or back up until you find a less difficult path.

WOODED AREAS

brush or trees, and above the vehicle for branches that might hit, causing an accident, or for brush that might enter the vehicle as you pass and strike the driver or passenger. Never hold onto the enclosure so your hand is outside the vehicle. Hold only onto the hand-grip inside the enclosure.

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⚠ WARNING

POTENTIAL HAZARD

Improperly operating over obstacles

WHAT CAN HAPPEN

Could cause loss of control or a collision. Could cause the vehicle to overturn.

HOW TO AVOID THE HAZARD

Before operating in a new area, check for obstacles.

Use extreme caution when operating over large obstacles, such as large rocks or fallen trees.

SPECIFICATIONS

Model	YXR660FA
Dimensions:	
Overall length	2,885 mm (113.6 in)
Overall width	1,385 mm (54.5 in)
Overall height	1,853 mm (73.0 in)
Seat height	818 mm (32.2 in)
Wheelbase	1,910 mm (75.2 in)
Ground clearance	273 mm (10.75 in)
Minimum turning radius	3,900 mm (153.5 in)
Basic weight:	
With oil and full fuel tank	510 kg (1,124 lb)
Engine:	
Engine type	Liquid-cooled 4-stroke, SOHC
Cylinder arrangement	Forward-inclined single cylinder
Displacement	660 cm ³
Bore x stroke	100 x 84 mm (3.94 x 3.31 in)
Compression ratio	9.1 : 1
Starting system	Electric starter
Lubrication system	Wet sump

10

10-1

Model	YXR660FA
Engine oil: Type	<p style="text-align: center;">0° 10° 30° 50° 70° 90° 110° 130° F</p> <p style="text-align: center;">-20° -10° 0° 10° 20° 30° 40° 50° C</p>
Recommended engine oil classification	API Service SE, SF, SG type or higher
Quantity:	<p>CAUTION:</p> <p>In order to prevent clutch slippage (since the engine oil also lubricates the clutch), do not mix any chemical additives. Do not use oils with a diesel specification of "CD" or oils of a higher quality than specified. In addition, do not use oils labeled "ENERGY CONSERVING II" or higher.</p>
Without oil filter cartridge replacement	1.90 L (1.67 Imp qt, 2.01 US qt)
With oil filter cartridge replacement	2.00 L (1.76 Imp qt, 2.11 US qt)

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Fuel:
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Spark
Ty
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10-2

Model	YXR660FA
Bulb voltage, wattage x quantity: Headlight Tail/brake light	12 V, 30 W / 30 W x 2 12 V, 5 W / 21 W x 2
Indicator lights: Neutral indicator light Reverse indicator light Coolant temperature warning light Parking brake indicator light Four-wheel-drive indicator light Differential gear lock indicator light	12 V, 1.7 W x 1 12 V, 1.7 W x 1
Specified fuses: Main fuse Headlight fuse Ignition fuse Auxiliary DC jack fuse Four-wheel-drive fuse Carburetor heater fuse Signaling system fuse Terminal fuse	30 A 15 A 10 A 10 A 3 A 10 A 10 A 10 A

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N1893 East Frontage Road, Kaukauna, WI 54130
 Phone: 920-462-0775 Fax: 920-462-0323

Store Hours
 Monday 9:00 AM to 8:00 PM
 Tuesday 9:00 AM to 6:00 PM
 Wednesday 9:00 AM to 6:00 PM
 Thursday 9:00 AM to 8:00 PM
 Friday 9:00 AM to 6:00 PM
 Saturday 9:00 AM to 3:00 PM

Repair Order

2702

* SERVICE INVOICE *

Salesman	Customer No	Telephone # 1	Telephone # 2	Delivery Date	Finish Date	Customer PO #	Page
DLC	9205329302	(920) 569-4503	(000) 000-0000	06/06/09	06/17/09		2

Make	Model	Year
YAMAHA	RHINO 660 CAMO	04
Serial Number	Stock ID	Tag/Key
5Y4AM06Y24A002166	9205694503	
Option 1	Option 2	Option 3
Option 4	Write	Purchase Date
		00/00/00
Product	Size	Warranty Terms
SIDE X SIDE		

Job/Op Code	Qty	Type	Tech#	Description	List	Net	Total
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CHG OIL AND FILTER, SET TIRE PRESSURE TO 10 PSI FRONT AND 14 PSI REAR, COOLANT LEVEL OK, LIGHTS AND SWITCHES OK, FRONT BRAKES 75% GOOD AND REAR BRAKES 40% GOOD, THROTTLE SYSTEM OK, CLEAN AIR FILTER, WHEEL BEARINGS OK, FRONT AND REAR SUSPENSION OK, EXHAUST SYSTEM OK, DIFFERENTIAL FLUID LEVELS OK, STEERING SYSTEM OK, GREASE ALL FITTINGS, CRANKCASE BREATHER SYSTEM OK, FUEL LINE AND FILTER OK, COOLANT RATIO GOOD TO -30 DEGREES, REPLACE SPARK PLUG, BATTERY SYSTEM GOOD PUTTING OUT 144 VOLTS BUT BATTERY IS NO GOOD, CLUTCH OPERATION NORMAL, CARB SETTING OK.
 NEW BATTERY OVER WEEKEND AND BATTERY TESTED BAD, REPLACE.

*** COMMENTS ***

ADD 200ML SYN OIL

Powersports1 will exchange or refund any returned merchandise that is unused, never installed, and without damage still packaged in the manufacturer's original packaging within 15 days of receipt. There will also be a 25% restocking charge and shipping fee if applicable on all returns.
 Items sent back C.O.D. will be refused.
 There is NO RETURN on electrical parts, Special ordered parts, and Custom items.

Payment Type: CC AUTHORIZATION# XXXXXXXXXXXXXX08 06/09 063812

Labor	74.95
Parts	125.27
Sublet	
Tax	10.01

Customer Signature	210.23
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Wallace Software Design (401) 438-3030 • www.wallace1.com



N1893 East Frontage Road, Kaukauna, WI 54130
 Phone: 920-462-0775 Fax: 920-462-0323

Store Hours
 Monday 9:00 AM to 8:00 PM
 Tuesday 9:00 AM to 6:00 PM
 Wednesday 9:00 AM to 6:00 PM
 Thursday 9:00 AM to 8:00 PM
 Friday 9:00 AM to 6:00 PM
 Saturday 9:00 AM to 3:00 PM

Repair Order

3072

* SERVICE INVOICE *

Salesman	Customer No	Telephone #1	Telephone #2	Delivery Date	Finish Date	Customer PO #	Page
	9205329302	(920) 569-4503	(000) 000-0000	09/30/09	09/30/09		1

Make	Model	Year
YAMAHA	RHINO 660 CAMO	04
Serial Number	Stock ID	Tag/Key
5Y4AM06Y24A002166	9205694503	
Option 1	Option 2	Option 3
Option 4	Writer	Purchase Date
		00/00/00
Product	Size	Warranty Terms
SIDE X SIDE		

Job/Op Code	Qty	Type	Tech#	Description	List	Net	Total
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***** LABOR *****

JOB01 Hour INSTALL DOOR KIT
 INSTALL DOOR KIT

Powersports1 will exchange or refund any returned merchandise that is unused, never installed, and without damage still packaged in the manufactures original packaging within 15 days of receipt. There will also be a 25% restocking charge and shipping fee if applicable on all returns.
 Items sent back C.O.D. will be refused.
 There is NO RETURNS on Electrical parts, Special ordered parts, and Closeout items.

Labor	
Parts	
Sublet	
Tax	

Payment Type:

Customer Signature



N1893 East Frontage Road, Kaukauna, WI 54130
 Phone: 920-462-0775 Fax: 920-462-0323

Store Hours
 Monday 9:00 AM to 8:00 PM
 Tuesday 9:00 AM to 6:00 PM
 Wednesday 9:00 AM to 6:00 PM
 Thursday 9:00 AM to 8:00 PM
 Friday 9:00 AM to 6:00 PM
 Saturday 9:00 AM to 3:00 PM

Repair Order

3072

* SERVICE INVOICE *

Salesman	Customer No	Telephone # 1	Telephone # 2	Delivery Date	Finish Date	Customer PO #	Page
RVE	9205329302	(920) 569-4503	(000) 000-0000	09/30/09	10/07/09		1

(b)(6)	Make		Model		Year
	YAMAHA		RHINO 660 CAMO		04
	Serial Number		Stock ID		Tag/Key
	5Y4AM06Y24A002166		9205694503		
	Option 1	Option 2	Option 3	Warranty Terms	
	Option 4	Writer	Purchase Date	Product	Size

Job/Op Code	Qty	Type	Tech#	Description	List	Net	Total
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***** P A R T S *****							
10001	1	Y	902010607800	WASHER, PLATE		.25	.25
	1	Y	90387002M900	COLLAR		3.00	3.00
	1	Y	90387006M5200	COLLAR		3.48	3.48
	1	Y	904801247500	GROMMET		3.00	3.00
	1	Y	953070680000	NUT (4MY)		.90	.90
	1	Y	88V5B4DRKTC0	RHINO DOOR KIT	130.00		N/C

***** L A B O R *****							
JOB01	1.50	Hour	2	INSTALL DOOR KIT		104.92	N/C

*** C O M M E N T S ***
 INFO MISSING, 335 HOURS.
 INSTALL DOOR KIT.

PowerSports1 will exchange or refund any returned merchandise that is unused, never installed, and without damage still packaged in its manufacturer's original packaging within 15 days of receipt. There will also be a 25% restocking charge and shipping fee (if applicable) on all returns.
 Items sent back C.O.D. will be refused.
 There is NO RETURN on Electrical parts, Special ordered parts, and Closeout items.

Payment Type: CC VISA XXXXXXXXXXXXX84 11/11 004278
 AUTHORIZATION#
 Customer Signature

Labor	
Parts	11.07
Sublet	
Tax	.55
Total	11.62

Wellace Software Design (401) 438-3030 • www.wellace1.com

2. TIME

____ A.M. ____ P.M.

A. NAME AND TITLE OF INDIVIDUAL

B. FIRM NAME

C. NUMBER AND STREET ADDRESS

C. CITY, STATE, AND ZIP CODE

4. TO

Notice of Inspection is hereby given pursuant to:

- Section 5(a) of the Flammable Fabrics Act (15 U.S.C. § 1194(a));
- Sections 6(a), 9, and 10 of the Federal Trade Commission Act (15 U.S.C. §§ 46(a), 49, and 50);
- Sections 16, 19, and 27 of the Consumer Product Safety Act (15 U.S.C. §§ 2065, 2068, and 2076)
- Sections 301(e) and (f) and Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. §§ 331(e) and (f) and 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. § 1471 *et seq.*); and/or
- Sections 4(e), 11(b), and 12 of the Federal Hazardous Substances Act as Amended (15 U.S.C. §§ 1263(e), 1270(b), and 1271).

Refer to the back of this form for pertinent statutory language.

5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED

The purpose of this inspection is to obtain information; to review and obtain copies of items including, but not limited to, records (including electronic records), reports, books, documents, and labeling; and to obtain samples, in order to enforce or determine compliance with the Acts administered by the Consumer Product Safety Commission.

6. FREEDOM OF INFORMATION REQUIREMENTS

Those from whom information is requested should state whether any of the information submitted is believed to contain or relate to a trade secret or other matter which should be considered by the Commission to be confidential and whether any of the information is believed to be entitled to exemption from disclosure by the Commission under the provisions of the Freedom of Information Act (5 U.S.C. § 552). Any statement asserting this claim of confidentiality must be in writing, and any request for exemption of the information from disclosure must be made in accordance with the Commission's Freedom of Information Act regulations, 16 CFR Part 1015.

7. SIGNATURE (Authorized CPSC Official)

Wrightstown Police Department

PO Box 227
Wrightstown, WI 54180
(920) 532-6007

Incident Report: 2009-001172-INC

2009-001172-INC

11/04/2009 11:02AM

Page: 1 of 2

<i>Reported Date & Time</i> 09/12/2009 7:23 pm	<i>Description:</i> Rescue Squad/Ambulance Assist	<i>Status</i> Closed	<i>Status Date</i> 09/24/2009
<i>Occurred From</i> 09/12/2009 7:15 pm to 09/12/2009		<i>Disposed To</i>	<i>Disposed Date</i>

Offense Type C Code: MED

On Hwy Street Address 971 Sue Ln
Estimated Dir. From/At Hwy
Street Address Apt. #

City Wrightstown
County Brown County
District Wrightstown - East
Juveniles Only? No
Photos? No

OFFICIALS

<i>Primary Name</i> Kingsbury, Perry D	<i>Role</i> Officer	<i>Shift</i>
Yes Kohl, Mark A	Officer	

CONTACTS

(b)(6)	<i>DOB</i> 11/02/1961	<i>Incident Age</i> 47		
	<i>Sex</i> Male	<i>Race</i> White	<i>Ethnicity</i> Non-Hispanic	
	<i>Hair</i>	<i>Eyes</i>		
	<i>Height</i>	<i>Weight</i>		
	<i>DL State/No</i> /	<i>Unit#:</i>	<i>Owner:</i>	
<i>Contact Type</i> Owner				
<i>Citation #</i>	<i>Code</i> MED	<i>Description</i> Rescue Squad/Ambulance Assist	<i>Court</i>	<i>Proc. Type</i> <i>Court Date</i>

(b)(6)	<i>DOB</i> 08/27/1973	<i>Incident Age</i> 36		
	<i>Sex</i> Male	<i>Race</i> White	<i>Ethnicity</i> Non-Hispanic	
	<i>Hair</i>	<i>Eyes</i>		
	<i>Height</i>	<i>Weight</i>		
	<i>DL State/No</i> /	<i>Unit#:</i>	<i>Owner:</i>	
<i>Contact Type</i> Victim				
<i>Citation #</i>	<i>Code</i> MED	<i>Description</i> Rescue Squad/Ambulance Assist	<i>Court</i>	<i>Proc. Type</i> <i>Court Date</i>

Wrightstown Police Department

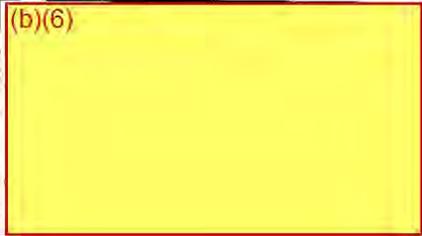
PO Box 227
Wrightstown, WI 54180
(920) 532-6007

Incident Report: 2009-001172-INC

2009-001172-INC

11/04/2009 11:02AM

Page: 2 of 2



DOB 10/11/1973 Incident Age 35

Sex Male Race Ethnicity

Hair Eyes

Height Weight

DL State/No /

Unit#: Owner:

Contact Type **Other**

Citation #	Code	Description	Court	Proc. Type	Court Date
	MED	Rescue Squad/Ambulance Assist			



DOB 12/20/1971 Incident Age 37

Sex Male Race White Ethnicity Non-Hispanic

Hair Eyes

Height Weight

DL State/No /

Unit#: Owner: Yes

Contact Type **Report Person**

Citation #	Code	Description	Court	Proc. Type	Court Date
	MED	Rescue Squad/Ambulance Assist			

VEHICLES

Unit # 01					
Registration # //		Status		Value	\$ 0.00
Vin. #					
Year		Color	Camouflage		
Make	Yamaha	Type	All Terrain Vehicle		
Model	Rhino 660				

Wrightstown Police Department
Incident Report
2009-001172-INC

11/04/2009 11:03 AM

Date & Time Reported: 09/12/2009 07:23 PM Offense: Rescue Squad/Ambulance Assist
Occurred From: 09/12/2009 07:15 PM to 09/12/2009 Victim/Complainant:

On the above date I (Kohl) was dispatched to (b)(6) for an ATV rollover. According to dispatch this occurred on private property and a passenger sustained a broken leg.

Upon arrival I discovered the ATV in the vacant lot at (b)(6) on the corner of Sue Lane, just west of CTH ZZ. The ATV was standing upright and the victim was seated in the front passenger seat. The passenger, (b)(6) was conscious and alert and complained of pain coming from his right lower leg. Upon further examination, (b)(6) leg sustained a compound fracture just above the right ankle.

According to the reporting person, (b)(6) was operating the ATV in the vacant lot when the vehicle flipped over. (b)(6) leg was crashed when the ATV flipped. The vehicle is owned by (b)(6) who resides adjacent to the lot where the accident occurred. (b)(6) is the owner of the vacant lot. (b)(6) was informed of the accident.

First responders were on scene and did give first aid until County Rescue arrived. (b)(6) was transported to St. Vincent's in Green Bay.

No further action taken.

Kohl 308

09/24/2009

After review of this report it was discovered that (b)(6) was the actual driver of the ATV when the accident occurred, not (b)(6) as previously reported. (b)(6) was the passenger. I spoke with (b)(6) by phone and he assured me that it was just an odd occurrence as they were only going about 10 mph when the ATV flipped.

End of Report

KINGSBURY 301

ST. VINCENT HOSPITAL – GREEN BAY, WISCONSIN**Admission Date:** 09/13/2009**Patient Name:** (b)(3):CPSA**Address:** (b)(3):CPSA Section

LAGRANGE, IL 60525

Dictated by: (b)(3):CPSA Section 25(c)**FIN #:** 010851041000**Room:** 0439P2**Discharge Date:****DOB:** 08/27/1973**Supervising Phys:****Att. Phys.:** (b)(3):CPSA Section 25(c)**Family Phys:****Ref. Phys:****M.R. #:** 01085104**NOTES 1:****NOTES 2:****CHIEF COMPLAINT:** Right leg.

HISTORY OF PRESENT ILLNESS: The patient is a 36-year-old man who was visiting from Illinois. He was riding on an ATV (all-terrain vehicle) with a friend. He was a passenger. They lost control and rolled the ATV. It unfortunately trapped his right ankle. He had immediate pain with bone visible and bleeding from the wound along the medial ankle by his description. He denies any other injury. He was seen by the EMTs and they appropriately wrapped the wound noting that he had an open ankle fracture. He was stabilized in a soft splint and was transferred to St. Vincent Hospital.

PAST MEDICAL HISTORY: The patient is otherwise fully healthy. He denies heart disease, lung disease, liver disease, kidney disease, diabetes, hypertension.

PAST SURGERIES: Vasectomy under local.

CURRENT MEDICATIONS: None.

ALLERGIES: None.

SOCIAL HISTORY: The patient is married. He does not smoke. He drinks approximately one alcoholic beverage a day and a few more on the weekends. He is employed as an insurance broker. He resides in LaGrange, Illinois.

REVIEW OF SYSTEMS: Negative for dizziness, lightheadedness, loss of consciousness, changes in vision, hearing difficulty. He denies chest pain, shortness of breath, palpitations, abdominal pain. He denies any difficulty with bowel or bladder control. No blood in his urine, no black or tarry stools. No joint complaints other than his right ankle. He denies any numbness or tingling.

PHYSICAL EXAMINATION: On physical examination the patient is a pleasant man who is laying on the emergency department stretcher. Vital signs are stable and as reviewed on the emergency department record. He is cooperative and cognizant, fully understanding of the events in our discussion. His lungs today are clear without rales, rhonchi or wheeze. He has a regular heart rate with no murmur or rub. His abdomen is soft and nontender. His right leg is well aligned at the ankle. There is no gross deformity. He has a dressing which begins in the lower third of his tibia and extends down along the ankle. He is still wearing his sock. There is blood and there is also some dirt and debris seen around the edges of the dressing. He had a 2+ dorsal pedal pulse. He reported intact sensation in the deep and superficial perineal nerve distributions as well as along the plantar surface of the toes and forefoot. He was able to actively dorsiflex and plantar flex his toes gently.

HISTORY & PHYSICAL – PAGE 1 – HISTORY & PHYSICAL**H&P/Cons/DC Sum.****ORIGINAL**

ST. VINCENT HOSPITAL – GREEN BAY, WISCONSIN

Patient Name: (b)(3):CPSA

MR#: 01085104

FIN #: 010851041000

X-rays of the right tibia and fibula show displaced transverse fractures of the right distal tibia and fibular shaft. There is no sign of extension down into the ankle and the distal tibio-fibular syndesmosis appears as still together.

IMPRESSION: Open fracture of the right distal tibia and fibula following an ATV accident.

PLAN: The patient is tetanus current (less than five years). I have ordered Ancef as well as Gentamicin and Penicillin as this is an outdoor injury and I am not certain of the level of contamination of the wound. I have no idea at this time of the extent of the soft tissue injury.

PLAN: The patient will be taken to the operating room immediately (which is why I did not undress his ankle). There we will perform an irrigation and debridement of the open fracture of his right tibia and fibula. Following that we will perform bony stabilization which will depend upon the quality of the wound. If the wound is not heavily contaminated, will likely proceed with IM nailing of the right tibia for definitive stabilization. If the wound is grossly contaminated, then will perform temporary stabilization with an external fixator spanning the ankle. I have discussed the surgery with its attendant risks and benefits and plans with him. In all probability he will return to the operating room on Monday for repeat debridement. If there is extensive soft tissue loss, then the patient well may require ultimately a free flap or other coverage to the ankle. Infection, nonunion are also not improbable complications of treatment and injury.

Preliminary

TMF/jcr
DD: 09/12/2009 9:05 P
DT: 09/13/2009 8:01 A
Doc #: 1900743
cc: (b)(3):CPSA Section 25(c)

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

*Fellow,
American Academy of Orthopedic Surgery*

Phone 920 431-1965
888 277-3832
Fax 920 431-1972
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ALLOUEZ HEALTH CENTER
1821 S. Webster Avenue
P.O. Box 19070
Green Bay, Wisconsin
54307-9070

HISTORY & PHYSICAL – PAGE 2 – HISTORY & PHYSICAL

H&P/Cons/DC Sum.

ORIGINAL

ST. VINCENT HOSPITAL

835 South Van Buren Street
Green Bay, Wisconsin 54301
DEPARTMENT OF RADIOLOGY

Date of Service: 09/12/2009

Patient Name: (b)(3):CPSA Sec

Room: 0439P2

Ref. Phys:

Att. Phys: (b)(3):CPSA Section 25(c)

Accession Number: SRM1728.09

Exam Description: SURG TIBIA/FIBULA RT

Admitting Complaint: PAIN

Indication: RIGHT TIBIAL RODDING FT

NOTES 1:

NOTES 2:

Age: 36

DOB: 08/27/1973

M.R. #: 01085104

FIN #: 010851041000

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

Additional Phys:

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

PORTABLE MATRIX IMAGES INTRAOP INTERNAL FIXATION 9/12/09

COMPARISONS: Radiographs earlier in the day.

CLINICAL INDICATION: Rod placement.

FLUORO TIME: 1 minute 13 seconds.

FINDINGS: An intramedullary nail is placed within the tibia. Oblique and transverse proximal interlocking screws and two transverse medial approach distal interlocking screws are present showing improvement in alignment of both tibia and fibula fractures.

Preliminary

D: 09/13/2009 12:18 A

T: 09/13/2009 10:01 A/kg

Doc #: 1900779

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

(b)(3):CPSA Section 25

*Fellow,
American Academy of Orthopedic Surgery*

Phone 920 431-1965

888 277-3832

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RADIOLOGY

Page 1 of 1
Radiology

ORIGINAL

ST. VINCENT HOSPITAL

835 South Van Buren Street
Green Bay, Wisconsin 54301
DEPARTMENT OF RADIOLOGY

Date of Service: 09/12/2009

Patient Name: (b)(3):CPSA Sect
Room: 0439P2
Ref. Phys:
Att. Phys: (b)(3):CPSA Section 25(c)
Accession Number: XRM27881.09
Exam Description: TIBIA/FIBULA RT
Admitting Complaint: PAIN
Indication: TRAUMA

NOTES 1:
NOTES 2:
Age: 36 DOB: 08/27/1973
M.R. #: 01085104 FIN #: 010851041000
Dictated by: (b)(3):CPSA Section 25(c)
Additional Phys:
Ordering Phys: (b)(3):CPSA Section 2

RIGHT TIBIA AND FIBULA AP AND LATERAL VIEWS

COMPARISONS: None.

CLINICAL INDICATION: Pain, trauma.

FINDINGS: There is a transverse comminuted distal diaphysis tibia fracture. Distal fracture fragment shows anterior lateral displacement and medial posterior angulation of the distal fracture fragment.

There is a transverse comminuted segmental fracture of the distal fibula diaphysis. There is anterior lateral displacement of distal fracture fragment with medial angulation. Extensive soft tissue irregularity is identified.

IMPRESSION: Fracture of distal tibia and fibula.

D: 09/12/2009 11:15 P
T: 09/13/2009 10:06 A/kg
Doc #: 1900782
cc: (b)(3):CPSA Section 25(c)

Preliminary



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

Fellow,
American Academy of Orthopedic Surgery

Phone 920 431-1965
888 277-3832
Fax 920 431-1972
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RADIOLOGY
Page 1 of 1
Radiology

ORIGINAL

St. Vincent Hospital

Study Date: 9/12/2009 20:28:21

Acc#: XRM27881.09

Date 09.12.2009 20:28:21

MR#: 01085104

St. Vincent Hospital

DOB: 8/27/1973

A-P

KADP

ANKLE

Image #1/1

www.3924/2142
ExGarden
Modality: MR

ST. VINCENT HOSPITAL – GREEN BAY, WISCONSIN**Admission Date:** 09/13/2009**Surgical Date:** 09/14/2009**Patient Name:** (b)(3):CPSA Secti**Address:** (b)(3):CPSA Section

LAGRANGE, IL 60525

Dictated by: (b)(3):CPSA Section 25(c)**FIN #:** 010851041000**Room:** 0439P2**Discharge Date:****DOB:** 08/27/1973**Supervising Phys:****Att. Phys.:** (b)(3):CPSA Section 25(c)**Family Phys:****Ref. Phys:****M.R. #:** 01085104**NOTES 1:****NOTES 2:**

PREOPERATIVE DIAGNOSIS: Open fracture of the right distal tibia and fibula.

POSTOPERATIVE DIAGNOSIS: Open fracture of the right distal tibia and fibula.

OPERATION: Repeat irrigation and debridement of open fracture right distal tibia and fibula.

SURGEON: Thomas Florack, MD

ANESTHESIA: General.

PREOPERATIVE SITUATION: The patient is a 36-year-old man who about 36 hours ago sustained a grade 2 open fracture of the right distal tibia and fibula. This was treated with irrigation and debridement on the day of injury followed by IM nailing. He presents now back to the operating room for repeat debridement.

OPERATIVE FINDINGS: There was minimal additional tissue necrosis, just some minimal skin margin necrosis along the anterior flap and a few spots of subcutaneous necrosis. No additional devitalized muscle, fascia or bone identified. The wound could be closed primarily over a drain without undo tension. The skin flaps were viable after closure. There were no specimens.

PROCEDURE: The patient was taken to the operating room. He was induced under general anesthesia. A splint and dressing were removed. His right leg was prepped and sterilely draped. The previously placed nylon sutures were removed. The wound was then irrigated fully with three liters of saline via pulse lavage. Additional debridement of the skin and subcutaneous tissue was performed with minimal resection along the skin margin, 1-2 mm at most, which gave a nice fresh healthy edge. A Reliavac drain was placed deep to the muscles at the fracture site, particularly posteriorly. The wound was then closed using 5-0 nylon interrupted sutures. The wounds were then cleansed and dressed with Xeroform and sterile gauze. Cast padding was applied to the leg and he was placed back into his stirrup splint which still fit very nicely. Calf compartments were soft, having minimal swelling in his foot and ankle. He was brought out from general anesthesia and was transferred to the recovery room in satisfactory condition. He had received his usual scheduled dose of Ancef at 5:00 this morning and was given a supplemental 1 gm of Cephazolin in surgery.

OPERATIVE REPORT – PAGE 1 – OPERATIVE REPORT

ORIGINAL

OR/Path/Proc



Yamaha Motor Home | Company | Site Map

Find Dealer | Have Dealer Contact Me | Download Brochure | Finance Tools | Rider Resources | Contact Us | My Yamaha

OUTDOORS

SPORT

STAR

MODELS

ACCIDENTS

APPROPRIATE

FASTENERS

NEWS & EVENTS

EXTENDED SERVICE

HISTORY

MODELS

Important Information about 2004 - 2007 Rhinos

While the Rhino has been a reliable and versatile vehicle, some operators have engaged in aggressive driving (such as sliding, skidding, fishtailing, or doing donuts) or made abrupt maneuvers (such as turning the steering wheel too far or too fast) that have resulted in side rollovers – even on flat, open areas. Unfortunately, some occupants have been seriously injured during such rollovers when they put their arms or legs outside the vehicle, resulting in crushing or other injuries.

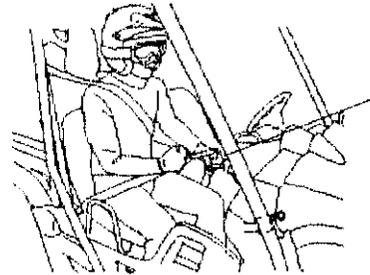
Special Offer to Rhino Owners

Yamaha has developed new doors and additional passenger handholds for the Rhino. These new features, as shown in the pictures below, are designed to help keep occupants from sticking arms or legs out of the vehicle in response to a side rollover. They may also enhance passenger stability and comfort. Yamaha recommends that Rhino owners have these doors and handholds installed on their Rhino vehicles.

DOORS



ADDITIONAL PASSENGER HANDHOLDS



All Rhino Owners Can Have These New Features Installed Free of Charge.

To take advantage of this special offer, please make an appointment with your Yamaha dealer. It does not matter if your Rhino was purchased new or used – all Rhinos are eligible.

If you are outside of the United States, please visit [Yamaha Global Links](#) to get information from the Yamaha distributor for your country.

You may be aware that a number of aftermarket companies are now offering doors, panels, bars, netting, or similar products for installation on Rhinos. Yamaha cannot investigate or endorse aftermarket companies' products with respect to quality, fit, or safety. We only recommend genuine Yamaha parts and accessories for your Rhino.

Guide to Genuine Yamaha Doors/Handholds and Rhino Occupant Protection

To help you understand how these new features fit into the overall approach to Rhino occupant safety, Yamaha has prepared a guide to accompany your owner's manual. Please read the guide. If you have a Rhino and did not get this guide in the mail, call us at 800-962-7926 and get a free copy of this guide along with the new label described below or download a [pdf version of the guide](#).

New On-Product Label

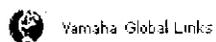
To promote awareness of the new free product features and to help reinforce safe and responsible use of the Rhino, Yamaha has developed an adhesive label to put on the Rhino dashboard. If you have a Rhino and did not get this label in the mail you can call us at 800-962-7926 to get a free copy of the label and the guide. Your dealer will install this label on your vehicle when you bring your Rhino in for the new doors and additional passenger handholds. [View the label](#).

Your dealer will install this label on your vehicle when you bring your Rhino in for the new doors and additional passenger handholds. If you have a Rhino and just want one of these labels, and you did not get one in the mail from Yamaha, please call us toll-free at 800-962-7926. We will send you a label at no charge.

Updated Owner's Manual

We have updated the 2007 Yamaha Rhino owner's manual to include these new doors and handholds. Note: due to product updates, the 2007 Yamaha Rhino manual may not cover all of the features of your older Rhino and may include information on other newer features.

Download the [updated 2007 Yamaha Rhino 660 Owner's manual](#).



CONTACTS LIST

Complainant / Victim / Passenger: (b)(3):CPSC
(b)(3):CPSC Section 25(c) Section 25(c)

On October 23, 2009, CPSC Investigator conducted a telephone interview with the victim. On November 4, 2009, CPSC investigator received an email copy of the victim's hospital records.

(b)(6)

On November 4, 2009, CPSC Investigator conducted a telephone interview with the driver.

(b)(6)

On November 5, 2009, CPSC Investigator conducted an on-site interview with the owner.

Police Chief: Perry Kingsbury
Wrightstown Police Department
529 Main Street
Wrightstown, WI 54180
Tel: 920-532-6007
Fax: 920-532-4996
E-mail: pkingsbury@wrightstown.us

On November 4, 2009, CPSC Investigator received a fax copy of the police report.

Service Dealer: Mr. Rod VanEperen, Owner
Power Sports I
N1893 E. Frontage Rd.
Kaukauna, WI 54130
Tel: 920-462-0775
Fax: 920-462-0323
<http://www.powersportsI.com>

On November 5, 2009, CPSC Investigator visited this service dealer and received paper copies of the UTV service records.

Insurance: Unknown Agent
Sentry Insurance
1800 North Point Drive
Stevens Point, WI 54481
1-800-373-6879

Near October 1, 2009, the victim filed a claim with this insurance company for the tipover incident.

Attorney: Unknown
Near October 1, 2009, the victim consulted with an attorney, who advised him to report the tipover incident to the CPSC.

Manufacturer: Kathy x7612
Yamaha Motor Corp, USA
6555 Katella Avenue
Cypress, CA 90630
Tel: 800-962-7926
<http://www.yamaha-motor.com>

Near October 16, 2009, the victim notified the manufacturer of the tipover incident by phone. The manufacturer representative collected information from the victim concerning the incident and the contact info for all the parties involved. The victim has not been contacted by the manufacturer since.

Authorizations for Release of Name

Complainant / Victim / Passenger: (b)(3):CPSA Se

On October 23, 2009, the victim stated during a telephone interview that he authorizes release of name to the manufacturer only.

Driver: (b)(6)

The driver did not authorize release of name. His identity is to remain confidential.

Owner: (b)(6)

On November 5, 2009, during an on-site interview the owner signed an authorization for release of name to manufacturer only.

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

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

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

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

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

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

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

(b)(6)

(Signature)

(Date)

11/5/07

1/29/10

1. Task Number 091029CWE8484		2. Investigator's ID 1951		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2008 09 13	5. Date Initiated YR MO DAY 2009 10 29		
6. Synopsis of Accident or Complaint UPC On three separate occasions, 09/13/2008, 11/1/2008, and 10/27/2009, the complainant was riding the UTV when the driver's side rear wheel fell off. The complainant believes that the cotter pin was responsible. On the 11/1/2008 incident, the repair shop admitted they failed to replace the pin. The complainant also had several CV joints replaced as well as three axles.				
<p style="text-align: right;"><u>MFR/PRVLBR NOTIFIED</u> <i>3/7/11</i></p> <p>COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED</p> <p><input type="checkbox"/> EXCISIONS/FOIA EXS. _____;</p> <p><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p>				
7. Location (Home, School, etc) 1 - HOME		8. City MONTGOMERY		9. State TX
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name ARCTIC CAT		10C. Model Number PROWLER XT650
10D. Manufacturer Name and Address ARCTCO P.O. Box 810 Thief River Falls, MN 56701				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 32	13. Sex 1 - Male	14. Disposition 1 - Injured, not Hosp.	15. Injury Diagnosis 64 - Strain/Sprain	
16. Body Part(s) Involved 34 - WRIST	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 1 - On-Site	19. Time Spent (Operational / Travel) 16.5 / 3.5	
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 checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 12/11/2009		25. Reviewed By 8021		26. Regional Office Director Frank J. Nava
27. Distribution Garland, Sarah; Spittler, Virginia; Topka, Tanya			28. Source Document Number I09A1176A	

DESCRIPTION OF RESPONDENTS:

This matter came to the attention of CPSC through a consumer internet complaint. The consumer was contacted by this investigator and an on-site visit was scheduled for November 5, 2009. The retailer that sells these utility vehicles and completed the repairs was visited on the same day. The complainant did not suffer any injuries which required medical attention; therefore, no medical records were requested. Additionally, no official records were requested as no emergency services were contacted.

SUMMARY OF FINDINGS:

The 40-year-old complainant, his wife, and 13-year-old daughter live on approximately 10 acres of secluded land in Montgomery, Texas. Over the years, the complainant has purchased various recreational vehicles and/or sport vehicles. The complainant purchased this utility vehicle (UTV) in October 2007 to use around the property and at the deer lease.

According to the complainant, he had the UTV in the shop for repairs within 30 days of the purchase. He stated that the CV joint broke within this first 30 and had to be replaced. The complainant stated that to date, the CV joint on the driver's side has been replaced three times, and the CV joint on the passenger side has been replaced two times. The complainant further reported that the axle was replaced/repared on three occasions prior to the first time the wheel fell off. The complainant outlined three major incidences in which the wheel came off the UTV.

1. One incident occurred on September 13, 2008, the day after Hurricane Ike hit the Houston area. The complainant and his 13-year-old daughter were riding around the neighborhood surveying damage from the hurricane when the wheel fell off the UTV. They were able to get the UTV back to their home and the complainant took the vehicle into the shop for repair.

According to the complainant, the UTV had a bent axle and the driver's rear tire fell off. The complainant stated that he had to pay for the tire replacement.

2. The next incident occurred on November 1, 2008 while they were riding the UTV in Huntsville. The complainant stated that the UTV had been operating that day for approximately three hours when the wheel fell off. According to the complainant, the UTV was in the shop for repairs and had just been picked up the day before. The complainant stated that the "cotter pin" was sheared off and broken, thus allowing the wheel to fall off. The complainant stated that it took several hours to get the UTV back to the trailer. A field repair had to be done so they could get back. According to the complainant, this incident occurred at the "deer lease" which is primarily rugged wooded grounds.

According to the complainant, he was riding the UTV with a friend who was slightly injured when the wheel fell off. The complainant stated that his friend hit his wrist on the wrist on the passenger side molding. The friend did not go to the hospital and told the complainant that his wrist was sore for about a month. The complainant's friend was holding the side handlebar and when the incident occurred his wrist hit the front compartment which cracked from the sudden pressure (See Photo #1).



PHOTO #1: This photo shows the complainant holding the handle on the UTV as the passenger was doing immediately before the wheel fell off and he was injured.

The complainant stated that there were no sounds or vibrations which he felt would have alerted him to the potential problem. According to the complainant, he was travelling about 15 to 17 mph on the trails when this incident occurred.

3. The final incident occurred on October 27, 2009, at the complainant's home. He stated he was driving the UTV in the front yard when the cotter pin broke again. The complainant reported that he was only in the front yard of their residence, therefore, he was able to limp the UTV over to the pavement for evaluate the problem. According to the complainant, he was only going about 10 mph when this incident occurred.



PHOTO #2: This photo shows the complainant's UTV in his driveway with the broken wheel.

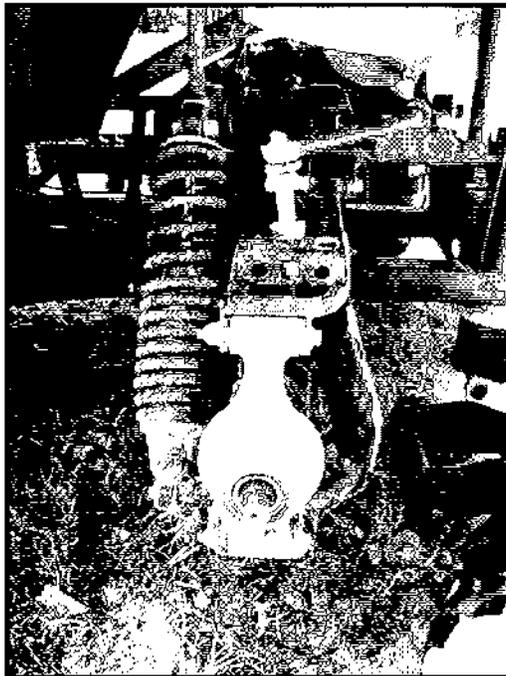


PHOTO #3: This photo shows the wheel and axle assembly with the shock.

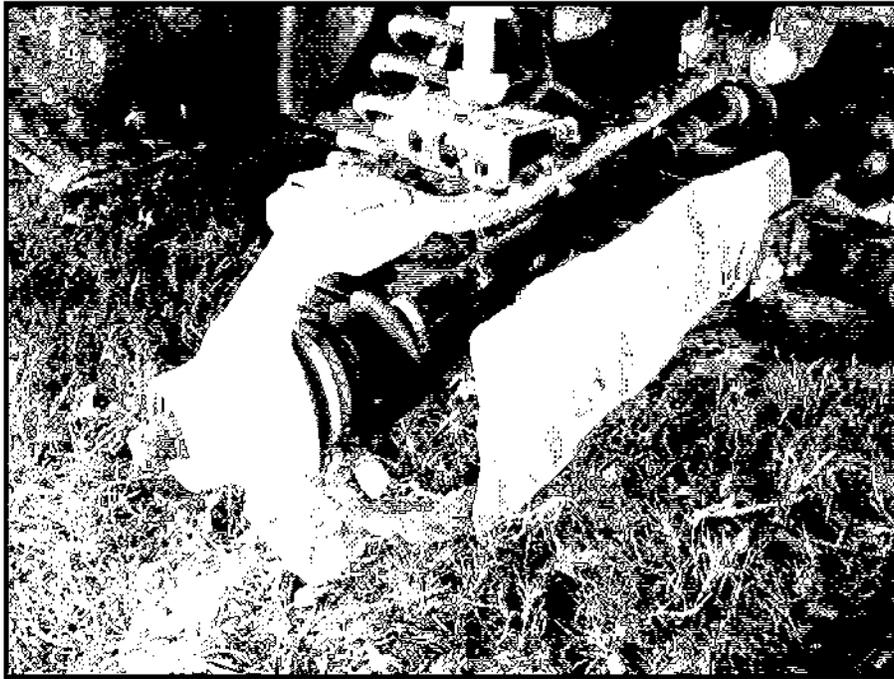


PHOTO #4: This photo shows the wheel and axle assembly with CV joint.



PHOTO #5: This photo shows the hub and wheel bearing assembly.

The complainant stated that on another occasion his wife and her friend were on the UTV for approximately 10 to 15 minutes when the transfer case went out. The complainant stated that he believes that this incident occurred sometime in early May 2009.

This investigator inquired as to how the complainant rode the UTV and he replied that the vehicle was usually ridden in grassy terrain. The complainant stated that the fastest he has ever driven the UTV is approximately 50 to 55 mph. He further stated that he has always stored the UTV in the garage.

This investigator asked about safety equipment that the complainant used while riding the UTV. He stated that the vehicle has seatbelts which were used and his kids would use the helmets (See Photo #6). The complainant stated that he normally would have on boots, regular clothing, and sunglasses. He stated that he normally did not wear a helmet and no gloves.



PHOTO #6: This photo shows the helmets that the complainant's children use when riding the UTV.

When he purchased the UTV, the complainant stated that the dealer did not offer him any safety training and all he did was test drive the UTV. The complainant told this investigator that he has been riding ATVs for approximately 30 years.

The complainant originally took the UTV for repairs at the place he purchased the vehicle until he felt they were uncooperative with him. According to the complainant, the owner of the repair shop told him to get an attorney and sue him after the November 2008 incident. After that, the complainant switched over to an Arctic Cat repair shop.

This investigator noted that there was 2013 hours on the UTV (See Photo #7).

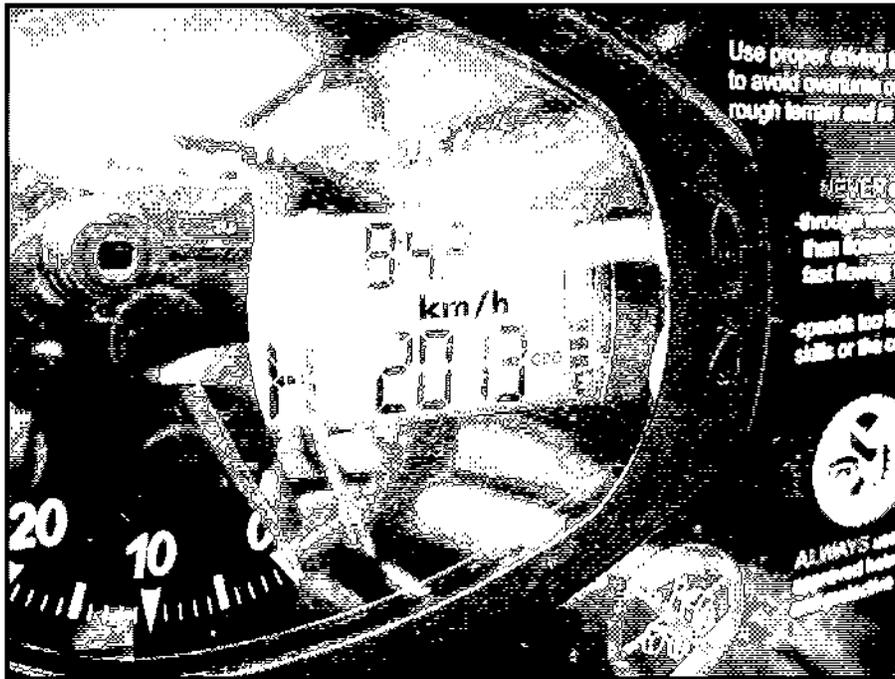


PHOTO #7: This photo shows the total hours on the UTV.

After leaving the complainant's residence, this investigator went to the location where the complainant purchased the UTV and also had some of the repair work completed. According to the owner of the shop, the complainant purchased the UTV for \$11,464.93 on October 23, 2007 (See Attachment #).

The owner stated that the business is family owned and that his granddaughter and his sons work at the shop. He indicated that they are an authorized dealer in both sales and repairs. One of his sons does all the repairs on the ATVs and UTVs. When asked about repair orders for the complainant's UTV, the owner had difficulty locating any repair orders; however, he was able to locate one for January 10, 2008 where the UTV was in the shop for a CV joint, shift, and brake. The shop stated that the complainant did not have the UTV in for the first service and only started bringing it in when there were problems.

The owner of the shop indicated that the consumer was not treating the UTV correctly and was driving it recklessly. The owner did admit that he told the consumer to hire an attorney and sue him after the November 2008 where the wheel fell off. The owner of the shop admitted that they forgot to put a cotter pin in to secure the wheel.

This owner further stated that the shop has not seen other problems with wheels coming off UTVs. He also stated that they seem to have more problems with Arctic Cat products (four wheelers, etc) than other brands and these require more repair. The owner stated that their computer system would not allow a random search of these types of UTVs to determine if any other vehicles were in for repairs. According to the owner, he has

650cc, 700cc EFI, and 1000cc EFI UTVs in stock and he does not see problems with these. He further stated that he believes it is a problem with the complainant's UTV.

PRODUCT DESCRIPTION:

Product Type:	Utility Vehicle
Brand:	Arctic Cat
Model Number:	Prowler
VIN:	4UF08MPV68T301263
Manufacturer:	Arctic Cat
Retailer:	Suzuki – Arctic Cat of Tomball 9807 FM 2920 Tomball, Texas 77375
Purchase Price:	\$11,464.93

The product is a 2008 Arctic Cat four-wheel utility vehicle with a vehicle identification number of 4UF08MPV68T301263. The model is identified as a Prowler XT 650 (See Photos 8 through 10).



PHOTO #8: This photo shows the complainant's 2008 Arctic Cat Prowler XT 650.



PHOTO #9: This photo shows the manufacturer's name on the outside of the UTV.



PHOTO #10: This photo shows the model of the UTV.

According to the label adhered to the UTV, the manufacture date of the product was May 2007, and the VIN number was 4UF08MPV68T301263 (See Photo #11).



PHOTO #11: This photo shows the manufacture date and VIN number.

During the investigation, the tires were noted to be 26 x 11 R14NHS, 4 Ply Rating, Goodyear Rawhide, and tubeless (See Photo #12).

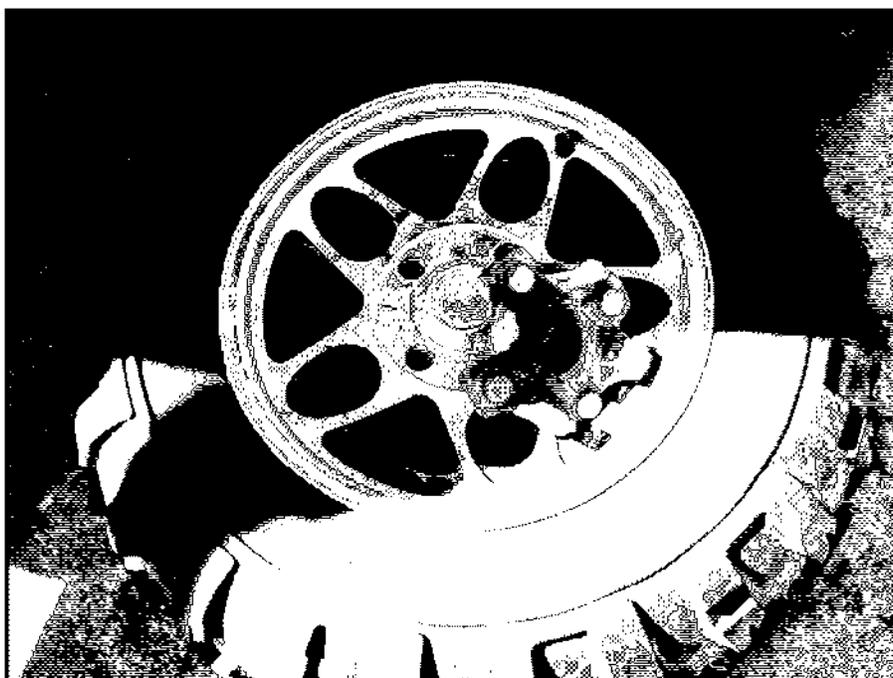


PHOTO #12: This photo shows the tires that were on the UTV.

The UTV had several warning labels on the unit (See Photos 13 through 20).

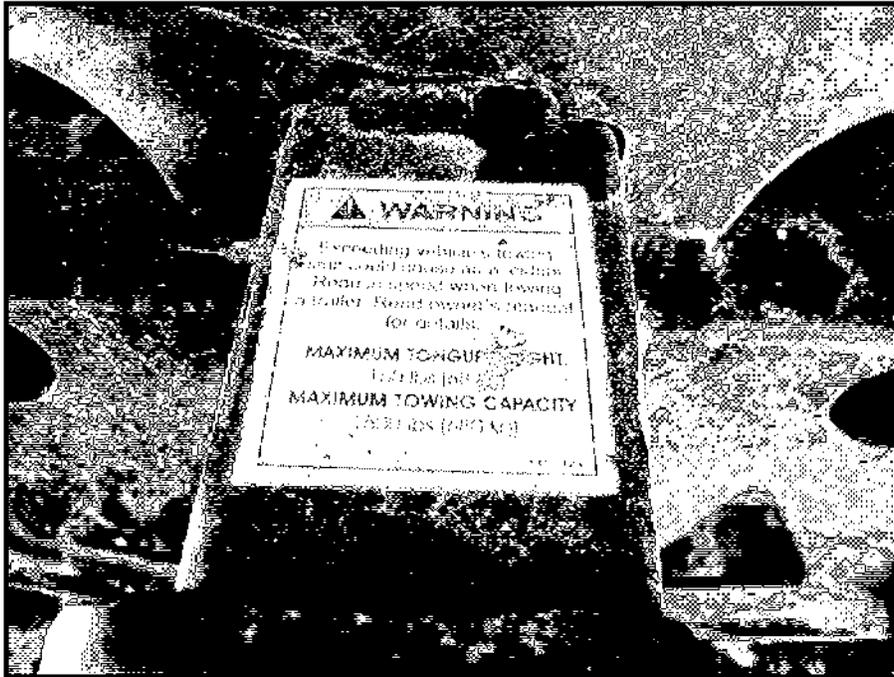


PHOTO #13: This photo shows the warning for the towing capacity.

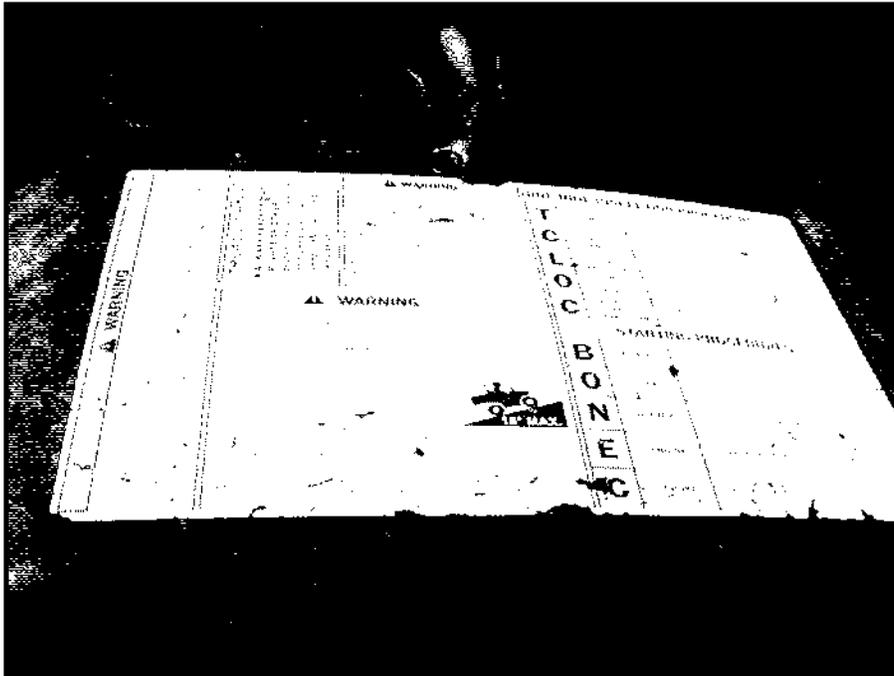


PHOTO #14: This photo shows the overall warning for the UTV and is broken down in Photos 15 through 19).

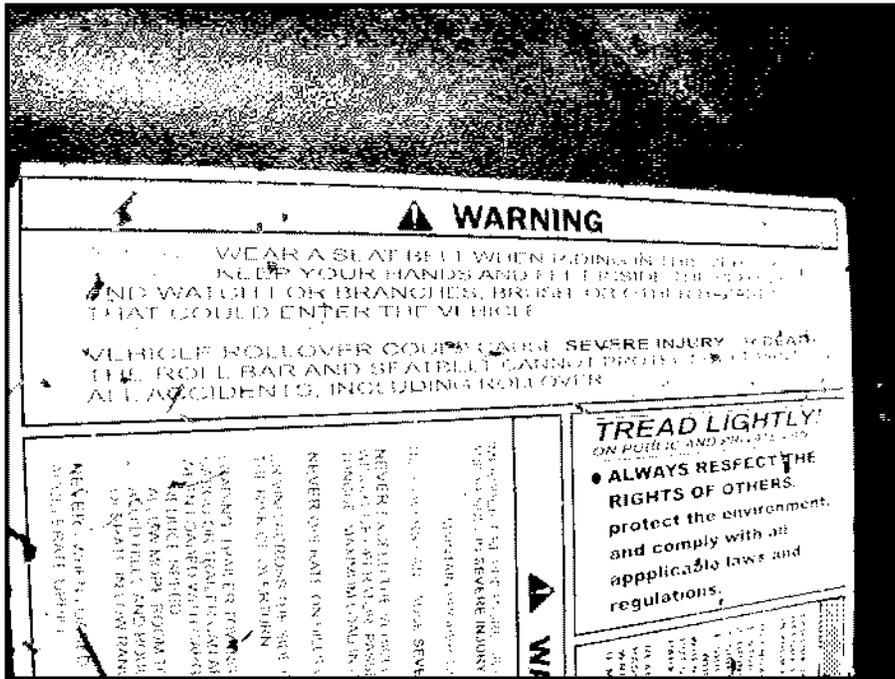


PHOTO #17: This photo shows the warning for the seat belt and that rollovers can cause severe injury.

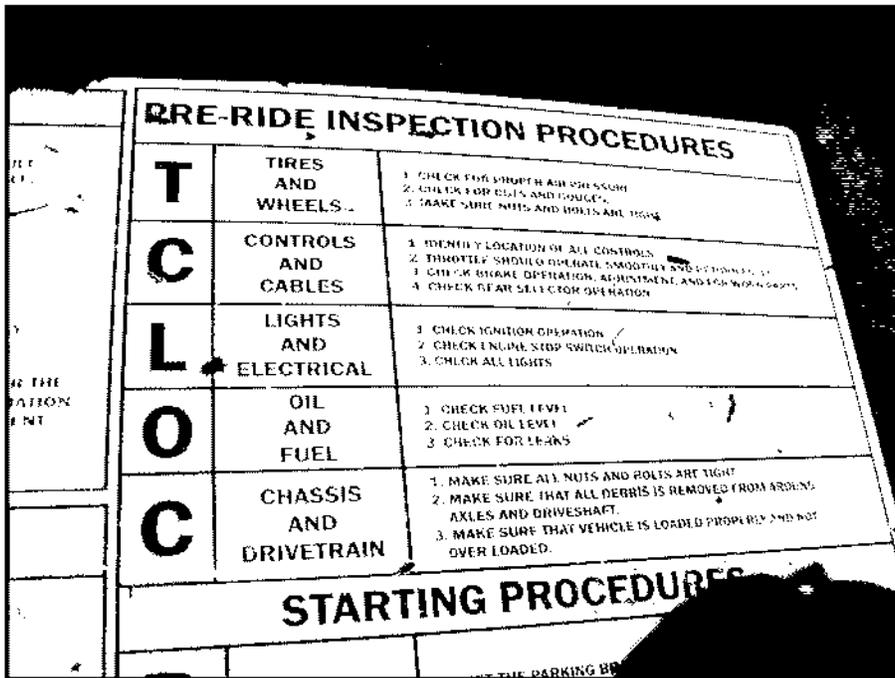


PHOTO #18: This photo shows the instructions for pre-ride inspection procedures.

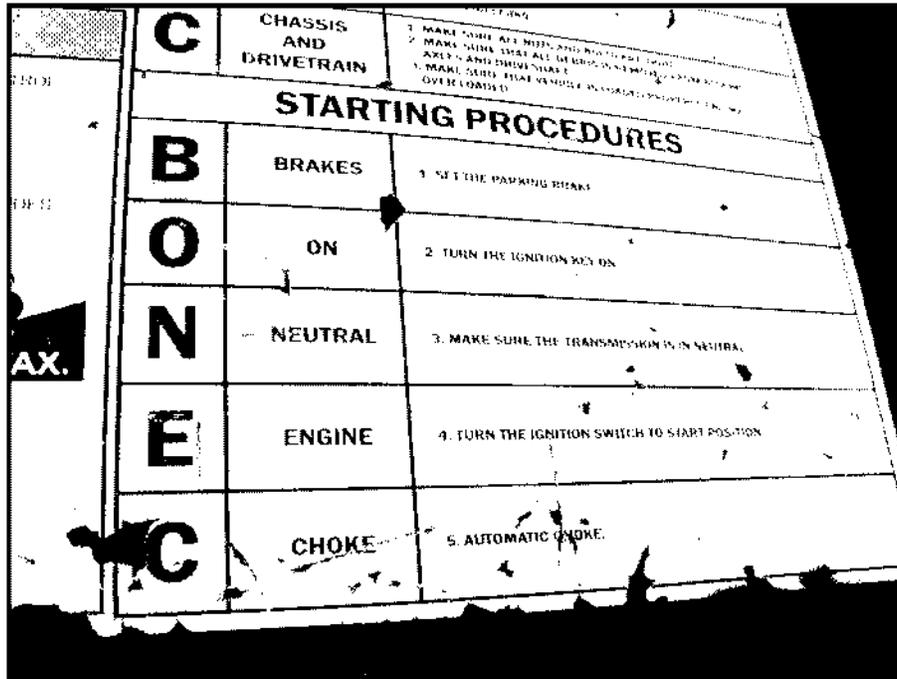


PHOTO #19: This photo shows the instructions for the starting procedures.

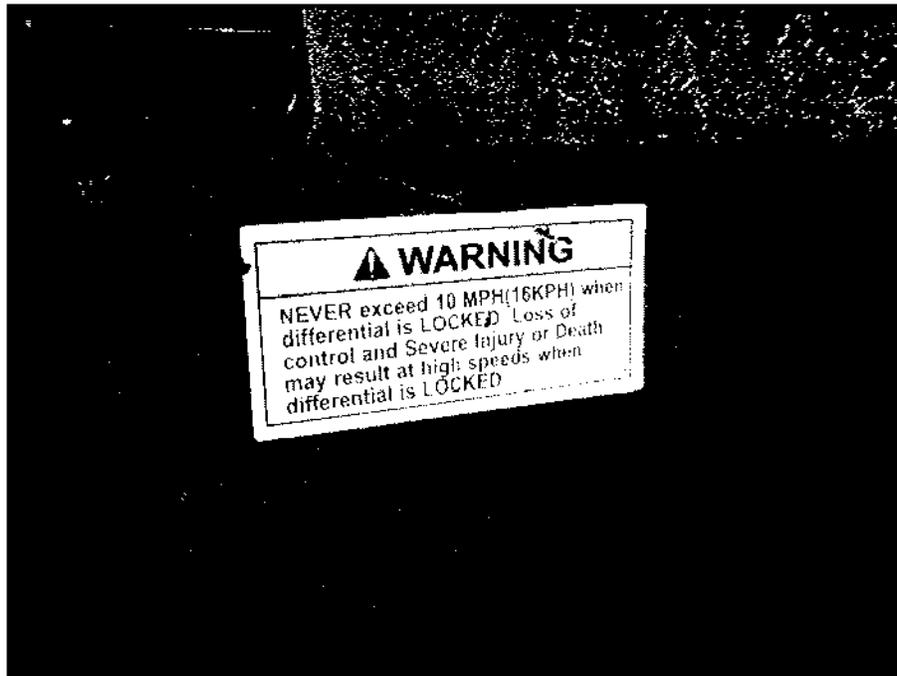


PHOTO #20: This photo shows the warning sign not to exceed 10mph when the differential is locked.

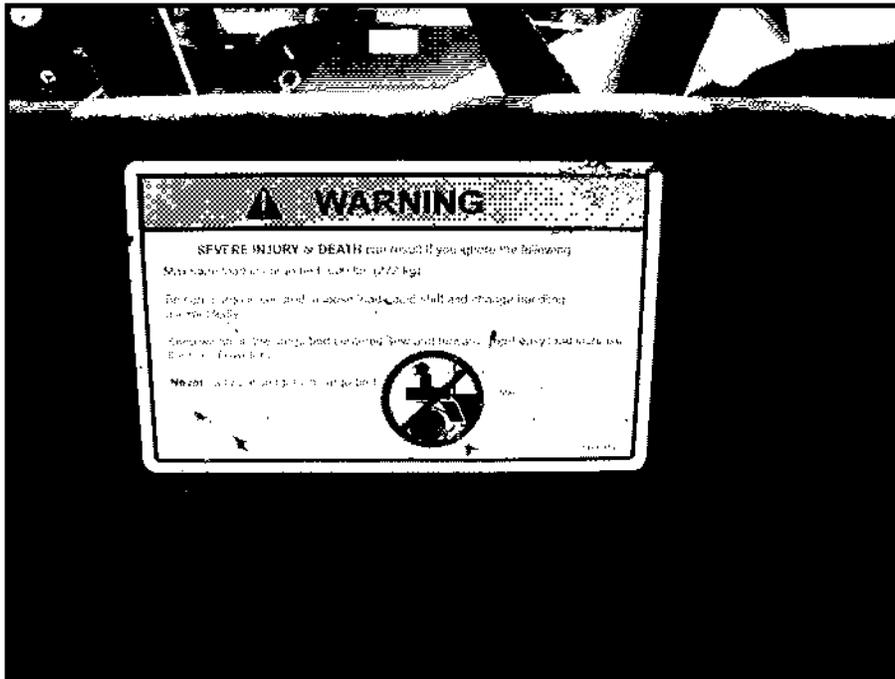


PHOTO #21: This photo shows the warning for the maximum capacity of the cargo bed.

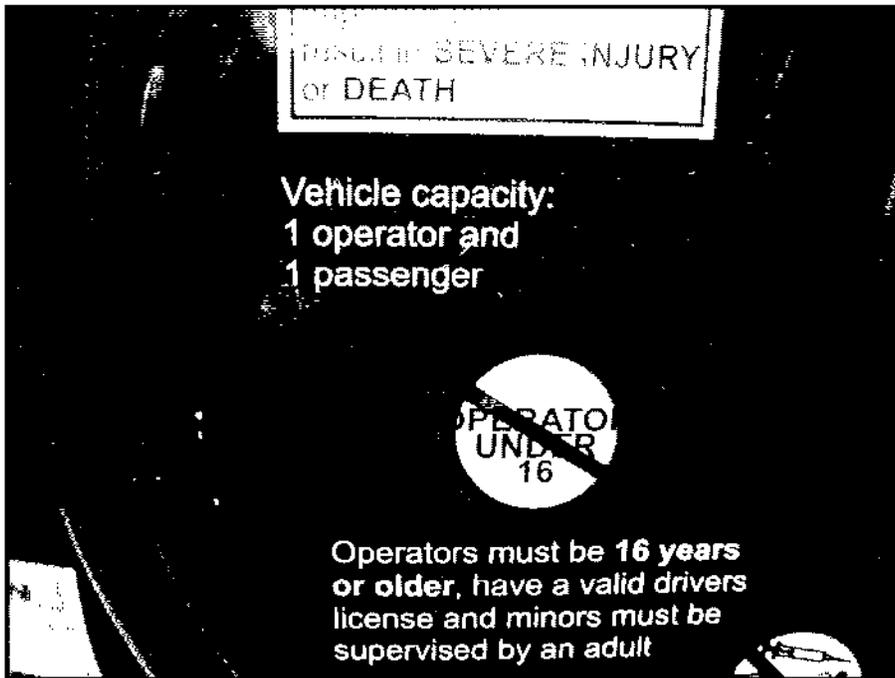


PHOTO #22: This photo shows that the UTV should not be operated by anyone under the age of 16.

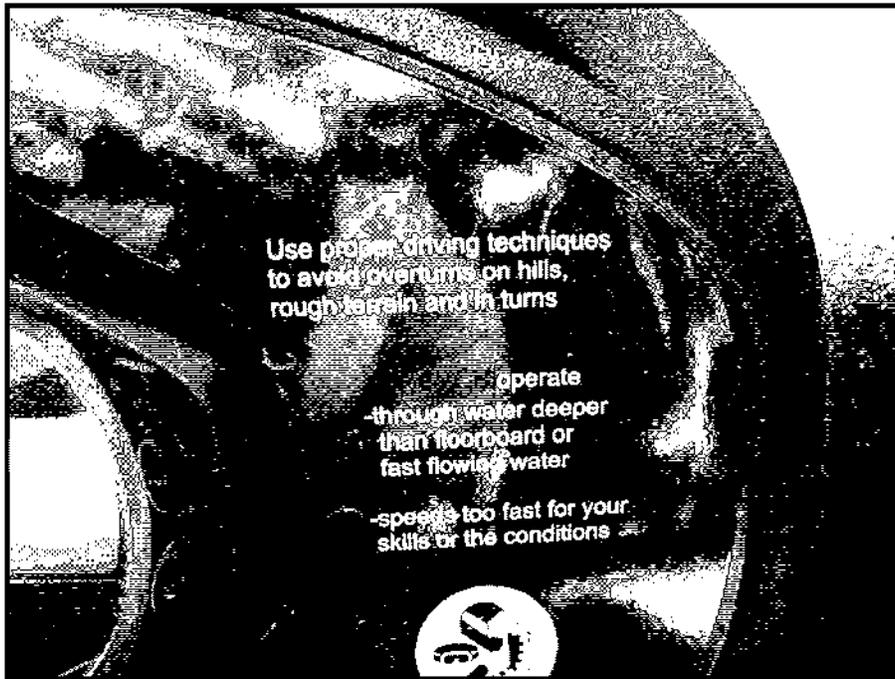


PHOTO #23: This photo shows the warning for driving the UTV.



PHOTO #24: This photo shows the warning to always use a helmet and protective gear and also shows that the UTV should not be used on public highways.

SAMPLE COLLECTION:

None.

ATTACHMENTS:

1. Identity of Respondents
2. Authorization of Name Use (YES)
3. UTV Datasheet
4. Repair Orders Provided by Complainant
5. Purchase Receipt Provided by Dealership
6. Repair Invoices Provided by Dealership
7. Notice of Inspection
8. Photos (embedded within narrative)

IDENTITY OF RESPONDENTS:

1. David Chavana
Complainant
341 Mohawk
Montgomery, Texas 77316
936-447-2609

2. Tina Pitts
F & I Manager
Suzuki – Arctic Cat of Tomball
9807 FM 2920
Tomball, Texas 77375
281-351-0075

3. Nathan Gisendorf
Owner
Suzuki – Arctic Cat of Tomball
9807 FM 2920
Tomball, Texas 77375
281-351-0075

Utility Vehicle Data Record Sheet

Front	
Driver	WIA
Right Front Passenger	FRIEND
Left Rear Passenger	N/A
Right Rear Passenger	N/A
Cargo Bed	
Rear	

A Age: 40 Height: 6'0" D: _____
 Gender: M Weight: 200 (Approx) _____
 Helmet (Y/N): N Seatbelt (Y/N): Y
 Killed/Injured/Neither/Unknown: NO
 Injury Description: NO
 Did vehicle land on victim: NO
 Ejected (Either partially or fully): NO

B Age: UNKNOWN Height: UNKNOWN
 Gender: M Weight: UNKNOWN
 Helmet (Y/N): N Seatbelt (Y/N): N
 Killed/Injured/Neither/Unknown: YES-INJURED
 Injury Description: SPRAINED WRIST
 Did vehicle land on victim: NO
 Ejected (Either partially or fully): NO

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

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

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

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

SUZUKI OF TOMBALL

9807 FM2820
TOMBALL, TX 77375
281-351-0075

Repair Order Invoice

R/O Number: 2970
Invoice Number: 21319
Cashier: NATHAN J
Date: 1/10/2008
Date Promised: 12/20/2007

Repair Order For:

CHAUANA, DAVID
341 MOHAWK
MONT, TX 77316
936-447-2609 832-435-1092

Description:

091029CWE8484
Attachment #4
Page 1 of 11

Units For This Repair Order

Service Writer:

2008 ARCTIC CAT PROWLER 4UF08MPV68T301263

Job: ADJ. SHIFTER, P-BRAKE

Job For: 2008 ARCTIC CAT PROWLER 650 4UF08MPV68T301263

Description

Labor

Description	Job Code	Technician	Unit Total
ADJ SHIFTER		OTTO	\$16.15
ADJ BRAKE		OTTO	\$42.50
Labor Subtotal			\$58.65
Job Subtotal			\$58.65

Job: HARD STARTING

Job For: 2008 ARCTIC CAT PROWLER 650 4UF08MPV68T301263

Description

Job Subtotal \$0.00

Customer Job Totals
Labor \$58.65

Total of Customer Jobs \$58.65

217-641-9851
REPLACED DRIVER AXLE
DEALER EXPENSE
MARK
713-333-7601

SUZUKI OF TOMBALL

9807 FM2920
TOMBALL, TX 77375
281-351-0075

Repair Order Invoice

R/O Number: 3017
Invoice Number: 21320
Cashier: NATHAN J
Date: 1/10/2008
Date Promised: 1/10/2008

Repair Order For:
CHAUANA, DAVID
341 MOHAWK
MONT, TX 77318
936-447-2609 832-435-1092

Description:

091029CWE8484
Attachment #4
Page 2 of 11

*DRIVER
SIDE*

Units For This Repair Order

Service Writer:

Year	Make	Model	VIN/Serial No.	Plate	Key Board	Miles
2008	ARCTIC CAT	PROWLER	4UF08MPV68T301263			

Job: CV JOINT

Job For: 2005 ARCTIC CAT PROWLER 650 4UF08MPV68T301263

Description

Parts

Part No	Quantity	Description	Each Price	Extension
0502-740	1	HALFSHAFT(PLUS II REAR)	\$277.99	\$277.99
			Parts Subtotal	\$277.99

Labor

Description	Job Code	Technician	Unit Price
RR AXLE		OITO	\$85.00
			Labor Subtotal

Job Subtotal \$382.99

Customer Job Totals

Parts \$277.99
Labor \$85.00

Total of Customer Jobs \$382.99

Other Charges

ShopSupplies \$4.50

Repair Order Subtotal \$367.49

SUZUKI OF TOMBALL

9807 FM2920
TOMBALL, TX 77375
281-351-0075

1-800-279-2281

Repair Order

R/O Number: 3426
In Date: 10/4/2008
Today Date: 10/22/2008
Date Promised: 10/4/2008

Repair Order For: DC FLOORING
341 MOHAWK
MONTGOMERY, TEXAS 77318
9364472609

Unit Name: 218-681-8558
Location: NEA1

091029CWE8484
Attachment #4
Page 3 of 11

Units For This Repair Order

Year	Make	Model	VIN / Serial No.	Color	Plate	Key Board	Miles
2008	ARCTIC CAT	PROWLER	4UF08MPV68T301263	RED			

Job: REAR AXLES

Job For: 2008 ARCTIC CAT PROWLER 080 4UF08MPV68T301263

Description

-218-681-8558-
NEA1

Parts

Part Number	Quantity	Description	Unit Price	Extension
0502-740	2	HALF SHAFT (PLUS II REAR)	\$277.99	\$555.98
1402-393	1	TIRE, GOODYEAR M7R-26X11R14NHS	\$155.99	\$155.99

Parts Subtotal \$711.97

Job Subtotal \$711.97

Customer Job Totals

Parts \$711.97

Total of Customer Jobs \$711.97

Repair Order Subtotal \$711.97

Sales Tax \$51.62

Repair Order Total \$763.59

Total Amount Due \$763.59

I HAVE INSPECTED THE UNIT(S) AND THE WORK PERFORMED MEETS WITH MY SATISFACTION AND HAVE HAD THE SAFETY RELATED ITEMS OF REPAIR EXPLAINED TO ME AND HAVE ELECTED NOT TO HAVE THEM CORRECTED AT THIS TIME.

*****CAUTION*****NEW TIRES HAVE A COATING ON THEM WHICH MAKES THEM SLIPPERY -- NEW TIRES MUST BE BROKEN IN FOR APPROXIMATELY 100 MILES BEFORE ANY HARD ACCELERATION OR EXTREME LEAN ANGLES ARE ATTEMPTED OR INJURY OR DEATH COULD OCCUR.

CUSTOMER'S SIGNATURE OUT

SUZUKI OF TOMBALL

9807 FM2920
TOMBALL, TX 77375
281-351-0075

Repair Order Invoice

R/O Number: 3426
Invoice Number: 25731
Cashier: NATHAN J
Date: 10/29/2008
Date Promised: 10/4/2008

Repair Order For:
DC FLOORING
341 MOHAWK
MONTGOMERY, TEXAS 77316
9364472809

Description:

091029CWE8484
Attachment #4
Page 4 of 11

Units For This Repair Order

Service Writer: NATHAN J

Year	Make	Model	VIN/Serial No.	Plate	Key Board	Miles
2008	ARCTIC CAT	PROWLER	4UF08MPV68T301263			

Job: REAR AXLES

Job For: 2008 ARCTIC CAT PROWLER 650 4UF09MPV68T301263

Description

Parts

Part Number	Quantity	Description	Each Price	Extension
0502-740	2	HALF SHAFT (PLUS II REAR)	\$277.99	\$555.98
1402-393	1	TIRE, GOODYEAR MTR-26X11R14NHS(\$155.99	\$155.99
			Parts Subtotal	\$711.97

Labor

Description	Job Code	Technician	Line Total	
REPLACE REAR AXLES		OTTO	\$315.00	
REPLACE LEFT REAR TIRE		OTTO	\$25.95	
			Labor Subtotal	\$340.95

Job Subtotal \$1,052.92

Customer Job Totals

Parts	\$711.97
Labor	\$340.95
Total of Customer Jobs	\$1,052.92
Repair Order Subtotal	\$1,052.92

SUZUKI OF TOMBALL

9807 FM2920
TOMBALL, TX 77375
281-351-0075

Repair Order Invoice

R/O Number: 3426
Invoice Number: 25731
Cashier: NATHAN J
Date: 10/29/2008
Date Promised: 10/4/2008

Repair Order For: *[Faded Signature]*

Description:

DC FLOORING
341 MOHAWK
MONTGOMERY, TEXAS 77316
9364472609

091029CWE8484
Attachment #4
Page 5 of 11

Sales Tax	\$76.34
Repair Order Total	\$1,129.26
Previous Deposits	\$934.12
Total Amount Due	\$195.14
Tendered: Check	\$195.14
Change Due	\$0.00

I HAVE INSPECTED THE UNIT(S) AND THE WORK PERFORMED MEETS WITH MY SATISFACTION AND HAVE HAD THE SAFETY RELATED ITEMS OF REPAIR EXPLAINED TO ME AND HAVE ELECTED NOT TO HAVE THEM CORRECTED AT THIS TIME.

*****CAUTION*****NEW TIRES HAVE A COATING ON THEM WHICH MAKES THEM SLIPPERY -- NEW TIRES MUST BE BROKEN IN FOR APPROXIMATELY 100 MILES BEFORE ANY HARD ACCELERATION OR EXTREME LEAN ANGLES ARE ATTEMPTED OR INJURY OR DEATH COULD OCCUR.

CUSTOMER'S SIGNATURE OUT

X _____

Job: BATTERY

Job For: 2008 ARCTIC CAT PROWLER XT 650 H1 PROWLER XT 650 H1 4UF08MPV68T301263

091029CWE8484
Attachment #4
Page 6 of 11

Description

Part Number	Quantity	Description	Each Price	Extension
YTX24HL-BS	1	BATTERY MNT FREE	\$100.99	\$100.99
			Parts Subtotal	\$100.99

Recommendations Resolution
CUSTOMER OWES \$159.32

Job Subtotal \$100.99

Customer Job Totals
Parts \$1,666.53
Labor \$99.17

Total of Customer Jobs \$1,765.70

Repair Order Subtotal \$1,765.70

Discounts Given
Parts Discount: \$32.16

Sales Tax \$8.33

Repair Order Total \$1,774.03

Total Amount Due \$1,774.03

We know you have a choice on where you take your Motorcycle, ATV, or Watercraft. Thank you for giving us the opportunity to fix it right.

CHECK OUT OUR NEW SUPER-LOW TIRE PRICES! DON'T MISS OUR SERVICE SPECIALS ON TWO-FER TIRE CHANGES!

Customer owes = \$159.32



Approved Claim Payment

Cornerstone
1899 Tate Blvd. SE Suite 2110
Hickory, NC 28602
877-CAT-CNTR (877-228-2687)
828-345-5098 (Fax)

Date: 11/12/2008
Dealer Name:
SUZUKI OF TOMBALL
9807 SM 2920
TOMBALL, TX 77375
Dealer Fax:
281-518-9268
Customer's Name:
DAVID CHAUANA
Vehicle Make:
ARCTIC CAT

Claim Number: C110508-081

Dealer No.:
518556A
Dealer Work Order No.:
3426
V.I.N.:
4UF08MPV68T301263
Vehicle Model:
2008 PROWLER XT 650

Contract No.:
ACP161854

091029CWE8484
Attachment #4
Page 7 of 11

In-service Date:
03/19/2008
Authorization Code:

Vehicle Mileage:
568

Labor Code	Labor Description	Minutes	Hourly Rate	Amount
SS02	AXLE SHAFT (2) (REAR)	96	85.00	136.00
			Total Labor	136.00
			Labor Submitted	136.00

Part No.	Part Description	Quantity	Unit Cost	
1502-346	Axle, Drive - Rear	2	219.95	439.90
			Total Parts	439.90
			Parts Submitted	439.90

Misc. Code	Miscellaneous Description	Quantity	Unit Cost	
			Total Misc.	0.00
			Misc. Submitted	0.00

All claim are Adjudicated According to ARCTIC CAT's Approved Activity Codes and Parts Lists.	Sub-Total	575.90	Sub-Total	575.90
	Sales Tax	41.75	Sales Tax	41.75
	Less Deductible	50.00	Less Deductible	50.00
	Processor: 54	Total Submitted	567.65	Total Approved

Comments:

SUZUKI OF TOMBALL

9807 FM2920
TOMBALL, TX 77375
281-351-0075

Repair Order Invoice

R/O Number: 3491
Invoice Number: 26082
Cashier: NATHAN J
Date: 11/18/2008
Date Promised: 11/5/2008

Repair Order For:
DC FLOORING
341 MOHAWK
MONTGOMERY, TEXAS 77316
9364472609

Description:

091029CWE8484
Attachment #4
Page 8 of 11

Units For This Repair Order

Service Writer:

Year	Make	Model	VIN/Serial No.	Plate	Key Board	Miles
2008	ARCTIC CAT	PROWLER	4UF08MPV68T301263			

Job: DRIVERS WHEEL FELL OFF

Job For: 2008 ARCTIC CAT PROWLER 650 4UF08MPV68T301263

Description

Job Subtotal	\$0.00
Repair Order Subtotal	\$0.00
Sales Tax	\$0.00
Repair Order Total	\$0.00
Total Amount Due	\$0.00
Tendered: SEPP	\$0.00
Change Due	\$0.00

I HAVE INSPECTED THE UNIT(S) AND THE WORK PERFORMED MEETS WITH MY SATISFACTION AND HAVE HAD THE SAFETY RELATED ITEMS OF REPAIR EXPLAINED TO ME AND HAVE ELECTED NOT TO HAVE THEM CORRECTED AT THIS TIME.

*****CAUTION*****NEW TIRES HAVE A COATING ON THEM WHICH MAKES THEM SLIPPERY -- NEW TIRES MUST BE BROKEN IN FOR APPROXIMATELY 100 MILES BEFORE ANY HARD ACCELERATION OR EXTREME LEAN ANGLES ARE ATTEMPTED OR INJURY OR DEATH COULD OCCUR.

CUSTOMER'S SIGNATURE OUT

X _____

SUZUKI OF TOMBALL

9807 FM2920
TOMBALL, TX 77375
281-351-0075

Repair Order Invoice

R/O Number: 3599
Invoice Number: 27323
Cashier: NATALIE
Date: 2/28/2009
Date Promised:

Repair Order For:
DC FLOORING
341 MOHAWK
MONTGOMERY, TEXAS 77316
9364472609

Description:

091029CWE8484
Attachment #4
Page 9 of 11

Units For This Repair Order

Service Writer:

Year	Make	Model	VIN/Serial No.	Plate	Key Board	Miles
2008	ARCTIC CAT	PROWLER	4UF08MPV681301263			

Job: DRIVERSIDE WHEEL ABOUT TO FALL OFF

Job For: 2008 ARCTIC CAT PROWLER 850 4UF08MPV681301263

Description

Part Number	Quantity	Each Price	Extension
1402-027	2 BEARING, WHEEL	\$43.99	\$87.98
Parts Subtotal			\$87.98
Description	Job Code	Technician	Line Total
RR BEARINGS		SERVICE DEPARTMENT	\$210.00
Labor Subtotal			\$210.00
Job Subtotal			\$297.98

Job: REAR END LEAKING

Job For: 2008 ARCTIC CAT PROWLER 850 4UF08MPV681301263

Description

Part Number	Quantity	Each Price	Extension
1402-441	2 SEAL,67X84X9	\$9.99	\$19.98
Parts Subtotal			\$19.98
Description	Job Code	Technician	Line Total
RR SEALS		SERVICE DEPARTMENT	\$210.00
Labor Subtotal			\$210.00

ATTN SERVICE

SUZUKI OF TOMBALL

9807 FM2920
TOMBALL, TX 77375
281-351-0075

Repair Order Invoice

R/O Number: 3599
Invoice Number: 27323
Cashier: NATALIE
Date: 2/26/2009
Date Promised:

Repair Order For:

DC FLOORING
341 MOHAWK
MONTGOMERY, TEXAS 77316
9364472609

Description:

091029CWE8484
Attachment #4
Page 10 of 11

Job: REAR END LEAKING (Continued)
Job For: 2008 ARCTIC CAT PROWLER 850 4UF06MPV68T301263

Job Subtotal \$229.98

Job: CLUTCH OUT
Job For: 2008 ARCTIC CAT PROWLER 850 4UF06MPV68T301263

Description

Parts

Part Number	Quantity	Description	Each Price	Extension
0823-098	1	CLUTCH, CENTRIFUGAL-6 PLATE	\$280.99	\$280.99
0823-018	1	CLUTCH, ONE WAY ASM	\$89.99	\$89.99
0830-189	1	SEAL, DRUM SHAFT	\$4.09	\$4.09
0828-075	1	SHIM, STEEL-35X44X.5T	\$1.99	\$1.99
0823-096	1	HOUSING, CLUTCH ASM-6 PLATE	\$358.99	\$358.99
0830-174	1	GASKET, CVT COVER	\$14.99	\$14.99
0830-116	1	GASKET, COVER-CLUTCH	\$23.99	\$23.99
Parts Subtotal				\$775.03

Labor

Description	Job Cost	Department	Line Total
REPLACE CLUTCH		SERVICE DEPARTMENT	\$210.00
Labor Subtotal			\$210.00
Job Subtotal			\$985.03

K's Humble Yamaha Suzuki Inc.

17802 Hwy. 59 North
Humble, TX 77396-
(281) 446-7165

Repair Order

R/O Number: 97026743
In Date: 5/1/2009
Today Date: 6/18/2009
Date Promised: 5/1/2009

Repair Order For:
CHAVANA, DAVID
341 MOHAWK
MONT, TX 77316
936-447-2609 832-435-1092

Unit Name **Location**

091029CWE8484
Attachment #4
Page 11 of 11

Units For This Repair Order

Service Writer: JASON GOMEZ

Year	Make	Model	VIN / Serial No	Color	Plate	Key Board	Miles
2008	ARCTIC CAT	PROWLER XT 650	4UF08MPV68T301263	RED			1530

Job: CHECK OUT

Job For: 2008 ARCTIC CAT PROWLER XT 650 H1 PROWLER XT 650 H1 4UF08MPV68T301263

Description

C/S FRONT DIFF IS BUSTED
ANOTHER DEALERSHIP JUST REPLACED CLUTCH 2 WEEKS AGO,
C/S CHECK CLUTCH IT FEELS LIKE ITS SPINNING BEFORE IT
ENGAUGES

Parts

Part Number	Quantity	Description	Each Price	Extension
1502-407	1	GEARCASE,FRT 4.0-PLR MAN LOCK	\$1,338.95	\$1,338.95
1502-347	1	HALFSHAFT,688MM-24T	\$226.59	\$226.59
Parts Subtotal				\$1,565.54

Labor

Description	Job Code	Technician	Quantity	Rate	Total
INSTAL F DIFF	CT07	WALDEN VALDEZ	1.42 Hours		\$99.17
Labor Subtotal					\$99.17

Recommendations

THERE WAS A GROUND WIRE FOR THE ACCERSORIES THAT WAS SHORTING OUT WITH THE POSITVE BATTERY CABLE. I DISCONNECTED THE ACCERSORIES IN ORDER TO PREVENT FURTHER DAMAGES.

Resolution

THE FRONT DIFF IS BROKEN IN HALF, IT MIGHT OF BEEN IMPROPERLY ASSEM BY THE MANUFACTURE. THE LEFT FRONT AXLE WAS RUBBING AGAINST THE RING DAMAGING THE AXLE SPLINES. TEST DROVE UNIT FOR 15 MIN AND COULDN'T DUPLICATE "CLUTCH SLIPPING" PROBLEM. WILL ORDER FRONT DIFF ASSEM AND CV. EST COMPLETE 5.2.09/work complete 6/17/09

Job Subtotal **\$1,664.71**

TOMBALL SUZUKI

9807 FM2920
TOMBALL, TX 77375
281-351-0075

Repair Order Invoice

R/O Number: 3017
Invoice Number: 21320
Cashier: NATHAN J
Date: 1/10/2008

Repair Order For:

CHAUANA, DAVID
341 MOHAWK
MONT, TX 77316
936-447-2609 832-435-1092

091029CWE8484
Attachment #6
Page 1 of 4

Units For This Repair Order

Year	Make	Model	VIN / Serial No.
2008	ARCTIC CAT	PROWLER	4UF08MPV68T301263

Service Writer:

Plate	Key Board	Miles

Job: CV JOINT

Job For: 2008 ARCTIC CAT PROWLER 650 4UF08MPV68T301263

Parts

Part Number	Quantity	Description	Each Price	Extension
0502-740	1	HALF SHAFT(PLUS II REAR)	\$277.99	\$277.99
Parts Subtotal				\$277.99

Labor

Description	Job Code	Technician	Quantity	Line Total
RR AXLE		OTTO	1 Hours	\$85.00
Labor Subtotal				\$85.00
Job Subtotal				\$362.99

Customer Job Totals

Parts	\$277.99
Labor	\$85.00
Total of Customer Jobs	\$362.99

COPY

Other Charges

Shop Supplies	\$4.50
Repair Order Subtotal	\$367.49

Sales Tax \$26.64

Repair Order Total \$394.13

Total Amount Due \$394.13

SUZUKI OF tendered \$394.13

Change Due \$0.00

I HAVE INSPECTED THE UNIT(S) AND THE WORK PERFORMED MEETS WITH MY SATISFACTION AND HAVE HAD THE SAFETY RELATED ITEMS OF REPAIR EXPLAINED TO ME AND HAVE ELECTED NOT TO HAVE THEM CORRECTED AT THIS TIME.

TOMBALL SUZUKI

9807 FM2920
TOMBALL, TX 77375
281-351-0075

Repair Order Invoice

R/O Number: 3017
Invoice Number: 21320
Cashier: NATHAN J
Date: 1/10/2008

Repair Order For:

CHAUANA, DAVID
341 MOHAWK
MONT, TX 77316
936-447-2609 832-435-1092

091029CWE8484 Attachment #6 Page 2 of 4

*****CAUTION*****NEW TIRES HAVE A COATING ON THEM WHICH MAKES THEM SLIPPERY -- NEW TIRES
MUST BE BROKEN IN FOR APPROXIMATELY 100 MILES BEFORE ANY HARD ACCELERATION OR EXTREME LEAN
ANGLES ARE ATTEMPTED OR INJURY OR DEATH COULD OCCUR.

CUSTOMER'S SIGNATURE OUT

X_____

TOMBALL SUZUKI

9807 FM2920
TOMBALL, TX 77375
281-351-0075

Repair Order Invoice

R/O Number: 2970
Invoice Number: 21319
Cashier: NATHAN J
Date: 1/10/2008

Repair Order For:

CHAUANA, DAVID
341 MOHAWK
MONT, TX 77316
936-447-2609 832-435-1092

091029CWE8484 Attachment #6 Page 3 of 4

Units For This Repair Order

Year	Make	Model	VIN / Serial No.	Plate	Key Board	Miles
2008	ARCTIC CAT	PROWLER	4UF08MPV68T301263			

Service Writer:

Job: ADJ. SHIFTER,P-BRAKE

Job For: 2008 ARCTIC CAT PROWLER 650 4UF08MPV68T301263

Labor Description	Job Code	Technician	Quantity	Line Total
ADJ SHIFTER		OTTO	0.19 Hours	\$16.15
ADJ BRAKE		OTTO	0.5 Hours	\$42.50
Labor Subtotal				\$58.65
Job Subtotal				\$58.65

Job: HARD STARTING

Job For: 2008 ARCTIC CAT PROWLER 650 4UF08MPV68T301263

Job Subtotal \$0.00

Customer Job Totals

Labor	\$58.65
Total of Customer Jobs	\$58.65
Other Charges	
ShopSupplies	\$4.50
Repair Order Subtotal	\$63.15

COPY

TOMBALL SUZUKI

9807 FM2920
TOMBALL, TX 77375
281-351-0075

Repair Order Invoice

R/O Number: 2970
Invoice Number: 21319
Cashier: NATHAN J
Date: 1/10/2008

Repair Order For:

CHAUANA, DAVID
341 MOHAWK
MONT, TX 77316
936-447-2609 832-435-1092

091029CWE8484 Attachment #6 Page 4 of 4

Sales Tax	\$4.58
Repair Order Total	\$67.73
Total Amount Due	\$67.73
SUZUKI OF tendered	\$67.73
Change Due	\$0.00

I HAVE INSPECTED THE UNIT(S) AND THE WORK PERFORMED MEETS WITH MY SATISFACTION AND HAVE HAD THE SAFETY RELATED ITEMS OF REPAIR EXPLAINED TO ME AND HAVE ELECTED NOT TO HAVE THEM CORRECTED AT THIS TIME.

*****CAUTION*****NEW TIRES HAVE A COATING ON THEM WHICH MAKES THEM SLIPPERY -- NEW TIRES MUST BE BROKEN IN FOR APPROXIMATELY 100 MILES BEFORE ANY HARD ACCELERATION OR EXTREME LEAN ANGLES ARE ATTEMPTED OR INJURY OR DEATH COULD OCCUR.

CUSTOMER'S SIGNATURE OUT

X.....

U.S. CONSUMER PRODUCT SAFETY COMMISSION

NOTICE OF INSPECTION

1. DATE

2. TIME

.....A.M.P.M.

A. NAME AND TITLE OF INDIVIDUAL

B. FIRM NAME

A. TO C. NUMBER AND STREET ADDRESS

D. CITY, STATE AND ZIP CODE

Notice of inspection is hereby given pursuant to:

- Flammable Fabrics Act (15 U.S.C. 1191 *et seq.*);
- Federal Trade Commission Act (15 U.S.C. 41 *et seq.*);
- Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2055, 2068 and 2072);
- Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 *et seq.*)] and/or
- Section 11(b) of the Federal Hazardous Substances Act as Amended (15 U.S.C. 1272(b)).

Refer to the back of this form for a discussion of inspectional authority and for pertinent statutory language.

PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED

The purpose of this inspection is to obtain information; to review and obtain copies of items including but not limited to records, reports, books, documents, and labeling; and to obtain samples, in order to enforce or determine compliance with the Acts administered by the Consumer Product Safety Commission.

8. FREEDOM OF INFORMATION ACT RESPONSIBILITY

Those from whom information is requested should state whether any of the information submitted is believed to contain or relate to a trade secret or other matter which should be considered by the Commission to be confidential and whether any of the information is believed to be entitled to exemption from disclosure by the Commission under the provisions of the Freedom of Information Act (15 U.S.C. 552). Any statement asserting this claim of confidentiality must be in writing, and any request for exemption of the information from disclosure must be made in accordance with the Commission's Freedom of Information Act regulations, 16 CFR Part 1615.

9. SIGNATURE (Authorized CPSC Official)

091029CWE8484
Attachment #7
Page 1 of 1

TASK NUMBER : 091029CWE8484

PRODUCT SEARCH HISTORY:

On December 10, 2009, a search of the CPSCnet, Section 15, and IPII databases was conducted to determine if there were any cases relating to a 2008 Arctic Cat Prowler XT650. The Section 15 database was negative for any matches. The IPII database search from 1/1/2007 through 12/10/2009 showed eight cases, but none where the wheel fell off. The CPSCnet database also showed 8 cases but again none where the wheel fell off.



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

WARNING - INTERNAL USE ONLY

Do not release this information outside CPSC

Doc No: I09A1176A

Issue: 5

10/30/2009

10/28/2009 16:30:25

Name = david chavana
Address = 341mohawk
City = mont
State = Texas
Zip = 77316
Email = terri chavana@aol.com
Telephone = 9364472609
Name of Victim = david chavana
Victim's Address = 341 mohawk
Victim's City = mont
Victim's State = Texas
Victim's Zip = 77316
Victim's Telephone = 9364474609

Incident Description = we purchased an atv side by side in 08 and drivers rear tire has fallen off 5 times causing 1 minor injury product has several repairs with no hope of solving problem

Victim's age at time of incident = 40
Victim's sex = male
Date of incident = 10 28 09
Product involved = atv side by side
Product brand name/manufacturer = articcat
Manufacturer street address = theif river falls mn
Place where manufactured (City and State or Country) = mn
Product model and serial number, manufacture date = 650 prower 08 4uf08mpv68t301263
Product damaged, repaired or modified = yes
If yes, before or after the incident = before
Description of damage, repair or modification = many repairs by dealer
Date product purchased = 11 07
Product involved still available = yes
Have you contacted the manufacturer = yes
If not, do you plan to contact them =
Name Release = Release name to manufacturer only

12/31/09

1. Task Number 091116HNE4836		2. Investigator's ID 2779		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2009 11 13	5. Date Initiated YR MO DAY 2009 11 17		
6. Synopsis of Accident or Complaint UPC A 49-year-old male was driving a 4-wheeled UTV with a 46-year old male passenger. As he made a sharp right turn the UTV skid, rotated counter clockwise and tipped over on the driver's side before coming to a rest. The victim sustained fatal injuries when his head was caught between the UTV roll bar and the gravel/dirt road surface. The passenger sustained minor injuries. Neither occupant was wearing a seat belt or helmet. Police listed excessive speed and alcohol intoxication as contributing factors. The official COD was found to be blunt force head trauma.				
<p>MFR/PRVLR NOTIFIED</p> <p>COMMENTS: YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/></p> <p>EXCISIONS/FOIA EXS. 3, 25, 6</p> <p><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p>				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City COHOCTON		9. State NY
10A. First Product 5044 - Utility Vehicles	10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO 660	
10D. Manufacturer Name and Address YAMAHA MOTOR CORPORATION, USA 6555 Katella Avenue Cypress, CA 90630				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12. Age of Victim 49	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 54 - Crushing	
16. Body Part(s) Involved 75 - HEAD	17. Respondent 2 - Eyewitness	18. Type of Investigation 1 - On-Site	19. Time Spent (Operational / Travel) 30 / 6	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 12/24/2009	25. Reviewed By 9003		26. Regional Office Director Dennis R. Blasius	
27. Distribution Kessler, Charles; Trojanczyk, Stephen; Topka, Tanya; Paul, Caroleene; Teems, Anthony			28. Source Document Number N09B0128A	

This investigation was initiated in follow-up to a news article dated November 16, 2009 describing the death of a 49 year old male involving an off-road utility vehicle (UTV). The information contained in this report was obtained from review of police, medical examiner and product repair records, as well as from telephone and in-person interviews with the investigating New York state police, the victim's family and friends, the incident witness/vehicle passenger, and the owner of the dealership where the incident vehicle was purchased. Note that the medical examiner's office provided a Death Confirmation and Summary Report, and would not provide a complete autopsy report for review.

The victim, a 49-year-old male mechanic, lived with his mother in an apartment in upstate NY. Since about 2004, the victim had owned at least two all-terrain vehicles (ATVs) and he decided to purchase a UTV for the first time. On March 31, 2006, he purchased the incident Rhino Model 660 UTV new from a local dealership in upstate NY for \$9,946 (Exhibit 6). He selected this dealership because he had made purchases there in the past, and because they had "*top of the line*" Yamaha Rhino models available. The owner's manual was reportedly provided with the vehicle when purchased new however, it is unknown if the victim familiarized himself with its contents. The victim was familiar with the operation of the incident UTV and he rode it often at a rural property approximately 70 miles from his primary residence. The victim experienced no problems of any consequence with the UTV prior to the incident. The victim usually towed the incident vehicle to his camp property or other rural properties by trailer each time he planned on riding it. The incident vehicle was used primarily by the victim approximately once a week year round, and more frequently between September and November during the autumn season. The victim usually wore a helmet when operating the UTV but he did not usually wear a seatbelt. When not

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in use, the UTV was stored at a locked commercial storage facility in upstate NY near the victim's residence. The victim performed routine maintenance on the UTV such as oil changes, but no maintenance records were reportedly kept.

On August 27, 2007 the manufacturer released a Service Bulletin 0900S to dealerships regarding a free repair program in which consumers could have a dealership install doors and additional handholds on their Rhino UTVs . On or about the same date, the manufacturer reportedly notified Rhino owners by mail regarding the free repair program (Exhibit 9) and advised that these new features were designed to help keep occupant's arms and legs inside of the vehicle. The dealership was notified by the manufacturer regarding the repair program via email during August of 2007. The dealer did not provide any records of this notification. The victim's family did not have records of this manufacturer notification, but the victim's brother stated that the victim was aware of the repair program. On October 16, 2007, at the request of the victim, the dealership installed doors on the incident vehicle consistent with the manufacturer free repair program bulletin (Exhibit 7). No additional handholds were reportedly installed. The victim also had an aftermarket front power winch and stereo system installed on the incident vehicle however there was no documentation of this available.

Between October, 2007 and the time of the incident the victim continued to perform routine maintenance. No other vehicle modifications or repairs were known to have been done. During this period the victim continued to use and store the incident vehicle as previously reported.

On March 31, 2009, CPSC issued a news release under 09-172 regarding a free repair program available to Rhino owners through the manufacturer, to address potential safety issues with respect to Rhino UTVs Models 450, 660 and 700.

(Exhibit 10) The repair program was for free installation of rear wheel spacers and removal of the vehicle rear anti-sway bar. The CPSC release advised consumers not to use the off-road vehicles until they were repaired. The victim's mother and brother and the vehicle dealership owner stated that at that time they were not aware of CPSC's news release. The victim's mother and brother stated that they believed the victim was likewise unaware of the news release.

On May 14, 2009, the manufacturer is reported to have released a Technical Service Bulletin notification to dealerships referred to as Bulletin SXS09003 (Exhibit 11) referencing the aforementioned free repair program. On May 20, 2009, the manufacturer is reported to have notified Rhino owners by mail regarding this free repair program (Exhibit 12). According to the bulletin, the repair program was implemented to *"help reduce the chance of a rollover and improve vehicle handling"*. The vehicle dealership owner stated that he received notification of this Service Bulletin via email on or about the end of May 2009. The victim's mother and brother stated that at that point in time, May of 2009, they were not aware of the repair program, nor was the victim aware of the program, and the mother stated that no such notification was ever received at their residence.

During June of 2009, the dealership owner stated that he notified the victim and other Rhino UTV customers by telephone regarding the additional free repair program; however he could not provide any documentation of these phone calls. The victim's mother, who lived with the victim, denied that she ever received telephone notification from the dealer, and believed that the victim also did not receive telephone notification. The dealership owner stated that he did not mail a repair program letter to the victim because he assumed the manufacturer had sent letters to all subject Rhino owners. The dealership owner advised that as part of the program, the manufacturer offered a free helmet to owners if the repair work was

done. He stated "*we did call customers to ask if they wanted the repair done, but almost all did not want it done, even with a free helmet*".

On November 13, 2009 at or about 5pm, the victim drove alone to the family camp property in upstate NY for recreational purposes, transporting the incident vehicle by trailer. Following his visit at the camp, he and a 46-year-old male friend, visited a local bar at or about 7pm - 8pm. The friend later told state police "*we were at a local bar drinking that night*". They left the bar approximately 9pm to return to the camp to ride the incident vehicle on the local rural dirt and gravel roads.

At approximately 10pm the victim was operating the incident vehicle with his friend in the passenger seat. They were travelling on a dirt and gravel road which sloped slightly downward in the direction of travel, when the victim attempted to make a sharp right hand turn onto another dirt and gravel road. As the vehicle entered the turn it skid and rotated in a counter clockwise direction before tipping over on the driver's side and coming to a rest.

According to state police, the victim and the passenger were partially ejected when the vehicle overturned. They reported that the victim sustained severe trauma, when his head was caught between the roll bar and the road surface. They reported that the passenger sustained minor injuries. They further reported that the victim and passenger were not wearing helmets or seat belts at the time of the incident. The passenger told police that the vehicle "*turned over*" and stopped, but he could not recall any other incident information. The county coroner pronounced the victim at the scene. An autopsy was performed on November 14, 2009 and the cause of death was determined to be blunt force trauma to the head (Exhibit 5).

State police reported that the passenger was found with a marijuana smoking pipe with marijuana residue, and that the victim's venous blood alcohol level was

measured at 0.22 %. They required that the passenger be referred to a local hospital for treatment for undisclosed reasons. The passenger stated that he has been visiting the local hospital since the incident for "*treatment and counseling*", but he did not specify the reason. The state police concluded that the accident resulted from driving at an unsafe speed and improper turning, and they listed alcohol intoxication as a contributing factor.

The incident vehicle was towed from the scene by a local service station for temporary storage. On or about the week of November 15, 2009, the UTV was returned to a camp property belonging to another friend of the victim. On November 27, 2009, with permission of the victim's family and friend, this investigator examined the incident vehicle at the camp property. The victim's brother and family friends were present. Incident vehicle product information, vehicle photos, and vehicle records were obtained. At the time of examination the incident vehicle did not appear to have rear wheel spacers installed and it appeared that the rear anti-sway bar was present (see Exhibits 2.5 and 2.10). The vehicle was observed to have doors with hand holds present on both the driver's and passenger's sides, and the tires were observed to be inflated. The victim's brother, mother, and friends opined that the incident UTV would have been safer with the rear wheel spacers installed. The victim's brother reported that in the afternoon of November 27, 2009, after the examination was completed, he towed the incident vehicle to the dealership for further inspection and possible repairs.

The victim's brother and mother stated that they decided at that time to have the vehicle dealership install rear wheel spacers and remove the rear anti-sway bar consistent with Service Bulletin SXS09003. They also decided to have new tires installed. These installations were made by the dealer on December 3, 2009 (Exhibit 8).

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SAMPLE COLLECTION

No sample was collected as the UTV was repaired subsequent to the incident and is being held by the family.

PRODUCT IDENTIFICATION

The incident UTV was manufactured by: **Yamaha Motor Corporation USA**; 6555 Katella Avenue; Cypress, CA 90630. The firm's telephone number is 714-761-7300, Fax (714) 761-7303.

The incident UTV was purchased and maintained at: Hollink Motor Sports, 386 South Union Street, Spencerport, NY. The retailer's telephone number is 585-352-1930.

The incident product is a side-by-side, 4 X 4, fully automatic, Off-Road Utility Vehicle (UTV). The model name of the vehicle is *****RHINO*****, model year is *****2006*****, and the model numbers are *****660***** and *****YXR66FAHV*****. The vehicle identification number is *****5Y4AM06Y86A009688*****.

The vehicle has a primarily green/brown camouflage exterior color and is equipped with roll-bars and top roof, a passenger grab handle, two bucket seats with head rests, passenger and driver seat belts, headlights, foot brake and accelerator pedals, center console shifter, turn-to-start ignition switch, dump bed and a trailer hitch. The vehicle measures approximately 113" L x 55" W x 73" H. The vehicle is equipped with independent suspension, a four-stroke engine and a center console switch which controls whether the vehicle is in 2 wheel drive or 4 wheel drive. For additional specifications, refer to Exhibit 13.

Labeling on the incident vehicle included the following:

YAMAHA660***Independent Suspension***

YAMAHA4 X 4 On-Command***

WARNINGKeep hands, body, and other people away from closing bed.
Do not operate the vehicle with bed upYamaha***5UGK7764-00***

WARNINGSevere injury or death can result if you ignore the following:***Maximum load in cargo bed 181 Kg (400lb).***Never carry passengers in cargo bed.***Cargo can effect handling and stability.*** Read Owner's Manual before loading and towing.***When loaded with cargo or towing a trailer: Reduce speed and allow more room to stop.***Avoid hills and rough terrain.***Be sure cargo is secured-a loose load could change handling unexpectedly.***Keep weight in the cargo bed centered, and as low and far forward as possible.***Top heavy loads increase the risk of overturn.***Yamaha***5UG-F4897-00***

The roll bars are labeled, in part, ***WARNING***the enclosure cannot protect occupants in all foreseeable accidents, including rollover.***Yamaha***5UG-K8483-00***

WARNINGImproper use can result in Severe INJURY or DEATH.***This off-highway utility vehicle will handle and maneuver differently from an ordinary passenger car or other vehicle.***Vehicle capacity: 1 operator and 1 passenger.***Passenger must be able to reach and hold the handgrip inside enclosure.***This vehicle is intended for use only by an operator 16 or older with a valid motor vehicle license.***Adults must supervise minors. ***Check state laws for minimum age requirements.***Gross Vehicle Weight Rating: 2000 lb (907 kg) maximum including operator, passenger, cargo and trailer tongue weight.***Passenger and cargo can effect vehicle handling.***ALWAYS*** Wear a seat belt when riding in the vehicle.***Keep your hands and feet inside the vehicle at all times - watch for branches, brush, and other hazards that could enter the vehicle.***drive straight up and down inclines-driving across the side of an incline increases the risk of overturn.***NEVER***operate through water deeper than 13" (33 cm) or fast flowing water – if you must cross shallow, slow moving water, choose your path carefully to avoid sharp drop-offs, large rocks, or slippery

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surfaces that could cause the vehicle to overturn.***make sharp high speed turns – the vehicle could roll-over or go out of control***LOCATE AND READ THE OWNERS MANUAL***FOLLOW ALL INSTRUCTIONS AND WARNINGS***ALWAYS USE AN APPROVED HELMET AND PROTECTIVE GEAR***NEVER USE ON PUBLIC ROADS OR PAVEMENT***NEVER USE WITH DRUGS OR ALCOHOL***

WARNINGTo reduce the risk of accidents, injury or death*** Be Prepared***Wear seat belt, motorcycle helmet, eye protection and protective gear.***Keep your body completely inside the vehicle at all times. Keep both hands on the steering wheel. Be sure passenger is seated, belted, and holding onto the handholds.*** Be Qualified and Responsible***This vehicle is intended for use only by an operator 16 or older with a valid motor vehicle license.***Passenger and driver must be able to place both feet flat on the floorboard while seated upright with their backs against the seat backs.***Do not drive or ride as passenger after using drugs or alcohol.***DRIVER UNDER 16***Do not operate on public roads.***Read the Owner's Manual.*** Avoid Rollovers and Crushing Injuries***Use care when turning:***Turning the steering wheel too far or too fast can result in a rollover or loss of control.***Slow down before entering a turn.***When making tight turns from a stop or at slow speeds, avoid sudden or hard acceleration.***Avoid sideways sliding, skidding, or fishtailing, and never do donuts.***Drive straight up and down inclines, not across them. ***If crossing a hill is unavoidable drive slowly and turn downhill immediately if you feel the vehicle may tip.***Avoid paved surfaces. Turn gradually and go slowly if you must drive on pavement. This vehicle is designed for off-road use only.***If you think or feel the Rhino may tip or roll:***Brace yourself by pressing your feet firmly on the floorboards and keep a firm grip on the steering wheel or handholds.***Do not put your hands or feet outside of the vehicle for any reason.***Abrupt maneuvers or aggressive driving have caused rollovers-even on flat, open areas.***Genuine Yamaha Doors and a Handhold / Strap are available for free installation or replacement.***Yamaha***Genuine Yamaha Doors and a Handhold / Strap are available for free installation or replacement.***Yamaha recommends these features to help keep occupants from sticking arms or legs out of the vehicle during a rollover.***Contact your dealer or www.yamahamotor.com/rhino.***5B4F1568-01***

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ATTACHMENTS

Exhibit 1: Contact List

Exhibit 2: Photographs and Illustrations: Exhibits 2.1 – 2.35

Exhibit 3: Notice of Inspections

Exhibit 4: Police Report

Exhibit 5: Medical Examiner's Summary Report

Exhibit 6: Vehicle Purchase Receipt

Exhibit 7: Vehicle Repair Record (Doors)

Exhibit 8: Vehicle Repair Record (Wheel Spacers/Anti-Sway Bar)

Exhibit 9: Yamaha Repair Program Information (Doors)

Exhibit 10: CPSC News Release (Wheel Spacers/Anti-Sway Bar)

Exhibit 11: Yamaha Service Bulletin SXS09003 (Wheel Spacers/Anti-Sway Bar)

Exhibit 12: Yamaha Notification to Consumers

Exhibit 13: Vehicle Specifications

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Exhibit 1 – Contact List

Mr. Jeff Albright - Senior Investigator

New York State Police

7237 Route 415 North

Bath, NY 14810

Phone # (607) 776-2136

Contacted November 17 and 24, 2009 – Information from telephone conversations.

Bruce McNulty (Dealership Manager)

Precision Power Services

5121 Ridge Road West

Rochester, NY 14559

Phone # (585) 352-9505

Contacted November 17, 2009 – No vehicle information available.

Ms. Julie Luedke - Case Manager

County of Monroe: Office of the Medical Examiner

740 East Henrietta Road

Rochester, NY 14623

Phone # (585) 753-5905

Contacted November 24, 2009 – Information from email.

(b)(6)



Contacted November 27 and December 5, 2009 – Information from meeting and telephone conversations.

091116HNE4836

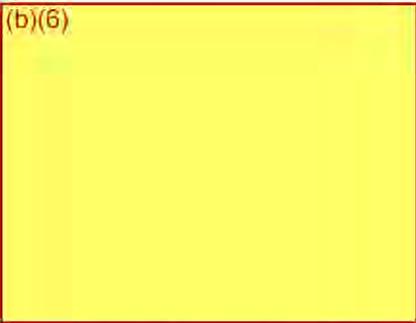
(b)(6)

A large rectangular area is redacted with a yellow background and a red border.

Friend)

Contacted November 27, 2009 – Information from meeting and telephone conversations.

(b)(6)

A large rectangular area is redacted with a yellow background and a red border.

Contacted November 27, 2009 – Information from meeting.

Mr. Bill Hollink (Dealership Owner)

Hollink Motor Sports

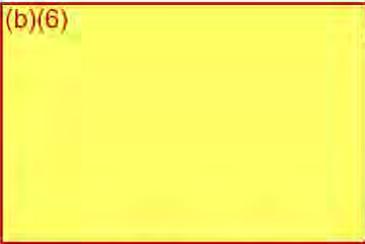
386 South Union Street

Spencerport, NY 14559

Phone # (585) 352-1963

Contacted December 3, 2009 – Information from meetings and email.

(b)(6)

A large rectangular area is redacted with a yellow background and a red border.

enger)

Contacted December 15, 2009 – Information from telephone conversation.

Exhibit 2 – Photos and Illustrations

Exhibit 2.1 – Incident Vehicle Driver's Side



Door and
handhold
present

Exhibit 2.2 – Rear Wheel/Tire (Driver's Side)



Exhibit 2.3 – Rear of Incident Vehicle

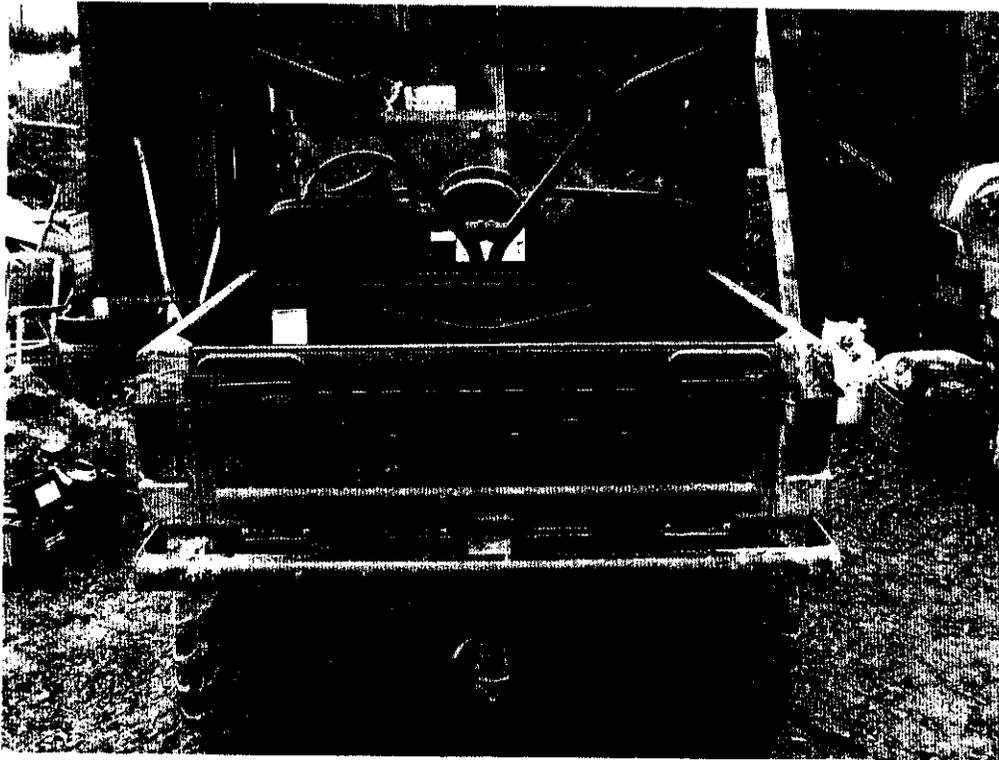
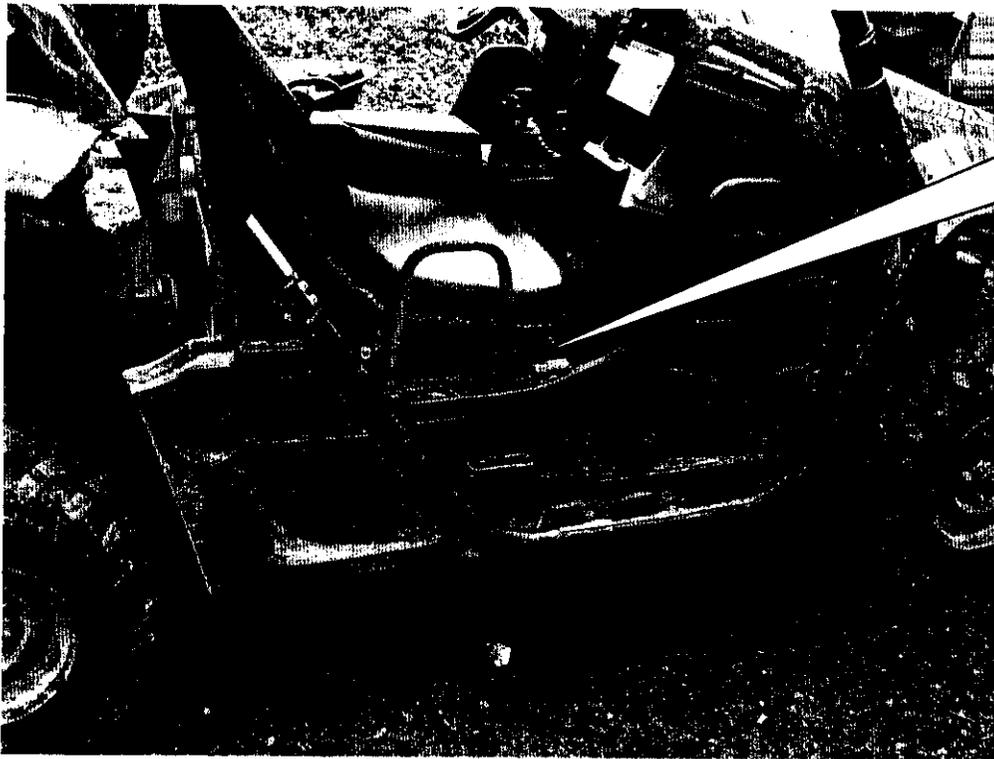


Exhibit 2.4 – Passenger Side of Incident Vehicle



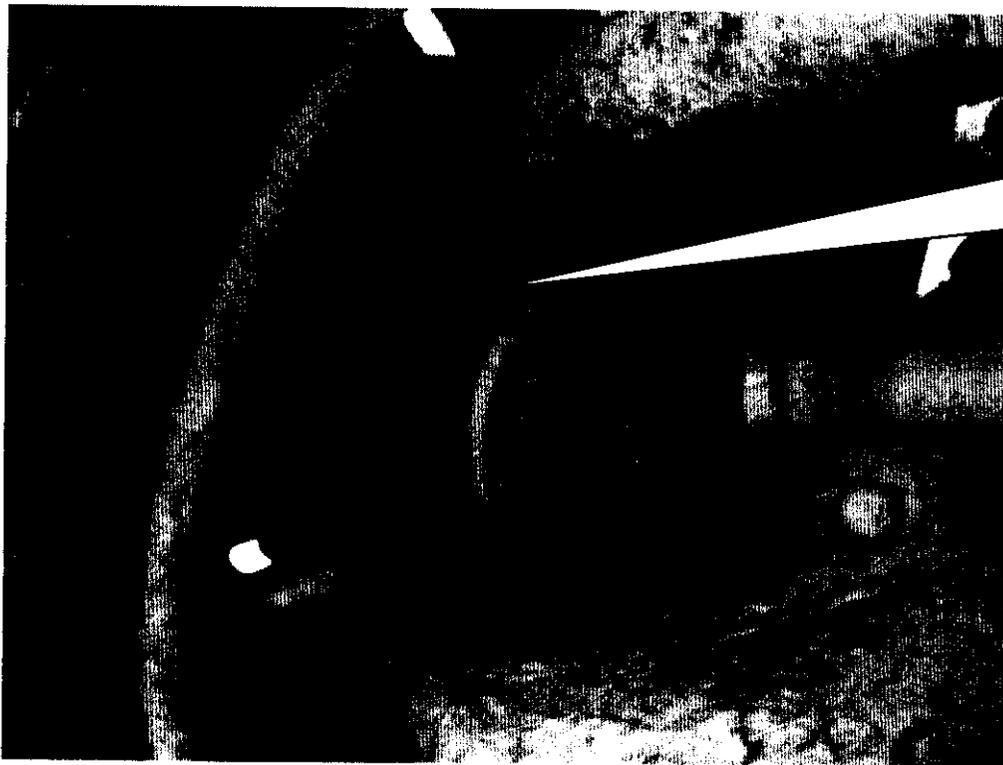
Door and
handhold
present

Exhibit 2.5 – View of Passenger Side Rear Wheel Suspension



A wheel spacer does not appear to be present

Exhibit 2.6 – View of Driver's Side Rear Wheel Suspension



A wheel spacer does not appear to be present

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Exhibit 2.7 – View of Vehicle Front (Aftermarket Winch Present)

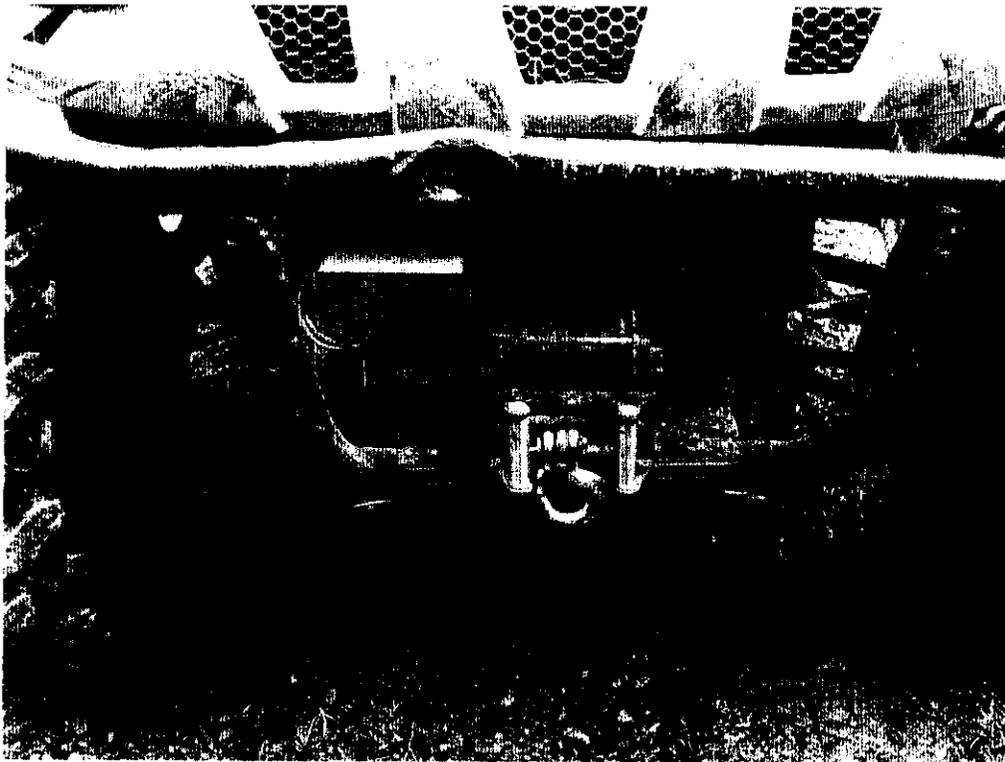


Exhibit 2.8 – Front Driver's Side View

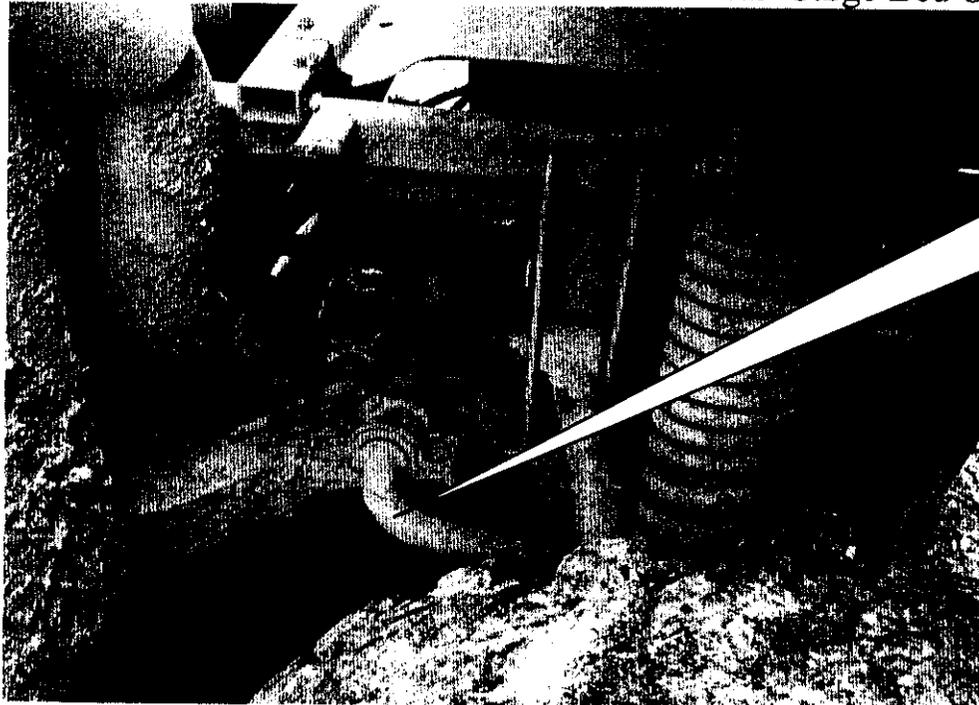


Exhibit 2.9 – View of Driver’s Side Top Cover/Roll Bar



Reported location where victim’s head contacted the UTV roll bar

Exhibit 2.10 – Driver’s Side View of Vehicle Rear–Cargo Bed Up



Rear anti-sway bar appears to be present

Exhibit 2.11 – Passenger Side View - Rear of Vehicle



Exhibit 2.12 – Driver Side Front Suspension

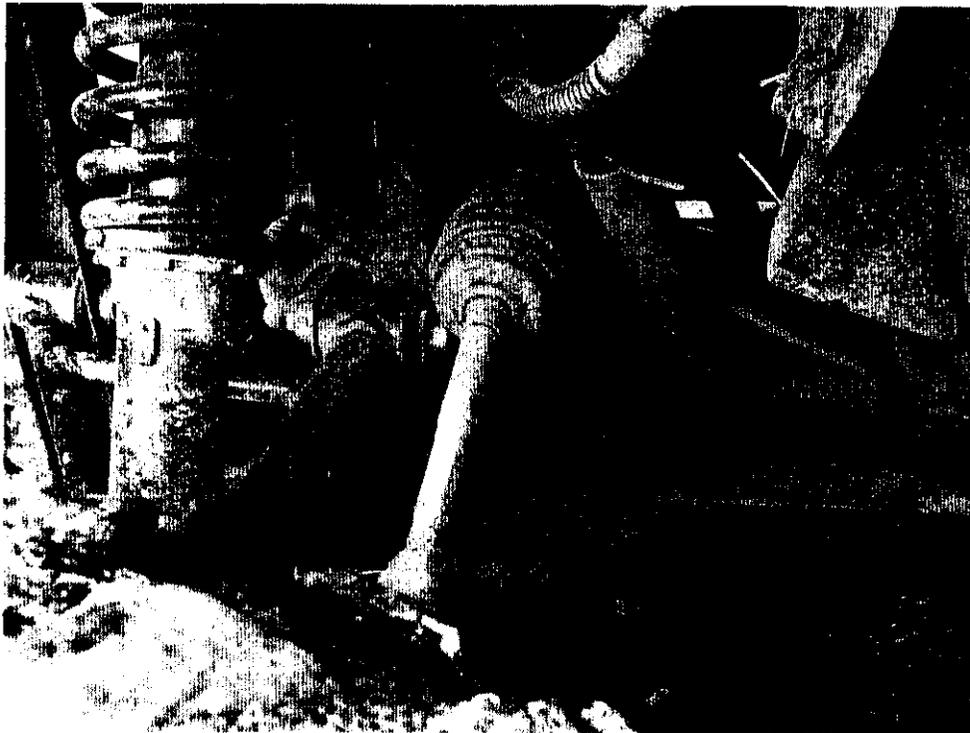


Exhibit 2.13 – Passenger Side Front Suspension

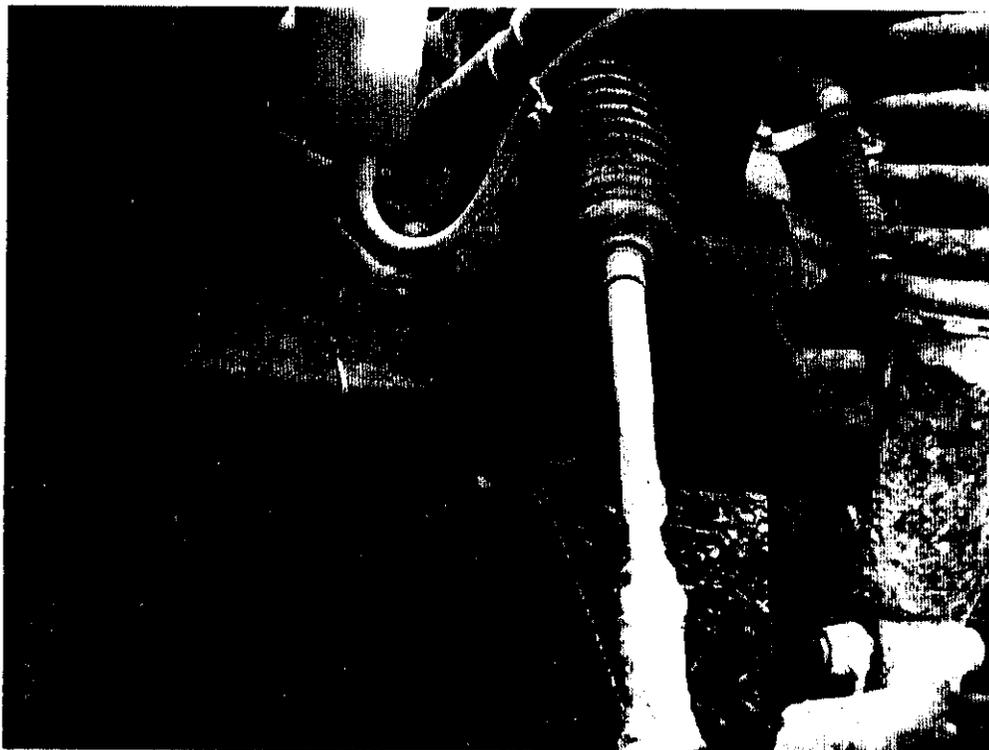


Exhibit 2.14 – Passenger Side Front of Incident Vehicle



Exhibit 2.15 –Vehicle Engine

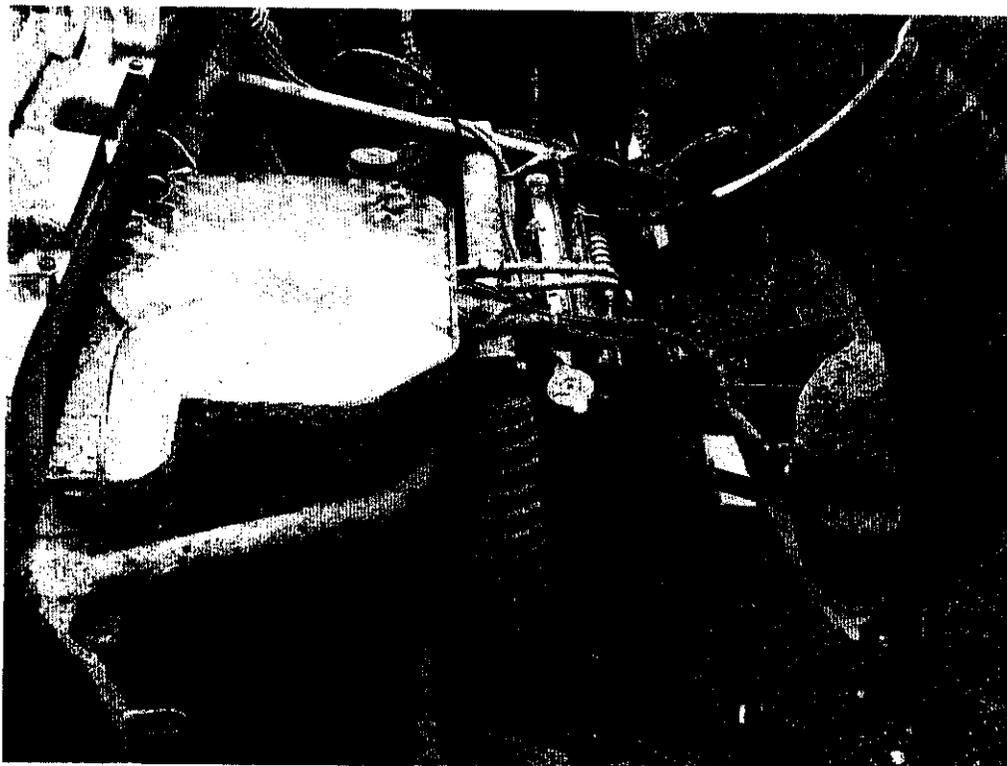


Exhibit 2.16 – Passenger Side Front Suspension



Exhibit 2.17 – Driver’s Side Front Suspension

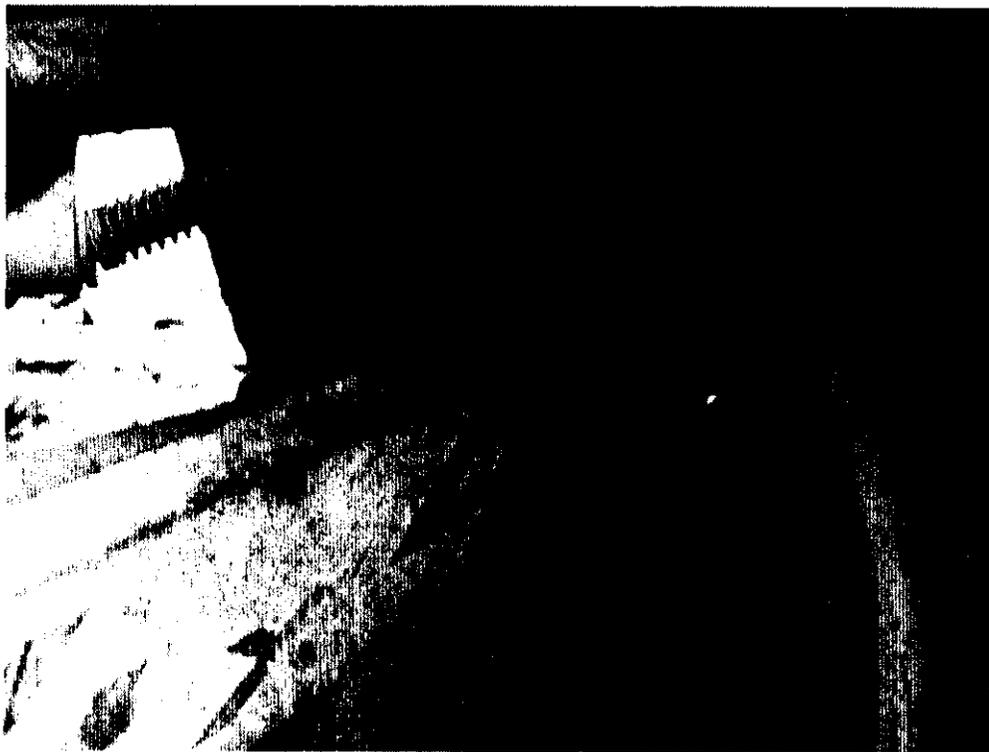


Exhibit 2.18 – Undercarriage of Vehicle (Center View)



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Exhibit 2.19 - Undercarriage of Vehicle (View of Rear)

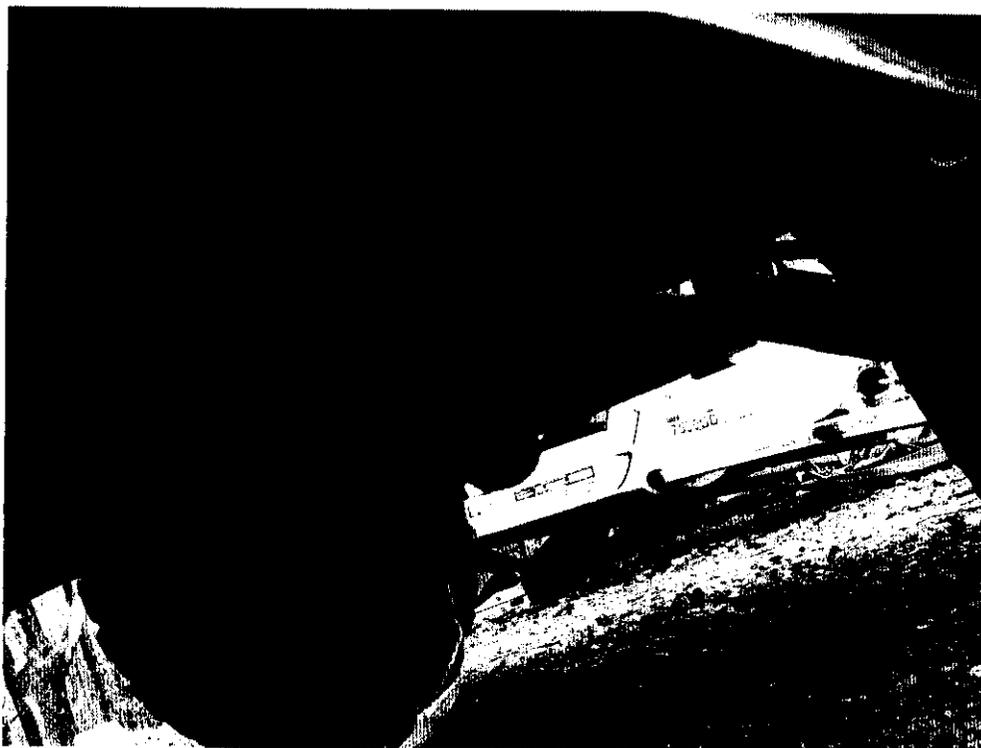


Exhibit 2.20 – View of Dash/Console (Driver’s Side)



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Exhibit 2.21- View of Passenger Side Dash/Console



Exhibit 2.22 – Top Cover – Passenger Side



Exhibit 2.23 – Labeling - Front Passenger Side of Incident Vehicle



Exhibit 2.24 – Labeling on Cargo Bed

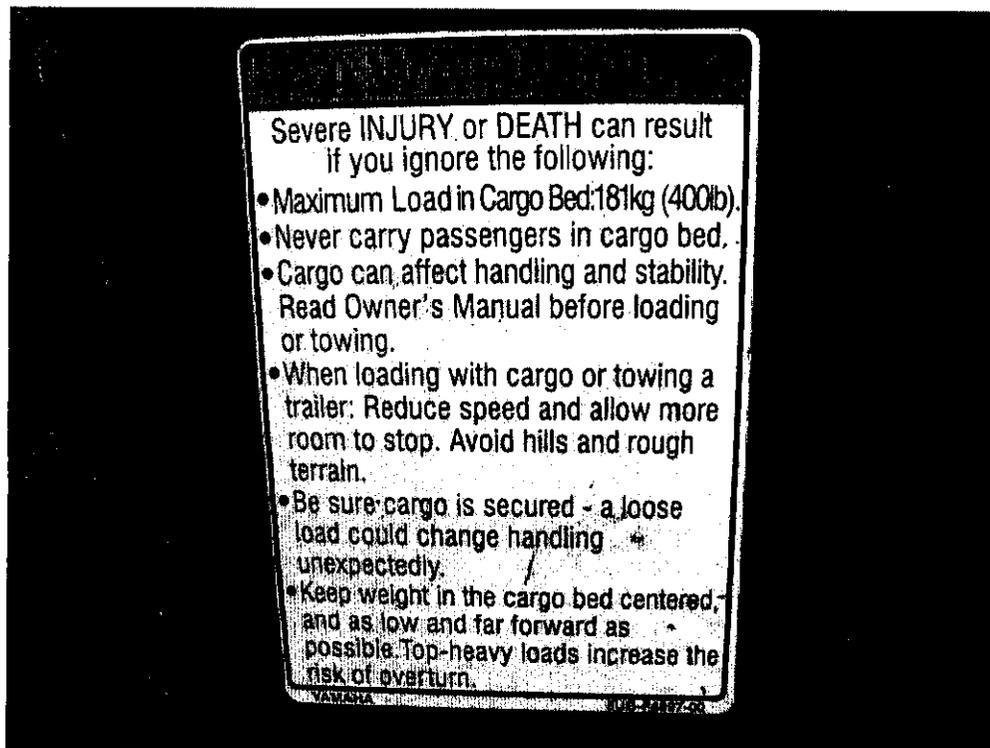


Exhibit 2.25 – Label on Rear of Vehicle

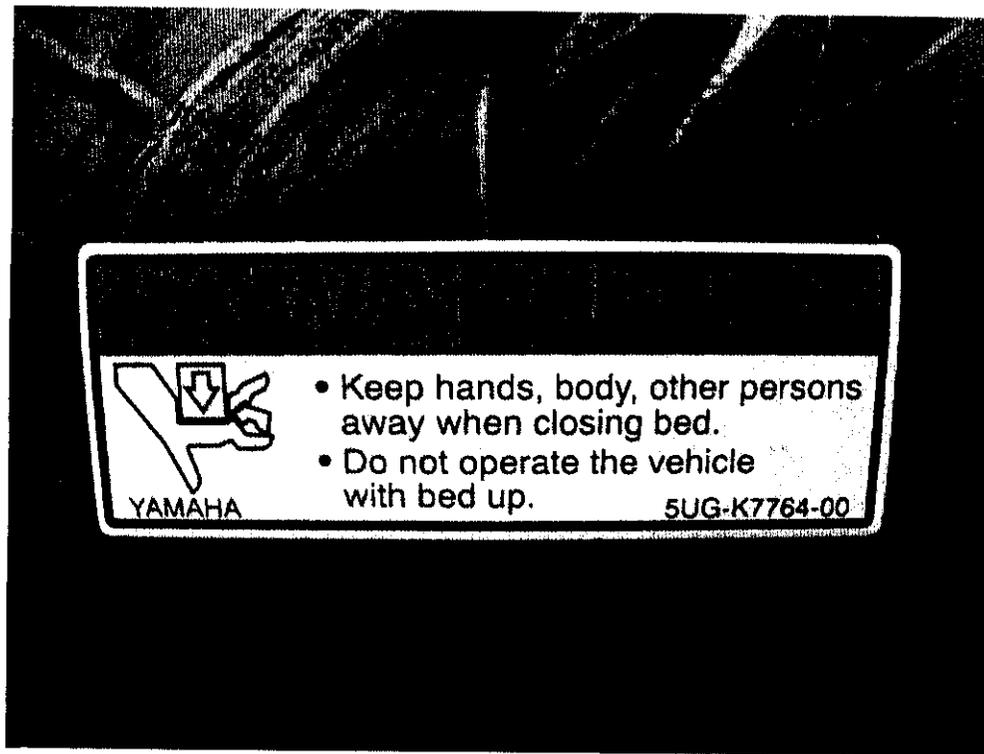


Exhibit 2.26 – Label on Roll Bar



Exhibit 2.27 – Dash Labeling

Improper use can result in Severe INJURY or DEATH.

This off-highway utility vehicle will handle and maneuver differently from an ordinary passenger car or other vehicle.

- Vehicle capacity: 1 operator and 1 passenger. Passenger must be able to reach and hold the handgrip inside enclosure.
- This vehicle is recommended only for operators 18 and older with valid motor vehicle license. Adults must supervise children. Check state laws for minimum age requirements.
- Gross Vehicle Weight Rating: 2000 lb (907 kg) maximum including operator, passenger, accessories, cargo and trailer tongue weight.
- Passenger and cargo can affect vehicle handling.

ALWAYS

- wear a seat belt when riding in the vehicle.
- keep your hands and feet inside the vehicle at all times - watch for branches, brush, or other hazards that could enter the vehicle.
- drive straight up and down inclines - driving across the side of an incline increases the risk of overturn.

NEVER

- operate through water deeper than 13" (33 cm) or fast flowing water - if you must cross shallow, slow moving water, choose your path carefully to avoid sharp drop-offs, large rocks, or slippery surfaces that could cause the vehicle to overturn.
- make sharp, high-speed turns - the vehicle could roll over or go out of control.

LOCATE AND READ THE OWNER'S MANUAL. FOLLOW ALL INSTRUCTIONS AND WARNINGS.

YAMAHA

ALWAYS USE AN APPROVED HELMET AND PROTECTIVE GEAR

NEVER USE ON PUBLIC ROADS OR HIGHWAYS

NEVER USE WITH DRUGS OR ALCOHOL



Exhibit 2.28 – Labeling – Stored in Dash/Glove Box

Abrupt maneuvers or aggressive driving have caused rollovers - wear on the seat belts.

Read the Owner's Manual and the Handgrip Release and Available for the Installation of Replacement. Warning: Rollovers may occur to the rear of the vehicle if the operator or passenger is not seated properly.



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Vehicle
Sharp Turn
Here

Exhibit 2.29 – View East of Incident Scene

Incident
vehicle turned
over onto
driver's side
and stopped
here

→
Direction of
Travel

Direction of
Downward
Slope

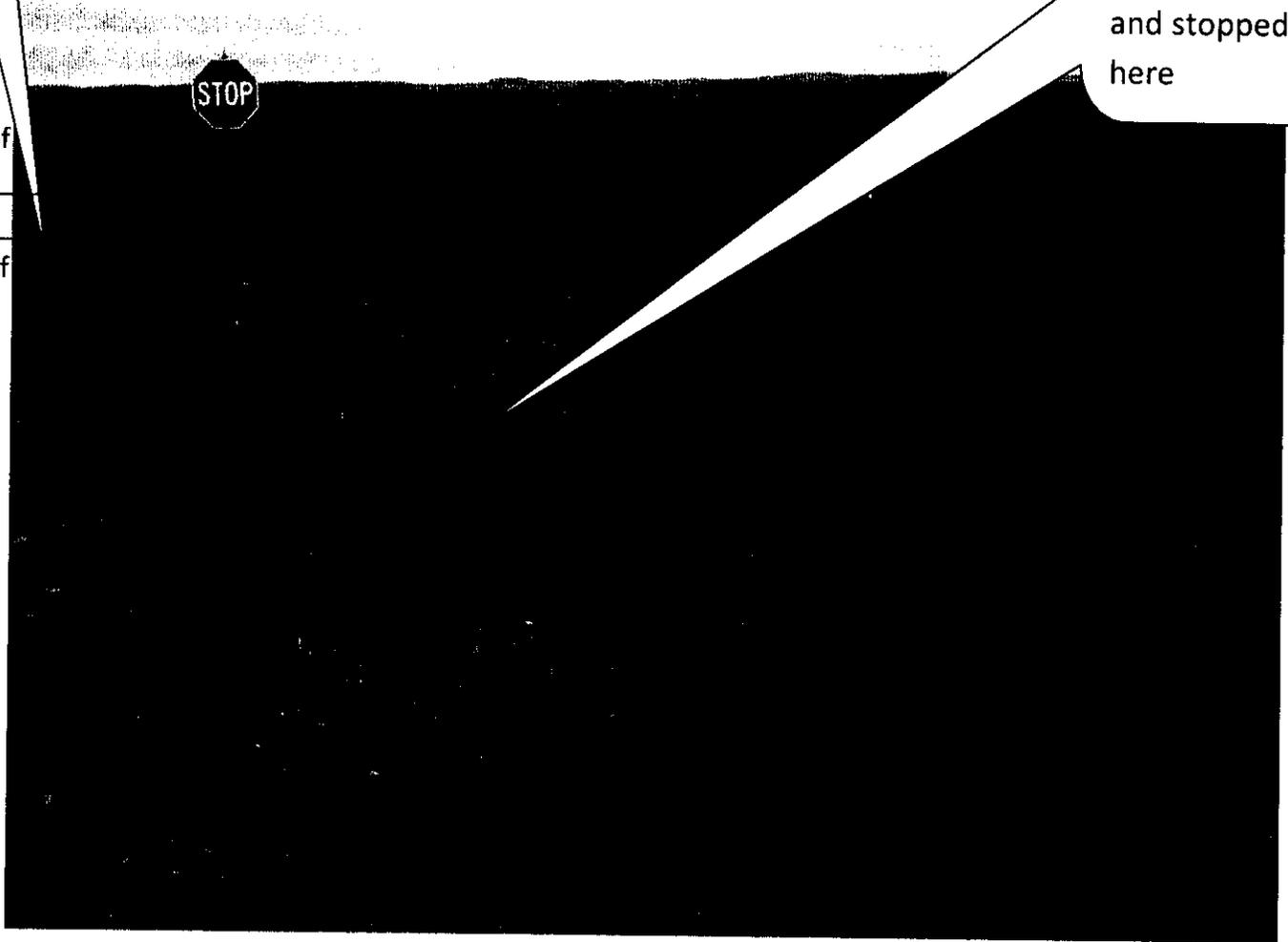
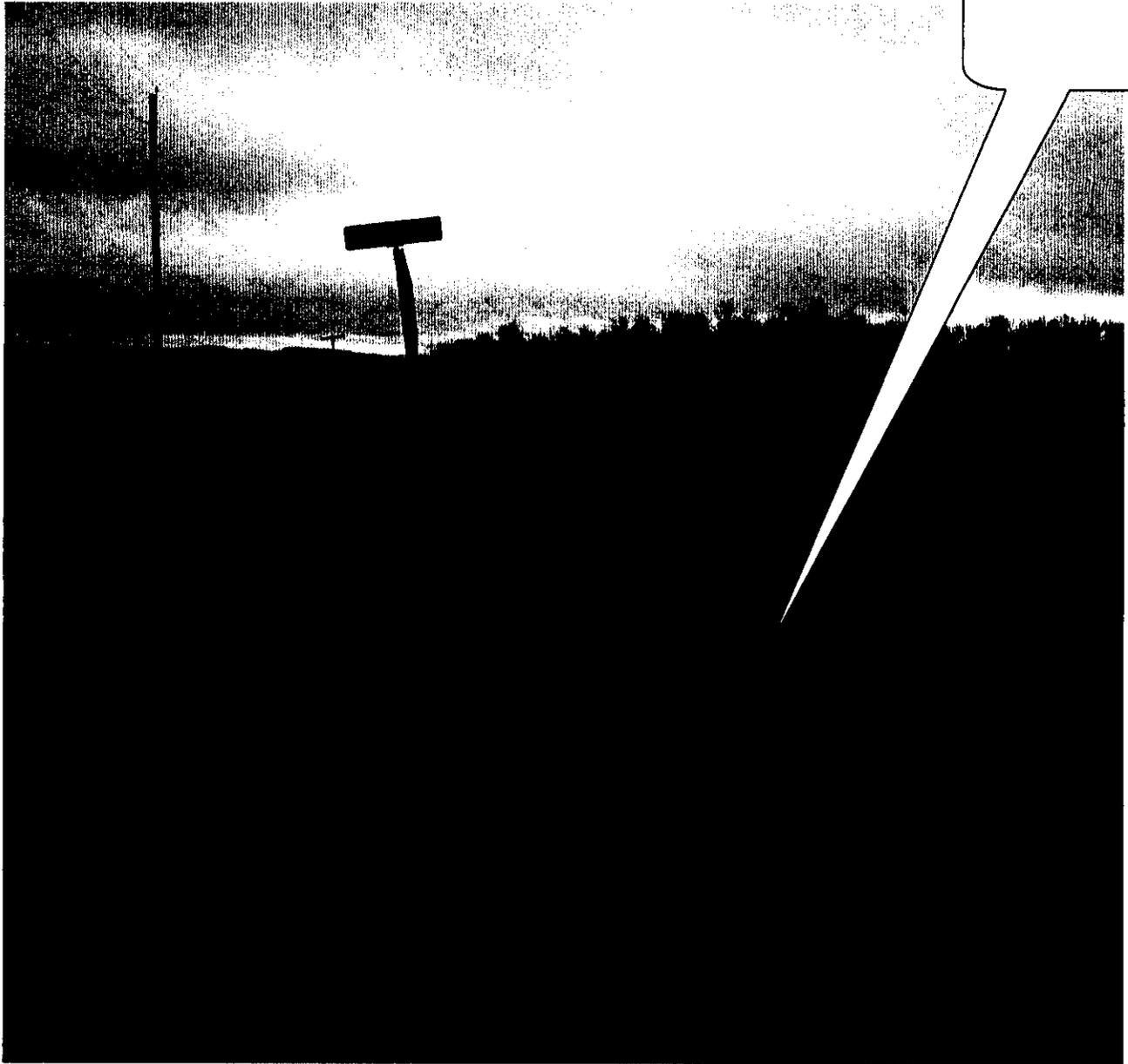


Exhibit 2.30 – View South of Incident Area - from Rynders Road



Incident Area

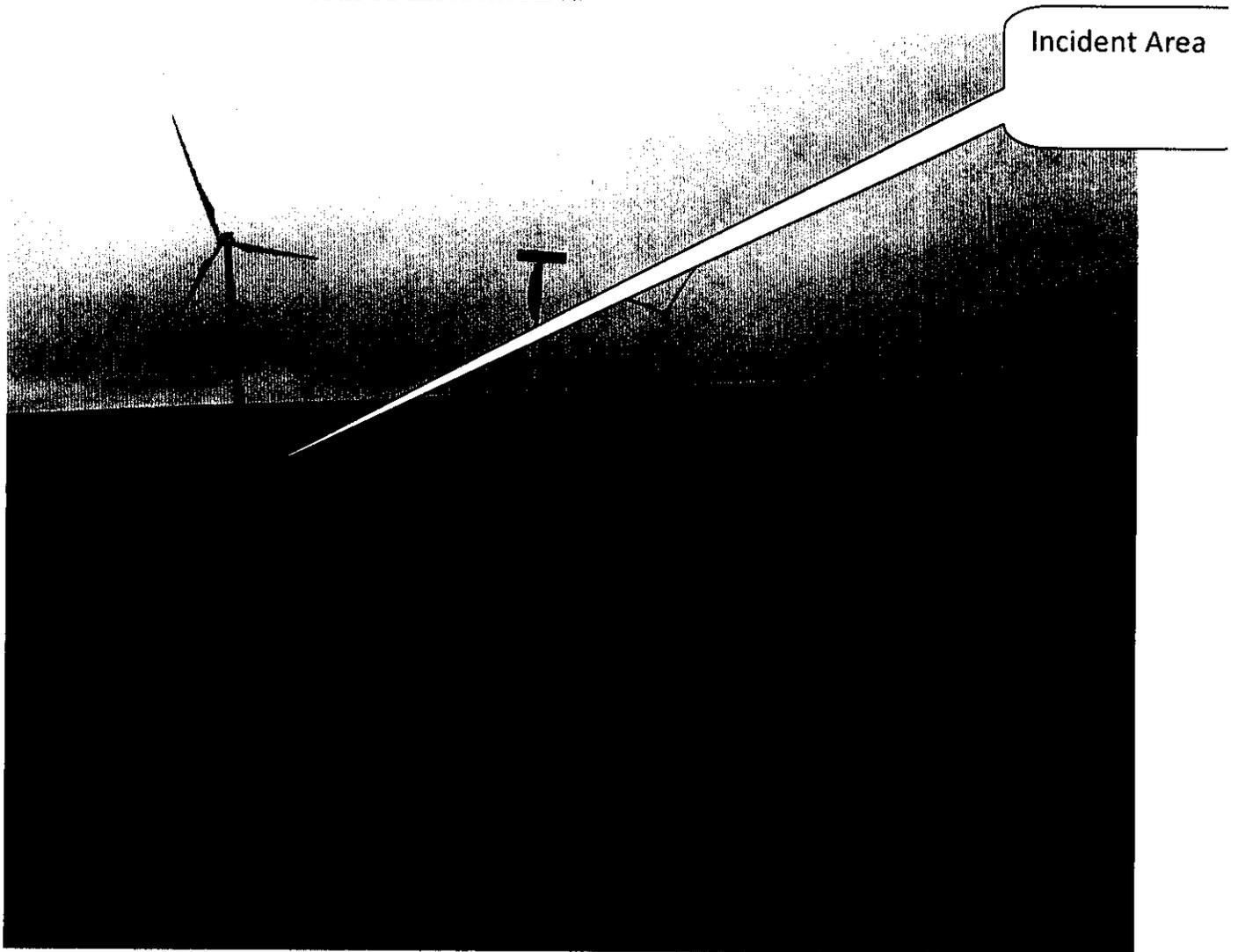
091116HNE4836

Exhibit 2.31 – View West of Incident Area – from Avery Hollow Road



091116HNE4836

Exhibit 2.32 – View North of Incident Area



091116HNE4836

Exhibit 2.33 – View North - Slope of Road

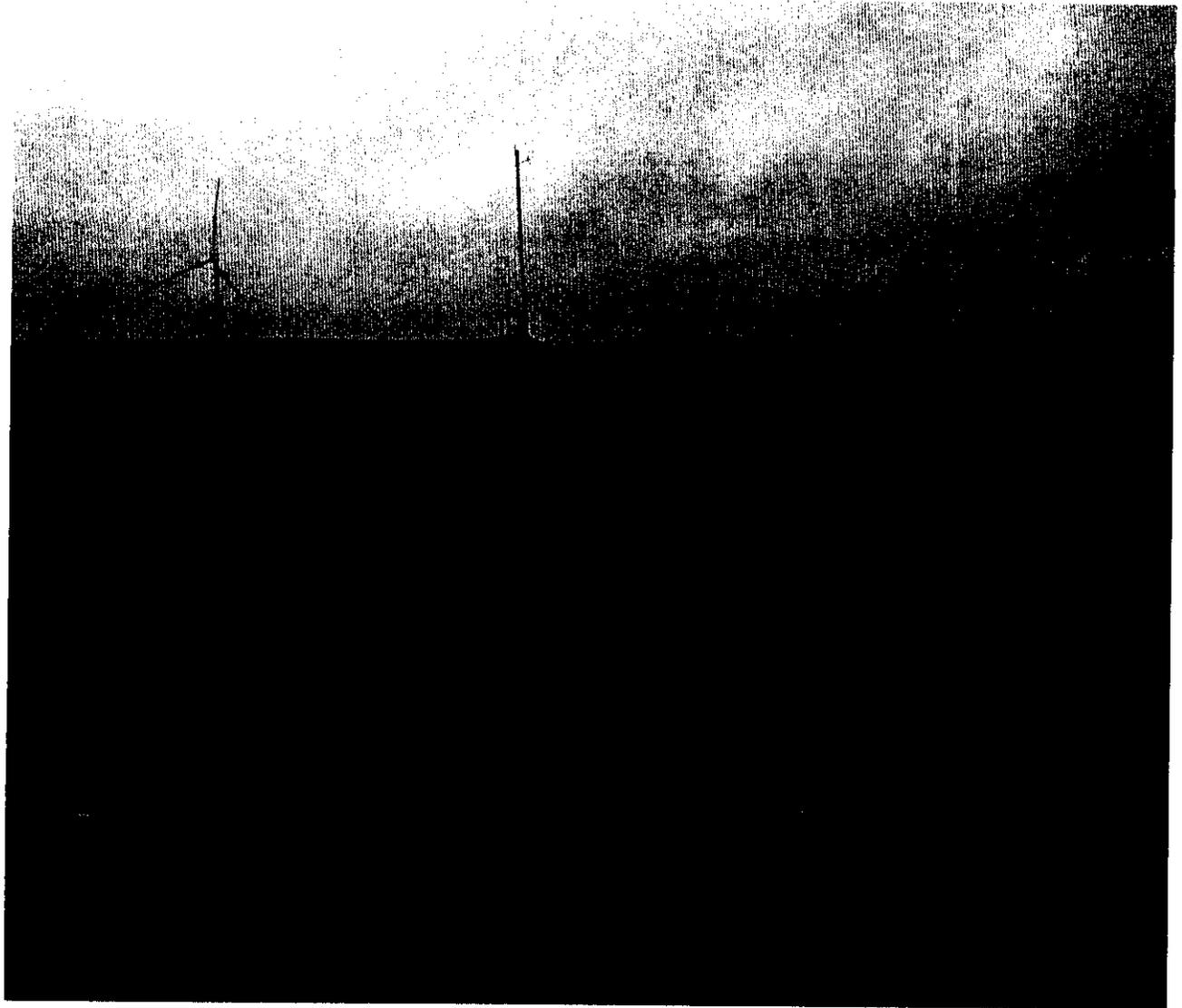
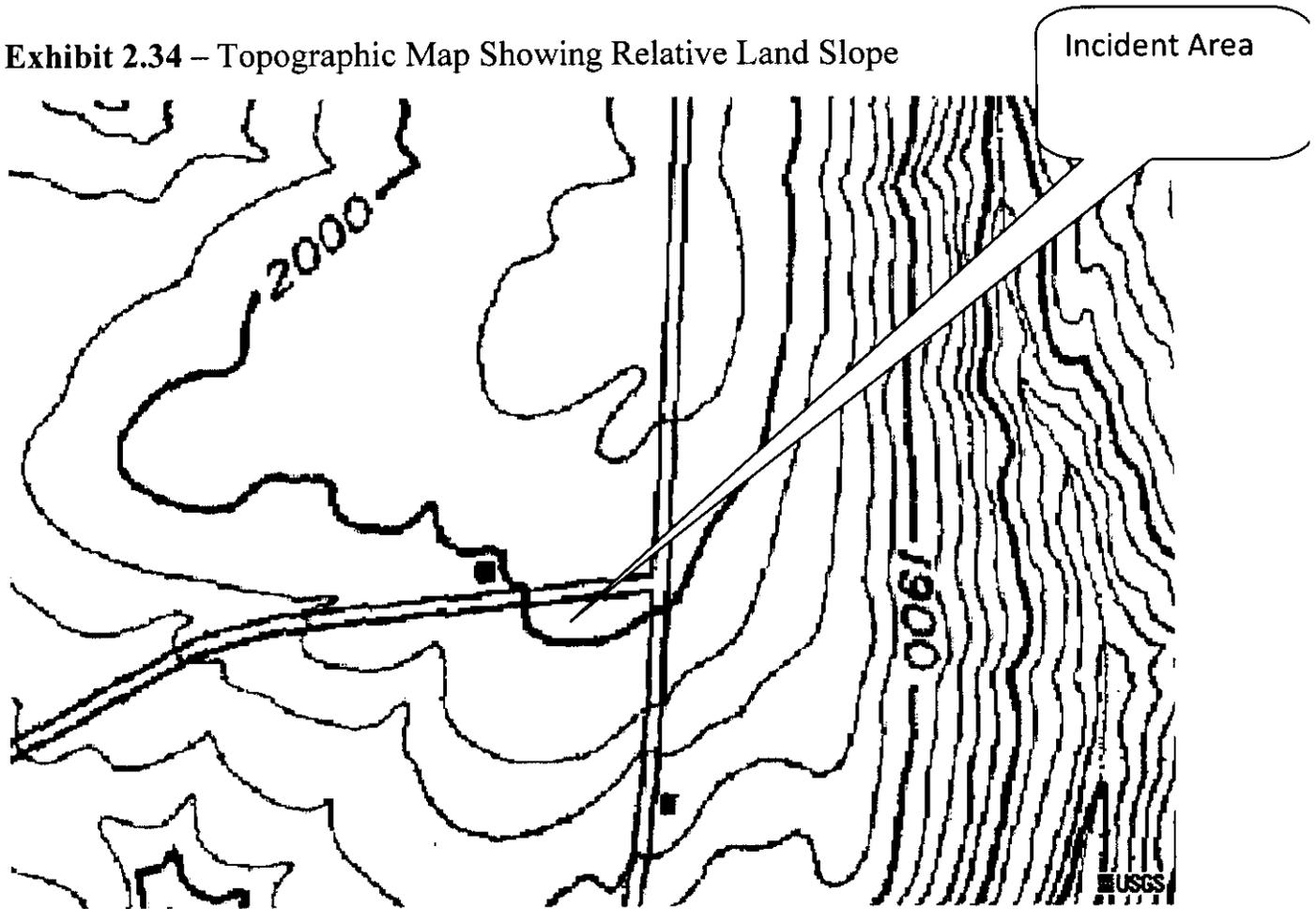
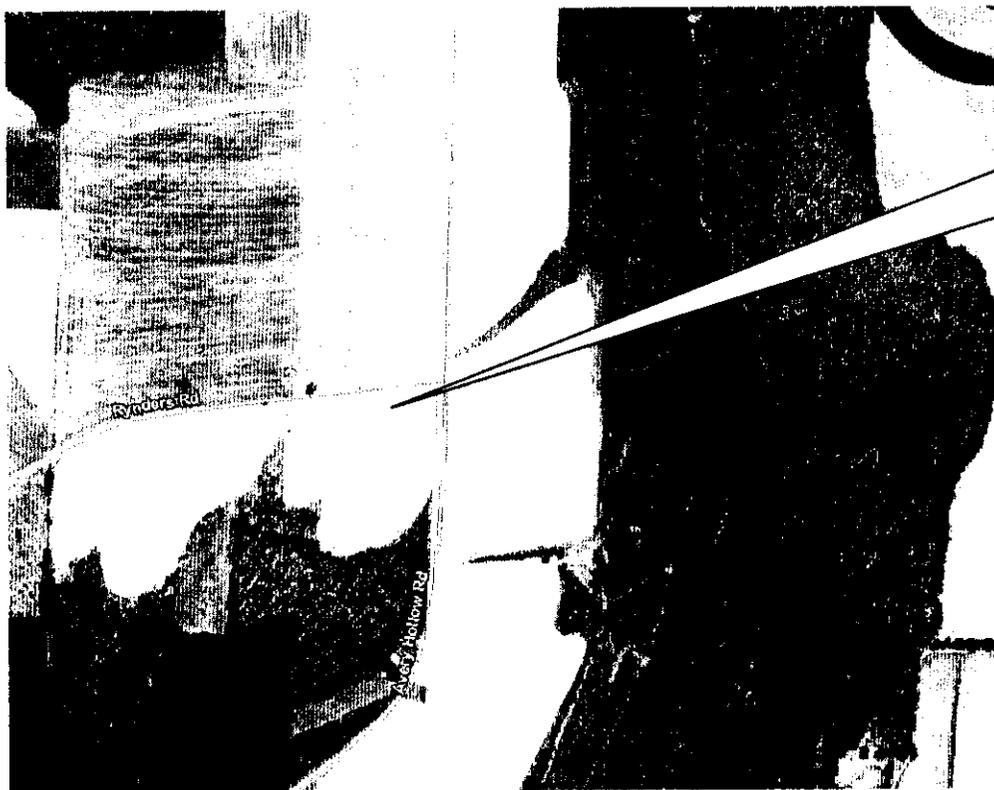


Exhibit 2.34 – Topographic Map Showing Relative Land Slope



Road slope near intersection estimated to be 20 foot change in elevation per 350 linear feet of road. Slope direction is to the south near intersection.

Exhibit 2.35 – Aerial View of Incident Intersection



Incident Area -
Undeveloped
Land

2. TIME /

A.M. 6 P.M.

P.O. Box 7740
Rochester, NY 14617

4. TO

A. NAME AND TITLE OF INDIVIDUAL

Bruce McNulty, Manager

B. FIRM NAME

Precision Power Services

C. NUMBER AND STREET ADDRESS

5121 Ridge Road West

C. CITY, STATE, AND ZIP CODE

Rochester, NY 14559

Notice of Inspection is hereby given pursuant to:

- Section 5(a) of the Flammable Fabrics Act (15 U.S.C. § 1194(a));
- Sections 6(a), 9, and 10 of the Federal Trade Commission Act (15 U.S.C. §§ 46(a), 49, and 50);
- Sections 16, 19, and 27 of the Consumer Product Safety Act (15 U.S.C. §§ 2065, 2068, and 2076)
- Sections 301(e) and (f) and Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. §§ 331(e) and (f) and 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. § 1471 *et seq.*)]; and/or
- Sections 4(e), 11(b), and 12 of the Federal Hazardous Substances Act as Amended (15 U.S.C. §§ 1263(e), 1270(b), and 1271).

Refer to the back of this form for pertinent statutory language.

5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED

The purpose of this inspection is to obtain information; to review and obtain copies of items including, but not limited to, records (including electronic records), reports, books, documents, and labeling; and to obtain samples, in order to enforce or determine compliance with the Acts administered by the Consumer Product Safety Commission.

Yamaha Rhino 660 Vehicle Accident Investigation
- Records Check

6. FREEDOM OF INFORMATION REQUIREMENTS

Those from whom information is requested should state whether any of the information submitted is believed to contain or relate to a trade secret or other matter which should be considered by the Commission to be confidential and whether any of the information is believed to be entitled to exemption from disclosure by the Commission under the provisions of the Freedom of Information Act (5 U.S.C. § 552). Any statement asserting this claim of confidentiality must be in writing, and any request for exemption of the information from disclosure must be made in accordance with the Commission's Freedom of Information Act regulations, 16 CFR Part 1015.

Stephen Trojanczyk, PSI

7. SIGNATURE (Authorized CPSC Official)

4. TIME

A.M. 2 P.M.

P.O. Box 77463
Rochester, NY 14617

4. TO

A. NAME AND TITLE OF INDIVIDUAL

Bill Hollink, Owner

B. FIRM NAME

Hollink Motor Sports

C. NUMBER AND STREET ADDRESS

386 South Union Street

C. CITY, STATE, AND ZIP CODE

Spencerport, NY 14559

Notice of Inspection is hereby given pursuant to:

- Section 5(a) of the Flammable Fabrics Act (15 U.S.C. § 1194(a));
- Sections 6(a), 9, and 10 of the Federal Trade Commission Act (15 U.S.C. §§ 46(a), 49, and 50);
- Sections 16, 19, and 27 of the Consumer Product Safety Act (15 U.S.C. §§ 2065, 2068, and 2076)
- Sections 301(e) and (f) and Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. §§ 331(e) and (f) and 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. § 1471 *et seq.*); and/or
- Sections 4(e), 11(b), and 12 of the Federal Hazardous Substances Act as Amended (15 U.S.C. §§ 1263(e), 1270(b), and 1271).

Refer to the back of this form for pertinent statutory language.

5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED

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- Records Check for J. Wellin Owned
Yamaha Rhino 660 MTV

6. FREEDOM OF INFORMATION REQUIREMENTS

Those from whom information is requested should state whether any of the information submitted is believed to contain or relate to a trade secret or other matter which should be considered by the Commission to be confidential and whether any of the information is believed to be entitled to exemption from disclosure by the Commission under the provisions of the Freedom of Information Act (5 U.S.C. § 552). Any statement asserting this claim of confidentiality must be in writing, and any request for exemption of the information from disclosure must be made in accordance with the Commission's Freedom of Information Act regulations, 16 CFR Part 1015.

Stephen Trojancey, PSI

7. SIGNATURE (Authorized CPSC Official)

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
3281961
SPQH68000002

AMENDED REPORT

19
18

1 Accident Date: Month 11, Day 13, Year 2009. Day of Week: Friday. Military Time: 21:54. No. of Vehicles: 1. No. Injured: 1. No. Killed: 1. Not Investigated at Scene: . Left Scene: . Police Photos: Yes No. Accident Reconstructed: .

2 VEHICLE 1: Driver License ID Number (b)(6), State of Lic. NY. VEHICLE 2: Driver License ID Number (b)(6), State of Lic. NY. Driver Name - exactly as printed on license: (b)(3):CPSA Sectio.

3 City or Town: ROCHESTER, State NY, Zip Code 14606. City or Town, State, Zip Code.

4 Date of Birth: Month 3, Day 2, Year 1960. Sex: M. Unlicensed: . No. of Occupants: 02. Public Property Damaged: . Name - exactly as printed on registration: UNREGISTERED.

5 Address (Include Number and Street), Apt. No., City or Town, State, Zip Code.

6 Plate Number, State of Reg., Vehicle Year & Make: YAMA, Vehicle Type: ATV, Ins. Code.

7 Ticket/Arrest Number(s), Violation Section(s).

8 Check if involved vehicle is: more than 95 inches wide; more than 34 feet long; operated with an overweight permit; operated with an overdimension permit.

9 VEHICLE DAMAGE CODING: Box 1 - Point of Impact, Box 2 - Most Damage. Enter up to three more damage codes. Vehicle By: VAN WORMER'S, Towed To: VAN WORMER'S.

10 ACCIDENT DIAGRAM: See the last page of the MV-104A for the accident diagram. Cost of repairs to any one vehicle will be more than \$1000. Unknown/Unable to determine Yes No.

11 Reference Marker, Coordinates (if available), Place Where Accident Occurred: County STEUBEN, Town of COHOCTON, Road on which accident occurred AVERY HOLLOW ROAD, at 1) Intersecting street RYNDERS ROAD.

12 Accident Description/Officer's notes: V-1 IS SOUTHBOUND ON AVERY HOLLOW ROAD, TOWN OF COHOCTON. DRIVER 1 ATTEMPTED A RIGHT TURN ONTO RYNDERS ROAD. DRIVER 1 FAILED TO NEGOTIATE THE TURN DUE TO AN IMPROPER TURN WITH CONTRIBUTING CAUSES OF UNSAFE SPEED AND INTOXICATION BY ALCOHOL. AS V-1 ENTERS THE INTERSECTION WITH RYNDERS ROAD, IT BEGINS TO SKID AND TURN IN A COUNTERCLOCKWISE DIRECTION. V-1 THEN OVERTURNS, CAUSING THE OPERATOR TO BE PARTIALLY EJECTED AND, CONSEQUENTLY, HIS HEAD IS CRUSHED BETWEEN A ROLL BAR ON V-1 AND THE ROAD SURFACE. DRIVER 1 WAS REMOVED BY STEUBEN.

13 Table with columns: B, 9, 10, 11, 12, 13, 14, 15, 16, 17 BY, TO 18, Names of all involved, Date of Death Only. Rows A, B, C, D, E, F.

14 Officer's Rank and Signature: TROOPER Ryan G. Gratton. Badge/ID No. 5384, NCIC No. 15003, Precinct/Post Troop/Zone E3, Station/Beat Sector 31, Reviewing Officer, Date/Time Reviewed 11/16/09.

ALL INVOLVED

USE COVER SHEET
N

New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
3281961
SPOH68000002

AMENDED REPORT

1 Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Month	Day	Year	Friday	21:54	1	1	1	Accident Reconstructed <input type="checkbox"/>		

VEHICLE VEHICLE BICYCLIST PEDESTRIAN OTHER PEDESTRIAN

2 VEHICLE 1 Driver License ID Number	State of Lic.	VEHICLE 2 Driver License ID Number	State of Lic.
Driver Name (as printed on license)		Driver Name (as printed on license)	
Address (include Number and Street)	Appt. No.	Address (include Number and Street)	Appt. No.
City or Town	State	City or Town	State

3 Date of Birth	Sex	Date of Birth	Sex
Month Day Year	<input type="checkbox"/> M <input type="checkbox"/> F	Month Day Year	<input type="checkbox"/> M <input type="checkbox"/> F
Name (as printed on license)	Day Year	Name (as printed on license)	Day Year

4 Address (include Number and Street)	Appt. No.	Address (include Number and Street)	Appt. No.
City or Town	State	City or Town	State
Plate Number	State	Plate Number	State

5 Ticket/Arrest Number(s)	Ticket/Arrest Number(s)
Violation Section(s)	Violation Section(s)

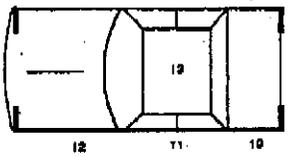
6 VEHICLE 1 DAMAGE CODES	VEHICLE 2 DAMAGE CODES	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.
<input type="checkbox"/> more than 95% of front end <input type="checkbox"/> more than 50% of front end <input type="checkbox"/> operated with an expired permit <input type="checkbox"/> operated with an expired non-permit	<input type="checkbox"/> more than 95% of rear end <input type="checkbox"/> more than 50% of rear end <input type="checkbox"/> operated with an expired permit <input type="checkbox"/> operated with an expired non-permit	Rear End 1. ← ← Left Turn 3. ↙ ↘ Right Angle 4. ↓ Right Turn 6. ↘ ↙ Head On 7. → ← Sideswipe (same direction) 2. ← ← Left Turn 5. ↙ ↘ Right Turn 8. ↘ ↙ Sideswipe (opposite direction) 9. ← →

7 VEHICLE 1	VEHICLE 2	ACCIDENT DIAGRAM
Vehicle 1	Vehicle 2	9.

VEHICLE DAMAGE CODING:

1-13 SEE DIAGRAM ON RIGHT.

- 14. UNDERCARRIAGE
- 15. TRAILER
- 16. OVERTURNED
- 17. DEMOLISHED
- 18. NO DAMAGE
- 19. OTHER



Cost of repairs to any one vehicle will be more than \$1000.	Unknown/Unable to determine	Yes	No
--	-----------------------------	-----	----

Reference Marker	Coordinates (if available)	Place Where Accident Occurred:
	Latitude/Northing:	County <u>STEUBEN</u> City Village Town of _____
	Longitude/Easting:	Road on which accident occurred _____ (Route Number or Street Name)
		at 1) intersecting street _____ (Route Number or Street Name)
		or 2) _____ N S of _____ (Milepost, Nearest Intersecting Route Number or Street Name)
		feet miles E W

Accident Description/Officer's notes
 COUNTY CORONER STEPHEN COPP TO THE MONROE COUNTY MEDICAL EXAMINER'S OFFICE.

ALL INVOLVED	8	9	10	11	12	13	14	15	16	17 BY	TO 18	Names of all involved	Date of Death Only
A													
B													
C													
D													
E													
F													
Officer's Rank and Signature	TROOPER <i>Ryan G. Gratton</i>		Badge/ID No.	5384	NCIC No.	15003	Precinct/Post Troop/Zone	E3	Station/Beat Sector	31	Reviewing Officer		Date/Time Reviewed
Print Name In Full	RYAN G GRATTON												

USE REVERSE SHEET
N

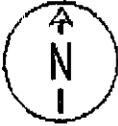
New York State Department of Motor Vehicles
POLICE ACCIDENT REPORT
MV-104A (3/04)

Local Codes
3281961
SPQH68000002

AMENDED REPORT

Accident Date			Day of Week	Military Time	No. of Vehicles	No. Injured	No. Killed	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Month	Day	Year	Friday	21:54	1	1	1	Accident Reconstructed <input type="checkbox"/>		
11	13	2009								

NOT TO SCALE



RYNDERS ROAD

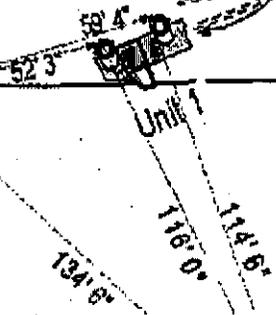


AVERY HOLLOW ROAD

FRONTIER COMMUNICATIONS UTILITY BOX

UTILITY POLE #2A

- DIAGRAM KEY**
- DISTANCE MEASUREMENT
 - DIRECTIONAL ARROW
 - SKID MARKS





POLICE REPORT FOR FATAL MOTOR VEHICLE ACCIDENTS



MV-104D (3/02)

Local Code 3281961 SPQH68000002	Accident Date Month Day Yr. 11 13 2009	Military Time 21:54	County STEBEN	City/Town/Village COHOCTON, TOWN OF	No. Killed 1	No. Vehicles 1	Work Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name and Address of Deceased 1: (b)(3) CPSA Section 25(c)							

ACCIDENT DATA

Speed Limit (MPH) 55	Location (Route or Street Name) AVERY HOLLOW ROAD
Estimated Speed: Vehicle 1 _____ MPH <input checked="" type="checkbox"/> Unknown Vehicle _____ MPH <input type="checkbox"/> Unknown Vehicle _____ MPH <input type="checkbox"/> Unknown	
Vehicle Model (for example, Mustang or Corvette): Vehicle 1 RHINO 660 Vehicle _____ Vehicle _____	
Roadway Surface: <input type="checkbox"/> Concrete <input type="checkbox"/> Blacktop <input type="checkbox"/> Brick or Block <input checked="" type="checkbox"/> Dirt <input type="checkbox"/> Slag <input type="checkbox"/> Gravel <input type="checkbox"/> Stone <input type="checkbox"/> Other	
No. of Lanes: 1 Roadway Flow: <input type="checkbox"/> One Way Traffic <input type="checkbox"/> Divided highway, other barrier or barrier type unknown <input type="checkbox"/> Divided highway, median strip <input type="checkbox"/> Divided highway, guard rail <input checked="" type="checkbox"/> Not physically divided	
EMERGENCY MEDICAL SERVICES * Time (Military): Notified: 22:06 Arrived at Scene: 22:24 Arrived at Hospital: _____	HOSPITAL INFORMATION If the victim was taken to a hospital outside of NYS, give name, county and state of that hospital: If the victim was transferred to another hospital (after initial transportation), give the name, county and state of that hospital:

OCCUPANT DATA

Name	Deceased Yes/No	Time of Death	Extricated Yes/No**	Type of Extrication Equip. Used	Air Bags Deployed Yes/No	Not in Vehicle	Initial Point of Impact to Vehicle***
V E H I C L E 1 Driver (b)(3) CPSA Section	YES	23:30	NO		NO	YES	11 - DOOR LEFT
Passenger (b)(6)	NO		NO		NO	YES	11 - DOOR LEFT
Passenger							
Passenger							
Passenger							
Passenger							

* This includes any type of EMS service (for example, fire, police, private). If you are unable to furnish the EMS data, please give the name, address and plate number of the ambulances so we can contact them:

** To be "extricated", the victim must be pried from the wreckage. Unfastening the seat belt is not considered "extricated".

*** Indicate the first area of the vehicle that was impacted, for example, right front, undercarriage.

Additional Information

SIGN HERE	Officer's Rank and Signature TROOPER <i>Ryan G. Gratton</i>	Badge/ID No 5384	Department 15003	Precinct/Post Troop/Zone E3	Station/Beat/Sector 31	Reviewing Officer	Date/Time Reviewed
	Print Name in Full RYAN G GRATTON						



Office of the Medical Examiner

Maggie Brooks
County Executive

Caroline R. Dignan, M.D.
Medical Examiner

DEATH CONFIRMATION AND SUMMARY REPORT OFFICE OF THE MEDICAL EXAMINER COUNTY OF MONROE

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

CASE NO.: 09-02517

DATE OF BIRTH: 3/2/1960

DATE OF DEATH: 11/13/2009

DATE OF AUTOPSY: 11/14/2009

RACE: White

SEX: Male

AGE: 49 Years

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

COUNTY/ORIGIN: Steuben

CAUSE OF DEATH

IMMEDIATE CAUSE: **Blunt force trauma of head**

DUE TO:

DUE TO:

OTHER SIGNIFICANT CONDITIONS:

MANNER OF DEATH: **Accident**

DEATH CERTIFICATE SIGNED BY: **Scott F. LaPoint, MD**

Notice: The autopsy report may be incomplete at this time and any statements or opinions offered by the Medical Examiner's Office could be preliminary and subject to change pending the issuance of the final autopsy report. The information contained on this report is classified as confidential and is being released solely to the requesting agency and is not to be re-released or republished to any other agency, entity or individual without the prior written permission of the Monroe County Medical Examiner's Office.



#7033M02

HOLLINK Motorsports

No 22781

386 S. Union Street • Spencerport, NY 14559
(585) 352-1930

DATE: 3-31-06

SALESMAN: BILL HOLLINK

SOLD TO: ADDRESS: (b) (3):CPS A Section 25(c)

MAKE	YEAR	MODEL	BODY STYLE	NEW OR USED	KEY NUMBERS	SERIAL NUMBER
YAMAHA	2006	YXR66FAHV	UTILITY	NEW	5275	5Y4AM06Y86A009688

MILEAGE:

#Y5802

DEALER INSTALLED EQUIPMENT:

IF THIS MOTOR VEHICLE IS CLASSIFIED AS A USED MOTOR VEHICLE, HOLLINK MOTORSPORTS, INC. CERTIFIES THAT THE ENTIRE VEHICLE IS IN CONDITION AND REPAIR TO RENDER, UNDER NORMAL USE, SATISFACTORY AND ADEQUATE SERVICE UPON THE PUBLIC HIGHWAY AT THE TIME OF DELIVERY.

PRICE \rightarrow 9650.00

PLUS DEALER INSTALLED 200.00 FREIGHT

ACCESSORIES:

USED CYCLE - TRADE IN

YEAR	MAKE
MODEL	BODY STYLE
STOCK NO.	
FINANCE CO.	
PAYMENTS	
AT \$	

METHOD OF PAYMENT

DEPOSIT \$ _____

CASH \$ 9946.00

NOTE \$ _____

FINANCED \$ _____

TOTAL \$ 9946.00

SELLING PRICE 9850.00

ALLOWANCE 650.00

DIFFERENCE 9200.00

TAX MONROE 736.00

DIFFORT _____

LICENSE PLATES 10.00

N.Y.S.I. - TMF _____

CLOSE OUT _____

TOTAL 9946.00

Hollink Motor Sports

386 S. Union Street
Spencerport, NY 14559
(505) 352-1930

SERVICE REPAIR ORDER

Repair Order # 5053664

R D for (b)(3):CPSA Section 25(c)

Date Printed 12/14/09
Date In 12/ 3/09
Promised 0/ 0/ 0

Yr Make	Model	Color	Class	Plate #	VIN	Key Board#	Hrs/Odom
06 YAMAHA	YXR66FAHV		A				0

Job: WHEEL SPACER UPDATE

Yr: 06 Make: YAMAHA Model: YXR66FAHV Color: Class: A

	Part #/Labor Code	Description	Src Cat	Tech	Hrs/Qty	Total
Parts	90891-60108-00	SPACER KIT	YA	PYA	1	WARRANTY
Labor		SPACER UPDATE		GC	.50	WARRANTY

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

I AUTHORIZE HOLLINK TO PERFORM THE ABOVE REPAIRS.

SIGNED-----

Before Tax Total	.00
Sales Tax	.00
Repair Order Total	.00



YAMAHA MOTOR CORPORATION, U.S.A.

6555 Katella Avenue • Cypress • California • 90630-5101 • (714) 761-7300 • Fax (714) 761-7303

August 27, 2007

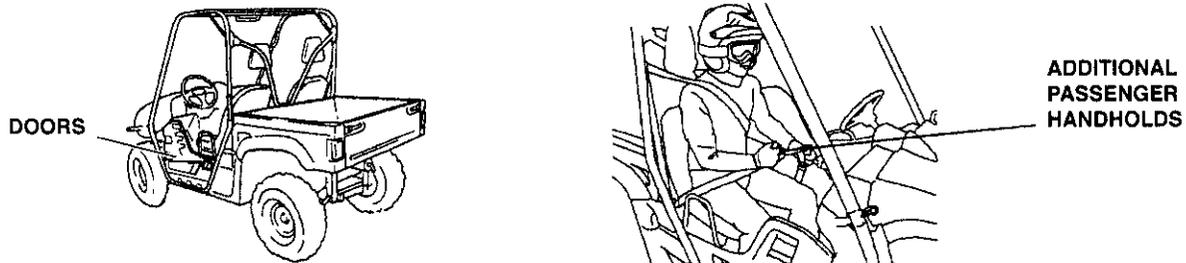
Dear Yamaha Rhino Owner:

This letter contains important information about your Yamaha Rhino.

While the Rhino has been a reliable and versatile vehicle, some operators have engaged in aggressive driving (such as sliding, skidding, fishtailing, or doing donuts) or made abrupt maneuvers (such as turning the steering wheel too far or too fast) that have resulted in side rollovers – even on flat, open areas. Unfortunately, some occupants have been seriously injured during such rollovers when they put their arms or legs outside the vehicle, resulting in crushing or other injuries.

Special Offer to Rhino Owners

Yamaha has developed new doors and additional passenger handholds for the Rhino. These new features, as shown in the enclosed guide, are designed to help keep occupants from sticking arms or legs out of the vehicle in response to a side rollover. They may also enhance passenger stability and comfort. You can find more information at www.yamaha-motor.com/rhino. Yamaha recommends that you have these doors and handholds installed on your Rhino.



All Rhino Owners Can Have These New Features Installed Free of Charge.

Please make an appointment with your Yamaha dealer to take advantage of this special offer.

You may be aware that a number of aftermarket companies are now offering doors, panels, bars, netting, or similar products for installation on Rhinos. Yamaha cannot investigate or endorse aftermarket companies' products with respect to quality, fit, or safety. We only recommend genuine Yamaha parts and accessories for your Rhino.

Put This New On-Product Label on Your Rhino

To promote awareness of the new free product features and to help reinforce safe and responsible use of the Rhino, Yamaha has developed the enclosed adhesive label. Please read it and follow the instructions below to put it on your vehicle.

Guide to Genuine Yamaha Doors/Handholds and Rhino Occupant Protection

To help you understand how these new features fit into the overall approach to Rhino occupant safety, please read the enclosed guide. Please put this letter and the enclosed guide with your owner's manual for future reference and pass it on to a future owner.

Thank you for giving your attention to this important matter.

Sincerely,

Customer Support Group
Yamaha Motor Corporation, U.S.A.

FOR IMMEDIATE RELEASE

March 31, 2009
Release #09-172

Yamaha Hotline: (800) 962-7926
CPSC Hotline: (800) 638-2772
CPSC Media Contact: (301) 504-7908

CPSC Press Release Approval Number: 09-030

http://www.cpsc.gov

Yamaha Motor Corp. Offers Free Repair For 450, 660, and 700 Model Rhino Vehicles

CPSC advises consumers not to use the off-road vehicles until repaired

WASHINGTON, D.C. - The U.S. Consumer Product Safety Commission (CPSC), in cooperation with Yamaha Motor Corp. U.S.A., of Cypress, Calif., is announcing a free repair program to address safety issues with all Rhino 450, 660, and 700 model off-highway recreational vehicles. Yamaha has also agreed to voluntarily suspend sale of these models immediately until repaired. Consumers should immediately stop using these popular recreational vehicles until the repair is installed by a dealer.

CPSC staff has investigated more than 50 incidents involving these three Rhino models, including 46 driver and passenger deaths involving the Rhino 450 and 660 models. More than two-thirds of the cases involved rollovers and many involved unbelted occupants. Of the rollover-related deaths and hundreds of reported injuries, some of which were serious, many appear to involve turns at relatively low speeds and on level terrain.

About 120,000 of the 450 and 660 model Rhinos have been distributed nationwide since Fall 2003. Some units have been equipped by Yamaha with half doors and additional passenger handholds, either before or after sale.

Yamaha's repair includes the installation of a spacer on the rear wheels as well as the removal of the rear anti-sway bar to help reduce the chance of rollover and improve vehicle handling, and continued installation of half doors and additional passenger handholds where these features have not been previously installed to help keep occupants' arms and legs inside the vehicle during a rollover and reduce injuries. Owners of the affected Rhinos should stop using them and call their dealer to schedule an appointment to have repairs made once they are available and to take advantage of a free helmet offer.

Yamaha is also voluntarily implementing the same repair program and suspension of sale for the Rhino 700 model, in order to ensure customer satisfaction. Consumers should stop riding the 700 model until it is repaired. About 25,000 Rhino 700s are part of this repair program.

Once these repairs have been made to their vehicles, Rhino users should always wear their helmet and seatbelt and follow the safety instructions and warnings in the on-product labels, owner's manuals and other safety materials. The Rhino is only recommended for operators 16 and older with a valid driver's license. All passengers must be tall enough to place both feet on the floorboard with their back against the seat back.

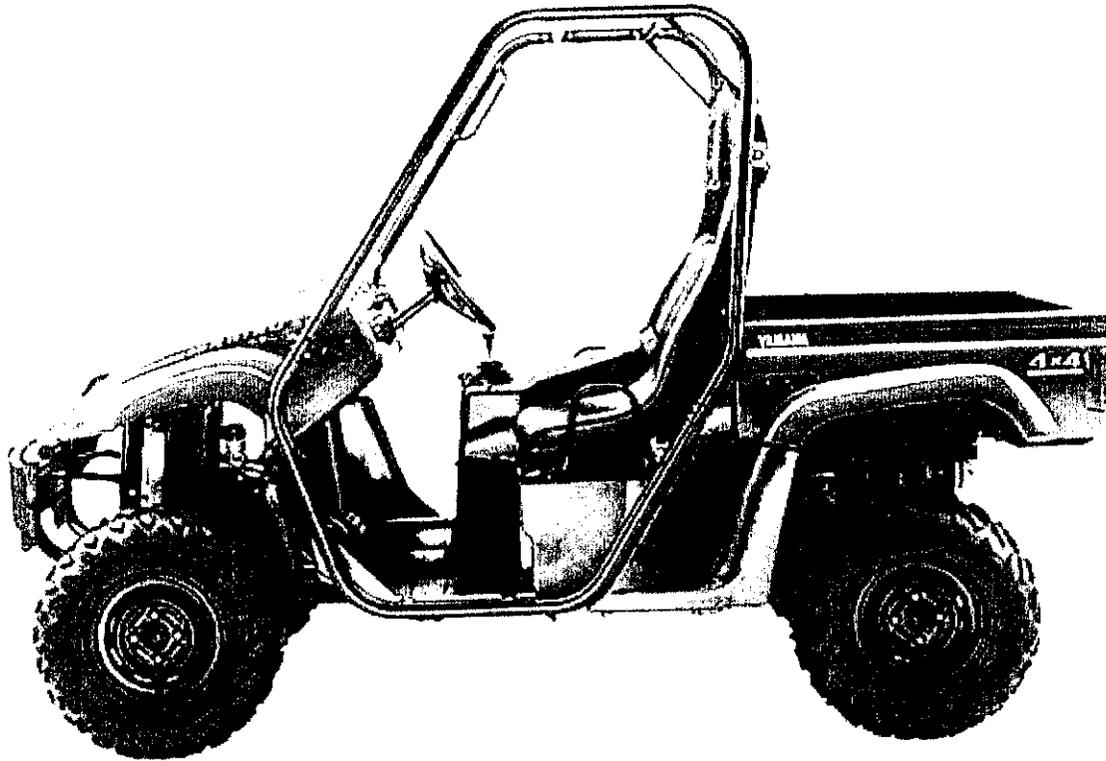
For additional information, contact Yamaha at 800-962-7926 anytime, or visit the firm's Web site at



Rhino 450 (with doors)



Rhino 450 (without doors)



Rhino 660 (without doors)

CPSC is still interested in receiving incident or injury reports that are either directly related to this product recall or involve a different hazard with the same product. Please tell us about it by visiting

The U.S. Consumer Product Safety Commission is charged with protecting the public from unreasonable risks of serious injury or death from thousands of types of consumer products under the agency's jurisdiction. The CPSC is committed to protecting consumers and families from products that pose a fire, electrical, chemical, or mechanical hazard. The CPSC's work to ensure the safety of consumer products - such as toys, cribs, power tools, cigarette lighters, and household chemicals - contributed significantly to the decline in the rate of deaths and injuries associated with consumer products over the past 30 years.

<http://www.cpsc.gov/cpsc/pub/prerel/prhtml09/09172.html>

12/21/2009

2004~2009 YXR450/660/700 (RHINO 450/660/700)

Free Repair Program

I

INTRODUCTION

In cooperation with the Consumer Product Safety Commission (CPSC), Yamaha Motor Corporation, U.S.A. is providing certain free repairs for all 2006-2009 Rhino 450, all 2004-2007 Rhino 660, and all 2008-2009 Rhino 700 Side x Side (SxS) models.

Free Repair Program:

The following two repairs are being offered free of charge by Yamaha in cooperation with the CPSC to "help reduce the chance of rollover and improve vehicle handling":

1. Installation of a 2" spacer on each of the rear wheels.
2. Removal of the rear anti-sway bar.

Follow the procedures outlined in this bulletin to install these rear wheel spacers and remove the stock rear anti-sway bar.

Yamaha also strongly recommends the installation of the free doors, extra passenger handholds, and updated center-console warning label on any units which do not have them. If a customer brings in his or her Rhino for this free repair, and the vehicle does not have these features, please encourage him or her to have these free components installed at the same time as this free repair. Refer to Technical Bulletin SXS2007-006 for details.

Eligibility Information:

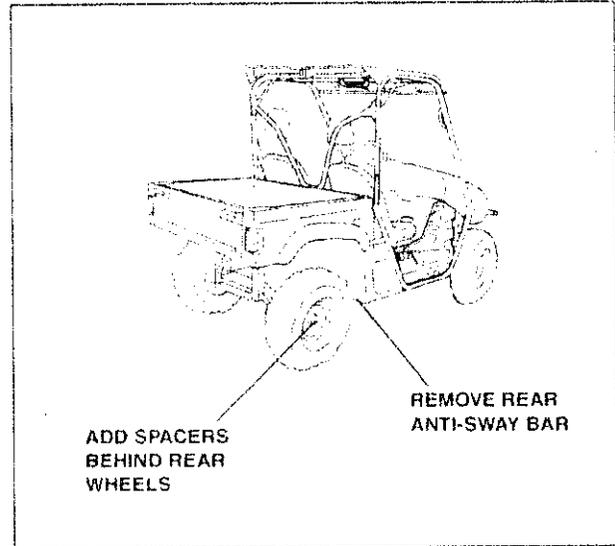
This modification is designed primarily for Rhino vehicles that are in stock condition or units with Yamaha-approved accessories. Rhino vehicles with other accessories or other modifications that have no effect on the vehicle's handling, stability, or operational characteristics are also eligible for this modification. Any accessories or modifications which affect the vehicle's handling, stability, or operational characteristics must be removed and the vehicle returned to stock condition before this modification can be done.

Examples of modifications which do not affect the vehicle's handling, stability, or operational characteristics include (but are not limited to):

- Yamaha-brand or other accessories and features such as side panel doors, additional passenger handholds, windshields, sun tops, overfenders, seat belts, or similar changes to the interior of the cabin or exterior of the unit.

Examples of modifications which can affect handling, stability, or operational characteristics include (but are not limited to):

- Aftermarket suspension components which could affect handling (such as longer A-arms and longer travel shocks)
- Aftermarket wheels or tires that change operational characteristics (such as larger diameter wheels or tires, paddle tires or aggressive mud tires, etc.)



operator and others at risk of serious injury or death. The Rhino owner is responsible for any such changes to the vehicle.

Yamaha urges Rhino owners to participate in this voluntary repair program, so please contact your Regional Technical Advisor if you have any questions about the eligibility requirements or steps that should be taken to be able to provide the repairs.



DEALER ACTION SUMMARY

Unsold

Units:

Perform this repair during predelivery set up, before you deliver the vehicle to the customer. The customer must view the Rhino Orientation DVD (P/N: 5B4-U595A-01-00) and review and sign the new Setup and Predelivery Checklist sheet (P/N: LIT-17561-00-A7) before taking delivery of the vehicle.

Customer Owned

Units:

All customer-owned units are eligible for this free repair offer as long as the unit is not modified in a way that changes handling, stability, or operation of the vehicle (see Eligibility Information on page 1). While Yamaha encourages all customers to take advantage of this offer, you must have the customer's permission to perform this free repair.

Used

Units:

Please perform this repair on each used unit in your inventory, unless it has been modified as described in Eligibility Information on page 1. If the unit has been modified in such a way that it is not eligible for the repair, please modify the unit to stock condition so the repairs can be made.

Parts

Required:

Yes. Order a Rear Wheel Spacer Kit for each affected unit (see Parts Information section). Give customer-owned units priority for repair.

Helmet

Incentive:

Refer to the Sales Bulletin #0972 for details.

Notify

Customers:

Yes. Yamaha will send letters to customers whose Rhinos were registered for warranty as of 5/19/09. You must immediately contact any customer whose Rhino has been sold but is still unregistered on that date. A copy of the customer letter is attached. This letter includes a form the customer should bring in to your dealership to take advantage of the Helmet Incentive offer (the form is not required to receive the Free Repair). Blank forms are available on YDS (see Sales Bulletin #0972).

Warranty:

Submit a Service-Per-Bulletin (90 Code) Warranty Request for parts and labor (see Warranty Information section).

Ineligible

Units:

If units have disqualifying modifications, please contact your RTA for further instructions.



AFFECTED RANGE

All 2006-2009 YXR45

All 2004-2007 YXR66

All 2008-2009 YXR70

NOTE: Units invoiced after May 1, 2009, will already have the modification performed.



YAMAHA MOTOR CORPORATION, U.S.A.
6555 KATELLA AVENUE, CYPRESS, CALIFORNIA 90630 5101 800 962 7926

IMPORTANT SAFETY INFORMATION

May 20, 2009

Dear Yamaha Rhino Owner,

In cooperation with the Consumer Product Safety Commission (CPSC), Yamaha Motor Corporation, U.S.A. is offering certain free repairs for all Rhino Side x Side (SxS) vehicles. According to our records, you own the affected Rhino model shown on the enclosed form.

THE FREE REPAIR PROGRAM

The following two repairs are being offered free of charge by Yamaha in cooperation with the CPSC "to help reduce the chance of a rollover and improve vehicle handling." Units should not be operated until these repairs are made.

- Installation of a 2" spacer on each of the rear wheels.
- Removal of the rear anti-sway bar.

This campaign is not a recall. This is a voluntary repair program.

Yamaha urges all Rhino owners to have these modifications made to their vehicles. Please contact your dealer to schedule a service appointment for this free repair and to review eligibility information so they can order the necessary repair parts for you. Your dealer can let you know when the parts for your Rhino are available. Bring the enclosed form with you when you take your Rhino to your Yamaha dealer (although you can get this free repair without the form).

If you own a Rhino 660 or 450 that does not have the doors and additional passenger handhold offered by Yamaha, you should also have these parts installed on your vehicle. This modification is also completely free of charge. The doors and handholds help keep occupants' arms and legs inside the vehicle during a rollover and reduce injuries. They may also enhance passenger stability and comfort.

If you take the Rhino identified on the enclosed form to your Yamaha Side x Side dealer for this free repair, and you also watch the Rhino Basic Orientation DVD and complete the enclosed form at your dealer before picking up your vehicle again, Yamaha will provide you with \$100 credit off the cost of a new helmet. See your dealer for details.

After the wheel spacers are installed and the anti-sway bar is removed, take the time to become familiar with your modified vehicle on flat terrain at slower speeds before attempting more difficult maneuvers.

Yamaha always advises the safe, responsible use of our products. As a reminder, Rhino users should always wear helmets and seatbelts, as well as follow all instructions and warnings in the on-product labels, owner's manual, and other safety materials. The Rhino is only recommended for operators 16 and older with a valid driver's license. Every passenger must be tall enough to place both feet on the floorboard with his or her back against the seat back. Keep your body completely inside the vehicle at all times. Never drive or ride as a passenger after using alcohol or drugs. Never do donuts and always avoid sideways sliding, skidding, or fishtailing. Never operate on public roads. Avoid operation on paved surfaces.



-Choose Comparison Model-

MSRP*	\$9,799 (Hunter Green) \$9,799 (Red) \$10,249 Hunter (Hardwoods HD Camo)
<i>Engine</i>	
Type	660cc liquid-/oil-cooled w/fan, SOHC four-stroke; 5-valve
Bore x Stroke	100mm x 84mm
Compression Ratio	9.1:1
Fuel Delivery	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
<i>Chassis</i>	
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
<i>Dimensions</i>	
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.
<i>Options</i>	
DC Outlet	Standard

091118HWE8524

This activity was follow-up to a New Clip Search (Source Document #N09B0269A). A law enforcement agency and coroner officials with jurisdiction of the incident provided all of the information contained in this report.

This incident involved a four wheeled Utility Vehicle (UTV) that was being used recreationally in an open desert area in Barstow, CA. The incident occurred in the rear parking area of a truck stop, which was adjacent to the open desert area. Weather conditions consisted of clear skies with no precipitation, and visibility was unobstructed. The terrain the UTV was being driven on was reported to be dry.

An unknown friend of the victim had rented the incident vehicle from a motorsports retail store in San Bernardino, CA. The vehicle was equipped with two side by side seats, lap/shoulder restraints, steering wheel, roll cage, and rear cargo bed. The manufacturer's Internet website states that similar model vehicles are powered by a 760cc gasoline engine.

According to the official records, the driver (Victim) was a 27-year-old male. He was 74 inches tall and weighed 289 pounds. The victim was restrained in the vehicle by a lap/shoulder belt and was wearing a helmet and goggles, which were not further identified. No information was available regarding victim's riding experience.

On November 14, 2009, at about 5:45 p.m., the victim drove the vehicle at an unknown high rate of speed through open desert. At that time, he approached the truck stop and a 30 to 40 foot raised dirt embankment. The victim failed to apply the brakes or stop causing all four wheels to leave the ground and the vehicle became airborne. The victim's vehicle impacted the upper rear portion of a parked tractor-trailer and fell to the ground. The vehicle came to rest on its wheels next to the impacted tractor-trailer. The victim was not ejected.

The victim sustained multiple traumatic injuries and was pronounced deceased at the scene by responding fire personnel.

According to the official records, the UTV sustained major damage from the incident. The condition of the brakes and suspension system were not addressed. No prior damage or defects were noted. It is unknown if the UTV had any aftermarket modifications.

Law enforcement investigators determined that the victim caused the collision by being in violation of California Vehicle Code (CVC) 38305, which states that no person shall drive an off-highway vehicle at a speed greater than is reasonable or prudent and in no event at a speed which endangers the safety of other persons or property.

On November 17, 2009, an autopsy was performed on the victim. The cause of death was listed as multiple blunt force injuries, minutes. The manner of death was determined to be accidental (traffic). A copy of the coroner investigation report and autopsy protocol report are attached (Exhibits 1 & 2).

091118HWE8524

According to the coroner toxicology report, the only drug detected in the victim's blood was ethanol at 0.24%; postmortem vitreous ethanol was 0.28% (Exhibit 3).

No further information was available.

PRODUCT IDENTIFICATION

Product involved is a four wheeled, off-road, Utility Vehicle. A copy of the Utility Vehicle's specifications was obtained from the manufacturer's website www.polarisindustries.com (Exhibit 5).

Product: 2009 Polaris, Grey
Model: Ranger, RZR S, 760cc
VIN: 4XAVH76A99D817245
License: California OHV sticker no. 24H15R
Manufacturer: Polaris Industries, Inc.
2100 Highway 55
Medina, MN 55340
Tel: 800-765-2747
Rental Store: Chaparral Motorsports
555 South H Street
San Bernardino, CA 92410
Tel: 909-889-2761

EXHIBITS:

1. Coroner Investigation Report (5 pages)
2. Coroner Autopsy Protocol Report (2 pages)
3. Coroner Toxicology Report (1 page)
4. Police Department Traffic Collision Report (9 pages)
5. Vehicle Specifications from the manufacturer's web site (1 page)
6. Status of Missing Documents (1 page)
7. Report Identifiers (1 page)

San Bernardino County Sheriff - Coroner Division
Coroner Investigation

COPY

1	MODE Traffic	CASE # 700907556
	STATUS Post	DEPUTY Brett D'Errico

CASE INFO

REPORTED BY Officer T. Gates	AGENCY Barstow Police (BPD)	DATE 11-14-09	TIME 0635
NEWS RELEASE NAME RELEASABLE ****	ROLL-OUT? Yes	# OF PHOTOS ****	MEDIUM ****
SPECIAL CIRCUMSTANCES None			

DECEDENT INFO

1 NAME (FIRST) (b)(3):CPSA Section 25(c)			
AKA	DECEASE TYPE/NUMBER	PHONE	
20 ADDRESS ****		21 CITY Redlands	25 STATE CA
		23 ZIP 92373	
6 SEX Male	14 RACE White	4 DOB 06-26-1982	5 AGE 27 yrs
RELATED CASE NUMBERS NIA			
BODY BAG # 4705273	TOE TAG 28646	10 SS# ****	HEIGHT 74.0 in
		WEIGHT 289.0 lbs	HAIR Red
		EYES Hazel	
DRIVER'S LIC. # ****	STATE WI	HOW IDENTIFIED WI DL, tattoos.	

LEGAL NEXT OF KIN

NAME Robert Sheehan	RELATIONSHIP Father	MOTHER'S DOB/AGE	DATE/TIME NOTIFIED 11-14-09 0919	NOTIFIED BY B D'Errico
ADDRESS ****		21 CITY Redlands	25 STATE CA	23 ZIP 92373
PHONE ****	OTHER NEXT OF KIN INFO			
ALTERNATE PHONE #				

PLACE/DEATH OCCURRED

7 DATE 11-14-09	<input type="checkbox"/> FND <input checked="" type="checkbox"/> ABT <input type="checkbox"/> EST	8 TIME 0545	<input type="checkbox"/> FND <input checked="" type="checkbox"/> ABT <input type="checkbox"/> EST	DAY OF DEATH Saturday	PRONOUNCED BY Medic Engine #363, Pronounced by Paramedic J. Lendway P2539
101 PLACE OF DEATH Parking Lot			102 IP-ER/OP-DCA	FAC OTHER THAN HOSPITAL	
105 FACILITY ADDRESS OR LOCATION WHERE FOUND 2611 Fisher Blvd				106 CITY Barstow	

MEDICAL

TRANSPORTED FROM N/A	ADMITTED TO? N/A	DATE	TIME	MED REC ORDERED No	MED REC #	BLOOD ORDERED Not Available
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INVESTIGATIVE SUMMARY

ADDITIONAL NARRATIVE ATTACHED YES NO

On 11/14/09, at approximately 0545 hours, a white male adult resident of Redlands, who was later identified as Lowell P. Sheehan, was traveling off-road in a Polaris RZR/S at a high rate of speed in the desert area behind the Flying J truck stop in Barstow. Sheehan was traveling west when he became airborne over a 40 foot embankment, impacting the upper rear portion of a tractor-trailer. The decedent was wearing his seatbelt and a helmet, but the helmet was found off of the decedent and not strapped. The decedent had to be extracted from the vehicle at the scene. Paramedics found the decedent pulseless and apneic. Paramedic Lendway(P2539) called time of death at 0606 hours. Next of kin notified. No medical issues noted and in good mental health.

REVIEWED BY

Sutcliffe 12-20-09 1444

RETURNED CORRECTIONS REQ

FOLLOW UP REQ

NOTE TO PATHOLOGY

San Bernardino County Sheriff - Coroner Division
Coroner Investigation

COPY

2	MODE Traffic STATUS Post	CASE # 700907556 DEPUTY Brett D'Errico	
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CAUSE OF DEATH			
107 CAUSE (A) Multiple Blunt Force Injuries	TIME INTERVAL Minutes	109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B)		110 AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(C)		AUTOPSY # A1409-09 ST	EXAM # E1409-09 AJ
(D)		INDIGENT #	

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

113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF "YES" LIST TYPE OF OPERATION & DATE.
 YES NO DESCRIBE

ATTENDING PHYSICIAN N/A	PHONE	DATE LAST ATTENDED	CAUSE GIVEN BY Steven Trenkle
115 PHYSICIAN TO SIGN D.C. Coroner Cert	ADDRESS	PHONE	DATE 11-17-09 TIME 1232

INJURY					
119 SPECIFY MODE Accident	123 PLACE OF INJURY Parking lot	120 AT WK? No	121 DATE 11-14-09	122 HOUR ABT 0545	ABT
125 LOCATION (include Zip Code) 2611 Fisher Blvd Barstow, 92311					
124 DESCRIBE HOW INJURY OCCURRED Traveling at high rate of speed, airborne, over embankment, head-on into parked tractor trailer, seatbelted w/ helmet,					

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

LAW ENFORCEMENT		
AGENCY Barstow Police (BPD)	AGENT T. Gates	REPORT NUMBER 09-4760

AUTOPSY			
ORDERED BY	DATE	TOX ORDERED	TOX RECEIVED
		11-17-09	12-08-09
AGENT(S) TO ATTEND			

DISPO OF REMAINS					
PRESENT LOCATION ****	MORGUE STATUS	VEHICLE ***** TOWED			
TRANSPORTED BY ****	NOTIFIED BY ****	DATE ****	TIME ****	ARRIVED ****	
44 MORTUARY Accord Cremation and Burial		PHONE OF MORTUARY 7145299673			

San Bernardino County Sheriff - Coroner Division

Coroner Investigation

COPY

3

MODE Traffic

CASE # 700907556

STATUS Post

DEPUTY Brett D'Errico

Coroner Investigation

11/15/2009

Notification of Death to Coroner:

On 11/14/09 at 0702 hours, I received notification from San Bernardino County Coroner's Office that Officer T. Gates of the Barstow Police Department (BPD) had called to report a death. The original call was received at 0549 hours.

I responded from the Barstow Sheriff's Station at 0710 hours and arrived on-scene at 0720 hours.

Scene Description:

The scene was located in the rear northeast parking lot of the Flying J Truck Stop in Barstow. A grey 2009 Polaris RZR/S, bearing California OHV sticker 24H15R, was found on its tires facing north in between two tractor trailers after it left the desert area off a 40-45 foot plateau behind it to the east. The RZR/S had major T/C damage to the hood and roll-cage. The trailer bearing Wisconsin trailer plate 554202 was located behind the RZR/S, received impact damage to the top right rear corner and blood evidence. The decedent was located seated in the driver's seat with a torn seat belt and the roll-cage crushed into the decedent's head, neck and chest area. There was severe bleeding found to be coming from the head. A white helmet was located near the right front tire and had major impact damage to the visor. The helmet's chinstrap was in tact with no damage. Skid marks were not present at the scene.

The weather was dry with little to no wind. There was no traffic present. Temperatures were around 50-55 degrees.

Statement of Facts:

I spoke with Officer T. Gates of the Barstow Police Department (BPD) at the scene. Officer Gates stated he received a call for service at 0549 hours of a traffic collision at the Flying J Truck Stop. He arrived on scene at 0555 hours and observed a grey 2009 Polaris RZR/S resting on its wheels with the decedent seated in the driver's seat. He stated, according to witnesses, at approximately 0540, the decedent was seen driving away from the Union 76 gas station at a high rate of speed to the east. Gates stated the decedent was camping in the off highway vehicle area at Outlet Center Drive. Gates states they were able to locate the decedent's campsite and spoke with a friend who stated he last saw the decedent at 0100 earlier that morning, but missed a phone call from the decedent at 0540 hours according to the time stamp in the friend's phone. Gates said at approximately 0545 hours, one of the truck drivers heard a loud crash and went out to investigate, locating the RZR/S and the decedent who appeared to be lifeless. Gates stated there was blood evidence on one of the trailers and throughout the RZR/S. Barstow Fire Metic Engine 363 arrived on scene at 0605 hours and found no signs of life. Paramedic Lendway (P2539) pronounced death at 0606 hours.

Body Description:

San Bernardino County Sheriff - Coroner Division

Coroner Investigation

COPY

4

MODE Traffic

CASE# 700907556

STATUS Post

DEPLTY Brett D'Errico

At 0845 hours I began the body examination. The body was that of a White male identified as (b)(6) (b)(6) a 27 year-old resident of Redlands, by his Wisconsin Driver's License.

The body was located seated in the driver's seat. The body was pinned into the vehicle at the head, neck, chest and right arm by the roll-cage. The head was articulated to the east and resting on the rear deck lid of the RZR/S. The right arm was lying over the center console and passenger seat, bent at approximately a 45 degree angle, with the palm facing up. The right leg was extended down onto the floorboard and pinned into the center console. The left leg was extended down and out of the vehicle, with the foot resting on the ground. The left arm was bent at a 45 degree angle, lying across the abdomen, with the palm facing down.

The body was clothed in blue jeans, black belt, white tennis shoes, white socks, blue t-shirt, black long sleeve t-shirt, blue hooded sweatshirt, and gray/blue striped underwear. There was no jewelry located on the body. The right bicep had a tattoo of a devil face and the left bicep had a tattoo of a green dragon.

Bleeding was noted from the ears, nose and mouth. No petechial hemorrhaging was located in either eye. Lividity was found, not fixed and consistent with the body's position. The eyes were beginning to "raccoon". The skull appeared to be intact, bleeding was occurring from the left ear and a large bruise was located to the left rear portion of the neck. There was bruising and abrasions to the left shoulder, left chest, right abdomen and both hands. The left side of the chest and rib area was soft and the ribs appeared to be broken. The abdomen was distended. The left femur appeared to be fractured. The right leg had a three inch (3") laceration to the inner calf and a one inch (1") laceration to the inner thigh, as well as bruising around the knee joint. The rest of the body felt solid, intact and in normal condition.

I took 33 digital photos of the body and scene. I affixed toe tag number 28646 to the great right toe. The body was placed in a yellow Coroner body pouch. The pouch was secured with lock number 4705273 at 0910 hours.

The examination was concluded at 0900 hours. After the examination, the body was transported to the San Bernardino County Morgue Facility by Med Cab Services at my request.

Investigation:

I was able to locate the decedent's campsite and spoke with his friend, (b)(6), DOB 011560, and confirmed he last saw the decedent at 0100 earlier that morning when (b)(6) went to bed. He also confirmed he missed a call from the decedent at 0540 hours according to the time stamp in the phone. (b)(6) stated the decedent was in good spirits and was excited to be out riding in the desert. He stated the decedent left in the RZR/S at 0100 to go for another ride and did not know if he had ever returned back to the campsite. Dominguez stated the RZR/S was a rental from Chaparral Motorsport in San Bernardino, California and that it was rented by his son in law for the weekend.

San Bernardino County Sheriff - Coroner Division

Coroner Investigation

COPY

5MODE **Traffic**CASE # **700907556**STATUS **Post**DEFUTY **Brett D'Errico**

I spoke with a few other campers in the area who stated they saw the decedent around 0300 hours near the campsites driving fast and reckless, they said he then left north toward the mall.

Notification of Next of Kin:

I cleared the scene at 0914hours.

I contacted the decedent's girlfriend in Redlands, California by telephone. She had made contact with the decedent's father and was with him at the time of my call. I spoke with the decedent's father at this time. He identified himself as (b)(6) with a DOB of 122753. He stated his son had moved out to California from Wisconsin to live with the father about seven (7) months ago. He was in good spirits and good mental health with no thoughts of suicide. He was not on any medication and was in a stable relationship with his girlfriend. He stated his son was currently volunteering at their church but was not employed at this time. He was able to confirm the tattoos on the decedent's body and physical description. I informed Robert Sheehan of the death of his son and advised him his son was transported to the San Bernardino County Coroner's Office for further examination.

Disposition:

Submitted to Pathology for Autopsy.

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



Frank Sheridan M.D.
 Chief Medical Examiner

Steven Trenkle, M.D., Deputy M.E.

COPY

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

**Autopsy Protocol
 (External Examination)**

Coroner's Case Number: 700907556

Autopsy Number: A-1409-09

Name: (b)(3):CPSA Section **Age:** 27 **Sex:** Male
Time of Death: About 0545 hours, November 14, 2009 **Race:** Caucasian
Date of Autopsy: November 17, 2009
Place of Autopsy: San Bernardino County Coroner's Facility **Deputy:** D'Errico

HISTORY OF DEATH: See Deputy Coroner Investigator's Report of Death 700907556. The decedent rode his off-road vehicle over a 40 foot embankment, impacting upon the upper rear portion of a parked tractor trailer.

EXAMINATION: The body is that of a well-developed adult male appearing consistent with the stated age of 27 years. The body is not embalmed.

The condition of the body, as well as observations relating to injuries, deformities, evidence of therapeutic intervention, tattoos and other identifying characteristics are noted on attached body examination checklist number E1409-09A and confirmed by the undersigned.

Additional Observations: None

TOXICOLOGY: Postmortem blood is sent for a comprehensive drug screen. The only drug detected is ethanol at 0.24%.

Postmortem vitreous ethanol is 0.28%.

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

CAUSE OF DEATH: Multiple blunt force injuries, minutes.

MANNER OF DEATH: Accident (Traffic)

Steven Trenkle
 Steven Trenkle, M.D.
 Pathologist

Date: 12/28/09

ST:pm



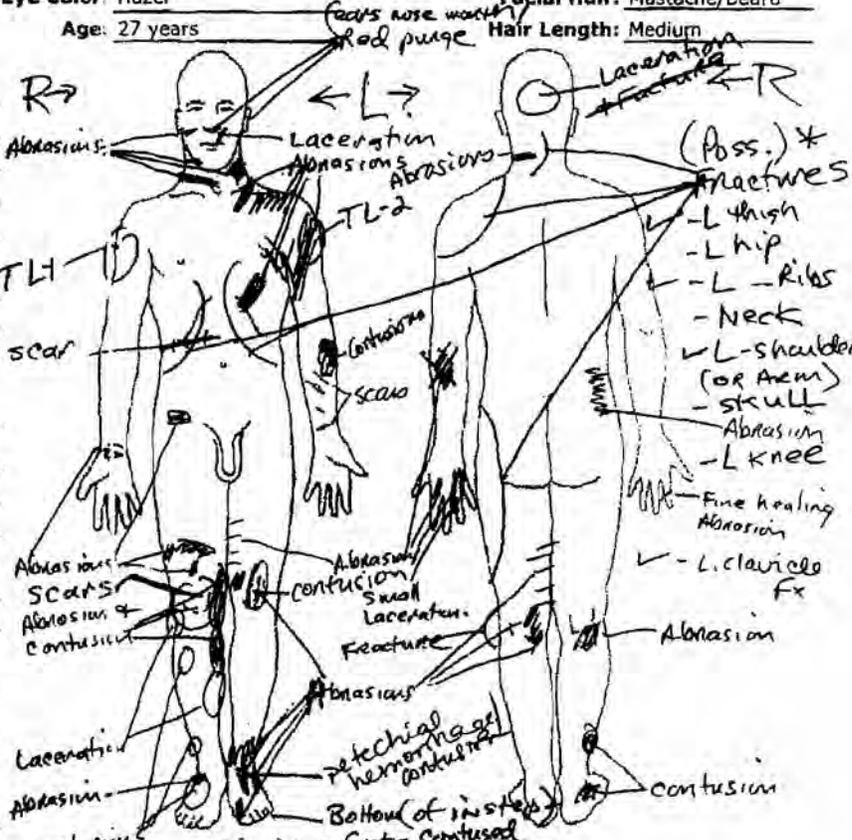
Rod Hoops, Sheriff-Coroner
Coroner of San Bernardino County
175 South Lena Road, San Bernardino, CA 92415-0037
(909) 387-2978

Examination No. E1409-09 AJ
Aug # 1409-09 ST

Body Examination Checklist

Case # 7 / 556 Toe Tag #: 28646 Bag Lock #: 4705273 New Lock #: 4712559
Removed By: (b)(3):CPSA Section 25(c),(b)(6) Date/Time: 11.16.09
Name: L. Sheehan Male/Female: Male Manner of Death: Traffic
Date of Death: date found: 11/14/2009 Time of Death (or time found): 0545
Date of Examination: 11/16/2009 Start Time: 1032 Completion Time: 1205
Examiner: lea McLellan Length: 74 in Weight: 289 lbs Hair Color: Red
Race: Wh Eye Color: Hazel Facial Hair: Mustache/Beard
Complexion: air Age: 27 years Hair Length: Medium
Clothing: (40s)

Jaundice: -
Shirts: 2 Blue shirts
Pants: Yes Blue jeans
Belts: Yes Black
Underwear: Yes Blue briefs
Shoes: Yes 2 white
Socks: Yes 2 white
Headset: -
Other: -
Property: N YES
Describe: -
Photos: # 24 YES - McLellan
Fingerprints: YES -
X-Ray: NO
Temperature: (C) W
Rigor: YES
Lividity: YES
Organ: NO invest: -
Notes: on diagram/describe
Tattoos: NO marks: -
Notes: on diagram/describe



Discoloration: Specify Flesh
TRAUMA: IN
Notes: (yes) on diagram) no petechial
Observations: slightly congested R.L - clear
Blood: obtained date/time/tech
McLellan 11:16:09 - 3 L Femoral; 1 - vitreous

14	Staples or Sutures
15	Track Marks
16	Tattoo (describe)
17	Piercing
18	IV Site, or Arterial Line
19	ET Tube/Airway
20	NG Tube
21	EKG Leads
22	Neck Brace
23	Chest Tube
24	Pulse Oximeter
25	Urinary Catheter
26	Other

Tattoo List
1. Devil
2. Dragon
Battle scars - bloody purple
blood oozes from laceration - 5/6
Laceration inside L. upper lip.
Small lacerations abrasions & contusions inside L. lower lip.
Page 1 of 3
Report 089



COPY

County of San Diego

GLENN N. WAGNER, D.O.
CHIEF MEDICAL EXAMINER

CHRISTINA STANLEY, M.D.
CHIEF DEPUTY MEDICAL EXAMINER

OFFICE OF THE MEDICAL EXAMINER
5555 OVERLAND AVE., Ste 1411, SAN DIEGO, CALIFORNIA 92123-1245
TEL: (858) 694-2885 FAX: (858) 495-5956

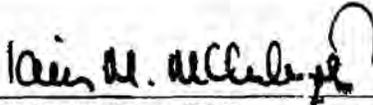
TOXICOLOGY REPORT

Name: (b)(3); Exemption for
SBCCO Number: 700907556
Autopsy Number: A1409-09 ST
Date of Death: 11/14/2009
Pathologist: Steven Trenkle M.D.
Specimens Received: Left Femoral Blood, Vitreous

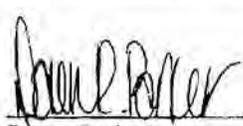
<u>Test Name (Method of Analysis)</u>	<u>Specimen Tested</u>	<u>Result</u>
<u>Alcohol Analysis (GC)</u> Alcohol (Ethanol) Acetone, Methanol, Isopropanol	Left Femoral Blood	0.24 % (w/v) Not Detected
<u>Alcohol Analysis (GC)</u> Alcohol (Ethanol) Acetone, Methanol, Isopropanol	Vitreous	0.28 % (w/v) Not Detected
<u>Drugs of Abuse Screen (ELISA)</u> Cocaine metabolites Opiates Amphetamines Benzodiazepines Fentanyl Cannabinoids	Left Femoral Blood	Not Detected Not Detected Not Detected Not Detected Not Detected Not Detected
<u>Base Screen (GC/MS)</u>	Left Femoral Blood	Not Detected
<u>Acid/Neutral Screen (HPLC-DAD)</u>	Left Femoral Blood	Not Detected

End Results

Approved and Signed:
12/01/2009


Iain M. McIntyre, Ph.D.
Forensic Toxicology Laboratory Manager
(All Inquiries/Correspondence)

Reviewed:


Dawn Parker
Toxicologist II

FEB-11-2010 17:21 From:POLICE

17602562215

To:FAXCOM Anywhere

P.2/10

STATE OF CALIFORNIA
TRAFFIC COLLISION REPORT
CHP 555 Page 1 (Rev 7-03) OPI 061

SPECIAL CONDITIONS NONE		NUMBER INJURED 0	INT & SUP FLDY <input type="checkbox"/>	CITY BARSTOW	JUDICIAL DISTRICT BA SUP	LOCAL REPORT NUMBER 09-4760	
NUMBER KILLED 1		LET & RUM MEDICAL SVR <input type="checkbox"/>	COUNTY SAN BERNARDINO	REPORTING DISTRICT -	BEAT -		
LOCATION	COLLISION OCCURRED ON PRIVATE PROPERTY (2611 FISHER BLVD)			MO. DAY YEAR 11 14 09	TIME (2400) 0940	NCIC # 3601	OFFICER I.D. P-69
	MILEPOST INFORMATION FEET/ARCS OF 200 FEET/ARCS N OF FISHER BLVD			DAY OF WEEK S M T W T F S	TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY: <input type="checkbox"/> NONE	
PARTY 1		DRIVER'S LICENSE NUMBER S5005358000909	STATE WI	CLASS ID	AIR BAG P	SAFETY EQUIP. E	VEH. YEAR 09
DRIVER		NAME (FIRST, MIDDLE, LAST) (b)(3):CPSA Section 25(c),(b)(6)			MAKE/MODEL/COLOR POLARIS/RANGER		LICENSE NUMBER 24H15R
SEX M		HAIR RED	EYES BLU	HEIGHT 6'3	WEIGHT 273	BIRTH-DATE Mo. Day Year	RACE W
HOME PHONE UNKNOWN		BUSINESS PHONE UNKNOWN		INSURANCE CARRIER UNKNOWN		POLICY NUMBER UNKNOWN	
DIR OF TRAVEL N		ON STREET OR HIGHWAY OPEN DESERT		SPEED LIMIT -		VEHICLE TYPE CA	
PARTY 2		DRIVER'S LICENSE NUMBER N/A	STATE -	CLASS -	AIR BAG -	SAFETY EQUIP. -	VEH. YEAR 05
DRIVER		NAME (FIRST, MIDDLE, LAST) -			MAKE/MODEL/COLOR PETERBILT/BLK		LICENSE NUMBER 98171
STREET ADDRESS -		CITY/STATE/ZIP -		OWNER'S NAME WALLWORK FINANCIAL CORP		OWNER'S ADDRESS (b)(6)	
SEX -		HAIR -	EYES -	HEIGHT -	WEIGHT -	BIRTH-DATE -	RACE -
HOME PHONE -		BUSINESS PHONE -		INSURANCE CARRIER WALLWORK FINANCIAL		POLICY NUMBER (b)(6)	
DIR OF TRAVEL -		ON STREET OR HIGHWAY -		SPEED LIMIT -		VEHICLE TYPE CA	
PARTY 3		DRIVER'S LICENSE NUMBER -	STATE -	CLASS -	AIR BAG -	SAFETY EQUIP. -	VEH. YEAR -
DRIVER		NAME (FIRST, MIDDLE, LAST) -			MAKE/MODEL/COLOR -		LICENSE NUMBER -
STREET ADDRESS -		CITY/STATE/ZIP -		OWNER'S NAME -		OWNER'S ADDRESS -	
SEX -		HAIR -	EYES -	HEIGHT -	WEIGHT -	BIRTH-DATE -	RACE -
HOME PHONE -		BUSINESS PHONE -		INSURANCE CARRIER -		POLICY NUMBER -	
DIR OF TRAVEL -		ON STREET OR HIGHWAY -		SPEED LIMIT -		VEHICLE TYPE CA	
PREPARER'S NAME THOMAS GATES P-69		DISPATCH NOTIFIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		REVIEWER'S NAME M Hunter #52		DATE REVIEWED 11/26/09	

FEB-11-2010 17:21 From:POLICE

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P.3/10

STATE OF CALIFORNIA TRAFFIC COLLISION CODING

CHP 555 Page 2 (Rev. 7-03) OPI 061

Page of

DATE OF COLLISION (MO. DAY YEAR)		TIME (24HR)	INC #	OFFICER I.D.	NUMBER
11 14 09		0540	3610	P-69	09-4760
OWNER'S NAME		OWNER'S ADDRESS		NOTIFIED	
N/A		-		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PROPERTY DAMAGE	DESCRIPTION OF DAMAGE				
N/A	N/A				
SEATING POSITION		OCCUPANTS		SAFETY EQUIPMENT	
<p>1 - DRIVER 2 TO 6 - PASSENGERS 7 - STATION WAGON REAR 8 - REAR OCC. TRK. OR VAN 9 - POSITION UNKNOWN 0 - OTHER</p>		<p>A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP/SHOULDER HARNESS USED H - LAP/SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED</p>		<p>L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED</p> <p>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</p> <p>M/C BICYCLE HELMET DRIVER PASSENGER V - NO X - NO W - YES Y - YES</p> <p>EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN</p>	
INATTENTION CODES					
<p>A - CELLPHONE HANDHELD B - CELLPHONE HANDSFREE C - ELECTRONIC EQUIPMENT D - RADIO / CD E - SMOKING F - EATING G - CHILDREN H - ANIMALS I - PERSONAL HYGIENE J - READING K - OTHER</p>					
ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE.					
PRIMARY COLLISION FACTOR		TRAFFIC CONTROL DEVICES		SPECIAL INFORMATION	
LIST NUMBER (N) OF PARTY AT FAULT		1 2 3		1 2 3	
<p>A CONTROLS FUNCTIONING B CONTROLS NOT FUNCTIONING* C CONTROLS OBTURED D NO CONTROLS PRESENT / FACTOR*</p>		<p>A HAZARDOUS MATERIAL B CELL PHONE HANDHELD IN USE C CELL PHONE HANDSFREE IN USE D CELL PHONE NOT IN USE E SCHOOL BUS RELATED F 75 FT MOTORTRUCK COMBO G 32 FT TRAILER COMBO H I J K L M N O</p>		<p>A STOPPED B PROCEEDING STRAIGHT C RAN OFF ROAD D MAKING RIGHT TURN E MAKING LEFT TURN F MAKING U TURN G BACKING H SLOWING / STOPPING I PASSING OTHER VEHICLE J CHANGING LANES K PARKING MANEUVER L ENTERING TRAFFIC M OTHER UNSAFE TURNING N XING INTO OPPOSING LANE O PARKED P MERGING Q TRAVELING WRONG WAY R OTHER</p>	
OTHER IMPROPER DRIVING*		TYPE OF COLLISION		OTHER ASSOCIATED FACTOR(S)	
<p>A CLEAR B CLOUDY C RAINING D SNOWING E FOG / VISIBILITY FT. F OTHER: G WIND</p>		<p>A NON - COLLISION B PEDESTRIAN C OTHER MOTOR VEHICLE D MOTOR VEHICLE ON OTHER ROADWAY E PARKED MOTOR VEHICLE F TRAIN G BICYCLE H ANIMAL: I FIXED OBJECT: J OTHER OBJECT:</p>		<p>A VC SECTION VIOLATION B VC SECTION VIOLATION C VC SECTION VIOLATION D E VISION OBSCUREMENT: F INATTENTION* G STOP & GO TRAFFIC H ENTERING / LEAVING RAMP I PREVIOUS COLLISION J UNFAMILIAR WITH ROAD K DEFECTIVE VEH. EQUIP. CITED L UNINVOLVED VEHICLE M OTHER* N NONE APPARENT O RUNAWAY VEHICLE</p>	
ROADWAY SURFACE		ROADWAY CONDITION(S)		SOBERITY - DRUG PHYSICAL	
<p>A DRY B WET C SNOWY - Icy D SLIPPERY (MUDDY, OILY, ETC.)</p>		<p>A HOLES, DEEP RUT* B LOOSE MATERIAL ON ROADWAY* C OBSTRUCTION ON ROADWAY* D CONSTRUCTION - REPAIR ZONE E REDUCED ROADWAY WIDTH F FLOODED* G OTHER: H NO UNUSUAL CONDITIONS</p>		<p>1 2 3 A HAD NOT BEEN DRINKING B HBD - UNDER INFLUENCE C HBD - NOT UNDER INFLUENCE* D HBD - IMPAIRMENT UNKNOWN* E UNDER DRUG INFLUENCE* F IMPAIRMENT - PHYSICAL* G IMPAIRMENT NOT KNOWN H NOT APPLICABLE I SLEEPY / FATIGUED*</p>	
ROADWAY CONDITION(S)		PEDESTRIAN'S ACTIONS		MISCELLANEOUS	
<p>A HOLES, DEEP RUT* B LOOSE MATERIAL ON ROADWAY* C OBSTRUCTION ON ROADWAY* D CONSTRUCTION - REPAIR ZONE E REDUCED ROADWAY WIDTH F FLOODED* G OTHER: H NO UNUSUAL CONDITIONS</p>		<p>A NO PEDESTRIANS INVOLVED B CROSSING IN CROSSWALK - AT INTERSECTION C CROSSING IN CROSSWALK - NOT AT INTERSECTION D CROSSING - NOT IN CROSSWALK E IN ROAD - INCLUDES SHOULDER F NOT IN ROAD G APPROACHING / LEAVING SCHOOL BUS</p>		<p>INDICATE NORTH</p> <p>COPY TO: 11/20</p> <p>11/30</p> <p>CITY</p>	
PEDESTRIAN'S ACTIONS		MISCELLANEOUS			
<p>A NO PEDESTRIANS INVOLVED B CROSSING IN CROSSWALK - AT INTERSECTION C CROSSING IN CROSSWALK - NOT AT INTERSECTION D CROSSING - NOT IN CROSSWALK E IN ROAD - INCLUDES SHOULDER F NOT IN ROAD G APPROACHING / LEAVING SCHOOL BUS</p>		<p>INDICATE NORTH</p> <p>COPY TO: 11/20</p> <p>11/30</p> <p>CITY</p>			

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STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 1

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11-14-2009	0540	3601	P69	09-4760

1 **FACTS:**

2

3

4 **ASSIGNMENT:**

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12 **NOTIFICATION:**

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27 **SCENE:**

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42 **PHYSICAL EVIDENCE:**

43

44

45

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47

48

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
T. GATES	P69	11-14-09	<i>[Signature]</i>	11/26/09

02/11/2005 7:24PM (GMT-05:00)

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P.5/10

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 1

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11-14-2009	0540	3601	P69	09-4760

1 **STATEMENTS:**

2
3

4 **DRIVER -1**

5

6 A statement was not obtained from Driver 1 due to his injuries being fatal. D-1 was later
7 identified as (b)(3);CPSA Section

8

9 **WITNESS-1**

10

11 On the date of the incident, contact was made with Lawrence Matson. Matson is a
12 commercial driver who was asleep in V-2. Matson advised me that while sleeping in the
13 sleeper portion of his commercial vehicle and heard a loud bang and felt his truck being
14 impacted. Matson got up from his bed and entered the driver's portion of his vehicle
15 and looked out to his mirrors and observed the off-road vehicle resting along side his
16 truck. Matson had no other information to provide for this incident.

17

18 **WITNESS-2**

19

20 On the date of the incident, contact was made with (b)(6) is
21 a commercial driver who was asleep in a commercial vehicle 2 parking stall's east of V-
22 2. (b)(6) was asleep in the sleeper portion of his commercial vehicle and heard a
23 loud crash. (b)(6) immediately got up and opened the driver's door of his vehicle
24 and observed the off-road vehicle wrecked. (b)(6) stated he went to check on the
25 male in the off-road vehicle but as he got close observed that he was unresponsive and
26 possibly deceased. (b)(6) waited to the front of his vehicle until emergency
27 personnel arrived to the scene.

28

29 **ADDITIONAL INFO:**

30

31 Sergeant Kirby conducted an area check and later located D1's campsite and located
32 friends of D1. The friends advised Sgt. Kirby that the off-road vehicle had been rented
33 from Chaparral Motorsports, which is located in the City of San Bernardino.

34

35 **SUMMARY:**

36

37 D-1 was traveling in V-1 (off-road vehicle) at a high rate of speed northbound through
38 the open desert. D-1 approached the Flying J truck stop and an embankment. D-1
39 failed to brake or stop causing all 4 wheels to leave the ground and the vehicle became
40 airborne. V-1 impacted V-2's trailer roof and then fell to the ground. D-1 sustained fatal
41 injuries.

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
T. GATES	P69	11-14-09	[Signature]	11/26/09

02/11/2005 7:24PM (GMT-05:00)

FEB-11-2010 17:22 From:POLICE

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P.6/10

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

PAGE 1

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	NUMBER
11-14-2009	0540	3601	P69	09-4760

1 **AREA OF IMPACT:**

2

3 During the course of the investigation a station line was established at GPS coordinates

4 34.85527 degrees N. and 117.07952 degrees W. All measurements were taken at right

5 angles to the station line. This station line increases as you proceed east from station

6 0+00. This station line was established by officers from the California Highway Patrol.

7

8 The area of impact was determined by physical evidence, damage to involved vehicles

9 and statements obtained.

10

11 The area of impact was at station line position 0+95 and 24' right of the station line.

12

13 **CAUSE:**

14

15 D-1 (b)(6) was the cause of this collision by being in violation of CVC 38305 which

16 states that no person shall drive an off-highway motor vehicle at a speed greater than is

17 reasonable or prudent and in no event at a speed which endangers the safety of other

18 persons or property.

19

20

21

22

PREPARER'S NAME	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
T. GATES	P69	11-14-09	<i>[Signature]</i>	11/26/09

02/11/2005 7:24PM (GMT-05:00)

FEB-11-2010 17:22 From:POLICE

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P.7-10

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D. NUMBER	PAGE OF
11/14/2009	0540	9835	P69	084760

Physical Evidence Legend

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Station Line:

To facilitate the collection of physical evidence, a station line was established at GPS coordinates 34.85527 degrees N. and 117.07952 degrees W. All measurements were taken at right angles to the station line. This station line increases as you proceed east from station 0+00. Three officers were used to maintain the integrity of the station line as it proceeded. Two officers stood on marked locations while the third officer confirmed they were in a straight line. The station line was marked prior to the taking of measurements.

Points of Rest:

Vehicle #1:

V-1 was located at its point of rest on its wheels facing in a northerly direction in the "Flying J" parking lot. Measurements were taken to the center axles of both the right front and right rear wheels of V-1. The measurements were as follows:

Item	Station	Location
V-1 Right Front	0+83	11' 5" right of the station line
V-1 Right Rear	0+84	17' 9" right of the station line

Vehicle #2:

V-2 was located at its point of rest on its wheels facing in a westerly direction in the "Flying J" parking lot. Measurements were taken to the center axles of the right front, right #3 axel and right #5 axel of V-2. The measurements were as follows:

Item	Station	Location
V-2 Right Front	0+24	26' 7" right of the station line
V-2 Right #3 Axel	0+48	25' 5" right of the station line
V-2 Right #5 Axel	0+84	25' right of the station line

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
CHP OFFICER E. STEWART	018700	11/14/2009	<i>[Signature]</i>	11/26/09

FEB-11-2010 17:22 From:POLICE

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P.8/10

STATE OF CALIFORNIA
NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	PAGE OF NUMBER
11/14/2009	0540	9835	P69	094760

1 Physical Evidence:

2

3 1 is a dirt tire impression (6" wide) located at:

4

5 Begin-1+48 and 15' right of the station line

6 Cont-1+87 and 12' 10" right of the station line

7 Cont-2+37 and 10' 7" right of the station line

8 End-3+37 and 5' 6" right of the station line

9

10 2 is a dirt tire impression (6" wide) located at:

11

12 Begin-1+48 and 19' right of the station line

13 Cont-1+87 and 16' 4" right of the station line

14 Cont-2+37 and 14' 4" right of the station line

15 End-3+37 and 9' 2" right of the station line

16

17 3 is a debris field (miscellaneous vehicle debris/ 10'x10') located at:

18

19 0+90 and 21' right of the station line

20

21 4 is a zip lock style bag (containing papers and booklets) located at:

22

23 0+91 and 23' right of the station line

24

25 5 is a large piece of vehicle debris located at:

26

27 0+90 and 26' right of the station line

28

29 6 is a blood splatter trail (6" wide) located at:

30

31 Begin-0+84 and 19' right of the station line

32 End-0+85 and 24' right of the station line

33

34 7 is a pair of goggles located at:

35

36 0+78 and 21' 5" right of the station line

37

38 8 is a motor cycle helmet located at:

39

40 0+84 and 12' right of the station line

41

42

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
CHP OFFICER E. STEWART	018700	11/14/2009	<i>[Signature]</i>	11/26/09

FEB-11-2010 17:22 From:POLICE

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P.9/10

STATE OF CALIFORNIA

NARRATIVE/SUPPLEMENTAL

DATE OF INCIDENT	TIME	NCIC NUMBER	OFFICER I.D.	PAGE OF NUMBER
11/14/2009	0640	8835	P68	094760

1 Physical Evidence continued:

2

3 9 is a fluid trail (2' wide) located at:

4

5 Begin-0+79 and 13' right of the station line

6 Cont-0+67 and 24' right of the station line

7 Cont-0+58 and 36' right of the station line

8 End-0+53 and 48' right of the station line

9

10

11

PREPARED BY	I.D. NUMBER	DATE	REVIEWER'S NAME	DATE
CHP OFFICER E. STEWART	018700	11/14/2009	<i>[Signature]</i>	11/26/09

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P.10/10

STATE OF CALIFORNIA

SKETCH DIAGRAM

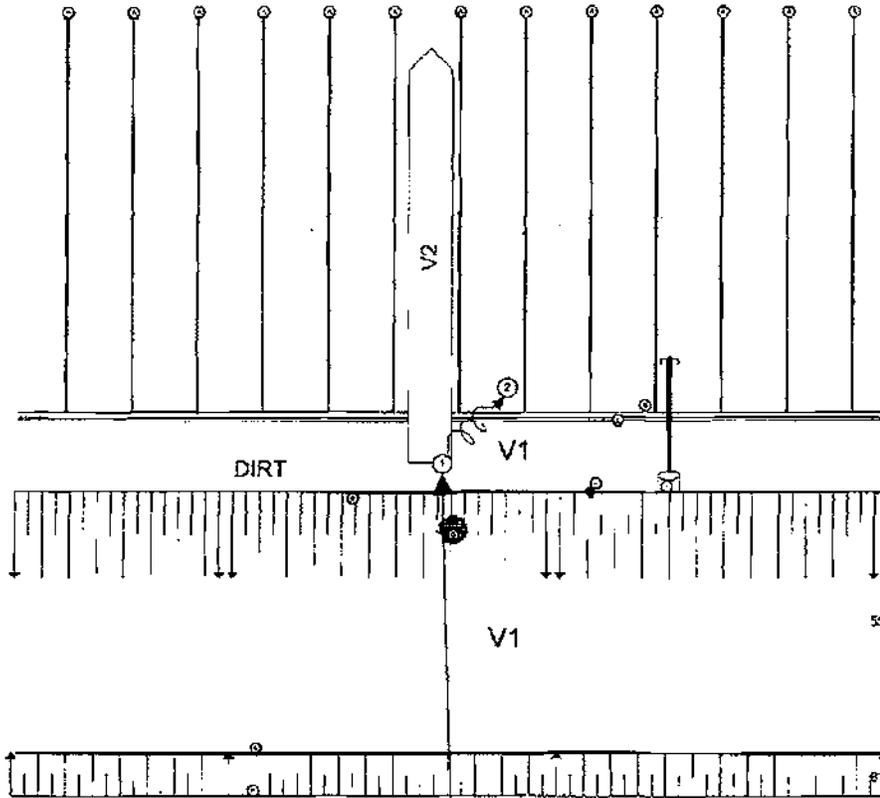
PAGE

DATE OF INCIDENT 11-14-2009	TIME 0540	NCIC NUMBER 9835	OFFICER ID P69	NUMBER 094760
--------------------------------	--------------	---------------------	-------------------	------------------

"FLYING J" NORTHEAST
PARKING LOT



ASPHALT



LEGEND

- A. SOLID YELLOW LINE
- B. ASPHALT EDGE LINE
- C. RAISED CONCRETE CURB
- D. RAISED DIRT EMBANKMENT (RAISES APPROXIMATELY 32' HIGH OVER A 50' DISTANCE)
- E. CREST OF HILL
- F. RAISED DIRT EMBANKMENT (RAISES APPROXIMATELY 20' HIGH OVER A 8' DISTANCE)
- G. TREE (4'X4')
- H. BUSH (2'X2')
- I. LIGHT POST

OPEN DESERT

PREPARED BY CHP OFFICER E. STEWART	ID NUMBER 018700	DATE 11-14-2009	REVIEWER'S NAME 11/14/09	DATE 11/14/09
---------------------------------------	---------------------	--------------------	-----------------------------	------------------

02/11/2005 7:24PM (GMT-05:00)

Task No. 091118HWE8524

Date: 02-18-10

Status of Missing Document(s)

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

1. Coroner Photographs
2. Police Department Photographs
3. Fire Department Records
4. _____
5. _____

DATE: 02-18-10

INVESTIGATOR NO: 9069

REGIONAL OFFICE: 840

SUPERVISOR NO: 9045

Report Identifiers

Victim: (b)(3);CPSA Section 25
(Decedent) (27 year-old male; DOB 06-26-82; 74 in.; 289 lbs)
Resided with his father at an unknown address in Redlands, CA.
Previous address:

(b)(6)

Tel: Unknown

Driver of the incident vehicle – a 2009 Polaris Ranger RZR/S, Grey, California OHV sticker no. 24H15R, VIN 4XAVH76A99D817245, sustained major damage (not further identified).

The victim was restrained by the vehicle's lap/shoulder belt and was wearing a helmet and goggles, which were not further identified.

Other: San Bernardino County Sheriff's Department
Coroner Bureau
175 South Lena Road
San Bernardino, CA 92415
(909) 387-2561
(Contacted on 01-12-10; 01-15-10; 02-11-10)

Other: Barstow Police Department
220 E. Mountain View Street
Barstow, CA. 92311
(760) 256-2211
(Contacted on 01-12-10; 01-15-10; 02-11-10)

Other: Barstow Fire Protection District
861 Barstow Road
Barstow, CA 92311
(760) 256-2254
(Contacted on 02-11-10)
*Advised no reports were available.

sbsun.com

Redlands man dies when his off-road vehicle hits tractor-trailer

ISSUE 08

Josh Dulaney, Staff Writer

Posted: 11/15/2009 04:34:34 PM PST

BARSTOW - A 27-year-old Redlands man died Saturday morning when he drove an off-road vehicle over a 40-foot embankment and slammed into the upper rear portion of a tractor-trailer, according to San Bernardino County Sheriff's coroner's officials.

(b)(3):CPSA Secti drove a Polaris RZR/S quad at a high rate of speed at about 5:45 a.m. in the desert area behind the Flying J truck stop when he went airborne over the embankment, officials said.

Paramedics responded and pronounced him dead at the scene, according to officials.

The Barstow Police department is investigating the incident.

Advertisement

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3/31/10

1. Task Number 091120HCC2157		2. Investigator's ID 9094		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2008 03 14	5. Date Initiated YR MO DAY 2009 12 08		
6. Synopsis of Accident or Complaint UPC <p>A 26-year-old female was driving a four-wheeled UTV with a 25-year-old female as a passenger. They were not wearing seatbelts and are not believed to have been wearing helmets. After swerving several times on and off a dirt pathway, the UTV overturned, ejecting both riders. The body of the UTV landed on the passenger's legs, and the roof of the UTV landed on the driver's neck and upper torso. The driver was killed in the incident, and the passenger was transported to a local hospital, where she was listed in stable condition.</p> <p style="text-align: right;">MFR/PRVLBR NOTIFIED <i>AK 3/2/11</i> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. <i>32546</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p>				
7. Location (Home, School, etc) 2 - FARM		8. City HINDS COUNTY		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 2 - Female	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 31 - UPPER TRUNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 24 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 01/20/2010	25. Reviewed By 8631		26. Regional Office Director Frank J. Nava	
27. Distribution Garland, Sarah			28. Source Document Number 0828006064	

NOTE: This investigation originated from a death certificate. There was one fatal injury (the driver) and one non-fatal injury (the front-seat passenger) in the incident. Neither victim was wearing a seatbelt. As the incident occurred on undeveloped private property approximately 18 months prior to the assignment of this investigation, no on-site visit was conducted.

The sheriff's department provided a copy of the incident report pertaining to this incident, as well as photographs of the incident area and the vehicle involved. The photographs are included as Attachment 2, and the sheriff's report is included as Attachment 3.

I requested a copy of the coroner's report, but this document was not received.

Attempts to contact the victim's next of kin and witnesses were unsuccessful.

The product involved in this incident is a side-by-side utility vehicle (UTV) with four wheels (Attachment 2, Photographs 1-8). The UTV is equipped with three-point seat belts for both the operator and the passenger (Attachment 2, Photographs 9-11). It also has a steering wheel, accelerator pedal, and brake pedal.

The owner of the incident UTV is unknown. The date and place of purchase of the incident UTV are also unknown. It is unknown whether the incident UTV was purchased new or used, or whether it had been altered, modified, or repaired prior to the incident. A copy of the owner's manual for the incident UTV model can be viewed at the manufacturer's web site (www.yamahamotor.com).

Victim 1 is a 26-year-old female (Attachment 3, Page 1). She was the driver of the UTV (Attachment 3, Page 3). Her height and weight at the time of the incident are unknown.

Blood test results for Victim 1 indicated a blood alcohol level of 0.21 at the time of the incident (Attachment 3, Page 10). In addition, Victim 2 told sheriff's investigators that Victim 1 was "extremely intoxicated" at the time of the incident (Attachment 3, Page 2).

It is unknown whether Victim 1 was under the influence of any other drugs or medication at the time of the incident. Nor is it known whether she had any pre-existing physical or mental condition that might have contributed to the incident.

Victim 2 is a 25-year-old female. She was riding as a passenger in the front seat of the UTV (Attachment 3, Page 3). Her height and weight are not known. It is unknown whether Victim 2 was under the influence of any alcohol, drugs, or medication at the time of the incident. It is also unknown whether Victim 2 had any pre-existing physical or mental condition that might have contributed to the incident.

On March 14, 2008, a 26-year-old female (Victim 1) was driving a side-by-side UTV on a dirt pathway (Attachment 2, Photograph 12; Attachment 3, Page 10). A 25-year-old female (Victim 2) was riding in the front seat of the UTV as a passenger (Attachment 3,

Pages 2-3; 10). Neither the driver nor the passenger was wearing a seat belt (Attachment 3, Page 10). Nor are they believed to have been wearing helmets.

The rate of speed at which the UTV was traveling is unknown. However, the sheriff's report indicates that excessive speed might have been a factor in this incident (Attachment 3, Pages 2 and 10). The sheriff's report also indicates that erratic driving appears to have contributed to the incident (Attachment 3, Pages 2 and 10).

The sheriff's report indicates that the UTV was traveling north along the dirt pathway, when the driver veered too close to the wooded area on the east side of the pathway (Attachment 3, Page 10). At this point, the report indicates, the driver appears to have accelerated and swerved sharply back to the west by turning the steering wheel left (Attachment 2, Photographs 13-14; Attachment 3, Page 10).

When the UTV traveled close to the edge of the wooded area on the west side of the pathway, the driver apparently continued to accelerate and turned the steering wheel sharply to the right (Attachment 2, Photograph 15; Attachment 3, Page 10).

The sheriff's report indicates that this sharp turn to the right, along with the forward momentum of the UTV, caused the vehicle weight to shift to the front corner on the driver's side (Attachment 3, Page 10). When this occurred, it allowed the left front tire to overlap onto the sidewall, in turn allowing the outside edge of the left front tire rim to contact the ground (Attachment 2, Photographs 16-17).

When the left front tire rim made contact with the ground, this apparently caused the UTV to roll to the driver's side, while the forward momentum of the vehicle caused the rear of the UTV to swing slightly forward (Attachment 3, Page 10).

Both the driver and the passenger were ejected in this incident (Attachment 3, Page 10).

The UTV came to rest on the driver and the passenger (Attachment 3, Page 10). The passenger's legs, as well as the driver's head and upper torso, were pinned under the vehicle (Attachment 3, Pages 2 and 10).

The passenger (Victim 2) told investigators that she was able to free herself from the UTV (Attachment 3, Page 2). She stated that she attempted to lift the UTV off Victim 1 but was unsuccessful (Attachment 3, Page 2).

At this point, Victim 2 began screaming and running for help (Attachment 3, Page 2).

A 47-year-old male, who was a friend of Victim 1 and Victim 2, rode up on a four-wheeled all-terrain vehicle (ATV) while Victim 2 was calling for help (Attachment 3, Pages 2-3). He told officials that he lifted the UTV off Victim 1 and began administering cardiopulmonary resuscitation (CPR) to her (Attachment 3, Page 3). He told officials that Victim 1 had no pulse and that she was unconscious and not breathing (Attachment 3, Page 3).

After about five minutes of administering CPR without any response, the 47-year-old male stopped CPR and drove his ATV back to his truck (Attachment 3, Page 3). There he told other friends to call emergency officials (Attachment 3, Page 3).

The 47-year-old male got into his truck and drove back to the incident scene, where he and others loaded Victim 1 into the truck and began to drive to an area hospital (Attachment 3, Page 3).

When they reached a location with cellular service, passengers in the truck called emergency officials, who instructed the truck's driver to stop at the nearest location and wait for an ambulance, which apparently was already en route (Attachment 3, Page 3).

The pickup truck pulled into the parking lot of a quick stop, and an ambulance pulled in right behind it (Attachment 3, Page 3).

Emergency technicians pronounced Victim 1 dead on the scene (Attachment 3, Page 3). The coroner told sheriff's investigators that Victim 1 died of blunt trauma injuries, which she sustained during the incident (Attachment 3, Page 4).

The ambulance transported Victim 2 to a local hospital for evaluation of her injuries (Attachment 3, Page 3). At the time of the sheriff's report, Victim 2 was listed in stable condition (Attachment 3, Page 4). The total extent of her injuries is unknown.

The total amount of damage sustained by the UTV in the incident is unknown. However, sheriff department photographs do not indicate that the UTV was severely damaged in the incident (Attachment 2, Photographs 18-23).

CONTACT WITH RETAILER AND MANUFACTURER:

It is not known whether the family of either victim has attempted to contact the retailer or manufacturer of the UTV involved in the incident.

PRODUCT IDENTIFICATION:

The product involved in this incident is a green **Yamaha Rhino 660 side-by-side utility vehicle** (Attachment 2, Photographs 1-8; Attachment 3, Page 10). The place and date of purchase of the Rhino 660 are unknown, as is the owner of the vehicle.

Identifying information for the Rhino involved in the incident is listed below:

Manufacturer:	Yamaha Motor Corporation, USA 6555 Katella Avenue Cypress, CA 90630	
Brand Name:	Yamaha Rhino 660	(Att. 3, P. 10)
Model Number:	YXR66FAV	(Att. 3, P. 10)
VIN:	5Y4AM04Y16A023841	(Att. 3, P. 10)

A copy of the manual for the incident UTV model can be viewed at the manufacturer's web site (www.yamahamotor.com). Document security settings put in place by the manufacturer prevented the printing of this manual or the attachment of the manual to this narrative,

It is unknown whether the owner of the incident UTV experienced any problems with it prior to the incident.

It is unknown whether any after-market modifications or alterations were made to the UTV prior to the incident.

LABELING

As the incident UTV was unavailable for viewing at the time of the on-site visit, no comprehensive examination of the labeling was possible. However, labeling identifying the manufacturer and brand name of the UTV is visible in the photographs provided by the sheriff's department (Attachment 2, Photographs 2-11; 20; 22-23).

No safety labeling is visible in any of the photographs of the UTV taken by the sheriff's department.

SAMPLE:

None collected.

ATTACHMENTS:

Attachment 1 – Contact Sheet

Attachment 2 – Photographs (Total of 23)

Attachment 3 – Investigation Report – provided by sheriff's department

Attachment 4 – Missing Documents Form

List of Contacts

Name: Sharon Grisham-Stewart
Title: Hinds County Coroner
Address: P. O. Box 1452
Jackson, MS 39215-1452
Phone: 601-973-5505
Fax: 601-973-5513
Interviewed: Report and photographs were requested via fax on 12-04-09.
Attempted to fax second request on 01-10-10 (fax machine disconnected).
Attempted to call coroner 01-10-10 (no answer).
Mailed second request to coroner on 01-11-10.
Coroner's office located in Jackson, MS – almost all federal, state, county, and local offices, as well as schools and private businesses in the city of Jackson were closed most of the week of January 11-15, 2010, due to hundreds of breaks in the city's water lines.

Report was not received.
Photographs were not received.

Name: Stacie Rutland
Title: Records Administrator
Address: Hinds County Sheriff's Department
P. O. Box 1452
Jackson, MS 39215-1452
Phone: 601-974-2965
Fax: 601-949-2608
Interviewed: Report and photographs were requested via fax on 12-04-09.

Report was received December 18, 2009.
Photographs were received December 18, 2009.



Photograph 1: Front view of incident vehicle (at incident location)



Photograph 2: Incident vehicle from front driver-side view (at incident location)



Photograph 3: Driver-side view of incident vehicle (at incident location)



Photograph 4: Incident vehicle from rear driver-side view (at incident location)



Photograph 5: Rear view of incident vehicle (at incident location)



Photograph 6: Incident vehicle from rear passenger-side view (at incident location)



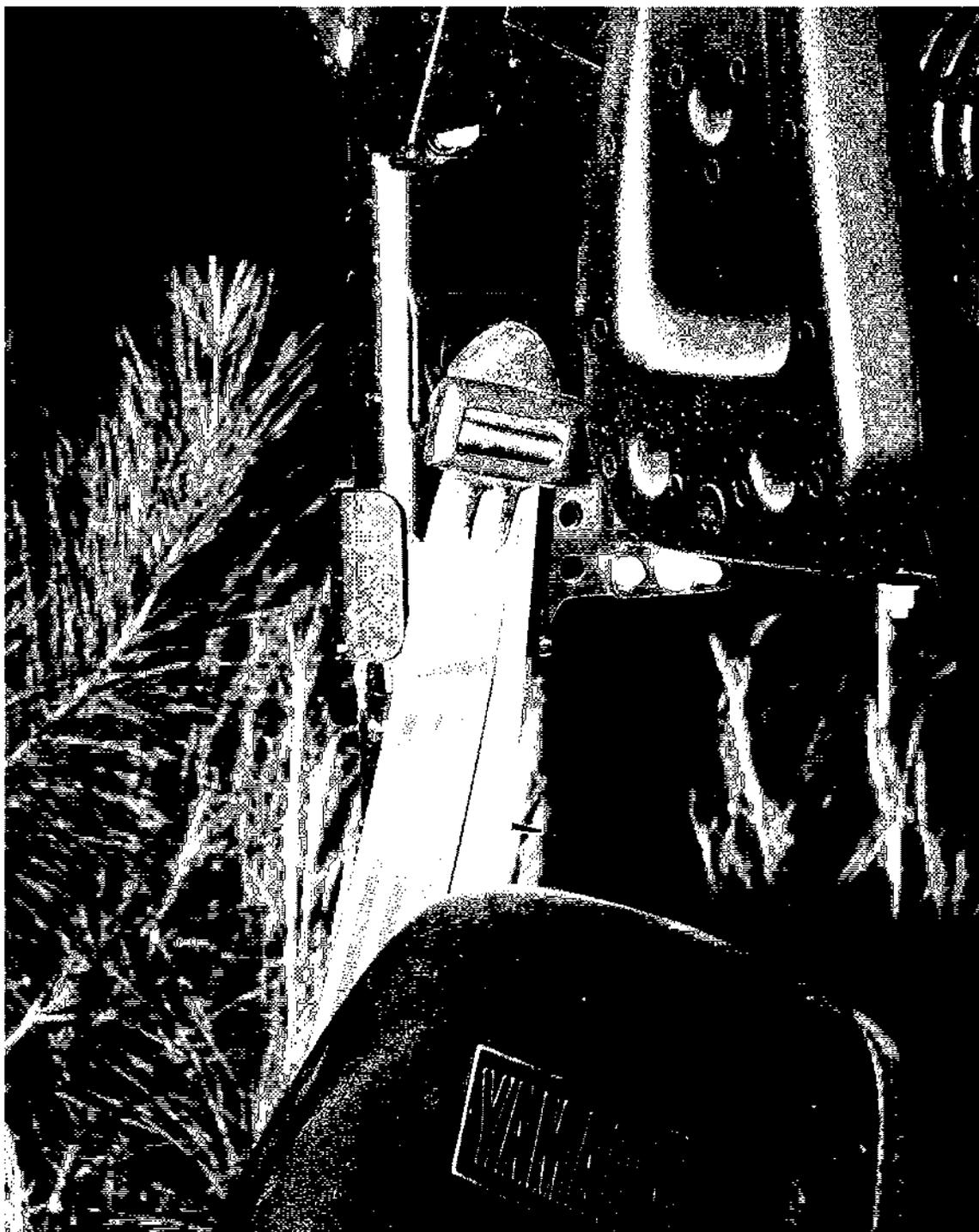
Photograph 7: View of incident vehicle from passenger side (at incident location)



Photograph 8: Incident vehicle from front passenger-side view (at incident location)



Photograph 9: View of seatbelt on driver's side of incident vehicle



Photograph 10: View of seatbelt on passenger's side of incident vehicle



Photograph 11: Interior view of incident vehicle (note seatbelts by driver and passenger seats)



Photograph 12: View of pathway on which incident occurred (taken after nightfall on incident date)



Photograph 13: Tracks left by UTV during incident (swerving to east side of pathway)



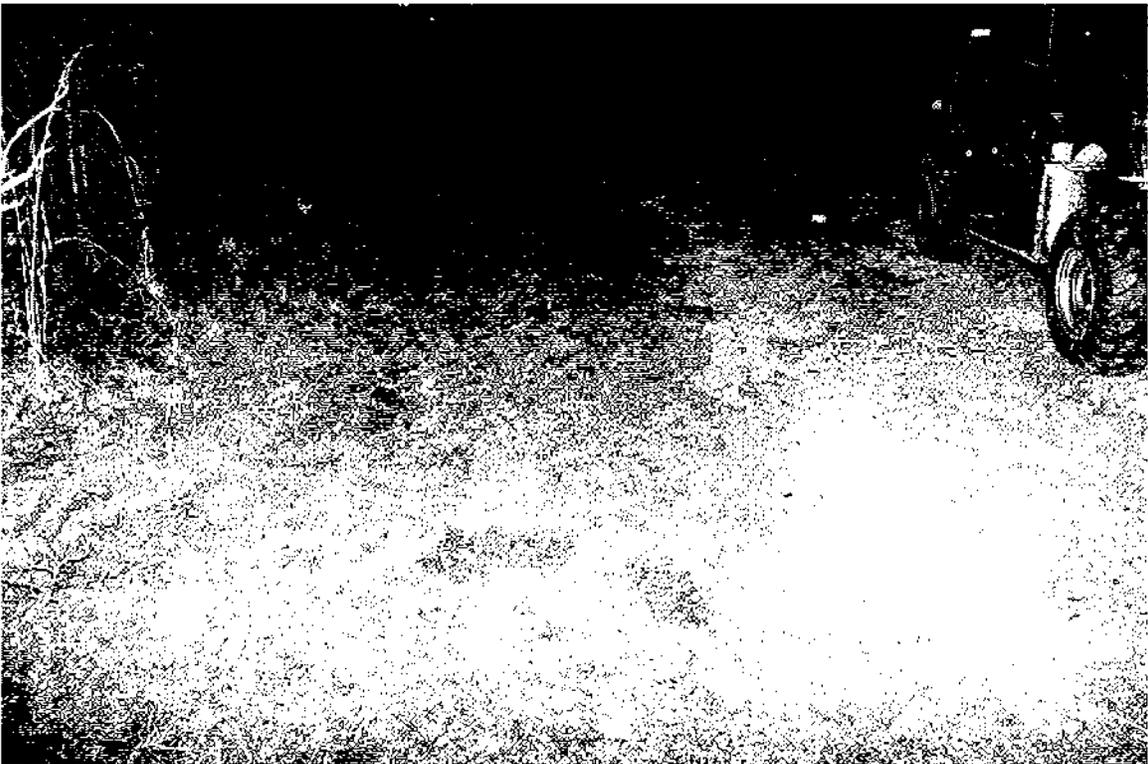
Photograph 14: Second view of tire tracks left by UTV when it swerved to the east side of the path



Photograph 15: Tire tracks left by incident UTV when it swerved back from the west side of the road



Photograph 16: Incident location



Photograph 17: Closer view of incident location



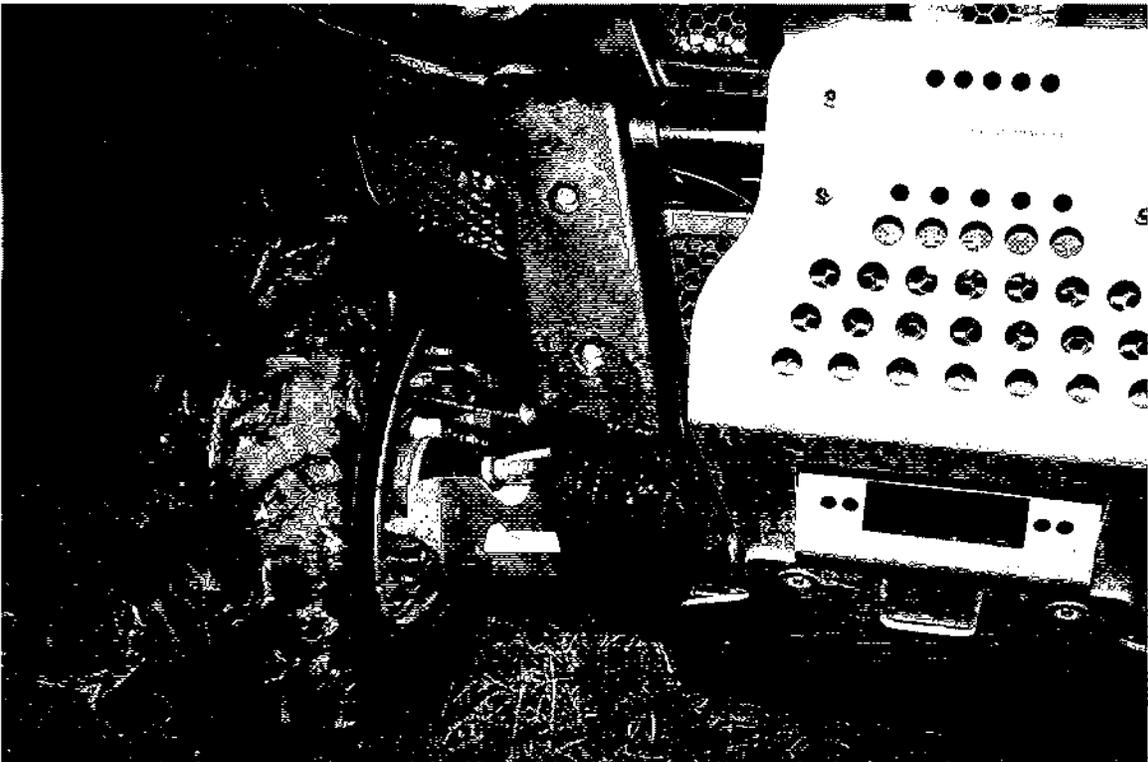
Photograph 18: Front tire on driver's side of incident vehicle



Photograph 19: Second view of front tire on driver's side of incident vehicle



Photograph 20: Rear tire on driver's side of incident vehicle



Photograph 21: Front tire on passenger's side of incident vehicle



Photograph 22: Damage to front driver's side of incident UTV



Photograph 23: Closer view of damage to front driver's side of incident UTV

INCIDENT/INVESTIGATION REPORT

Page 1 of 3

Agency Name: Hinds County Sheriff
ORI: MS0250000

OCA: 2008 - 1185
Date/Time Reported: 3/14/2008 16:59

INCIDENT DATA: #1 90Z DEATH
At Found: 0/0/0 00:00
Last Known Secure: 0/0/0 00:00
Location of Incident: (b)(6)
Premise Type: 10 FIELD/WOODS
Offense Tract: BO

ENVIRONMENT: Lighting, Weather, Entry 1, Exit 1, Tools 1, Security 1
Evidence Obtained? NO

VEHICLE: Year, Make, Model, Style, Color, Tag #, State, VIN
Type: Keys in Vehicle, Vehicle Locked

MO: How Attacked Or Committed: Forcible (Yes/No), Weapon/Tool: 99, NONE

VICTIM: # of Victims: 1
Type: Person
Injury: None, Minor, Loss of Teeth, Broken Bones, Severe Lacerations, Internal, Unconscious, Other Major
Victim of Crime # 1, DOB/Age: 10/22/1981 | 26, Race: W, Sex: F
Resident Status: Resident
Home Address: (b)(6)

OTHERS INVOLVED: CODES: V = Victim, O = Other, R = Reporting Person
Type: Person, Business, Society, Government, Religious, Financial Institute, L. E. Officer Line of Duty, Other/Unk

Status Codes: [1] None, [2] Burned, [3] Counterfeit/Forged, [4] Destroyed, [5] Recovered, [6] Seized, [7] Stolen, [8] Unknown, [*] Internal

PROPERTY table with columns: Victim #, DCI, Status, Value, OJ, QTY, Property Description, Make/Model Detail, Serial Number

Number of Vehicles Stolen: 0, Number of Vehicles Recovered: 0

ID: Officer Name: SMITH, CHRISTOPHER, ID #: 01705, Officer Signature, Supervisor Signature

STATUS: Complainant Signature, Case Status: OPEN, Case Disposition: NOT APPLICABLE

INCIDENT/INVESTIGATION REPORT

Page 2 of 3

OCA
2008 - 1185

Status Codes [1] None [2] Burned [3] Counterfeit/Forged [4] Destroyed [5] Recovered [6]- Seized [7] Stolen [8] Unknown [*] Internal

DRUGS	DCI	Status	Quantity	Type Measure	Suspected Type	Check up to 3 types of activity for each					
						Possess	Buy	Sale	Mfg	Importing	Operating

SUSPECT	Name (Last, First, Middle)			Alias or Nickname			Home Address					
	Occupation				Social Security #		Business Address					
	DOB/Age		Race	Sex	Height	Weight	Build	Hair Color	Eye Color	Hair Style/Length		
	Facial Hair			Skin Tone			Teeth		Speech			
	MO (Unique ID)			Direction of Travel			Mode of Travel		Glasses	Handed		
	Hat	Jacket	Shirt/Blouse	Tie/Scarf	Coat/Suit	Socks	Pants/Dress/Skirt		Shoes			
	Comment								Consumed Drugs/Alcohol?			
	Scars, Marks, Tattoos	Physical Characteristic				Body Position				Color		
	Note:											
	Was Suspect Armed?				Type of Weapon:							

WITNESS	Name (Last, First, Middle)			Social Security #	DOB/Age	Race	Sex	Business Phone
	(b)(6)				06/28/1960 47	W	M	
	Home Address			Home Phone	Employer			
	(b)(6)							

Suspect Hate / Bias Motivated: Yes No

NARRATIVE	Narrative added by CHRSMITH Date: 03/14/2008 Time: 22 : 43											
	I DEPUTY CHRIS SMITH P-86 WAS DISPATCHED TO BIG D'S BBQ OFF OF HWY 49 NORTH											
	IN REFERENCE TO AN ATV ACCIDENT WITH A POSSIBLE FATALITY. ONCE ON SCENE, AMR											
	AND VOLUNTEERS APPROACHED ME AND ADVISED (b)(3):CPSA Section 2 HAD DIED. I TALKED											
	WITH (b)(6) AND (b)(6), WHO WERE BOTH INVOLVED WITH THE ACCIDENT. MS.											
	(b)(6) WAS VISIBLY SHAKEN AND STATED HER AND (b)(6) GOT IN THE RHINO AND WENT											
	RIDING. (b)(6) STATED (b)(6) WAS EXTREMELY INTOXICATED AND WAS DRIVING											
	VERY FAST AND DANGEROUSLY. SHE STATED THE NEXT THING SHE KNEW THE VEHICLE HAD											
	FLIPPED ON ITS SIDE, THROWN HER OUT AND LANDED ON TOP OF HER LEGS. ONCE SHE											
	PULLED HERSELF OUT FROM UNDER THE RHINO, SHE SAW (b)(6) AND THE ROOF OF THE											
RHINO WAS LAYING OVER HER NECK. NEITHER OF THE TWO WERE WEARING THEIR												
SEATBELTS. (b)(6) TRIED LIFTING THE VEHICLE OFF OF HER, BUT ONCE SHE REALIZED												
SHE COULD NOT MOVE IT, SHE BEGAN SCREAMING AND RUNNING FOR HELP. THAT IS WHEN												

INCIDENT/INVESTIGATION REPORT

Page 3 of 3

OCA

2008 - 1185

Additional Narratives

Narrative added by CHRSMITH Date: 03/14/2008 Time: 22 : 43 (Continue...)

(b)(6) RODE UP ON A FOUR WHEELER.

(b)(6) STATED WHEN HE ARRIVED HE LIFTED THE VEHICLE OFF OF **(b)(6)** AND BEGAN ADMINISTERING CPR. HE SAID SHE HAD NO PULSE, WAS NOT BREATHING AND WAS UNCONSCIOUS. AFTER ABOUT FIVE MINUTES, **(b)(6)** THEN STOPPED DOING CPR, DROVE HIS FOURWHEELER BACK TO HIS TRUCK, TOLD EVERYONE TO CALL 911 AND THEN HE RETURNED TO **(b)(6)**. THEY LOADED **(b)(6)** IN THE TRUCK AND BEGAN TO DRIVE TO UMC. **(b)(6)** KNEW THAT IF THEY WAITED FOR AMR, SHE WOULD DIE. ONCE THEY PICKED UP SERVICE WITH THEIR CELL PHONE AND CALLED 911, THE AMR DISPATCHER ADVISED THEM TO STOP AT THE NEAREST LOCATION AND WAIT FOR THE MEDICS. **(b)(6)** PULLED OVER AT BIG D'S ON HWY 49 AND AN AMR UNIT PULLED IN RIGHT BEHIND THEM. AMR ADVISED ME THAT ONCE THEY ARRIVED ON SCENE, THERE WAS NOTHING THEY COULD DO. **(b)(6)** HAD NO PULSE AND SHE WAS PRONOUNCED DEAD ON SCENE. **(b)(6)** WAS TRANSPORTED TO ST. DOMINICS TO CHECK FOR INJURIES. SHARON STEWART C-1, REGINA MEADORS S-96, AND MARKAS MARBURY S-3 WERE ALL DISPATCHED TO MY LOCATION. MISSISSIPPI MORTUARY SERVICES TRANSPORTED THE DECEASED.

ADDITIONAL SUSPECTS' ALIAS NAME(S)

No Additional Aliases Found

ADDITIONAL SUSPECTS' SCARS, MARKS, TATOOS

Suspect	Physical Characteristic	Body Position	Color
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No Additional Scars, Marks, Tatoos Found

ADDITIONAL WITNESSES

Name (Last, First, Middle)	Social Security #	DOB/Age	Race	Sex	Business Phone
KING, AMY	[REDACTED]	02/26/1983 25	W	F	
Home Address	1733 CABERNET COVE BRANDON, MS	Home Phone	Employer		

REPORTING

Type:	<input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Religious <input type="checkbox"/> Financial Institute <input type="checkbox"/> L. E. Officer Line of Duty <input type="checkbox"/> Other/Unk				
Code	Name (Last, First, Middle)	Victim of Crime #	DOB/Age	Race	Sex
Home Address			Social Security #	Home Phone	
Employer Name/Address				Business Phone	



HINDS COUNTY SHERIFF'S DEPARTMENT
Major Accident Investigation Supplemental Report
(Required on ALL FATAL ACCIDENTS)



COLLISION REPORT COMPUTER NUMBER: 08-1185

I. LOCATION OF VEHICLES UPON ARRIVAL:

The green Yamaha Rhino was positioned approximately 2,377.0 feet southeast of the entrance to 5295 Johnson Line Road, heading north.

II. LOCATION OF INVOLVED PERSONS, THEIR ACTION & CONDITION:

Upon my arrival at the parking lot of Big D's Restaurant in Pocahontas, MS., which is the landmark/staging area where (b)(6) was instructed to stop by 911 operators, for additional medical assistance; I was notified by the Coroner: Sharon Stewart, that the driver of the green Yamaha Rhino, (b)(3):CPSA Sec had died as a result of the blunt trauma injuries, which she sustained during the collision event.

The passenger and witness to the collision, (b)(6) had already been transported to St. Dominic Medical Center and was listed in stable condition.

III. EMERGENCY & LAW ENFORCEMENT PERSONNEL ON SCENE:

HCSO Sgt. Anthony Cook, HCSO Officer Chris Smith, HCSO Regina Meadors, and AMR personnel.

IV. ON-SCENE PHOTOGRAPHS:

PHOTOGRAPHER: HCSO / S-2 Markas Marbury #575

NO. OF PHOTOGRAPHS TAKEN: 35

OTHER NON-SCENE PHOTOGRAPHS TAKEN AT: N/A

BY: DATE/TIME:

V. SHORT-LIVED EVIDENCE MARKED BY: N/A

COLLISION REPORT COMPUTER NUMBER: 08-1185

VII. WRITTEN STATEMENTS taken from the following & attached:

- 1. (b)(3):CPSA Section 25(c),(b)(6)
- 2. [Redacted]

- 3.
- 4.
- 5.

VIII. ORAL INTERVIEWS

Subject: N/A was interviewed by: N/A
 on (date/time): N/A Location: N/A
 and stated: N/A

- N/A
- N/A
- N/A
- N/A
- N/A
- N/A

Subject: N/A was interviewed by: N/A
 on (date/time): N/A Location: N/A
 and stated: N/A

- N/A
- N/A
- N/A
- N/A
- N/A
- N/A

Subject: N/A was interviewed by: N/A
 on (date/time): N/A Location: N/A
 and stated: N/A

- N/A
- N/A
- N/A
- N/A
- N/A
- N/A

COLLISION REPORT COMPUTER NUMBER: 08-1185

IX. BREATH/BLOOD/URINE TESTS Customary toxicology samples taken by the Coroner

Subject tested: (b)(3):CPSA Section 25(c) Type test: Customary toxicology

Location of test: N/A Sample taken (date/time): N/A

By: N/A Title: N/A

Sample delivered to: N/A By: N/A

Subject tested: N/A Type test: N/A

Location of test: N/A Sample taken (date/time): N/A

By: N/A Title: N/A

Sample delivered to: N/A By: N/A

Subject tested: N/A Type test: N/A

Location of test: N/A Sample taken (date/time): N/A

By: N/A Title: N/A

Sample delivered to: N/A By: N/A

Subject tested: N/A Type test: N/A

Location of test: N/A Sample taken (date/time): N/A

By: N/A Title: N/A

Sample delivered to: N/A By: N/A

Enter the B.A.C. Results on the Mississippi Uniform Crash Report.

COLLISION REPORT COMPUTER NUMBER: 08-1185

X. Pedestrian/Bicyclist (additional to accident report)

CLOTHING: (DESCRIBE TYPE/COLOR)

Hat/Cap: N/A

Footwear: N/A

Shirt/Blouse/Jacket/Coat: N/A

Pants/Skirt: N/A

Glasses/Contacts:

Radio/Earphones/Other Distractions: N/A

Physical Condition: N/A

XI. Describe Area of Impact & how determined:

See narrative on page 7 of this report.

XII. If Jaws or other extrication equipment used, describe damage to vehicle:

N/A

XIII. Describe any vehicle defects observed by you or claimed by either driver as a contributing factor in the accident & PHOTOGRAPH this suspected defect:

N/A

XIV. List any drugs or alcoholic beverages/containers found in the vehicles:

N/A

COLLISION REPORT COMPUTER NUMBER: 08-1185

XV. DECEASED (Complete for each fatality)

Name: (b)(3):CPSA
Pronounced dead by (name/title): Hinds County Coroner: Sharon Stewart
Location: Parking lot of Big D's Restaurant in Pocahontas, MS
Date/Time: March 14, 2008
Person taking charge of personal effects: Husband - (b)(6)
Address: (b)(6)
Coroner: Sharon Stewart
Body taken to: Mississippi Mortuary
Next of kin notified (name): Husband - (b)(6)
Date/Time: March 14, 2008 Notified by: On the property when collision occurred

Name: N/A
Pronounced dead by (name/title): N/A
Location: N/A
Date/Time: N/A
Person taking charge of personal effects: N/A
Address: N/A
Coroner: N/A
Body taken to: N/A
Next of kin notified (name): N/A
Date/Time: N/A Notified by: N/A

Name: N/A
Pronounced dead by (name/title): N/A
Location: N/A
Date/Time: N/A
Person taking charge of personal effects: N/A
Address: N/A
Coroner: N/A
Body taken to: N/A
Next of kin notified (name): N/A
Date/Time: N/A Notified by: N/A

COLLISION REPORT COMPUTER NUMBER: 08-1185

XVI. SUMMARY/CONCLUSIONS of Investigating Officer's findings describing how the collision occurred including events before, during and after the collision:

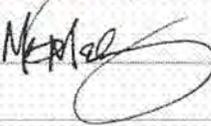
This collision took place on an undeveloped private rural property in northern Hinds County, MS. This property is located at 5295 Johnson Line Road. In this area, Johnson Line Road runs basically north and south, with the driveway entrance on the east side of the roadway. I entered the property and traveled along the driveway in an east to southeastern direction for a distance of 783.0 feet. I then turned south onto an opening in the wooded area, which is an unfinished pathway and traveled for a distance of 1,594.0 feet, which led me to the collision scene.

I responded to the collision scene on March 14, 2008. This roadway is an unfinished travel pathway that is covered by wooded areas both to the east and west. At the area of impact, the width of the pathway is 21.3 feet wide. This pathway has a gravel, base layer and is covered in grass and other vegetation. The pathway is unremarkable approaching the scene, but a slight positive grade for northbound travel.

Conditions at the collision scene were daylight, clear, and the pathway was dry. This collision involves one vehicle. That is the green Yamaha Rhino 660, Model number YXR66FAV, V.I.N. 5Y4AM04Y16A023841, two seat all terrain vehicle operated by (b)(3):CPSA Sectio

V1 was the green Yamaha Rhino, which was traveling north along the pathway. Physical evidence at the scene indicates, the driver of V1 traveled close to the edge of the wooded area on the east side of the pathway, and while accelerating, swerved by sharply turning the steering wheel to the left and traveled close to the edge of the wooded area to the west side of the pathway, then while continuing to accelerate, swerved again by sharply turning the steering wheel to the right. There was evidence of slight clockwise vehicle rotation. As the steer axle of V1 was turned to the right, the forward acceleration caused the vehicle weight, to shift to the driver side front corner, which caused the left front tire to overlap onto the sidewall. This in-turn allowed the outside edge of the left front rim to contact the ground, which caused the vehicle to rotate counter-clockwise about it's roll axis, with a slight clockwise rotation about it's yaw axis. Both occupants were ejected during the collision event; pinning the drivers head and upper torso and the passengers legs underneath the vehicle.

This vehicle is equipped with combination lap and shoulder safety belts with sliding latch plates in both passenger compartment seating positions. Both the driver side and front passenger side safety belts were free to spool and in the ready positions. The safety belts displayed no evidence of friction marking or stretching on the webbing or receiver units, which indicates both occupants of V1 were unrestrained at the time of the collision. The Certified Mississippi Crime Lab Report indicates (b)(3):CPSA Se B.A.C. at .21% --- EOR ---

Investigating Officer's Rank/Signature: Lt. Markas Marbury 

Badge # 575

Date: 04-12-08

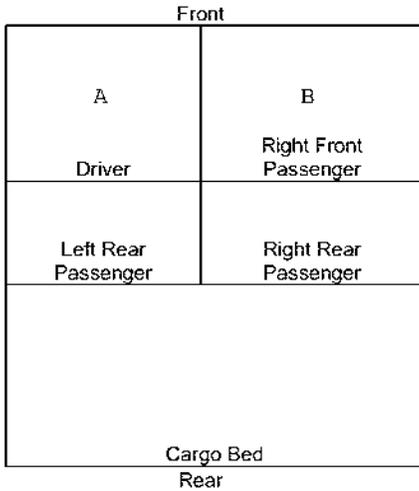
STATUS OF THIS REPORT:

Complete

Pending BAC Results

Other (describe)

Utility Vehicle Data Record Sheet



The Utility Vehicle

A:	Age: 26	Height: unknown
	Gender: F	Weight: unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Killed	
	Injury Description: trauma-neck/upper torso	
	Did vehicle land on victim: yes	
	Ejected (Either partially or fully): fully	

B:	Age: 25	Height: unknown
	Gender: F	Weight: unknown
	Helmet (Y/N): N	Seatbelt (Y/N): N
	Killed/Injured/Neither/Unknown: Injured	
	Injury Description: unknown	
	Did vehicle land on victim: yes	
	Ejected (Either partially or fully): fully	

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

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

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

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

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

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

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

Task No. 091120HCC2157

Date: 01-20-2010

STATUS OF MISSING DOCUMENT (S)

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

1. Medical examiner's report and photos

Ambulance report

2. _____

3. _____

4. _____

5. _____

Date: 01-20-2010 **Investigator No:** 9094

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

IDI 091123HWE8536

This death incident was brought to the attention of the U.S. Consumer Product Safety Commission through a newspaper article. This report was compiled from interviews with and reports from the sheriff's department and coroner's office.

INCIDENT REPORT

The 36-year-old father of a three-year-old male stated that he owned a two-seater, Polaris Special Edition Ranger XP, 700cc UTV with a bed on back. He added that he used the UTV around his farm property to haul items and would often drive it out into the nearby woods, chop down trees for fire wood and haul the wood back to the house. Following and included in Exhibit "A" is a picture of the UTV from the Internet.



The father informed that he took his three-year-old son for rides on the UTV and along with him when he was hauling items. He added that his son liked to come with him and enjoyed the rides. When the father gave his son a ride, he would drive and his son would sit in the passenger seat. The seats were divided by a console and there were seat belts provided for each seat. It is unknown whether it was customary for the father and son to wear seat belts or helmets during their rides.

On November 13, 2009 in the late afternoon, the father decided to go out into the nearby woods on his UTV to cut down some firewood. The father stated that his son who was 36 inches in height and 45 pounds at the time came along with him. After cutting down some wood, they both got back into the UTV to return home. He added that neither he nor his son was wearing a helmet or seat belt.

Upon entering the yard of their home, the father decided to drive over to an area in the yard that was previously tilled for a garden. He then began to attempt to spin the UTV around to make 'donuts' in the dirt which was an activity he had done in the past. As the UTV was attempting to turn, one of the wheels caught in a rut that was previously there from prior activity with the UTV and began to tip toward the passenger side. As the UTV tipped, the three-year-old male was ejected from the vehicle and the roll bar of the UTV struck the child in the head and upper back, pinning him to the ground.

The father stated that he exited the vehicle and immediately lifted the UTV enough to get his son out from underneath the roll bar. He added that at the time, his son was unresponsive and did not appear to be breathing. The father advised that he took his son into the house and called "911" for

assistance. As he was talking to the "911" operator, he began to initiate CPR on the child.

The area ambulance service arrived on the scene first and called for a flight for life helicopter to be dispatched to the scene. The area fire department was directed to set up a landing zone in the nearby field for the helicopter.

The area sheriff's department arrived on the scene shortly thereafter and observed a UTV off to the right of the driveway tipped over on the passenger side. As they exited their vehicle, they observed the father frantically running around near the house and the ambulance service carrying a small child out of the residence and placing him in the back of the ambulance.

Sheriff department personnel interviewed the father and the information he provided has been incorporated into this report. They inquired if the father had been drinking prior to the incident and the father responded that he absolutely did not have anything to drink. The sheriff department personnel noted that they could not smell an odor of intoxicants around the father and he did not exhibit any signs of being under the influence of alcohol or drugs. Attached as Exhibit "B" is the sheriff's department report.

When the medical helicopter arrived on the scene, they administered life saving techniques for several minutes and attempted to get a heart beat on the child. All attempts to revive the child were unsuccessful and he was pronounced dead at the scene. The county coroner was contacted and called to the scene.

When the coroner arrived on the scene, the sheriff's department personnel met with him and provided information on the incident. They all then went to the crash site and did an assessment of the scene. The sheriff department noted that there was no structural damage to the UTV and it did not appear that there were any mechanical failures that may have caused the vehicle to overturn. The coroner noted that it did appear the father was operating recklessly when the UTV became hooked into a rut as it was accelerating and cornering to the left which caused the vehicle to flip onto the right side. Photographs were taken by the sheriff's department and they have been included in Exhibit "A".

The child was transported to an area funeral home where the coroner conducted a detailed examination but not an autopsy. The examination revealed that the child had massive trauma to the base of the skull with bone fragments, along with broken bones in the upper neck area. The victim also had a hematoma about the right eye. The coroner noted the manner of death to be accidental and the cause of death to be massive head trauma. Attached as Exhibit "C" is the coroner's report.

This investigator received this assignment on November 30, 2009, contacted the sheriff's department and coroner's office for copies of their reports and made arrangement to collect the reports. Photographs could not be initially located but were later provided on December 7, 2009.

PRODUCT IDENTIFICATION

Product: POLARIS UTV

Manufacturer: POLARIS INDUSTRIES INC.
2100 HIGHWAY 55
MEDINA, MN 55340
(763) 542-0500

Model: SPECIAL EDITION RANGER XP

CC: 700

VIN: Unknown

Date Purchased: Unknown

Place of Purchase: Unknown

Bought New/Used or Rented: Unknown

Aftermarket Modifications: Unknown

Wheels: Six

Seats: Two

ATTACHMENTS

Exhibit "A" – Utility Vehicle Data Record Sheet

Exhibit "B" - Photographs of the UTV, component parts and incident scene.

Exhibit "C" - Sheriff's Department report.

Exhibit "D" – Coroner's report.

Exhibit "E" – Contact List

Utility Vehicle Data Record Sheet

Front

A: Age: 36 Height: 5'6" Weight: 175#
 Gender: M

Helmet (Y/N): N Seatbelt (Y/N): N

A D

Driver

Killed/Injured/Neither/Unknown: None
 Injury Description: None
 Did vehicle land on victim: No
 Ejected (Either partially or fully): No

Left Rear Passenger

Right Front Passenger

B: Age: _____ Height: _____
 Gender: _____

Helmet (Y/N): _____ Seatbelt (Y/N): _____

Cargo Bed Rear

Killed/Injured/Neither/Unknown: _____
 Injury Description: _____
 Did vehicle land on victim: _____
 Ejected (Either partially or fully): _____

The Utility Vehicle

C: Age: _____ Height: _____
 Gender: _____

Helmet (Y/N): _____ Seatbelt (Y/N): _____

Killed/Injured/Neither/Unknown: _____
 Injury Description: _____
 Did vehicle land on victim: _____
 Ejected (Either partially or fully): _____

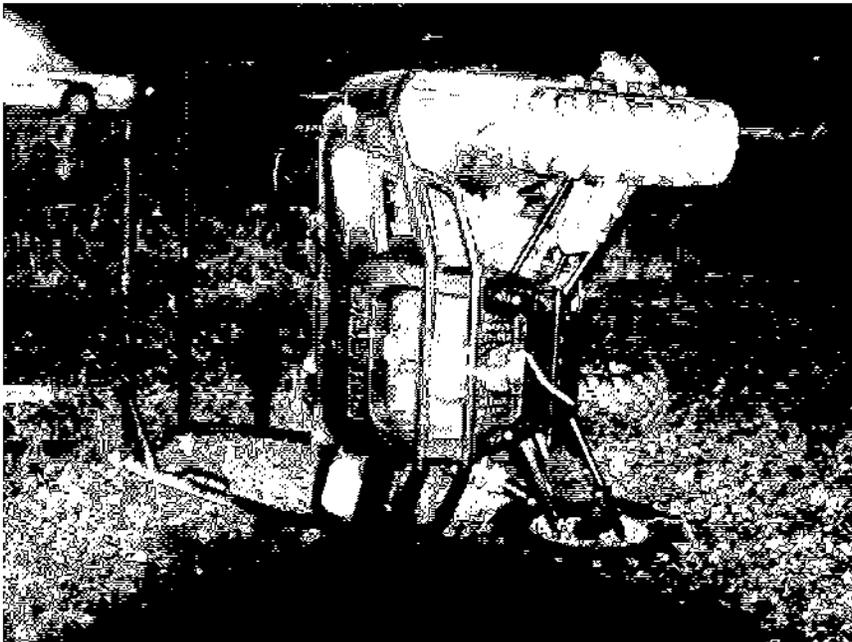
*If victim(s) were injured/killed, please include the other relevant information requested in the assignment message in the text of the IDI.

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

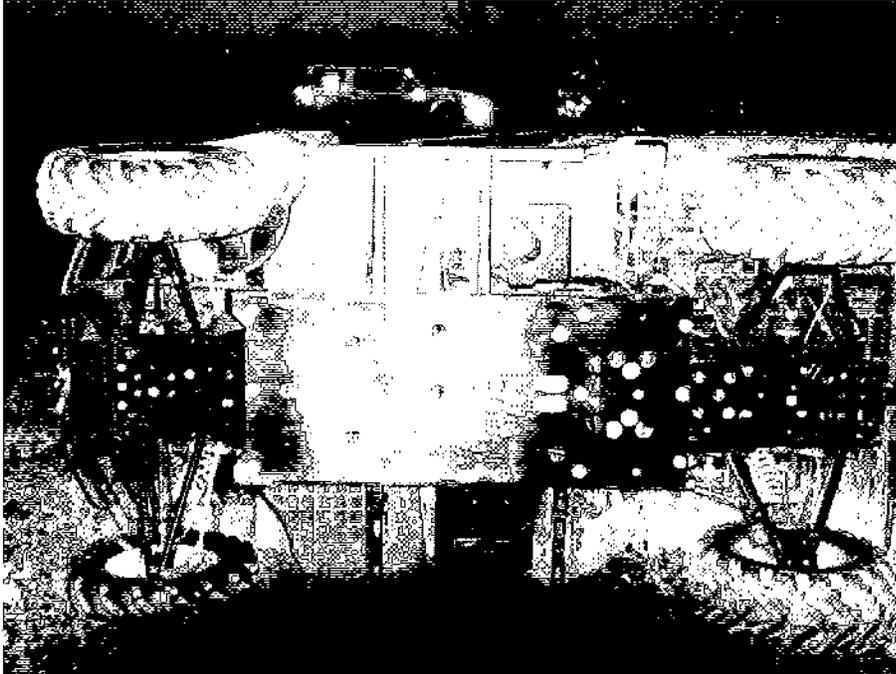
Note: Not all locations indicated on the diagram exist in all types of utility vehicles. Please only use the locations that correspond to the incident vehicle. Please place an 'X' over the area if the vehicle was not equipped with the component



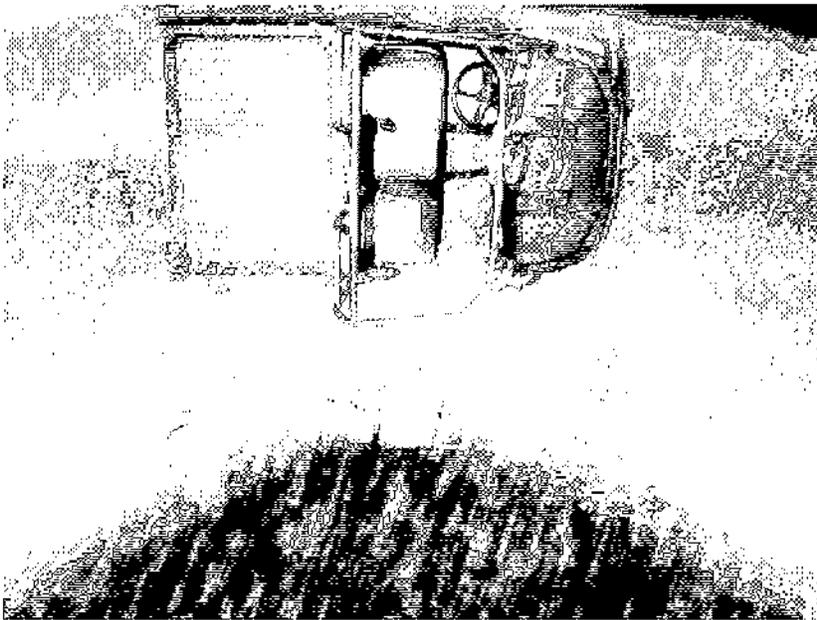
IDI 091123HWE8536 – Exhibit “B” – Picture of Polaris Special Edition Ranger XP from the Internet



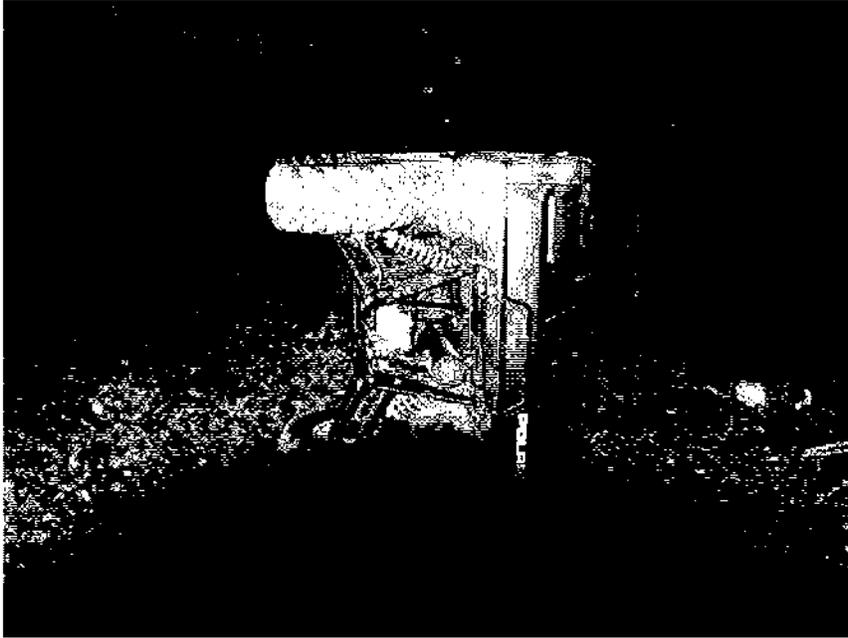
IDI 091123HWE8536 – Exhibit “B” – Polaris Special Edition Ranger XP – Incident UTV – Photograph taken at incident site.



IDI 091123HWE8536 – Exhibit “B” – Polaris Special Edition Ranger XP – Incident UTV – Photograph taken at incident site.



IDI 091123HWE8536 – Exhibit “B” – Polaris Special Edition Ranger XP – Incident UTV – Photograph taken at incident site.



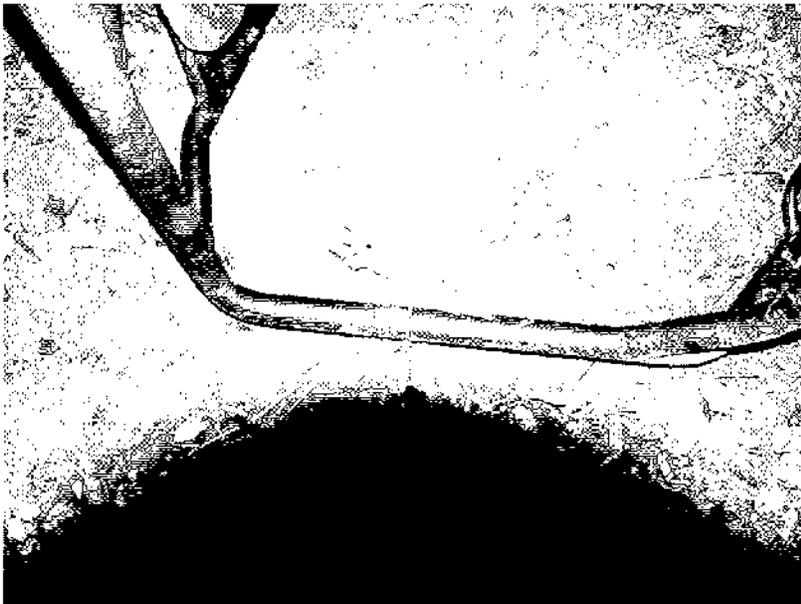
**IDI 091123HWE8536 – Exhibit “B” – Polaris Special Edition Ranger XP – Incident UTV
– Photograph taken at incident site.**



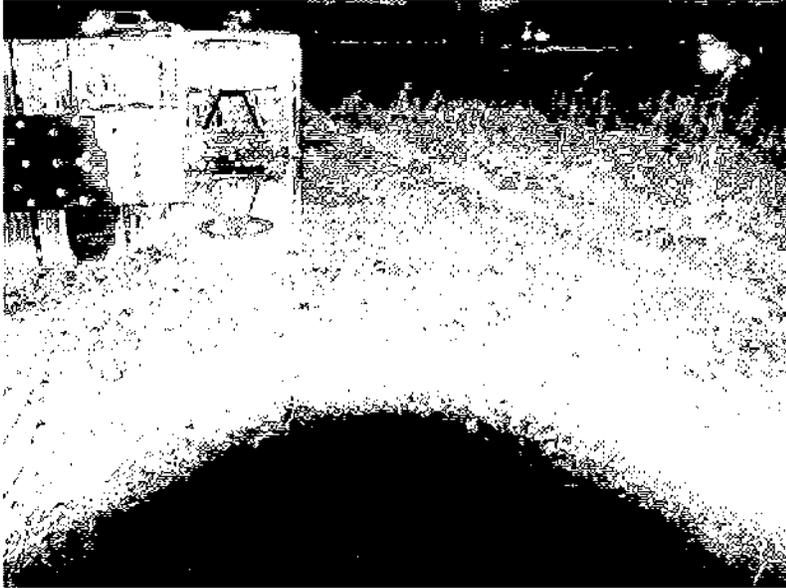
**IDI 091123HWE8536 – Exhibit “B” – Polaris Special Edition Ranger XP – Incident
UTV – Photograph taken at incident site.**



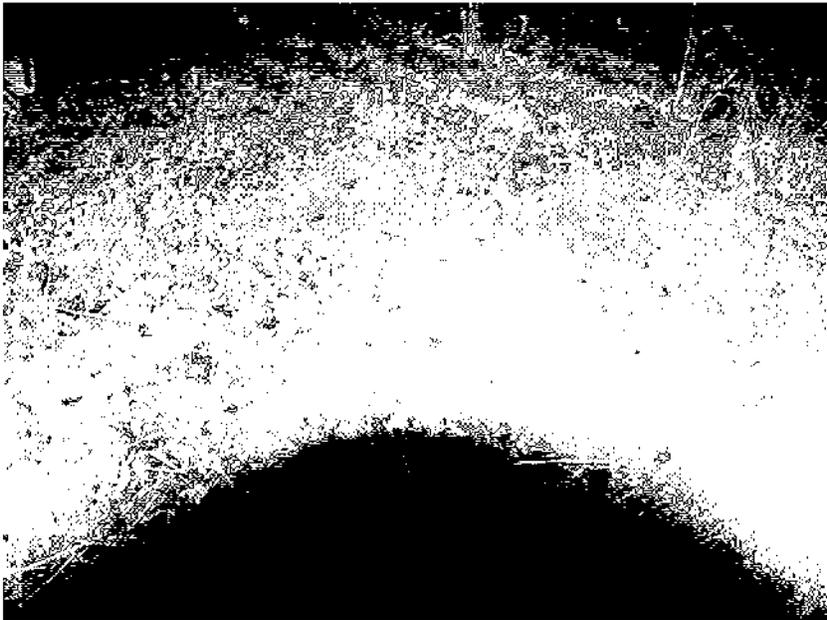
IDI 091123HWE8536 – Exhibit “B” – Roll bar of Polaris Special Edition Ranger XP that pinned victim – Incident UTV – Photograph taken at incident site



IDI 091123HWE8536 – Exhibit “B” – Roll bar on Polaris Special Edition Ranger XP that pinned victim – Incident UTV – Photograph taken at incident site.



IDI 091123HWE8536 – Exhibit “B” – Ruts in the ground where Polaris Special Edition Ranger XP tipped over – Incident UTV – Photograph taken at incident site.



IDI 091123HWE8536 – Exhibit “B” – Ruts in the ground where Polaris Special Edition Ranger XP tipped over – Incident UTV – Photograph taken at incident site.

CLOSED

ORIGINAL

11/25/09
07:10

WAUPACA COUNTY SHERIFF'S OFFICE
LAW Incident Table:

Page: 301
1

Incident Number: W09-14980

Nature: DEATHS Rel Cmplnt:

Image:

Addr= (b)(6)

Area: 10

Larrabee Towns

City: CLINTONVILLE St: WI Zip: 54929

Contact:

Complainant& 103903

Lst: (b)(6)

DOB:

Rac:

WI Zip: 54929

Offense Codes: DBOD

Reported: DBOD Observed:

Circumstances:

Rspndg Officers: M GOERLINGER

T RASMUSSEN

TI WILZ

&

Rspnsbl Officer: M GOERLINGER

Agency: WPSO

CAD Call ID: C09-30972

Received By: L WHEELAN

Last RadLog: 20:12:23 11/13/09

CMPLT

How Received: 9 911 Line

Clearance:

When Reported: 16:04:09 11/13/09

Disposition: CLO Disp Date: 11/25/09

Occurrd between: 16:04:09 11/13/09

Judicial Sts:

and: 16:04:09 11/13/09

Misc Entry: HARD COPY

MO:

Narrative: (See below)

Supplement:

INVOLVEMENTS:

Type	Record #	Date	Description	Relationship
NM	6212	11/13/09	EBERHARDT STEVENSON FUNERAL HO	FUNERAL HOME
NM	95643	11/13/09	(b)(6)	DEPUTY CORONER
NM	103903	11/13/09	(b)(6)	*Complainant
NM	103992	11/13/09	(b)(6)	DECEASED
CA	C09-30972	11/13/09	16:04 11/13/09 DEATHS	*Initiating Call

LAW Incident Offenses Detail:

Offense Codes

Seq Code	Amount
1 DBOD Dead Body	0.00

LAW Incident Responders Detail

Responding Officers

Seq	Name	Unit
1	M GOERLINGER	538
2	T RASMUSSEN	523
3	TI WILZ	525
4	B HARDEL	501
5	TE WILZ	504
6	619	619

SENT TO DA 11-25-09

4 CORONER

Main Radio Log Table:

Time/Date	Typ	Unit	Code	Zone	Agnc	Description
20:12:23 11/13/09	e	882	CMPLT	CLAM	CLAM	incid#-E09-4649 Completed Call
20:12:23 11/13/09	e	883	CMPLT	CLAM	MRAM	incid#-E09-4653 Completed Call
18:50:36 11/13/09	l	538	CMPLT	WPSO	WPSO	incid#-W09-14980 Completed Cal
18:50:36 11/13/09	l	619	CMPLT	WPSO	WPSO	incid#-W09-14980 Completed Cal
18:47:00 11/13/09	l	504	OFFDT	WPSO	WPSO	
18:38:32 11/13/09	l	538	CMPLT	WPSO	WPSO	incid#-W09-14980 Completed Cal
18:28:42 11/13/09	f	CLFD	CMPLT	CLFD	CLFD	incid#-F09-0611 Completed Call
18:09:56 11/13/09	l	525	CMPLT	WPSO	WPSO	incid#-W09-14980 Completed Call
18:09:27 11/13/09	l	525	CMPLT	WPSO	WPSO	incid#-W09-14980 Reassigned to
18:07:57 11/13/09	l	504	8	WPSO	WPSO	call=611
18:07:51 11/13/09	l	501	CMPLT	WPSO	WPSO	incid#-W09-14980 Completed Cal
18:02:59 11/13/09	l	504	8	WPSO	WPSO	call=611
17:56:02 11/13/09	l	523	CMPLT	WPSO	WPSO	incid#-W09-14980 Completed Cal
17:25:24 11/13/09	l	619	ENRT	WPSO	WPSO	incid#-W09-14980 Enroute to a
17:10:05 11/13/09	l	504	ARRVD	WPSO	WPSO	incid#-W09-14980 Arrived on Sc
16:58:23 11/13/09	l	525	ARRVD	WPSO	WPSO	incid#-W09-14980 Arrived on Sc
16:43:43 11/13/09	l	523	ARRVD	WPSO	WPSO	incid#-W09-14980 Arrived on Sc
16:36:56 11/13/09	l	504	ENRT	WPSO	WPSO	incid#-W09-14980 Enroute to a
16:35:15 11/13/09	l	501	ENRT	WPSO	WPSO	incid#-W09-14980 Enroute to a
16:31:13 11/13/09	f	CLFD	ARRVD	CLFD	CLFD	incid#-F09-0611 Arrived on Sce
16:28:36 11/13/09	l	525	ENRT	WPSO	WPSO	incid#-W09-14980 Enroute to a
16:28:35 11/13/09	f	525	ENRT	CLFD	WPSO	Enroute to a Call call=61f
16:28:32 11/13/09	e	525	ENRT	CLAM	WPSO	Enroute to a Call call=61e
16:25:54 11/13/09	e	882	ARRVD	CLAM	CLAM	incid#-E09-4649 Arrived on Sce
16:24:41 11/13/09	f	CLFD	ENRT	CLFD	CLFD	incid#-F09-0611 Enroute to a C
16:20:35 11/13/09	f	CLFD	PAGED	CLFD	CLFD	incid#-F09-0611 Paged call=61f
16:19:02 11/13/09	e	882	ENRT	CLAM	CLAM	incid#-E09-4649 Enroute to a C
16:18:55 11/13/09	l	538	ARRVD	WPSO	WPSO	incid#-W09-14980 Arrived on Sc
16:15:52 11/13/09	e	883	ARRVD	CLAM	MRAM	Arrived on Scene call=61e
16:15:14 11/13/09	l	523	ENRT	WPSO	WPSO	incid#-W09-14980 Enroute to a
16:07:00 11/13/09	e	538	ENRT	CLAM	WPSO	Enroute to a Call call=61e
16:06:58 11/13/09	l	538	ENRT	WPSO	WPSO	incid#-W09-14980 Enroute to a
16:06:12 11/13/09	e	883	ENRT	CLAM	MRAM	Enroute to a Call call=61e

Narrative:

DEPUTY MARK GOERLINGER, #538

Complaint Number: W09-14980

"DEATHS"

Complaint Date: 11/13/09

Time: 4:04 p.m.

Reporting Officer: Deputy Mark Goerlinger, #538

On November 13th, 2009 at approximately 4:06 p.m., I was advised of a motor vehicle crash on the outskirts of Clintonville on Stoney Hill Road in the Township of Larrabee. Initial reports were indicating that a three year old male was currently pulseless and non-breathing at the scene of the crash. I responded directly to the scene from the intersection of Hwy T and Hwy 22 in the Town of Bear Creek and arrived on scene at approximately 4:15 p.m. on that date.

As I arrived on scene at the address of E8255 Stoney Hill Road, I observed a ranch style home set approximately 70 yards off of Stoney Hill Road to the south and as I drove into the driveway, I observed a red in color, utility type all terrain vehicle down to the right-north of the driveway. That vehicle was on the passenger side with the wheels horizontal to the ground.

The ambulance for the City of Clintonville, arrived shortly before I pulled into the driveway.

As I exited my squad, I observed a male in a gray sweatshirt that appeared to be frantically running around near the house and the ambulance service was carrying a small child out of the residence and was placing him in the back of the ambulance parked in the driveway.

I made contact with that male subject outside of the residence. He identified himself as (b)(6) DOB: 07/16/73 and he indicated he was the father of the young child that was injured. I asked (b)(6) what had happened. He indicated he and his son (b)(6) who is 3 years old, were outside in the woods cutting some firewood and as they returned to the residence and entered into the yard, (b)(6) was riding with him in a Polaris Special Edition Ranger, 700cc XP model with a 2 seat capacity. (b)(6) was riding in the passenger seat of that vehicle. As (b)(6) was operating from the driver's seat, they began to drive into the area of the yard that was previously a tilled garden and Mr. (b)(6) indicated he attempted to spin the ATV vehicle around as he said, "donut" and as he attempted to do so, the vehicle began to tip and tipped onto the passenger side of that vehicle.

At the scene where the vehicle was tipped, there were numerous ruts where the vehicle had been spun numerous times in that area, causing the dirt to tear up and dig ruts in the ground. (b)(6) indicates he hit one of those ruts that was previously there from prior activity on the vehicle and that is what caused the vehicle to flip.

As the vehicle flipped, (b)(3):CPSA Se was ejected from the passenger seat of that vehicle and was pinned between the roll bar attached to the Polaris Ranger and the ground. (b)(6) indicates that it appeared the roll bar struck (b)(6) in the head and upper back, pinning him to the ground and that (b)(6) then immediately lifted the Polaris Ranger up enough that he could get Aiden out from underneath the roll bar. He indicates at that time, (b)(6) was unresponsive and

he did not believe that he was breathing. He took (b)(6) directly into the residence on Stoney Hill Road and dialed 911 requesting an ambulance. As he was talking to the 911 operators, he was initiating CPR on the pulseless non-breathing child.

Clintonville Area Ambulance Service requested Theda Star medical helicopter to be dispatched to the scene, as well as the Clintonville Fire Department to set up a landing zone in the field next to the (b)(6). Initially the Marion Ambulance Service was also requested to assist in the life saving attempts at the scene.

In speaking with (b)(6) I asked him if he had anything to drink prior to crashing that vehicle. He stated he absolutely did not have anything to drink. I could not smell an odor of intoxicants about his person. He did not exhibit any signs of an individual that was under the influence of alcohol or drugs. He was visibly upset from the incident and he indicates he had called his wife who was in Wausau and she was responding directly to the scene.

Theda Star medical helicopter arrived on scene. They attempted life saving techniques for several minutes, attempting to get a heart rate from (b)(3):CPSA Se. They were ultimately unsuccessful in restoring (b)(3):CPSA Se to consciousness and he was pronounced dead at the scene at 5:04 p.m. on November 13th, 2009.

Conservation Warden Todd Wipperman of the Wisconsin DNR was also advised and responded to the scene to investigate in assistance with the Waupaca County Sheriff's Department. The vehicle was determined to be a utility terrain vehicle and not a all terrain vehicle. The vehicle differed in statute as far as the jurisdiction and it ultimately was the responsibility of the Sheriff's Department as the vehicle is not a DNR related vehicle.

Pastor Burns and Pastor Mazemke both of the St. Martin's Church, responded to the scene to assist the family with the grieving process at the scene.

Deputy Coroner Mike Pamperin was contact and was dispatched to the scene.

Coroner Pamperin arrived on the scene at approximately 5:50 p.m.. I met with Mr. Pamperin at the end of the driveway near Stoney Hill Road. I explained to Mr. Pamperin what had occurred and the evidence we were able to gather at the scene.

We did walk over to the area of the crash, did an assessment of that scene. Multiple photographs were taken by myself, (Deputy Goerlinger) and Patrol Sgt. Tim Wilz. Mr. Pamperin then made contact with the father, (b)(6) and gathered some pertinent information for the Coroner's Report.

While doing the Coroner's portion of the investigation, (b)(6) was becoming increasingly emotional at the scene and was pacing frantically around the yard, crying and was visibly upset. (b)(6) at one point, began to walk to the east of his residence, into a cut alfalfa field and began walking toward a wood line that laid beyond that field. That field was approximately 5 to 7 acres. The sun has set and it was dark out and (b)(6) repeatedly was saying, "I need some space. I need some space."

Clintonville Fire Personnel notified us that he was heading towards the wooded area and were concerned of his intentions. Patrol Captain Terry Wilz and myself, (Deputy Goerlinger), began following behind (b)(6) and as (b)(6)

began to run towards the wood line, we pursued him running and ultimately caught up with Mr. Perry in the woods to the southeast of the residence. (b)(6) indicated that he just wanted to be left alone and he needed some space. We did explain to Mr. Perry that we were unable to leave him alone out in the woods just for a safety concern and for his mental wellbeing.

A sister of (b)(6) was able to come out to the woods and convince (b)(6) to come back to the residence where he could have some quiet time by himself. He ultimately came back to the residence cooperatively and then entered into the ambulance with his wife where their son (b)(3):CPSA who had been pronounced dead, still was and they were able to meet with pastors and family members in private in the ambulance to begin the grieving process.

The Polaris Ranger UTV vehicle was left at the scene as there was no structural damage to that vehicle and did not appear that there was any mechanical failures that may have caused the vehicle to overturn. It did appear that the vehicle was hooked into a rut as it was accelerating, cornering to the left causing the vehicle to flip onto the right side of that vehicle, causing the accident.

Eberhardt-Stevenson Funeral Home was contacted to respond to the scene per the family's request. They arrived on scene and took possession of (b)(3):CPSA Section 8 body and transported him to their facility to begin the process of funeral arrangements with the family.

I cleared from the scene at approximately 6:50 p.m.. A Sudden Death Incident Report has been completed and filed with this report.

End of report.

11/17/09
MG/db

cc: 538, 504, D.A., Coroner

Call: Nature: DEATHS Type: lfe Priority: 5
Address: (b)(6) City: CLI

Zones : : : Alarm Number:

Directions:

+-- Complainant: 103903 -----+

x Lst: (b)(6)	Mid:	x
x Adr&	DOB: / /	x
x Cty:	SSN: - -	x
x Tel:	Wants: Adr:	x
x Alrt:		x

+-----+
Contact: Tel: () -

Address:

Info: (See below)

Calls: Dupl: Names: w/Alrts: Wants: Prem: Adr:	
How Rcvd: 9 911 Line	Occurred between: 16:04:09 11/13/09
Rcvd by: L WHEELAN	and: 16:04:09 11/13/09
Hld Until: : : / /	When Rptd: 16:04:09 11/13/09

=====

Call Taker Comments:

3 YO BOY INVOLVED IN ATV ACCIDENT. CALLER BROUGHT HIM TO THE HOUSE. POSSIBLE
PNB. WILL BE STARTING CPR. PAGE TIME 1605
16:08:07 11/13/2009 - A RASMUSSEN
523 ADVISED
16:08:23 11/13/2009 - A RASMUSSEN
4 WHEELER LANDED ON BOYS HEAD AND BACK
16:09:29 11/13/2009 - K POOLE
592 CALLED THEDA STAR TO SEE IF THEY ARE ABLE TO FLY - CALLED ROBIN - ADVISED
THEM TO GET READY TO GO ADVISED 883 - THEY WILL GIVE UPDATE WHEN THEY GET ON
SCENE.
16:13:02 11/13/2009 - A RASMUSSEN
AIR SEEMS TO BE GOING IN CHEST NOW. BEFORE IT WAS GOING IN STOMACH
16:16:18 11/13/2009 - L WHEELAN
CALLER DISCONNECTED SOMEONE HAS ARRIVED ON SCENE
16:16:50 11/13/2009 - A RASMUSSEN
523 REQ TO CALL 525 IN AND ADVISE 504
16:17:32 11/13/2009 - K POOLE
REQUESTING MARION AMBULANCE TO RESPOND - PAGED @ 1617.
16:17:42 11/13/2009 - A RASMUSSEN
525 AND WILL TRY TO GET GOING
16:20:33 11/13/2009 - K POOLE
883
16:20:55 11/13/2009 - L WHEELAN
PER 504 HE WILL BE EN ROUTE SHORTLY
16:20:58 11/13/2009 - A RASMUSSEN
CLFD 302 ACK PAGE AND ENROUTE
16:22:24 11/13/2009 - K POOLE
883 REQUESTING ROUTE OF TRAVEL FOR 882 - KNITT TO GRAETZ ROAD. REQUESTING CLFD
FOR LANDING ZONE - PAGED 1620. ROBIN FROM THEDA STAR CALLED -- THEY ARE IN THE
AIR WITH ETA OF 7 MIN ADVISED 302.

16:23:13 11/13/2009 - L WHEELAN
PER 504 WILL CALL 501 AND PER 501 HE WILL BE EN ROUTE SHORTLY
16:23:42 11/13/2009 - L WHEELAN
PER 504 CALLED 502 TO ADVISE HIM
16:24:38 11/13/2009 - A RASMUSSEN
967 76
16:24:51 11/13/2009 - L WHEELAN
PER 502 HE HAS BEEN ADVISED
16:27:48 11/13/2009 - K POOLE
THEDA STAR WILL CONTACT CLFD 302 ON BLACK FIRE - GAVE ROBIN THE INTERSECTION
CONRADT ROAD AND STONEY HILL ROAD.
16:29:03 11/13/2009 - K POOLE
POWER LINES ON NORTH SIDE OF THE ROAD - THEDA STAR WILL BE LANDING SHORTLY.
16:40:19 11/13/2009 - A RASMUSSEN
504 REQ TO NOTIFY DNR WARDEN
16:48:14 11/13/2009 - A RASMUSSEN
TODD WIPPERMAN-C262 WAS ADVISED
16:52:07 11/13/2009 - A RASMUSSEN
525 ADVISED THIS IS A UTV AND NOT AN ATV
17:01:02 11/13/2009 - A RASMUSSEN
538 REQ 10-79
17:04:58 11/13/2009 - K POOLE
PASTOR TODD JERABEK FROM EMBARRASS, CALLED PASTOR BARRY - HOME PHONE NUMBER
715-823-2593 (ALSO CHAPLAIN FOR SHAWANO COUNTY) CALLED MARY AT SHSO FOR CELL -
715-250-1908. CALLED HIM - LEFT MSG ON CELL - CALLED HIS HOME - LEFT MSG.
17:16:27 11/13/2009 - K POOLE
610 WILL HAVE MIKE 619 BE EN ROUTE FROM MANAWA AREA. CHECK WITH ST MARTIN'S IN
CLINTONVILLE FOR A PASTOR (THIS IS THEIR CHURCH) JERRY JITTER 715-579-4144 WAS
THE PASTOR @ THE CHURCH - I CALLED JERRY - HE IS THE PRINCIPAL. PASTOR BURNS
823-6538 WAS AT THE CHURCH OFFICE ABOUT 30 MINS AGO.
17:18:02 11/13/2009 - K POOLE
PASTOR CHRIS BERG - 754-2239 & DANIEL BURNS 754-4819 OR OR 715-460-0035 -
823-6538 EXT 2114
17:19:20 11/13/2009 - A RASMUSSEN
PASTER JERABECK IS IN GREEN BAY AND IS FROM ZION CHURCH
17:19:33 11/13/2009 - A RASMUSSEN
538 WANTS PASTER FROM ST MARTINS IN CLINTONVILLE
17:20:24 11/13/2009 - A RASMUSSEN
PASTOR JERABECK GAVE NUMBER FOR PASTER DAN BURNS FROM ST MARTINS. 715-754-4819.
CELL OF 715-460-0035
17:24:02 11/13/2009 - A RASMUSSEN
PASTOR DAN BURNS CALLED BACK AND WILL BE ENROUTE
17:25:24 11/13/2009 - K POOLE
619 PAMPERIN EN ROUTE - ETA OF 20-25 MINS.
17:32:49 11/13/2009 - A RASMUSSEN
501 REQ TO CALL VILAS MAZEMKE. PHONE IS 715-823-2596. HE WILL BE THERE IN LESS
THAN 10
17:52:27 11/13/2009 - K POOLE
PER 504 - EBERHARDT FUNERAL HOME IS REQUESTED 823-2450 - SPOKE TO SCOTT - THEY
WILL BE EN ROUTE.
18:28:36 11/13/2009 - K POOLE
CLFD CLEARED & BACK AT STATION @ 1828
19:28:58 11/13/2009 - K POOLE
CAROL KERSTEN CALLED CLAM IS OUT OF SERVICE - MARION CALLS TO TIGERTON AND
CLINTONVILLE CALLS TO NEW LONDON. THEY WILL CALL WHEN IN SERVICE.
20:12:12 11/13/2009 - K POOLE

CAROL CALLED BACK AND AMBULANCE IS BACK IN SERVICE AT THIS TIME.

WAUPACA COUNTY SHERIFF'S OFFICE

Waupaca, Wisconsin

Complaint No. W09-14980

SUDDEN DEATH REPORT

Reported by:

Name Roger J. Perry 07/16/73 Address E8255 Stony Hill Rd. Clintonville Tel. 715-823-2283

Date reported 11/13/09 Time 16:08 Day of week Friday

DECEASED:

Name (b)(3):CPSA Address (b)(6)

DOB 02/03/06 Age 3 Sex m Race w Hair bro Eyes bro Ht 3 Wt 45

Martial Status Single SS# _____ Veteran NO War # _____

Occupation N/A Employer N/A

NEXT OF KIN:

Name (b)(6) Tel. _____

Notified by On Scene Date 11/13/09 Time 16:08 How On Scene

CAUSED OF DEATH:

Cause Crushing injuries

Doctor at scene _____ Name _____ Address _____

Coroner: Name Mike Pamperin Address 811 Harding St Waupaca WI 54981

Pronounced Dead at 17:04 @E8255 Stony Hill Rd Conveyed by Eberhardt - Stevenson Funeral Home

Autopsy _____ Date _____ Time _____ Pathologist _____

NARRATIVE: Deceased was a passenger in a Polaris Ranger UTV being operated by his father (b)(6)

The vehicle overturn ejecting the on restrained victim pinning him between the roll bar affixed to vehicle and ground.

See Supplementary Report

Officer in Charge Hardel Officer at Scene Goerlinger,Rasmussen

Photos taken by whom Goerlinger, T Wilz

Officer signature _____

Sheriff copy - White

Coroner copy - Yellow

District Attorney copy - Pink

Waupaca County Coroner's Office Investigation Report

Date of Investigation: November 13, 2009

Investigation By: Michael C. Pamperin, Deputy Coroner #619

Decedent: (b)(3):CPSA
Section 25(a)

Location of deceased: E8255 Stoney Hill Road, Township of Larabee, Clintonville,
Wisconsin 54929

Date of Birth: 02/03/2006

Date of Death: 11/13/2009

Time of Death: 17:45

Pronounced by: Michael C. Pamperin, Deputy Coroner 619

District Attorney contacted: Attempted – 18:49

Narrative Report:

The Waupaca County Coroner was called at 17:15 to (b)(6) for a UTV accident with a fatality.

Upon arrival to the scene at 17:45 Deputy Coroner 619 was given a report of the accident by WCSD Deputy 504. The report stated that a 3yo male (b)(3):CPSA had been the unrestrained passenger on a UTV which his father (b)(6) was operating recklessly when the vehicle overturned, ejecting (b)(6) and resulting in the roll bar crushing the back of his skull. The father immediately grabbed the child and carried him to the house where CPR was started. Clintonville ambulance was dispatched to the scene at 16:04 along with Theda Star. Life saving measures were attempted and were discontinued at 17:10. The father was interviewed by the WCSD and no use of drugs or alcohol were suspected.

The body was transported to Eberhardt / Stephensen Funeral Home in Clintonville where a detailed examination and photos were taken. The examination by palpation revealed massive trauma to the base of the skull with bone fragments, along with what felt like broken bones in the upper neck area. The victim had a hematoma above the right eye with no deformity of the skull noted. No other trauma was noted on the victim.

Waupaca County Coroner's Office Investigation Report

Pertinent History: No History To Report

Medications: No Medications To Report

Autopsy: No Organ and Tissue donation: No Photos: Yes

Drivers license enclosed: N/A Social Security #: N/A

Disposition of Body:

Upon completion of examination, the Eberhardt / Stephensen Funeral Home, of Clintonville, Wisconsin, took possession of the body and assisted the family.

Cause of Death:

The Cause of Death for (b)(3).CPSA Se has been determined to be Massive Head Trauma
The Manner of Death is Accidental

This report completed by Michael C. Pamperin, Deputy Coroner #619,
Waupaca County Coroner's Office.

(Signature) Michael C. Pamperin, Deputy Coroner #619

Contact List

Mark Goerlinger – Deputy
Sheila Wolfgram – Records
Waupaca County Sheriff’s Department
1402 E. Royalton Street
Waupaca, WI 54981
(715) 258-4466

Barry Tomaras, Coroner
Waupaca County
811 Harding Street
Waupaca, WI 54981
(715) 258-4466

Victims

(b)(3):CPSA Section 25
(c) [redacted] year-old male - Deceased

Milwaukee Journal Sentinel

ATV accident kills 3-year-old boy

By Associated Press

Posted: Nov. 13, 2009

Clintonville — A 3-year-old boy was killed Friday in an ATV accident near Clintonville in central Wisconsin. The Waupaca County sheriff's department said the boy died about 4 p.m. when the all-terrain vehicle rolled over and trapped him underneath. The boy was pronounced dead at the scene. His name was not released.

091125HCC1144

Information contained in this report was contained from a traffic crash report and medical examiner's report.

On 06/24/09, a 46-year-old-male was riding a 4-wheeled utility vehicle solo, traveling westerly on a two-way undivided roadway. The victim was not wearing a helmet. He was struck from behind by an SUV traveling in the same direction being driven by a 37-year-old male accompanied by a 32-year-old male passenger. The SUV had reportedly been stolen.

The collision caused the 4-wheeled utility vehicle to leave the roadway on the south side where it struck a pick-up truck that was parked in the owner's yard. The UTV continued westerly down the roadway where it overturned and ejected the victim, causing him to sustain fatal injuries.

A female respondent heard the crash and ran out of her home to the incident area where she observed two men getting out of the SUV and run off into the woods. The now unoccupied SUV drifted backwards across the roadway before coming to rest against a utility pole. The female respondent observed the overturned UTV and the victim lying across the roadway in the grass. She immediately ran back into the house to tell her husband to call 911, while she returned to the scene to administer medical assistance.

Upon arrival of 911 personnel, they took over the responsibility of performing CPR. The victim was transported to the hospital where his cause of death was determined to be multiple injuries.

Investigation by law enforcement confirmed that the SUV driver and the passenger had fled the scene of the accident. The SUV which was involved in the collision had a strong alcoholic beverage odor. They observed open and unopened cans of beer in the vehicle. No other information is available.

PRODUCT INFORMATION:

Kawasaki 2008 Utility Vehicle
Model: TERXY
VIN: JKARFDA128B502863

ATTACHMENTS

Traffic Crash Report
Photos (32)
Medical Examiner's report
Contact Sheet

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-c
Revised: 02/2007

Crash Data

Crash Record Number

Reporting Agency's Record Number: 09-243

of Vehicles Involved: 3 # of Non-Motorists Involved: 0 # of Fatal Injuries: 1 # of A B or C Injuries: 0

Date / Time of Crash: 6/24/2009 / 1829 Date / Time Crash Reported: 06/24/2009 / 1832 Time of Arrival: 1852

County: NICHOLAS Municipality or Place of Crash: BIRCH RIVER GPS Coordinates: 0.00000 Latitude 0.00000 Longitude

Highway Class: Interstate US WV Supplemental Designation:
 County/HARP City Street State Park / Forest Road Not Applicable Spur North East Truck Route Other
 Private Road Private Property/Off-Roadway Other Alternate Ramp South West Toll

Route: 1 / 00 Milepost: Ramp: Street: WIDEN DILLE RD

Other Description of Location: CORLY BROWN BRIDGE Intersecting Street:

Relation to Junction / Junction Type:

- Non-Junction Junction, Non-Interchange Area
 - Intersection
 - Intersection-Related
 - Interstate to Interstate
 - Railroad Grade Crossing #:
 - Median Crossover-Related
 - Business or Residential Driveway/Alley Access
 - Other Non-Interchange
- Junction, Interchange Area
 - Thru Roadway
 - Merge/Diverge Area
 - Intersection
 - Intersection-Related
 - Entrance / Exit Ramp
 - Other Part of Interchange

Intersection Type:

- 4-Way Intersection
- T Intersection
- Y Intersection
- Intersection as Part of Interchange
- Traffic Circle / Roundabout
- 5-Point or More

Manner of Collision:

- Single Vehicle Crash
 - Rear End
 - Head-On
 - Sideswipe, Same Direction
 - Sideswipe, Opposite Direction
 - Rear-to-Side
 - Rear-to-Rear
- Angle (Front to Side) Same Direction OR Right Angle
- Angle (Front to Side) Opp. Direction OR Angle - Direction Not Specified

Environmental Contributing Circumstances (Select Up to 3):

- None
- Weather Conditions
- Physical Obstruction(s)
- Glare
- Animal(s) in Roadway Type:
- Other:

Weather (Select Up to 2):

- Clear Rain Blowing Snow Other
- Cloudy Sleet, Hail, or Freezing Rain Severe Crosswinds
- Fog, Smog, Smoke Snow Blowing Sand, Soil, Dirt

Lighting:

- Daylight Dawn
- Dark - Lighted Dusk
- Dark - Not Lighted Other

Roadway Surface Condition:

- Dry Slush Mud, Dirt, Gravel, Sand
- Wet Ice / Frost
- Snow Water (Standing / Moving)

Location of First Harmful Event:

- On Roadway Roadside In Parking Lane or Zone Outside of Right-of-Way
- Shoulder Gore Off Roadway, Location Unknown
- Median Separator Unknown

Roadway Surface Type:

- Asphalt Concrete Gravel Dirt Brick Other:

First Harmful Event:

- COLLISION WITH:
 - Pedestrian
 - Pedalcycle
 - Railway Vehicle
 - Animal
 - Motor Vehicle in Transport
 - Parked Motor Vehicle
 - Work Zone / Maintenance Equip
 - Other Non-Fixed Object
 - Impact Attenuator / Crash Cushion
- Bridge Overhead Structure
- Bridge Pier or Support
- Bridge Rail
- Culvert
- Curb
- Ditch
- Embankment
- Guardrail Face
- Guardrail End
- Cable Median Barrier
- Concrete Traffic Barrier
- Other Traffic Barrier
- Tree (Standing)
- Utility Pole/Light Support
- Traffic Sign Support
- Traffic Signal Support
- Other Post, Pole, or Support
- Fence
- Mailbox
- Other Fixed Object

Crash Record Number Reporting Agency's Record Number: 09-243

Road - Contributing Circumstances: (Select Up to 3)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Ruts, Holes, Bumps	<input type="checkbox"/> Shoulders	<input type="checkbox"/> Work Zone	<input type="checkbox"/> Utility
<input type="checkbox"/> Road Surface Condition (Wet, Icy, etc.)	<input type="checkbox"/> Worn, Travel Polished Surface	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Soft <input type="checkbox"/> High	<input type="checkbox"/> Construction	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Debris	<input type="checkbox"/> Obstruction in Roadway	<input type="checkbox"/> Problem w/ Traffic Control Device	<input type="checkbox"/> Non-Highway Work	<input type="checkbox"/> Other <input type="text"/>
	<input type="checkbox"/> Pavement Markings Not Visible	<input type="checkbox"/> Inoperative <input type="checkbox"/> Missing <input type="checkbox"/> Obscured		

School Bus Related:	School Zone Related:	Type of School Zone Sign:	School Zone Flashers:	School Zone Speed Limit:
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> When Present <input type="checkbox"/> None	<input type="checkbox"/> Present, Not Active	<input type="text"/>
<input type="checkbox"/> Yes, School Bus Directly Involved	<input type="checkbox"/> Yes	<input type="checkbox"/> When Flashing	<input type="checkbox"/> Present, Active	
<input type="checkbox"/> Yes, School Bus Indirectly Involved		<input type="checkbox"/> Lists Specific Times	<input type="checkbox"/> Not Present	

Work Zone Related:	Workers Present:	Work Zone Speed Limit:	Location of Crash in Work Zone:	Type of Work Zone:
<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="text"/>	<input type="checkbox"/> Before 1st Warning Sign	<input type="checkbox"/> Lane Closure
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Advance Warning Area	<input type="checkbox"/> Lane Shift / Crossover
	<input type="checkbox"/> Unknown		<input type="checkbox"/> Transition (Merge) Area	<input type="checkbox"/> Work on Shoulder or in Median
			<input type="checkbox"/> Activity Area	<input type="checkbox"/> Intermittent or Moving Work
			<input type="checkbox"/> Termination Area	<input type="checkbox"/> Other

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

ON WEDNESDAY THE 24TH OF JUNE, 2009 A 2008 KAWASAKE TERYX (UTV - VEHICLE 1) BEING DRIVEN BY (b)(6) WAS TRAVELING WEST BOUND ON WIDEN-DILLE ROAD IN BIRCH RIVER, NICHOLAS COUNTY WEST VIRGINIA. VEHICLE 1 WAS STRUCK IN THE REAR END BY A 2000 DODGE DURANGO (VEHICLE 2) BEING OPERATED BY (b)(6) WHO WAS ALSO TRAVELING WEST BOUND ON WIDEN-DILLE ROAD IN BIRCH RIVER, NICHOLAS COUNTY WEST VIRGINIA. THE COLLISION CAUSED VEHICLE 1 TO LEAVE THE ROADWAY ON THE SOUTH SIDE, WHERE IT STRUCK A 2004 MAZDA PICK-UP (VEHICLE 3) THAT WAS PARKED IN THE OWNER'S YARD FOR SALE. VEHICLE 1 CONTINUED WESTBOUND DOWN THE ROADWAY AND OVERTURNED EJECTING DRIVER 1, (b)(6) DRIVER 1 DIED AS A RESULT OF INJURIES SUSTAINED IN THE CRASH. VEHICLE 2 SKIDDED DOWN THE ROADWAY FOR APPROXIMATELY 300 FEET BEFORE COMING TO A STOP. DRIVER 2, (b)(6) AND THE PASSENGER IN VEHICLE 2, (b)(6) THEN EXITED VEHICLE 2 AND FLED THE SCENE RUNNING INTO THE WOODS. VEHICLE 2, NOW UNOCCUPIED, DRIFTED BACKWARDS ACROSS THE ROADWAY LEAVING THE ROADWAY ON THE SOUTH SIDE COMING TO REST AGAINST A UTILITY POLE.

Reported By:	<input type="checkbox"/> State Police <input type="checkbox"/> Sheriff's Dept	Photos Taken:	<input type="checkbox"/> Yes <input type="checkbox"/> No	By Whom:	CPL J. S. UNDERWOOD
	<input type="checkbox"/> Municipal PD <input type="checkbox"/> Other	Video Taped:	<input type="checkbox"/> Yes <input type="checkbox"/> No	By Whom:	<input type="text"/>

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

Investigating Officer's Name: CPL J. S. UNDERWOOD Number: 224 Signature:

Phone: (304) 872-7880 ORI Number: WV0340000 Agency: NICHOLAS CO. SHERIFFS DEPARTMENT

Assisting Officer's Name(s):

Reconstructed: Yes No By Whom: Date of Submission: 07/02/2009

State of West Virginia Uniform Traffic Crash Report

Vehicle Data

Crash Record Number: A 0 0 0 0 3 0 6 **Reporting Agency's Record Number:** 09-243

Vehicle Type: Motor Veh in Transport Parked Motor Veh / Trailer Working Veh / Equipment

Owner's Name(s): (b) (6) **Hit and Run:** No, Did Not Leave Scene Yes, Driver Left Scene Yes, Car and Driver Left Scene

Driver Presence at Time of Crash: Driver Operated Vehicle Driverless Vehicle

Address: (b) (6) **City:** BIRCH RIVER **State:** WV **Zip Code:** 26610 **Home Phone:** **Other Phone:**

Make: KAWASAKI **Model:** TERYX **Model Year:** 2008 **Body Type:** ALL TERRAIN **Color:** RED

Plate Class: **Plate Number:** WV **Reg Year:** **Ins. Co.:** **Policy No.:** **Exp Date:**

VIN: JKAREDA128B502863 **Used as an Emergency Vehicle:** No Yes

Special Function of Motor Vehicle: None Police Courtesy Patrol Used as School Bus Ambulance Taxi Used as Other Bus Fire Truck Military

Registration Status: Properly Registered Improperly Registered No Registration Required

Vehicle Used as a Bus: Public School Bus Commuter Bus Tour Bus Private School Bus Shuttle Bus Church Bus Scheduled Service Bus Modified for Personal/Private Use

Vehicle Impact Role: Striking Struck Single Vehicle Both

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

Applicable Speed Limit (MPH): 35

Horizontal Alignment: Straight Curve Left Curve Right Level Uphill Sag (Bottom) Hillcrest Downhill

Traffic Control Device Type: None Yield Sign Person (Flagger, etc.) School Zone Signs Traffic Control Signal Warning Signs Flashing Overhead Signal Railroad Crossing Device Stop Sign Other

Traffic Control Functioning Properly: Yes No

Vehicle Maneuver / Action: Essentially Straight Ahead Making U-Turn Backing Slowing Stopped in Traffic Changing Lanes Overtaking / Passing Leaving Traffic Lane Parked Entering Traffic Lane Turning Right Negotiating a Curve Turning Left Other

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

Contributing Circumstances, Motor Vehicle (Select up to 2): Underride, Compartment Intrusion Unknown Underride, Motor Vehicle in Transport Underride, Other Motor Vehicle

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

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

Number of Axles: 02 **Total / Max Occupants of Veh:** 01 / 02

Crash Description: **Two-Way, Not Divided** **Two-Way, Divided, Unprotected Median** **Two-Way, Divided, with Median Barrier** **One-Way Roadway w/ Cont. Left Turn Lane**

Vertical Alignment: **Level** **Uphill** **Sag (Bottom)** **Hillcrest** **Downhill**

Underride / Override: No Underride or Override Underride, Compartment Intrusion Underride, No Compartment Intrusion

Vehicle Travel Speed (MPH): **2**

Total Lanes in Roadway: **For Undivided Highways: Count Total Lanes in Both Directions. (Excluding Designated Turn Lanes)** **For Divided Highways: Count Only Lanes in Direction Vehicle was Traveling Prior to Crash.**

Crash Avoidance Maneuver: None Evident or Reported Braking - Skidmarks Evident Braking - Driver Stated Braking - Other Evidence Steering - Evidence or Stated Steering and Braking Other

Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: No Yes

Occurrence of Fire: No Fire Yes, Vehicle Caught Fire Modified Vehicle: No Yes

Displaying Hazardous Materials Placard: No Yes

Manner, in which Vehicle was Removed from Scene: Driven Towed Due to Damage Towed Due to Driver Condition Left at Scene

Towed to: COLLINS WRECKER SERVICE **Towed by:** (b) (6)

State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number: Vehicle Number (from Vehicle Data Page)

Reporting Agency's Record Number: 09-243

Driver's Name: (b)(3):CPSA Section 25(c) P
Last First Middle Suffix

Address: Same as Veh Owner (b)(6) BIRCH RIVER WV 26610
City State Zip Code

Home Phone: _____ Other Phone: _____

Driving License:

License Type:

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

Issuing State: WV

Lic. Number: (b)(6)

Date of Birth: 08/05/1962

License Restrictions: (Select All that Apply)

- None Limited - Other
 Corrective Lenses CDL Intrastate Only
 Mechanical Devices Motor Vehicles w/o Air Brakes
 Prosthetic Aid Military Vehicles Only
 Automatic Transmission Except Class A Bus
 Outside Mirror Except Class A and Class B Bus
 Limit to Daylight Only Except Tractor - Trailer
 Limit to Employment Farm Waiver
 Must Be Accompanied by Adult Other _____

Endorsements: (Select Up to 5)

- None T - Double/Triple Trailers
 P - Passenger Vehicle S - School Bus
 N - Tank Vehicle H - Hazardous Materials
 X - Combined Tank / Haz. Materials F - Motorcycle (WV Only)
 Other - Non-WV Licenses Only

Status:

- Valid
 Expired
 Suspended
 Revoked
 Probation
 Surrendered
 Valid/Interlock
 Fraudulent

Driver Condition at Time of Crash:

- Apparently Normal
 Emotional
 Ill
 Fell Asleep, Fainted, Fatigued
 Under the Influence of Medication/Alcohol/Drugs
 Other

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

- None Improper Turn Operated Veh in Aggressive Manner
 Ran Off Road Improper Backing Swerved or Avoided
 Failed to Yield Right of Way Improper Passing Over Correcting / Over Steering
 Disregarded Traffic Signs Wrong Side or Wrong Way Other Improper Action
 Ran Red Light Followed Too Closely
 Disregarded Other Road Markings Failed to Keep in Proper Lane
 Exceeded Posted Speed Limit Operated Veh in Erratic, Reckless, or Careless Manner
 Drove Too Fast For Conditions

Driver Use of Alcohol Suspected:

Alcohol Use Suspected:

- No
 Yes
 Unknown

Alcohol Test Given:

- Test Given
 None Given
 Test Refused

Type of Alcohol Test Given (Select Up to 2):

- Blood Breath Urine
 Serum Field Other:

PBT Results:

- Pass
 Fail

BAC Results:

- _____
 Pending
 Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected:

- No
 Yes
 Unknown

Drug Test Given:

- Test Given
 None Given
 Test Refused
 Unknown if Tested

Type of Drug Test Given:

- Blood DRE
 Serum Urine
 Other

Drug Test Results (Check All that Apply):

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

Driver Distracted By:

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

Crash Record Number:

Vehicle Number (from Vehicle Data Page)

Reporting Agency's Record Number: 09-243

Known or Suspected Violation(s) by Driver:

No Violations

Reckless/Careless/Hit and Run Type Offenses

- Negligent Homicide
- Reckless Driving; Driving to Endanger; Negligent Driving
- Inattentive, Careless, Improper Driving
- Fleeing or Eluding Law Enforcement
- Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- Hit and Run, Failure to Stop After Accident
- Serious Violation Resulting in Death

Impairment Offenses

- Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- Driving While Impaired
- Driving Under Influence of Controlled Substance
- Driving Under Influence of Non-Controlled Substance
- Drinking While Operating
- Illegal Possession of Alcohol or Drugs
- Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- Refusal to Submit to Chemical Test

Speed Related Offenses

- Failure to Maintain Control of Vehicle
- Racing
- Speeding (Above Speed Limit)
- Speed Greater than Reasonable and Prudent
- Exceeding Special Limit
- Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- Failure to Stop for Red Signal
- Failure to Stop for Flashing Red Signal
- Violation of Turn on Red
- Failure to Obey Flashing Signal (Yellow or Red)
- Failure to Obey Signal, Generally
- Violation of RR Grade Crossing Device or Regulations
- Failure to Obey Stop Sign
- Failure to Obey Yield Sign
- Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- Unsafe or Prohibited Lane Change
- Improper Use of Lane
- Certain Traffic to Use Right Lane
- Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

- Driving Wrong Way on One-Way Road
- Driving on Left, Wrong Side of Road, Generally
- Improper, Unsafe Passing
- Passing on Right (Drive Off of Pavement to Pass)
- Passed Stopped School Bus
- Failure to Give Way When Overtaken
- Following Too Closely
- Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- Turn in Violation of Traffic Control
- Improper Method and Position of Turn
- Failure to Signal for Turn or Stop
- Failure to Yield to Emergency Vehicle
- Failure to Yield, Generally
- Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- Driving While License Suspended or Revoked
- Other Driver License Restrictions
- Commercial Driver Violations
- Vehicle Registration Violations
- Failure to Carry Insurance Card
- Driving Uninsured Vehicle
- Non-Moving Violations, Generally

Equipment

- Lamp Violations
- Brake Violations
- Failure to Require Restraint Use
- Motorcycle Equipment Violations
- Violation of Hazardous Cargo Regulations
- Size, Weight, Load Violations
- Equipment Violations, Generally

Other Violations

- Parking
- Theft, Unauthorized Use of Motor Vehicle
- Driving Where Prohibited
- Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
			<input type="checkbox"/>

STATEMENT OF DRIVER:

DRIVER 1 DIED AS A RESULT OF INJURIES SUSTAINED IN THE CRASH

State of West Virginia Uniform Traffic Crash Report Vehicle Data

Crash Record Number: Reporting Agency's Record Number: 09-243

Vehicle Type: Motor Veh in Transport Parked Motor Veh / Trailer Working Veh / Equipment

Driver Presence at Time of Crash:
 Driver Operated Vehicle
 Driverless Vehicle

Owner's Name(s):

Hit and Run: No, Did Not Leave Scene
 Yes, Driver Left Scene
 Yes, Car and Driver Left Scene

Address: City: MAXTON State: NC Zip Code:

Home Phone: Other Phone:

Registration Status:
 Properly Registered
 Improperly Registered
 No Registration Required

Proof of Liability Insurance:
 Yes
 No

Ins. Co: GEICO Policy No: 4150251785 Exp Date: 06/29/2009

Vehicle Used as a Bus:
 Public School Bus Tour Bus
 Private School Bus Church Bus
 Scheduled Service Bus Modified for Personal/Private Use

Vehicle Impact Role:
 Striking Struck Both

Ins. Agent Name or Phone:

Applicable Speed Limit (MPH): 35

Roadway Description:
 Two-Way, Not Divided
 Two-Way, Divided, Unprotected Median
 Two-Way, Divided, with Median Barrier
 One-Way Roadway

Vertical Alignment:
 Level Uphill Sag (Bottom)
 Hillcrest Downhill

Horizontal Alignment:
 Straight Curve Right Curve Left

Underdrive / Override:
 No Underdrive or Override
 Underdrive, Compartment Intrusion
 Underdrive, No Compartment Intrusion

Crash Avoidance Maneuver:
 None
 Braking - Skidmarks Evident
 Braking - Driver Stated
 Braking - Other Evidence
 Steering - Evidence or Stated
 Steering and Braking
 Other

Traffic Control Device Type:
 None
 Person (Flagger, etc.)
 Traffic Control Signal
 Flashing Overhead Signal
 Stop Sign

Traffic Control Functioning Properly:
 Yes No

Vehicle Maneuver / Action:
 Essentially Straight Ahead
 Backing
 Changing Lanes
 Overtaking / Passing
 Parked
 Turning Right
 Turning Left

Vehicle Travel Speed (MPH):

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

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

Number of Axles: 02
 Total / Max Occupants of Veh: 0 2 / 0 2

Contributing Circumstances, Motor Vehicle (Select up to 2):
 Tires
 Brakes
 Wipers
 Steering
 Power Train
 Mirrors
 Suspension
 Other

Manner, in which Vehicle was Removed from Scene:
 Driven Towed Due to Damage Towed Due to Driver Condition Left at Scene

Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce:
 No Yes

Occurrence of Fire:
 No Fire Yes, Vehicle Caught Fire Yes

Displaying Hazardous Materials Placard:
 No Yes

Towed to: COLLINS WRECKER SERVICE Towed by: JOHN COLLINS

Crash Record Number: _____

Vehicle Number: 02

Reporting Agency's Record Number: 06-243

Crash Events:

- 01 Overturn / Rollover
- 02 Fire / Explosion
- 03 Immersion
- 04 Jackknife
- 05 Cargo/Equipment Loss or Shift
- 06 Equipment Failure
- 07 Separation of Units
- 08 Ran Off Road Right
- 09 Ran Off Road Left
- 10 Cross Median / Centerline
- 11 Downhill Runaway
- 12 Fell / Jumped from Motor Vehicle
- 13 Thrown or Falling Object
- 14 Other Non-Collision COLLISION WITH:
- 15 Pedestrian
- 16 Pedalcycle
- 17 Railroad Vehicle
- 18 Animal
- 19 Motor Vehicle in Transport
- 20 Parked Motor Vehicle
- 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh
- 22 Work Zone / Maintenance Equip
- 23 Other Non-Fixed Object
- 24 Impact Attenuator / Crash Cushion
- 25 Bridge/Overhead Structure
- 26 Bridge Pier or Support
- 27 Bridge Rail
- 28 Culvert
- 29 Curb
- 30 Ditch
- 31 Embankment
- 32 Guardrail Face
- 33 Guardrail End
- 34 Cable Median Barrier
- 35 Concrete Barrier
- 36 Other Traffic Barrier
- 37 Tree (Standing)
- 38 Utility Pole / Light Support
- 39 Traffic Sign Support
- 40 Traffic Signal Support
- 41 Other Post, Pole, or Support
- 42 Fence
- 43 Mailbox
- 44 Other Fixed Object

Sequence of Events:

19

Most Harmful Event: 19

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

Single Unit Vehicle
 Motorcycle
 AUV
 Pass. Veh, Towing Unit
 Bus
 Tractor Trailer

13 Top 13 Top 13 Top 13 Top
 14 Undercarriage 14 Undercarriage 14 Undercarriage 14 Undercarriage

Using the Numbers from the Diagram Above, Identify the Following:

Area of Initial Impact: 12 Most Damaged Area: 17

Number of Trailing Units: 0

Trailing Unit #1: Same as Power Unit

Carrier / Owner's Name:

Address:

City State Year Make Model

Phone:

Damaged Property Owner(s):

- WVDOT Private
- City Utility Company
- Other: _____

Trailing Unit #2: Same as Power Unit

Carrier / Owner's Name:

Address:

City State Year Make Model

Phone:

Damaged Property Location:

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

Trailing Unit #3: Same as Power Unit

Carrier / Owner's Name:

Address:

City State Year Make Model

Phone:

Plate Class License Plate Number State Year Make Model Body Type



State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv
Revised: 02/2007

Driver Data

Crash Record Number: Vehicle Number (from Vehicle Data Page)

Reporting Agency's Record Number:

Driver's Name:

Address: Same as Veh Owner
City State Zip Code

Home Phone: Other Phone:

Driving License:

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

Issuing State:
Lic. Number:
Date of Birth:

License Restrictions: (Select All that Apply)

- None
- Corrective Lenses
- Mechanical Devices
- Prosthetic Aid
- Automatic Transmission
- Outside Mirror
- Limit to Daylight Only
- Limit to Employment
- Must Be Accompanied by Adult
- Limited - Other
- CDL Intrastate Only
- Motor Vehicles w/o Air Brakes
- Military Vehicles Only
- Except Class A Bus
- Except Class A and Class B Bus
- Except Tractor - Trailer
- Farm Waiver
- Other

Endorsements: (Select Up to 5)

- None
- T - Double/Triple Trailers
- P - Passenger Vehicle
- S - School Bus
- N - Tank Vehicle
- H - Hazardous Materials
- X - Combined Tank / Haz. Materials
- F - Motorcycle (WV Only)
- Other - Non-WV Licenses Only

Status:

- Valid
- Expired
- Suspended
- Revoked
- Probation
- Surrendered
- Valid/Interlock
- Fraudulent

Driver Condition at Time of Crash:

- Apparently Normal
- Emotional
- Ill
- Fell Asleep, Fainted, Fatigued
- Under the Influence of Medication/Alcohol/Drugs
- Other

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

- None
- Ran Off Road
- Failed to Yield Right of Way
- Disregarded Traffic Signs
- Ran Red Light
- Disregarded Other Road Markings
- Exceeded Posted Speed Limit
- Drove Too Fast For Conditions
- Improper Turn
- Improper Backing
- Improper Passing
- Wrong Side or Wrong Way
- Followed Too Closely
- Failed to Keep in Proper Lane
- Operated Veh in Erratic, Reckless, or Careless Manner
- Operated Veh in Aggressive Manner
- Swerved or Avoided
- Over Correcting / Over Steering
- Other Improper Action

Driver Use of Alcohol Suspected:

Alcohol Use Suspected: No Yes Unknown

Alcohol Test Given: Test Given None Given Test Refused

Type of Alcohol Test Given (Select Up to 2): Blood Serum Breath Field Urine Other:

PBT Results: Pass Fail

BAC Results: Pending Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected: No Yes Unknown

Drug Test Given: Test Given None Given Test Refused Unknown if Tested

Type of Drug Test Given: Blood Serum Urine Other: DRE

Drug Test Results (Check All that Apply): None Marijuana Cocaine Opiate Amphetamine PCP Other Controlled Substance Other Drug Pending

Driver Distracted By:

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

Crash Record Number:

Vehicle Number (from Vehicle Data Page)

Reporting Agency's Record Number: 09-243

Known or Suspected Violation(s) by Driver:

No Violations

Reckless/Careless/Hit and Run Type Offenses

- Negligent Homicide
- Reckless Driving; Driving to Endanger; Negligent Driving
- Inattentive, Careless, Improper Driving
- Fleeing or Eluding Law Enforcement
- Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- Hit and Run, Failure to Stop After Accident
- Serious Violation Resulting in Death

Impairment Offenses

- Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- Driving While Impaired
- Driving Under Influence of Controlled Substance
- Driving Under Influence of Non-Controlled Substance
- Drinking While Operating
- Illegal Possession of Alcohol or Drugs
- Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- Refusal to Submit to Chemical Test

Speed Related Offenses

- Failure to Maintain Control of Vehicle
- Racing
- Speeding (Above Speed Limit)
- Speed Greater than Reasonable and Prudent
- Exceeding Special Limit
- Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- Failure to Stop for Red Signal
- Failure to Stop for Flashing Red Signal
- Violation of Turn on Red
- Failure to Obey Flashing Signal (Yellow or Red)
- Failure to Obey Signal, Generally
- Violation of RR Grade Crossing Device or Regulations
- Failure to Obey Stop Sign
- Failure to Obey Yield Sign
- Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- Unsafe or Prohibited Lane Change
- Improper Use of Lane
- Certain Traffic to Use Right Lane
- Lane Violations, Generally

Rules of the Road - Wrong Side,

Passing and Following

- Driving Wrong Way on One-Way Road
- Driving on Left, Wrong Side of Road, Generally
- Improper, Unsafe Passing
- Passing on Right (Drive Off of Pavement to Pass)
- Passed Stopped School Bus
- Failure to Give Way When Overtaken
- Following Too Closely
- Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- Turn in Violation of Traffic Control
- Improper Method and Position of Turn
- Failure to Signal for Turn or Stop
- Failure to Yield to Emergency Vehicle
- Failure to Yield, Generally
- Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- Driving While License Suspended or Revoked
- Other Driver License Restrictions
- Commercial Driver Violations
- Vehicle Registration Violations
- Failure to Carry Insurance Card
- Driving Uninsured Vehicle
- Non-Moving Violations, Generally

Equipment

- Lamp Violations
- Brake Violations
- Failure to Require Restraint Use
- Motorcycle Equipment Violations
- Violation of Hazardous Cargo Regulations
- Size, Weight, Load Violations
- Equipment Violations, Generally

Other Violations

- Parking
- Theft, Unauthorized Use of Motor Vehicle
- Driving Where Prohibited
- Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
			<input type="checkbox"/>

STATEMENT OF DRIVER:

SEE ATTACHED STATEMENT

State of West Virginia Uniform Traffic Crash Report Driver and Vehicle Passenger Data

Crash Record Number:

Reporting Agency's Record Number: 08-243

Indiv #	Last	First	Middle Init.	Suffix	Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Seating Position			Occupant Protection	
												Row	Seat	Other	Type Used	App. Type
01	COTTRILL	ROBERT	P		01	01	[REDACTED]	08-15-1962	09F	M	K	1	1		01	01
02	ADKINS	JERRY	SHAWN		02	01	[REDACTED]	12-21-1971	39F	M	O	1	1		01	01
03	SUMMERS	CHRISTOPHER	WATSON		02	02	[REDACTED]	09-13-1976	09F	M	O	1	3		01	01

Occupant Type Codes:
 01 Driver
 02 Passenger
 03 Occupant of Motor Vehicle Not in Transport
 04 Unknown Vehicle Passenger

Injury Status Codes:
 A Incapacitating Injury
 B Non-Incapacitating Injury
 C Possible Injury

Injury Codes:
 K Killed
 O No Injury

Seating Position Codes:
 ROW
 1 Front
 2 Second
 3 Third
 4 Fourth
 5 Other Row
 6 Unknown

SEAT
 1 Left
 2 Middle
 3 Right
 4 Other
 5 Unknown
 6 Unknown

Medical Responding
 EMS Agency Run Number
 ID #

Type of Occupant Protection System Used Codes:
 01 None Used
 02 Shoulder and Lap Belt Used
 03 Shoulder Belt Only Used
 04 Lap Belt Only Used
 05 Child Restraint System - Forward Facing
 06 Child Restraint System - Rear Facing

Preper Use of Occupant Protection:
 01 Used Properly
 02 Used Improperly
 03 Unknown

DOT Approved Helmet:
 01 Yes
 02 No
 03 Unknown

Indiv #	From Above	Air-bag	Trapped	Extricated	Ejected	Ejection Path	Medical Transport	By	Responding Agency	EMS Run Number	Receiving Facility Name	Notified Time	Scene Time	Hospital Time	Date of Death	Time of Death	Place of Death
01	07	01	03	09	02										08/27/2009	19:39	02
02	01	01	01	01	01												
03	01	01	01	01	01												

Airbag Deployed Codes:
 DEPLOYED (This Seat):
 01 Front
 02 Side
 03 Other
 04 Multiple Directions (Front and Side)
 10 Unable to Determine - Due to Vehicle Damage

Trapped/Extricated Codes:
 01 Not Trapped
 02 Trapped / Extricated
 03 Unknown

Ejection Codes:
 01 Not Ejected
 02 Ejected, Partially
 03 Ejected, Totally
 04 Unknown

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

Medically Transported By:
 01 Not Transported
 02 EMS
 03 Law Enforcement
 04 Refused
 05 Other
 06 Unknown
 01 At Scene
 02 En Route
 03 At Medical Facility
 04 Home

Crash Record Number: _____

Vehicle Number: 03

Reporting Agency's Record Number: 06-243

Crash Events:

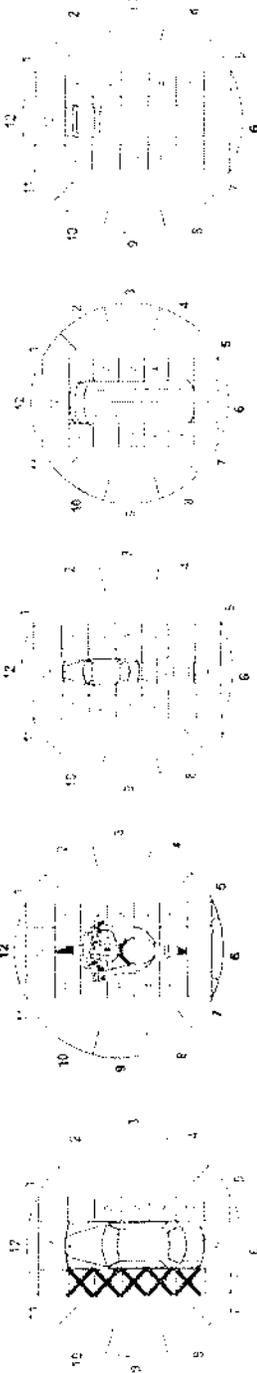
- 01 Overturn / Rollover
- 02 Fire / Explosion
- 03 Immersion
- 04 Jackknife
- 05 Cargo/Equipment Loss or Shift
- 06 Equipment Failure
- 07 Separation of Units
- 08 Ran Off Road Right
- 09 Ran Off Road Left
- 10 Cross Median / Centerline
- 11 Downhill Runaway
- 12 Fell / Jumped from Motor Vehicle
- 13 Thrown or Falling Object
- 14 Other Non-Collision COLLISION WITH:
- 15 Pedestrian
- 16 Pedalcycle
- 17 Railroad Vehicle
- 18 Animal
- 19 Motor Vehicle in Transport
- 20 Parked Motor Vehicle
- 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh
- 22 Work Zone / Maintenance Equip
- 23 Other Non-Fixed Object
- 24 Impact Attenuator / Crash Cushion
- 25 Bridge/Overhead Structure
- 26 Bridge Pier or Support
- 27 Bridge Rail
- 28 Culvert
- 29 Curb
- 30 Ditch
- 31 Embankment
- 32 Guardrail Face
- 33 Guardrail End
- 34 Cable Median Barrier
- 35 Concrete Barrier
- 36 Other Traffic Barrier
- 37 Tree (Standing)
- 38 Utility Pole / Light Support
- 39 Traffic Sign Support
- 40 Traffic Signal Support
- 41 Other Post, Pole, or Support
- 42 Fence
- 43 Mailbox
- 44 Other Fixed Object

Sequence of Events:

19 _____
Most Harmful Event: 19

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

- Single Unit Vehicle
- Motorcycle
- ATV
- Pass. Veh, Towing Unit
- Bus
- Tractor Trailer



- 13 Top
- 14 Undercarriage
- 13 Top
- 14 Undercarriage
- 13 Top
- 14 Undercarriage

Using the Numbers from the Diagram Above, Identify the Following:

Number of Trailing Units: 0

Trailing Unit #1: Same as Power Unit

Carrier / Owner's Name:

Address: _____ City _____ State _____ Year _____ Make _____ Model _____

Area of Initial Impact: 11 Most Damaged Area: 11

Trailing Unit #2: Same as Power Unit

Carrier / Owner's Name:

Address: _____ City _____ State _____ Year _____ Make _____ Model _____

Trailing Unit #3: Same as Power Unit

Carrier / Owner's Name:

Address: _____ City _____ State _____ Year _____ Make _____ Model _____

Property Damaged Other Than Vehicles:

- None
- Work Zone / Maintenance Equipment
- Impact Attenuator / Crash Cushion
- Bridge / Tunnel
- Culvert
- Guardrail
- Concrete Barrier
- Cable Median Barrier
- Other Traffic Barrier
- Utility Pole / Light Support
- Traffic Sign Support
- Traffic Signal Support
- Other Post, Pole or Support
- Fence
- Mailbox
- Other Fixed Object

Damaged Property Owner(s):

- WVDOH
- City
- Other
- Private
- Utility Company

Damaged Property Location:

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



Sheriff Of Nicholas County

Nicholas County Court House

700 Main Street - Suite 3 • Summersville, West Virginia 26651

Phone (304) 872-7880 • Fax (304) 872-7869

Web Page www.wvnscd.com



PRESS RELEASE (CRASH)

Date of Incident JUNE 24 2009 Time of Incident 1829 Location of Incident BIRCH RIVER

Type of Incident ACCIDENT Weather CLEAR Route # WIDEN-DILLE ROAD

#Person(s) Injured #Person(s) Killed 1 #Person(s) Charged

Name of fatality	<u>(b)(6)</u>	Address	<u>(b)(6)</u>	Age	<u>47</u>	Sex	<u>M</u>
Driver	<u>X</u>	Passenger	<u> </u>	Vehicle #	<u>1</u>	Next of kin notified	<u>YES</u> Who? <u> </u>
Vehicle description	<u>KAWASAKI (UTV)</u>		Year	<u>2008</u>			

Name of fatality	<u> </u>	Address	<u> </u>	Age	<u> </u>	Sex	<u> </u>
Driver	<u> </u>	Passenger	<u> </u>	Vehicle #	<u> </u>	Next of kin notified	<u> </u> Who? <u> </u>
Vehicle description	<u> </u>		Year	<u> </u>			

Name of injured	<u> </u>	Address	<u> </u>	Age	<u> </u>	Sex	<u> </u>
Driver	<u> </u>	Passenger	<u> </u>	Vehicle #	<u> </u>	Next of kin notified	<u> </u> Who? <u> </u>
Vehicle description	<u> </u>		Year	<u> </u>			

Name of Injured	<u> </u>	Address	<u> </u>	Age	<u> </u>	Sex	<u> </u>
Driver	<u> </u>	Passenger	<u> </u>	Vehicle #	<u> </u>	Next of kin notified	<u> </u> Who? <u> </u>
Vehicle description	<u> </u>		Year	<u> </u>			

Narrative: ON WEDNESDAY THE 24TH DAY OF JUNE 2009, A 2008 KAWASAKI TERYX (UTV) BEING DRIVEN BY (b)(6) (b)(6) AGE 47 FROM WIDEN DILLE ROAD IN BIRCH RIVER, NICHOLAS COUNTY, WV WAS TRAVELING WEST ON WIDEN-DILLE ROAD IN BIRCH RIVER, NICHOLAS COUNTY, WV, WHEN IT WAS STRUCK BY A 2000 DODGE DURANGO STOLEN OUT OF BRAXTON COUNTY AND BELIEVED TO BE DRIVEN BY (b)(6) FROM (b)(6) CREEK ROAD, BIRCH RIVER NICHOLAS COUNTY, WV. THE PASSENGER IN THE DURANGO WAS (b)(6) SUMMERS FROM 69 STONEY CREEK, BRAXTON CO, WV. BOTH DRIVER AND PASSENGER OF THE DURANGO FLED THE SCENE OF THE ACCIDENT. THE DRIVER OF THE UTV (b)(3)-CPSA Secti WAS KILLED AS RESULT OF THE INJURIES

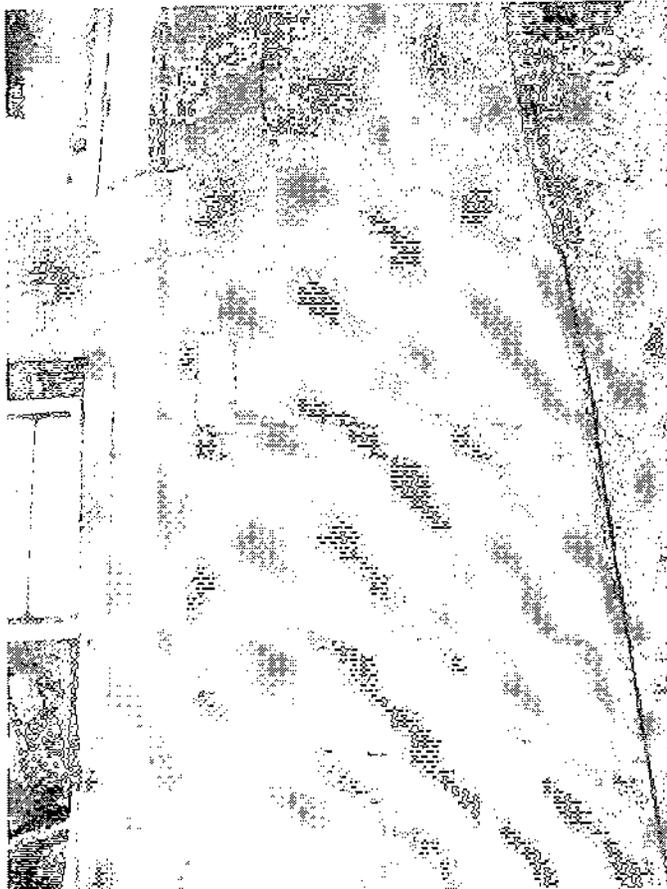
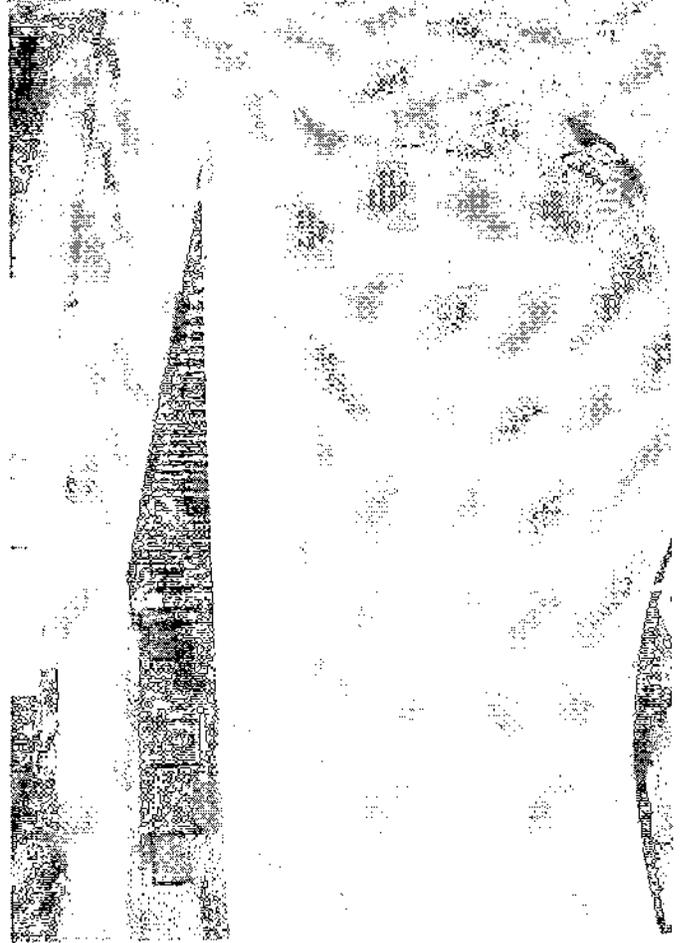
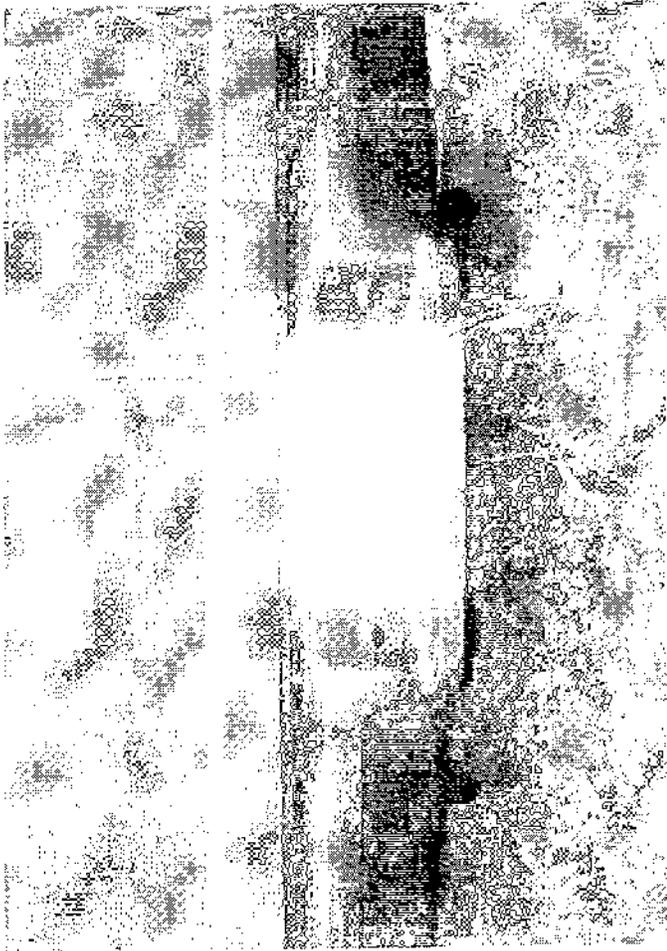
DURANGO TRYING TO FIND THE REGISTRATION AND INSURANCE CARD. I NOTICED BEER CANS IN THE VEHICLE. SOME WERE OPEN AND SOME WERE NOT BUT ALL OF THEM WERE COLD. I WAS UNABLE TO LOCATE THE CARDS, SO I THEN BEGAN TALKING TO PEOPLE ON SCENE TO SEE IF ANYONE SAW THE CRASH. I SPOKE WITH (b)(6). SHE WAS THE FIRST PERSON ON SCENE. SHE STATED, SHE HEARD A LOUD CRASH AND RAN OUTSIDE TO SEE WHAT IT WAS. WHEN SHE EXITED HER HOME SHE SAW THE TERYX IN THE ROAD AND RAN OUT TO IT. AS SHE RAN TOWARD IT SHE SAW TWO MEN GETTING OUT OF THE DURANGO AND RUN INTO THE WOODS. SHE THEN SAW (b)(6) LAYING ACROSS THE ROAD IN THE GRASS. SHE THEN RAN BACK INTO HER HOME AND TOLD HER HUSBAND TO CALL 911 AND GOT HER MEDICAL SUPPLIES. SHE THEN RAN BACK OUT AND TENDED TO (b)(6). BY THIS TIME JAN-CARE WAS ON SCENE WITH (b)(6) I THEN BEGAN TAKING PICTURES OF THE SCENE. AFTER TAKING PICTURES I THEN BEGAN TAKING MEASUREMENTS OF THE SCENE. AFTER GETING MEASUREMENTS, I BEGAN TALKING TO PEOPLE ON SCENE TO SEE IF ANYONE SAW ANYTHING. I WAS ABLE TO OBTAIN TWO STATEMENTS ON SCENE. ONE FROM (b)(6) THAT STATED HE SAW (b)(6) DRIVING THE SAME DODGE DURANGO MINUTES BEFORE THE CRASH, AND HAD FOLLOWED BEHIND IT UP THE ROAD. HOWEVER HE DID NOT SEE THE CRASH. THE SECOND STATEMENT WAS FROM (b)(6). HE ALSO STATED, HE SAW (b)(6) DRIVING THE DODGE DURANGO. BOTH MEN WERE IN THE SAME VEHICLE AND BOTH MEN KNOW (b)(6). I THEN CLEARED FROM THE SCENE AND DROVE TO THE BIRCH RIVER FIRE DEPUTY WERE DEPUTY J. CAPRIO WAS. HE HAD FOUND A CELL PHONE IN THE DURANGO AND WAS LOOKING FOR A LOCAL NUMBER. HE CALLED A LOCAL NUMBER AND RACHEL PETREY ANSWERED. SHE WAS WITH DEPUTY JAMES FROM THE BRAXTON COUNTY SHERIFFS DEPARTMENT. SHE GAVE THE PHONE TO HIM AND HE TOLD DEPUTY CAPRIO, (b)(6) AND (b)(6) HAD JUST ATTACKED THE OWER OF THE DURANGO AND HAD STOLEN IT FROM HIM. I WENT TO COLLINS WRECKER SERVICE, IN BIRCH RIVER, TO OBTAIN THE VIN # ON THE KAWASAKI TERYX AND TO LOOK IN THE DURANGO FOR AN INSURANCE CARD. I ALSO ASKED JOHN COLLINS IF HE WOULD SECURE THE DURANGO AND NOT LET ANYONE IN IT. HE STATED IT WAS BEHIND A LOCKED GATE, IN A LOCKED BUILDING AND NO ONE WOULD GET NEAR IT. AT THIS TIME, DPS UNIT 238 ADVISED HE HAD GOTTEN A CALL THAT A BLACK FORD RANGER HAD JUST PICKED UP A MAN, WITH NO SHIRT OR SHOES ON, THAT WAS HITCH HICKING ON WIDEN-DILLE RD. AND IT WAS GOING TOWARD BIRCH RIVER. BY THE TIME I GOT BACK TO RT. 19, M. E. UNDERWOOD (WVSC) ALONG WITH DEPUTY J. CAPRIO ,AND DEPUTY J. BAILEY HAD THE VEHICLE STOP AND HAD DETAINED THE MAN ((b)(6)). DEPUTY J. BAILEY TRANSPORTED MR. SUMMERS TO THE NICHOLAS COUNTY SHERIFFS DEPARTMENT FOR QUESTIONING. DEPUTY J. BAILEY TOOK A STATEMENT FROM (b)(6) AROUND 2200 HOURS WHILE I WENT TO SMH TO MEET WITH THE MEDICAL EXAMINER AND FAMILY OF (b)(3):CPSA Secti AFTER THAT MEETING IT WAS AROUND 0000HR. AND I GOT WITH DEPUTY J. BAILEY AND WE WENT BACK TO BIRCH RIVER TO GET WITH OTHER OFFICERS AND LOOK FOR JERRY ADKINS. WE WERE UN ABLE TO LOCATE HIM. SO AROUND 0330HR. DEPUTY J. BAILEY AND MYSELF LEFT THE AREA AND RETURNED TO THE OFFICE TO START PAPERWORK.

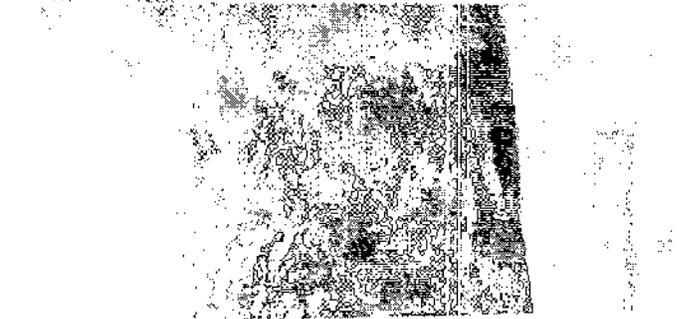
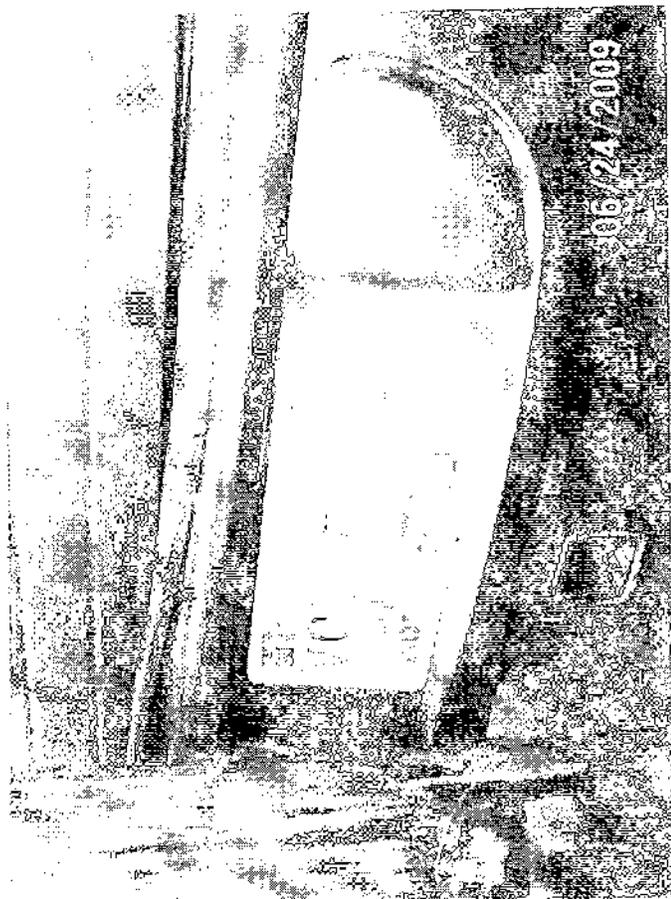
ON JUNE 25, 2009, I CAME OUT AROUND 1000HR. AT THIS TIME I WAS TOLD (b)(3):CPSA Section 25(c) HAD TURNED HIS SELF IN, IN BRAXTON CO. AND DEPUTY D. PLUMMER HAD WENT TO TAKE A STATEMENT FROM HIM. I THEN OBTAIN A WARRANT FOR (b)(6) FOR LEAVING THE SCENE OF AN ACCIDENT CAUSING DEATH AND OBTAIN A SEARCH WARRANT FOR DNA EVIDENCE LEFT ON OR NEAR THE DRIVERS SEAT AREA BY (b)(6). AT AROUND 1600HR. SGT. W. SHAFER AND MYSELF, WITH SEARCH WARRANT IN HAND WENT TO COLLINS WRECKER SERVICE AND SEARCHED THE DODGE DURANGO FOR DNA EVIDENCE. EVIDENCE OBTAINED INCLUDED DRIVERSIDE AIRBAG AND TWO SWABS FROM LOWER DASH AREA. AROUND 1800HR. FINISHED AND DROVE TO FEED THROUGH RUN ROAD TO (b)(6) HOME. MR. (b)(6) STATED (b)(6) CAME TO HIS HOME AROUND 0700HR., ON THIS DAY. (b)(6) ASKED (b)(6) IF HE WAS IN THE CRASH THE DAY BEFORE AND (b)(6) SAID YES, BUT (b)(6) SAID (b)(6) WAS DRIVING. (b)(6) ALSO TOLD HIM BOB JUST PULLED OUT IN FRONT OF HIM. AFTER TAKING THIS STATEMENT I WENT BACK TO THE OFFICE AND LOGGED MY EVIDENCE. NOTHING FURTHER AT THIS TIME.

ATTACHED TO THIS REPORT: STATMENTS FROM - (b)(6)

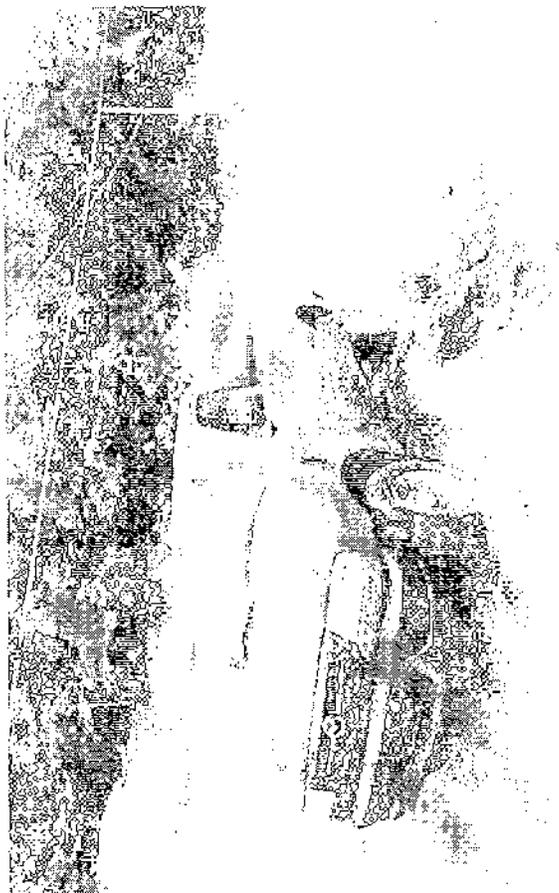
(b)(6)

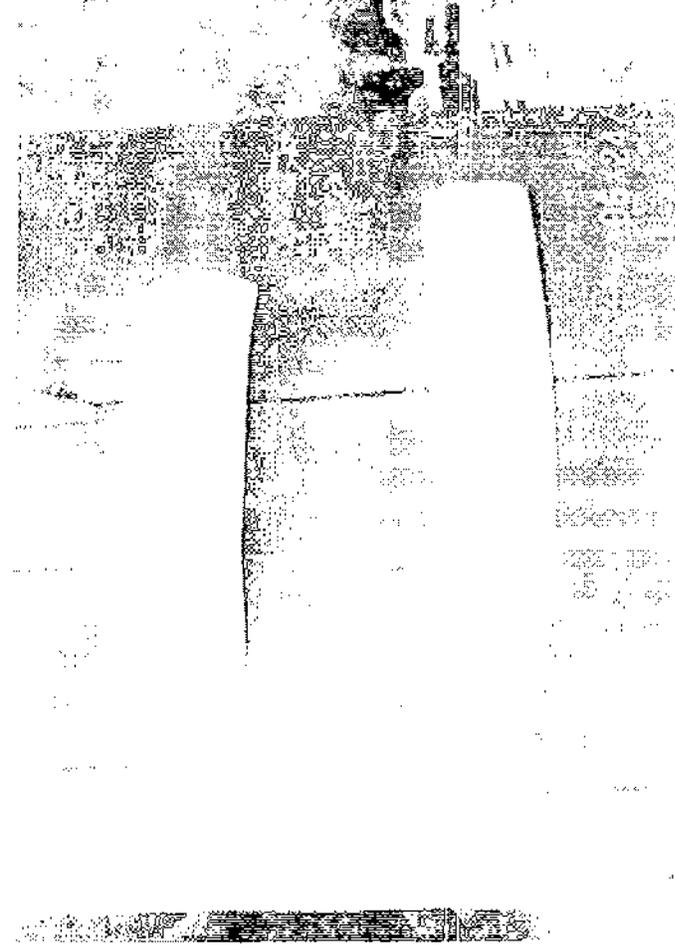
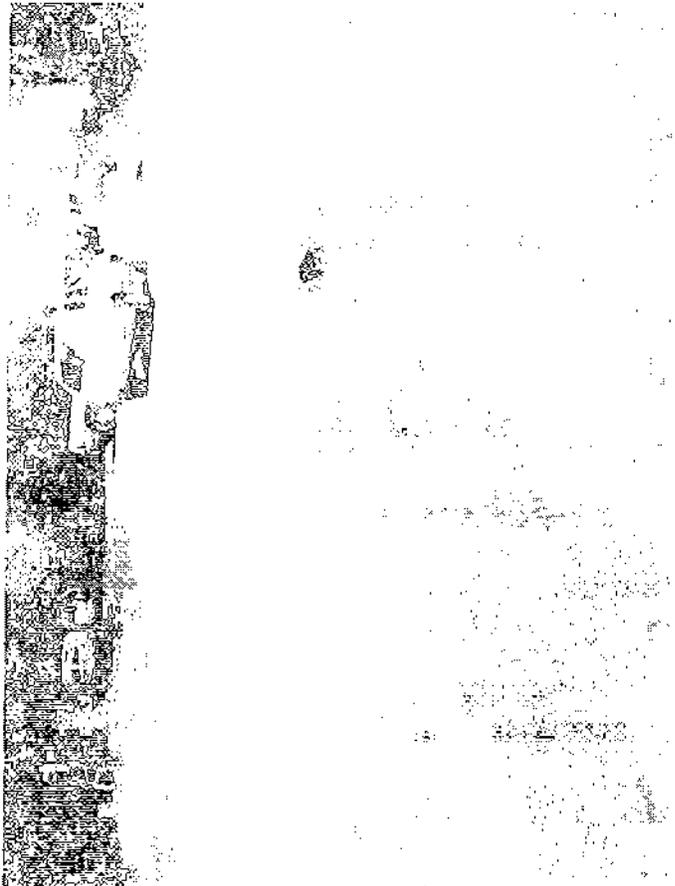
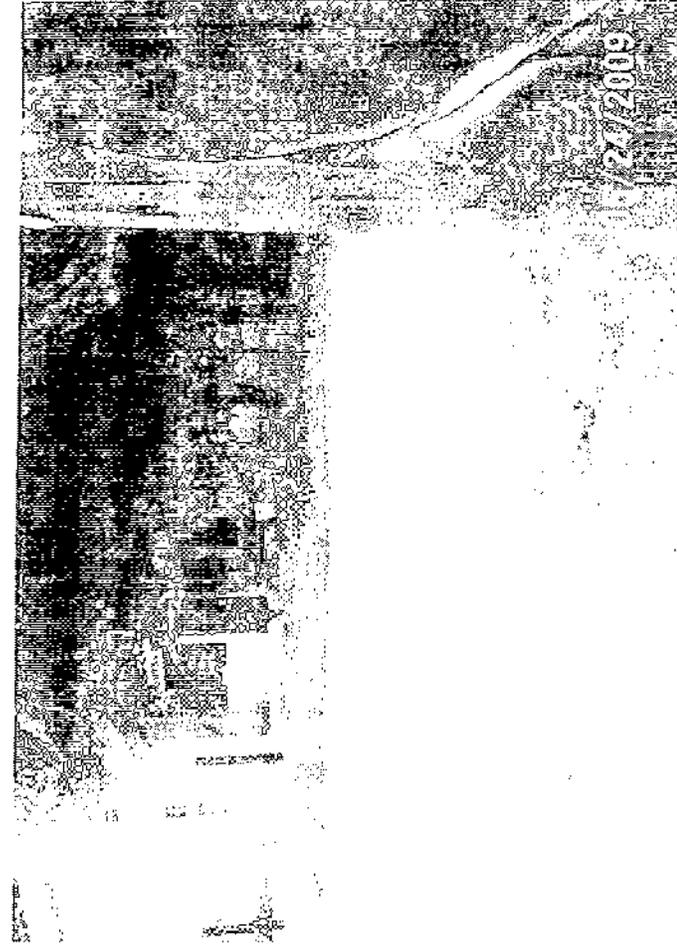
THE COMPLETE CRASH REPORT WITH PHOTOS

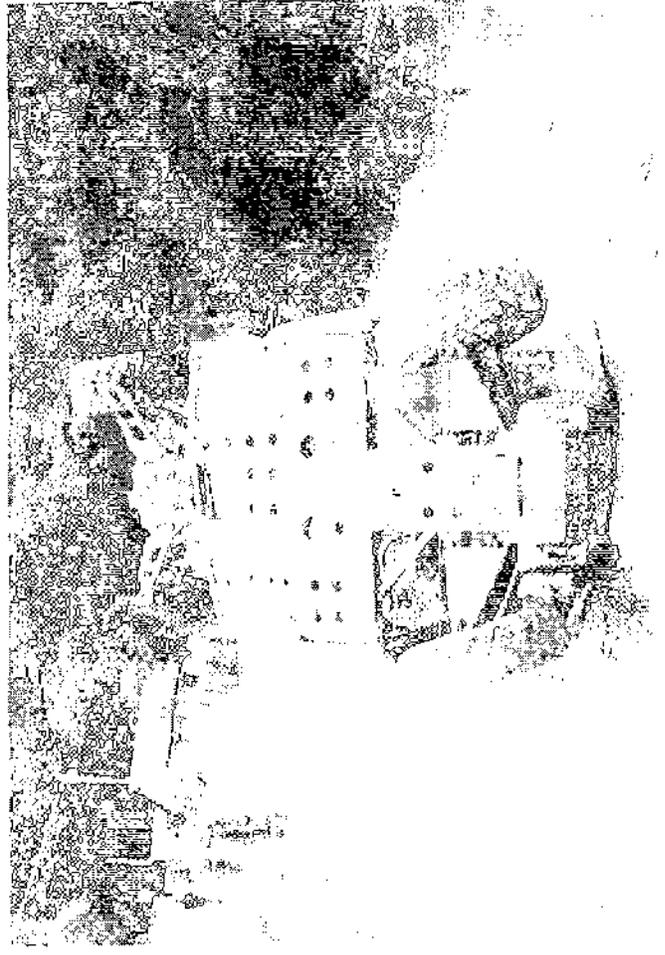


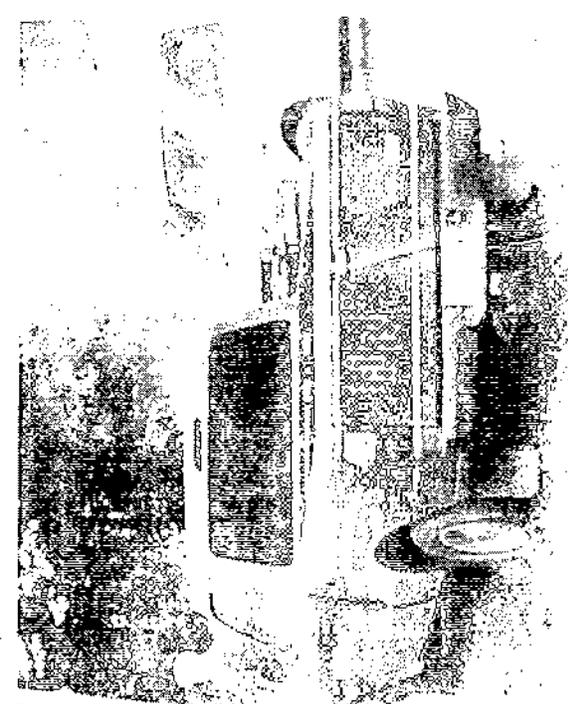






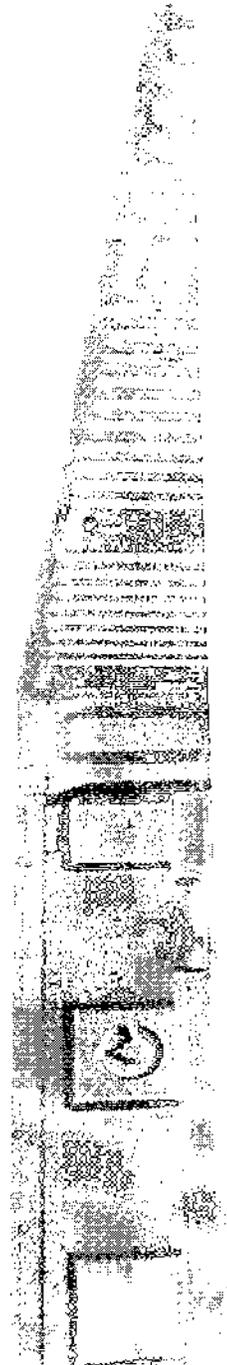
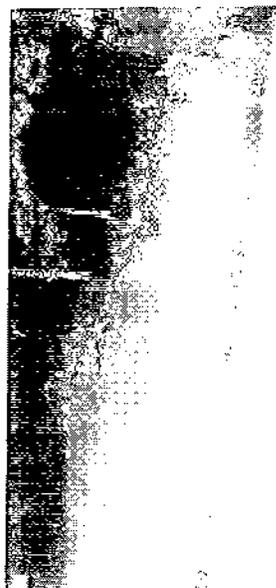












9









MEDICAL EXAMINER'S/CORONER'S REPORT FORM

To report a case by telephone, call (toll free) 1-800-638-8095. Say "THIS IS A MECAP REPORT." You will then be placed in contact with the MECAP Project Manager, who will ask for the information below. Or send by FAX to (301)504-0081.

Date of Incident: 06-24-09 Date of Death: 06-24-09

Type of Consumer Product Involved: MVA

Manufacturer, Model, Brand Name and Serial No. of Product: N/A

Is Product available for examination? Yes [X] No If Yes, Where?

Cause of Death: Multiple Injuries

Location of Incident: City: Birch River State: WV

Brief Description of incident sequence. Please indicate the Age, Sex and Race of victim(s):

Age: 46 Sex: M Race: White

See following # pages: 8

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

J.S. Underwood - Nicholas County Sheriff Department (304-872-7880)

Medical Examiner's/Coroner's case no.: N/A

Reporter's name: Antoinette Wooding Date reported: 06-24-09

Telephone number of office reporting the case: (304) 558-6920

Reporter's office address: OCME, 619 Virginia Street, West Charleston, WV 25302

Medical Examiner's/Coroner's Name: R.A. Stalnaker (Nicholas County)

Chief Medical Examiner's Name (if Applicable): James A. Kaplan, M.D.

For Processing at CPSC: Report Received By:

Chief Medical Examiner's Report () Copy for MECAP News () Regular MECAP ()

Document No.:

JAMES A. KAPLAN, M.D.
Chief Medical Examiner

NABILA HAIKAL, M.D.
First Deputy Chief Medical Examiner

ZIA SABET, M.D.
Deputy Chief Medical Examiner

HAMADA MAHMUDI, M.D.
Deputy Chief Medical Examiner

MATRINA SCHMIDT, M.D.
Deputy Chief Medical Examiner

ROBERT C. BELDING, M.D.
Deputy Chief Medical Examiner

JAMES KRANER, Ph.D.
Chief Toxicologist

JOHN M. CARSON, D.D.S., DABMDI
Chief Dental Examiner

DOUGLAS OWSLEY, Ph.D.
Forensic Anthropologist



JOE MANCHIN III
Governor

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CHIEF MEDICAL EXAMINER
619 Virginia Street West
Charleston, WV 25302
Phone: (304) 558-6920
FAX: (304) 558-7886

REPORT OF DEATH INVESTIGATION
AND POSTMORTEM EXAMINATION FINDINGS

CASE NO. WV-2009-2324

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

Date of Birth: August 5, 1962 Age: 46 years
Date of Death: June 24, 2009
Pronouncement: June 24, 2009 @ 7:39 p.m.
Body Received at OCME: June 25, 2009 @ 4:06 a.m.
Date of Examination: June 25, 2009
Examination Commenced: 9:55 a.m.
Examination Concluded: 10:45 a.m.

Autopsy Performed at: Office of the Chief Medical Examiner
619 Virginia Street, West
Charleston, WV 25302

Autopsy Performed by: **James A. Kaplan, MD**
Chief Medical Examiner

County Medical Examiner: R.A. Stalnaker, Co.M.E., Nicholas County

Investigating Agency: J.S. Underwood, Nicholas County Sheriff Department

FIU Investigator: Lisa Schurman, OCME Investigator

Appended: Toxicology Report

WV-2009-2324

IDENTIFICATION

The decedent is visually identified, confirmed by identification tag attached to the first digit of the right foot.

EXTERNAL EXAMINATION

The decedent is received in supine position, enclosed within a body bag secured with lock tab #2218947, verified to be intact by documentation of the tab number on the OCME 1.

CLOTHING AND OTHER ITEMS ACCOMPANYING THE BODY:

The decedent is received wearing a blue short sleeve shirt which is opened in front; white jockey style underwear, blood stained; and white socks. No other personal items accompany the decedent.

GENERAL BODY DESCRIPTION:

The body is that of a normally developed white male adult whose appearance is consistent with the recorded 46 years of age. The body is of morbidly obese habitus, with a body length of 73 inches and a body weight of 315 pounds as received within the body bag. Preservation is good in the absence of embalming. Unfixed lividity is present over the posterior aspect of the body. Rigor is fully established across all joints. The body is warm to touch following brief refrigeration.

The face is well developed and congested, without evidence of injury. There is a normal hairline formed by 1½ inch long straight brown scalp hair. There is facial beard stubble. The scalp is without evidence of injury on external examination. The eyelids are closed. The corneae are clear. The irides are blue. The conjunctivae are congested, without petechial hemorrhages. The ears are unremarkable bilaterally. The nose and nasal skeleton are intact. The mouth, including lips and buccal mucosa, is without evidence of injury. There is natural dentition in good repair.

The neck is of wide, short architecture; the chest and abdomen are obese in type with diffuse abdominal striae. There is an average amount of body hair in male distribution.

The limbs are equal and symmetrically developed, with trivial injury to be described below. The fingernails are well trimmed and without damage.

The back and buttocks are well formed and symmetric, remarkable for injuries to the back to be described below. Genitalia are those of a circumcised adult male, remarkable for a small scrotal laceration to be described below. The anus is unremarkable.

WV-2009-2324

SCARS, TATTOOS, AND OTHER MARKINGS:

Scars: No significant scarring is noted.

Tattoos: No tattoos are present.

Other surface features: There is soiling of the face with gastric material.

EVIDENCE OF MEDICAL RESUSCITATION/THERAPY

An oropharyngeal airway has been inserted into the oral cavity. There is a 3 inch area of abrasion over the precordium, consistent with external cardiac massage. There are cardiac monitor pads over the upper left chest, upper and lower left abdominal flank and mid right abdominal flank. An intraosseous catheter has been inserted into the left shin. Two needle punctures are noted over the right antebrachium. There is nondisplaced fracture of left ribs 3-5 anterolaterally and nondisplaced fracture of right ribs 6 and 7 anterolaterally, without significant surrounding hemorrhage; attributable to external cardiac massage.

EVIDENCE OF POSTMORTEM ORGAN/TISSUE PROCUREMENT

None.

EVIDENCE OF INJURY

Present over the upper back is diffuse contusion with focal areas of contusion and abrasion noted over the medial right mid back and left lower back surfaces. Present over the anterior right mid thigh is a 4 inch area of vague contusion. Present is a ½ inch laceration of the scrotal sac.

Subsequent autopsy demonstrates a 1½ inch contusion of the mid upper occiput. Present is diffuse subarachnoid hemorrhage with blood present within the cerebral ventricular system and laceration of the medulla.

There is gaping fracture of thoracic vertebra 2 with visualization of the underlying cord, associated with 800 mL of left hemothorax and 400 mL of right hemothorax.

Present is diffuse visceral congestion.

WV-2009-2324

INTERNAL EXAMINATION

Organ Weights

Brain:	1520 g	Heart:	600 g	R. Lung:	400 g
L. Lung:	370 g	Liver:	2900 g	Spleen:	320 g
R. Kidney:	190 g	L. Kidney:	200 g		

Direct examination of the head and central nervous system, structures of the neck, body cavities, cardiovascular system, respiratory system, hepatobiliary system, lymphoreticular system, genitourinary system, gastrointestinal system, endocrine system, and musculoskeletal system is without evidence of natural diseases, except as noted below:

Present is marked concentric left ventricular hypertrophy associated with 70% focal stenosis of the mid left anterior descending artery and 50% stenosis of the distal right coronary artery, by atheroma. Coronary thrombosis is not noted.

Present is hepatic steatosis with congestive hepatosplenomegaly.

Other findings: Present are 800 mL of gastric contents as a tan slurry with recognizable potato, chicken, carrot and broccoli fragments. The urinary bladder is distended with approximately 500 mL of clear yellow urine. The gallbladder contains an estimated 15 mL of fluid bile; present is cholelithiasis represented by a small number of irregular pigment-type stones. Body wall adipose measures 2 inches in maximum thickness over the anterior abdominal wall. The appendix is present.

MICROSCOPIC EXAMINATION

Histologic examination is deferred.

AUTOPSY IMAGING

PHOTOGRAPHY: Routine photographs are obtained at autopsy; archived within the OCME case file.

RADIOGRAPHY: Deferred.

FINGERPRINTS: RH 1; archived at the OCME.

ANCILLARY PROCEDURES

None.

WV-2009-2324

MATERIAL RETAINED

EVIDENCE COLLECTED: None.

TISSUE/FLUID SAMPLES RETAINED:

- Preserved in formalin: routine organ tissue samples.
- Frozen for toxicologic analysis: samples of subclavian blood, urine, gastric contents and liver.
- Retained for potential DNA analysis: blood sample card x2.

FINDINGS

I. Multiple injuries due to all-terrain vehicle accident

- A. Closed head injury with medullary laceration
- B. Displaced lacerating fracture of thoracic vertebra 2
 - 1. Bilateral hemothoraces: 1200 mL blood accumulation
- C. Extensive contusion to upper back
- D. Occipital scalp impact site

II. Investigation: unhelmeted ATV operator struck by second vehicle

III. Toxicology: no findings

IV. Significant, noncontributory natural disease

- A. Morbid obesity
 - 1. Cardiomegaly (600 grams)
 - 2. Hepatic steatosis
 - 3. Congestive hepatosplenomegaly
- B. Single-vessel atherosclerotic coronary artery disease
- C. Sleep apnea (clinical)
- D. Pigment stone cholelithiasis

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

WV-2009-2324

OPINION

CAUSE OF DEATH AND CONTRIBUTORY CONDITIONS/ FACTORS: It is our opinion that (b)(3):CPSA Section 25(c) Jr., a 46-year-old man, died as the result of multiple injuries sustained as the unhelmeted ATV operator struck by a second vehicle.

RULING

MANNER OF DEATH: Death circumstances as determined by investigative and postmortem findings indicate the manner of death to be accident.


James A. Kaplan, M.D. 8/21/09
Chief Medical Examiner Date


Nabila Haikal, M.D. 8.24.09
First Deputy Chief Medical Examiner Date

APPENDED: Toxicology Laboratory Report #2009-2324

JAK/NH/dsh

STATE OF WEST VIRGINIA
OFFICE OF THE CHIEF MEDICAL EXAMINER
TOXICOLOGY REPORT

Name of Deceased: (b)(3):CPSA Section 25(a)
Case Number: 09-2324
Pathologist: Dr. Kaplan

Date of Request: 06-25-09
Date Received: 06-25-09

Sample Received

Subclavian Blood
 Hospital Blood
 Gastric Contents
 Urine
 Liver
 Vitreous Fluid
 Tissue
 Other

Analysis Performed

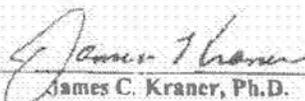
Blood Alcohol
 Drugs of Abuse Immunoassay (Blood)
 Drugs of Abuse Immunoassay (Urine)
 Alkaline Drug Screen (Urine)
 Alkaline Drug Screen (Blood)
 Acidic and Neutral Drug Screen (Blood)
 Carbon Monoxide (Blood)
 Other

Results

Sample	Drug	Concentration	Therapeutic	Toxic	Lethal
Blood	Ethanol	None Detected			
Blood	Drugs	None Detected			

Comments

No alcohol or drugs were detected.


James C. Kraner, Ph.D.
Chief Toxicologist

7/16/09
Date

OCME 10 (In-House)
REVISED: 5-12-03

Reviewed: MA6

STATE OF WEST VIRGINIA
 DEPARTMENT OF HEALTH & HUMAN RESOURCES
 OFFICE OF THE CHIEF MEDICAL EXAMINER
 619 Virginia Street, West
 Charleston, WV 25302
 (304) 558-6920 - FAX (304) 558-9039

Security Seal Tab #:

2218947

FOR OCME USE ONLY:

CASE #: 09-2324

DR: JK

JUN 26 2009

- OFFICE OF THE CHIEF
 MEDICAL EXAMINER
- DEATH INVESTIGATION REPORT & T.O.D. EXAMINATION
 EXTERNAL EXAMINATION REPORT
 COMPLETION OF DEATH CERTIFICATE (Copy Attached)

County of Death: Nicholas

Date: 06-24-2009

County ME/C: Dr. A. Stalinger

Notified by/Date/Time: Ted Joy

DECEDENT	(b)(3):CPSA Section 25(c),(b)	Occupation: <u>Technician for Cable Co.</u>	(Do not use retired)
ADDRESS:	(6)	SSN: <u>(b)(6)</u>	
		DOB: <u>08-05-1962</u>	
		AGE: <u>46</u> SEX: <u>m</u> RACE: <u>W</u>	
Next of Kin: <u>Joyce Lee Cottrell</u>	Relationship: <u>Spouse</u>	Phone: <u>304-649-5002</u>	

Date of Death: 06-24-2009 @ 19:39 m. Witness: _____

Last Known Alive: 06-24-2009 @ 18:15 m. By: Spouse

Found Dead: 06-24-2009 @ 19:39 m. By: Jon Case EMS

Pronounced: 06-24-2009 @ 19:39 m. By: Dr. Bennette Med Base

PLACE OF DEATH: Wide Dillie Rd approx 3 mi from US19 at the Bottom of Corey Brown Hill, Birch, W. Side
 City/Town: Birch River, WV 26610

DOA ER OR/RR Nursing Home At Home other _____ Found (died elsewhere)

Complete this block if any Suspected Incident is checked below

Suspected Incident(s): (check all that apply)	DATE OF INJURY:	TIME OF INJURY:	WITNESSED? (yes or no)	PLACE OF INJURY (home, etc.)
<input type="checkbox"/> Electrocution <input type="checkbox"/> Fall <input type="checkbox"/> Firearm <input type="checkbox"/> Assault <input type="checkbox"/> Fire <input type="checkbox"/> Neglect <input type="checkbox"/> Tox/OD <input type="checkbox"/> Exposure <input type="checkbox"/> Drowning <input type="checkbox"/> Hanging <input type="checkbox"/> Suffocation <input checked="" type="checkbox"/> MVA <input type="checkbox"/> Positional asphyxia <input type="checkbox"/> Compression asphyxia <input type="checkbox"/> Other _____	<u>06-24-2009</u>	<u>18:29</u>	By: <u>No</u>	<u>Roadway</u>
INJURY LOCATION ADDRESS: <input checked="" type="checkbox"/> Same as place of death				
<input checked="" type="checkbox"/> IF MVA: Restrained <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Airbag <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Helmet <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Ped <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Work-related: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____				

Investigation by: J. S. Underwood

Agency: Nicholas County SO

Phone: 304-872-7880

Agency: _____

Phone: _____

OCME I
 REVISED 03-01-07

OCME Consult: Lisa Schurman

Date/Time: 06-24-2009/23:24

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

CIRCUMSTANCES OF DEATH:

The Decedent had finished supper and was going to take his Kawasaki
Teryx 750cc ATV for a ride. The ATV he was riding was struck from the rear
by another vehicle that was stolen from Brocton County. The vehicle struck the
ATV in the left lane causing it to roll and ejected the decedent. The ATV
was equipped with a roll bar but, the decedent was unrestrained and not wearing a
helmet. The stolen vehicle that the scene one suspect that is believed to be
the passenger was taken into custody by Nicholas County Sheriff deputies. The
suspects face multiple charges in Brocton & Nicholas counties. The suspects are alleged
to have rounded up a guard in Brocton County and stole his vehicle.

- 1. Brocton: Robbery and Malicious Wounding?
 - 2. Nicholas: Felony Fleeing Accident scene causing death?
- Both Counties have warrants
for the suspects

The Brocton County Deputy is Aron Jones 304-765-5122

EKG pads were in place

★ The EMS transported the body to the funeral home instead
of notifying the M.E. The me was advised by funeral home and then I
called for Deputy Underwood to meet me at the hospital (SMH)

Check here if supplemental information sheet used.

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

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

The Decedent was brought to Sumnerville Memorial Hospital by White Funeral Home who had notified us of his arrival at their place of Business. The Decedent was wrapped in sheets with no clothes on and a thread (black) had been put on the sheets to hold his arms in position. A bruise was noted on his chest and on inspection of the deputy revealed the steering wheel of the ATV was broken and only the return remained. There was an oral pharyngeal airway in place and 20 in (1) in just below the line and a bag of 100% O2 lying at the decedent's (R) shoulder.

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

Describe surface under body: ED/cot

HISTORY:

Primary Physician: (b)(3):CPSA Se Office Phone: (b)(3):CPSA Sectio

Other Physician: _____ Office Phone: _____

Surgeries/Hospitalizations: _____

Illnesses/Allergies: NEA/ Sleep Apnea with C-PAP

quit smoking approx 1 year ago

Psych: None known

Family/Social: _____

Other: _____

MEDICAL RECORDS: Requested/Received Yes No Reviewed Yes No Copy Attached Yes No

Records available from: S.M.H Phone: 304-872-2991

Records available from: _____ Phone: _____

IF RECORDS SENT: Please attach copy of OCME-19a.

MEDICATION/DRUGS - PLEASE LIST ON PAGE 4

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

TIME OF DEATH EXAMINATION

EXAMINATION:

Location: SMH Date/Time Started: 06-24-09 22:30 Completed at: 06-24-09 23:15

Witness: (b)(6) Witness:

IDENTIFICATION: Confirmed: [X] Yes [] No

Method:

[] Visual I.D. by whom: [] Photo I.D. [X] WVDL [] Other Photo I.D.: Describe Please submit I.D. document used

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

[X] Marked [] Absent [] Reduced [] Ill-Defined [] Patterned Location: forehead Color: purple Blanches: [X] Readily [] Sluggishly [] Fixed Lividity

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

Jaw [X] None [] Slight [] Moderate [] Full [] Marked/Muscular Arms [X] None [] Slight [] Moderate [] Full [] Marked/Muscular Legs [X] None [] Slight [] Moderate [] Full [] Marked/Muscular Fingers [X] None [] Slight [] Moderate [] Full [] Marked/Muscular [] Developing [] Receding Factors Affecting: If rigor has been broken explain:

TEMPERATURES: [] Indoor Scene [] Outdoor Scene

Torso temp: [] Cold (ambient) [X] Cool [] Warm [] Hot Time: 18:56 Rectal temp: Time: Ambient temp: 70° Time: 18:56 [] Focal heat source? (Describe type and location relative to body): Ground temp, if applicable: Time: Water temp, if applicable: Time: If Outdoor Scene: Weather [] Rainy [] Sunny [] Cloudy [] Windy

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

EXTERNAL EXAMINATION

(This block should not be completed if case sent for autopsy)

Development: Normal Other _____ Adult Adolescent Child Infant

BUILD: _____ NUTRITIONAL STATUS: _____ HT _____ WT _____ SEX _____

RACE: _____ AGE: _____ Appears stated age? _____

DOCUMENT ALL PHYSICAL EXAM FINDINGS ON BODY DIAGRAMS PROVIDED

(Scars/Marks/Tattoos/Therapy/Injury/Etc.)

- DIAGRAMS SUBMITTED: No findings/No diagram submitted Full Body A/P
 Head diagram; A/P Full Body, lateral
 Head diagram, lateral and vertex Hand R & L
 Neck, inferior view

TOXICOLOGY: Specimens Obtained: Subclavian/Femoral Blood Urine Vitreous
Time Collected: _____ Date Collected: _____ Admission/Hospital Blood (# tubes _____)

PHOTOS REQUESTED: Yes No TYPE: DIGITAL 35mm POLAROID APS PHOTO # _____

Photo taken by: J. S. Underwood Agency: Michoud County SO Date/Time 06-24-2009

EVIDENCE COLLECTED FROM BODY: None List _____

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

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

CAUSE OF DEATH: _____ PENDING AUTOPSY
Other Significant Conditions: _____
MANNER OF DEATH: Natural Accident Suicide Homicide Pending Autopsy

FOR BILLING PURPOSES - I attest that I performed the procedures indicated below:

- Death Scene Visit/External exam of body/review of pertinent records/completed death certificate
 Death Scene Visit/Partial exam of body/body submitted for autopsy
 External exam of body/Review of pertinent records/completed death certificate

[Signature]
Medical Examiner/Coroner

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

CLOTHING AND VALUABLES

EXTERNAL CLOTHING: (List number and clothing color)

____ Nude _____	# ____ Hose _____	# ____ Belt _____
# ____ Slacks _____	# ____ Panties _____	# ____ Hat _____
# ____ Shirt _____	# ____ Slip _____	# ____ Gloves _____
# ____ Socks _____	# ____ Day Shorts _____	# ____ Scarf _____
# ____ Undershirt _____	# ____ Sweatpants _____	# ____ Coat _____
# ____ Underwear <u>Wise Books</u>	# ____ Sweatshirt _____	# ____ Dentures ↑↓ _____
# ____ Tie _____	# ____ Pajamas ↑↓ _____	# ____ Eyeglasses _____
# ____ Sweater _____	# ____ Nightgown _____	# ____ Cell Phone _____
# ____ Dress/Skirt _____	# ____ Robe _____	# ____ Hospital gown _____
# ____ Thermals ↑↓ _____	# ____ Shoes/Boots _____	# ____ Other _____
# ____ Bra _____	_____	_____

Currency: \$ 17 Coins: \$ 0 Credit Cards: 0 Cash Cards: 0

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

DISPOSITION OF CLOTHING:

LEFT ON BODY GIVEN TO FUNERAL HOME SEE EVIDENCE, PG. 6
 GIVEN TO _____

DISPOSITION OF VALUABLES:

LEFT ON BODY GIVEN TO FUNERAL HOME SEE EVIDENCE, PG. 6
 GIVEN TO _____

Person accepting custody of clothing / valuables: _____

Signature: _____ Agency: _____ Date: _____

WITNESS: _____ Date: _____

OCME 1
REVISED 03-01-07

091125HCC1144

ATTACHMENT #4

Contact Sheet

Contacted on 10/04/09

Nicholas County Sheriff

700 Main Street, Suite #3

Summersville, WV. 26651

304-872-7880

091203HCC3141

Information contained in this report was obtained from an incident report and coroner's report.

On 09/18/09, a 41-year-old-male was riding a 4-wheeled utility vehicle in a field located on private property with his 14-year-old-son as a passenger. The speed of travel at the time of the incident was estimated to be approximately 30 mph. The UTV operator was not wearing a seat belt, but a seat belt was being worn by his 14-year old son. It is unknown if they were wearing helmets.

The operator was riding his UTV in a circular motion in the field, before he made a decision to make a sharp left turn. During the process of turning, the wheels on the passenger side dug deep into the ground. The UTV overturned and ejected the UTV operator, causing him to sustain fatal injuries. Due to the passenger using the seat belt he was still strapped in the seat when the UTV came to rest on top of his father.

The 14-year-old exited the UTV without any injuries and tried to lift the vehicle off his father but was unsuccessful. When he realized he could not lift the vehicle he called his mother.

Upon arrival of 911 personnel, they found the UTV still lying on top of the victim and immediately lifted it off of him. They observed that the victim was unresponsive, and he was pronounced on the scene by the county coroner and transported to the county coroner's facility for further examination. His cause of death was determined to be blunt trauma of the chest.

An interview with the property owner revealed that he had posted a no trespassing sign near the entrance to the field but he found it lying on the ground and believed someone had taken the sign down. He also stated that although he had seen the victim driving the UTV in the area before, he did not personally know the victim and he had never given the victim permission to access his property

091203HCC3141

PRODUCT INFORMATION:

Product: Kawasaki
Model: Terxy Sports 4X4
VIN: Unknown
Serial #: KRF-750-L9

ATTACHMENTS:

1. Sheriff's Incident report
2. Photos (6)
3. Coroner's Report
4. Death Certificate
5. Contact Sheet
6. DRS Form

INCIDENT REPORT

Incident: 200900026204 - Case: 09-424

INCIDENT DATES/TIMES:

Reported Date/Time:	09/18/2009	16:19:25	Completed Date/Time:	09/18/2009	17:50:17
Dispatched Date/Time:	09/18/2009	16:20:40	Earliest Date/Time:	09/18/2009	16:00:00
Enroute Date/Time:	09/18/2009	16:20:42	Latest Date/Time:		
Arrival Date/Time:	09/18/2009	16:25:00			

INCIDENT LOCATION:

2780 S Il Rte 2 Oregon IL 61061

OFFICERS ASSIGNED:

D20	00000295	Deputy Jeremy Pennington
	00000006	Sheriff Gregory Beitel

COMPLAINANT:

Name:
Address:
City/State:

OFFENSES:

<u>UCR</u>	<u>Offense - Description</u>	<u>Statute - Description</u>	<u>Degree</u>	<u>Class</u>	<u>Level</u>
U	0000006561 - Accident Involving De				

SUBJECT(S) INVOLVED:

<u>Type</u>	<u>Name</u>	<u>DOB</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Phone</u>
Accident	Cox, James	07/27/1968	2785 Il Rte 2	Oregon, IL 61061	8159736483
Accident	Cox, Quintin J	04/11/1995	506 Illinois St	Oregon, IL 61061	8159733659
Contact	Greenfield, Timothy N Unknown	07/06/1952	2757 Il Rte 2	Oregon, IL 61061	8157324117
Victim	Cox, James	07/27/1968	2785 Il Rte 2	Oregon, IL 61061	8159736483
Witness	Cox, Quintin J	04/11/1995	506 Illinois St	Oregon, IL 61061	8159733659

NO IMAGE
AVAILABLE

DOB:

INCIDENT REPORT
Incident: 200900026204 - Case: 09-424

VICTIM/SUBJECT:

Victim # 001

Name: (b)(3):CPSA Section
Addr: 25(c),(b)(6)
City/St:
Phone:

DOB: 07/27/1968
Race: W
Sex: M
Age: 41
Height:
Weight:
ST:

Ethn:
Hair:
Eyes:
Skin:
Face:
Resident:

SSN:
OLN:
Type: Individual

Offender #

Name:
Addr:
City/St:
Phone:

DOB:
Race:
Sex:
Age:
Height:
Weight:
ST:

Ethn:
Hair:
Eyes:
Skin:
Face:
DANGEROUS:
Resident:

SSN:
OLN:

Witness # 001

Name: (b)(3):CPSA
Addr: Section 25(c),(b)(6)
City/St:
Phone:

DOB: 04/11/1995
Race: W
Sex: M
Age: 14
Height:
Weight:
ST:

Ethn:
Hair:
Eyes:
Skin:
Face:
Resident:

SSN:
OLN:

Contact # 001

Name: (b)(6)
Addr:
City/St:
Phone:

DOB: 07/06/1952
Race: W
Sex: M
Age: 57
Height:
Weight:
ST:

Ethn:
Hair:
Eyes:
Skin:
Face:
Resident:

SSN:
OLN:

INCIDENT REPORT
 Incident: 200900026204 - Case: 09-424

VEHICLE:

<u>Plate #</u>	<u>State</u>	<u>Type</u>	<u>VIN</u>	<u>Yr</u>	<u>Make</u>	<u>Model</u>	<u>Color</u>	<u>Value</u>
----------------	--------------	-------------	------------	-----------	-------------	--------------	--------------	--------------

PROPERTY:

<u>No.</u>	<u>Loss Type</u>	<u>Qty.</u>	<u>Make/Model/Style</u>	<u>Description</u>	<u>Serial #</u>	<u>Value</u>	<u>Evd.</u>	<u>RecDate</u>	<u>Rec Val</u>
1	Other		Kawasaki Teryx	Motor Vehicles - Wrecked - Black And Green Kawasaki Teryx Sport 4X4	KRF-750-L9	8000.00	N		
2	Evidence			Photographs - Evidence Item #1 - C.D. Containing Photos Of Accident Scene		0.00	Y		

SYNOPSIS:**APPROVALS:**

<u>Function</u>	<u>ID</u>	<u>Name</u>	<u>Date</u>	<u>Status</u>
Entered				
Investigated				
Reviewed				

OGLE COUNTY SHERIFF'S OFFICE
NARRATIVE REPORT

INCIDENT #	DATE	LOCATION OF OFFENSE
09-26204	09/18/2009	(b)(6) Oregon
OFFENSE	OFFICER	BADGE #
Accident involving Death	Pennigton, Jeremy	295

On 09/18/2009 I was advised of an ATV accident located in a hay field near (b)(6) Oregon. While en route to the location I learned the ATV was still laying on top of the victim, later identified as (b)(3):CPSA Se (07/27/1968). The field is located on the west side of Route 2 with access being gained to the property via a dirt trail leading through a wooded area belonging to Castle Rock State Park. I later learned that property where this incident occurred belongs to (b)(6) See supplemental report for complete details.

Upon arrival at the location, I noticed a large black and green Kawasaki Teryx 4X4 (ATV style vehicle) resting on it's top with the roll bar touching the ground and the tires in the air.. I also noticed (b)(6) laying on the ground near the front of the Kawasaki. (b)(6) was covered by a white blanket with Oregon ambulance and Oregon Fire Department personal standing by. I spoke with Emergency personal and learned the Kawasaki was still laying on top of (b)(6) when they arrived, at which time they lifted the Kawasaki off of him. I was informed there were no sign of life upon their arrival. I removed the blanket and viewed (b)(6) body. (b)(6) was laying on his back with his hands down by his side. (b)(6) head and face were dark purple as well as his hands. I did not observe any other obvious injuries to (b)(6). Photographs of the scene were taken and later placed into evidence as item #1.

I then spoke with (b)(6) (04/11/1995). (b)(6) was standing with some family members that had arrived prior to my arrival. (b)(6) advised me his mother was also en route to the location. (b)(6) stated he arrived at his fathers residence, (b)(6), shortly after school was dismissed for the day. (b)(6) stated he and his father ((b)(6)) decided to go for a ride on the Kawasaki and advised they were in the field for just a few minutes prior to the accident. (b)(6) stated he was seated in the passenger seat wearing his seatbelt. (b)(6) said (b)(6) was operating the Kawasaki and was not wearing his seatbelt. (b)(6) explained when they entered the field, (b)(6) made a large loop around the filed a started to make a sharp left turn. (b)(6) said at some point during the turn, the passenger side tires dug in to the ground, causing the Kawasaki to over turn. (b)(6) stated (b)(6) was ejected from the vehicle as it over turned and eventually came to rest on top of him. (b)(6) said he was still strapped in the seat when the vehicle came to rest. (b)(6) explained he exited the vehicle and tried to lift it off of his father but was unsuccessful. (b)(6) stated once he realized he could not lift the vehicle, he called his Mother (b)(6) for help. (b)(6) estimated they were traveling approximately thirty mile per hour when the vehicle over turned. (b)(6) stated he was not injured during the incident.

(b)(6) mother, (b)(6) arrived at the location, at which time I explained what had happened. (b)(6) stated she understood and asked if she and (b)(6) could leave the scene. I advised (b)(6) that she and (b)(6) were free to leave and advised her someone from the Sheriff's Department would contact her once the investigation was complete. (b)(6) stated she

OGLE COUNTY SHERIFF'S OFFICE
NARRATIVE REPORT

and (b)(6) would be at (b)(6) residence, where other family members had gathered. Neither (b)(6) or (b)(6) knew who owned the property.

At approximately 4:45 p.m. Ogle County Coroner, Lou Finch, arrived at the scene and pronounced (b)(3):Exem deceased. Coroner Finch then took possession of Cox's remains. The Kawasaki was removed from the scene by John T's towing. I also completed crash report #5584128. Nothing further at this time.

OGLE COUNTY SHERIFF'S OFFICE
NARRATIVE REPORT

INCIDENT #	DATE	LOCATION OF OFFENSE
09-26204	09/19/2009	2800 S. RT 2, Oregon
OFFENSE	OFFICER	BADGE #
Accident Involving Death	Pennington, Jeremy	295

Follow up:

On 09/19/2009 I spoke with (b)(6) in regard to this incident. I explained the location of the accident to (b)(6) at which time he confirmed he was the property owner. (b)(6) advised he has never given (b)(6) permission to access his property. (b)(6) stated he has seen (b)(6) driving the Kawasaki in the area before, but does not personally know him. (b)(6) stated he had posted a no trespassing near the entrance to the field, but said he later found it laying on the ground and believes someone had taken the sign down. (b)(6) explained the dirt path that leads from Castle Road to his property is owned by Castle Rock State Park. (b)(6) explained he was granted permission to use the trail as access or an easement to his property. (b)(6) believes the correct address for the hay field is (b)(6)

I have nothing further.

CALL FOR SERVICE
ATTACHMENT #1

09/21/2009
Page 7 of 8

091203HCC3141

Agency OCSO Ogle County Sheriff's Office Incident # 200900026204 Case #
CALL FOR SERVICE
Activity OFRAC Off Road Vehicle Acci Priority 1 Emergency Common Place
LOCATION COMPLAINT
City Oregon (b)(6) Type
Loc (b)(6) ADDRESS
Apt# Cnty
Route Beat Fire EMS Zone City State IL
CNTR T090 OREGON OREGON T09000 Zip 61061 Tel 8159736437
Dspchr 00000285 TC Lori Wilcox Rept 9/18/09 16:19 Shift
By 00000285 TC Lori Wilcox How Dispo 09 Adm. Close
FINAL DISPOSITION/ACTIVITIES
Dispo 09 Adm. Close
Activity
Reports Arrests

PERSON

Suffix Name Type
Sex Race DOB Age
Height Weight
Address Telephone
Address Telephone
Cloth
Street/Dir
Other

VEHICLE

Suffix 01 Plate State Make Model
Year Color Occupants
Description
Street/Dir
Other
VIN

Transport

Unit Miles Start End Suffix Tot
Patient Type Sex
Reason Care

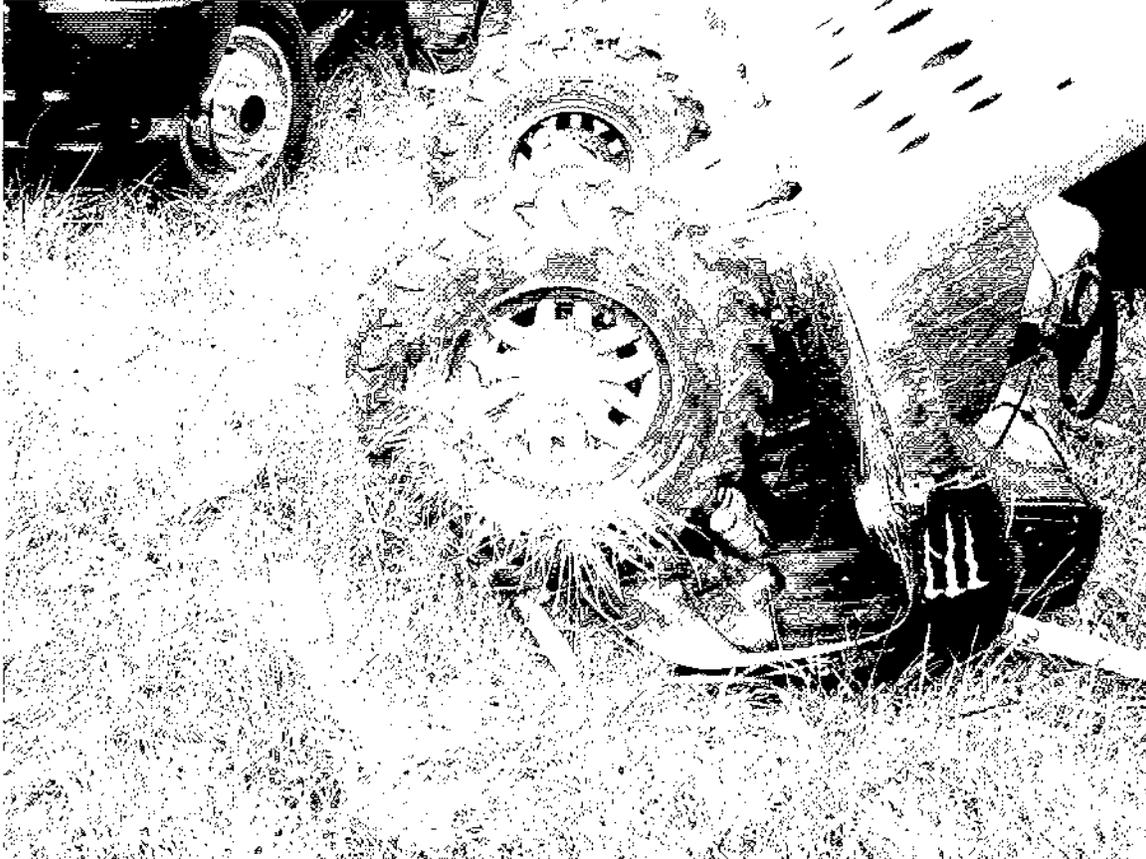
Blotter
pr advised her nephew (b)(6) called her about her uncle who had atv accident. She was garage saling in polo but was enroute. She told him to go to the neighbors. I requested (b)(6) phone number and asked if he was the only one at the location, they thought so. they did not know if he was breathing or consious. They did not believe he was concious. (b)(6) phone number is (b)(6) I immediately called (b)(6) and left 2 messages to call 911. At 1612 (b)(6) called TC Blackburn that the atv was on his dads head and his dads head was black.
Log

Date/Time	Officer Id	Log Entry
9/18/2009 16:16:20	0000028 TC Lori Wilcox	fire tones 1613
9/18/2009 16:27:37	0000018 TC Pat Blackburn	Sgt. White advised of the fatal status.
9/18/2009 16:28:21	0000018 TC Pat Blackburn	REACT/Dominique was advised to tell Lifeline to cancel. Dominique said that Lifeline was already in the air. TC again, said to cancel the response.
9/18/2009 16:49:47	0000028 TC Lori Wilcox	a1 called in adv this could poss be on state property see if there are any castl rock employees around
9/18/2009 16:53:44	0000018 TC Pat Blackburn	Conservation Officer Matt was trans to Sgt White.

Agency	OCSO	Ogle County Sheriff's Office	Incident #	200900026204	Case #
9/18/2009 16:59:41	0000030	TC Kathy Hardesty	a1 adv not in the park		
9/18/2009 17:16:29	0000030	TC Kathy Hardesty	1716 john t enr		
9/18/2009 17:50:04	0000030	TC Kathy Hardesty	john t has vehicle		
9/18/2009 17:50:17	0000030	TC Kathy Hardesty	Incident Closed		

TimeChanged	Dispatcher	Agency	UnitID	Status	Officer1	Officer2	Officer3
9/18/2009 16:20:40	00000285	OCSO	D20	W Dispatch	00000295		
9/18/2009 16:20:43	00000285	OCSO	D20	2 Enroute	00000295		
9/18/2009 16:23:15	00000183	OCSO	A1	W Dispatch	00000006		
9/18/2009 16:23:19	00000183	OCSO	A1	2 Enroute	00000006		
9/18/2009 16:25:00	00000183	OCSO	A1	3 Scene	00000006		
9/18/2009 16:25:12	00000183	OCSO	D20	3 Scene	00000295		
9/18/2009 16:46:20	00000285	OCSO	S5	W Dispatch	00000028		
9/18/2009 16:46:25	00000285	OCSO	S5	3 Scene	00000028		
9/18/2009 16:59:47	00000304	OCSO	A1	1 Avail	00000006		
9/18/2009 17:24:55	00000304	OCSO	S5	1 Avail	00000028		
9/18/2009 17:24:58	00000304	OCSO	A1	1 Avail	00000006		
9/18/2009 17:50:17	00000304	OCSO	D20	1 Avail	00000295		













NEC 1
(Rev. 6/69)

CORONER

**Report of Coroner's Physician to the
Coroner of Ogle County, Illinois**

I, Mark Peters M.D., have made a necropsy on the

body identified to me by the coroner of this county as being:

Name (b)(3):CPSA S Date of Death 09-18-09

Place of Death (city, village, or twp.): Oregon twp., Illinois

Place of Examination (city, village, or twp.): Oregon, Illinois

In my opinion, the cause of death was as follows:

[Enter only one cause per line for (a), (b), and (c).]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE		
(a) Blunt trauma of the chest DUE TO, OR AS A CONSEQUENCE OF		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST	(b) ATV crash DUE TO, OR AS A CONSEQUENCE OF	
	(c) N/A	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITIONS GIVEN ABOVE:

None

My conclusions are based on the following observations and findings:

Coroner's field report, autopsy findings and toxicological analyses.

Date 11/3/2009 Signed  M.D.

Coroner's Physician

INSTRUCTIONS

1. Prepare this form in triplicate. Use typewriter or computer for all entries except signature
2. Sign original and first copy in pen and ink.
3. Mail original and first copy to the coroner. Retain last copy

NEC 1
(Rev. 6/69)

Dept. of Public Health
State File NO. _____

**Report of Coroner's Physician to the
Coroner of Ogle County, Illinois**

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Place of Death (city, village, or twp.): Oregon twp., Illinois

Place of Examination (city, village, or twp.): Oregon, Illinois

In my opinion, the cause of death was as follows:

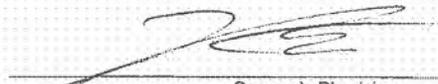
[Enter only one cause per line for (a), (b), and (c).]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE		
(a) Blunt trauma of the chest DUE TO, OR AS A CONSEQUENCE OF		
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Coroner's field report, autopsy findings and toxicological analyses.

Date 11/3/2009 Signed  M.D.

Coroner's Physician

INSTRUCTIONS

1. Prepare this form in triplicate. Use typewriter or computer for all entries except signature
2. Sign original and first copy in pen and ink.
3. Mail original and first copy to the coroner. Retain last copy

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

CASE# 09-356

AGE: 41

SEX: Male

RACE: Caucasian

PRONOUNCED DEAD ON 09-18-09

COUNTY: Ogle

AUTOPSY PERFORMED ON 09-21-09 AT 10:50 AM

DATE OF REPORT: November 3, 2009

History

The following history was obtained from the Ogle County Coroner's Office and indicates that the subject was a driver who died at the scene of an ATV crash on September 18, 2009. His ATV apparently rolled over and he was pinned beneath.

The autopsy is performed at the Ogle County Coroner's facility, Oregon, Illinois, on September 21, 2009, at 10:50 a.m. Jeanette Bennett and Christy Cox of the Ogle County Coroner's Office were present at the autopsy.

External Examination

The body is received within a white body bag and clad in shoes, socks, pants, belt, underwear, shirt and t-shirt.

The body is that of a well-developed, well-nourished white male of stated age 41 years, who is 67½" in length and weighs 169 pounds. Rigor mortis is complete and fixed to an equal degree in all extremities. Purple, fixed lividity involves the posterior dependent portions of the body, along with the head, neck and upper chest, except in areas exposed to pressure. The body is cold to the touch.

Scalp hair is brown and balding. The eyes are brown, pupils 7 mm in diameter, and normally formed. Bilateral petechiae present in periorbital and face regions. The ears are normally formed and unremarkable. The nose and lips are unremarkable. Natural

Date of Report: 11/03/09

teeth are present in the upper and lower jaws. The tongue, buccal mucosa and pharynx are normal.

The neck is symmetrical without abnormality.

The chest is symmetrical. Breasts are normal and unremarkable. The abdomen is not protuberant and the back is unremarkable.

The extremities bilaterally are symmetrical and normally formed with all digits present and normally formed.

The perineum and anus are normal in appearance and the external genitalia are those of a normal adult male.

Multiple tattoos are present.

There are scars present on the abdomen, legs, upper back, and hands.

Evidence Of Resuscitation/Medical Intervention

None

Primary Pathological Findings

I. Multiple blunt trauma

A. Internal injuries:

1. Head and neck injuries: subgaleal hemorrhage, top of scalp
2. Chest injuries: fractures of the right ribs 2 through 10 posterior and left ribs 2 through 8 posterior; fracture of spine at T5-6; dislocation of left sternoclavicular joint; bilateral hemothorax, 100 cc of blood in right pleura and 200 cc of blood in left pleura

Secondary Findings

Pulmonary vascular congestion and edema, mild, combined weight of lungs
1005 grams

(b)(3):CPSA Secti

Case # 09-356

Date of Report: 11/03/09

No evidence of other significant natural disease, injury, active infection, or congenital anomaly

Evidence Taken At Autopsy

One blood standard, filter paper, transferred to Ogle County Coroner's Office.

Microscopic Findings

Appropriate sections of the internal organs are retained for subsequent histologic examination as may be indicated.

Toxicology

Blood and vitreous were collected at autopsy.
Specimens analyzed: blood and vitreous.

Laboratory Findings

Blood: THC 2.5 ng/mL, THC-COOH 16.5 ng/mL, positive for caffeine
Vitreous: negative alcohol screen

Opinion

Death is attributed to blunt trauma of the chest caused by an ATV crash.


Mark Peters, M.D.
Forensic Pathologist

(b)(3):CPSA

Case # 09-356

Date of Report: 11/03/09

GROSS FINDINGS AND ORGAN WEIGHTS

BODY CAVITIES

Pericardial: moist without adhesions
Right Pleural: 100 cc of blood present without adhesions
Left Pleural: 200 cc of blood present without adhesions
Peritoneal: moist without adhesions

ORGAN SYSTEMS AND WEIGHTS

CARDIOVASCULAR

Heart: 390 grams

Epicardium: unremarkable Endocardium: unremarkable

Coronary Arteries: unremarkable

Valves: unremarkable

Myocardium: unremarkable

Aorta: unremarkable

Vena Cava: unremarkable

RESPIRATORY

Right Lung: 475 grams Left Lung: 530 grams

Pulmonary arteries: unremarkable

Trachea: unremarkable

Bronchi: unremarkable

Pulmonary congestion: mild

Pulmonary edema: mild

Anthraxosis: mild

Emphysema: none

Atelectasis: none

Consolidation: none

(b)(3):CPSA

Case # 09-356

Date of Report: 11/03/09

ORGAN SYSTEMS AND WEIGHTS CONTINUED

ALIMENTARY

Esophagus: unremarkable
Stomach: 300 cc, semi-solid
Intestines: unremarkable
Appendix: unremarkable
Pancreas: unremarkable
Liver: 1795 grams; congestion
Gallbladder: 10 cc of bile present

GENITOURINARY

Right Kidney: 155 grams
Left Kidney: 160 grams
Ureters: unremarkable
Urinary Bladder: empty

NERVOUS

Brain: 1360 grams
Injury: none noted
Hemorrhage: none noted
Edema: none
Atrophy: none
Arteries: unremarkable
Spinal Cord: unremarkable
Pituitary: unremarkable

NECK CONTENTS

Strap muscles: unremarkable
Soft tissue: unremarkable
Carotid arteries: unremarkable
Jugular veins: unremarkable
Hyoid bone: unremarkable

RETICULOENDOTHELIAL

Spleen: 120 grams
Lymph nodes: unremarkable
Bone marrow: unremarkable
Thymus: unremarkable

ENDOCRINE

Thyroid: unremarkable
Parathyroid: unremarkable
Adrenal glands: unremarkable

MUSCULOSKELETAL

Skull: left bone flap, healed
Spine/Ribs: fractures
Sternum: unremarkable
Clavicles: dislocation, left
Extremities: unremarkable
Pelvis: unremarkable
Mandible/maxilla: unremarkable
Diaphragm: unremarkable

Epiglottis: unremarkable
Larynx: unremarkable
Vocal cords: unremarkable
Thyroid cartilage: unremarkable
Cricoid cartilage: unremarkable

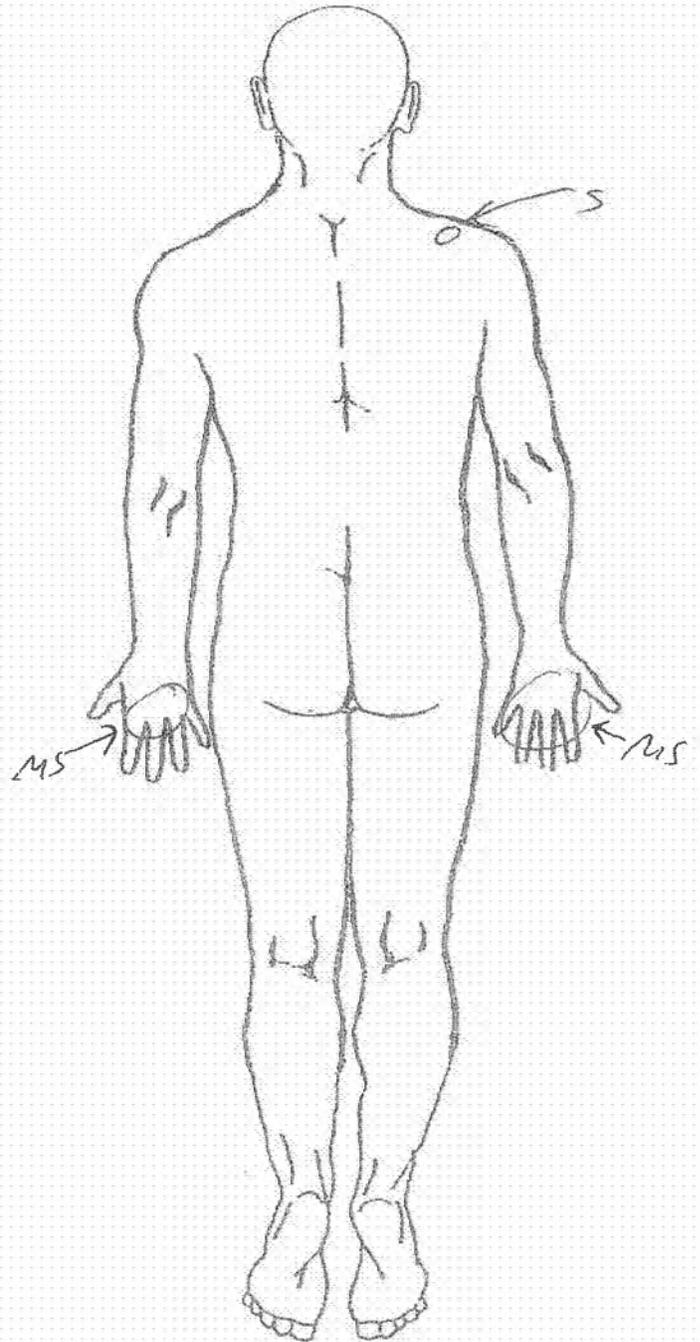
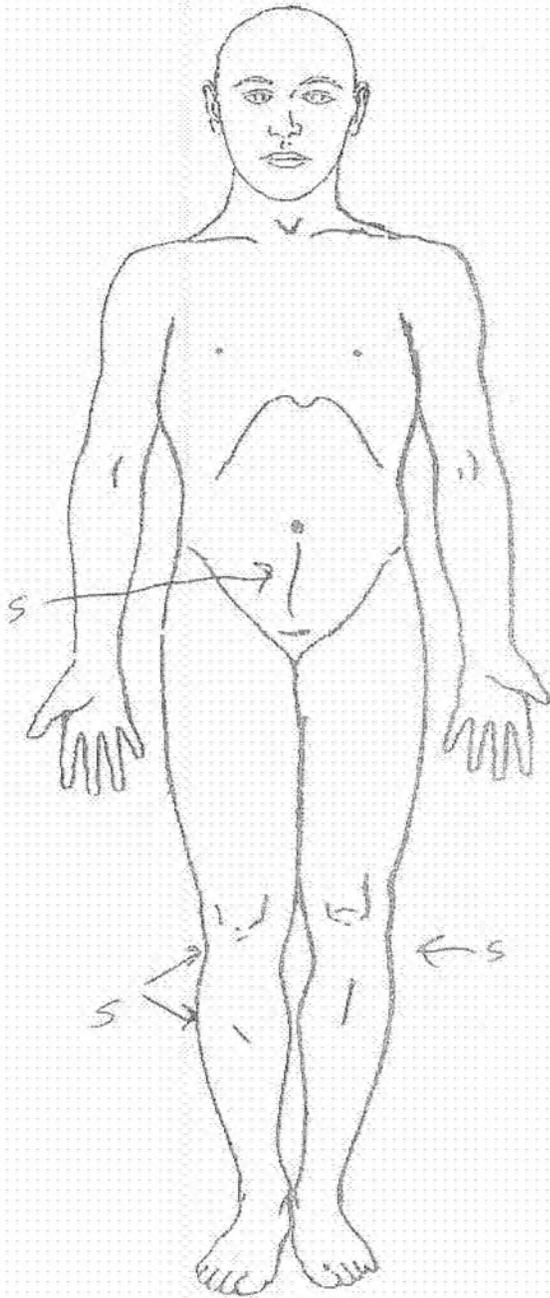


Mark Peters, M.D.
Forensic Pathologist

(b)(3):CPSA

Case # 09-356

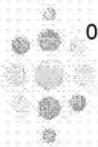
Date of Report: 11/03/09



Abbreviations:

MS = Multiple scars

S = Scar



LABORATORY CASE NUMBER: 1037954

Subject's Name: (b)(3):CPSA Se

Client Account: 11404 / OGCC01
Physician:
Report To: OGLE COUNTY CORONER - IL
ATTN: Louis Finch
P.O. Box 383
214 South First Street
Oregon, IL 61061

Agency Case#: NOT INDICATED
Date of Death: 09/18/2009
Test Reason: Other
Investigator:
Date Received: 09/28/2009
Date Reported: 10/02/2009

Laboratory Specimen No: 40142622

Date Collected: 09/18/2009

Container(s) : 01: Red Top Bottle Blood, HEART

Test(s) : 70510 Comprehensive Drug Panel (550B)

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
AMPHETAMINES	Negative				
BARBITURATES	Negative				
BENZODIAZEPINES	Negative				
CANNABINOIDS	POSITIVE				
THC	POSITIVE				
THC, Quant		2.5	ng/mL		
THC-COOH	POSITIVE				
THC-COOH, Quant		16.5	ng/mL		
COCAINE/METABOLITES	Negative				
FENTANYL	Negative				
METHADONE/METABOLITE	Negative				
OPIATES	Negative				
PHENCYCLIDINE	Negative				
PROPOXYPHENE/METABOLITE	Negative				
ALCOHOLS	Negative				
Methanol	Negative				
Ethanol	Negative				
Acetone	Negative				
Isopropanol	Negative				
ANALGESICS	Negative				
ANESTHETICS	Negative				
ANTIBIOTICS	Negative				
ANTICONVULSANTS	Negative				
ANTIDEPRESSANTS	Negative				
ANTIHIAMINES	Negative				
ANTIPSYCHOTICS	Negative				
CARDIOVASCULAR AGENTS	Negative				

(b)(3):CPSA Secti

Laboratory Case #: 1037954

Print Date/Time: 10/02/2009, 17:07:10



Laboratory Specimen No: 40142622

Continued...

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
ENDOCRINE AGENTS	Negative				
GASTROENTEROLOGY AGENTS	Negative				
NARCOTICS	Negative				
NEUROLOGY AGENTS	Negative				
SEDATIVES/HYPNOTICS	Negative				
STIMULANTS	POSITIVE				
Caffeine	POSITIVE				
UROLOGY AGENTS	Negative				

Specimens will be kept for one year from the date received.

(b)(3):CPSA Sectio

Laboratory Case #: 1037954

Print Date/Time: 10/02/2009, 17:07:10

Laboratory Specimen No: 40142623

Date Collected: 09/18/2009

Container(s) : 01: Vitreous Vitreous, EYE

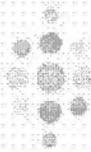
Test(s) : 70570 Autopsy Panel, Volatiles (550V1)

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
ALCOHOLS	Negative				
Methanol	Negative				
Ethanol	Negative				
Acetone	Negative				
Isopropanol	Negative				

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

Laboratory Case #: 1037954

Print Date/Time: 10/02/2009, 17:07:10



Laboratory Specimen No: 40142625

Date Collected: 09/18/2003

Container(s) : 01: Red Top Tube Blood, HEART

Test(s) : 49900 Not Tested (NT)

02: Red Top Tube Blood, HEART

Analyte Name	Result	Concentration	Units	Therapeutic Range	Loc
< No Testing Performed	>				

The Specimen identified by this Laboratory Specimen Number has been handled and analyzed in accordance with all applicable requirements.

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

Laboratory Case #: 1037954

Print Date/Time: 10/02/2009, 17:07:10

Schwilke, Gene

Signature of Certifying Scientist

**STATE OF ILLINOIS
CERTIFICATE OF DEATH WORKSHEET**

STATE FILE NUMBER 20090067946

To be Completed/Verified by
FUNERAL DIRECTOR

REGISTRATION DISTRICT NO. 14100
LOCAL FILE NUMBER

1 DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) (b)(3):CPSA S				2 SEX MALE	3 DATE OF DEATH (Month/Day/Year) (Spell Month) SEPTEMBER 18, 2009
4 COUNTY OF DEATH OGLE	5a AGE AT LAST BIRTHDAY (years) 41	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month/Day/Year) JULY 27, 1968	
7a CITY OR TOWN OREGON - NASHUA TWP		7b HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) 2780 IL RT 2 SOUTH			
7c PLACE OF DEATH (Check only one: see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify): ACCIDENT SCENE		
8 BIRTHPLACE (City and State or Foreign Country) ROCKFORD, IL	9 SOCIAL SECURITY NUMBER [REDACTED]	10 MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11 SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage)	12 EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13a RESIDENCE (Street and Number) (b)(6)		13b APT NO.	13c CITY OR TOWN OREGON	13d INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13e COUNTY OGLE	13f STATE IL	13g ZIP CODE 61061	14 FATHER'S NAME (First, Middle, Last) (b)(6)	15 MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) (b)(6)	
16a INFORMANT'S NAME (b)(6)		16b RELATIONSHIP MOTHER		16c MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) (b)(6)	
17 METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify):		18 PLACE OF DISPOSITION (Name of cemetery, crematory, other) STERLING CREMATORY		19 LOCATION - CITY, TOWN AND STATE STERLING, IL	20 DATE OF DISPOSITION (Month/Day/Year) SEPTEMBER 24, 2009
21a FUNERAL HOME NAME FARRELL HOLLAND GALE FUNERAL HOME		STREET AND NUMBER 110 S 7TH ST		CITY OR TOWN OREGON	STATE IL
21b FUNERAL DIRECTOR'S SIGNATURE LESTER MARKHAM TREMBLE		21c FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011231			
22 LOCAL REGISTRAR'S SIGNATURE BRUCE W MCKINNEY		23 DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) NOVEMBER 3, 2009			

To be Completed/Verified by
MEDICAL CERTIFIER

CAUSE OF DEATH (See Instructions and examples)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
24 PART I Enter the <i>chain of events</i> - 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 etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
a. BLUNT TRAUMA OF THE CHEST				IMMEDIATE	
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					
b. ATV CRASH Due to (or as a consequence of):					
c. Due to (or as a consequence of):					
PART II Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I NONE				25 WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				26 WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27 DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		28 IF FEMALE <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months		29 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation	
30 DATE OF INJURY (Month/Day/Year) SEPTEMBER 18, 2009		31 TIME OF INJURY 04:25 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.		32 PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) OTHER SPECIFIED PLACES	
34 LOCATION OF INJURY Street and Number 2780 ILLINOIS ROUTE 2 SOUTH		Apartment Number		City or Town OREGON - NASHUA TWP	
State ILLINOIS		Zip Code 61061			
35 DESCRIBE HOW INJURY OCCURRED: VICTIM AND HIS SON WERE RIDING IN AN ATV AND WHEN THEY TURNED IT ROLLED OVER VICTIM WAS TRAPPED UNDER THE ATV				36 IF TRANSPORTATION INJURY SPECIFY <input checked="" type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
37 I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON		38 WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		39 DATE PRONOUNCED (Month/Day/Year) SEPTEMBER 18, 2009	
40 TIME OF DEATH 04:25 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.					
41 CERTIFIER (Check only one) <input type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to cause(s) and manner stated <input checked="" type="checkbox"/> Medical Examiner/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					
42 NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) LOUIS GEORGE FINCH IV, P.O. BOX 383, OREGON, IL, 61061				43 PHYSICIAN'S LICENSE NUMBER	
44 TITLE OF CERTIFIER MEDICAL EXAMINER/CORONER		45 DATE CERTIFIED (Month/Day/Year) NOVEMBER 03, 2009		46 SIGNATURE OF CERTIFIER LOUIS GEORGE FINCH IV	

091203HCC3141

ATTACHMENT #5

Contact Sheet

Contacted on 12/11/09
Ogle County Sheriff
103 Jefferson St.
Oregon, IL 61061
815-732-6666

Contacted on 12/11/09
Ogle County Coroner
214 South 1st Street.
Oregon, IL 61061
815-732-1199

Utility Vehicle Data Record Sheet

091203HCC3141, Attachment #6

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

The Utility Vehicle

A: Age: 41 Height: 67 ½"
 Gender: Male Weight: 169
 Helmet (Y/N): Unk Seatbelt (Y/N): N
 Killed/Injured/Neither/Unknown: Yes
 Injury Description: Blunt Trauma to Chest
 Did vehicle land on victim: Yes
 Ejected (Either partially or fully): Fully

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

B: Age: 14 Height: Unknown
 Gender: Male Weight: Unknown
 Helmet (Y/N): Unk Seatbelt (Y/N): Yes
 Killed/Injured/Neither/Unknown: Neither
 Injury Description: None
 Did vehicle land on victim: No
 Ejected (Either partially or fully): No

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

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

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

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

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

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

SEP 20 2009

Rochelle
Rochelle News Leader
5,500

ISSUE 04 10/23/2009

Oregon man dies in ATV accident

OREGON — An Oregon man was killed Friday afternoon after his all-terrain vehicle rolled in a wooded area near Castle Rock State Park.

At approximately 4 p.m., Ogle County Sheriff deputies responded to the scene of the accident on S. IL Route 2, two miles south of Oregon. The driver of the ATV, (b)(6) 41, was pronounced dead at the scene.

Reportedly, the man's son was with him on the vehicle, however, he was not injured.

00246116

3/31/10

1. Task Number 091216CCC2241		2. Investigator's ID 2251		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 840	4. Date of Accident YR MO DAY 2009 10 18	5. Date Initiated YR MO DAY 2009 12 22		
6. Synopsis of Accident or Complaint UPC A 17-year-old man was driving a four-wheeled utility vehicle into a service station to get gas. A 14-year-old female was riding in the front passenger seat. They were not wearing helmets, the driver had his seat belt on but the passenger did not. The driver made a left turn as he attempted to pull next to a gas pump. He was traveling about 15 MPH as he made the turn tipping the UTV over onto it's side. The passenger was ejected and the UTV landed on the victim's leg.				
Addendum added 3/24/10				<p>MFR/PRVLBR NOTIFIED</p> <p>COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5/28/10</p> <p><input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED</p> <p><input checked="" type="checkbox"/> EXCISIONS/FOIA EXS. 3256</p> <p><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p>
7. Location (Home, School, etc) 7 - INDUSTRIAL PLACE		8. City SHELBYNA		9. State MO
10A. First Product 5044 - Utility Vehicles	10B. Trade/Brand Name POLARIS RANGER		10C. Model Number 700 XP	
10D. Manufacturer Name and Address POLARIS INDUSTRIES INC. 1225 Highway 169 North Minneapolis, MN 55441 Vin # 4XARH68AX74114632				
11A. Second Product 0	11B. Trade/Brand Name NONE		11C. Model Number NONE	
11D. Manufacturer Name and Address NONE				
12. Age of Victim 14	13. Sex 2 - Female	14. Disposition 4 - Hospitalized	15. Injury Diagnosis 59 - Laceration	
16. Body Part(s) Involved 37 - ANKLE	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 1 - On-Site	19. Time Spent (Operational / Travel) 14 / 5	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal <input type="radio"/> Yes for Manuf. Only				
24. Review Date 02/05/2010	25. Reviewed By 8929		26. Regional Office Director Frank J. Nava	
27. Distribution Topka, Tanya			28. Source Document Number N09B0298A	

This investigation was initiated through a Shelbina Democrat newspaper article, dated October 28, 2009. The victim in this incident is a 14-year-old female, who resides in Lentner, MO. The product in this incident is a 2007 four-wheeled utility terrain vehicle (UTV). The UTV has a steering wheel, accelerator pedal, brake pedal, and seat belts. There were two people in the UTV at the time of the incident. Information for this report was obtained through an interview with the driver of the UTV, the victim, the owner of the UTV and from official reports and discussion with officials.

This investigator contacted the owner of the UTV by telephone and arranged for an on-site visit. On February 3, 2010, this investigator visited the owner of the UTV at his residence in Lentner, MO and examined the UTV. According to the owner, he had purchased the UTV approximately six months prior to the incident. He stated he purchased the UTV from an individual who lived in the local area. He said that he uses the UTV to plow snow, haul dirt and transportation on his property. He stated each use of the UTV could last for as little as one hour up to as much as three or four hours. He said he has used the UTV approximately 60 hours since he purchased it.

He stated that his 14-year-old daughter was the victim in this incident and had been riding in the UTV with her 17-year-old boyfriend who was driving it. He mentioned that the boyfriend had driven the UTV a couple of times on his property but had never driven it on gravel roads around town until the time of the incident.

According to the owner, he did not make any repairs or modifications to the UTV; with the exception of the repairs to the passenger side of the UTV he had done after the incident. He stated the repairs to the UTV cost approximately \$7000. He stated that he sometimes puts a plow on the front of the UTV to plow his driveway when it snows. He said that the plow was not on the UTV at the time of the incident.

Photographs were taken of the incident UTV during the on-site visit and can be found in Exhibit B. A copy of the UTV's Certificate of Origin was provided. A copy of the Certificate of Origin is contained in Exhibit C.

On February 1, 2010, this investigator interviewed the driver of the UTV by telephone. The driver stated that he had gone over to this girlfriend's home on October 18, 2009, to visit her. When he arrived at her residence, he discovered that he did not have enough gas in his car to get to a service station to fill it up. He asked his girlfriend's mother if he could borrow the UTV to drive into town with some gas cans to get gas for his car. The mother advised him he could use the UTV if he stayed on the back rural gravel roads. He stated that the gas station was only a couple miles away and would only take him about 45 minutes to get there. He said he had driven the UTV in the backyard of his girlfriend's home and believed he was familiar enough with its operation to drive it. He stated he did not have any formal training in the UTV.

According to the driver, his girlfriend went along on the ride with him to the gas station. She was sitting in the middle front seat of the UTV without a seat belt and he was in the driver's seat with a seat belt. Neither of them wore helmets. They left the residence at approximately 4:00 pm and took rural gravel roads to the MFA gas station in Shelbina, MO, arriving at approximately 4:45 pm. He stated that he entered the gas station and looked for a pump to pull the UTV into. He said that he saw a pump and made a 180 degree turn to the left on the level gravel lot flipping the UTV onto its right side. He said that as the UTV fell over, his girlfriend was ejected out of the vehicle with the UTV

landing on her legs. He stated that he believes he was travelling at 15 to 20 MPH when he made the turn.

He said that as soon as he got out of the UTV he tried to lift the vehicle off the victim but was unsuccessful. He called the victim's father who arrived at the scene within minutes and lifted the UTV off of his daughter. EMS responded to the scene and transported the victim to a local hospital where it was determined she need additional care for her injuries. The victim was then transported to a hospital in Columbia, MO, where she was treated for moderate lacerations to her right ankle that involved skin grafts to her ankle. The driver was asked by this investigator if he had used alcohol, drugs (legal or illicit), or any medications prior to the incident, to which the driver stated no.

On February 1, 2009, this investigator talked to the victim by telephone. The victim stated that she had gone with her boyfriend for a ride to the gas station in her father's UTV. She said that she was riding in the middle front seat without a seat belt or helmet. She stated that when they entered the gas station lot, her boy friend made a 180 degree turn to the left and the UTV flipped over on its side ejecting her. She believes that when the UTV started to flip over on its side she started to slide out of the vehicle and put her feet out to stop the tip over. She stated that her legs were pinned underneath the UTV and she was unable to get out until her father arrived and lifted the vehicle off her. She said she was taken to a hospital in Columbia, MO where she received stitches to her right ankle that included a skin graft.

On January 27, 2010, this investigator went to the Shelbina Police Department and obtained a copy of the accident and incident reports. According to the incident report, the police issued the driver of the UTV a Shelbina Municipal Court summons for Failure to Drive in a Prudent Manor, ORD# 340.160. A copy of the police reports are contained in Exhibit D.

According www.wunderground.com, an internet site that provides historical weather data, on the day of the incident the weather was clear with no precipitation and the sun was shining.

PRODUCT INFORMATION:

The product involved in this incident is a four-wheeled Utility Terrain Vehicle (UTV), manufactured by Polaris Industries Inc., 1225 Highway 169 North, Minneapolis, MN 55441. According to the owner of the vehicle the UTV was purchased from an individual in the local area. The UTV was purchased for approximately \$9,000 and the engine size is 700cc. The vehicle is identified as a green/black 2007 Polaris Ranger 700 Twin XP Utility Terrain Vehicle. The engine identification number (VIN) is 4XARH68AX74114632. The UTV is equipped with three lap belts for the driver, middle passenger and far side passenger.

ATTACHMENTS:

Exhibit A – Utility Vehicle Data Record Sheet

Exhibit B - Photographs

Exhibit C – Certificate of Origin

Exhibit D – Shelbina Police Report

Exhibit E - Contact Information

Exhibit F- Addendum added - Medical Records

Exhibit B -1 below shows the front of the incident UTV.



Exhibit B – 2 below shows the passenger side of the UTV that was damaged when it fell over on its side. Damage to the UTV had already been repaired by the owner.



Exhibit B – 3 below shows the driver's side of the UTV.



Exhibit B – 4 below shows the back of the UTV.

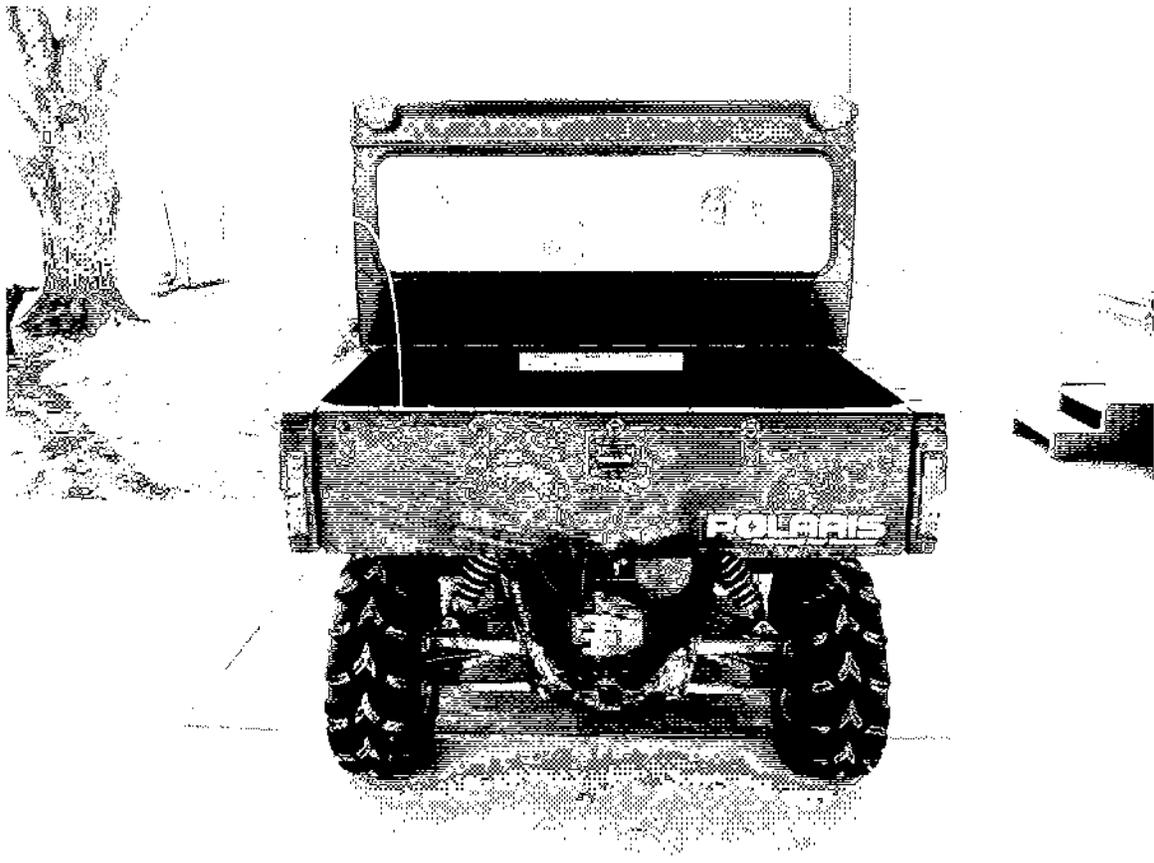


Exhibit B – 5 below shows the left passenger and the middle passenger lap seat belts in the UTV.



Exhibit B – 6 below shows the driver lap belt.

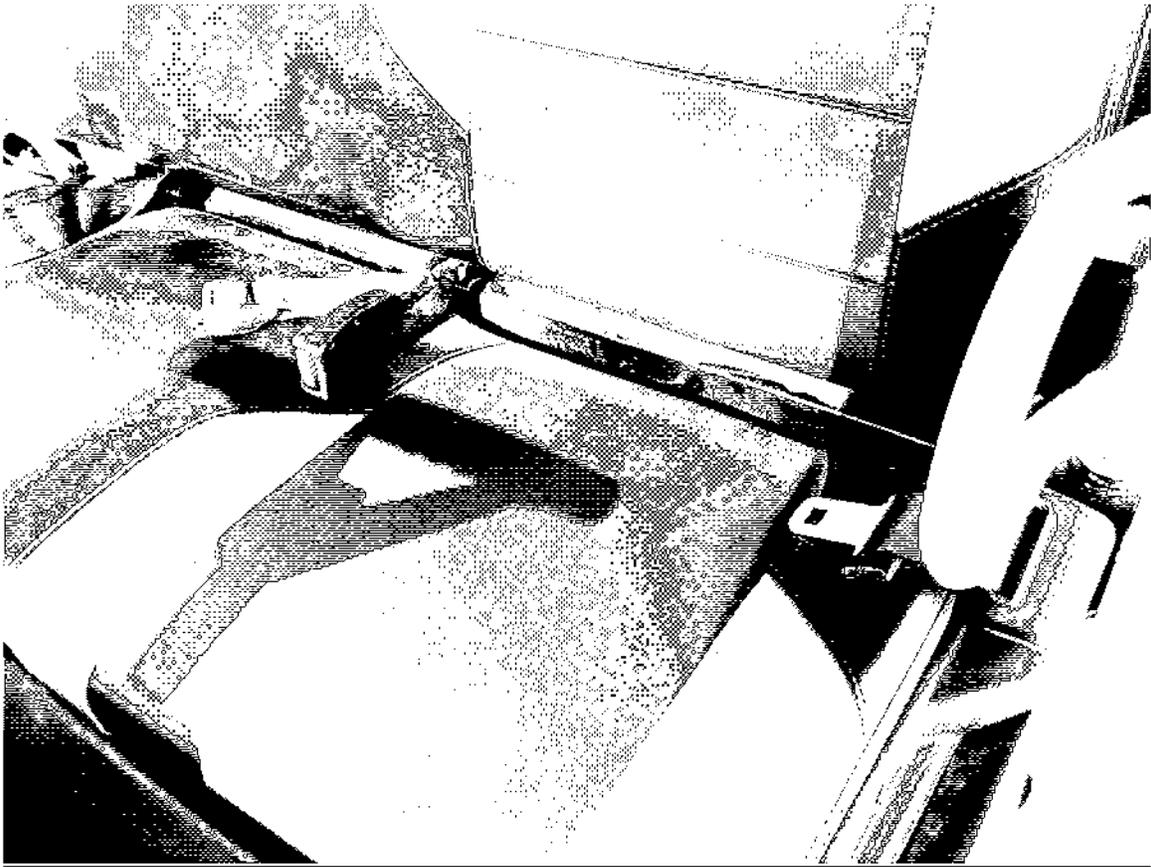


Exhibit B – 7 below shows the manufacturer's label that is below the dash board of the UTV.



Exhibit B – 8 below shows a warning label on the dash board of the UTV.

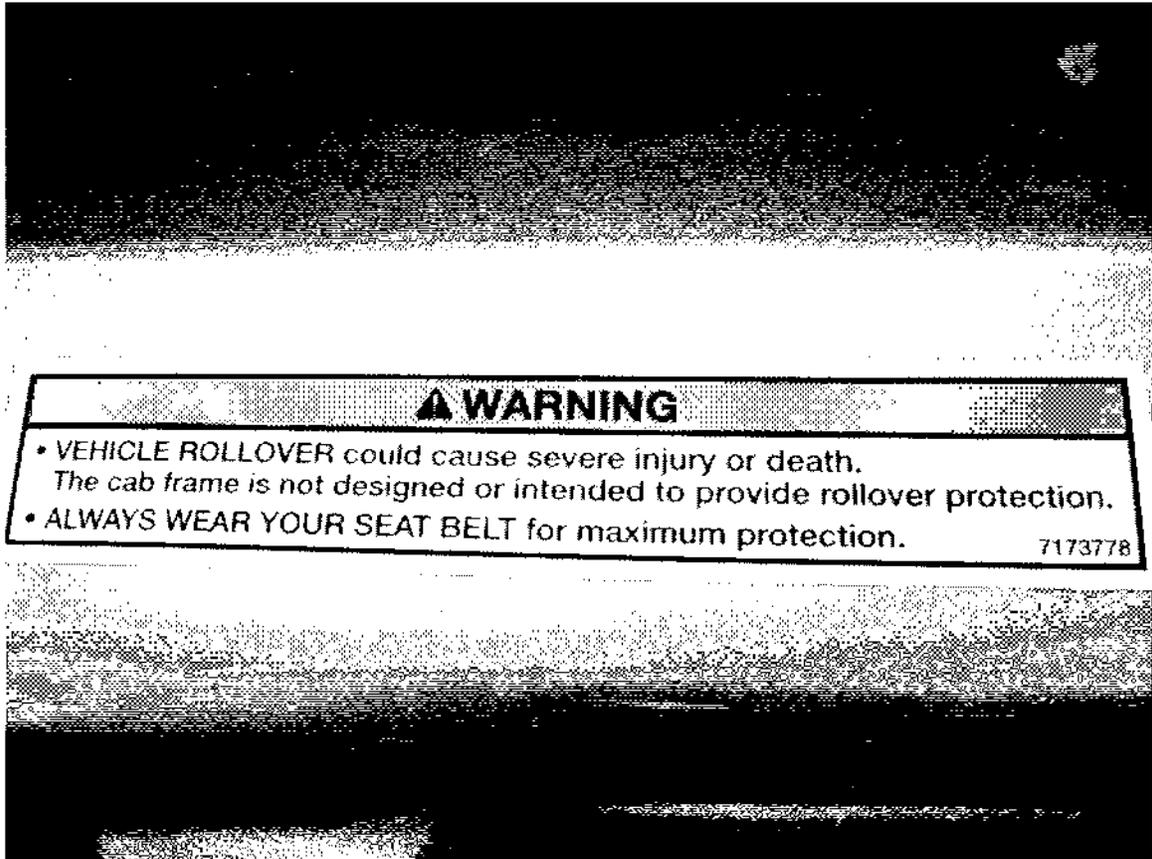


Exhibit B – 9 below shows another warning label that is attached below the dash board near the steering wheel.

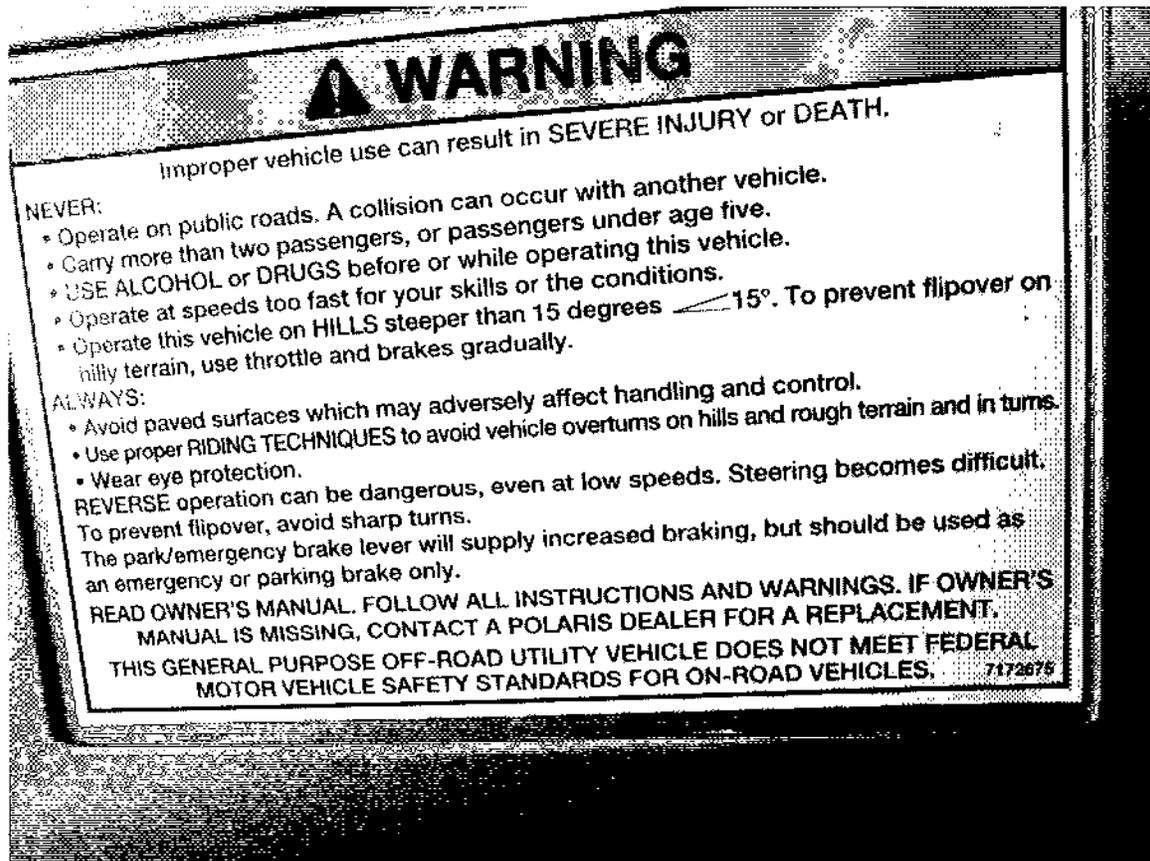


Exhibit B – 10 below shows the UTV's steering wheel and transmission gear shifter.

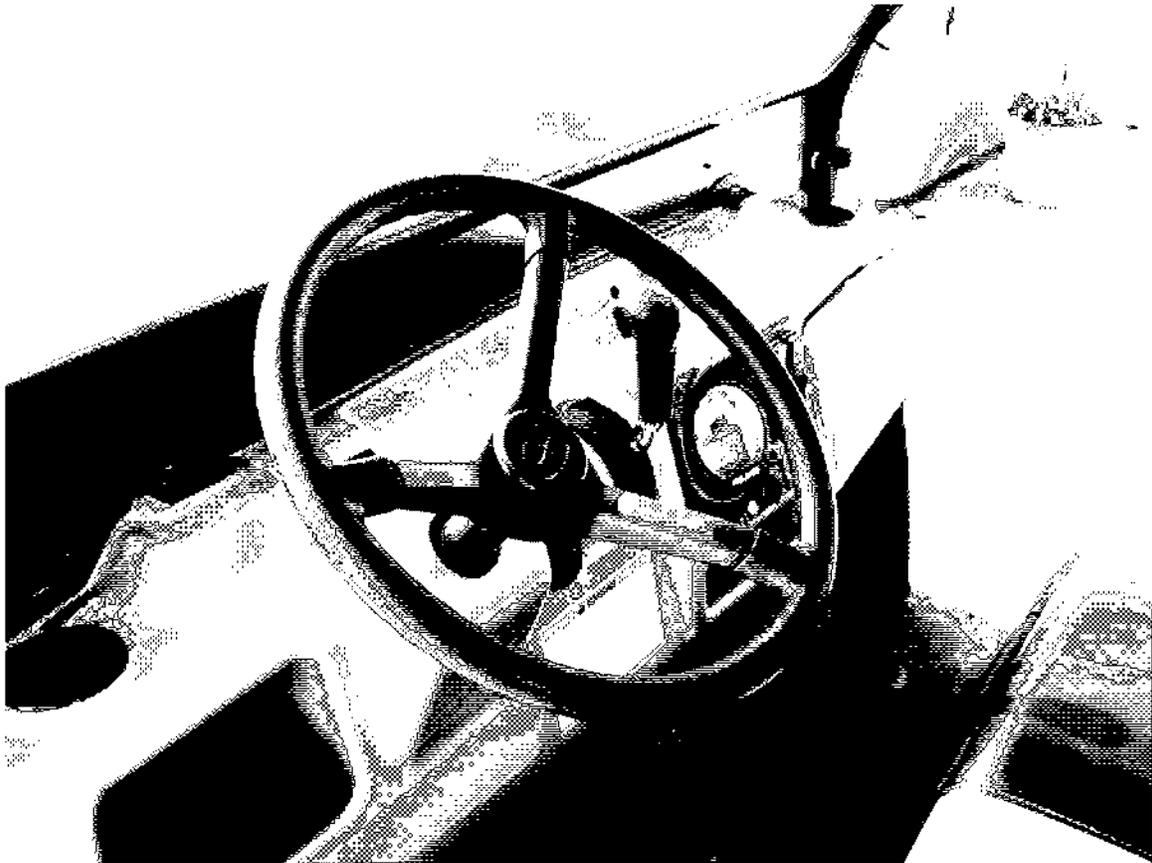


Exhibit B- 11 below shows the brake and gas pedal of the UTV.

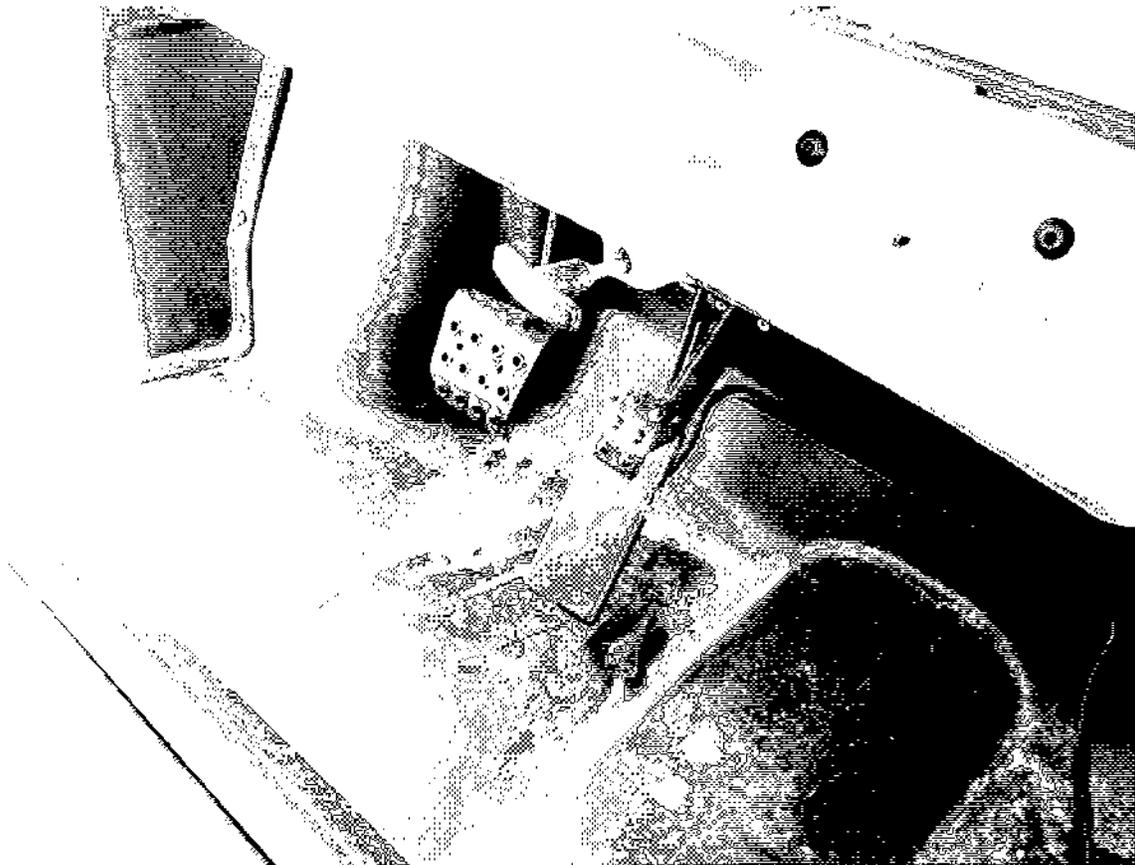


Exhibit B – 12 below shows the UTV's vehicle identification number (VIN) that is itched into the vehicles frame, 4XARH68AX74114632.

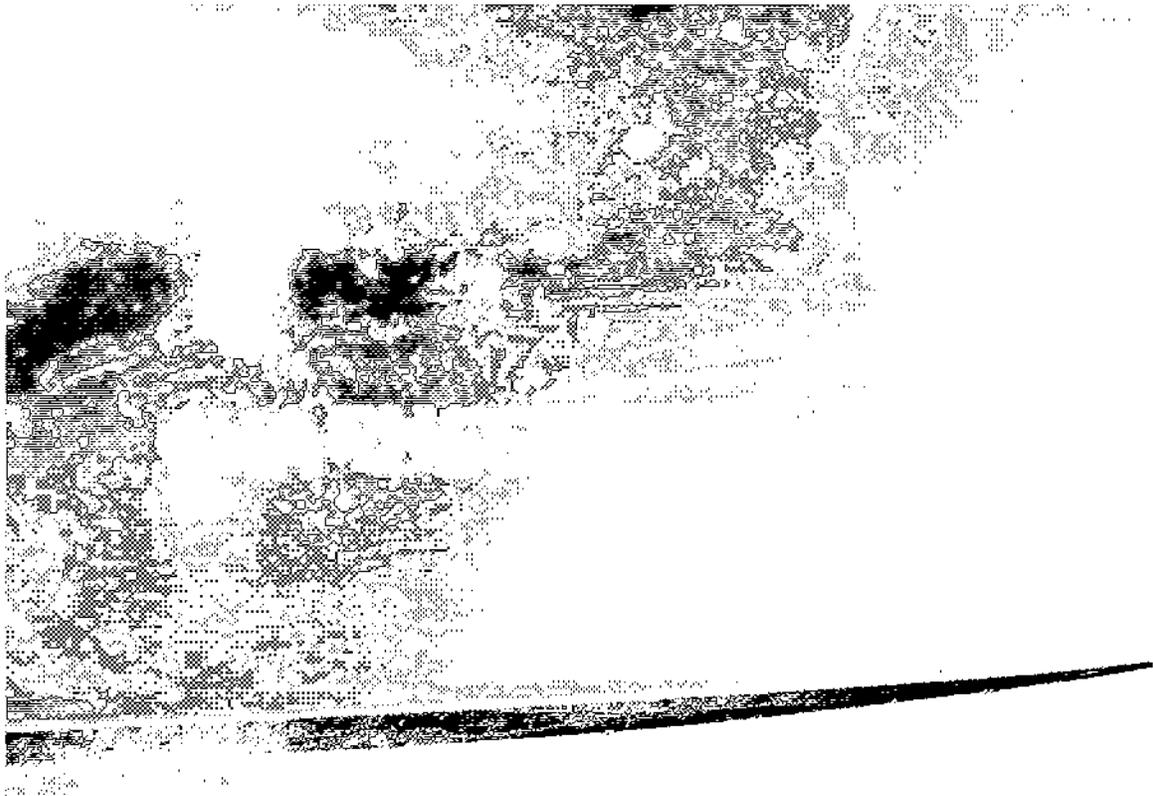


Exhibit B – 13 below shows the gas station's lot where the incident occurred.

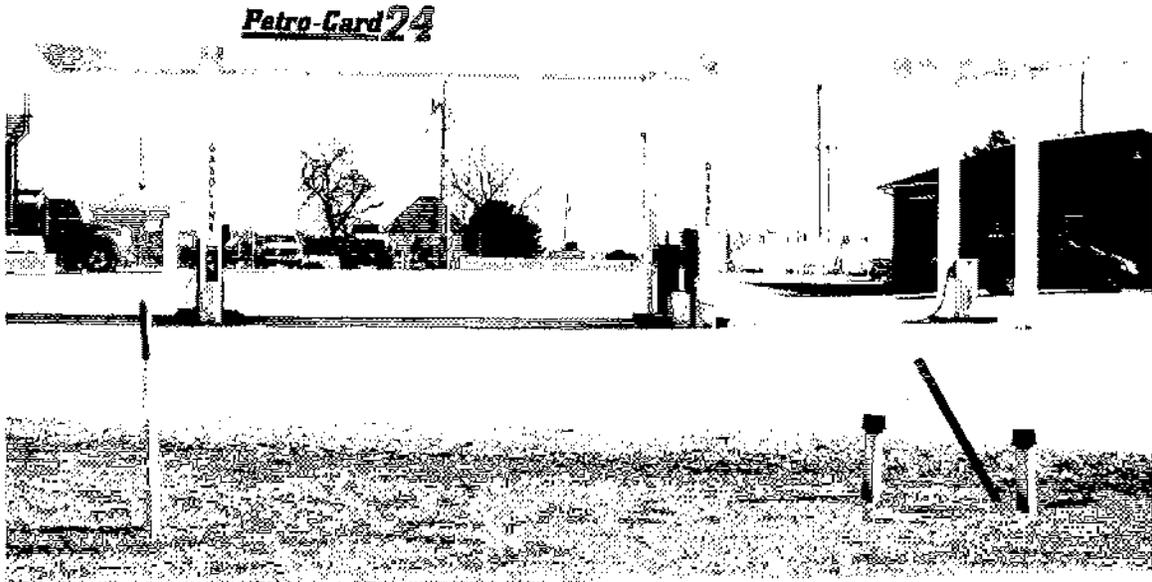


Exhibit C – Certificate of Origin

CERTIFICATE OF ORIGIN FOR A VEHICLE



DATE		INVOICE NO.	
VEHICLE IDENTIFICATION NO.		MODEL YEAR	CLASS.
BODY TYPE	ENGINE	SHIPPING WEIGHT	
DISPLACEMENT	G.V.W.R.	NO. CYLS.	SERIES OR MODEL
ENGINE SIZE	ENGINE SERIAL NO.	ENGINE MODEL	

THIS IS TO CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AS SUPPLIED BY THE MANUFACTURER.

I hereby certify that the above information is true and correct as supplied by the manufacturer, and that the vehicle described herein is the property of the undersigned, and that the same is being sold to the purchaser named herein.

SIGNATURE OF SELLER: _____
DATE: _____

THIS CERTIFICATE IS VALID ONLY WHEN THE SIGNATURE AND ADDRESS ARE AS SHOWN BELOW.

POLARIS INDUSTRIES INC.

Jeffrey R. ...

Vice President Operations

MINNAPOLIS, MINNESOTA 55412 USA

P1002754865

Exhibit D – Shelbina Police Report

00:50-LW9 W080:11 0102/6Z/10 Department Incident Report
Date Printed: 1/29/2010 Phone: 573-588-2150 Time Printed: 9:02:29AM
Page 1 of 2 Complaint Number: 0910000153

INCIDENT REPORT

Incident Type: TRAFFIC CRASH
Hate Crime: NO
Location of Incident: HWY 15

UCR Code: 400
Report Status: ACTIVE
Processed By: S BAYMILLER

COPY

Type of Premises: GAS/SERVICE STATIN

Officer Killed or Assaulted: NO

Date/Time Reported:
Occurred From: 10/18/2009
Domestic: NO

To:
Car: 1

Reporting Officer: Sean Baymiller

SUSPECT-KNOWN

Name: (b)(3):CPSA Secti

Race: WHITE
Date of Birth: 03/22/1992

Sex: MALE
Age: 17

SSN: (b)(6)
Marital Status: SINGLE

Juvenile: NO
Occupation: STUDENT

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

Hair Color: BRO
Hair Length: SHORT
Hair Style: STRAIGHT
Facial Hair: NONE

Name: NEELY, TAYLOR
Race: WHITE

VICTIM

Relation to Suspect: GIRLF
Sex: FEMALE
Age: 14

Marital Status: SINGLE

Occupation: STUDENT
Home Address: 6194 HWY H
LENTNER, MO 63468

Home Phone: (573) 588-4530

Hair Color: BLN
Hair Length: LONG
Hair Style: STRAIGHT
Injury Type: EVIDENT - NOT DISABLING

Hospital Disposition: ADMITTED

NARRATIVE

Exhibit D – Shelbina Police Report

00:50-149) W080:14 0102/62/10

00:50-149) W080:14 0102/62/10

On October 19, 2009 at about 1650 hours I Sean M. Baymiller of the Shelbina Police Department was dispatched by Shelby County 911 in reference to a four wheeler accident at MFA Gas north on Mo HWY 15.

At about 1652 hours I arrived on scene, I observed a juvenile identified as (b)(3):C lying on the ground suffering from moderate wounds. I observed (b)(3) to be bleeding with superficial wounds on her left leg, (b)(3) a right leg near her ankle had deep lacerations with bones and tendons exposed.

At about 1710 hours (b)(3) was transported code three to Hannibal Regional Hospital, and later transferred to Columbus Hospital for reasons unknown. I then made contact with a man identified as (b)(6) advised me that it was his daughters boyfriend a man identified as (b)(6) driving the off road vehicle.

I made contact with (b)(6) and asked him to explain what had happened. (b)(6) advised that he and (b)(3) had taken the Polaris Ranger into Shelbina from Lenter on gravel roads, in order to put gas into cans to fill his vehicle. (b)(6) further advised that he was pulling into MFA at about 20MPH and attempted a 180 degree turn and the vehicle flipped. (b)(6) stated that the vehicle had landed on top of (b)(3) causing her injuries.

I issued (b)(6) a Shelbina Municipal Court summons for Failure to drive in a careful and prudent manor ORD# 340.160 with a court date of November 18, 2009 at 1430 hours.

All other information regarding this matter shall be submitted as it becomes available and will be submitted as a supplemental report.

Nothing further to report, at this time.

Reporting Officer Sean M. Baymiller #304

Supervising Officer _____

Records Custodian _____

Exhibit D - Shelbina Police Report

00:00-1W01 W080 11 0101/09/2009

MISSOURI UNIFORM ACCIDENT REPORT

COPY

PAGE 1 OF 4

SPACE USED FOR BARCODE

Shelbina PD
411 W. Chestnut St
Shelbina, MO 67468

0910 000153

LEFT THE SCENE CLEARED
 YES NO YES NO

ACCIDENT CLASSIFICATION

PROPERTY DAMAGE ONLY NUMBER INJURED NUMBER KILLED NUMBER OF VEHICLES INVOLVED INVESTIGATION DATE 10/19/2009

ACCIDENT DATE: 10/19/2009 ACCIDENT TIME (MIL): 1649 TIME NOT PROHIBITED: 1650 TIME INVESTIGATED: 1652

2- LOCATION
COUNTY: Shelby MUNICIPALITY: Shelbina DISTRICT: B OFFICER: CAD1

ON: Road Property: MEA ON CO

ROADWAY DIRECTION: SPEED LIMIT: 35

ROAD MAINTAINED BY: STATE COUNTY MUNICIPAL PRIVATE PROPERTY OTHER

3- DAMAGE TO PROPERTY OTHER THAN VEHICLES NONE

4- DRIVER'S FULL NAME (LAST, FIRST, MI), ADDRESS (STREET, CITY, STATE, ZIP)
(b)(6)

DRIVER LICENSE NUMBER, ID NUMBER: (b)(6) STATE: MO TYPE OF LICENSE: OPERATOR CLASS PERMIT MC ONLY MC ENDORSEMENT YES NO NA

PROOF OF INSURANCE: YES NO NOT REQUIRED INSURANCE COMPANY: N/A

YEAR: 2008 MAKE: Polaris MODEL: Hurricane COLOR: Green

LIC. PLATE NO.: N/A STATE: MO YEAR: N/A VIN: N/A TOTAL NO. OF OCCUPANTS: 2

VEHICLE OWNER NAME (LAST, FIRST, MI) COMMERCIAL CARRIER: (b)(3), CPSA Section 25(c), (b)(6) ADDRESS (STREET, CITY, STATE, ZIP): (b)(6)

VEHICLE DAMAGE (Circle all damaged areas):
INITIAL IMPACT NO.: NA

18- Undercarriage 19- Windshield 20- Burned 21- Towed Unit 22- Cargo

TOWED FROM SCENE: YES NO

5- DRIVER'S FULL NAME (LAST, FIRST, MI), ADDRESS (STREET, CITY, STATE, ZIP)
N/A

DRIVER LICENSE NUMBER, ID NUMBER: N/A STATE: MO TYPE OF LICENSE: OPERATOR CLASS PERMIT MC ONLY MC ENDORSEMENT YES NO NA

PROOF OF INSURANCE: YES NO NOT REQUIRED INSURANCE COMPANY: N/A

YEAR: N/A MAKE: N/A MODEL: N/A COLOR: N/A

LIC. PLATE NO.: N/A STATE: MO YEAR: N/A VIN: N/A TOTAL NO. OF OCCUPANTS: N/A

VEHICLE OWNER NAME (LAST, FIRST, MI) COMMERCIAL CARRIER: N/A ADDRESS (STREET, CITY, STATE, ZIP): N/A

VEHICLE DAMAGE (Circle all damaged areas):
INITIAL IMPACT NO.: NA

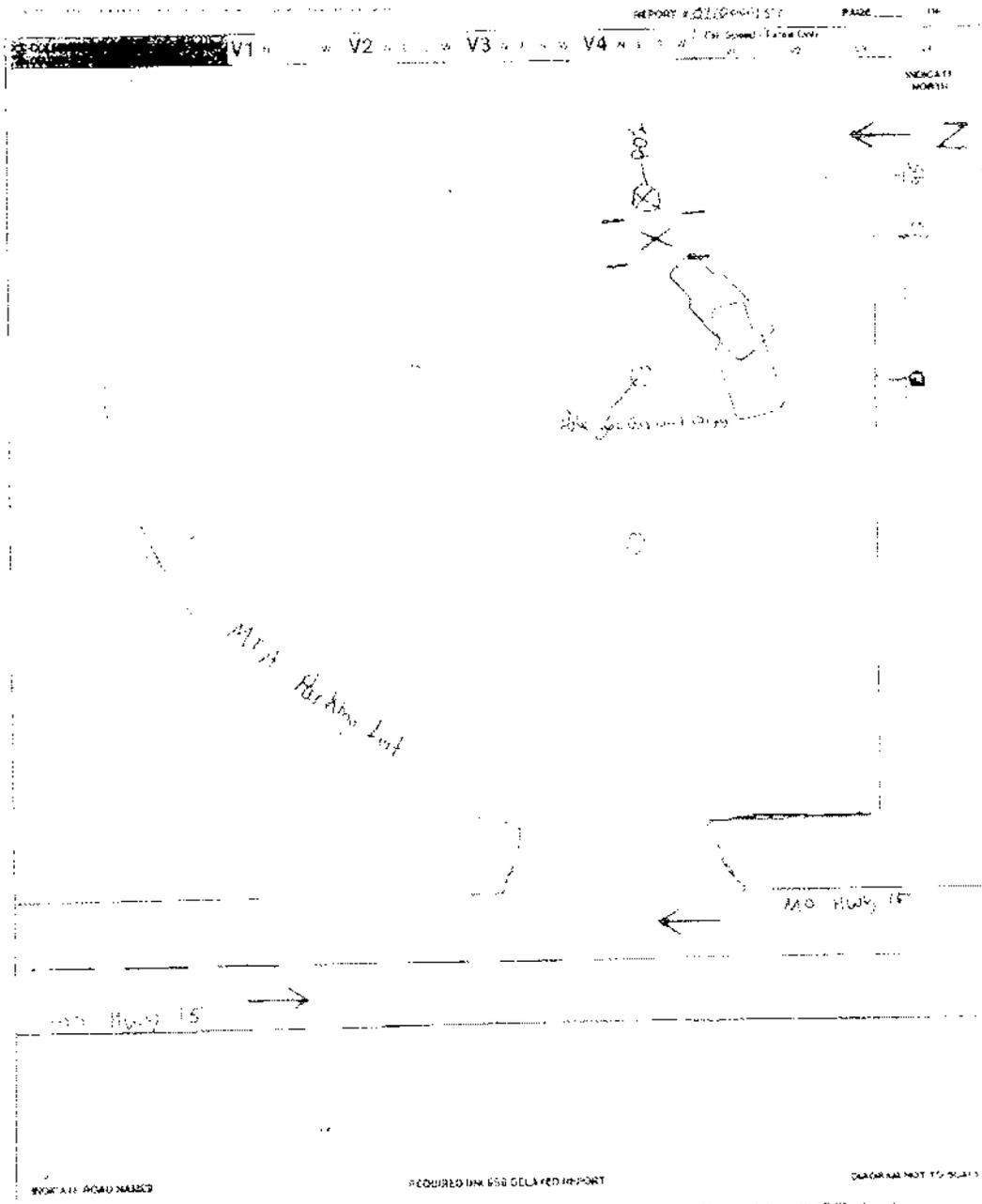
18- Undercarriage 19- Windshield 20- Burned 21- Towed Unit 22- Cargo

TOWED FROM SCENE: YES NO

6- WITNESS NONE IDENTIFIED

NAME OF WITNESS: ADDRESS (STREET, CITY, STATE, ZIP): TELEPHONE NO:

Exhibit D - Shelbina Police Report



EXCESSIVE PHOTOS TAKEN

BY WHOM

DATE

BY WHOM

DATE

Exhibit D - Shelbina Police Report

01/29/2010 11:08AM (GMT-05:00) 0102/62/10

REPORT # 091216CCC2241

PAGE 3 OF 4

9-CODES

SEAT LOCATION KX - Not Known P - Passenger B - Bicycle M - Motorcycle OC - Occupant - Enclosed Load Area DU - Occupant - Unenclosed Load Area CP - Commercial Passenger OV - Other (Explain in Remarks)	INJURY 1. Fatal 2. Disabling 3. Extant - Not Disabling 4. Probable - Not Apparent 5. Non-Apparent 6. Unknown	TRANSPORTED (Medical Treatment) 1. No 2. EMS 3. Other 4. Unknown	EJECTION 1. NA 2. No 3. Parachute 4. Toss 5. Unknown	AIR BAG FRONT 1. None / NA 2. Deployed 3. Not Deployed	AIR BAG SIDE 1. None / NA 2. Deployed 3. Not Deployed	SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Rest Only 4. Lap Belt Only 5. Shoulder and Lap Belt 6. Child Restraint 7. Helmet Used 8. Helmet Not Used 9. Use Unknown
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10-DRIVERS

NAME ADDRESS	DATE OF BIRTH (MM-DD-YYYY)	SEX	VEH. NO.	SEAT LOC.	HL	TRANS. PORT.	EJECT. TION	AIR BAG F	AIR BAG S	BAR DEV	TELEPHONE NO.
<input checked="" type="checkbox"/> NA DRIVER 1 - SAME ADDRESS AS ABOVE	03/20/1980	M	1	FL	5	1	2	1	1	1	N/A
<input type="checkbox"/> NA DRIVER 2 - SAME ADDRESS AS ABOVE			2								

11-OTHER OCCUPANTS & PEDESTRIANS (SAD = SAME AS DRIVER)

<input checked="" type="checkbox"/> SAD (b)(6)	N/A	F	1	FR	3	2	4	1	1	1	(b)(6)
<input type="checkbox"/> SAD											
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12-VEHICLE BODY TYPES AUTOMOBILES/OTHER VEHICLES

13-EMERGENCY VEHICLE INVOLVEMENT

14-HAZARDOUS MATERIALS

15-COLLISION INVOLVING

16-TWO VEHICLE COLLISION

17-OTHER COLLISION/INATTENTION CODES

33-Animal Code

36-Fixed Object Code

Exhibit D - Shelbina Police Report

000000 1000 KUN0001 0000000000

REPORT # 00000000

PAGE 01 OF 01

<p>15. PEDESTRIAN INJURY</p> <p><input type="checkbox"/> 15.1 Pedestrian Injury</p> <p><input type="checkbox"/> 15.2 Pedestrian Injury - Fatality</p> <p><input type="checkbox"/> 15.3 Pedestrian Injury - Non-Fatality</p> <p><input type="checkbox"/> 15.4 Pedestrian Injury - Unknown</p>	<p>16. PEDESTRIAN INJURY</p> <p><input type="checkbox"/> 16.1 Pedestrian Injury</p> <p><input type="checkbox"/> 16.2 Pedestrian Injury - Fatality</p> <p><input type="checkbox"/> 16.3 Pedestrian Injury - Non-Fatality</p> <p><input type="checkbox"/> 16.4 Pedestrian Injury - Unknown</p>	<p>17. PEDESTRIAN INJURY</p> <p><input type="checkbox"/> 17.1 Pedestrian Injury</p> <p><input type="checkbox"/> 17.2 Pedestrian Injury - Fatality</p> <p><input type="checkbox"/> 17.3 Pedestrian Injury - Non-Fatality</p> <p><input type="checkbox"/> 17.4 Pedestrian Injury - Unknown</p>	<p>18. PEDESTRIAN INJURY</p> <p><input type="checkbox"/> 18.1 Pedestrian Injury</p> <p><input type="checkbox"/> 18.2 Pedestrian Injury - Fatality</p> <p><input type="checkbox"/> 18.3 Pedestrian Injury - Non-Fatality</p> <p><input type="checkbox"/> 18.4 Pedestrian Injury - Unknown</p>	<p>19. PEDESTRIAN INJURY</p> <p><input type="checkbox"/> 19.1 Pedestrian Injury</p> <p><input type="checkbox"/> 19.2 Pedestrian Injury - Fatality</p> <p><input type="checkbox"/> 19.3 Pedestrian Injury - Non-Fatality</p> <p><input type="checkbox"/> 19.4 Pedestrian Injury - Unknown</p>	<p>20. PEDESTRIAN INJURY</p> <p><input type="checkbox"/> 20.1 Pedestrian Injury</p> <p><input type="checkbox"/> 20.2 Pedestrian Injury - Fatality</p> <p><input type="checkbox"/> 20.3 Pedestrian Injury - Non-Fatality</p> <p><input type="checkbox"/> 20.4 Pedestrian Injury - Unknown</p>	<p>21. PEDESTRIAN INJURY</p> <p><input type="checkbox"/> 21.1 Pedestrian Injury</p> <p><input type="checkbox"/> 21.2 Pedestrian Injury - Fatality</p> <p><input type="checkbox"/> 21.3 Pedestrian Injury - Non-Fatality</p> <p><input type="checkbox"/> 21.4 Pedestrian Injury - Unknown</p>	<p>22. PEDESTRIAN INJURY</p> <p><input type="checkbox"/> 22.1 Pedestrian Injury</p> <p><input type="checkbox"/> 22.2 Pedestrian Injury - Fatality</p> <p><input type="checkbox"/> 22.3 Pedestrian Injury - Non-Fatality</p> <p><input type="checkbox"/> 22.4 Pedestrian Injury - Unknown</p>
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23. COMMERCIAL MOTOR VEHICLE (Completed for all commercial vehicles involved)

<p>A. CAR DAMAGE</p> <p><input type="checkbox"/> 23.1 Car Damage</p> <p><input type="checkbox"/> 23.2 Car Damage - Fatality</p> <p><input type="checkbox"/> 23.3 Car Damage - Non-Fatality</p> <p><input type="checkbox"/> 23.4 Car Damage - Unknown</p>	<p>B. DAMAGE NUMBER</p> <p><input type="checkbox"/> 23.5 Damage Number</p> <p><input type="checkbox"/> 23.6 Damage Number - Fatality</p> <p><input type="checkbox"/> 23.7 Damage Number - Non-Fatality</p> <p><input type="checkbox"/> 23.8 Damage Number - Unknown</p>	<p>C. DAMAGE TYPE</p> <p><input type="checkbox"/> 23.9 Damage Type</p> <p><input type="checkbox"/> 23.10 Damage Type - Fatality</p> <p><input type="checkbox"/> 23.11 Damage Type - Non-Fatality</p> <p><input type="checkbox"/> 23.12 Damage Type - Unknown</p>
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24. NARRATIVE STATEMENTS (Use one form for each vehicle involved in the crash)

25. STATEMENT OF DRIVER

26. STATEMENT OF WITNESSES

27. STATEMENT OF POLICE OFFICER

28. STATEMENT OF OTHER PARTY

29. STATEMENT OF OTHER PARTY

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100. STATEMENT OF OTHER PARTY

<p>REPORTING OFFICER: [Signature]</p>	<p>REVIEWING OFFICER: [Signature]</p>	<p>ESN: [Number]</p>
---------------------------------------	---------------------------------------	----------------------

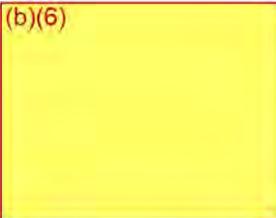
Exhibit E - Contact Information

Shelbina Police Department
411 West Chestnut
Shelbina, MO 63468
Contact: Chief Jenni Rash
Contacted: 12/22/09
573-588-0111

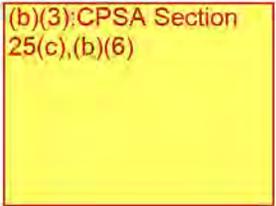
(b)(6)

A rectangular area that has been redacted, indicated by a yellow background and a red border. The text "(b)(6)" is written in red at the top left corner of the redacted area.

(b)(6)

A rectangular area that has been redacted, indicated by a yellow background and a red border. The text "(b)(6)" is written in red at the top left corner of the redacted area.

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

A rectangular area that has been redacted, indicated by a yellow background and a red border. The text "(b)(3);CPSA Section 25(c),(b)(6)" is written in red at the top left corner of the redacted area.

ADDENDUM TO IDI #091216CCC2241

The attached Medical Records were received by CPSC Investigator Kenkei via USPS on February 25, 2010, subsequent to the submission of the original in-depth investigation report noted above. The Medical Records were received by this investigator from the victim's mother. The Medical Records should be appended to the original IDI. The report does not change or alter any information previously submitted, but rather substantiates the injuries sustained by the victim in the IJTV.

Emergency Services Note

(b)(3):CPSA Section 25 - 01-26-42-14-8

* Final Report *

Result type: Emergency Services Note
 Result date: 18 October 2009 9:20
 Result status: Final
 Result title: TRANSCRIBED DOCUMENT
 Performed by: (b)(3):CPSA on 18 October 2009 23:53
 Verified by: (b)(3):CPSA on 28 October 2009 18:03
 Encounter info: 18755509, UNIVERSITY HOSP, UH EMERGENCY, 10/18/2009 - 10/19/2009

* Final Report *

TRANSCRIBED DOCUMENT (Verified)

*University of Missouri Health Care
 Medical Record #: 012642148
 Patient Name: (b)(3):CPSA Section
 Age: 14
 Admission Date: 10/18/2009
 Date of Examination: 10/18/2009
 Provider: (b)(3):CPSA Section
 Referring Physician: SELF
 Room Number: ERC
 Dictated By: (b)(3):CPSA Section
 Medical Service: EMERGENCY SERVICES

EMERGENCY ROOM NOTE

ATTENDING SURGEON: (b)(3):CPSA Sect MD Plastic Surgery

CHIEF COMPLAINT: Right foot dorsal degloving injury.

HISTORY OF PRESENT ILLNESS:

(b)(3):CPSA is a very pleasant 14-year-old girl who we are seeing in consultation in the emergency department by Dr. (b)(3):C. The patient states that earlier today she was riding on a ranger, this apparently is a 4-wheel-drive open air vehicle, when her boyfriend turned a corner suddenly. It is unclear as to whether the vehicle or her foot fell out of the vehicle and scraped the concrete versus gravel road. Either way this resulted in an avulsion injury of the degloving type to the dorsum of the foot. The patient states that she was brought to the emergency department at that time. She also reports an injury to the left knee for which the Orthopedic Department is treating. The patient states she has no other areas of tenderness or injury.

PAST MEDICAL HISTORY: Negative.

PAST SURGICAL HISTORY:
Negative.

MEDICATIONS: None.

Printed by: Elliott NSS, Melissa J
 Printed on: 2/4/2010 8:11

Page 1 of 3
 (Continued)

Emergency Services Note

(b)(3):CPSA Section 25(f) - 01-26-42-14-8

* Final Report *

ALLERGIES:
SULFA.

FAMILY HISTORY: The patient lives with her parents. She does not smoke and denies alcohol use.

REVIEW OF SYSTEMS:

A 14-point review of systems was performed and is significant for right lower extremity avulsion injury and left knee injury.

PHYSICAL EXAMINATION:

VITAL SIGNS: Afebrile. Vital signs are stable.

EXTREMITIES: The right lower extremity is neurovascularly intact. Grossly there is tissue defect on the dorsum of the foot extending 3 mm proximal to the extensor crease all the way to the ankle. The EHL is visible within the wound as is tibiialis anterior. The patient is able to extend and flex all 5 toes with 5/5 strength. She has sensation intact in the distribution of the saphenous, deep, and superficial peroneal nerves as well as the tibial nerve. Posterior tibiialis pulse is intact. The dorsalis pedis is difficult to find secondary to its presence within the wound bed. The patient has brisk capillary refill on all 5 toes. The patient is able to plantar flex and dorsiflex the foot with 5/5 strength. The left leg demonstrates a 2 cm circumferential lesion on the anterior aspect of the knee.

ASSESSMENT: (b)(3):CPSA is a 14-year-old girl with a degloving injury to the right lower extremity.

PLAN:

We will perform a ring block on the ankle in the ER and perform an irrigation and re-draping of soft tissue followed by dressing. Orthopedics plans to definitively treat the left knee. I will follow this patient up in 1 day to assist with the first dressing change and re-evaluate the soft tissue flap. The above was discussed with Dr. Stephen Colbert.

MEDQ/318710/DN4/392030119

DD: 10/18/09

DT: 10/19/09

RD:

Printed by: Elliott NSS, Melissa J
Printed on: 2/4/2010 8:11Page 2 of 3
(Continued)

Orthopaedic Consult Note

(b)(3):CPSA Section 25() - 01-26-42-14-8

* Final Report *

Result type: Orthopaedic Consult Note
 Result date: 18 October 2009 10.16
 Result status: Modified
 Result title: TRANSCRIBED DOCUMENT
 Performed by: (b)(3):CPSA on 19 October 2009 8:27
 Verified by: (b)(3):CPSA Section 25() on 19 October 2009 20:13
 Encounter info: 18755509, UNIVERSITY HOSP, UH EMERGENCY, 10/18/2009 - 10/19/2009

* Final Report *

TRANSCRIBED DOCUMENT (Verified)

University of Missouri Health Care
 Medical Record #: 012642148
 Patient Name: (b)(3):CPSA Section 25()
 Age: 14
 Admission Date: 10/18/2009
 Date of Examination: 10/18/2009
 Attending Physician: (b)(3):CPSA Section 25() MD
 Referring Physician: SELF
 Room Number: ERC
 Medical Service: EMERGENCY SERVICES

CONSULTATION NOTE

REASON FOR CONSULTATION:
 Left knee laceration with right foot degloving injury.

HISTORY OF PRESENT ILLNESS:

(b)(3):CPSA is a 14-year-old female who presented with a complaint of left knee penetration injury with a right foot degloving injury. The patient sustained an ATV accident this afternoon. The patient was taken to the ER at Hannibal, and the patient was transferred from Hannibal here to the University Hospital for further evaluation.

PAST MEDICAL HISTORY:
 None.

PAST SURGICAL HISTORY:
 Not significant.

ALLERGIES:
 SULFA.

HOME MEDICATIONS:
 None.

The patient is a 14-year-old freshman who is going to South Shelby School. She has two older sisters.

Printed by: Elliott NSS, Melissa J
 Printed on: 2/4/2010 8:11

Page 1 of 3
 (Continued)

Exhibit F

Orthopaedic Consult Note

(b)(3):CPSA Section 25 - 01-26-42-14-8

* Final Report *

REVIEW OF SYSTEMS:

Noncontributory for any other findings other than the present complaint.

PHYSICAL EXAMINATION:

GENERAL: She is well-oriented, seems to be in mild to moderate distress. Her right foot has a severe degloving injury from the ankle to her toes. It is a distal-based flap. She has a severe skin loss of about 20 x 8 cm. Her tendons are exposed in the tibialis anterior, EHL and extensors to the smaller toes of right foot. There is no exposed bone. Most of the bony tissues are covered by fascia. Tibialis posterior can be palpated. Dorsalis pedis is not seen in the anterior wound. Her wound is covered with a lot of debris and mud. She has normal sensations of the tips of all her toes of the dorsal and plantar aspect. She has good capillary refill in all her toes. Her sensations seem intact on the sural, saphenous, deep peroneal, superficial peroneal and plantar nerve distribution on the left knee. She has 2 x 2 penetrating injury of the anterolateral aspect of the knee, more infrapatellar in position. She has undermining of about 5 cm inferiorly, 1-2 cm laterally, 1 cm medially, and 1 cm superiorly. Otherwise, she has an abrasion on the right knee, a very superficial abrasion. Her left knee is stable. There is no ligamentous instability. She has normal dorsalis pedis and tibialis posterior pulses on the left leg. Her sensations are intact in sural, saphenous, deep peroneal, superficial peroneal, and plantar nerve distribution. She has good active plantar flexion, active dorsiflexion, EHL and FHL function.

PROCEDURE:

Her knee is injected with 120 ml of normal saline mixed with methylene blue; 100 ml of normal saline with methylene blue that was injected was drawn out; 30 ml of normal saline with methylene blue was left in, which could not be aspirated. The patient has no communication to the penetrating injury from the knee joint.

X-RAYS:

X-rays of her tibia, right foot, and left knee were reviewed. The patient has no cortical irregularities on the patella, distal femur or proximal tibia. In the ankle she does not have any cortical irregularities in any of the foot bones.

ASSESSMENT:

Right foot degloving injury with extensive skin loss. All tendon structures seem intact. She is intact neurovascularly on the right foot. On the left side she has a left knee penetrating injury which is not communicating with the left knee joint.

PLAN:

The patient's left knee is washed out. The patient's wound is closed with 2-0 Prolene. The patient will go home on Xeflex. The patient will follow up with the Plastic Surgery Team regarding her right foot degloving injury. The patient need not follow up with Orthopedic Surgery for her penetrating injury. The Plastic Surgery Team agreed to take

Orthopaedic Consult Note

(b)(3):CPSA Section 25(- 01-26-42-14-8

* Final Report *

care of it. Her sutures need to be removed in 2 weeks. The patient was explained clearly the risks of infection with a penetrating injury, and if the patient finds any signs or symptoms of infection, the patient should come back to the ER for further evaluation.

(b)(3):CPSA Section MD
MEDQ/318993/DN4/392047890

DD: 10/19/09
DT: 10/19/09
RD:

Completed Action List:

- * Perform by Vallurupalli MD, Santaram on 19 October 2009 8:27
- * Sign by Vallurupalli MD, Santaram on 19 October 2009 20:11 Requested on 19 October 2009 16:57
- * Modify by Vallurupalli MD, Santaram on 19 October 2009 20:13
- * VERIFY by Vallurupalli MD, Santaram on 19 October 2009 20:13
- * Sign by Hoernschmeyer MD, Daniel Gerard on 04 November 2009 15:41 Requested by Vallurupalli MD, Santaram on 19 October 2009 20:14

Printed by: Elliott NSS, Melissa J
Printed on: 2/4/2010 8:11

Page 3 of 3
(End of Report)

Op/Procedure Note

(b)(3):CPSA Section 25 - 01-26-42-14-8

* Final Report *

Result type: Op/Procedure Note
 Result date: 19 October 2009 9:50
 Result status: Final
 Result title: TRANSCRIBED DOCUMENT
 Performed by: (b)(3):CPSA on 18 October 2009 23:55
 Verified by: (b)(3):CPSA on 14 December 2009 14:21
 Encounter info: 18755509, UNIVERSITY HOSP, UH EMERGENCY, 10/18/2009 - 10/19/2009

* Final Report *

TRANSCRIBED DOCUMENT

University of Missouri Health Care
 Medical Record #: 012642148
 Patient Name: (b)(3):CPSA Sect
 Age: 14
 Admission Date: 10/18/2009
 Date of Procedure: 10/19/2009
 Attending Physician: (b)(3):CPSA Section 25(c)
 Attending Surgeon: D
 Referring Physician: SBLF
 Room Number: ERC
 Medical Service: EMERGENCY SERVICES

OPERATIVE NOTE

ATTENDING SURGEON:

(b)(3):CPSA

RESIDENT PHYSICIANS:

1. (b)(3):CPSA Section
2. 25(c)

PROCEDURE:

1. Irrigation of contaminated wound bed and preparation of the wound bed for soft tissue redraping.
2. Redraping of soft tissue.

DESCRIPTION OF PROCEDURE AND FINDINGS:

Seen in the emergency department. Sixty milliliters of 1% lidocaine with epinephrine were injected into the ankle in a ring block fashion in the right lower extremity. Following a 15-minute time lapse, the area was rechecked for anesthesia. Once determined that the area was completely anesthetic, the area was copiously irrigated with 3 L of normal saline as well as scrub brush for debridement purposes. Following this, a soft tissue flap that was based distally was redraped using 4-0 nylon. This was done so under no tension. Following this, we applied a dressing. Dr. Colbert was immediately available for the procedure.

Printed by: Elliott NSS, Melissa J
 Printed on: 2/4/2010 8:12

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 (Continued)

Emergency Services Note

(b)(3):CPSA Section 25 - 01-26-42-14-8

* Final Report *

Allergic Reactions (All)

Severity not Documented

SulfADIAZINE- No reactions were documented.

Immunizations: Per nurse's notes.**Menstrual-pregnancy history:** Per nurse's notes.**History limitation:** None.**History of Present Illness**

The patient is a 14 years old Female who presents with a complaint of left leg injury, right leg injury and pt riding an ATV and fell out with large skin avulsion to left LE. sent from hannibal for evaluation. pt with tetanus up to date. also with skin tear over left knee. no other injuries. pt also received ancef at outside hospital. Location: Right ankle foot. The degree of pain is moderate. The degree of bleeding is minimal. Degree of dysfunction: is unable to bear weight. The mechanism of injury was a direct blow. The location where the accident occurred was home.

Review of Systems**Constitutional symptoms:** Negative.**ENT:** Negative**Cardiovascular symptoms:** Negative.**Respiratory symptoms:** Negative.**Gastrointestinal symptoms:** Negative.**Other significant review of systems** All other systems reviewed and otherwise negative.**Past Medical/ Family/ Social History****Medical history:** Negative.**Social history:** Alcohol: Denies alcohol use, Tobacco: Denies tobacco use, Drugs: Denies drug use.**Physical Examination****General appearance:** No acute distress.**Skin:** large skin tear/abrasion over dorsal foot with tendon visible. no active bleeding.**Heart:** Regular rate and rhythm.**Leg perfusion:** Within normal limits**Respiratory:** Lungs clear to auscultation bilaterally**Leg:** left knee iwth skin tear and mild soft tissue loss.**Range of motion of the legs:** full rom at all digits.**Neurologic - Lower extremity** Within normal limits**Medical Decision Making****Clinical work-up/Interpretation****Femur x-ray:** Include Rad interp(flowsheet): RADIOLOGY.

10/18/2009 22:26

XR Ankle Complete Min 3 Views Right RH XR Ankle

Complete Min 3 Views Right (Unauth)

XR Foot Complete Min 3 Views Right RH XR Foot

Complete Min 3 Views Right (Unauth)

XR Knee One or Two Views Left LH XR Knee

One or Two Views-LT (Unauth)

Calls-Consults: Ortho/plastics.**Reexamination/Reevaluation**

Printed by: Elliott NSS, Melissa J

Printed on: 2/4/2010 8:12

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(Continued)

Emergency Services Note

(b)(3):CPSA Section 25(c) - 01-26-42-14-8

* Final Report *

Reexamination: Notes: pt seen by ortho and plastics. washed out at bedside without difficulty. has f/u with plastics.

Impression and Plan

Diagnosis

foot laceration
knee laceration

Discharge plan

Condition: Improved, Stable.

Dispositioned: 10/19/2009 00:48:00, To home:

Prescriptions: percocet/keflex.

Patient was given the following educational materials: LACERATION, Foot.

Counseled: Patient, Regarding diagnosis, Regarding treatment plan, Regarding prescription.

Completed Action List:

- * Perform by (b)(3):CPSA Section 25(c) on 19 October 2009 8:28
- * Modify by (b)(3):CPSA Section 25(c) on 19 October 2009 0:49
- * Sign by Ro (b)(3):CPSA Section 25(c) on 19 October 2009 0:49
- * VERIFY by (b)(3):CPSA Section 25(c) on 19 October 2009 0:49

Printed by: Elliott NSS, Melissa J
Printed on: 2/4/2010 8:12

Page 3 of 3
(End of Report)

Plastic Surgery Clinic Note

(b)(3):CPSA Section 25(c) - 01-26-42-14-8

* Final Report *

Result type: Plastic Surgery Clinic Note
 Result date: 19 October 2009 12:52
 Result status: Final
 Result title: TRANSCRIBED DOCUMENT
 Performed by: (b)(3):CPSA 19 October 2009 15:55
 Verified by: (b)(3):CPSA 04 November 2009 22:29
 Encounter info: 18756413, UNIVERSITY HOSP, UH OUTPATIENT, 10/19/2009 -10/19/2009

* Final Report *

TRANSCRIBED DOCUMENT (Verified)

University of Missouri Health Care
 Medical Record #: 012642148
 Date: 10/19/2009
 Visit #: 18756413
 Patient Name: (b)(3):CPSA Sect
 Date of Birth: 06/14/1995
 Age: 14

Address: (b)(3):CPSA
 Address: Section 25(c)
 Home Phone:
 Day Phone:

Provider: (b)(3):CPSA S MD
 Department: PLASTIC SURGERY
 Primary Care Provider:
 Referring Physician: (b)(3):CPSA Section
 Referring Physician Address:
 Referring Physician Address: ,
 Referring Physician Phone:
 Referring Physician Fax:
 Primary Provider: (b)(3):CPSA Section 25(c)
 Primary Provider #
 Primary Provider #
 Location: SUR
 Dictated by: (b)(3):CPSA Sec M.D.

CLINIC NOTE

(b)(3):CPS is a very pleasant 14-year-old girl who is status post a wheelbar injury in which she was riding in a ranger and this rolled, resulting in an avulsion injury to the dorsum of her right foot. This was treated in the ER the previous evening. The patient is seen today for her preliminary dressing change. The dressing is taken down today and demonstrates a clean, healthy-looking wound bed. The small skin flap that is distally based is viable at this point. We have instructed the patient's parents on dressing changes and they seem comfortable with these. The patient was also placed in a Cam walker. We also evaluated

Printed by: Elliott NSS, Melissa J
 Printed on: 2/4/2010 8:12

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 (Continued)

Plastic Surgery Clinic Note

(b)(3):CPSA Section 25(- 01-26-42-14-8

* Final Report *

the left knee wound which was treated by orthopedics. This appears clean and in place. The surrounding tissue is somewhat macerated. We instructed her to wash both wounds with soapy water daily, and keep them clean and perform dressing changes daily. The patient also has a road rash along the right knee. We instructed her to apply bacitracin to this and to keep it clean. Patient is not to participate in strenuous physical activities. She can bear weight on her right lower extremity, but she is not to perform vigorous activities. The above was discussed with Dr. Colbert.

MPD0320783DN4/392137227

DD: 10/19/09 DT: 10/20/09 RD:

Charles A. Lichty, MD
400 S Center St
Skelbina, MO 63468

Completed Action List:

- * Perform by Kolder MD, Daniel Gene on 19 October 2009 15:55
- * Modify by Kolder MD, Daniel Gene on 28 October 2009 12:22
- * Sign by Colbert MD, Stephen H on 04 November 2009 22:29 Requested by Kolder MD, Daniel Gene on 28 October 2009 12:23
- * VERIFY by Colbert MD, Stephen H on 04 November 2009 22:29
- * Sign by Kolder MD, Daniel Gene on 10 November 2009 16:29 Requested on 28 October 2009 12:30

Printed by: Elliott NSS, Melissa J
Printed on: 2/4/2010 8:12

Page 2 of 2
(End of Report)

Plastic Surgery Clinic Note

(b)(3):CPSA Section 25() - 01-26-42-14-8

* Final Report *

Result type: Plastic Surgery Clinic Note
 Result date: 30 October 2009 9:20
 Result status: Modified
 Result title: TRANSCRIBED DOCUMENT
 Performed by: (b)(3):CPSA Section 25() 30 October 2009 16:15
 Verified by: (b)(3):CPSA Section 25() on 04 November 2009 22:49
 Encounter info: 18779850, UNIVERSITY HOSP, UH OUTPATIENT, 10/30/2009 - 10/30/2009

* Final Report *

TRANSCRIBED DOCUMENT (Verified)

University of Missouri Health Care
 Medical Record #: 012642148
 Date: 10/30/2009
 Visit #: 18779850
 Patient Name: (b)(3):CPSA Section 25()
 Date of Birth: 06/14/1995
 Age: 14

Address: (b)(3):CPSA Section 25
 Address: (c)
 Home Phone:
 Day Phone:

Provider: (b)(3):CPSA Section 25 MD
 Department: PLASTIC SURGERY
 Primary Care Provider:
 Referring Physician: (b)(3):CPSA Section 25
 Referring Physician Address:
 Referring Physician Address:
 Referring Physician Phone:
 Referring Physician Fax:
 Primary Provider: (b)(3):CPSA Section 25
 Primary Provider A: (c)
 Primary Provider B:
 Location: SUR
 Dictated by: (b)(3):CPSA Section 25

CLINIC NOTE

SUBJECTIVE:
 (b)(3):CPSA Section 25 is a 14-year-old female 2-1/2 weeks status post an avulsion injury to her right dorsal foot. She has been doing well. She has been washing the foot daily and doing dressing changes. It has been granulating well. She continues to have pain in the foot which limits her ambulation. She has only walked 2-3 times. She wears a wrist flexion boot at all times while she uses the foot more.

OBJECTIVE:

Printed by: Elliott NSS, Melissa J
 Printed on: 2/4/2010 8:12

Plastic Surgery Clinic Note

(b)(3):CPSA Section 25 - 01-26-42-14-8

* Final Report *

Ms. (b)(3):CPSA is a 14-year-old female that was involved in a ATV accident approximately 1 week ago in which she avulsed soft tissue from the dorsum of her right foot. She was evaluated in the ER and debrided, washed out thoroughly, and loosely approximated by the Plastic Surgery Team. She has since been seen in our clinic and has been doing twice daily dressing changes with keroflo over her tendons. She has been doing well. She has been tolerating her dressing changes. She has been able to bear minimal weight on the foot, but she is wearing a Podus boot that keeps her in flexion. She wears this for several hours a day. Otherwise, her pain has been controlled with pain medication. She has had no systemic signs of infection and her family is satisfied with her progress.

For remaining elements of the history of present illness, past medical history, please see consult note dated from the emergency room visit.

She is seen at the consultation request of Dr Robinson.

PHYSICAL EXAMINATION:

VITAL SIGNS: Heart rate is 70, respiratory rate 16, height 5 feet 2 inches, weight 110.

GENERALLY: She is a well-nourished, well-developed, adolescent female, in no distress.

HEENT: Normocephalic, atraumatic.

CARDIOVASCULAR: Regular rate and unlabored respirations.

EXTREMITIES: On the right lower extremity her Podus boot is taken down. She has an area of soft tissue loss over the dorsum of her foot distally and along the medial malleolus. She has a skin flap with questionably viable tissue, but no signs of infection. No purulent drainage. She has an area of her EBL, approximately 1-inch long that is visible, but otherwise her remaining tendons are not exposed. She has motion in all of her toes with flexion and extension. She has full range of motion, although she has tenderness with flexion of her ankle. She has full sensation in her plantar, sural, deep, and superficial peroneal distributions.

ASSESSMENT/PLAN:

Taylor Neely is a 14-year-old female status post avulsive injury to her right foot. She is recovering well. We would like her to continue her h.i.d. dressing changes with warm, soapy washes. She is to wear her splinting boot essentially at all times. She is to continue elevating the foot and we would like to see her again in 1 week. Depending on the way that she continues to heal, this possible intervention include placement of Integra following split-thickness skin grafting or more likely given the progression of her healing, we will be able to perform full-thickness skin grafting with harvest sites at her groin creases to cover this wound. We would want it to fully demarcate so that her areas of necrotic tissue will need to be debrided are obvious prior to performing the surgery.

The patient was seen with (b)(6) who is in agreement.

Printed by: Elliott NSS, Melissa J
Printed on: 2/4/2010 8:12

Page 2 of 3
(Continued)

Exhibit F

Letter (b)(3):CPSA Section 25(- 01-26-42-14-8

* Final Report *

Result type: Letter
Result date: 23 October 2009 15:00
Result status: Final
Result title: TRANSCRIBED DOCUMENT
Performed by: (b)(2):CPSA Section 25 on 23 October 2009 16:56
Encounter info: 18759848, UNIVERSITY HOSP, UH OUTPATIENT, 10/23/2009 - 10/23/2009

* Final Report *

TRANSCRIBED DOCUMENT
University of Missouri Health Care

Patient Name: (b)(3):CPSA Section 25
Medical Record #: 012642103
Date of Birth: 06/14/1995
Dear Dr. Robinson:

I had the pleasure of seeing (b)(3):CPSA Section 25 in consultation today at your request. As you recall, she is a very pleasant 14-year-old female with a history of a right forefoot avulsion injury. She is recovering well. We will continue performing simple dressing changes on her foot in anticipation of possible split-thickness or full thickness skin coverage.

I appreciate the opportunity to participate in (b)(6) care; you have any questions or concerns, or if there is any other way I can be of assistance, please do not hesitate to contact me.

Sincerely,

(b)(3):CPSA Section 2

BRM/SBC

MEDQ/886635/DM4/392790352

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

Printed by: Elliott NSS, Melissa J.
Printed on: 2/4/2010 8:12

Page 1 of 2
(Continued)

Plastic Surgery Clinic Note

(b)(3):CPSA Section 25(c) - 01-26-42-14-8

* Final Report *

Result type: Plastic Surgery Clinic Note
 Result date: 06 November 2009 13:33
 Result status: Modified
 Result title: TRANSCRIBED DOCUMENT
 Performed by: (b)(3):CPSA Secti 06 November 2009 16:45
 Verified by: 12 November 2009 16:58
 Encounter info: 18805814, UNIVERSITY HOSP, UH OUTPATIENT, 11/6/2009 - 11/6/2009

* Final Report *

TRANSCRIBED DOCUMENT (Verified)

*University of Missouri Health Care
 Medical Record #: 012642348
 Date: 11/06/2009
 Visit #: 18805814
 Patient Name: (b)(3):CPSA Section
 Date of Birth: 06/14/1995
 Age: 14

Address: (b)(3):CPSA
 Address: Section 25(c)
 Home Phone:
 Day Phone:

Provider: (b)(3):CPSA Secti
 Department: PLASTIC SURGERY
 Primary Care Provider:
 Referring Physician: (b)(3):CPSA Secti
 Referring Physician Address:
 Referring Physician Address:
 Referring Physician Phone:
 Referring Physician Fax:
 Primary Provider: (b)(3):CPSA Section 25
 Primary Provider A: (c)
 Primary Provider A:
 Location: SUR
 Dictated by: Daniel G. Koider, M.D.

CLINIC NOTE

(b)(3):Exem is a very pleasant 14-year-old girl who 3-1/2 weeks ago suffered an injury to the right dorsum of her foot. This resulted in avulsion of soft tissue.

PHYSICAL EXAMINATION:

EXTREMITIES: On physical exam today, the area is completely granulated, and there is a few areas of necrotic tissue. The patient has decreased sensation over the dorsum of her great toe.

Printed by: Elliott NSS, Melissa J
 Printed on: 2/4/2010 8:12

Page 1 of 2
 (Continued)

Exhibit F

Plastic Surgery Clinic Note

(b)(3):CPSA Section 25(- 01-26-42-14-8

* Final Report *

The patient's dressings were taken down to reveal a well granulating wound bed. She still has approximately 1 cm of 2 exposed tendons present, otherwise her wound bed is healing well. She has several areas of well-demarcated flap necrosis without evidence of infection. No purulent drainage.

ASSESSMENT/PLAN:

(b)(3):CPSA is a 14-year-old female status post avulsion injury to her dorsal foot. She will likely granulate over her exposed tendons and be a good candidate for full thickness skin grafting. Given that the areas of demarcation that are visible today, she will most likely require a bilateral groin full thickness skin grafts to cover this area though one skin graft may suffice depending on where exactly her distal flap completely demarcates and decreased area of challenged skin turns out to be superficial dermolysis.

We will see her again in 1 weeks time but we will schedule her for skin grafting in 2-3 weeks today. Parents once again were offered various operative options including Integra placement, full and split thickness skin grafting and they would like to proceed with full thickness skin grafting.

This patient was seen with Dr. Colbert who is in agreement

MEDQ/3509/7DN4/393686993

DD: 10/30/09 DT: 10/31/09 ED:

Charles A Lichty, MD
400 S Center St
Shelbina, MO 63468

I, Stephen Colbert, MD, was present with the resident during their history and examination of the patient. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.

Completed Action List:

- * Perform by Moister MD, Brent R on 30 October 2009 16:15
- * Modify By Moister MD, Brent R on 02 November 2009 8:36
- * Modify By Moister MD, Brent R on 02 November 2009 8:36
- * Sign By Colbert MD, Stephen S on 02 November 2009 22:49 Requested by Moister MD, Brent R on 02 November 2009 9:00

Printed by: Elliott NSS, Melissa J
Printed on: 2/4/2010 8:12

Page 2 of 3
(Continued)

Exhibit F

Plastic Surgery Clinic Note

(b)(3):CPSA Section 25(c) - 01-26-42-14-8

* Final Report *

Result type: Plastic Surgery Clinic Note
 Result date: 23 November 2009 10:00
 Result status: Final
 Result title: TRANSCRIBED DOCUMENT
 Performed by: (b)(3):CPSA on 23 November 2009 15:16
 Verified by: (b)(3):CPSA on 04 December 2009 17:46
 Encounter info: 18850349, UNIVERSITY HOSP, UH OUTPATIENT, 11/23/2009 - 11/23/2009

* Final Report *

TRANSCRIBED DOCUMENT (Verified)

University of Missouri Health Care
 Medical Record #: 012642148
 Date: 11/23/2009
 Visit #: 18850349
 Patient Name: (b)(3):CPSA Section 25(c)
 Date of Birth: 06/14/1995
 Age: 14

Address: (b)(3):CPSA Section 25(c)
 Address:
 Home Phone:
 Day Phone:

Provider: (b)(3):CPSA Section 25(c)
 Department: PLASTIC SURGERY
 Primary Care Provider:
 Referring Physician: SRLP
 Referring Physician Address:
 Referring Physician Address:
 Referring Physician Phone:
 Referring Physician Fax:
 Primary Provider: (b)(3):CPSA Section 25(c)
 Primary Provider:
 Primary Provider:
 Location: SUR
 Dictated by: (b)(3):CPSA Section 25(c) MD

CLINIC NOTE

HISTORY OF PRESENT ILLNESS:

Taylor Nesly is a 14-year-old female who is 11 days status post full-thickness skin graft with bilateral groin donor sites to the dorsum of her right foot. She has been immobilized in the splint. She has not had any complaints or concerns.

PHYSICAL EXAMINATION:

EXTREMITIES: The dressing was gently removed. There is small area that measures 1 cm by 2 cm where it appears the graft has been sheared.

Printed by: Elliott NSS, Melissa J
 Printed on: 2/4/2010 8:12

Page 1 of 2
 (Continued)

Exhibit F

Plastic Surgery Clinic Note

(b)(3):CPSA Section 25(c) - 01-26-42-14-8

* Final Report *

At this point we may plan to perform a full-thickness skin graft to the right dorsum of the foot with the groin being the donor site. We have consented the patient for the procedure, and we will proceed. Pictures were taken today.

WHLN/468602DMA/394610675

DD: 11/06/09 DE: 11/07/09 RD:

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

I. (b)(3):CPSA MD, was present with the resident during their history and examination of the patient. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.

Completed Action List:

- * Perform by (b)(3):CPSA Section on 06 November 2009 16:45
- * Modify by (b)(3):CPSA Section on 10 November 2009 15:37
- * Sign by (b)(3):CPSA Section on 12 November 2009 16:58 Requested by Kolder MD, Daniel Gene on 10 November 2009 15:57
- * Modify by (b)(3):CPSA Section on 12 November 2009 16:58
- * VERIFY By (b)(3):CPSA Section on 12 November 2009 16:58
- * Sign By Kolder MD on 19 November 2009 13:43 Requested on 07 November 2009 13:23

Printed by: Elliott NSS, Melissa J
Printed on: 2/4/2010 8:12

Page 2 of 2
(End of Report)

Exhibit F

Plastic Surgery Clinic Note

(b)(3):CPSA Section 25(- 01-26-42-14-8

* Final Report *

Result type: Plastic Surgery Clinic Note
 Result date: 01 December 2009 13:24
 Result status: Final
 Result title: TRANSCRIBED DOCUMENT
 Performed by: (b)(3):CPSA Secti on 01 December 2009 11:29
 Verified by: 16 December 2009 7:11
 Encounter info: 18902708, UNIVERSITY HOSP, UH OUTPATIENT, 12/1/2009 - 12/1/2009

* Final Report *

TRANSCRIBED DOCUMENT (Verified)

University of Missouri Health Care
 Medical Record #: 012642148
 Date: 12/01/2009
 Visit #: 18902708
 Patient Name: (b)(3):CPSA Secti
 Date of Birth: 06/02/1995
 Age: 14

Address: 519A HIGHWAY B
 Address: (b)(3):CPSA
 Home Pho: Section 25(c)
 Day Phone:

Provider: STEPHEN COLBERT, MD
 Department: PLASTIC SURGERY
 Primary Care Provider:
 Referring Physician: (b)(3):CPSA S MD
 Referring Physician Address:
 Referring Physician Address:
 Referring Physician Phone:
 Referring Physician Fax:
 Primary Provider: (b)(3):CPSA Section 25
 Primary Provider Ad: (c)
 Primary Provider Ad:
 Location: SUR
 Dictated by: (b)(3):CPSA Sectio MD

CLINIC NOTE

HISTORY:

(b)(6) is 2-1/2 weeks status post full-thickness skin grafting from bilateral groin to the right dorsal foot. She complains of sharp pains along the edges of the skin grafting in appropriate location for the deep peroneal and saphenous nerves respectively. This is increasingly troublesome at night and she is having difficulty sleeping.

PHYSICAL EXAMINATION:

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 Printed on: 2/4/2010 8:12

Exhibit F

Plastic Surgery Clinic Note

(b)(3):CPSA Section 25(c) - 01-26-42-14-8

* Final Report *

Otherwise the graft has near complete take. There is no erythema or sign of infection. She has persistent decreased sensation along the dorsum of her great toe.

ASSESSMENT/PLAN:

(b)(3):CPSA is a 14-year-old female with the above-listed history who is doing well. She is instructed to change the Xeroform dressing over the skin graft daily. She is to refrain from walking on the foot. She can ambulate in the boot and crutches. She will follow up in clinic a week from Friday to have the grain sutures removed and likely at that point to be cleared to gradually start ambulating.

MEDQ/959919DN4/196725915

DD: 11/23/09 PT: 11/24/09 RD:

Completed Action List:

- * Perform by Eagan MD, Spencer Leigh on 23 November 2009 13:16
- * Modify by Eagan MD, Spencer Leigh on 01 December 2009 9:11
- * Sign by Colbert MD, Stephen H on 04 December 2009 17:46 Requested by Eagan MD, Spencer Leigh on 01 December 2009 9:11
- * VERIFY by Colbert MD, Stephen H on 04 December 2009 17:46
- * Review by Medical Records, Inbox Returns on 09 December 2009 10:04 Proxy Email Forbis NSS, Diana L Requested by Puckett MD, Charles L on 08 December 2009 16:50
- * Sign by Eagan MD, Spencer Leigh on 18 December 2009 11:17 Requested on 24 November 2009 9:46

Printed by: Elliott NSS, Melissa J
Printed on: 2/4/2010 8:12

Page 2 of 2
(End of Report)

Exhibit F

Plastic Surgery Clinic Note

(b)(3):CPSA Section 25 - 01-26-42-14-8

* Final Report *

Result type: Plastic Surgery Clinic Note
 Result date: 18 December 2009 7:41
 Result status: Modified
 Result title: TRANSCRIBED DOCUMENT
 Performed by: (b)(3):CPSA 18 December 2009 15:02
 Verified by: (b)(3):CPSA on 28 January 2010 16:45
 Encounter info: 18903974, UNIVERSITY HOSP, UH OUTPATIENT, 12/18/2009 - 12/18/2009

* Final Report *

TRANSCRIBED DOCUMENT (Verified)

University of Missouri Health Care
 Medical Record #: D12642148
 Date: 12/18/2009
 Visit #: 18903974
 Patient Name: (b)(3):CPSA Secti
 Date of Birth: 06/19/1992
 Age: 14

Address: 6194 HIGHWAY N
 Address: (b)(3):CP 63450
 Home Phone: (573)588-4530
 Day Phone:

Provider: STEPHEN COLBERT, MD
 Department: PLASTIC SURGERY
 Primary Care Provider:
 Referring Physician: (b)(3):CPSA Sect MD
 Referring Physician Address:
 Referring Physician Address:
 Referring Physician Phone:
 Referring Physician Fax:
 Primary Provider: (b)(3):CPSA Se MD
 Primary Provider Address: 700 S CENTER ST
 Primary Provider Address: SHELLENA, MO 63468
 Location: SUR
 Dictated by: (b)(3):CPSA S MD

CLINIC NOTE

SUBJECTIVE

(b)(3):CPSA is a very pleasant 14-year-old female with a history of a right foot dorsal soft tissue injury on October 14. She is four and a half weeks out now from a full-thickness skin graft to her right dorsal foot. She has been doing well. She has had no significant pain. She is back to her normal regular activities and has continually increasing range of motion with toes and her ankle.

Printed by: Elliott NSS, Melissa J
 Printed on: 2/4/2010 8:12

Page 1 of 2
 (Continued)

Exhibit F

Plastic Surgery Clinic Note

(b)(3):CPSA Section 25(- 01-26-42-14-8

* Final Report *

Full-thickness skin graft is healing and well. There is a small open spot on the most superior aspect, which has a hard eschar on top of it. There is a Tinel's sign in the expected position of the deep peroneal nerve. However, no discrete Tinel's sign could be found on the medial aspect.

PROCEDURE:
A 50/50 lidocaine/Marcaine mix was created and injected in the areas of high sensitivity.

ASSESSMENT:
Healing well from full-thickness skin grafting to the right dorsal foot, now with nerve-associated pain and possible early neuroma formation. The patient was given a prescription for desensitization therapy. Additionally, a prescription was given for Lyrica 75 mg 1 p.o. b.i.d. We will see the patient back in 2 weeks to reassess her progress.

The patient was discussed with (b)(3):CPS

MEDQ/975132DN4/397566904

DD: 12/01/09 DT: 12/01/09 RD:

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

Completed Action List:

- * Perform by Hubbard MD, Bradley Alan on 01 December 2009 11:29
- * Modify by Hubbard MD, Bradley Alan on 14 December 2009 16:19
- * Sign by Colbert MD, Stephen H on 16 December 2009 7:11 Requested by Hubbard MD, Bradley Alan on 14 December 2009 15:19
- * VERIFY by Colbert MD, Stephen H on 16 December 2009 7:11
- * Sign by Hubbard MD, Bradley Alan on 17 December 2009 16:31 Requested on 02 December 2009 17:56

Printed by: Elliott NSS, Melissa J
Printed on: 2/4/2010 8:12

Page 2 of 2
(End of Report)

Exhibit F

XR Ankle Complete Min 3 Views Right. (b)(3):CPSA Section 25(- 01-26-42-14-8

* Final Report *

Result type: XR Ankle Complete Min 3 Views Right
 Result date: 18 October 2009 22:26
 Result status: Final
 Result title: XR Ankle Complete Min 3 Views Right
 Performed by: (b)(3):CPSA Section 8 October 2009 22:26
 Verified by: (b)(3):CPSA Section 19 October 2009 11:38
 Encounter info: 18755509, UNIVERSITY HOSP, UH EMERGENCY, 10/18/2009 - 10/19/2009

* Final Report *

XR Ankle Complete Min 3 Views Right

Daynumber: 370 - 18

Patient Name: (b)(3):CPSA Sect MRN: 12642148

Ordering Provider: (b)(3):CPSA Section 25

Reason for exam: Injury/Trauma

Examination: XR Ankle Complete Min 3 Views Right

ICD9 DX: 959.70LOWER LEG INJURY NOS

HISTORY: INJURY/TRAUMA

AP, LATERAL, AND OBLIQUE VIEWS OF THE RIGHT FOOT AND ANKLE WERE OBTAINED. NO COMPARISON STUDY IS AVAILABLE.

FINDINGS:

CORTICAL IRREGULARITY OF THE MEDIAL ASPECT OF THE DISTAL 1ST METatarsal WITH AN ADJACENT 5MM OSSEOUS DENSITY ARE BEST SEEN ON THE AP AND LATERAL VIEWS AND ARE HIGHLY SUSPICIOUS FOR AN AVULSION FRACTURE. NO OTHER DEFINITE FRACTURE OR DISLOCATION IS SEEN. LARGE SOFT TISSUE INJURY IS SEEN OVER THE DORSAL MEDIAL ANKLE AND FOOT. MULTIPLE PUNCTATE RADIOPAQUE FOREIGN BODIES ARE SEEN SCATTERED THROUGHOUT THE SOFT TISSUE OF THE FOOT.

IMPRESSION:

1. PROBABLE MILDLY DISPLACED AVULSION OF THE DISTAL 1ST METatarsal.
2. LARGE SOFT TISSUE INJURY AND FOREIGN BODIES, AS DESCRIBED ABOVE.

Printed by: Elliott NSS, Melissa J
 Printed on: 2/4/2010 8:14

Page 1 of 2
 (Continued)

Exhibit F

Plastic Surgery Clinic Note

(b)(3):CPSA Section 25(i) - 01-26-42-14-8

* Final Report *

OBJECTIVE:

Over the superior medial and superior lateral aspects of the right and left knees, respectively, she has elliptical areas at the site of previous injuries of slightly raised and pink scar. It remains confined to the borders of her previous injury on the right foot. Her skin grafts appear completely viable. She has slightly raised scar surrounding them. She has full range of motion of flexion and extension of the ankle. She has slightly constricted flexion of the toes but she walks without any gait abnormalities. Otherwise, her groin incisions appear slightly thickened and raised but without any other issues.

ASSESSMENT:

(b)(3):CPSA is a 14-year-old female status post the above. She is doing well. We will see her again in six to eight weeks' time for reevaluation. She was given silicone sheeting today and advised regarding massage.

The patient was seen by (b)(3):Eva who is in agreement.

MEDQ/S12639DN4/309959068

DD: 12/18/09 DT: 12/21/09 RD:

I, (b)(3):CPSA Sect, was present with the resident during their history and examination of the patient. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note.

Completed Action List:

* Perform by Moister MD, Brent R on 18 December 2009 15:02
* Modify by (b)(3):CPSA Secti on 28 December 2009 16:25
* Sign by C on 28 January 2010 16:45 Requested by (b)(6) MD,
Brent R on 26 January 2010 7:49
* Modify by (b)(3):CPSA Section on 28 January 2010 16:45
* VERIFY by on 28 January 2010 16:45
* Sign by (b)(3):CPSA Sectio on 31 January 2010 8:13 Requested on 21 December 2009
7:30

Printed by: Elliott NSS, Melissa J
Printed on: 2/4/2010 8:12

Page 2 of 2
(End of Report)

Metropolitan Newsclips Service
P.O. Box 3195 • St. Louis, MO 63130

ISSUE 08

N09B0298A 11/19/09

Shelbina Democrat
Shelby County
Shelbina MO

1521 Weekly
0 Sunday

October 28, 2009

17

ATV Accident Lands One In Hospital

On October 19, 2009 at about 4:45 p.m., the Shelbina Police Department was dispatched to the MFA Gas parking lot on North Hwy. 15 in reference to a ATV accident.

Upon arrival, the officer found **(b)(3):CPSA** 14, of Lentner, lying on the ground with severe injuries to her right leg. **(b)(6)** was transported to Hannibal Regional Hospital and then later transferred to the University of Missouri-Columbia.

The driver of the Polaris Ranger was identified as **(b)(6)** 17, of Shelbina. According to **(b)(6)** he was attempting to make a 180 degree turn at approximately 20 mph and the vehicle flipped over. The Polaris landed on Ms. **(b)(6)** causing her injuries.

(b)(6) was charged with failure to drive in a careful and prudent manner.

3/31/10

1. Task Number 091216CCC2242		2. Investigator's ID 2390		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2008 08 31	5. Date Initiated YR MO DAY 2009 12 21		
6. Synopsis of Accident or Complaint UPC A 37 year-old male was driving a utility terrain vehicle with his 31 year-old wife as a passenger. They were driving the UTV in a dry lakebed that consisted of dry red clay. He made a 45 degree right turn with the UTV; the UTV rolled on its passenger side. He and his wife were fully ejected. He received a laceration on his left shin, and she received a fractured left humerus bone. They were not wearing seatbelts or helmets.				
<p>MFR/PRVLR NOTIFIED</p> <p>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>3, 2, 5, 6</i>; <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p> <p style="text-align: right;"><i>2/3/11</i></p>				
7. Location (Home, School, etc) 9 - SPORTS OR RECREATION PLACE		8. City DANDRIDGE		9. State TN
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO 450
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 31	13. Sex 2 - Female	14. Disposition 4 - Hospitalized	15. Injury Diagnosis 57 - Fracture	
16. Body Part(s) Involved 80 - UPPER ARM	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 1 - On-Site	19. Time Spent (Operational / Travel) 14 / 7.5	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Verbal <input checked="" type="radio"/> Yes for Manuf. Only				
24. Review Date 01/27/2010	25. Reviewed By 8930		26. Regional Office Director Dennis R. Blasius	
27. Distribution Topka, Tanya			28. Source Document Number N09B0308A	

1. Task Number 091216CCC2242		2. Investigator's ID 2390		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2008 08 31		5. Date Initiated YR MO DAY 2009 12 21	
6. Synopsis of Accident or Complaint UPC A 37 year-old male was driving a utility terrain vehicle with his 31 year-old wife as a passenger. They were driving the UTV in a dry lakebed that consisted of dry red clay. He made a 45 degree right turn with the UTV; the UTV rolled on its passenger side. He and his wife were fully ejected. He received a laceration on his left shin, and she received a fractured left humerus bone. They were not wearing seatbelts or helmets.				
7. Location (Home, School, etc) 9 - SPORTS OR RECREATION PLACE		8. City DANDRIDGE		9. State TN
10A. First Product 5044 - Utility Vehicles		10B. Trade/Brand Name YAMAHA		10C. Model Number RHINO 450
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 31	13. Sex 2 - Female		14. Disposition 4 - Hospitalized	15. Injury Diagnosis 57 - Fracture
16. Body Part(s) Involved 80 - UPPER ARM	17. Respondent 1 - Victim/Complainant		18. Type of Investigation 1 - On-Site	19. Time Spent (Operational / Travel) 14 / 7.5
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) Yes No Verbal <input checked="" type="radio"/> Yes for Manuf. Only				
24. Review Date 01/27/2010	25. Reviewed By 8930		26. Regional Office Director Dennis R. Blasius	
27. Distribution Topka, Tanya			28. Source Document Number N09B0308A	

This In-Depth Investigation (IDI) was initiated in response to a news article that indicated a female passenger was injured in a Utility Terrain Vehicle (UTV) incident. On January 11, 2010, the following information was obtained from on-site interview with the complainant. The husband was not present for the interview.

This model UTV does have two Corrective Action Plans (CAPS) assigned by the CPSC.

The complainant is a 32 year-old female, approximately 5'7" in height and weighs 145 pounds. She was 31 year-old at the time of the incident. She resides with her 38 year-old husband, who is 6' in height and weighs 225 pounds. He was 37 years-old at the time of the incident. They have normal physical and mental capabilities. Neither drugs nor alcohol were factors in this incident. They have never had a previous incident with the incident UTV.

The couple owns a small farm in a rural agricultural town. They do not live on the property. They have an aluminum agriculture building on the property where all their farm equipment and the UTV are stored.



The Utility Terrain Vehicle (UTV) involved in this incident has a liquid cooled 421cc engine. The UTV has 4-wheel drive with an unknown maximum speed. The overall dimensions are 113.6" in length by 54.5" in width by 73.0" in height. The UTV is painted red and has two bucket style seats with three-point seatbelts. The dry weight for the vehicle is 1031 pounds.



She and her husband purchased the UTV new from a dealer in April 2008 for approximately \$7800 dollars. The UTV was equipped with seatbelts, half-doors, and handholds. The husband read and understood the owner's manual. He is the primary user of the UTV. The husband has general knowledge with four-wheel all-terrain vehicles (ATV).

The UTV is mainly used on their farm to carry supplies around the property. The UTV is not used on a daily basis and is always parked in their agriculture building on their property. She was unsure of the operational hours for the UTV. After the incident, he has continued to use the UTV for farm work.

The UTV has never been repaired, since the date of purchase. In December 2008, the couple received a consumer notice from the manufacturer for the UTV's rear wheel spacers and sway-bar. They received the noticed after the incident and have not had the UTV repaired for legal reasons. The only modification made to the UTV was the installation of a tow hitch. The installation was completed by the husband. He has performed all the preventive maintenance for the UTV i.e. oil change.

According to historic weather data, the weather for the incident day was a maximum temperature of 92° F. There was zero precipitation and winds were 4 mph. The visibility was approximately 8 miles. She confirmed the weather was hot and visibility was good.

On August 30, 2008, the couple had transported the UTV on a utility trailer to their family's lake house. The home is located inside a recreational area for camping, fishing, boating, swimming, etc. The couple planned to visit with relatives and drive the UTV around the property. On August 31, 2008 around 10:30 a.m., the husband had been driving the UTV alone inside a dry lakebed near the house. He was driving inside the lakebed and making turns. He was not wearing a helmet or seatbelt.

She describes the lakebed as flat with packed red clay. The clay was not extremely loose that would be appealing for "mudding." At 11:00 a.m., her husband drove the UTV to the house and asked her to ride with him. She agreed and he drove to the previous location in the lakebed. She does not recall there being any rocks or debris. They were not wearing helmets or seatbelts. The UTV was not towing or hauling any items.

He drove the UTV around the dry lakebed making left and right turns. She is unsure of the vehicle's speed while driving and during the incident. She would not provide an estimate for the speed. After ten minutes of riding in the lakebed, her husband made a 45° right turn, and the UTV tipped over on its passenger side. She is unsure if he was braking during the turn. The 4-wheel drive feature was not being utilized.

She and her husband were fully ejected from the UTV. She recalls her husband being ejected over her out the passenger side of the UTV. She believes she landed on the ground approximately 5 feet away from the UTV, and her husband was ejected a further distance. The UTV and roll-bar never stuck either person.

They did not lose consciousness from the incident. She recognized that her arm was severely injured and did not move from her position on the ground. Her husband received a small laceration on his left shin but was able to walk. Their family's house was approximately a ¼ mile away. Her husband was able to lift the UTV upright. He drove the UTV back to the house to get medical help for his wife.

Medical personnel arrived at the incident scene and transported the complainant to a local hospital. She was evaluated in the emergency room for two fractures to her left humerus bone. On September 19, 2008, she underwent surgery to place two metal plates in her upper arm. She had to complete eight weeks of physical therapy for her injured arm. She has not regained full mobility in her arm.

A police report was not filed by the couple for the incident. The couple has sought legal representation and has filed a \$500,000 lawsuit against the manufacturer. She provided her attorney's information.

During the interview, she signed the CPSC Medical Records Disclosure Form and the local hospital's medical release form. The medical records request was forwarded to the hospital. At the time of this report, the medical records have not been received by the investigating field office. The records will be attached as an addendum when received. The husband never received medical treatment.

PRODUCT IDENTIFICATION:

The product involved in this IDI is a **2008 Yamaha Rhino 450 4x4**. The VIN for the UTV is 5Y4AJ32Y18A00253. The UTV was purchased from Yamaha Cycle Center, 2405 E. Stone Dr. Kingsport, TN 37660-4738 (Tel: 423 247-8561). The couple purchased the UTV new around April 2008 for \$7800 dollars.

The manufacturer is YAMAHA MOTOR CORPORATION, USA located at 6555 Katella Avenue Cypress, CA 90630.

The manufacturer lists the UTV's specifications as follows:

Engine

- 421cc liquid-cooled w/fan, 4-stroke; SOHC, 4 valves
- Bore x Stroke 84.5mm x 75mm
- 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
- Brake Front: Dual hydraulic disc. Rear: Hydraulic disc, self-adjusting, 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 in
- Turing Radius 153.5 in
- Ground clearance 12.1 in
- Fuel Capacity 7.9 gallons
- Dry Weight 1031 lbs

ATTACHMENTS:

1. Contact List
2. Photographs (17)
3. Missing Documents
4. Name Release

Complainant: (b)(3):CPSA

Husband: (b)(6)

(b)(6)

Farm location: 2510 Buckingham Rd Greeneville, TN 37743

Incident Location: Douglas Lake Dandridge, TN

On January 11, 2009, an on-site visit was completed at the farm location where the UTV is stored. (b)(6) completed interview; (b)(6) was not present.

www.wunderground.com- used to get historic weather data.

www.yamaha-motor.com- used to UTV information.

Hospital

St. Mary's Medical Center

900 East Oak Hill Avenue

Knoxville, TN

Tel: 865-454-8000

On January 15, 2009, medical records were requested for April C. Leonard.

COMPLAINANT'S LIST

Yamaha Cycle Center

2405 E. Stone Dr.

Kingsport, TN 37660-4738

(Tel: 423 247-8561)

Purchased UTV from dealer around April 2008

St. Mary's Medical Center

900 East Oak Hill Avenue

Knoxville, TN

Tel: 865-454-8000

(b)(6) received medical treatment on August 31, 2008.

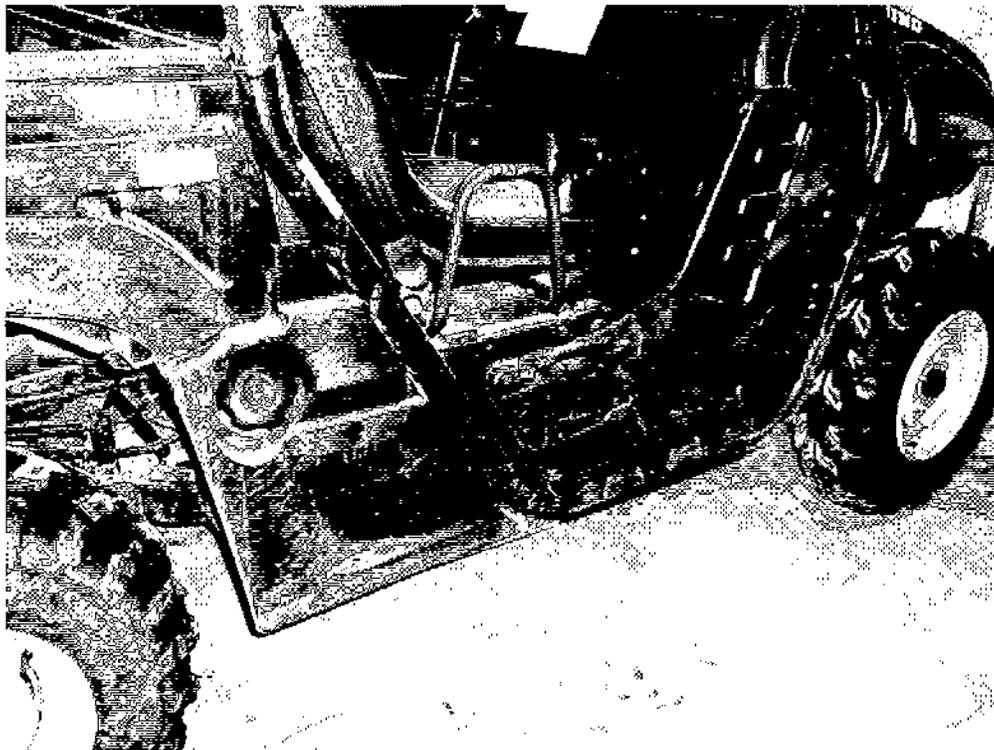
Rogers Laughlin Nunnally Hood: Laughlin Jerry W

100 South Main Street

Greeneville, TN 37743-4922

Tel: (423) 639-5183

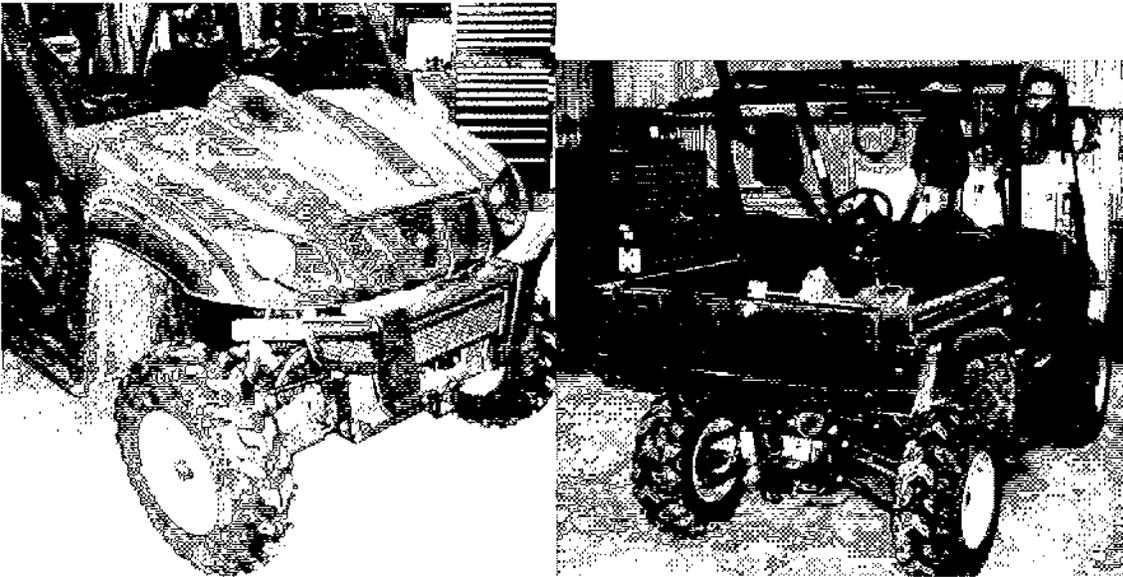
Couple contacted Attorney Jerry Laughlin to represent them in lawsuit against Yamaha Motor Corporation. November 20, 2009 case number #32009CV926 was filed in Kentucky Western District Court.



Photograph 1: Incident UTV. The UTV tipped over on the passenger side. The owner has continued to use the UTV with his farm work.



Photograph 2: Driver side of UTV.



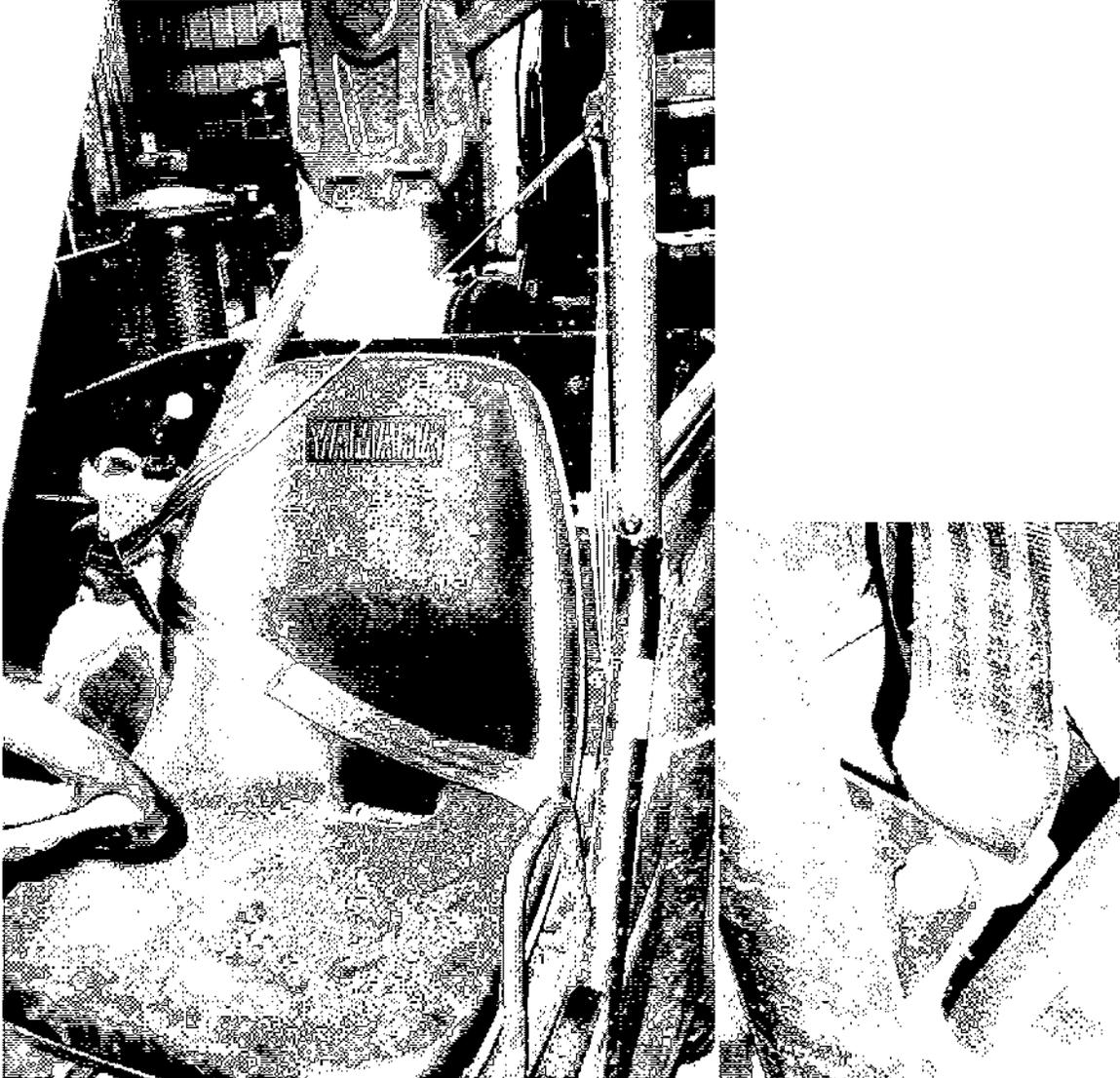
Photograph 3: Front and rear view of UTV.



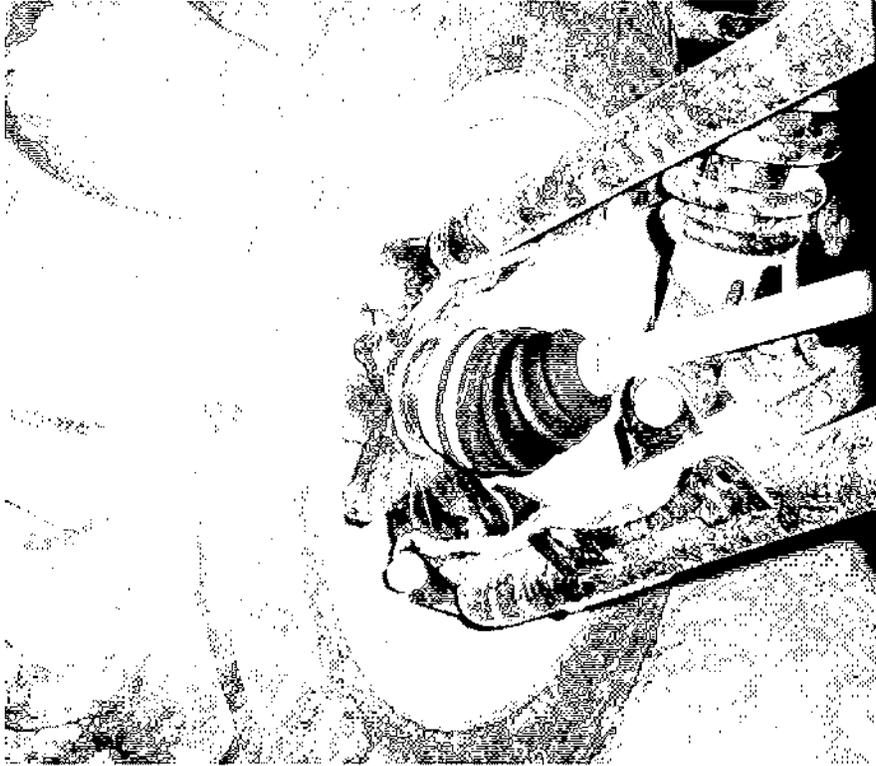
Photograph 4: View of roll-bar. The complainant's husband believes the roll-bar bent slightly after the incident. There was no visible damage to the roll-bar.



Photograph 5: The manufacturer's seats inside UTV.



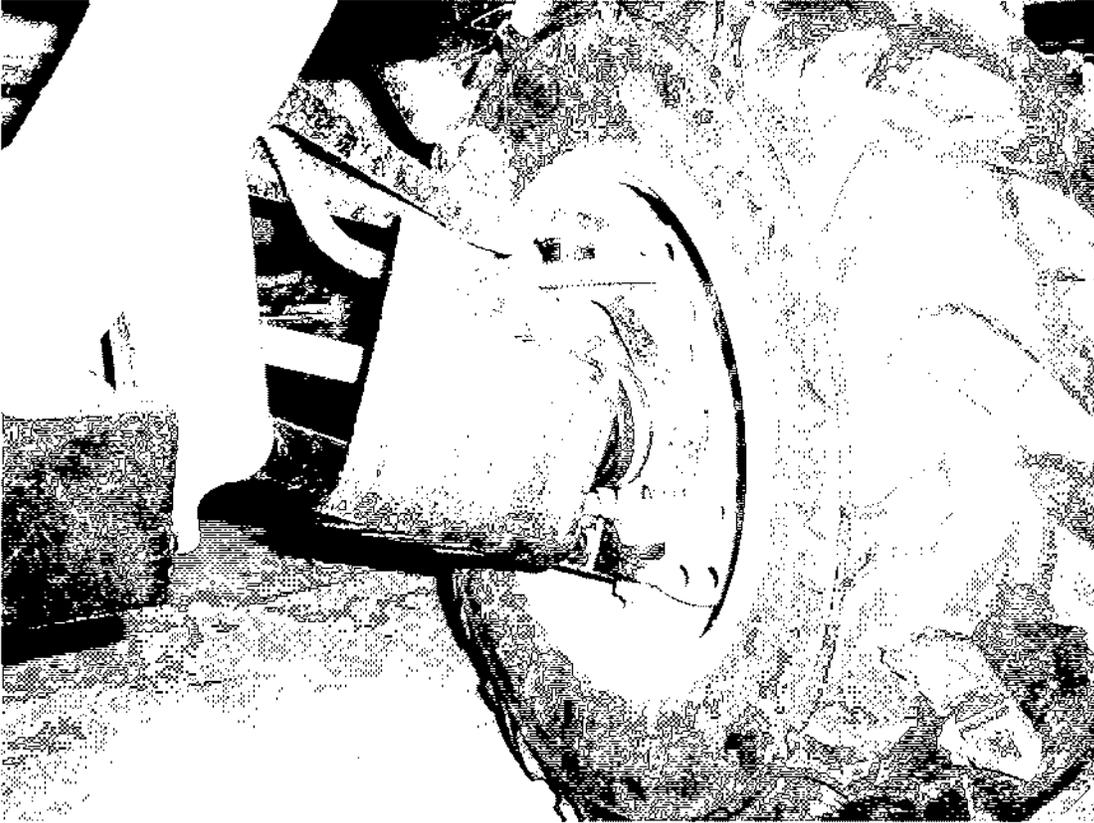
Photograph 6: View of seat belt buckled on driver side seat. The photograph on right is bolt that secures the lower portion of the seat belt assembly on the passenger's side.



Photograph 7: Rear driver side wheel assembly.



Photograph 8: Rear passenger side wheel assembly.



Photograph 9: Front driver side wheel assembly.



Photograph 10: Front passenger side wheel assembly.



2x6 With Floor

A WARNING

Operator of a bulldozer may be at risk of injury or death.

Read the Operator's Manual

Read the Operator's Manual before operating the bulldozer. The manual contains important information about safe operation and maintenance. It also contains information about the controls and instruments of the bulldozer. The manual is available in English and Spanish. Contact your dealer for more information.

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DRIVER UNDER 16

Read the Operator's Manual

The manual contains information about the controls and instruments of the bulldozer. It also contains information about the safe operation and maintenance of the bulldozer. The manual is available in English and Spanish. Contact your dealer for more information.

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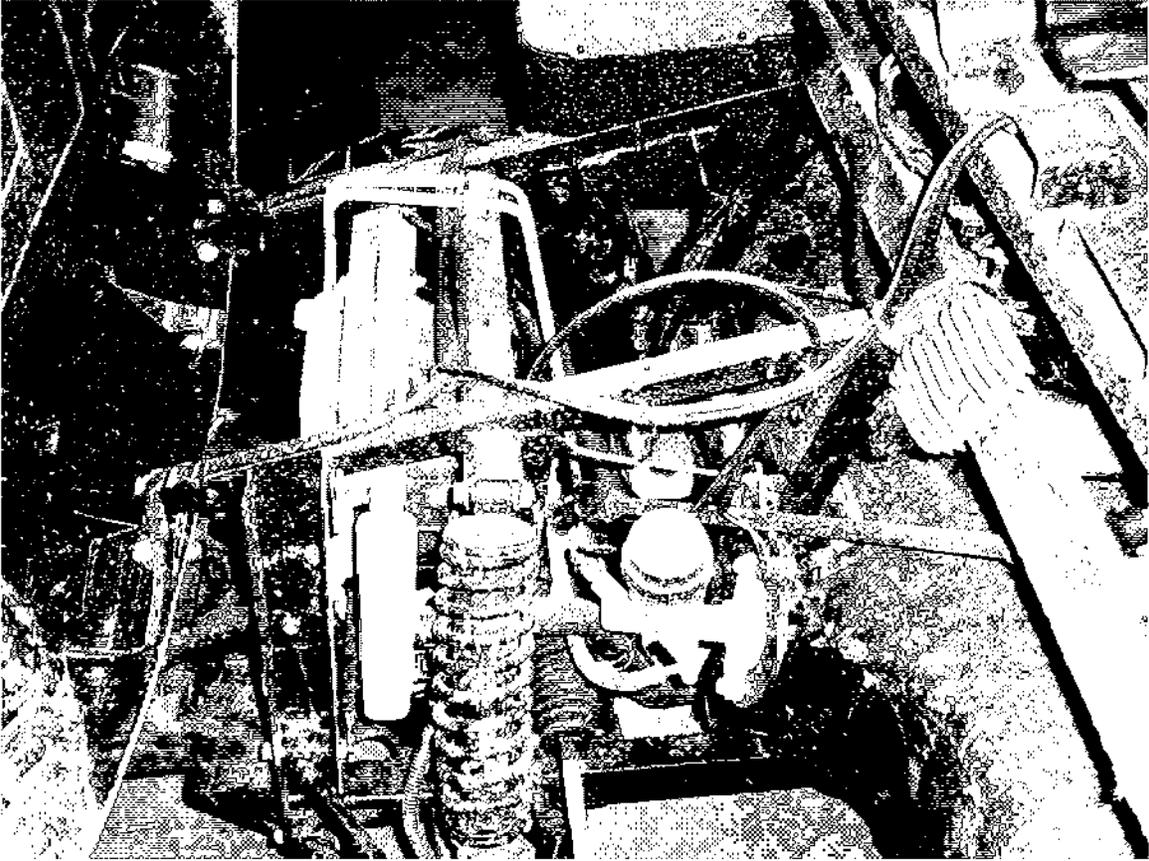
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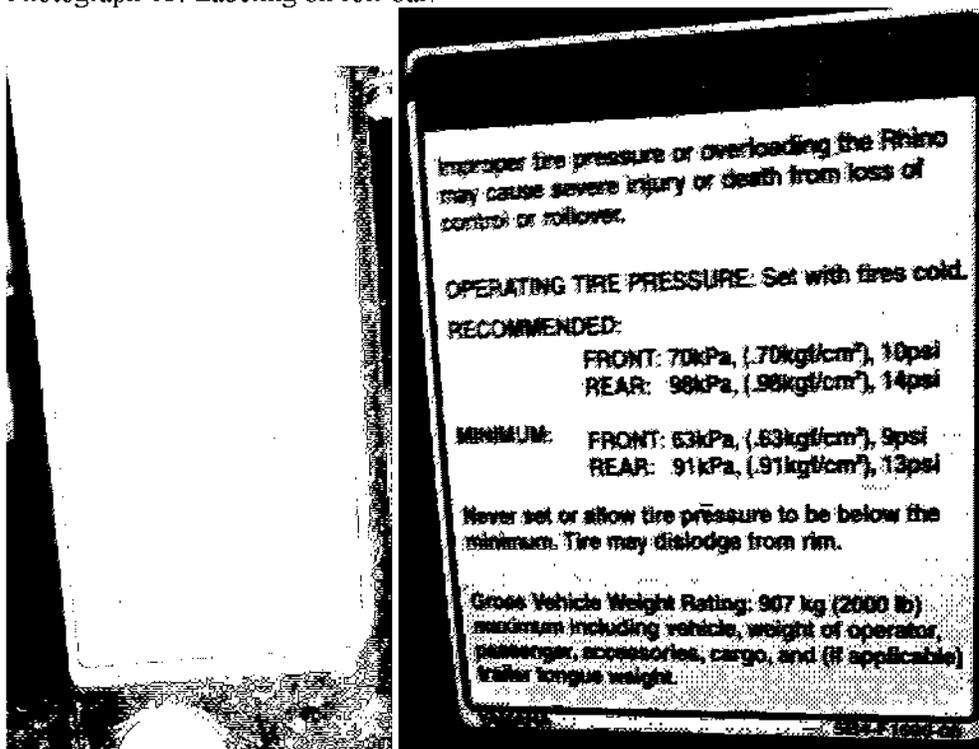
Photograph 11: Console and labeling.



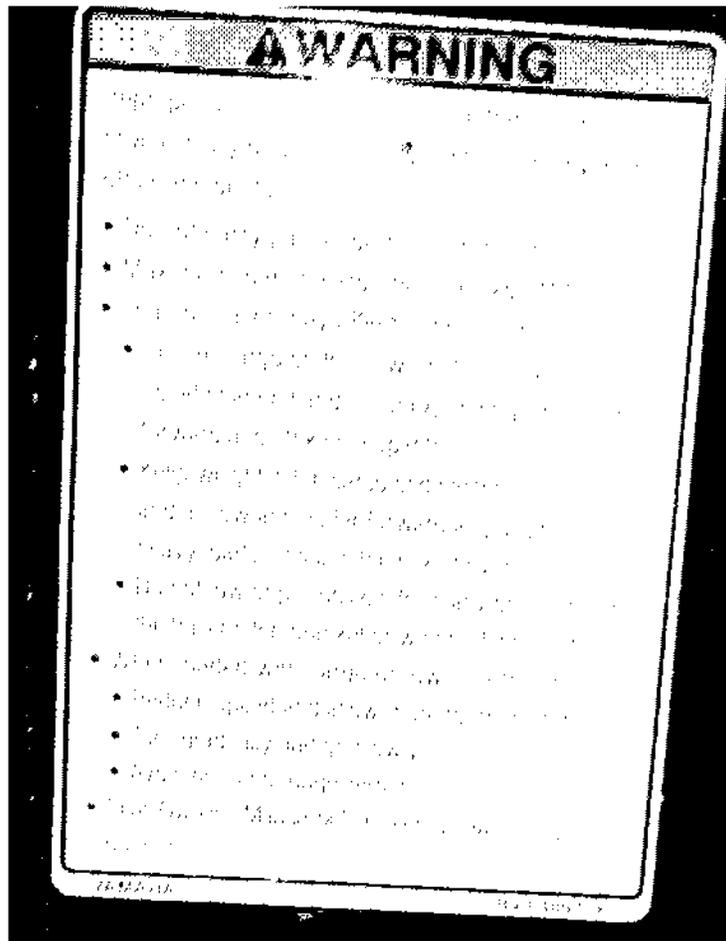
Photograph 12: Engine of UTV.



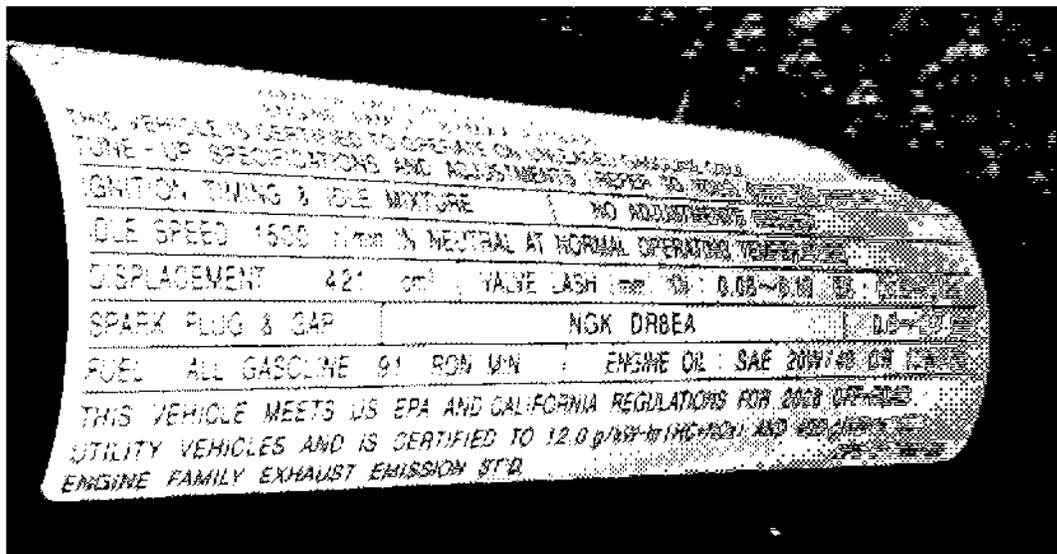
Photograph 13: Labeling on roll-bar.



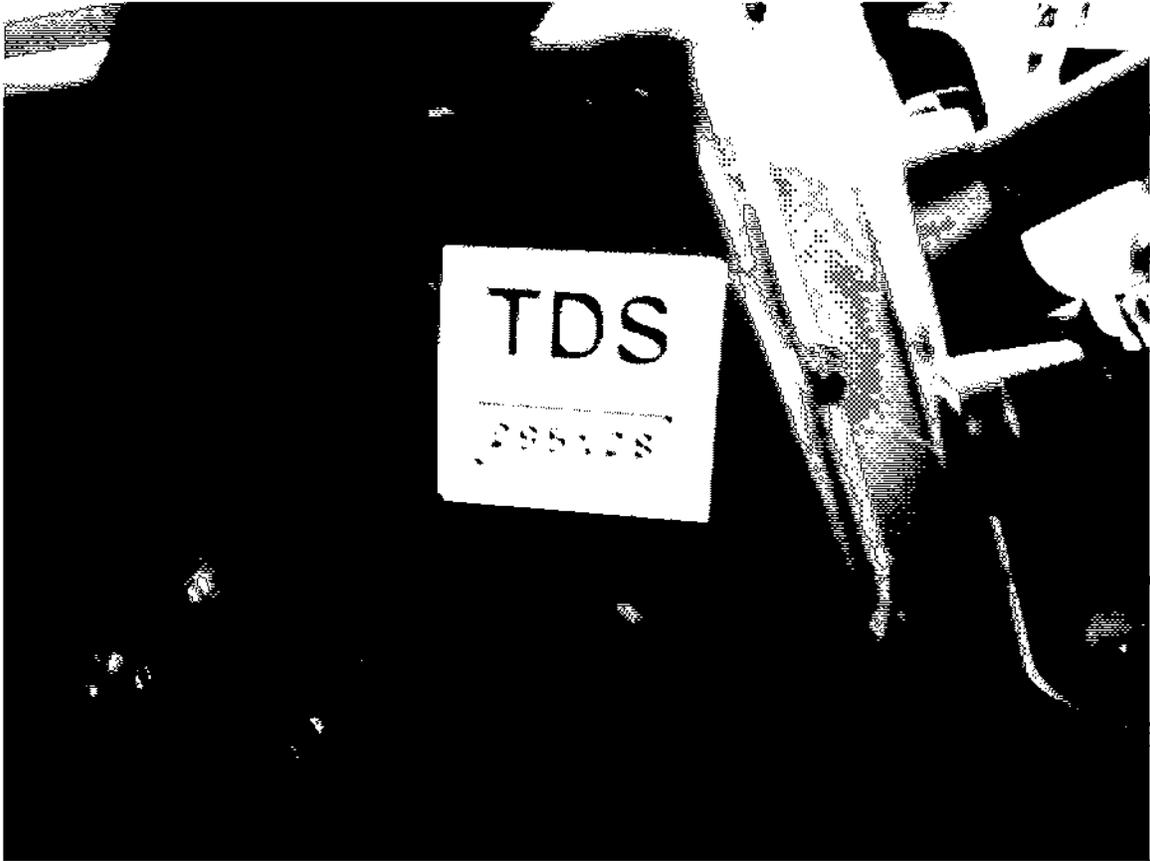
Photograph 14: Labeling on frame of UTV.



Photograph 15: Label in cargo bed.



Photograph 16: View of label on roll-bar behind driver's seat.



Photograph 17: Label on body of UTV.

Task No. 091216CCC2242

Date: 1/15/2009

STATUS OF MISSING DOCUMENT (S)

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

- 1. Medical Records
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Date: 1/25/2009

Investigator No: 2390

Regional office: CFIE

Supervisor No: 8978



January 15, 2009

Medical Records
St. Mary's Medical Center
Knoxville, TN

Dear Supervisor of Records:

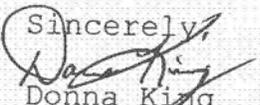
The U.S. Consumer Product Safety Commission (CPSC) is a federal regulatory agency that investigates accidental injuries and fatalities related to the use of consumer products. Information from this program helps make us aware of hazards to children and adults, and aids us in preventing similar injuries from occurring to others.

The Commission would appreciate receiving a copy of the medical records for (b)(3):CPSA Section 25
(c) who was admitted to your hospital on August 31, 2008 due to a arm injury sustained when she was ejected from a Utility Terrain Vehicle (Rhino). I have enclosed a Medical Records Disclosure Form signed by her. The information provided will be used for the official business of the Commission.

Medical facilities are exempt from HIPAA requirements for the purpose of reporting to CPSC, as per attached patient confidentiality document.

We are only requesting any records that state the patient's diagnosis, history and treatment for this specific injury. I am not sure if the fee for medical records is waived for Federal Agencies. Please note that if the cost for the medical records exceeds \$25.00, then please contact me first. The fax number listed above is a direct fax to my office. If policy permits, you can fax or e-mail the records directly to me. Thank you for your assistance. My contact information is listed above.

Sincerely,


Donna King

Product Safety Investigator

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 St. Mary's Medical Center (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 (b)(3):CPSA Section 25(c)
Relationship to you Complainant in investigation
Patient Social Security Number 000-000-7601

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. Redisclosure 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 (1) (date supplied by patient); or (3) under the following conditions:

1-11-2010
(DATE)

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

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

(WITNESS)

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

▶ Required Field

▶ Patient's Name: (b)(3):CPSA Section 25(c) Telephone: 423-329-3833
 Address: (b)(6) DOB: 5-15-77
 City: Greenville State: TN Zip: 37745 SS #: (b)(6)

▶ I authorize (entity to disclose information) April Leonard St. Mary's M.C. to release to:
 ▶ Person or organization authorized to receive this information: Product Investigator Donna King with the U.S. Consumer Product Safety Commission
 ▶ Information that may be used/disclosed (including the dates of service):
8-3-08 ER VISIT

▶ (If applicable) understand that the records to be released include primary treatment for:
 Psychiatric/Mental Health Alcohol/Drugs Other: Emergency Room Visit
 ▶ The information will be used/disclosed for the following purposes: Utility Termian Vehicle Investigation
 ▶ I would like to receive a signed copy of this authorization. Yes No

My treatment, payment, enrollment/eligibility for benefits may not be conditioned on signing this authorization.

Information released may be subject to re-disclosure by the recipient.

This authorization may be revoked, in writing by the patient at any time, except to the extent that action has already been taken in good faith.

I may inspect/copy any information used/disclosed under this authorization. This authorization expires ninety (90) days from the date below, unless previously revoked, and covers only treatment prior to that date.

Charge for Copies per TCA 68-11-304 July 1, 2007	The following defects make the Authorization INVALID:
First five pages: \$18.00 (waived for patients)	-Expiration date has passed;
Page 6-50 .85¢ per page	-The Authorization has been revoked;
Page 51-250 .60¢ per page	-The form lacks one of the "▶" required elements;
Page 251 & up .35¢ per page	-The entity knows that information in the authorization is false.

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

▶ Patient's Signature _____
 ▶ Signature of Legal Representative/Relationship to Patient _____
 ▶ Signature of Witness _____

ID: _____
 Office Use Only
 ▶ Date: _____
 Date: 1-11-2010

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Greenville, TN
Greenville Sun
Circulation 13,851 27

Greenville Woman Sues Yamaha Over All-Terrain Vehicle Accident

BY AMY ROSE
STAFF WRITER

221

A Greenville woman has filed a \$500,000 lawsuit in U.S. District Court here related to injuries she says she received in an all-terrain vehicle accident.

(b)(6) filed the lawsuit Aug. 26 against Yamaha Corporation.

Her complaint states that she was seriously injured when the Yamaha Rhino she occupied rolled over on Aug. 31, 2008. The complaint also

says that the Rhino's "high center of gravity, narrow track width, narrow wheels and tires and side-by-side seating combine to make the vehicle especially prone to rolling over."

Yamaha should have known that the vehicle was defective and placed consumers at risk of great bodily harm, the complaint states.

Yamaha has not filed a response. (b)(6) is seeking compensatory and special damages of at least \$500,000.

AUTHORIZATION FOR RELEASE OF NAME

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

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

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

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

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

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

(b)(6)

(Signature)

(Date) 1/11/10